

# Management of young women under 19 who misuse substances in pregnancy

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## Rational

This guidance is to complement the overarching policy for the management of women who misuse substances in pregnancy. (See Appendix 1 for NSCB safeguarding policy in relation to Procedures for the Management of All Pregnant Drug or Alcohol Users and their Partners).

While this policy covers all women it was felt that for younger women under the age of 19 there were additional support needs and considerations in relation to young people's services. For the purposes of this policy the two key services are the Teenage Pregnancy team and SORTED Northumberland's Substance misuse service for young people.

Teenage pregnancy and early parenthood are widely recognised to be associated with poor health and social exclusion. There has been considerable debate over whether poor outcomes for teenage mothers and their babies are a consequence of the mothers young age, or of her disadvantaged circumstances, or of the limited uptake of antenatal care. Pregnant teenagers are less likely than older people to access maternity care early in pregnancy (the average gestation at booking is 16 weeks), and are less likely to keep appointments<sup>1</sup>.

These issues are compounded if there is or has been a history of substance misuse and it is vital that all appropriate services are involved.

Current national research indicates that an increasing number of young people are coming into contact with and are using substances. Services for young people are reporting an increase in numbers of young people presenting themselves for help associated with substance use. As substance use is becoming an increasing feature of many young people's lives, appropriate responses must be devised in order to meet their needs<sup>2</sup>.

SORTED and the Teenage pregnancy team will respond appropriately within the spirit of the Children Act 2004 and Northumberland Safeguarding Boards guidelines, to ensure that the welfare of the young person is paramount. It is also important that reference is made to Northumbria Healthcare Foundation Trust policy (see Appendix 2) as well.

Key to this guidance is in relation to referral in the antenatal period. Young women referred into the specialist substance misuse clinic will be routinely referred into SORTED and Teenage pregnancy (See appendix 3 for the referral form). These two agencies will carry out a joint visit within a given time scale dependent on level of need. Early engagement with these services will ensure teenage mothers are supported and encouraged to access mainstream maternity services as well as any specialist services dependent on need.

Even following the home visit support is not required by SORTED following delivery another joint visit will be arranged for assessment as research and experience tells us that during the postnatal period, added pressure and stress, some young women return to their previous habits<sup>3</sup>. At this point another assessment of need will be made and appropriate care plan developed.

This guidance will form part of a more comprehensive support plan will ensure involvement of all key agencies and appropriate information sharing.

For ongoing substance and alcohol issues the care pathway will mirror the already established model for all pregnant drug or alcohol users and their partner

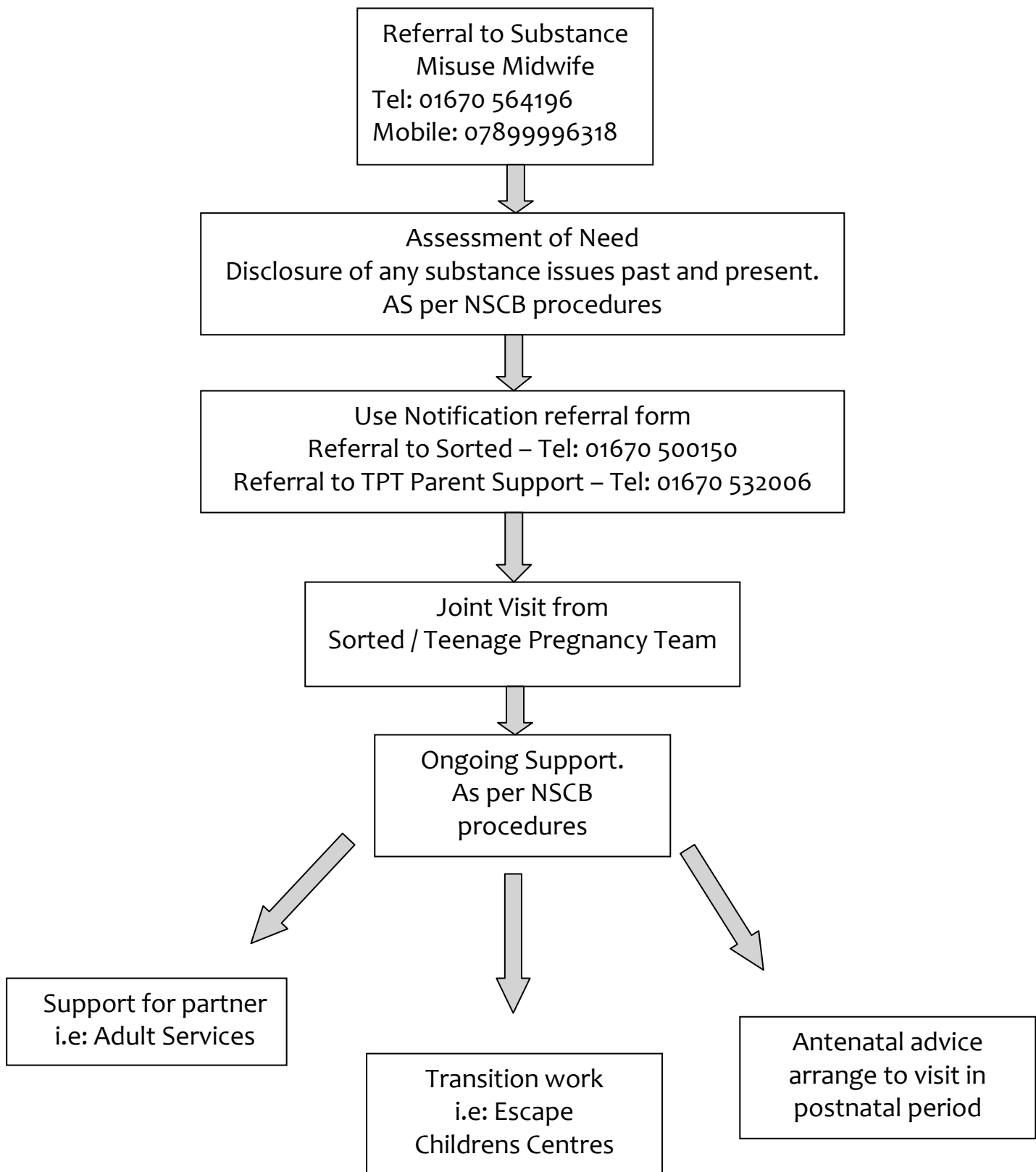
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<sup>1</sup> Department for Education and Skills (2006) Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies.

<sup>2</sup> Northumberland County Council (2009). Young people's Needs Assessment, Northumberland Drug and Alcohol Action Team.

<sup>3</sup> Siney, C (Ed) (1995) The Pregnant Drug Addict. The Royal College of Midwives. Books for Midwives Press. Cheshire.

**Northumberland Substance Misuse Pregnancy Pathway**  
**For Young Women 19 & Under: Flow Chart**



It is envisaged that at a later date the support needed for young mothers will form part of a Targeted Youth Support (TYS) meeting with CAF being the key document after safeguarding concerns have been assessed.

## Appendix 1

### NSCB Safeguarding Policy in Relation to Procedures for the Management of All Pregnant Drug or Alcohol Users and their Partners (Oct 210)

#### 5.1 Joint Professional Agency Meetings between Northumberland Antenatal Services and ASN will take place on a monthly basis.

##### Members to include:

Lead Consultant Obstetrician in Substance Misuse  
Specialist Midwife for Substance Misuse.  
ASN Specialist CPN  
Young Peoples Services i.e. SORTED, Teenage pregnancy.

#### 5.2 Communication and Information Sharing

- Any Service User identified by any agency or professional, who is suspected to be an excessive user of drugs or alcohol when pregnant, should be discussed with ASN staff.
- Upon contact with either antenatal services or addictions services by a pregnant user, liaison will take place and information will be shared with the client and between professionals involved. The client needs to be informed that information is being shared, subject to the relevant guidance.
- Referral to either service will be made if not already in place. ASN staff will undertake a comprehensive assessment, involving the partner where appropriate, and considering potential impact on parenting capacity.
- All new contacts with each service will be discussed at joint agency meeting held on a monthly basis, adhering to confidentiality protocol.
- Ongoing cases will be discussed and information updated monthly.
- All pregnant users are made aware of the possible need for specialist care for their baby following the birth, and arrangements can be made to discuss this with staff from the 'Special Care Baby Unit'. (SCBU).
- Any concerns raised, including non-engagement with the service, and/or childcare/family issues will be considered and relevant services contacted. The need to safeguard the unborn child and other children in the family must be actively considered. Where advice or clarification is needed the Safeguarding Team in Health should be contacted.

#### 5.3 Urinalysis

- Agreement will be sought for regular urine screening with positive results being shared between ASN, Ante Natal Care and the Key Worker if there is a CP Plan in place. If no Key Worker information to be shared with the Named or Lead CP Professional.

#### 5.4 Planning Meeting(s)

A Planning Meeting will be convened and Chaired by the Specialist Midwife for Substance misuse **every** pregnant opiate dependent or alcohol chaotic woman at 20-24 weeks into their pregnancy (or, as soon as possible if late booking).

**Agencies to be invited:**

Service User (and partner if appropriate)  
Antenatal Services  
Relevant maternity Staff  
Special Care Staff  
ASN Staff  
Locality Children's Services (FACT)  
Health Visitor  
G.P.

Relevant information will be shared along with any concerns identified, and an ongoing Action Plan, Contingency Plan and clearly identified outcomes for both the client and professionals will be made for all situations.

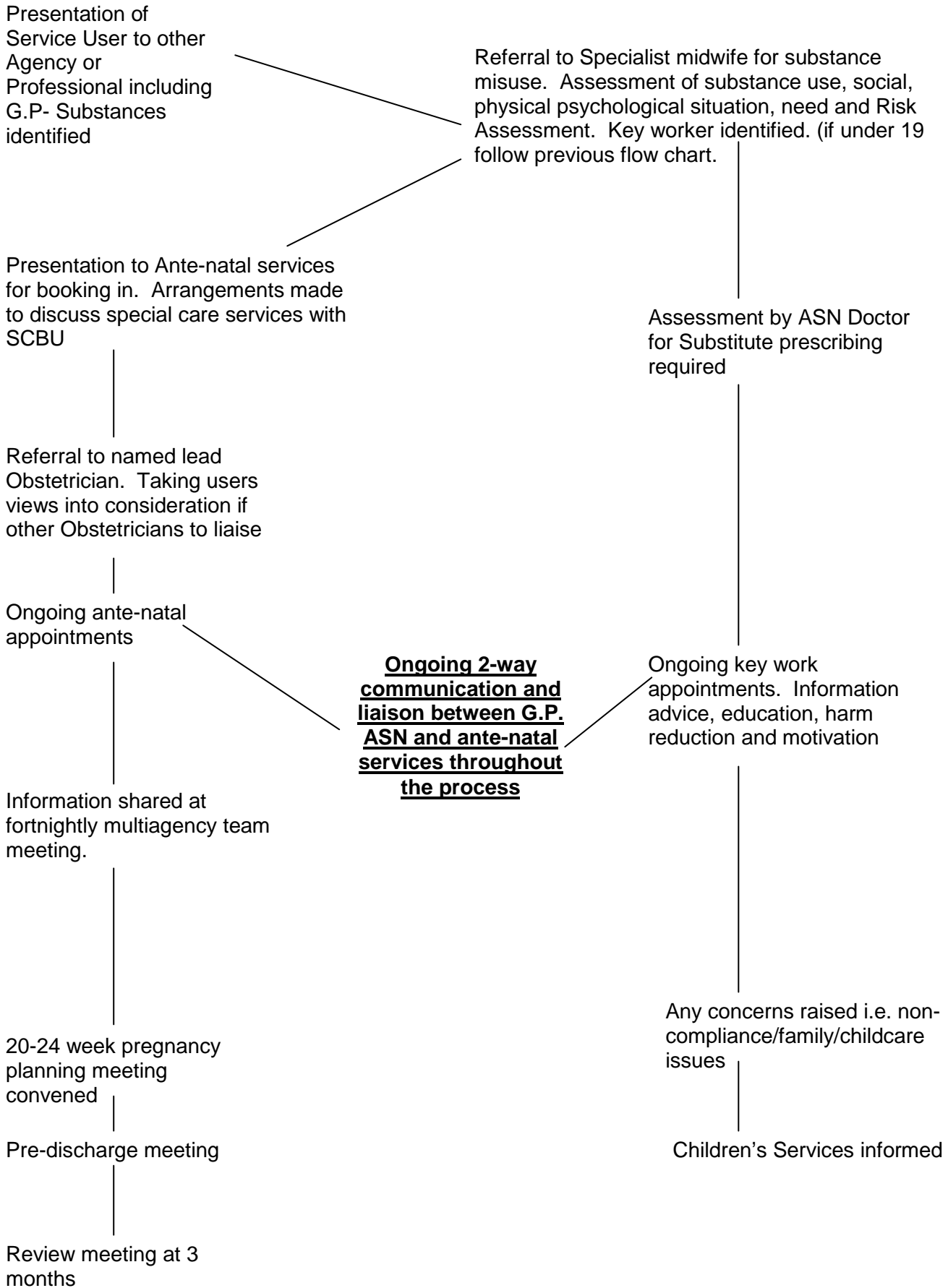
The Specialist Midwife for Substance misuse will remain the Co-ordinator of the care unless Child Protection issues are identified, the it would be managed within multiagency procedures.

If the Planning Meeting identifies serious Child Protection issues, a referral should be made to the FACT Team with a view to a Pre-birth Conference being convened as soon as possible.

The Action Plan from the meeting(s) must be placed into confidential material records, via the midwife.

***'All staff must be aware of the need to re-assess following new and cumulative incidents and changes of circumstances (such assessment to include checking the accuracy of basic information e.g. household composition)'. Quote from Haringey Serious Case Review re 'Baby P'.***

**PROCEDURES TO FOLLOW FOR PREGNANT DRUG and ALCOHOL USERS**





## Aide Memoire for Practitioners working with parents who misuse substances

Lifestyle stresses compounded by substance misuse can have an effect on parental behaviour and competence. This can contribute to inconsistency and unpredictability leading to varying levels of monitoring, supervision, and care of children.

Parenting capacity (NB: It is important to consider all those with parental/caring responsibility towards the child. Research indicates a tendency to focus on mothers)			
Dimension	Factor	Rationale	Sources of information
Basic Care	Details of drug use and impact on parental health/ behaviour/ mood	It is important to understand the nature and pattern of parental drug use in order to make judgements about the impact this will have on parenting. For example, crack use will lead to volatile behaviour whereas heroin use is more likely to lead to drowsiness, other relevant information will be how the drugs are obtained and funded, whether there are associated health problems, particular times of the day when parents are likely to be affected by their use.	Parents Substance misuse service GP Police/probation
Ensuring Safety	Physical availability to child and impairment of ability to provide care	Drug use may reduce parents' ability to provide physical care to the child. They may be absent from the home raising the money for or buying drugs, or in prison/hospital. Alternatively the effects of the drugs may mean they can't handle the child safety or react to protect them from danger.	Parents Substance misuse service Primary care School/nursery
Emotional warmth	Emotional availability to child	Similarly, the problems caused by drug use may reduce the amount of attention parents can give their child. They may also be distracted, drowsy or bad-tempered, depending on the drugs used, and unable to make the child feel loved or valued.	Parents Substance misuse service Primary care School/Nursery
	Priorities – drugs or child?	The use of drugs, particularly if there is a physical dependency, can be an all-consuming activity that leaves little space for parenting. This may result in children feeling that their parents care more about the drugs than them. When assessing parenting capacity, it needs to be considered whether this is supported by an examination of their behaviour. Do they miss events at school or birthday celebrations because of drugs?	Parents Children School/ NURSERY
Stimulation	Strategies to protect child from impact of drugs	Parents may be well aware of the possible impairment to their parenting capacity and have developed ways of compensating for this. For example, they may draw on support of the extended family, or limit their drug use to times when the child is in bed.	Parents Family Support services



	Consistency and reliability	One of the difficulties of assessing the impact of drug use is its fluctuating nature. Parents may be loving most of the times, but aggressive or irritable after stimulate use. They may make promises to the child when stable in treatment but break them when they relapse. It is important to understand these variations because of the disruptive impact on a child having parents they cannot rely on to be there for them.	Substance misuse service Parents Family Child
Guidance and Boundaries	Role of drugs within parental relationship/partnership	It is likely, though not universal, that both parents will be involved to some extent in drug use. If so, drugs will play a central part in the relationship. One partner may rely on the other to raise the money or procure the drugs. This may be problematic if one partner is motivated to stop. Whatever the dynamic, it needs to be understood if accessing parents' ability to work together to look after the children.	Parents Substance misuse service Police/probation
	Message to child about drug use and offending behaviour	Most drug use is illegal in itself and parents often need to engage in illegal activity in order to find it. They may be involved with criminal justice system as a result. Meanwhile children will be receiving messages outside the home about the fact that such behaviour is wrong. Parents will need to help their children make sense of this potential confusion.	Parents Children School Youth services
Stability	Previous parenting capacity	A high proportion of drugs users do not have their children living with them. Such children are also more likely to be on Child Protection Plans. It is important to obtain full information about the well being of any previous child that either parent has cared for, and to consider whether there are any lessons to be learned.	Parents Family Other Children's Services departments.



## PRACTICE TIPS

- **Don't ignore use:**  
But don't over react either. There is something to be assessed.
- **Use pre-birth assessments:**  
These can provide a valuable opportunity to engage parents, who are often highly motivated to make changes in their lives.
- **Remember the drug users want to be good parents:**  
But be aware that their expectations may be too high: that the child will compensate for past unhappiness or provide an incentive to remain drug free. They may set themselves unrealistic goals. This may lead to attempts to become abstinent too rapidly, with considerable risk of relapse.
- **Consider the importance of drug use in the parent's life:**  
If a parent's primary relationship is with a drug then it will adversely affect their relationship with others including children. If household resources – financial, practical and emotional – are diverted to drug use, there will be deficits for the children.
- **Ask for details of the drugs used and their effects:**  
'Drug use' is not a single phenomenon but includes a wide range of behaviours, specific information about the nature of drugs used, and the lifestyle implications of such use, is needed in order to assess the impact on parenting.
- **Do not assume that abstinence will always improve parenting skills:**  
There may be risks of relapse, or parents may struggle to adjust to a drug free lifestyle or relationship. Withdrawal from drugs can significantly impair capacity to tolerate stress or anxiety. Stability treatment might be a more realistic option.
- **Find out whether drug use is the 'only' parental problem:**  
If so, then prospects for success are higher. Where there are multiple parental problems (e.g. mental health difficulties, domestic violence), then prospects of being able to offer safe and long-term care to children are significantly reduced. Drug use makes all other problems worse.
- **Base your judgements on evidence not optimism:**  
If drug use is enduring and chaotic, and there is no evidence of improvement, then this will undermine other interventions or support offered.
- **Be aware of your own views and feelings about drug use:**  
Consider how these might affect your judgements.
- **Recognise that parents are likely to be anxious**  
They will worry about losing their children. This 'fear factor' is likely to lead to reluctance to seek help or a denial or minimisation of problems. Children may share this fear of being separated from their parents.
- **Don't forget fathers/partners**  
Assessments can sometimes focus on mothers, but others may have an equal impact on the children. They may also affect treatment outcomes if one partner is more motivated than another to address their drug problem.
- **Don't forget extended family:**  
They are likely to be a source of useful information – and may also be a vital support to the children. Family group conferences may make a real contribution to decision making.
- **See life from the child's point of view:**  
What is life like when they wake up? When they go to bed? When parents are intoxicated or withdrawing? What are their hopes and fears? Who can they turn to?

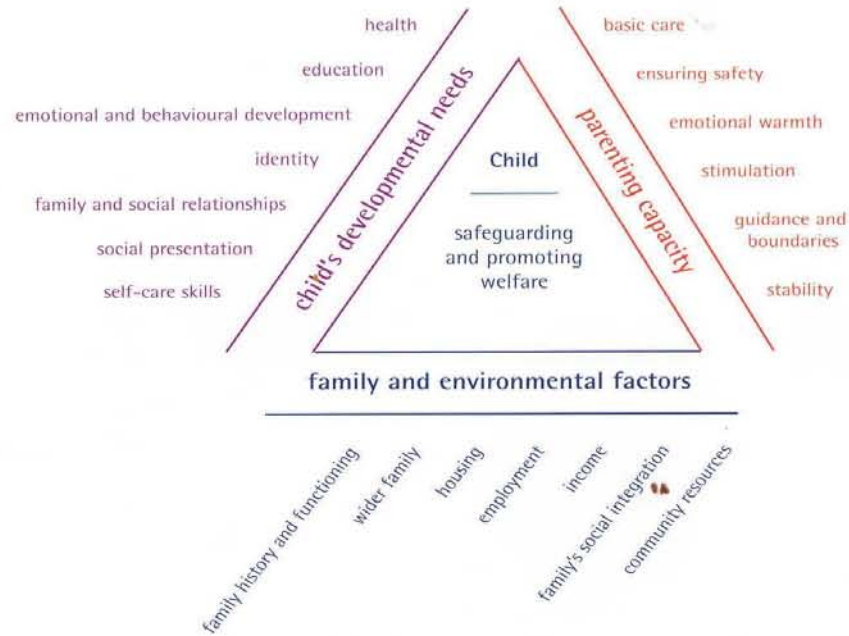
## Appendix 2



### Improving outcomes for the children of drug misusing parents

#### Applying the Assessment Framework

- ▶ effect of prenatal exposure to drugs
- ▶ subsequent special health needs as a result of above
- ▶ access or exposure to drugs/equipment
- ▶ effect on school attendance and ability to learn
- ▶ impact on quality of attachment(s) and feeling valued
- ▶ attitudes to drug use and offending behaviour
- ▶ experience of loss/bereavement
- ▶ sibling relationships and sibling drug use
- ▶ other caring relationships and 'lifelines'
- ▶ secrecy, stigma and social exclusion
- ▶ impact on friendships
- ▶ level of caring for self, parents and siblings



- ▶ details of drug use and impact on parental health/behaviour/mood
- ▶ physical availability to child and impairment of ability to provide care
- ▶ emotional availability to child
- ▶ strategies to protect child from impact of drugs
- ▶ role of drugs within parental relationship/partnership
- ▶ consistency and reliability
- ▶ priorities – drugs or child?
- ▶ messages to child about drug use and offending behaviour
- ▶ previous parenting capacity

- ▶ past drug treatment/engagement
- ▶ offending behaviour and convictions
- ▶ who knows about drug use? and implications for wider family relationships
- ▶ extended family able to act as carers
- ▶ adequacy of material resources – money and housing
- ▶ home is exposed to risky adults or activities
- ▶ community attitudes and stigma
- ▶ support network outside the home

# Appendix 3

## TEENAGE PREGNANCY/SORTED REFERRAL

Phone Serena Thompson 01670 500150

Phone: Jayne Saul 01670 819049

Fax to: Serena Thompson 01670 500151

Fax to: Jayne Saul 01670 816796

<b>URGENT APPOINTMENT REQUIRED</b> Yes <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>If Yes please provide details:</b>		
Name	DOB	Age
Home address ----- -----	Gestation EDD:	
-----	Young Person's Address	
Post code -----	----- -----	
Community Midwife	Young Person's contact details: (mobile, email) ----- -----	
Name -----	-----	
Address: ----- -----	Partner/family contact details: ----- -----	
-----	Name & Address of Social Worker	
G.P. -----	-----	
Address ----- -----	Tel No: -----	
-----	Details of any other professionals involved with young person ----- -----	
Tel No:	----- -----	

Details of Substance Use Issues

Details of Pregnancy/Pregnancy Support

Details of General Health/Social Issues

Signed: \_\_\_\_\_ Designation: \_\_\_\_\_ Date faxed: \_\_\_\_\_  
Time faxed: \_\_\_\_\_

Date Received:

Action Agreed: -----  
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