

# Women's Alcohol and Drug Service

Australian Drug Conference  
Theresa Lynch Manager  
14<sup>th</sup> October 2014



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# OVERVIEW OF PRESENTATION

OVERVIEW OF WOMEN'S HOSPITAL AND WOMEN'S ALCOHOL AND DRUG SERVICE

METHAMPHETAMINES - OVERVIEW

METHAMPHETAMINE USE IN PREGNANCY

CHALLENGES FOR THE MOTHER AND BABY

PRINCIPLES OF CARE



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# The Women's

Established in 1856

158 years of leadership and innovation in women's health

Is Australia's largest specialist hospital dedicated to improving the health of all women, and newborn babies

Cares for women of all ages



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# WADS

Officially opened in 1985

Statewide - funded Dept. Health

Unique in Victoria

Specialist support to complex women and their infants affected by drug use



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# CLINICAL CARE

- We provide care and information for pregnant women with alcohol and drug dependency. We routinely care for women with highly complex medical, social and psychiatric conditions
- Our specialities include: Addiction Medicine, Drug and Alcohol Counselling and Assessment, Obstetric Care, Midwifery Care, Paediatric Care, Assessing and Caring for babies with Neonatal Abstinence Syndrome, Infant Home Based Withdrawal Program, Methadone Stabilisation Program, Mental Health Assessment, Nutritional Care, Pharmaceutical Advice and Assessment



# PROFESSIONAL SUPPORT AND TRAINING

- Service Sector Development and Support
- Training and Education
- Research
- Secondary Consultation
- Duty System between 9 – 5
- 24 hour obstetric on-call service



# DEMOGRAPHICS

- Ages range from 18 – 43
- Mean age at delivery 28
- Mean gestation at delivery 37
- Nursery Admissions 48%
- Total requiring NAS scoring 70%
- 84% past psychiatric disorder
- 60% more than one past psychiatric disorder



# DEMOGRAPHICS

- 88% unemployed
- 58% secondary education
- 48% have a forensic history
- 50% past experiences with Child Protection
- 24% having past infant removals
- (Audit 2007 – 2009 Mental Health Team of 50 mother-infant pairs)







# CHALLENGES FOR MOTHER

- Multiple experiences of childhood and adolescent trauma
- Poverty
- Sexual Abuse
- Violent Relationships
- Mental Illness
- Homelessness
- Poly-drug Use





# METHAMPHETAMINE USE IN PREGNANCY.

- ICE or CRYSTAL METH is a member of the amphetamine groups of drugs
- Includes speed and ecstasy
- Powerful stimulant that creates a sense of euphoria, increased alertness and confidence
- Can be smoked or its vapour inhaled, injected intravenously, ingested





# METHAMPHETAMINE USE IN PREGNANCY.

- Although relatively little is known about Ice in pregnancy, it is **NOT CONSIDERED SAFE TO USE IN PREGNANCY**
- Use in pregnancy can cause cardiovascular collapse and seizures
- Associated with preterm labour and birth, hypertension, placental abruption, fetal distress and growth restriction.
- Can also have an anorexic effect on the mother causing poor nutritional intake.





# METHAMPHETAMINE USE IN PREGNANCY.

- Women use amphetamines are likely to use other substances with adverse affects on pregnancy.
- Women are likely to present late in pregnancy for antenatal care or not at all.
- Women who stop using amphetamines in the first trimester have few complications.
- More likely to have multiple antenatal admissions



# SPECTRUM OF ICE USE

- Irregular use – maybe every few months
- Sporadic use – once per week, every couple of weeks
- Dependent pattern – daily for days or weeks at a time before coming down
- Typically used in conjunction with other drugs

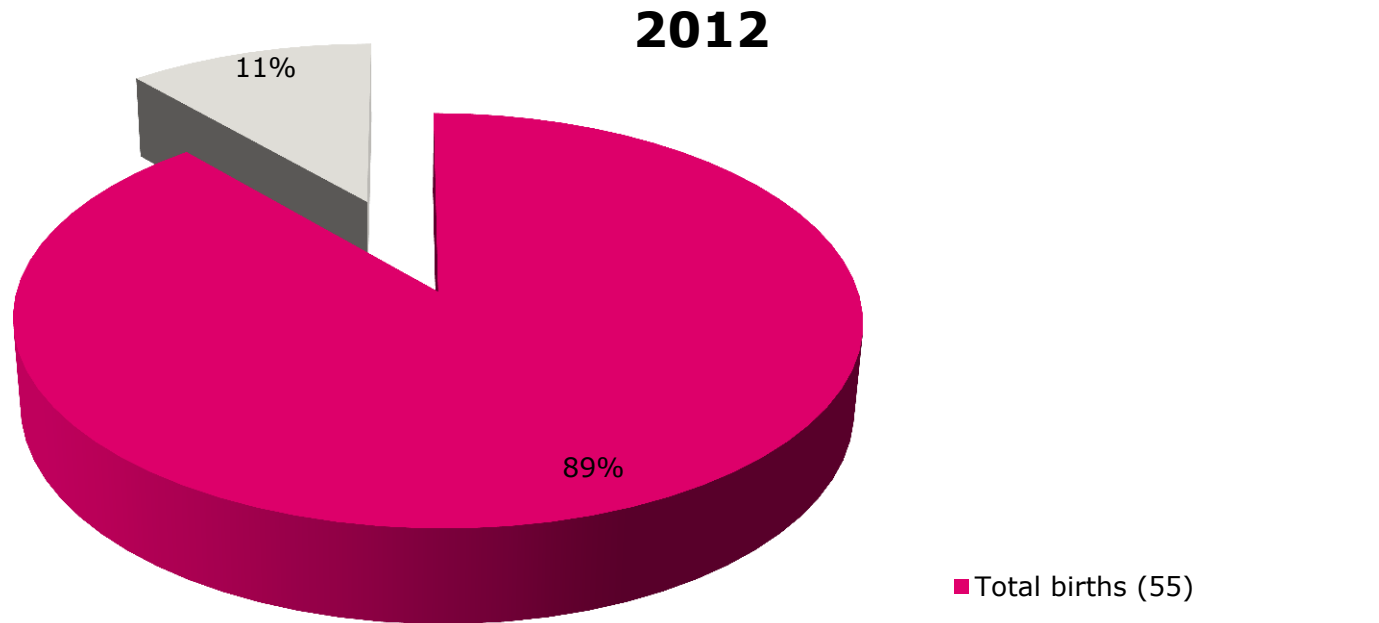


## EFFECTS

- Powerful stimulant that creates a sense of euphoria, increased alertness and confidence
- Present in blood or urine for 3 days
- Restlessness, anxiety, agitation, panic, irritability, hallucinations, paranoia, aggression & hostility
- Dry mouth, abdominal cramps
- Headaches, dizziness, poor sleep, abrupt shifts in thought & speech
- Dilated pupils, blurred vision, increased heart rate, arrhythmias, chest pain, tachypnoea, sweating, hyperthermia, collapse, seizures



# USE OF ICE IN WOMEN WHO DELIVER THEIR BABIES AT WADS



■ Total births (55)

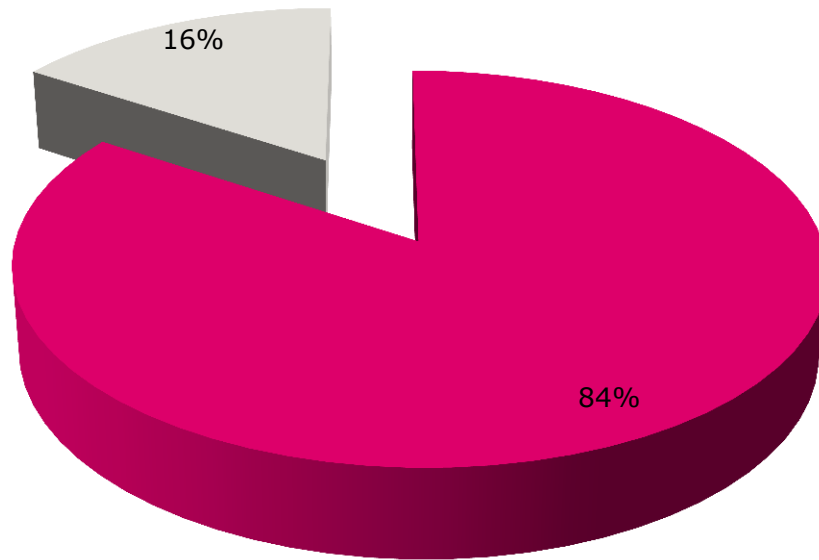
■ recorded maternal ice use (7)



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# USE OF ICE IN WOMEN WHO DELIVER THEIR BABIES AT WADS

**2013**



■ Total births (59) ■ recorded maternal ice use (11)

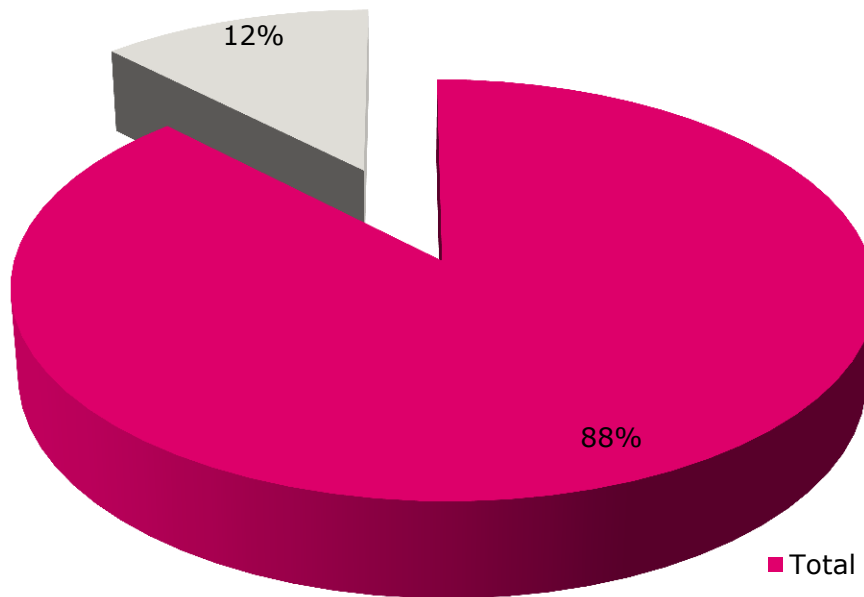


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# USE OF ICE IN WOMEN WHO DELIVER THEIR BABIES AT WADS

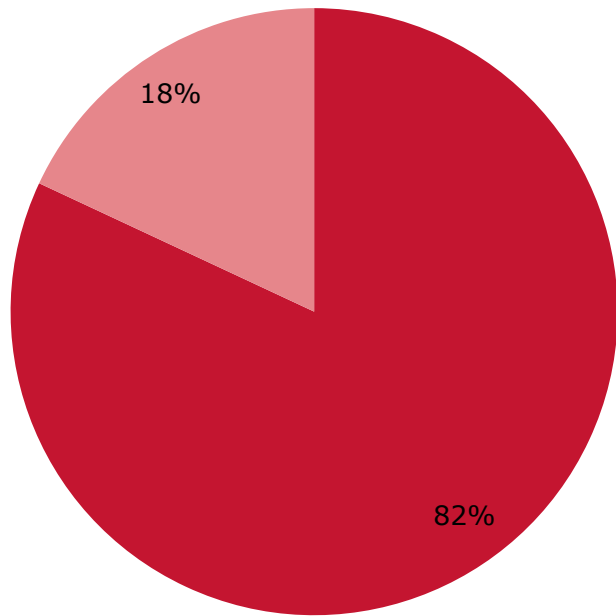
**2014**



■ Total births (50) ■ recorded maternal ice use (7)

# SCREENINGS

## WADS Patients Using Methamphetamines (2012)



■ Total patients screened (168)

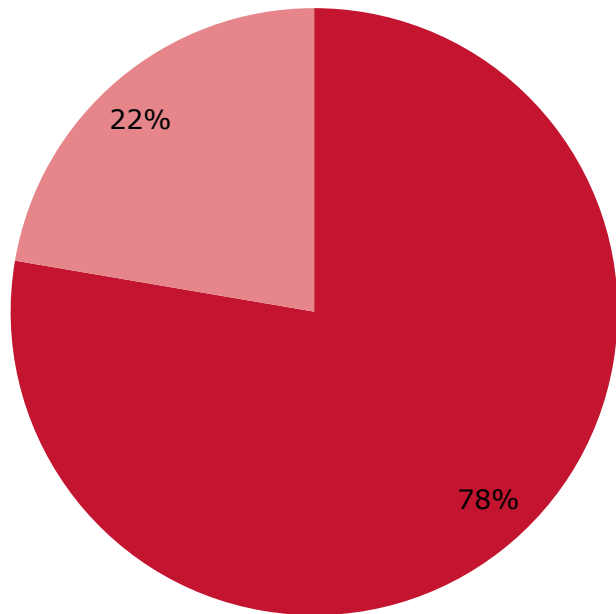
■ Total patients screened with current or hx of ice use (37)



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# SCREENINGS

## WADS Patients Using Methamphetamines (2013)



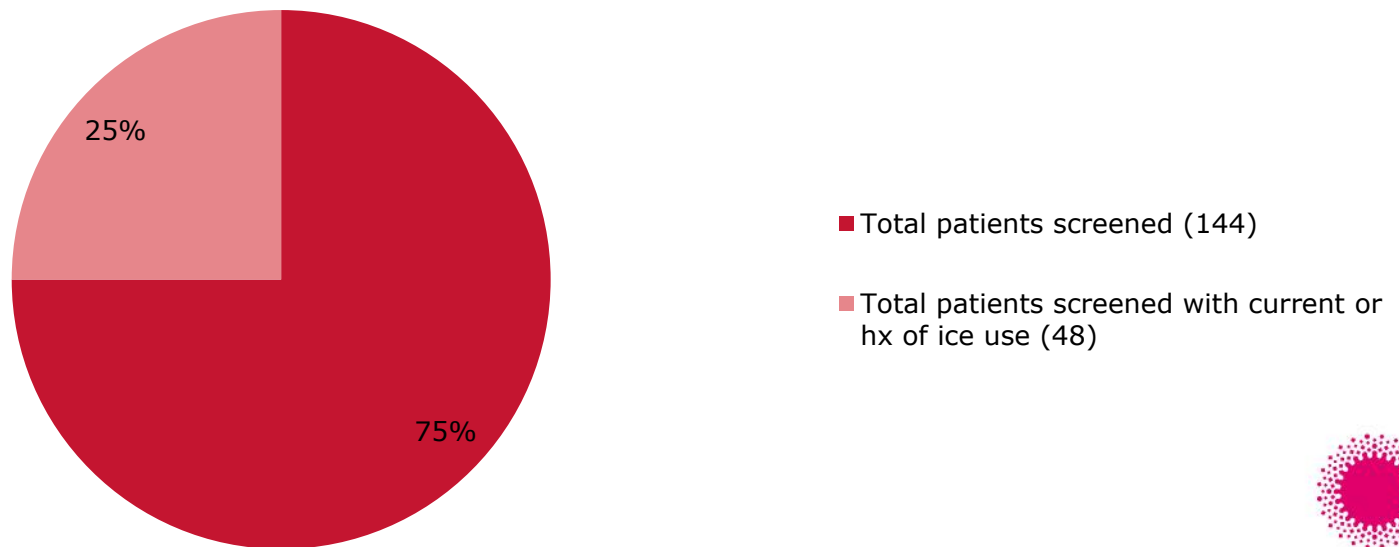
■ Total patients screened (188)

■ Total patients screened with current or hx of ice use (54)



# SCREENINGS

## WADS Patients Using Methamphetamines (2014 to Sept.)





# CHALLENGES FOR THE INFANT

- A variety of infant effects from amphetamines have been described
- Impaired growth – most reports relate to reduced circumference of the head (with persistence through childhood); more variable reports of general reduction in growth with decreased weight, length and head size – although may be as much due to co-existent problems such as poor maternal nutrition and well being as a direct effect of the substance
- Impact on the infants behaviour – toxicity and withdrawal effects



# BREASTFEEDING

- Breastfeeding is not recommended if women are using Ice regularly
- Amphetamines are thought to concentrate in breast milk
- If a woman has recent Ice use & wishes to BF, clear supervised UDSs are indicated prior to commencing feeding.
- In the event of “one off” use, women should express and discard for 24 hours
- Discuss development of a safety plan in the event of drug use



# NEONATAL CARE

- Infants require NASS for 5-7 days in hospital using the Finnegan w/d scale (opiate centric)
- Under paediatric care
  
- Common signs of withdrawal
- Very sleepy and difficult to feed, weight loss
- Very unsettled with increased muscle tone



# NEONATAL TREATMENT

- Where infants have been exposed to amphetamine type drugs **only**
- 40 – 50% of infants show signs of withdrawal but only approx. 4% require medication
  
- Where infants have been exposed to amphetamine type drugs **in addition** to pharmacotherapy or other drugs, the medication rate is higher
  
- Medication of choice – Phenobarb, perhaps clonidine also
- Therefore, the main treatment is supportive care





## FOLLOW UP

- These infants are at risk developmentally due to drug exposure and environmental factors
- They need regular long term follow up with a paediatrician and early intervention





# PRINCIPLES OF CARE

- Building a strong therapeutic relationship
- Engagement
- Multidisciplinary approach
- Focus on strengths
- Collaborative decision making
- Ongoing assessment - risk assessment can open resources to the family
- Respectful response to all women
- Strong emphasis on baby
- The needs of mother and baby are inextricably linked





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# SUBSTANCE USE AND PARENTING

Substance use does not always equal poor parenting

Parents attending Drug & Alcohol services or other support services are already on the right track

All mothers need to be treated the same

Important to work from the principle that all mothers want the best for their baby



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# THANK YOU

- WADS 8345 3931
- Fax 8345 2996
- [wads@thewomens.org.au](mailto:wads@thewomens.org.au)



# RESOURCES

WADS 8345 3931

WADS Duty Obstetrician via 93

[www.thewomens.org.au/alcoholdrugservice](http://www.thewomens.org.au/alcoholdrugservice)

RWH Drug Info Line 8345 3190

Directline 1800 888 236



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