

A Model for Coordination of a Prenatal Care Clinic for Substance Abusing Pregnant Women



Barbara J. Francis MSN, CNM, DNPs
Karsnitz, Deborah DNP, CNM, FACNM (Chair)
Frontier Nursing University

Distance Education from the Birthplace of Nurse-Midwifery and Family Nursing in America



Purpose

The purpose of this capstone project is to develop a model for coordination of a prenatal care clinic for substance abusing women in the Toledo, Ohio area.

Problem

In Toledo, Ohio, there is no prenatal care clinic for substance using women. This project addresses integration of prenatal care and proposes a model which will include substance treatment options, mental health services, prenatal care and collaboration with the neonatal abstinence syndrome program. In addition, collaboration with social services in the postpartum period for the mother, infant and families will also be addressed.



Background

- Substance abuse is a complex public health problem as women come from all socio-economic backgrounds
- National Guidelines as well as the Institute of Medicine recommend universal screening at healthy checks and prenatal care
- Health care providers need to be aware of substance use rates in pregnancy
 - Illicit substance use rate 20.9% in teen pregnancies
 - A rate of 8.2 % in pregnancies of ages 18-25
- Pregnancy presents the opportunity to screen and assess for substance use, offer intervention and refer to specialized treatment
- Research consistently shows that prenatal care models which include substance abuse treatment have significantly improved neonatal outcomes.



Complex Issues

Specific effects of individual drugs are difficult to determine with polysubstance use. Perinatal substance abuse has reached critical levels in recent years. Healthcare providers face the difficult challenge of identifying women who are in need of treatment and identifying accessible services for treatment.



Substance Screening Barriers

Health Care Provider

Provider bias
Provider discomfort
Uncertainty of legal ramifications
Lack of referral services

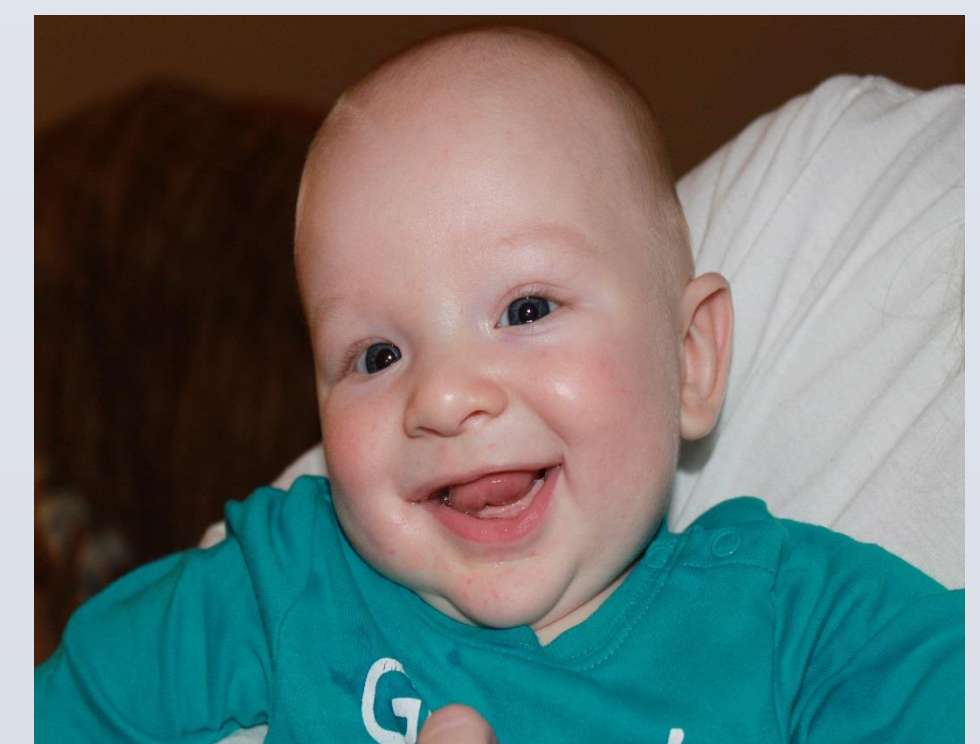
Women

Homelessness
No transportation
Need for childcare
Drug Use
No health insurance



Anticipated Outcomes

- Development of this model can decrease substance use in the antepartum period.
- Treatment of both mother and child can reduce medical costs and decrease reliance on foster care and other public services.
- Collaboration with a neonatal abstinence syndrome team will encourage mother infant bonding and self-care over the long term.



References

- Ashely, O., Marsden, M., & Brady, T. (2003). Effectiveness of Substance Abuse Treatment Programming for Women: a Review. *The American Journal of Drug and Alcohol Abuse*, 24(1), 19 - 53. doi: 10.1081/ADA-120018838
- Goler, N., Armstrong, M., Taillac, C., & Osejo, V. (2008). Substance abuse treatment linked with prenatal visits improves perinatal outcomes: a New standard. *Journal of Perinatology*, 28, 597-603.
- Massatti, R., Falb, M., Yors, A., Potts, L., Beeghly, C. & Starr, S. (2013). *Neonatal abstinence syndrome and drug use among pregnant women in Ohio, 2004-2011*. Columbus, Ohio: Ohio Department of Mental Health and Addiction services.
- Ordean, A. & Kahan, M. (2011). Comprehensive treatment program for pregnant substance users in a family medicine clinic. *Canadian Family Physician*, 57:e430-5. Retrieved from <http://www.cfp.ca/content/57/11/e430.long>
- Patrick, S. (2013). *Abstinence syndrome: Scope and evolving issues*. Retrieved from TIPQC annual meeting found at http://tipqc.org/wp-content/uploads/Stephen_Patrick_NAS_Keynote.pdf
- Roberts, S., & Nuru-Jeter, A. (2010). Women's perspectives on screening for alcohol and drug use in prenatal care. *Women's Health Issues*, 20(3), 193-200. doi:10.1016/j.whi.2010.02.003.
- Taillac, C., Goler, N., Armstrong, M., Haley, K., & Osejo, V. (2007). Early start: An integrated model of substance abuse intervention for pregnant women. *The Permanente Journal*, 11(3), 5-11. Retrieved from www.kp.org/permanentejournal