

An exploratory study into the experiences of pregnant women attending methadone clinics in Dublin who continue to use heroin.

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Introduction

- Drug Liaison Midwife
- Rationale for study
- Brief over view of the literature review.



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Methodology

Aim: to explore the experiences of pregnant women who attend a methadone clinic but continue to use heroin.

Objectives: to explore from the drug-using women's perspectives,

- The factors that influence them to continue using heroin in pregnancy while on a methadone programme.
- The factors that would assist in the reduction or cessation of heroin use in pregnancy while on a methadone programme.

Research design

This research used a qualitative explorative design.

Method of data collection

- A semi-structured interview
- The interviews took place in the participant's methadone outpatient clinic at a date and time that was convenient for the participant.

Data analysis

- After the interviews, each tape was transcribed verbatim.
- Content-related analysis was used to analyse the data;

Selection sample

- The inclusion criteria for this research were pregnant women who were over 24 weeks gestation, attending a methadone programme for over a four month period and using heroin.
- Seven women consented to take part in this research and one woman declined.

Findings

- Seven women (P1 - P7) were interviewed between 24 and 37 weeks gestation. The age of participants was between 22 and 31 yrs old. Three of the women were primiparous and four women were multiparous. Four women were already on a methadone programme before they got pregnant and three commenced on a methadone programme in early pregnancy. The daily dose of methadone ranged from 65 mgs to 145 mgs.

Findings- Themes

- **Women's feelings about**
 - their pregnancy.
 - their drug treatment programme.
 - their maternity hospital.
 - their heroin use in pregnancy.

Findings- Themes

- **Women's concerns**
 - for their unborn baby.
 - regarding their ability to mother.
- **Influences to continued heroin use**
 - Vomiting in pregnancy.
 - The need to escape reality and their environment.
 - The influence of male partners.
 - Environment.
- **Factors in their treatment that would help them stop using heroin.**

Discussion of findings

Women's feelings

- Positive feelings about their pregnancy.
- A false belief that heroin use caused infertility.
- Non judgmental attitude.
- Feelings of guilt and shame at their heroin use.
- Heroin use part of the fabric of their lives.

Discussion of findings

Women's concerns

- Drug using pregnant women shared the same concerns as the normal population of pregnant women regarding labour and motherhood.
- Concern for their pregnancy. Pregnancy was a motive to enter drug treatment. Entering drug treatment was described as being quick and smooth.
- Fetal movements were both a comfort and concern to the women. They reported that feeling fetal movements helped them to accept they were pregnant but also excessive movements caused them concern that the baby (intero) was withdrawing from methadone and/or heroin.
- Motherhood.

Discussion of findings

Influences to continued heroin use.

- The findings of this research suggests that in pregnancy, although women continue to use heroin, there was an attempt to reduce their heroin intake indicating that pregnancy itself can be a motive to change drug behaviour.

Discussion of findings

Influences to continued heroin use

- Partners using heroin appeared to be a critical contributor to heroin use. Some partners continued to use heroin but insisted that the women to come off their drugs. Also evident was how sensitivity women were to their partner's comments and criticisms of their heroin use.

Discussion of findings

Influences to continued heroin use

Partners not in treatment.

- Partners who are not prioritised onto a methadone treatment programme and put on long waiting lists, can influence pregnant women to continue using heroin. Results showed the frustration and difficulties within a relationship when one member of the relationship is denied treatment.

Discussion of findings

Influences to continued heroin use.

- Substituting heroin was found as a general coping strategy for relieving the stress of life and feelings of depression.
- Violence in the form of physical and emotional abuse by their partners.
- Accommodation problems.
- Having a drug-using social network.

Conclusions

- That drug use in pregnancy is complex and that there are no simple predictors of pregnant women's continued heroin use while on a methadone programme.
- Most of the pregnancies were unplanned and the women had a false perception that heroin use caused infertility.
- In general, women had a positive experience regarding their interactions with professionals both in the drug service and maternity service.
- Women were happy with their dose of methadone and the only complaints were the taste of methadone and being unable to tolerate the methadone due to vomiting in pregnancy.
- Feelings of guilt were common among this group of women both to being on methadone and using heroin in pregnancy.

Implications for Practice

- This research highlighted a gap in the drug treatment programme, in its failure to offer drug using partners' priority access to drug treatment and not providing a more family centred approach to caring for opiate dependent pregnant women.

Implications for Practice

- Need for fertility information for women
- The need for improved social service supports regarding homelessness etc.
- Highlights the importance of a specialist care team in maternity hospitals.



Last thought....

- As long as women abuse drugs in pregnancy we will be challenged with treating them appropriately. This research showed that women can have a good insight and understanding of their personal situation. Their views and experiences are an important resource to professionals in delivering a service to meet their needs.

