

A Guide for Primary
Health Care Professionals

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Supporting Pregnant Women who use Alcohol or Other Drugs



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To prevent poor pregnancy outcomes, including conditions like Fetal Alcohol Spectrum Disorders, we must do more to provide treatment to pregnant women with problematic substance use. There is clear evidence that heavy and frequent use of alcohol or other drugs and associated lifestyle factors contribute to significant harm during pregnancy.

Health care professionals can make a substantial difference to the health of women and their babies by identifying and supporting women who use alcohol or other drugs during pregnancy.

This Guide is intended for a range of primary health care professionals including GPs, midwives, nurses, practice nurses, Aboriginal health care workers and sexual health workers. It is applicable to a wide range of health care settings. In any health care setting where pregnant women are seen, they should be asked, without judgement, about their alcohol, tobacco and other drug use and provided with access to appropriate treatment and support.

Evidence shows that **well-coordinated** and **comprehensive** support with early access to **antenatal care** and **specialist alcohol or drug treatment** can reduce harm and improve outcomes for pregnant women who have problematic alcohol and drug use, and their babies.

Women can also benefit from preconception counselling to address problematic substance use prior to pregnancy. All women with problematic alcohol or drug use should be provided with advice about contraception.

The clinical information in this Guide is largely drawn from *NSW Clinical Guidelines for the Management of Substance Use during Pregnancy, Birth and the Postnatal Period*, which is the latest clinical guidance for management of drug and alcohol use in pregnancy. Health professionals should also consult relevant State and Territory legislation, policy and clinical guidelines. Links to useful documents are provided in Chapter 5 of this Guide.



The National Drug and Alcohol Research Centre, UNSW Australia, received funding for the Substance Misuse in Pregnancy Resource Development Project from the Australian Government

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This Guide also draws on a range of evidence from Australian and international studies about the best strategies to reduce the harms to women and children from alcohol and drug use in pregnancy. This evidence is outlined and fully referenced in a report *Supporting Pregnant Women who use Alcohol or other Drugs: a Review of the Evidence*, available at www.ndarc.med.unsw.edu.au.

There are already a range of projects, resources and tools available to health professionals to support their work in this area. Rather than replicating these, this Guide outlines the components of best practice care, describes important steps to take and directs health professionals to existing resources.

This Guide:

- **Outlines how primary care professionals can effectively identify pregnant women who have problematic alcohol and other drug use and respond to their needs.**
- **Provides links to tools for screening, assessment, brief intervention, guidelines, training and other resources.**
- **Draws on the *NSW Clinical Guidelines for the Management of Substance Use during Pregnancy, Birth and the Postnatal Period* for information about pharmacological and other clinical management strategies.**

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Key points

Harm minimisation

Harm minimisation is central to Australian drug and alcohol policy. For pregnant women who have problematic or dependent alcohol or other drug use, minimising harm means recognising that more than abstinence advice is needed to reduce or cease substance use.

Alcohol or drug dependence is a chronic, relapsing condition. Harm minimisation encourages ongoing involvement in treatment even when relapses occur. Achieving this requires a safe and non-judgemental relationship with the pregnant woman so that she is able to disclose any ongoing alcohol or drug use and can be assisted with psychosocial and pharmacological treatment as required.

Harm minimisation also means taking a comprehensive approach to health care. This involves moving beyond a focus on alcohol or drug use alone towards comprehensively addressing a range of factors associated with harm from alcohol or drug exposed pregnancies. These include poor antenatal care, poor nutrition, mental health, domestic violence or unstable housing.

Alcohol, tobacco and other drug use in pregnancy is associated with significant harm.

Ask all pregnant women about their alcohol, tobacco and other drug use in a non-judgemental way.

Continue to ask pregnant women at subsequent visits. Patterns of use may change or women may disclose their alcohol or drug use as rapport develops.

For women at low risk, reinforce healthy behaviours. Not drinking is the safest option.

There is an increased risk of harm to pregnant women and their babies if women smoke, drink alcohol or use drugs during pregnancy.

Offer intensive ongoing support for complete smoking cessation.

Offer brief intervention. This is effective for many women, particularly those who are using alcohol or other drugs but are not dependent.

Refer women at increased risk of an alcohol or drug exposed pregnancy for antenatal care as soon as possible, preferably from a specialist service. Identify who will coordinate care.

Facilitate access to alcohol or drug treatment services for counselling, withdrawal management and pharmacotherapy.

Engage with women who have drug and alcohol issues at every opportunity, recognising that pregnancy is a time when women may be more open to change.

Address psychosocial factors, physical and mental health issues and practical realities.

Address nutritional needs.

Provide culturally safe care.

Consult with appropriate specialists about treatment during delivery including pain relief.

Organise assertive follow-up and support for after the birth of the baby.

Provide contraceptive advice as early as possible to support women in planning future pregnancies and preventing unintended pregnancy.



CHAPTER 1

background

How big is the problem?

Information about alcohol and other drug use during pregnancy is not adequately collected in Australia. Surveys estimate that 50-80% of pregnant women continue to drink, the majority at low levels. A small proportion of women continue to drink at risky levels.

In recent years there has been an increase in the proportion of women who abstain from alcohol once they become aware of their pregnancy, but the proportion drinking at risky levels has remained stable. Women who are risky drinkers prior to pregnancy are likely to continue.

Women who find it difficult to stop drinking need extra support. They may be dependent, heavy users or binge drinkers. Heavy and frequent alcohol consumption is also the highest risk to the baby.

Although the proportion of women that smoke during pregnancy has also declined, around 49% of Indigenous Australian women and 12% of non-Indigenous women continue to do so.

Use of illicit drugs in the past year is reported by about 12% of Australian women in national surveys. There is limited data on how many pregnant women in Australia use illicit drugs. Women who use illicit drugs present to antenatal care and women who are already in treatment for substance use become pregnant. In Australia, common illicit drugs include cannabis, opioids, amphetamines and benzodiazepines. Polydrug use is common among people who use illicit drugs.



Impact of alcohol and drug use

Alcohol, tobacco and other drug use is associated with poor outcomes for the woman, her pregnancy and the developing baby.

Alcohol is a teratogen that crosses the placenta during pregnancy and can cause a range of physical and neurodevelopmental problems in the fetus. A threshold for safe consumption is unlikely to be determined, because of a range of factors including individual maternal characteristics. There is strong evidence of harm from heavy and binge drinking and less conclusive evidence of harm from low level drinking.

While the quantity and frequency of alcohol consumption has different impacts on fetal development in different stages of pregnancy, the risks extend throughout gestation and the early years. The risk of damage to the developing fetus is high during the early stage of pregnancy. Drinking through all three trimesters increases the risk of Fetal Alcohol Spectrum Disorders (FASD). FASD can result in lifelong developmental disabilities for affected children.

Other increased risks of alcohol, tobacco and other drug use during pregnancy may include:

- **Intrauterine growth restriction, poor growth, low birth weight, small for gestational age**
- **Ectopic pregnancy**
- **Meconium stained amniotic fluid, premature rupture of the membranes, precipitate labour, preterm birth**
- **Miscarriage, stillbirth, neonatal death**
- **Neurodevelopmental problems in the infant**
- **Neonatal Abstinence Syndrome**
- **Mental health problems for the mother including alternation of mood, anxiety and depression, psychological distress or mental disorders**
- **Poor nutrition and anaemia**

Fetal Alcohol Spectrum Disorders (FASD)

FASD is an umbrella term which describes a range of effects that can occur in someone prenatally exposed to alcohol. It includes Fetal Alcohol Syndrome (FAS), Fetal Alcohol Effects, Alcohol Related Birth Defects, and Alcohol Related Neurodevelopmental Disorders. The impact of FASD on the child can include poor growth, facial abnormalities, structural damage to the Central Nervous System, neurological damage, reduced cognitive function, impaired executive function, developmental delay, learning disability or intellectual disability.

Women's health care

The health and wellbeing of a woman and her developing baby cannot be separated. To achieve the best possible health outcomes for babies and prevent serious harm, specialist care and treatment is required for women who are alcohol or drug dependent or who have high risk behaviours associated with alcohol and other drug use.

Many pregnant women with problematic substance use do not get the antenatal care they need or do not receive care early enough in the pregnancy. Some may not identify their alcohol and other drug use as problematic. Most primary care professionals who see pregnant women will encounter some women with problematic or dependent alcohol or other drug use.

Access to care can be improved when health professionals ask pregnant women about alcohol and drug use and know how to refer and coordinate their care. Effective strategies and tools are available to support this process.

The NSW Clinical Guidelines for the Management of Substance Use During Pregnancy, Birth and the Postnatal Period

These Guidelines give clinical guidance for the management of drug and alcohol use in pregnancy. They are a revision by NSW Ministry of Health of the National Clinical Guidelines for the Management of Drug Use During Pregnancy, Birth and the Early Development Years of the Newborn. Health professionals can refer to these Guidelines for additional information and also consult relevant State and Territory legislation, policy and clinical documents (see the resources chapter of this Guide for links).

Key points

- Alcohol, tobacco and other drug use during pregnancy is associated with significant harm to mother and baby.
- All women should be asked about their alcohol, tobacco and other drug use in a non-judgemental way, to facilitate disclosure.
- Women at low risk should be advised not to drink, smoke or use drugs during pregnancy.
- Pregnant women who are heavy, binge, or dependent alcohol or other drug users are at high risk. They require early access to antenatal care and specialist treatment and should be offered comprehensive psychosocial support.
- Engagement with women at risk is essential.

Ask all pregnant women

It is important not to make assumptions about the 'type' of women who may be using alcohol or other drugs during pregnancy. Alcohol and drugs are used by women across the population, from a wide range of backgrounds and ages. **Ask every pregnant woman about their alcohol, tobacco and other drug use within discussion of their health.** Disclosure may occur as rapport is built or patterns of use may change over time, so continue to ask at every visit.

Women at greater risk

It is important to recognise that women who are pregnant and alcohol or drug dependent are generally more likely to be socially disadvantaged, younger, unemployed, have poor health and inadequate antenatal care. Women who already have a child with FAS are more likely to be at risk of having another affected child in subsequent pregnancies.

While not all women at risk will be leading complex lives, there are associations between substance use, social issues, physical and mental health. Mental health issues commonly co-occur alongside alcohol or drug dependency, with depression and anxiety the most common diagnoses. Domestic violence, homelessness and poverty are prevalent.

In Australia, about half of all pregnancies are unplanned. Women who have unplanned pregnancies are at increased risk of poor pregnancy outcomes due to possible exposure to alcohol and other drugs prior to pregnancy awareness and delayed antenatal care.

Mental health

Poor mental health is often associated with negative events in early life and can have severe impacts on a pregnant woman's wellbeing and outcomes for her baby. Mothers with drug dependence and mental health comorbidity are more likely to have no antenatal care, to have more pregnancies and to experience domestic violence. Outcomes for their babies are generally worse.

Women may also not present for alcohol or drug treatment, or it might not be their highest priority. Compared to men, women who are alcohol or drug dependent and also have mental health problems are more likely to attribute their problems to their mental health and to seek treatment in general practice or mental health services.

There are complex interactions between substance use, health and psychosocial factors. Treatment and care should be matched to the complexity of each woman's needs. Working with pregnant women to address their alcohol or drug use requires sensitivity and a commitment to addressing a broad range of issues which affect wellbeing and substance use and which may be causing harm.

For all women, there should be routine psychosocial assessment in the perinatal period, integrated with standard care. Aim to identify risk factors and signs or symptoms of anxiety, depression or other mental health disorders. Respond with support and referral to specialists as needed.

Cultural safety

Being sensitive and aware of cultural differences is essential when working with women from culturally diverse backgrounds, including Indigenous Australian women. Indigenous Australian women experience a disproportionate rate of adverse health problems including perinatal outcomes. They are more likely than non-Indigenous women to smoke during pregnancy. A lower rate of Indigenous women drink, but those who drink are more likely to do so at risky levels.

Providing culturally safe, holistic antenatal care can address a range of risks including alcohol, smoking and other drug use. Being respectfully aware of each woman's beliefs can improve care and treatment. Early engagement with antenatal care can improve pregnancy outcomes. Providing culturally safe, holistic antenatal care with an understanding of the Indigenous perspective of health, including both social and cultural determinants of health, is essential.

Health professionals can support engagement of Indigenous women by providing a culturally safe service. This can include undertaking cultural competency education, taking time to build rapport, involving women and their families in decision-making and understanding the woman's personal and community context. The expertise of Aboriginal Health Workers should be utilised wherever possible. Women who identify as Aboriginal or Torres Strait Islander should be able to choose whether to see an Indigenous practitioner.

In some areas, there are specific resources to promote healthy pregnancies for Indigenous families (see Chapter 5 for details).

Culturally and Linguistically Diverse (CALD) women

The rate of drug and alcohol use among women from CALD backgrounds in Australia is generally lower than the population average, but there is risky alcohol and drug use across the population. Migrant and refugee women may experience a range of additional risk factors for mental health and substance use disorders. They may be experiencing trauma, loss, isolation, cultural adjustment, discrimination or language difficulties.

There are different rates, patterns, implications and risk factors for alcohol and drug use in different cultural groups and it can be beneficial to build up knowledge of specific communities in the local area.

Cultural competency training and relationships with multicultural or ethno-specific community organisations can help to increase understanding and remove barriers to CALD women accessing health care. Some other skills which can support engagement of CALD women in health care include using interpreter services, involving bilingual workers and providing information in community languages.

Key points

- **Pregnant women who have problematic alcohol or other drug use are often socially disadvantaged and have a range of health and psychosocial issues.**
- **It is important to routinely ask all pregnant women about their substance use. Not all women with drug and alcohol issues will present as socially disadvantaged.**
- **Comprehensive care should address the individual woman's needs.**
- **Engaging women in care and treatment requires sensitivity and provision of a culturally safe and accessible service.**

World Health Organisation Guiding Principles

The WHO Guidelines for Identification and Management of Substance Use and Substance Use Disorders in Pregnancy outline guiding principles for the provision of care and support. The WHO Guidelines can be accessed at:

www.who.int/substance_abuse/publications/pregnancy_guidelines/en/

Best practice support of pregnant women who use alcohol or other drugs

- Routinely ask women about their alcohol and other drug use throughout the pregnancy.
- Avoid stigma and judgement.
- Identify high-risk cases early and refer for specialist antenatal care and treatment, or consultation.
- Address the range of needs including psychosocial factors, health and mental health issues and practical realities.
- Maintain up-to-date knowledge of treatment interventions.
- Identify referral pathways to specialist antenatal services, consultation and community organisations.
- Identify a case coordinator to coordinate among a multidisciplinary or interagency team.
- Provide a culturally safe model of care.
- Organise paediatric assessment, assertive follow-up and support for after the birth of the baby.
- Provide contraception and pregnancy planning information to prevent future unintended pregnancy.



Breaking down stigma

The first step in reducing the harms of alcohol or drug use in pregnancy is to identify women at risk. Try to avoid making assumptions about the 'type' of women who may be at risk. Alcohol and other drug use is common in the Australian population. The ideal process is to ask all women of reproductive age about their pregnancy intentions, contraceptive methods and alcohol or other drug use within discussion of their health. All pregnant women should be regularly asked about their alcohol, tobacco and other drug use.

Regularly asking questions about alcohol and other drug use as part of routine care helps to break down stigma associated with use. It can create an environment where women feel able to discuss their alcohol or drug use in the context of their general health and enable access to support, if required.

Stigma is a significant barrier to treatment faced by many pregnant women who use alcohol or other drugs. By having a non-judgemental attitude and discussing issues openly, health professionals can support women who are fearful about disclosing their alcohol or drug use.

In any setting, a pregnant woman who discloses that they use alcohol or drugs should be provided with confidentiality, engaged with sensitively and offered appropriate care. Disclosing use should open doors to treatment and support.

Good communication skills for screening include using a supportive, empathic approach. Non-empathic responses can be unhelpful and may alienate women from discussing issues and accepting support or cause them to disengage with care. This puts both mother and baby at risk.

Early access to treatment

Alcohol or drug use should be identified as early as possible in the pregnancy. Excessive alcohol is damaging to fetal development early in the first trimester and alcohol and other drug use should be assessed and treated as soon as possible.

Women who are at high risk of an alcohol or drug exposed pregnancy should be referred early for specialist alcohol or drug treatment and antenatal care, potentially at confirmation of pregnancy and before the usual hospital booking-in visit. Late or irregular antenatal care is associated with poor outcomes and it is important to engage with women as early as possible.

Referral and service availability will be different depending on the area. A list of specialist treatment services is included in the resources chapter. Pregnant women are given priority access to treatment and some services will also prioritise treatment for their partners.

In antenatal services, if a woman using alcohol or other drugs is referred early in her pregnancy, consultation should be made as early as possible with drug and alcohol specialists including Addiction Medicine specialists, Nurse Practitioners or Clinical Nurse Consultants. The pregnancy should be considered high-risk and women provided with appropriate treatment and care coordination.

Recommendations from NSW Clinical Guidelines for the Management of Substance Use during Pregnancy, Birth and the Postnatal Period

Ask questions about the use of alcohol and drugs, the level, pattern and frequency of use, the risk of dependence and poly drug use. Use a validated screening tool, as needed.

Ask about:

- Alcohol
- Tobacco
- Caffeine
- Prescribed medications including opioid substitution therapy, antidepressants, mood stabilisers and benzodiazepines.
- Over-the-counter medicines, such as paracetamol.
- Other substances, such as cannabis, psycho-stimulants, opioids and inhalants.

Key points

- Routinely ask all pregnant women about their alcohol and other drug use.
- Ask non-judgemental questions and be sensitive to the woman's situation.
- Ask about alcohol, tobacco and a range of other drugs including illicit drugs, prescription and over-the-counter medicines.
- Provide or refer for specialist care as early as possible.
- Consult with addiction medicine specialists or other drug and alcohol specialists.

Screening tools

Using a standardised screening tool is an effective way to identify alcohol or drug use. Some State and Territory Guidelines recommend a specific tool or set of questions as part of antenatal care. Links to screening and assessment tools are included in Chapter 5.

To ascertain the nature of the risk, it is important to identify the pattern of use, including amount and frequency of alcohol or drug consumption. When asking about standard drinks, it can be useful to have glasses or a picture showing standard drink size, to prompt accurate recall of the amount consumed (a link to standard drink size guide can be found in Chapter 5).

The AUDIT-C

The AUDIT-C is a screening tool which has been shown to perform well with pregnant women. It is a short, three question assessment, asking:

- How often did you have a drink containing alcohol in the past year?
- How many drinks did you have on a typical day when you were drinking in the past year?
- How often did you have six or more drinks on one occasion in the past year?

A scoring guide is provided. A score of 3 or greater indicates an increased risk.

The ASSIST version 3 may also be helpful to assess alcohol and other drugs use and indicate the need for further investigation of risk and severity of dependence.

Identifying the risk

Women can be considered at **low risk** of an alcohol or drug exposed pregnancy if:

- Alcohol consumption is less than one or two drinks per week.
- The woman is a non-smoker. If the woman is a recent quitter, further investigation may be needed to address the risk of relapse.
- Other drugs are not used.
- The woman is not planning a pregnancy and there is reliable contraceptive use.

Women at low risk should be given advice that if planning a pregnancy, pregnant or breastfeeding, not drinking is the safest option.

Women can be considered **at increased risk** of an alcohol or drug exposed pregnancy if:

- Ineffective contraception is used or the woman is planning a pregnancy or **pregnant**.

AND

- The woman is a smoker, or reports bingeing, frequent or heavy alcohol use, or use or dependence on other drugs, including prescription medication.

Presence of a mental disorder may also indicate increased risk.

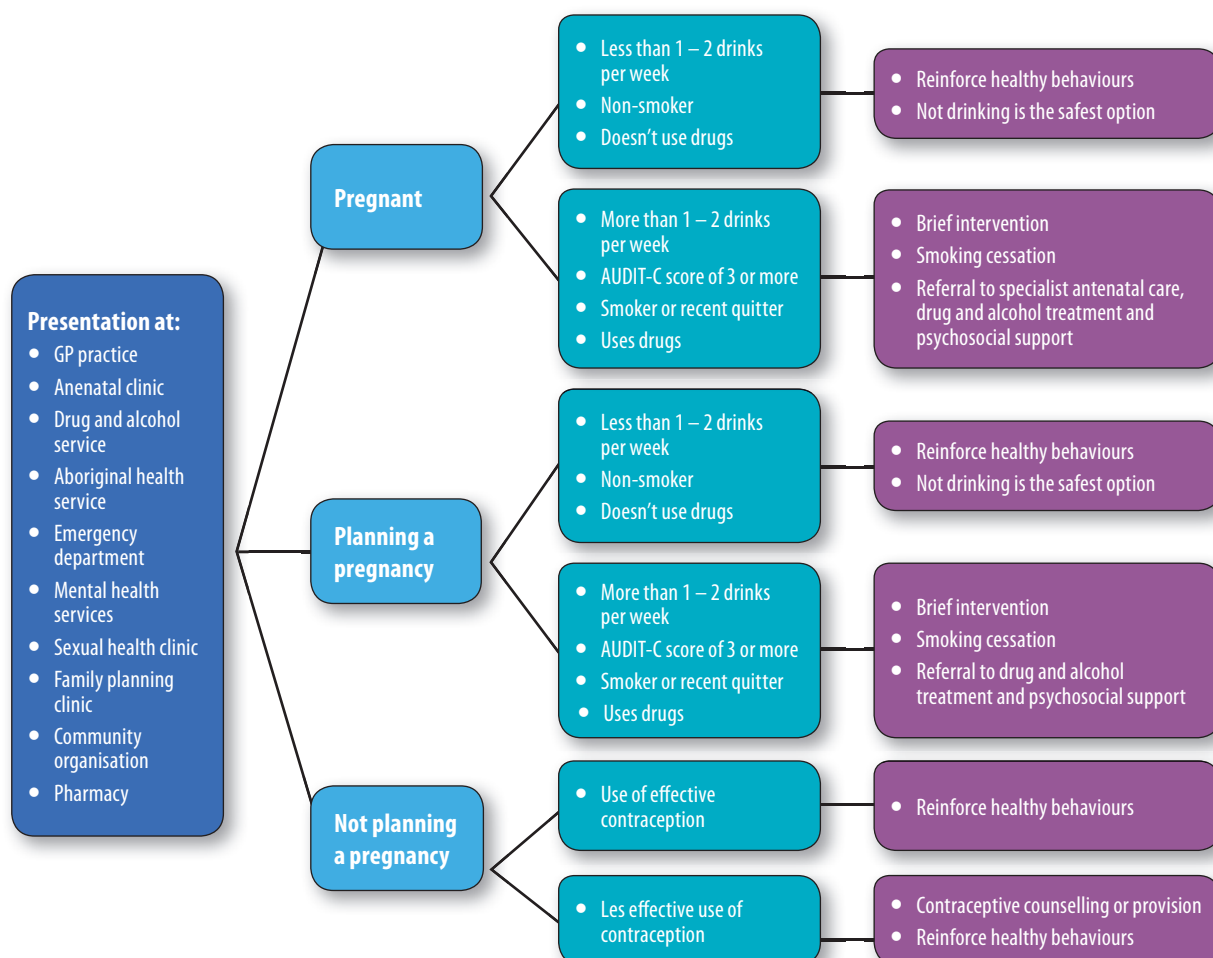
Unintended pregnancy

Unintended pregnancy is a risk factor for an alcohol or drug exposed pregnancy, because women tend to become aware of these pregnancies later and access antenatal care later. There is a greater likelihood that the developing fetus will be exposed to alcohol or drugs before the woman is aware of her pregnancy.

Use of effective contraception is the best method of preventing unintended pregnancy. Long acting reversible contraception such as implants and intrauterine devices are highly effective. Condoms, pill use and the withdrawal method are less effective.

Ask women of reproductive age about their pregnancy intentions, contraceptive method and alcohol or drug use. Family Planning organisations can provide the latest information and training about clinical best practice in contraceptive counselling and provision. www.shfpa.org.au

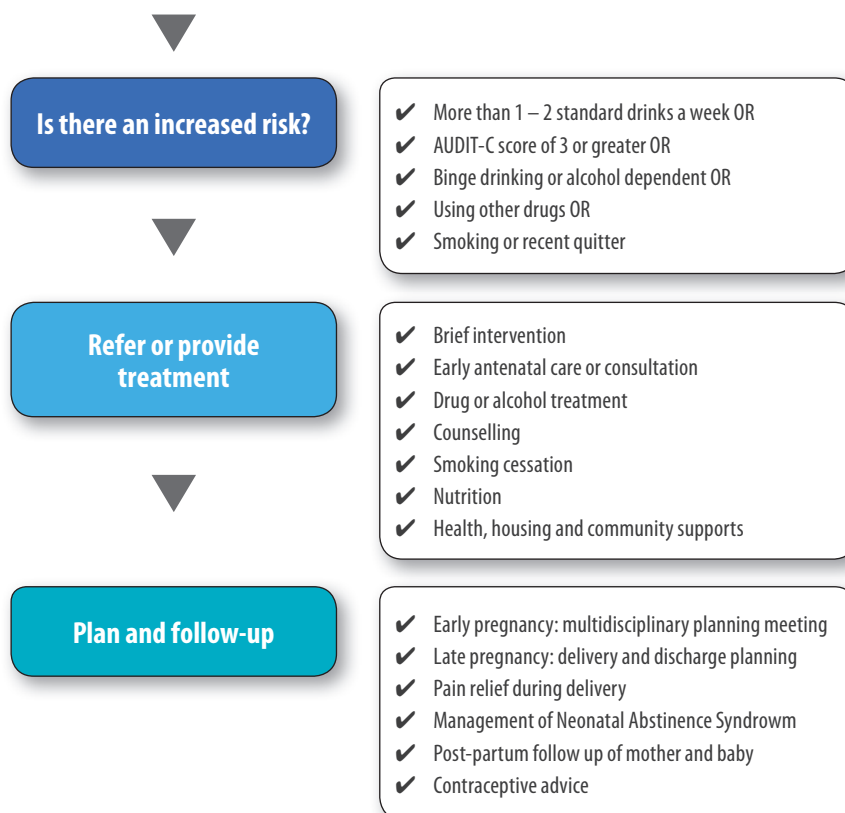
Identifying the risk of an alcohol or drug exposed pregnancy



The Australian Guidelines to Reduce Health Risks from Drinking Alcohol advise that not drinking is the safest option when planning a pregnancy, pregnant or breastfeeding. Consuming 1 to 2 standard drinks per week is likely to be low risk.

Providing care to pregnant women with alcohol or drug issues

GP, nurse, midwife, health worker



Key points

- Use a range of strategies to create a safe and supportive environment for women to engage in care.
- Use a standardised screening tool such as the AUDIT-C and follow specific State and Territory recommendations for antenatal care.
- Assess the level of risk – pregnant women are at increased risk if they drink more than one to two drinks per week, score 3 or more on the AUDIT-C, are a smoker, or report drug use.

Brief intervention

The aim of brief intervention is to help the woman develop understanding about the risks of alcohol and drug use during pregnancy and motivate her to make changes.

Brief intervention should include personalised feedback about risks, discussion and advice about reducing consumption, goal-setting and the development of strategies to achieve goals. Addressing motivation is an important part of brief intervention, and can be achieved by asking how the woman feels about her alcohol, tobacco or drug use, or how confident she is in making change.

Brief intervention can be offered to all pregnant women who are identified as being at risk of an alcohol or drug exposed pregnancy. While brief intervention is not sufficient for women who are alcohol or drug dependent, it can form the basis for conversation about referral for more intensive treatment and support.

The World Health Organisation provides a manual for brief intervention in primary care for risky substance use who.int/substance_abuse/publications/en/

Smoking cessation

Pregnant women who smoke should be advised to quit as early in the pregnancy as possible. Reducing smoking in pregnancy reduces the risk of low birth weight and preterm birth and increases the likelihood of having a healthy baby.

Smoking cessation programs with pregnant women are effective and can be delivered as part of antenatal care. Pregnant women who smoke should be offered brief intervention at a minimum and psychosocial intervention should be made available. Nicotine Replacement Therapy should be considered if psychosocial intervention has not been successful.

Some strategies for smoking cessation include identifying a quit date, identifying triggers for relapse and alternatives, addressing partner smoking and offering positive reinforcement for quitting efforts.

Key points

- Unintended pregnancy is a risk factor for poor pregnancy outcomes due to later pregnancy awareness, increasing the chance of inadvertent alcohol or drug exposure and delayed access to antenatal care.
- Brief interventions can be effective.
- Take every opportunity to offer pregnant women intensive ongoing support for complete smoking cessation.
- If women screen positive for risk, provide a more detailed assessment. Further information about comprehensive assessment is provided in the next chapter.
- Women at risk of an exposed pregnancy should be provided with specialist antenatal care and drug or alcohol treatment by a multidisciplinary team, including detoxification or pharmacotherapy as appropriate, psychosocial intervention and nutritional support.

Responding to domestic violence

Domestic violence affects many women in Australia and causes severe harm and trauma. Women subjected to domestic violence during pregnancy have an increased risk of serious adverse outcomes. Indigenous Australian women may be at higher risk of domestic violence.

Serious risks for women include injury, threatened abortion, miscarriage, preterm labour, antepartum haemorrhage and infection, premature rupture of the membranes, postpartum haemorrhage, penetrating abdominal trauma and death. Serious fetal risks include low birth weight, fetal distress and fetal or infant death.

Identifying women at risk of violence is an opportunity to provide support and reduce the risk of harm to the woman and her pregnancy. This requires a safe and confidential environment where women are able to disclose abuse. Women generally only disclose abuse to a few people. During pregnancy, health care providers may have a unique opportunity to provide support.

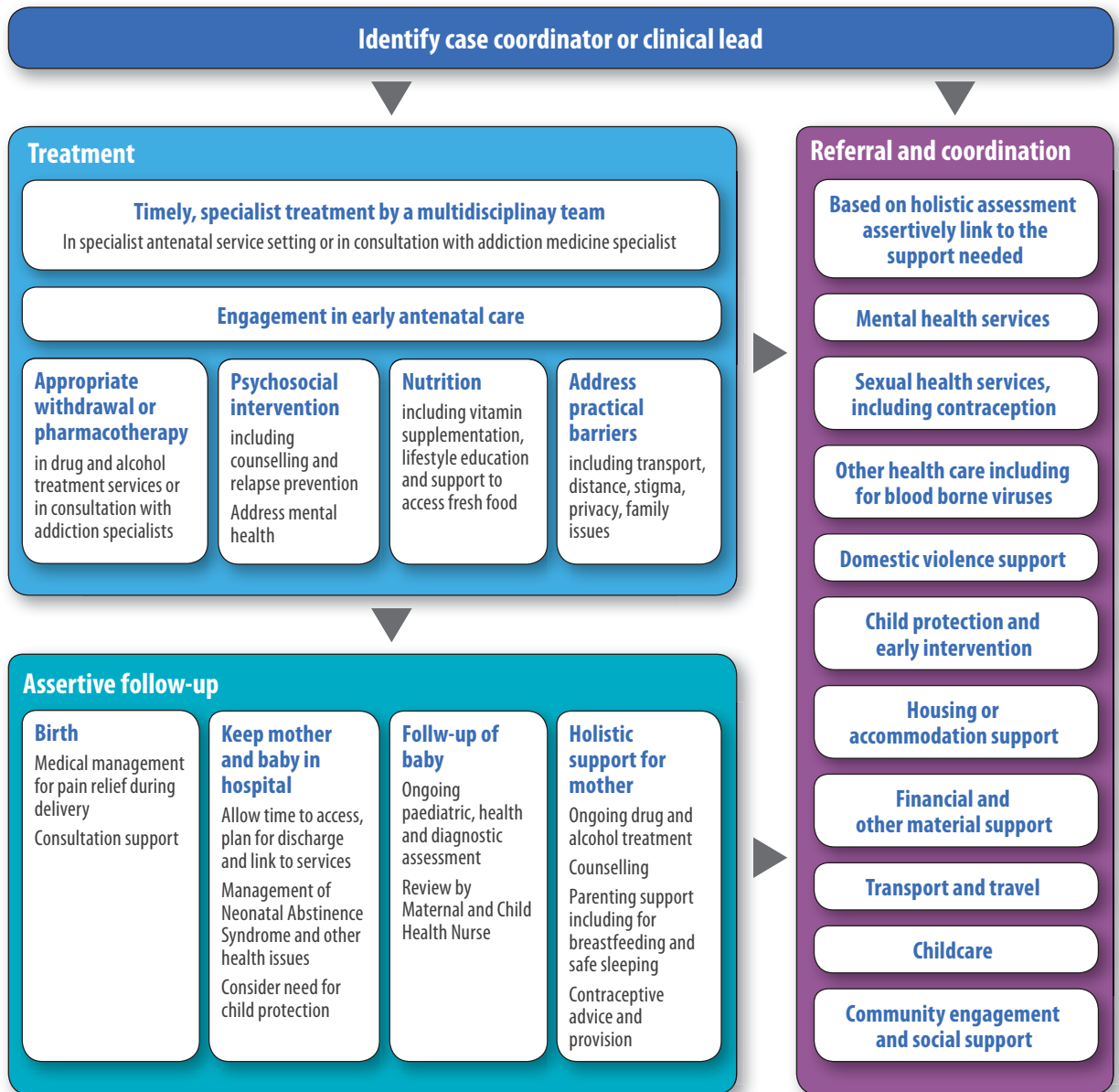
It is essential that health care professionals supporting pregnant women know how to ask about domestic violence and be well prepared to respond. This requires organisational development and access to effective training for staff. National antenatal care guidelines recommend asking about domestic violence at the first antenatal visit when alone with the woman and tailoring the approach to each individual woman's situation.

There are a range of services available to assist women experiencing violence, including refuges and emergency accommodation, rape crisis services, sexual assault services, legal support, casework and women's health centres.

Key points

- Use sensitive questions in a safe and confidential environment to identify if domestic violence is a risk.
- Assist women to access the support they need if they are experiencing violence. Be well prepared to respond effectively, as the woman's safety is at risk.
- Seek out training to ensure you are equipped to respond effectively. Free online training for health care staff is available at www.dvalert.org.au

Overview of the treatment model



The Overview of the Treatment Model diagram on the previous page outlines the components of best practice management of alcohol or drug use and associated issues for pregnant women, once they have been identified as requiring support. It offers a model of comprehensive care, designed so that each woman's individual needs are considered and addressed.

Although primary care professionals will not provide all aspects of treatment, the diagram has been included to illustrate components of best practice support of pregnant women. It is essential that each pregnant woman with problematic alcohol or drug use is provided with specialist antenatal care and substance use treatment as early as possible to achieve the best maternal and neonatal outcomes.

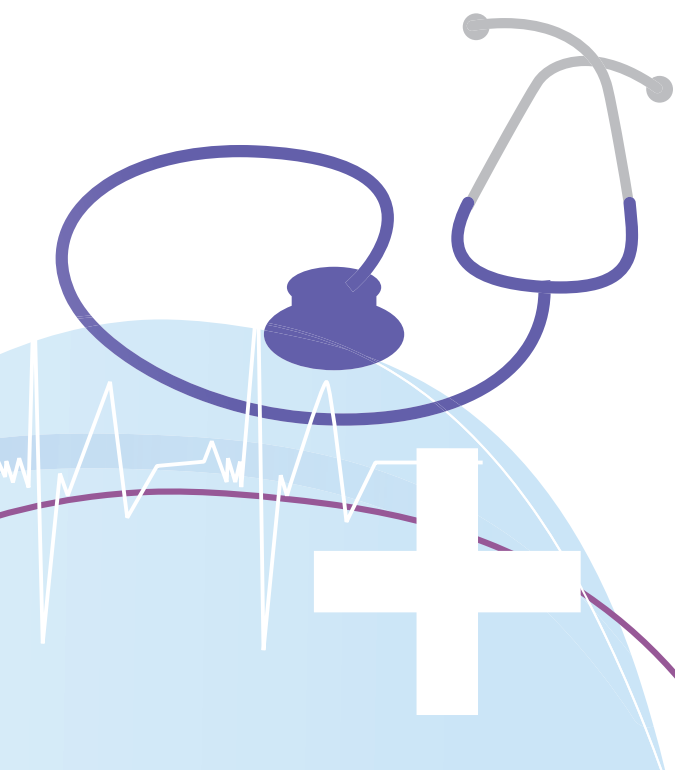
Primary care may be the first point of contact and it is essential to identify when women need to be referred for treatment and specialist antenatal care.

The specific elements of care and the services provided will vary depending on the needs and choices of the pregnant woman, her situation and the location. Comprehensive antenatal care should address the areas that impact on substance use, health and wellbeing and be supported by collaborative work across disciplines and agencies.

Comprehensive assessment

Comprehensive assessment lays the foundation for appropriate medical, psychological and social support for pregnant women with problematic alcohol or drug use. During comprehensive assessment, a range of factors can be taken into account, including:

- History and pattern of alcohol or drug consumption.
- Mental health.
- Family, cultural and social context and current supports.
- Risk of domestic violence.
- Stability of housing and income.
- Sexual history and prior pregnancies, including contraceptive use.
- Health issues including blood borne viruses.
- Health of other children, including children with FASD, or history of involvement with child protection services.



Information can be gathered from:

- Routine health questions.
- Alcohol and drug screening or assessment.
- Physical examination.
- Psychosocial assessment tools.
- Interview and discussion.
- Review of records.
- Liaison with other services.

Key points

- Comprehensive assessment should consider medical, psychological and social factors for each pregnant woman.
- Comprehensive care improves outcomes for pregnant women who have problematic alcohol or other drug use by addressing a range of risks.
- Comprehensive care considers all the factors that impact on health, wellbeing and substance use.

The components of treatment

- **Coordination of multidisciplinary care including specialist antenatal care, alcohol and other drug treatment, health and community support.**
- **Appropriate withdrawal management or pharmacotherapy.**
- **Psychosocial intervention.**
- **Addressing nutritional needs, including vitamin supplementation.**
- **Management of delivery.**
- **Discharge planning and assertive follow-up.**

Coordination of multidisciplinary care

Case coordination is a pivotal component of effective care for pregnant women with problematic alcohol or drug use. Well-coordinated care is especially important when services are provided across a range of disciplines or agencies and collaboration is needed.

As early as possible, identify a case coordinator or clinical lead that will assess the woman's needs, assertively link her to treatment and services and coordinate across all parties. This person may be a GP, midwife, nurse, other clinician or professional who is in a position to coordinate care.

The case coordinator or clinical lead should ensure that each woman receives:

- **Early access to antenatal care.**
- **Continuity of care.**
- **Drug or alcohol treatment including counselling, pharmacotherapy, withdrawal management and inpatient admission, as appropriate.**
- **Other psychosocial interventions.**
- **Strategies to address nutritional needs.**
- **Planning for delivery including medical management for pain relief.**
- **Planning for post-birth assessment of mother and baby, discharge and assertive follow-up including breastfeeding, safe sleeping and contraceptive advice.**

It is also important to address issues for the partner and whole family, as these may impact on outcomes for the mother and baby.

Because women who have problematic alcohol or drug use are often disadvantaged, other practical issues also need to be addressed. These may include transport to medical appointments, childcare while accessing treatment, referral for financial and material support or referral for housing support.

Developing knowledge of local services in the community can help with finding the right organisation for referral. It is important to find out what services different organisations provide, their eligibility criteria and how to make a referral. Making personal contact with someone in the organisation can help build a relationship to support referrals. In many areas there are interagency meetings of community, health and government services which share information and build local networks.

Withdrawal or pharmacotherapy

The *NSW Clinical Guidelines for the Management of Substance Use during Pregnancy, Birth and the Postnatal Period* outline the pharmacological options that are available for pregnant women in withdrawal or maintenance pharmacotherapy.

Alcohol

Effective pharmacological treatments that assist with symptoms of alcohol withdrawal have not been adequately assessed for safety and efficacy in pregnant women. Withdrawal management in pregnant women should occur under medical supervision and may require inpatient admission. Pregnant women and their babies should be monitored by appropriate health specialists and supported with medication as well as nutritional and vitamin supplementation.

Tobacco

Smoking cessation is the ideal outcome. When smoking cessation cannot be achieved with psychosocial intervention including relapse prevention, Nicotine Replacement Therapy (NRT) can be considered under medical supervision. There are precautions for the use of NRT in pregnant women, with some evidence of adverse fetal and pregnancy outcomes. The risks of NRT should be considered in relation to the significant harm associated with continued smoking.

A stepped approach to NRT should be implemented with intermittent forms of NRT, such as gum, lozenges, inhaler or tablets, used initially and continuous forms such as patches only used if previous forms are unsuccessful. NRT should be used under medical supervision at the lowest dose to achieve smoking cessation.

Relapse prevention interventions should be a routine aspect of antenatal and post-partum care. Sustained abstinence from smoking post-partum reduces the risks of poor health outcomes in infants.

Opioids

Withdrawal from opioids is not encouraged in pregnancy. Pregnant women dependent on opioids such as heroin, morphine, oxycodone or codeine may benefit from methadone or buprenorphine maintenance therapy. Both methadone and buprenorphine are recommended pharmacological treatments in pregnancy.

Methadone and buprenorphine maintenance have been shown to reduce maternal illicit opioid use and fetal exposure and enhance compliance with obstetric care. They are associated with improved neonatal outcomes including reaching full gestation and increased birth weight.

Women who are already in Opioid Treatment Programs and become pregnant should remain on medication. Withdrawal from methadone or buprenorphine increases the risks of relapse, placing the fetus in withdrawal and destabilising a woman who was previously stable.

Benzodiazepines

Ideally, benzodiazepines should not be used in pregnancy. Following a risk assessment, it may be considered acceptable to use benzodiazepines under medical supervision in the short-term for the treatment of alcohol withdrawal or anxiety while awaiting onset of a safer medication. Benzodiazepine dependent pregnant women may be transferred to a single long-acting benzodiazepine (e.g. diazepam) and their dose gradually reduced under medical supervision, while receiving appropriate psychosocial support.

Cannabis, Cocaine and Amphetamine Type Stimulants

There are no recommended pharmacological treatments for cannabis, cocaine or amphetamine type stimulants in pregnancy.

Psychosocial intervention

Psychological care and psychoeducation should be provided to pregnant women using alcohol or drugs, including referral to appropriately skilled drug and alcohol specialists. Some specific interventions include motivational interviewing, cognitive behavioural therapy, counselling, contingency management and relapse prevention.

Trauma-informed care

Women with drug or alcohol use disorders are a vulnerable population and many have a history of trauma, including childhood and adult sexual, physical and emotional abuse and domestic violence. They may be experiencing anxiety, depression or Post-Traumatic Stress Disorder.

Mental ill-health, trauma and experiences of violence all have a significant impact on women's health and wellbeing and need to be addressed as part of a comprehensive response to alcohol and drug use issues.

Trauma-informed care means considering the impact of violence in women's lives, providing compassionate care and providing a safe treatment environment. Trauma-specific psychosocial care may also be needed, to address the sequelae of abuse and violence.

Nutrition

Poor nutrition may contribute to negative fetal outcomes. Nutritional advice and supplementation should be provided to pregnant women who use alcohol and other drugs. Folic acid supplementation is recommended for all pregnant women and thiamine may be beneficial for alcohol dependent pregnant women.

Pain relief during delivery

Women receiving Opioid Substitution Treatment or with a history of substance use may have increased analgesic requirements during labour and postpartum. All forms of pain relief should be offered. For women in Opioid Treatment Programs, the usual dose may not relieve labour pain and analgesic drugs should be titrated to response, in consultation with addiction specialists and in accordance with clinical guidelines, bearing in mind opioid tolerance.

Discharge planning and assertive follow-up

Develop a thorough discharge plan during pregnancy. Review the plan prior to discharge. In the discharge plan, address:

- Post-birth health and paediatric assessment for the baby.
- Ongoing drug and alcohol treatment, including assertive referral to community drug and alcohol services or clinics.
- Parenting skills including breastfeeding and safe sleeping.
- Preparation for the baby including material needs.
- Stability, psychosocial and mental health issues and their treatment.
- Child protection.
- Safe storage of medication.
- Health issues including sexual health and treatment for blood borne viruses.
- Contraceptive advice.
- Assertive referral to community support services.
- Appointment dates and contact details.

Women who are alcohol or drug dependent and their babies should not usually be discharged from hospital early. Opioid and sedative dependent women should stay in hospital for sufficient time after the birth of the baby to assess for Neonatal Abstinence Syndrome (NAS).

In some areas, such as rural communities, women may have travelled a long distance to give birth and be anxious to return home quickly. Maternity services should communicate with health and other community services in the woman's local area, to ensure appropriate treatment and support is provided.

Neonatal Abstinence Syndrome (NAS)

NAS is a syndrome of drug withdrawal observed in infants of mothers physically dependent on drugs. It is most common in infants born to women who are opioid dependent.

Symptoms can include neurological excitability, gastrointestinal problems, autonomic signs, poor feeding, sleep cycle problems, vomiting, dehydration, poor weight gain and occasionally seizures.

Assess all infants at risk of NAS using a validated tool such as the Finnegan Neonatal Abstinence Severity Score (see links in Chapter 5). Babies should receive routine postnatal monitoring with assessment for NAS two hours after birth and every subsequent four hours.

All babies exposed to alcohol or drugs in-utero should have early health and developmental assessments.

Parenting a newborn baby can be particularly challenging for women with problematic substance use. In the short-term, women may need to cope with the health and developmental impacts of drug and alcohol exposure on their baby, including NAS and associated problems. They may also be dealing with their own alcohol or drug use, mental health and other psychosocial issues.

Longer-term, there can be increased risks of impaired attachment and emotional regulation, a chaotic home environment, poor nutrition for the baby, failure to thrive, exposure to violence, trauma or substance use, and out of home care for the baby.

Child protection

Health care professionals should always work within State and Territory legislation for child protection to assess and respond appropriately to risk of harm prenatally or to a child after birth.

As well as reducing harm to the developing fetus, addressing risks prenatally aims to engage women in services and treatment. In some jurisdictions, prenatal child protection reports can lead to supportive intervention and reduce the likelihood of an out of home care placement for the baby after birth.

Fear of child protection intervention can be a significant issue for women with problematic drug or alcohol use. It is important to work closely with the mother, other parent or family members and communicate with other agencies when responding to child protection concerns.

While substance use alone is not an indicator of poor parenting capacity, babies of substance dependent women are at greater risk of neglect, abuse and removal to out of home care.

Health care professionals may sometimes have concerns about making child protection reports, such as breaking confidentiality or damaging the clinician-patient relationship. Women should be given honest reassurance and involved as much as possible to maintain trust and a therapeutic alliance.

Some risk factors which may indicate the need for involvement of child protection services prenatally or after birth include:

- Ongoing drug or alcohol use with severe mental illness.
- Unstable living arrangements or homelessness.
- Suspected or actual physical, psychological or sexual abuse.
- Suspected or actual domestic violence.
- Suicidal ideation.
- Cognitive disability.
- Concerns about parenting practices especially when affected by alcohol or drugs.
- The pregnant woman is a child or a young person under the responsibility of a Minister.
- Late presentation for antenatal care.
- Polydrug use.
- A history of abuse or neglect of other children in the family.

Breastfeeding

Unless there are significant identified risks, alcohol or drug dependent women should be encouraged and supported to breastfeed in a safe manner. Each woman should be counselled about the benefits or specific risks of breastfeeding in her particular circumstances. Further information is provided in the *NSW Clinical Guidelines for the Management of Substance Use during Pregnancy, Birth and the Postnatal Period*.

Safe sleeping

Sharing a bed with a baby increases the risk of accidental smothering, injury and the adult not waking if the baby is distressed. There is an increased risk to the baby for women who use alcohol or other sedating substances (including illicit drugs and prescribed medications). Advise women about the increased risks of bed-sharing after using sedative substances.

Safe sleeping advice includes:

- The baby not sleeping in an adult bed.
- The baby having a safe bed and being properly positioned, including when being fed.
- Tobacco smoke being harmful for the baby.

Contraception

Provide all women with advice about contraceptive options prior to discharge. Long acting reversible contraceptives, including implants and intrauterine devices, are a highly effective form of contraception. To prevent unintended pregnancies, immediate postnatal contraception may be recommended. Provision at the six week health check may not be early enough for some women. Family Planning organisations can provide further information.

Key points

- Engage a multidisciplinary clinical team in the care of the pregnant woman. This can include midwives, obstetricians, social workers, child protection workers, addiction medicine specialists, drug and alcohol nurses, perinatal psychiatrists, Aboriginal health workers or others as required.

- Identify who among the multidisciplinary team is coordinating care for the woman.
- Refer for specialist antenatal care as soon as possible or consult with specialists to develop a care plan.
- Facilitate access to alcohol or drug treatment services for counselling, withdrawal management or pharmacotherapy.
- Ensure that women receive appropriate psychological intervention as part of alcohol or other drug treatment.
- Address nutritional needs, including vitamin supplementation and access to fresh food.
- Consult with experienced drug and alcohol clinicians including addiction medicine specialists to manage pain during labour and birth.
- Develop a comprehensive discharge plan which includes assertive follow-up and community services involvement.
- Provide contraceptive advice prior to discharge.

Women in prison

Around 4-6% of women in prison may be pregnant. Pregnant women entering prison are likely to have had high rates of use of alcohol, smoking and illicit drugs and be at high risk of withdrawal. They will often have had little antenatal care.

Pregnant women in prison should be identified early and have access to safe, high-quality and compassionate antenatal care, drug and alcohol treatment and psychosocial support. They should have the opportunity to liaise with their partner, family or other support people and to participate in mothering programs where these are available.

Discharge planning is essential, so that women exiting the custodial system are linked with pregnancy care, drug and alcohol treatment services, opioid substitution treatment if appropriate, community mental health services and other support.

Addressing barriers to care

In primary care, there are a range of challenges to identifying and providing support to pregnant women with problematic alcohol or drug use. There may be time pressures, low confidence or a perceived or real lack of resources to support women. Some health professionals may be uncomfortable asking or may not have had an opportunity to develop skills to ask about alcohol or drug use.

It is also possible that many women who have problematic substance use during their pregnancy have experienced significant disadvantage in their life, including violence, abuse, trauma and mental health disorders. Discussing alcohol or drug use can be difficult and sensitive, so compassionate engagement is required.

Barriers to accessing care

- Women are not identified in health care settings.
- Real or perceived judgemental attitudes of staff.
- Stigma and fear of accessing care or legal consequences.
- High levels of anxiety, poor coping skills or difficulty forming trusting relationships with health care providers.
- Underlying mental health disorders.
- Lack of transport and access to childcare.
- Partner violence or controlling behaviour.
- Chaotic lifestyle.

It is time and resource-intensive to support pregnant women with problematic alcohol or drug use. However, a significant difference can be made to women's health and the health outcomes for their babies by identifying alcohol or drug use and responding with appropriate care and referrals.

There are a range of strategies which can be employed at both individual and organisational levels to support professionals.

For individuals

Engagement skills

Skills which can support women's engagement in care include:

- Understanding that alcohol or drug dependence is a health care issue and refraining from moral judgements.
- Being aware that alcohol and other drug use occurs in context of other health, family, cultural and psychosocial factors.
- Acknowledging that disclosing alcohol and other drug use during pregnancy can be difficult.
- Reflecting on one's personal values.
- Building a trusting relationship over time.
- Acknowledging women's experiences and feelings.
- Creating a safe, private and confidential environment.
- Providing a culturally safe environment.
- Understanding and addressing barriers to women accepting care.
- Being committed to providing optimum care.

Addressing practical barriers

- Be prepared to book longer appointments or be flexible with appointment times.
- Anticipate missed appointments and follow up appropriately.
- Be opportunistic and arrange appointments with multiple disciplines for the same visit.
- Refer for a range of services to address practical issues such as transport, or be prepared to see women in range of community settings.

Identifying a case coordinator

Pregnant women with problematic alcohol or drug use require care from a multidisciplinary team, underpinned by collaborative work across disciplines. It is essential to identify who is coordinating care and services.

The case coordinator may be a nominated clinician involved in the woman's care. Alternatively, it may be possible to refer to a drug and alcohol service which can coordinate services, or to a dedicated case management agency.

For organisations or practices

- Share information among clinicians about referral pathways to specialist antenatal care and local drug and alcohol treatment services.
- Share information about resources for screening, brief intervention, referral and management strategies.
- Provide comfortable, private and safe facilities.
- Promote education and training opportunities and educational resources.
- Develop relationships with specialist antenatal clinics, drug and alcohol treatment services and other local community agencies to foster referrals and case involvement.
- Consider evaluating practice, auditing the use of clinical guidelines and putting quality improvement processes into place.

Resources



Specialist antenatal clinics

NEW SOUTH WALES

Western Sydney and Westmead Hospital Drug Use in Pregnancy Service	Drug Health Network http://www.wslhd.health.nsw.gov.au/Drug-Health Intake: 02 8860 2560 or 02 8860 2565
South West Sydney Local Health District Perinatal and Family Drug Health Service Incorporates Bankstown, Fairfield, Liverpool, Campbelltown and Bowral Hospitals	South West Sydney Local Health District Drug Health Services http://www.sswlhd.nsw.gov.au/drugServices.html Central Intake Line: 02 9616 8586
Chemical Use in Pregnancy Services Langton Centre and Royal Hospital for Women, Sydney	Chemical Use in Pregnancy Service 02 9382 7111 Langton Centre 02 9332 8777 http://www.seslhd.health.nsw.gov.au/SHSEH/services/langton.asp
Chemical Use in Pregnancy Services Caringbah Community Health Centre	http://www.seslhd.health.nsw.gov.au/young_parents/CUPS.asp Caringbah Chemical Use in Pregnancy Service 02 9540 7668
Perinatal and Family Drug Health Royal Prince Alfred Hospital	Royal Prince Alfred Hospital Drug Health Service 02 9515 7611
Substance Use in Pregnancy and Parenting Service, Wollongong	http://www.islhd.health.nsw.gov.au/services/Drug_and_Alcohol/default.asp Centralised Intake and Triage (Drug and Alcohol Helpline) 1300 652 226
High Risk Antenatal Clinic John Hunter Hospital, Newcastle	Refer through Maternity and Gynaecology Outpatients Clinic 02 4921 3600 Fax referral 02 4922 3905 Referral form available on Health Pathways. Indicate if urgent and if alcohol or drug use is a risk factor.
Mid North Coast Local Health District	
Kempsey Drug and Alcohol Service Drug Use in Pregnancy services	http://mncldh.health.nsw.gov.au/about/drug-and-alcohol-services/kempsey-drug-and-alcohol-service/ Drug and Alcohol Service Intake 1300 662 263
Coffs Harbour Drug and Alcohol Service Drug Use in Pregnancy services	http://mncldh.health.nsw.gov.au/about/drug-and-alcohol-services/coffs-harbour-drug-and-alcohol-service/ Drug and Alcohol Service Intake 1300 662 263
Port Macquarie Drug and Alcohol Service Drug Use in Pregnancy services	http://mncldh.health.nsw.gov.au/about/drug-and-alcohol-services/port-macquarie-drug-and-alcohol-service/ Drug and Alcohol Service Intake 1300 662 263
Northern Local Health District	
Tweed Heads Community Health Mum's Program	http://nswlhd.health.nsw.gov.au/about/community-health/tweed-heads-community-health/mums-program/ 07 5506 7823
Riverlands Detox Centre Lismore Covers Lismore, Ballina and Byron Bay	http://nswlhd.health.nsw.gov.au/about/drug-alcohol-services/riverlands-drug-alcohol-centre/ 02 6620 7608

VICTORIA

Women's Drug and Alcohol Service Victoria Royal Women's Hospital Melbourne (state-wide)	https://www.thewomens.org.au/health-professionals/maternity/womens-alcohol-and-drug-service/ GP Quick Access 03 8345 2058 Direct Line 03 8345 3931 Fax referrals 03 8345 2996 wads@thewomens.org.au
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QUEENSLAND

CHAMP clinic Mater Mothers Hospital	http://www.matermothers.org.au/hospitals/services/champ-clinic 07 3163 8330 champ@mater.org.au
Royal Brisbane and Women's Hospital Multidisciplinary Clinic for Alcohol and Substance Use	http://www.health.qld.gov.au/rbwh/services/maternity-q7.asp Contact the Maternity Outpatient Department for information 07 3646 5482

SOUTH AUSTRALIA

Women's and Children's Hospital South Australia Lyell McKewin Hospital DASSA Obstetric Unit	http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/SA+Health+Internet/Health+services/Drug+and+alcohol+services/ 08 8130 7500
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WESTERN AUSTRALIA

Women and New born Drug and Alcohol Service, King Edward Memorial Hospital (state-wide)	www.kemh.health.wa.gov.au/services/WANDAS/index.htm 08 9340 1582 or wampmhu@health.wa.gov.au
Women's Health Clinical Support Unit and Perinatal Mental Health Unit, King Edward Memorial Hospital	http://www.kemh.health.wa.gov.au/health_professionals/WHCSU/index.php 08 9340 1795

AUSTRALIAN CAPITAL TERRITORY

Canberra Hospital Pregnancy Enhancement Program Impact Program	http://health.act.gov.au/health-services/women-youth-and-children/maternity-services/care-during-pregnancy/pregnancy-enhancement-program-pep Pregnancy Enhancement Program Midwife 02 6174 7625 or PEPTCH@act.gov.au http://health.act.gov.au/health-services/mental-health-justice-health-alcohol-drug-services/programs/alcohol-drug-service/alcohol-drug-services-consultation-liaison-services
Perinatal Mental Health Consultation Services Mental Health ACT	http://www.health.act.gov.au/c/health?a=sp&pid=1316133581&site=51104&servicecategory=23 02 6205 1469

TASMANIA

Royal Hobart Hospital Complex Needs Clinic	http://www.dhhs.tas.gov.au/service_information/services_files/RHH/treatments_and_services/antenatal_and_gynaecology_outpatient_department 03 6222 8308
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NORTHERN TERRITORY

Northern Territory Remote Alcohol and Other Drug Workforce Program	http://remotead.com.au 08 8958 2503
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Guidelines

NSW Clinical Guidelines for the Management of Substance Use during Pregnancy, Birth and the Postnatal Period	www.health.nsw.gov.au
NHMRC Alcohol Guidelines	https://www.nhmrc.gov.au/guidelines/publications/ds10
WHO Guidelines for Identification and Management of Substance Use and Substance Use Disorders in Pregnancy	http://www.who.int/substance_abuse/publications/pregnancy_guidelines/en/
Antenatal Care Clinical Practice Guidelines	http://www.health.gov.au/antenatal
South Australian Perinatal Practice Guidelines – Substance Use in Pregnancy	http://www.sahealth.sa.gov.au
Northern Territory Remote Health ATLAS – Antenatal and Postnatal Care	http://remotehealthatlas.nt.gov.au/antenatal_&_postnatal_care.pdf
NSW Maternal and Child Health Primary Health Care Policy	http://www0.health.nsw.gov.au/policies/pd/2010/PD2010_017.html
NSW Health SAFESTART (Includes online training for NSW Health workers in maternal, child and family health, emergency departments, mental health and drug and alcohol)	http://www0.health.nsw.gov.au/policies/pd/2010/PD2010_016.html
ACT Health Maternity Shared Care Guidelines and IMPACT Guidelines	http://health.act.gov.au/c/health?a=dlpubpoldoc&document=813 http://health.act.gov.au/health-services/community-based-health-services/women-youth-children-health-services/impact/
Western Australia Antenatal Shared Care Guidelines for General Practitioners, King Edward Memorial Hospital, Women and Newborn Health Service	http://www.kemh.health.wa.gov.au/development/manuals/

Standard drinks guide

Australian Government	http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/drinksguide-cnt
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Screening and assessment tools

AUDIT C See the Quick Guide to Identifying women at risk from alcohol, smoking or other drug use during pregnancy	www.ndarc.med.unsw.edu.au
ASSIST	http://www.who.int/substance_abuse/publications/en/
Timeline Follow-Back for cannabis	http://ncpic.org.au/static/pdfs/assessment-tools/timeline-followback.pdf
Edinburgh Postnatal Depression Scale	http://www.blackdoginstitute.org.au/docs/CliniciansdownloadableEdinburgh.pdf http://www.beyondblue.org.au/resources/health-professionals/perinatal-mental-health/perinatal-mental-health-questionnaires
Fagerstrom Test for Nicotine Dependence	http://ndri.curtin.edu.au/btftp/documents/Fagerstrom_test.pdf
Antenatal Risk Questionnaire	http://www.blackdoginstitute.org.au/docs/ANRQclinicians.pdf
Finnegan Neonatal Abstinence Syndrome Severity Score Modified Finnegan’s Scale included as an appendix in NSW Clinical Guidelines for the Management of Substance Use during Pregnancy, Birth and the Postnatal Period	www.health.nsw.gov.au

Indigenous Risk Impact Screen	https://ndarc.med.unsw.edu.au/resource/comorbidity-guidelines-appendix-p-indigenous-risk-impact-screen-iris
Kessler 10	https://ndarc.med.unsw.edu.au/resource/comorbidity-guidelines-appendix-j-kessler-psychological-distress-scale-k10
Severity of Dependence Scale	http://nceta.flinders.edu.au/index.php/download_file/-/view/220/ http://ncpic.org.au/static/pdfs/assessment-tools/severity-of-dependence-scale.pdf
NSW Health Nursing and Midwifery Clinical Guidelines Identifying & Responding to Drug & Alcohol Issues – Screening Tools	http://www.health.nsw.gov.au/mhdao/cgnmp/Pages/handouts.aspx
Cannabis use assessment tools National Cannabis Prevention and Information Centre	http://ncpic.org.au/workforce/alcohol-and-other-drug-workers/cannabis-information/assessment-tools/

Smoking cessation

Quitline	http://www.quitnow.gov.au/
Centre for Excellence in Indigenous Tobacco Control	http://www.ceitc.org.au/
Interactive learning – online tobacco brief intervention training Western Australia Department of Health/National Drug Research Institute	http://ndri.curtin.edu.au/btftp/
Quit for New Life Hunter New England Local Health District NSW	http://www.guild.org.au/nsw_branch/professional-services/health-services/quit-for-new-life

Brief Intervention

FRAMES Brief Intervention	http://www.dacas.org.au/Clinical_Resources/Screening_and_Assessment.aspx
Comorbidity Guidelines: Motivational Interviewing	https://ndarc.med.unsw.edu.au/resource/comorbidity-guidelines-appendix-d-motivational-interviewing
Alcohol, tobacco and other drugs brief intervention for maternal and child health workers. Queensland Clinical Skills Development Service Free and accessible online	http://www.sdc.qld.edu.au/courses
SA Health Substance dependence: Assessment and initial intervention Links to the ASSIST screening tool and Brief Intervention manual, fact sheets and response cards	http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+topics/substance+misuse+and+dependence/substance+dependence+assessment+and+initial+intervention
Turning Point Screening and Assessment Tools	http://www.turningpoint.org.au/Treatment/For-Health-Professionals/New-screening-and-assessment-tools1.aspx

Indigenous specific

Strong Spirit Strong Future Strong Spirit Strong Mind Program Western Australia Drug and Alcohol Office	http://www.dao.health.wa.gov.au/Informationandresources/Engagingthecommunity/CommunityPrograms/StrongSpiritStrongFuture.aspx http://www.dao.health.wa.gov.au/Informationandresources/Publicationsandresources/CulturallysecureresourcesforAboriginalpeople.aspx
FASD PosterMaker App National Drug Research Institute	http://fasdpostermaker.com.au/
Growing Strong	http://www.health.qld.gov.au/ph/documents/hpu/alcohol_drugs.pdf
NSW Aboriginal Maternal and Infant Health Service	http://www.kidsfamilies.health.nsw.gov.au/current-work/programs/aboriginal-programs/aboriginal-maternal-and-infant-health-service/
Australian Indigenous Alcohol and Other Drugs Knowledge Centre FASD resources	http://pilot.aod.healthinonet.ecu.edu.au/aodkc/alcohol/fasd
I'm an Aboriginal Dad Mercy Hospital Victoria	www.healthinonet.ecu.edu.au/key-resources/programs-projects?pid=430
Aboriginal-specific Community Reinforcement Approach Training Manual and Family Training Manual	https://ndarc.med.unsw.edu.au/resource/aboriginal-specific-community-reinforcement-approach-cra-training-manual https://ndarc.med.unsw.edu.au/resource/aboriginal-specific-community-reinforcement-and-family-training-craft-manual

Drug safety during pregnancy

Therapeutic Goods Administration website – pregnancy	http://www.tga.gov.au/hp/medicines-pregnancy.htm
Mothersafe	http://www.mothersafe.org.au/

Domestic violence

National Sexual Assault, Domestic and Family Violence Counselling Service	https://www.1800respect.org.au/workers/
Domestic Violence Response Training	http://www.dvalert.org.au/

Contraception

Sexual Health and Family Planning Australia	http://www.shfpa.org.au/
Family Planning NSW Contraception FAQ videos	http://www.youtube.com/user/FPNSW

Other resources

Women Want to Know Project, Foundation for Alcohol Research and Education	http://www.alcohol.gov.au/internet/alcohol/publishing.nsf/Content/wwtk
No Alcohol During Pregnancy is the Safest Choice Project Western Australia Drug and Alcohol Office	http://alcoholthinkagain.com.au/Campaigns/Campaign/ArtMID/475/ArticleID/6/Alcohol-and-Pregnancy
Alcohol and Pregnancy and Fetal Alcohol Spectrum Disorder: a Resource for Health Professionals Telethon Institute for Child Health Research	http://telethonkids.org.au/media/68501/2011_booklet_for_health_professionals.pdf
GP resources, including an Active Learning Module National Cannabis Prevention and Information Centre	http://ncpic.org.au/workforce/gps/
Drug and Alcohol Multicultural Education Centre	www.damec.org.au
Breastfeeding and Safe sleeping	https://www.breastfeeding.asn.au/bf-info/safe-when-breastfeeding tps://www.breastfeeding.asn.au/bfinfo/breastfeeding-co-sleeping-and-sudden-unexpected-deaths-infancy tp://www.sidsandkids.org/wp-content/uploads/SafeSleeping_Brochure.pdf
It's time to have the conversation: Understanding the treatment needs of women who are pregnant and alcohol dependent. National Drug and Alcohol Research Centre	https://ndarc.med.unsw.edu.au/resource/it%E2%80%99s-time-have-conversation-understanding-treatment-needs-women-who-are-pregnant-and
Beyond Blue Perinatal Mental Health free online training for health professionals	http://www.beyondblue.org.au/resources/health-professionals/perinatal-mental-health/free-online-training
Mentoring Resource Kit for the Alcohol and Other Drugs Field National Centre for Education and Training on Addiction	http://nceta.flinders.edu.au/files/3312/6318/3375/Mentoring%20Kit%20.pdf
Parenting Under Pressure Program Parenting program combining psychological intervention, case management and home visiting	http://www.pupprogram.net.au/
Alcohol and Other Drug Withdrawal: Practice Guidelines Second Edition 2012	http://www.turningpoint.org.au

