



DrugScope Reading List

Substance Use and Pregnancy

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This reading list contains a selection of key documents on drugs and pregnancy with web links to the full document where available. For a more comprehensive list please search our library database, DrugData, [here](#)

Please email us on info@drugscope.org.uk if you need any more information.

Methadone in pregnancy: treatment retention and neonatal outcomes.

Burns L., Mattick R.P., Lim K., Wallace C.

Addiction: 102(2), 2007, p.264-270.

Article examines the association between retention in methadone treatment during pregnancy and key neonatal outcomes. Results show that continuous methadone treatment during pregnancy is associated with earlier antenatal care and improved neonatal outcomes. Innovative techniques for early engagement in methadone treatment by pregnant heroin using women or those planning to become pregnant should be identified and implemented.

Exploring the link between substance use and abortion: the roles of unconventionality and unplanned pregnancy.

Martino S.C., Collins R.L., Ellickson P.L., Klein D.J.

Perspectives on Sexual and Reproductive Health: 38(2), 2006, p.66-75.

<http://www.guttmacher.org/pubs/journals/3806606.html>

The authors of this study concluded that unconventionality mediates certain associations between substance use and abortion, perhaps because unconventional women are more likely both to use substances and to engage in behaviours that increase their risk of unplanned pregnancy. Hence, it seems unlikely that reducing substance use will result in substantially fewer abortions.

Too much too young.

Gallagher L.

Drink and Drugs News: 31 October, 2005, p.12-13.

<http://www.drinkanddrugs.net/features/oct3105/alcoholandpregnancy.pdf> (PDF)

Assessing the risks to unborn babies whose mothers drink during pregnancy. Two maternal alcohol use patterns have been identified. Both can lead to marked behaviour and learning disabilities in school-age children.

Substance misuse in pregnancy.

Hepburn M.

Network: 12, 2005, p.1, 8-9.

<http://www.smmqp.org.uk/html/newsletters/net012.php#Pregnancy>

Substance misuse during pregnancy adversely affects outcomes both medically and

socially. Consequently, women with problem drug and/or alcohol use have potentially high-risk pregnancies. It is important that they are provided with multidisciplinary care, preferably community-based, which addresses all their problems both medical and social, within a single service.

Substance misuse in pregnancy: a resource book for professionals.

Whittaker A. UK. National Health Service. Scotland. Lothian., DrugScope.
London: DrugScope, 2005. 128p.

<http://www.hit.org.uk/publications.asp#134>

Based on an original publication from the Lothian Health Board, this book aims to establish a framework for care so that all women who use drugs can be offered appropriate support before, during and after the birth of their child. It discusses and provides information and intervention strategies on issues such as pre-conception care, the management of substance use in pregnancy, substitute prescribing, breastfeeding and neonatal Abstinence Syndrome (NAS).

Drug misuse in pregnancy and reproductive health.

UK. Scotland. Scottish Executive. Substance Misuse Division. Effective Interventions Unit.
Edinburgh: Scottish Executive, 2005. 4p.

(Effective Interventions Unit Integrated Care Pathways guide 8).

http://www.drugmisuse.isdscotland.org/eiu/pubs/eiu_092.htm

This is the eighth in a series of guides on developing and implementing Integrated Care Pathways (ICPs). This document is not an ICP. It is a 'guide' that can assist agencies to develop local ICPs for specific processes and procedures involved in the management of problem substance use during different phases of the reproductive health cycle. These should be consistent, evidence-based and appropriate to the needs of the individual and their family.

Drug treatment utilization before during and after pregnancy

Wolfe E., Guydish J., Santos Ann; Delucchi K., Gleghorn A.
Journal of Substance Use: 12(1), 2007, p.27-39.

This study retrospectively explored drug treatment utilization before, during and after pregnancy for all identified substance-using women delivering at a county hospital over a 4-year period (n5431). Drug treatment data were linked to hospital data to analyse treatment utilization. Fifty-three per cent received treatment the year before, during, or within the year after delivery, with a significantly higher proportion receiving treatment during and after pregnancy. There were significant increases in methadone and residential treatment services during pregnancy. Women spent significantly more time in treatment after delivery compared with before or during pregnancy. However, 47% of these women did not receive drug treatment. These findings support current literature suggesting that pregnancy presents an opportunity to engage women in treatment. However, there is a need to decrease the institutional, legal, and funding barriers that exist between health care and drug treatment providers. Utilizing available data to track perinatal substance use and treatment utilization are important to plan for adequate availability of treatment services for this population.