

Guidelines for managing drug use in pregnancy: Where to now?



Sarah Goodsell and Lucy Burns

National Drug and Alcohol Research Centre, University of New South Wales, Sydney, New South Wales, Australia, s.goodsell@unsw.edu.au

What are we doing?

The adverse effects of alcohol and other drugs such as tobacco, psychostimulants and opioids on fetal development are well known. Women who use substances and are pregnant or who may become pregnant are therefore a high priority for interventions to reduce drug use.

The national clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn (the Guidelines) were commissioned by the Ministerial Council on Drug Strategy and were published in March 2006. The aim of the Guidelines was to develop a comprehensive, coherent and consistent approach to the clinical care of women with problematic drug or alcohol use during pregnancy and to the care of mother and child in the early developmental stages of the child's life. The Guidelines are intended for use by all health care practitioners working with pregnant women experiencing a drug or alcohol problem.

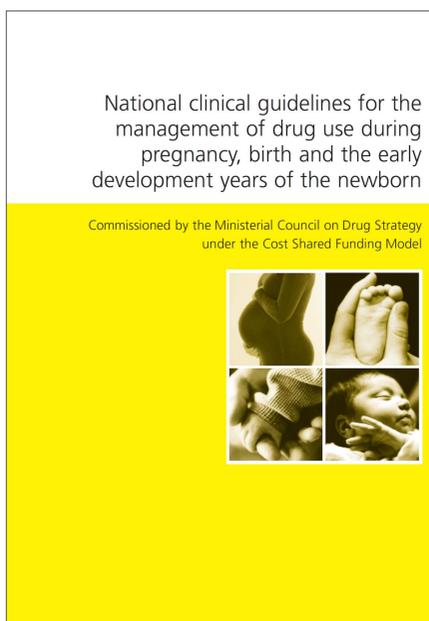
The purpose of this project is to:

- Review and update the Guidelines for use in the NSW context.
- Develop a dissemination strategy for the revised Guidelines.

What is the process?

The process for reviewing and updating the Guidelines has involved a similar approach to that adopted in the initial development of the Guidelines (a consensus model using application of NHMRC evidence review standards).

A collaborative group of colleagues working within the drug and alcohol programmes of their respective Area Health Services, along with other key experts was brought together in a series of face to face consensus meetings. International and Australian research literature was reviewed by these experts and consensus based recommendations achieved.



The 2006 guidelines are being reviewed and updated for use in the NSW context.

What are the key updates?

The guidelines will provide updated information in a number of areas:

Opioids

➤ Key information from the Maternal Opioid Treatment: Human Experimental Research (MOTHER) study will be introduced. The MOTHER study was a recent large, randomised, double blind multi-site study comparing the effectiveness of buprenorphine maintenance treatment (BMT) to Methadone Maintenance Treatment (MMT). It was one of the first studies to prospectively follow opioid-dependent pregnant women from enrolment until at least 28 days after giving birth. BMT was found to be superior in terms of withdrawal symptoms in newborns and appears to be an appropriate treatment choice for opioid dependency in pregnancy (see Figure 1 below).

Cannabis

➤ Recommendations will reflect the mounting evidence surrounding the detrimental effects of cannabis in pregnancy.

Alcohol

➤ Abstinence during pregnancy will be recommended to reflect the NHMRC recommendation.

Child protection

➤ Updated information on the new legislation in NSW relating to child protection will be included.



What new sections will be included?

The revised guidelines will also include a number of critical new sections, including the:

- Use and abuse of prescription opioids in pregnancy (see Figure 2 below).
- Use of antidepressants in pregnancy.
- Management of withdrawal.
- Management of incarcerated pregnant women.
- Management of women in rural and remote areas.

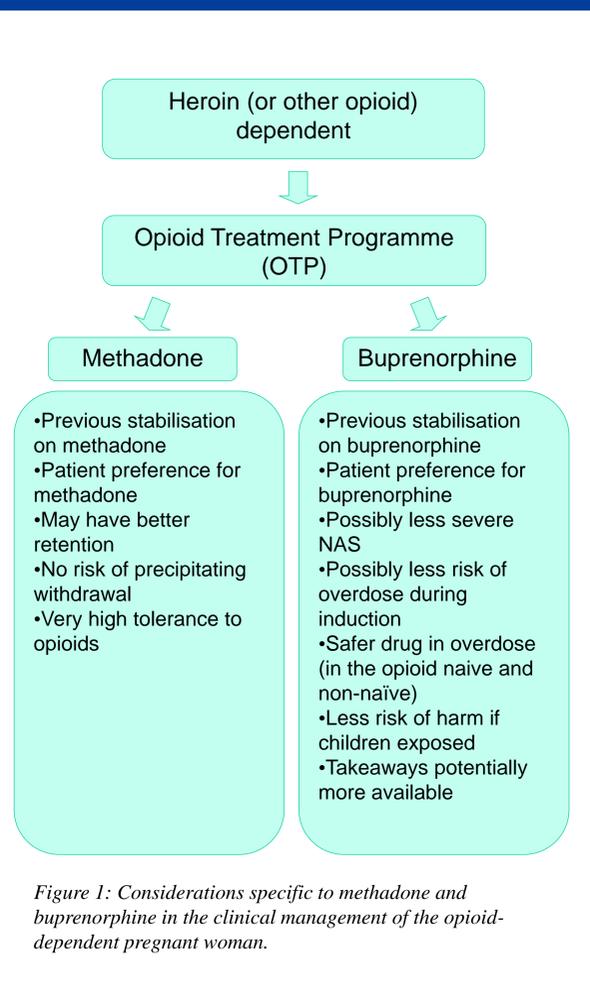


Figure 1: Considerations specific to methadone and buprenorphine in the clinical management of the opioid-dependent pregnant woman.

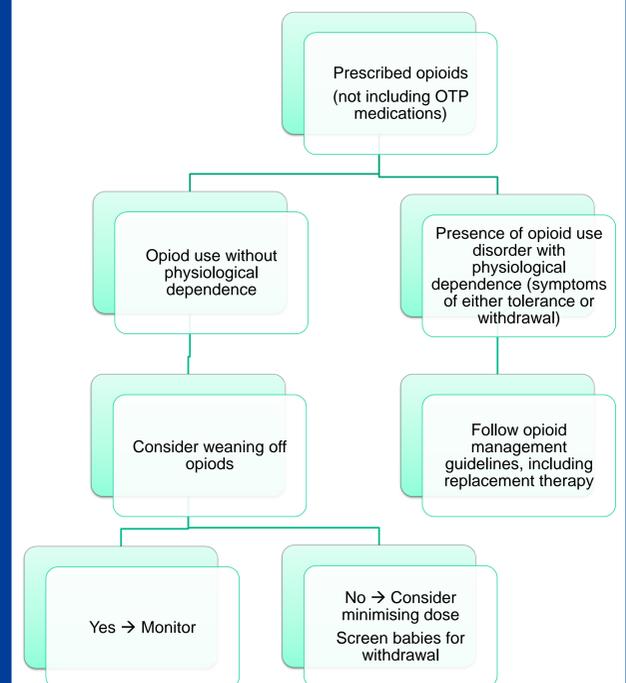


Figure 2: Assessment issues in the management of prescription opioid use in pregnancy.

Conclusion

Pregnant, drug-using women remain one of the most marginalised populations. This evidence-based document will provide guidance for implementing gold-standard approaches to screening, referral and treatment.

Acknowledgements

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