BOOKING VISIT TO THE WOMEN AND NEWBORN DRUG AND ALCOHOL SERVICE (WANDAS)

AIMS

To provide women with information and education regarding:

• the effects of alcohol and other drug (AOD) use in pregnancy
• drug treatments and management options in pregnancy
• the importance of pregnancy care to avoid or reduce harm to the woman and fetus in pregnancy.

KEY POINTS


   Additionally, specific detailed information about medical, physical, psychiatric, social, drug and alcohol use history is required for women attending WANDAS.

2. Women attending the booking visit at WANDAS should be provided with additional verbal and/or written information regarding:
   • drug and alcohol effects and management in pregnancy
   • psychosocial support and community support groups
   • nutrition and dietary requirements
   • maternal and fetal health surveillance
   • blood borne viruses and follow-up management

3. Admit women to hospital who present for the first time in the third trimester, in labour, or who have a high risk pregnancy and who have had no or inadequate antenatal care. This allows a comprehensive assessment and management plan to be formulated by the WANDAS team prior to the woman leaving the hospital.

4. Discharge planning and documentation should commence at the first visit.

5. Women should be advised of the proposed minimum 5 day postnatal stay.

6. Consent should always be obtained from the woman prior to referral to community drug and alcohol related services.

7. Women attending WANDAS should not be discharged from hospital prior to discussion with the WANDAS Clinical Midwifery Consultant, Obstetric Consultant and the Social Worker.
PROCEDURE

1 Initial Assessment and triage

Conduct the booking visit as for all pregnant women attending KEMH.

See Clinical Guidelines, Initial visit.

Women using alcohol and other drugs are more likely to attend the first antenatal visit later in their pregnancy compared with other women.²

Poor or late attendance may be due to an unplanned pregnancy, previous poor experiences with health services, life-style issues and concerns with confidentiality.³

Fear of social services involvement leading to apprehension of children, and referrals to Department of Child Protection (DCP) contribute to a woman’s reluctance to seek health care.

Following initial assessment the WANDAS team may decide the woman can be referred to:

- another obstetric team
- shared care with another hospital

2 Medical History and Physical Assessment

2.1 Observe and document self-harm markings, signs of substance use and its effect, and symptoms of withdrawal.

Physical signs may include puncture marks, cellulitis, phlebitis, skin abscesses, erosion/irritation around the nose/septum, or a rash and irritation around the nose or mouth.⁴

Signs of withdrawal may include sweating, tremors, agitation, and disturbances of coordination or gait.⁴

2.2 Document dietary and nutritional status. Note physical signs of nutritional deficiency.

A poor social environment, access to good nutrition, and hygiene issues can impact on health.⁵

2.3 Arrange a physical assessment by the doctor as required.

Women may have had limited contact with medical care previously and physical signs or medical history may indicate need for detailed assessment.
PROCEDURE

2.4 For women with a history of a blood-borne viruses:

- Repeat screening if the woman is at continued risk of infection and has no current status result.
- Hepatitis C positive – if no current results arrange testing for Hepatitis C RNA status and liver function tests (LFT).
- If the woman is RNA positive arrange referral to Royal Perth Hospital Heptology Clinic if no previous referral has been arranged by the GP or other health provider.
- Provide counselling and written information as required.
- Discuss breastfeeding issues.

Inform women who are hepatitis B positive of the management of the neonate after birth. See Clinical Guideline Neonatal Hepatitis B Vaccine, and Clinical Guideline Neonatal Hepatitis B Immunoglobulin.

Hepatitis C positive women – refer to Clinical Guideline, Hepatitis C in Pregnancy for detailed management.

Hepatitis B positive women – refer to Clinical Guideline, Hepatitis B Protocol for detailed management.

See Clinical Guideline, Substance use management post partum – information about illicit drugs and breastfeeding.

2.5 Assess risk factors for sexually transmitted infections. Screen as required. Refer a partner at risk for GP follow-up.

3 Past obstetric history

Discuss and note:
- alcohol and other drug use in a previous pregnancy
- current residential status of children
- partner of previous children – is he the same partner as for previous children?
- ask the partner if he has other children and their residential status

Studies have shown more than 50% of children born to opiate dependent women are not living with their parents by the time they are 5 years old.

4 Current pregnancy

4.1 Ultrasounds

Ultrasound assessment is individualised according to gestation and fetal well-being. Scans may need to be organised for:
- Gestational dating
- First trimester screening
- Anatomy scan
- Fetal growth and well-being

4.2 Screening for fetal anomalies
PROCEDURE

4.2 Pap Smear

Pap smears should be offered to all women attending WANDAS at the booking appointment.

4.3 Blood tests

Arrange testing as appropriate for:

- RNA status and LFTs if Hepatitis C positive
- Iron studies
- Vitamin D level status
- Vitamin B12 and folate levels
- Gamma Glutamyl Transpeptidase (Gamma GT) for women with alcohol use.

Liver disease and cirrhosis place stress on the mother and baby.

Women with alcohol and other drug use related problems may not access women’s health screening services, and pregnancy provides an opportunistic time for screening.

Women using alcohol and other drugs are at risk for sexual exploitation with associated risks for women’s health.

Malnutrition is associated with heavy alcohol use and women may require vitamin B supplements and iron.

5 Drug and Alcohol Screening

5.1 Complete the Drug and Alcohol Assessment form MR220.02

5.2 Ask women about their previous and current history of drug and alcohol use noting:

- type and amount of drugs or alcohol use
- frequency of use
- pattern of use
- access route

5.3 Document any previous drug and alcohol management noting:

- key worker/case manager
- any other agencies involved
5.4 Document any prescribed opiate replacement therapies. Include:
- which agency/general practitioner **prescribes** the replacement therapy
- which chemist/agency **supplies** the replacement therapy
- name of the key worker/case manager

5.5 Refer women to drug and alcohol treatment agencies or support programs. Consent from women is essential prior to a referral being arranged.

6 Nutritional Advice

6.1 Assess weight.

6.2 Offer nutritional support services from the dietician.

6.3 Refer the woman to the Dietician for:
- high or low pre pregnancy weight
- low maternal weight gain
- iron deficiency
- poor appetite
- signs of poor nutritional status

Consent from women is essential prior to a referral being arranged.

6.4 Offer nutritional support services from the dietician.

6.5 Refer the woman to the Dietician for:
- high or low pre pregnancy weight
- low maternal weight gain
- iron deficiency
- poor appetite
- signs of poor nutritional status

Women using alcohol and other drugs may have poor nutritional habits, general self-neglect, and substandard living conditions. Alcohol use can lead to increased vitamin B requirements and decreased absorption and utilisation of folate.8 9

Women with hepatitis C will require dietary advice to:
- relieve symptoms of chronic infection
- provide nutrients for liver regeneration
- reduce risk for hepatic stenosis from being overweight or obese.

7 Oral Health

Provide dental care advice about:
- use of sugar free medication
- oral hygiene care
- dietary counselling
- recommended alternative food sweeteners
- high fluoride toothpastes10
- side effects of medications e.g. Methadone on teeth and gums.
- how to access dental care during work hours and in emergency circumstances.

Methadone and other opioids produce a dry mouth, increasing the incidence of dental caries and Candida infections. Poor nutritional intake associated with alcohol and other drug use also leads to periodontal disease.10

8 Social Assessment

8.1 Inform women about role of the Social Worker attending WANDAS, and their continued role during the woman’s pregnancy.
### PROCEDURE

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<td>8.2</td>
<td>All women attending WANDAS shall have assessment by the social worker at the booking visit.</td>
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Discussion may involve:
- forensic history
- partner support
- family support
- financial issues
- housing and living arrangements
- legal issues
- Department of Child Protection (DCD) involvement associated with child protection issues
- family and Domestic Violence

### ADDITIONAL INFORMATION

- It is appropriate to offer interventions to the woman's partner, as a partner's continued alcohol and other drug use increases the woman's risk of continuing drug or alcohol use or relapsing.\(^1\)
- Child protection agencies are notified when it is considered there is a risk to the fetus or infant.\(^1\)
- See [WNHS Policy C151 Child Protection](#).

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### Psychological Assessment

9.1 Assess mental health history and current status.

9.2 Inform the woman about the role of the Psychological Services at KEMH.

9.3 Perform Family and Domestic Violence Screening when a woman is alone. Inform the social worker if disclosed.

A psychiatrist is available for consultation at clinic visits.

See [Clinical Guideline Screening for Family Domestic Violence](#).

Women with alcohol and other drug use and their children are reported to have higher rates of exposure to domestic and sexual violence.\(^11\)

### Parent Education

10.1 Additional information should be given about:
- WANDAS
- the role of the Neonatal Abstinence Score chart
- effects of alcohol and other drug use on the pregnancy, fetus and neonate
- breastfeeding and alcohol and other drug use
- blood borne viruses (if applicable)
- risk behaviours, consequences and increased surveillance required in pregnancy.

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\(^1\) See WNHS Policy C151 Child Protection

\(^11\) Women with alcohol and other drug use and their children are reported to have higher rates of exposure to domestic and sexual violence.
• extended hospital stay of **5 days** postpartum
• safety issues in the home – storage of medications, including home doses of methadone¹
• safe injecting practices to reduce harm to women at risk for continuing use of intravenous drugs.
• contact details for any support agencies the family may need to access
• management and frequency of ongoing antenatal care.

10.2 **Provision of written information**
At the booking visit provide women with the following leaflets:

- **Women and Newborn Drug and Alcohol Service (WANDAS)**
- Neonatal Abstinence Syndrome
- ‘**Safety Plan in the Event of Alcohol or Drug Use**’.

11 **Referrals**
Consider referral to:
- Dietitian
- Hepatology clinic
- Dental services
- Parenting support groups associated with drug and alcohol use

12 **Management plan**
12.1 The following additional information is required on the MR004 Medical Special Instruction Sheet:

- Type of alcohol and other drug use
- Management during the pregnancy, labour and postnatal period
- Complete the management plan by 32 weeks gestation whenever possible; amendments can be adjusted as necessary

Alcohol and other drug use is associated with increased risk of ante partum haemorrhage, placental abruption, stillbirth, neonatal death, small for gestational age, and prolonged stays for neonates in special care nursery.¹²
PROCEDURE

12.2 On admission and before discharge notify:
- WANDAS Clinical Midwifery Consultant
- WANDAS Obstetric Consultant or registrar
- Social Worker

ADDITIONAL INFORMATION

REFERENCES