Milton Keynes University Hospital NHS Foundation Trust

Substance misuse in pregnancy

Classification:	Guideline
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Authors Division:	Women's and Children's Health
Departments/Group this Document applies to:	All clinical areas within the maternity service

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Guideline to be followed by (target staff):

To be read in conjunction with the following documents:
Milton Keynes University Hospital NHS Foundation Trust Antenatal Care Pathway
Milton Keynes University Hospital NHS Foundation Trust Postnatal Care Pathway
Milton Keynes University Hospital NHS Foundation Trust Vulnerable Team Operational Guideline
Milton Keynes University Hospital NHS Foundation Trust Confidential Communiqué
Milton Keynes University Hospital NHS Foundation Trust Guideline for Non-attendance /no access for planned antenatal and postnatal care
Milton Keynes University Hospital NHS Foundation Trust Guideline Newborn Feeding Policy
Milton Keynes University Hospital NHS Foundation Trust Fetal Growth Assessment Guideline
Milton Keynes University Hospital NHS Foundation Trust Examination of the Newborn Guideline

Are there any eCARE implications? No

CQC Fundamental standards:
Regulation 9 – person Centered care
Regulation 10 – dignity and respect
Regulation 11 – Need for consent
Regulation 12 – Safe care and treatment
Regulation 13 – Safeguarding service users from abuse and improper treatment
Regulation 14 – Meeting nutritional and hydration needs
Regulation 19 – Fit and proper

Disclaimer

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.
The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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Guideline Statement

The aim of this document is to provide clarity to healthcare professionals to effectively manage the care of pregnant women who present with a drug and / or alcohol dependency problem and to promote the health and well-being of the mother and unborn child. With the overall aim of reducing maternal and neonatal morbidity and mortality associated with substance misuse in pregnancy.

Executive Summary

This guideline has been developed to ensure consistent and effective practice between all healthcare professionals when caring for a pregnant woman with a substance misuse problem.

Substance use by parents does not automatically indicate child neglect or abuse. Each family should have a thorough assessment by Children Social Care to determine the extent of need and level of risk of harm.

Substances include prescription and non-prescription drugs and alcohol. When used by pregnant women these substances can cause congenital and neurological damage to the developing fetus and infant with irreversible effects. However, abrupt withdrawal of opiates, alcohol and/or benzodiazepines during pregnancy is not advised as this may cause harm to mother and unborn infant. Effective management and care of the pregnant woman is required to promote the health and well-being of the mother and unborn child.

1.0 Roles and Responsibilities

1.1 Midwives

- Women currently using substances during pregnancy should be referred for consultant led care.
- Encourage the woman and her partner to engage in treatment for their substance misuse and attend regularly for care during the antenatal and postnatal periods.
- To normalise maternity care as much as possible whilst recognising the social, psychological and medical problems associated with substance misuse.
- To ensure that regular communication exists between all professionals so that advice is consistent and an individualised multi-agency care plan consistent with minimising harm and stabilising their lifestyle.
- To promote and facilitate good parenting skills starting in the antenatal period and following birth.
- If midwife identifies a woman is requiring Arc -MK services to make a referral.
- Refer to the Social Risk assessment Matrix for Pregnancy (appendix 1). All high-risk substance misuse disclosure needs to be discussed with the Named Midwife for Safeguarding.

- If the woman is booked under continuity of care teams, then the allocated midwife to have a face to face discussion with the Named Midwife for safeguarding.

- To complete a multiagency referral form (MARF) at 12 weeks.
- To generate a Baby Alert.
- To commence confidential communique.

- Midwife needs to liaise with neonatal team on the birth of the child if indicated and refer to Baby Alert plan.

- Named Midwife for Safeguarding to disseminate children social care maternity plan to all ward areas and other agreed staff when received.

1.2 Obstetric staff

- To provide input and advice for medical conditions
- To communicate with named Community Midwife as appropriate to ensure that all women accessing appropriate care
- Refer to other specialties as required

1.3 Neonatal Staff

- To provide input and advice for medical conditions pertaining to the baby.
- To communicate with named Community Midwife as appropriate to ensure that all babies receive appropriate care
- To refer to the Thames Valley Neonatal abstinence syndrome guideline on the intranet and advise care of the baby.
- Refer to other specialties as required

1.4 Named Midwife for Safeguarding

- To liaise with midwives, woman, obstetric and neonatal consultant and other agencies to provide advice and guidance regarding plan of care

1.5 Arc -MK (formerly known as Compass

Arc Milton Keynes (Arc MK) is a service provided in partnership by Central and North West London NHS (CNWL) is a free and confidential service for adults who live in Milton Keynes. The service helps people break a cycle of addiction to substances such as heroin, cocaine, and new psychoactive substances as well as long term alcohol or gambling addictions.

Arc – MK work with adults at any stage of their alcohol, drug or gambling difficulties to provide a single point of access to assessment and treatment for problems.

Arc – MK provide treatment for both the substance misuse problem, as well as any associated emotional / mental health issues.

- If Arc- MK identifies service user to be pregnant to contact Lead midwife for safeguarding immediately.

- To encourage women to engage with maternity services
- For women who are dependent on opiates; stabilization on prescribed medication.
- If women are stable on medication; dosage may be gradually reduced during the 2nd and 3rd trimester of the pregnancy.
- To liaise with named Community Midwife to ensure appropriate plan of care is agreed.
- To attend meeting with Community Midwife and other agencies at initial care plan review and follow up review meetings as required
- To liaise with Community Midwife to ensure appropriate plan of care agreed and to update on changes to treatment plan by 34 weeks.
- Arc -MK to provide guidance on any inpatient prescriptions required by the woman when she is admitted for delivery.

2.0 Provision for under 18's

The Young People's Drug and Alcohol Service (formerly Compass) is now part of Milton Keynes Council. (Appendix 2)

Should a woman under the age of 18 years present at any stage of antenatal care and discloses substance misuse a referral (with consent) should be made to Children's social care (MARF). An assessment of need will then to be made and a care plan drawn up and agreed with all parties. Should prescribing be required Arc -MK will provide this service and support the process.

3.0 Antenatal Care

Midwives will need to consider the venue for booking and continuing antenatal care. Early morning appointments may be difficult for women taking opiate substitution therapy again this this to be reviewed aa whether this is correct appendix or street drugs. During a booking assessment the midwife should routinely and sensitively ask about substance misuse including alcohol and prescribed or illicit drugs. This assessment should include:

- Current and historic drug and/or alcohol use including prescribed and non-prescribed substances used and average daily amounts as well as routes of use. NB: IV drug use to be highlighted (known risk to mother and baby).
- Screening to include Hepatitis C.
- Current drug related health problems
- Associated social issues, complete Confidential Communiqué and a baby alert.
- Consider Multiagency Referral form (MARF) to Children's Social Care if the woman or her partner is involved with significant substance misuse refer to Social Risk Assessment matrix appendix).
- Document details of substance and alcohol use in maternity records (Tobacco use and Drug and Alcohol Use) and Regular Medications.
- Liaise with GP regarding past medical and medication history via System One.
- Refer to the Consultant Obstetrician and discuss with the Named Midwife for Safeguarding, after establishing a substance misuse problem.
- With consent refer the client to Arc- MK if not already engaged.
- Confirm ongoing attendance at Arc- MK at each antenatal visit.
- Consider need for Anaesthetic referral for venous access assessment and pain relief management plan.
- Provide appropriate information to the parents about the effects of substance / alcohol misuse on the developing fetus and newborn.

- If appointments are missed follow Guideline for non-attendance / no access for planned antenatal and postnatal care.

- Prescription plan to be discussed at 34 week meeting with Arc-MK Keyworker.

Arc - MK staff will:

- Upon receipt of an initial assessment highlight pregnant women as a priority.

- Offer a comprehensive assessment (including risk assessment) within 2 working days of receiving the referral if the woman misuses Class A drugs

- Offer a medical assessment within 10 working days and if indicated, substitute opiate prescribing will commence at this point.

- Communicate regularly with relevant services throughout the pregnancy.

- Contact the Named Midwife for Safeguarding or Community Midwife if the client has no GP or there is difficulty accessing antenatal care.

- Inform the Named Midwife for Safeguarding of medication prescribed b Arc - MK and use of substances other than those prescribed. To update midwife of medication changes as appropriate.

- Send letters to the GP following review in the prescribing clinic and copy to the Consultant Obstetrician, Named Midwife for Safeguarding and Named Community Midwife.

The 34-week multi-disciplinary meeting - If under the woman is under Children Social Care this meeting can be combined with the Family Support or Core Group Meeting.

To include:

- Mother and partner / friend
- Arc - MK Key Worker
- Named Midwife for Safeguarding if required
- Named midwife
- Health Visitor for 34 week meeting only
- Social Worker, if already involved
- Other services if involved, e.g. Probation Officer

Aim:

- To share information and formulate a multidisciplinary plan of care
- Answer questions

- Review risk issues

The Arc - MK key worker will send out invitations, asking participants to confirm attendance or provide feedback if unable to attend. Minutes will be taken using the and distributed to all professionals involved, including the GP, Obstetrician, Named Midwife for safeguarding a and the Arc – MK prescribing doctor.

If significant risk issues to the welfare of the baby are present (e.g. chaotic poly-drug use, non-engagement with Arc - MK or antenatal services) a referral to Children's Social Care will be made.

4.0 Antenatal admission

4.1 Maternity staff

- Opiate users not in a treatment program, admitted during the antenatal period should be assessed by obstetric medical staff and to be offered methadone within 4 hours of admission. If you are aware of treatment that is already prescribed, this should be continued during admission.

- For those not already in treatment, or where it is not possible to confirm that they are in treatment (e.g. out of hours, the following regime should be prescribed for opiate withdrawal until advice can be obtained. (Confirmation of opiate use can be established with urine testing or with confirmation by the client's community chemist).

- When Methadone and Buprenorphine (Subutex) are prescribed the Midwife should witness the woman taking the prescribed dose. Follow controlled drug administration protocol.

4.2 Buprenorphine (Subutex) - Arc-MK Keyworkers will provide a letter headed prescription detailing the name of the drug, dosage and frequency. This will be presented to the on call obstetrician so that the Buprenorphine can be prescribed promptly on eCare.

If a woman has been taking Subutex ask her to confirm her dosage, time of last administration and any other use of opiates within the last 24 hours. This is because withdrawal may occur if opiates have been taken in the previous 24 hours and Subutex is then prescribed.

- To liaise with Arc - MK or any other agencies involved within working hours to inform of admission and confirm current medication.

- To give the dose according to what she has confirmed but splitting the dose into two. For example, an 8mg dose would be given as 4mg and then 4mg 8-12 hours later.

- If the woman is normally on Subutex but taken heroin in the last 24 hours, wait 12 hours and then recommence Subutex.

4.3 Arc – MK

- The Arc - MK key-worker will liaise with the Maternity Department regarding current medication and the birth plan / risk issue.

5.0 Labour

- If the woman is maintained on opiate substitute or Buprenorphine (Subutex) this should be continued during labour.
- Inform the Paediatrician of mother's drug use when she presents in labour. A Paediatrician is not required to be present at birth unless clinical situation indicates otherwise.
- Standard analgesia is indicated during labour as a daily dosage of opiate substance will not provide pain relief.
- Some opiate users require larger amounts for pain relief as normal doses may be in-effective if tolerance has developed. Refer to Trust Pain Management Team for advice.
- There is little to suggest that pain-relieving opiates are harmful to the fetus already sensitised to opiates during pregnancy.
- Withdrawal from opiates in labour may be shown by fetal distress e.g. tachycardia, bradycardia, increased fetal movements, meconium stained liquor.
- Maternal signs include restlessness, tremors, sweating, abdominal pain, cramps, anxiety, agitation, diarrhoea, tachycardia and vomiting.
- Routine care in labour should be carried out with careful observation of the mother and fetus for withdrawal.
- If resuscitation is required **do not give Naloxone (Narcan)** as this will lead to rapid withdrawal associated with increased perinatal morbidity and death.
- Inform relevant professionals of birth:
    - Paediatrician
    - Social Worker if appropriate
    - Arc – MK key worker – if appropriate (next working day)
- Baby is transferred to the postnatal ward with their mother unless medical indication for admission to Neonatal Unit (NNU). If transferred to the NNU, the midwife to provide a face to face handover including any social issues.

6.0 Postnatal

- Observe interaction and care given by mother to baby and document. Encourage skin to skin contact as this relaxes the baby although parents should be advised not to have the

baby in their own bed due to the possible effects of drug use of the parents and risk of cot death

- When possible care for baby in a quiet atmosphere away from bright lights.
- Encourage breast feeding for women unless using cocaine, benzodiazepines, HIV positive or unknown HIV status.
- Encourage responsive regular 2-3 hourly feeds (Newborn feeding policy)
- To stay in for a minimum of 4 days as most symptoms show at 72 hours – 2 weeks. Refer to paediatric plan Complete withdrawal observations. (withdrawal observations guideline).
- If a baby is born suffering from unexpected withdrawal symptoms and Children's Social care are not involved then a Multi-Agency Referral must be completed.
- Show mothers how to fill in the feed chart documenting baby care, including wake/sleep pattern.
- Discuss the baby's condition and potential behaviour with the parents.
- Liaise with Paediatrician regarding the baby's condition as necessary. Discuss Hepatitis B and Hepatitis C (where either parent misuses intravenous drugs) and BCG (only if normal criteria apply) with the parents and arrange if consent is obtained.
- Symptoms can be delayed with polydrug use. The mother may require extra support in caring for her baby who is suffering minor symptoms that do not require treatment.
- Liaise with Arc – MK Key Worker so arrangements for the Methadone or Subutex prescription can be made.
- On transfer to community inform:
    - Community Midwife
    - Arc - MK Key Worker
    - Other agencies involved
- No TTO's of Methadone or other prescribed drugs e.g. Diazepam, Temazepam should be given without prior consultation with the Arc- MK Key Worker.
- Discuss with paediatrician urine toxicology screen and cranial ultrasound scan if appropriate.
- If the baby does not go home with the parents, ensure handover of care to the Trust who will be providing clinical care. Ensure the mother has meaningful keepsakes of her baby.

7.0 At Home

7.1 Maternity staff

- Postnatal visits to be provided as per individualized care plan.

- Continue to liaise with Arc - MK and other agencies and professionals involved.
- Long acting reversible contraception should be discussed as delaying further pregnancy until health and circumstances have improved will improve future maternal and neonatal outcome.

7.2 Arc - MK

- Continue to liaise with the Midwifery and Health Visiting teams as required.
- Discuss additional community support, e.g. Sure Start, Family Centres.

8.0 Breastfeeding

Most drugs of misuse do not pass into breast milk in quantities that are sufficient to have a major effect on the newborn. Breastfeeding should be encouraged in all women unless the mother is using cocaine, benzodiazepianes, HIV positive or unknown HIV status. If HIV status is unknown and women who wish to breastfeed, refer to Sexual Health Clinic for rapid HIV test.

9.0 Statement of evidence/references

MBRRACE-UK - Saving Lives, Improving Mothers' Care 2017. *Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2013–15* Oxford: National Perinatal Epidemiology Unit is this the most up to date version (I think there is one from 2019 – not sure if that will reference what you want it to reference)

Department of Health (England) and the devolved administrations (2017). *Drug Misuse and Dependence: UK Guidelines on Clinical Management*. London: Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive I can see that there is a 2017 version for this guideline

Department of Health, Home Office and Department for Education and Skills (2018) *Working Together to Safeguard Children: a guide to inter-agency working to safeguard and promote the welfare of children.* London: HMSO

Milton Keynes Safeguarding Children Board Inter-Agency Child Protection and Safeguarding Procedures (2008) Milton Keynes: Milton Keynes Safeguarding Children Board.

National Institute for Health and Clinical Excellence (2010) Pregnancy *and complex social factors Guideline 110* London (2010)

The Advisory Council on the Misuse of Drugs (2010) *Hidden Harm – responding to the needs of children of problem drug users.* London: Home Office. Again just check whether there is anything more up to date for this as I can see a 2011 document on the Gov website

10.0 Governance

10.1 Document review history

Version number	Review date	Reviewed by	Changes made
5	07/2020	Caroline Kintu	Full review and update of guideline
4	08/2017	Collaborative meeting with Head of Midwifery, Lead Midwife and Compass	Reviewed.

10.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Erica Puri	**Audit & guidelines Midwife**			**Incorporated**	**Yes**
Carrie Tyas	**Named Midwife Safeguarding**			**Incorporated**	**Yes**
Julie Cooper	**Head of Midwifery**			**Incorporated**	**Yes**
Louise Romeo	**Lead Midwife Teenage pregnancy**			**Incorporated**	**Yes**
Jayne Plant	**Library & E learning services manager**			**References check and suggestions**	**Yes**

10.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Monitoring of the maternity pathway described in this document	Datix	Vulnerable team midwives	After each incident	Clinical Improvement Group (CIG)

10.4 Equality Impact Assessment

As part of its development, this policy and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified.

Equality Impact Assessment			
Division	Women and Children's Health	**Department**	**Maternity**
Person completing the EqIA	Caroline Kintu Midwife safeguarding team	**Contact No.**	
Others involved:		**Date of assessment:**	15th August 2017
Existing guideline/service	Yes	**New guidleine/service**	**No**
Will patients, carers, the public or staff be affected by the policy/service?	Staff		
If staff, how many/which groups will be effected?	All staff		

Protected characteristic	Any impact?	Comments
Age	NO	
Disability	NO	
Gender reassignment	NO	
Marriage and civil partnership	NO	
Pregnancy and maternity	NO	
Race	NO	
Religion or belief	NO	
Sex	NO	
Sexual orientation	NO	
What consultation method(s) have you carried out?		
How are the changes/amendments to the policies/services communicated?		

Appendix 1: Social Risk Assessment Matrix for Pregnancy

Patient sticker

GP Surgery	
EDD	
Parity	
Client phone number	

RED	AMBER	GREEN
☐**Teenage Pregnancy** Aged 17 & under at LMP	☐**Young Parent** Aged 18-20 at LMP	☐**21 and over at LMP**
☐**Moderate to Sever enduring Mental Illness:** Bipolar☐ Personality Disorder under Mental Health (MH) services ☐ Schizophrenia☐ Previous psychosis☐ Recent suicidal attempt☐ Recent inpatient episode for mental illness☐ Under Perinatal MH☐	☐**Mild to Moderate Mental Illness:** Anxiety/Depression☐ OCD☐ Eating Disorders☐ PTSD☐ Self-Harm☐ Previous suicidal attempt☐ Personality Disorder not requiring MH services☐ Previous inpatient episode for MH☐ *Referral to Talk for Change*	☐**No concerns over emotional wellbeing:** *Continue to ask Whooley questions*
☐**High Risk Domestic Abuse:** Discussed at MARAC☐ CSC involvement☐	☐**Moderate Risk Domestic Abuse:** Medium/Standard Risk☐ Supported by MKACT☐ Current/Previous CFP ☐ *Assess for Health Relationships Project*	☐**Low Risk of Domestic Abuse:** *Continue to carry out Routine Enquiry*
☐**High Risk Substance Misuse:** Class A☐ Significant alcohol use☐	☐**Previous or current Moderate use of other substances:** Cannabis☐ Misuse prescription medication☐ Continue to drink alcohol☐ *Assess for Compass referral*	☐**No Substance Misuse:** *Provide guidance on over the counter medication and alcohol intake*
☐**Current involvement of** Children's Social Care☐ Adults Social Care☐ Probation Services☐	☐**Current involvement of** Current or previous support from CFP☐ Previous support from CSC☐	☐**Universal Services**
	☐**FGM** *Complete FGM kit, Datix and CC. Discuss FGM-IS*	
	☐**Non-English Speaking** *Use interpreter*	
	☐**Other Complex Social Needs:** Learning/Physical Disability☐ Housing☐ Asylum/No Recourse☐ Traveller☐ Persistent DNA/No Access☐ Late Booking/Unbooked☐	
Level of Need 3-4 Discuss with relevant specialist Midwife	**Level of Need 2-3** Discuss with relevant specialist Midwife	**Level of Need 1** Continue to review social circumstances

What are you worried about?		
What is Working Well?		
Grey Areas		
Actions		
Signed		
Date		

To be completed at booking and any change in circumstance

Patient sticker

Appendix 2: Substance Misuse Services Useful Contacts

City Counselling Service

01908 231131
320 Saxon Gate West, Milton Keynes.
Confidential counselling for people with drug problems

Eclipse

01908 211288
Confidential counselling for people with drug & alcohol problems

Addiction Recovery Community Milton Keynes (Arc – MK)
33-37 Farthing Grove, Netherfield MK6 4 JH
01908 250 730
Email: cnwl.arc-mk@nhs.net

ARC Milton Keynes is a service provided in partnership by CNWL as a free and confidential service for adults who live in Milton Keynes. The service helps people break a cycle of addiction to substances such as heroin, cocaine, and new psychoactive substances as well as long term alcohol or gambling addictions. They work with people at any stage of their alcohol, drug or gambling difficulties to provide a single point of access to assessment and treatment for problems. They recognise the importance of providing treatment for both the substance misuse problem, as well as any associated emotional / mental health issues.

Any health or social care professional can make a referral on your behalf. Women can also self-refer to the service in person or contact by phone 01908 250730 or email: cnwl.arc-mk@nhs.net

The Young People's drug and alcohol service (YPDA Service)
Referral can be made by Email: ypdaservice@milton-keynes.gov.uk
Or if you would like some more information about the service, you can get in touch anytime via:
Telephone on 01908 253 011 to speak to one of our team
Email: ypdaservice@milton-keynes.gov.uk
The Drug and Alcohol Practitioners are based at:
Rivers Centre, Trent Rd, Bletchley, Milton Keynes, MK3 7BB
Opening Hours
Main service hours are 9am to 5pm.