



PREPARING FOR THE BIRTH

EARLY IN 1986 the various departments of University College Hospital concerned with pregnant drug users met together to establish a pattern of service provision. The aim was to engage this group in treatment as early and as regularly as possible by giving them realistic information, non-threatening contact with the hospital staff and a clear procedure up to and after birth.

Drug users come to the ante-natal clinic in various ways, in various stages of pregnancy. Sometimes this is due to fear and reluctance, sometimes because it is difficult for women to establish pregnancy and its duration when periods are irregular or non-existent.

If the woman's first contact is with the hospital's drug dependency unit (DDU) then her partner, if using drugs, is encouraged to attend also, and the couple are given a reducing prescription for methadone. They bypass any waiting list and the father starts on the clinic's usual 16 week detoxification timetable, the mother reducing at a slower rate of two to three mgs of methadone a week. Most women want to be 'off' before the birth so the baby is not born in withdrawal, but for some it is more appropriate to reduce to a low maintenance dose and complete the reduction after the birth. The couple would also be offered health screening, including, if they

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At a London hospital obstetric and dependence teams have cooperated to offer a non-threatening 'package deal' to pregnant drug users.

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wish, HIV counselling and testing.

Pregnant users who present other than via the DDU are seen by the obstetric psychiatrist and receive similar prescriptions. Drug using partners are encouraged to attend the drug dependency unit. HIV testing is offered at this stage since, if the mother is less than 20 weeks pregnant and HIV positive, she will be offered a termination of pregnancy on health grounds. (Any HIV positive mother who continues with pregnancy after 20 weeks increases her own chances of developing AIDS). Since it can take three months for HIV infection to be identified, the test is offered again at 32 weeks gestation to identify the possibility of an HIV positive baby.

As soon as possible, an early planning meeting is held of all involved hospital departments and any outside workers such as GPs, probation officers, etc. The series of meetings held throughout pregnancy and up to discharge are called 'planning meetings', since case conferences will only be convened if there are concerns on child-care grounds — drug misuse alone will not necessarily constitute grounds.

The early planning meeting shares all relevant information and plans a programme including responsibility for prescribing and other matters, such as housing. The

meeting appoints a key worker, often the obstetric team social worker, to coordinate their efforts and to ensure the pregnant woman does not get 'lost in the system' through failed appointments and to be aware if the mother is using illegal drugs instead of or on top of her prescription.

An ante-natal bed is available to establish levels of drug use if these are unclear, and so to determine the subsequent prescription. Similarly, anyone getting into difficulties with drugs during the pregnancy is offered admission to stabilise and, if appropriate, detoxify.

At 30 weeks gestation, the paediatrician meets the couple to explain the procedure for treating babies in withdrawal and to show them the special care baby unit. Drug misusing parents, like any others, benefit from this information and preparation if there is a chance their baby will need treatment after birth.

Further planning meetings are held at 36 weeks gestation and after birth, usually before the baby's discharge from hospital. The presumption throughout is that the parents are responsible for their child and the focus of work is to help them to be so.

UNIVERSITY College Hospital believes this style of work will mean staff are less isolated and more confident, and that their professional judgments are not impaired by too much anxiety. The approach is also intended to encourage more pregnant users to present early enough for good ante-natal care. For many drug users pregnancy is a major encouragement to change, provided they feel confident enough to acknowledge the problem. □