



**OBSTETRICS AND GYNAECOLOGY
 CLINICAL PRACTICE GUIDELINE**

Women and Newborn Drug and Alcohol Service (WANDAS)

Scope (Staff):	WNHS Obstetrics and Gynaecology Directorate staff
Scope (Area):	Obstetrics and Gynaecology Directorate clinical areas at KEMH

This document should be read in conjunction with this [Disclaimer](#)

Contents

Care of pregnant women with alcohol and other drug use	2
Best practice support of pregnant women who use alcohol or other drugs	2
Referral to WANDAS	3
Multidisciplinary case management meetings.....	4
Antenatal	4
The booking visit	4
Subsequent visits	6
Management of a woman not attending their antenatal clinic appointment.....	7
Substances and implications during pregnancy	8
Women presenting with drug / alcohol withdrawal or recent drug / alcohol use	8
Women from prison presenting to KEMH	9
Intrapartum.....	9
Key points	9
Unbooked women presenting to KEMH	10
Induction of labour	10
Intrapartum management.....	11



Postnatal	11
Management of mother and baby after birth	11
Breastfeeding and alcohol and other drug use.....	12
Neonatal discharge against medical advice	13
Postnatal follow up clinic.....	13
 Abbreviations.....	 13
 References	 14

Care of pregnant women with alcohol and other drug use

The Women and Newborn Drug and Alcohol Service (WANDAS) provide specialist clinical services and professional support in the care of pregnant women with complex alcohol and other drug (AOD) use issues. It utilises a multidisciplinary team approach to advance their health and well-being and the medical needs of their infants. Pregnant AOD dependent women will benefit from specialist assessments and treatment via a skilled multidisciplinary team such as WANDAS.

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
- Engaging women in early antenatal care and provision of a culturally safe and accessible service
- Identify high-risk cases early and refer for specialist antenatal care, consultation and treatment
- Avoid stigma and judgement
- The WANDAS philosophy of harm minimisation and harm reduction to reduce AOD use in pregnancy
- Address the range of needs including psychosocial factors, health and mental health issues
- 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 a multidisciplinary or interagency team

- Organise paediatric assessment, assertive follow-up and support for mother and baby post birth (WANDAS post-natal clinic)
- Provide contraception and information to prevent future unintended pregnancy

Screening for alcohol and other drug (AOD) use should be included in the usual antenatal history. All pregnant women should be asked for their current and previous history of AOD use at initial assessment (either at time of confirmation of pregnancy, at first booking-in visit, or at first presentation), to help decide the appropriate model of pregnancy care or provider.

Ask specifically about:

- prescribed medications (such as opioid replacement therapies antidepressants, mood stabilisers, benzodiazepines, pregabalin)
- over the counter medications (such as paracetamol)
- alcohol
- tobacco
- other substance use (such as cannabis, opioids, psychostimulants -speed, ecstasy, cocaine, inhalants)

It is important to establish the pattern and frequency of use, determining whether each substance is used occasionally, on a regular recreational or nondependent basis, or whether there is harmful or dependent use.

For further information, please refer to:

- [Supporting pregnant women who use alcohol and other drugs \(external website\)](#). Dr Courtney Breen, Research Fellow at National Drug and Alcohol Research Centre (NDARC).
- Australian Government, Department of Health, Pregnancy Care Guidelines: [Section 15: Substance use \(external website\)](#)
- New South Wales (NSW) Health [Clinical Guidelines for the management of substance use during pregnancy, birth and the postnatal period \(external site, PDF, 1.36MB\)](#)

Referral to WANDAS

The WANDAS Clinical Midwifery Consultant (CMC) triages all referrals and decides when the first booking visit is made.

- An early booking is beneficial for AOD using pregnant women. This enables first or second trimester screening, ultrasounds, antenatal blood tests, and allows early intervention and referral to Community Support Services and AOD treatment
- WANDAS does not accept referrals after 36/40 weeks gestation

Criteria for referral

- A woman must consent to a WANDAS referral
- Current and significant AOD use
- Abstinent from AOD, but still requiring support from specialist team /services
- Imprisoned pregnant women with a significant history of AOD dependency.

Types of referral

Self-referral

Antenatal women can self-refer directly to the WANDAS CMC.

Internal hospital referrals

A consultation request referral is sent to the WANDAS CMC. Information on the referral should include pregnancy details, the type of AOD use and any relevant psychosocial history. Please discuss all referrals with the woman and get her consent prior to sending the referral.

External referrals

External referrals may be sent from General Practitioners, Drug and Alcohol related services, prison health centres, and other health services or hospitals.

Multidisciplinary case management meetings

Regular Multidisciplinary Case management meetings provide all team members with the opportunity to discuss the woman's needs, seek support and advice, and develop coordinated care plans.

Antenatal

The booking visit

1. Women attending WANDAS require routine antenatal care. See KEMH Clinical Guideline Obstetrics and Gynaecology: [Antenatal Care Schedule](#)
2. Additionally, specific detailed information about drug and alcohol use, mental health and social history is required for women attending WANDAS. Document this on the **Integrated WANDAS Assessment form MR220.02**
3. Women attending the booking visit at WANDAS should be provided with additional verbal and/or written information regarding:
 - WANDAS model of care
 - Discuss the effects of alcohol and other drug use on the pregnancy, fetus and neonate and infant feeding. General fact sheets can be found on The Royal

Women's Hospital: [Women's Alcohol and Drug Service](#) (external website)-

Note- this link and resources are for general AOD information only and contact details and helplines may not be relevant to WA; refer to WANDAS booklet (link below and in resources at end of guideline) for local contacts.

- Psychosocial support and community support groups. Give contact details for WANDAS any other support agencies the family may need to access.
 - Management and frequency of ongoing antenatal care.
4. Discuss blood borne viruses and safe injecting practices to reduce harm to women at risk for continuing to use drugs intravenously. Hepatitis C virus has no increased risk of obstetric or perinatal complications and the risk of mother to child transmission is low.
 - Discuss follow-up management
 - See also WNHS guideline, OGD: Infections: [Hepatitis C in Pregnancy](#)
 5. Provide the woman with the additional information booklet:
 - [Information Booklet for Mum and Baby: Women and Newborn Drug and Alcohol Service \(WANDAS\)](#) (PDF, 604KB)
 6. Information, and if requested, referral to community drug and alcohol related services.
 - Consent should always be obtained from the woman prior to referral.
 7. Discharge planning and documentation should commence at the first visit. Women should be advised of the proposed length of hospital stay. Opiate use in pregnancy may require a 5 day stay to monitor baby for Neonatal Abstinence Syndrome (NAS).
 8. See also Queensland (QLD) Health Clinical Guidelines relating to [Perinatal Substance Use: Maternal](#) (external website)

Drug and alcohol screening

- Complete the Integrated WANDAS Assessment form MR220.02
- Refer the woman to drug and alcohol treatment agencies or support programmes. **Consent from the woman is essential** prior to a referral being arranged.
- WANDAS do not do routine drug and alcohol testing.

Social work assessment

- Inform the woman about role of the Social Worker attending WANDAS, and their continued role during the woman's pregnancy. All women attending WANDAS shall have assessment by the social worker at the booking visit.
- Social Worker to complete the Integrated WANDAS Assessment form MR220.02.

Psychological assessment

- Inform the woman about role of the Psychiatrists/Psychologists attending WANDAS, and their continued role during the woman's pregnancy.
- Refer the woman to Psychological Medicine when clinically indicated. Consent for referral is required.

Additional documentation

- Commence the **Integrated WANDAS Assessment form MR220.02**
- 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
- For patients on Community Program for Opioid Pharmacotherapy (CPOP), complete the pharmacy form: [Pre-Admission Planning for CPOP Patient](#) to improve the transition of care of from the community to hospital admission.

Subsequent visits

Frequency of follow-up visits

- 2 - 4 weekly until 36 weeks. Then weekly until birth.
- Note:** the decision regarding adjusting the routine schedule of antenatal visits may be individualised only after discussion with the WANDAS Multidisciplinary team. This may result in more or less frequency of visits according to the woman's individual situation.

Maternal assessment

Women attending WANDAS require routine antenatal care. See KEMH Clinical Guideline Obstetrics and Gynaecology: [Antenatal Care Schedule](#). In addition:

- **Drug and alcohol assessment:** Assess and document drug and alcohol use at each visit
- **Social work assessment:** At each visit review by the social worker is required
- **Psychological assessment:** Monitor at each visit. Refer for Psychiatric review at the visit as required.
- **Nutritional assessment** At each visit assess the woman's nutritional status and refer to the dietician as required.
- **Hepatitis C virus:** See KEMH Clinical Guideline, OGD, [Infections in Obstetrics: Hepatitis C](#)

Anaesthetic referral

Arrange an **early** pregnancy referral for women with:

- opiate replacement therapy
- unresolved pain issues
- risk for difficult intravenous access
- complex medical issues
- high risk for caesarean section
- anaesthetic risk factors
- concerns about pain relief management

Additional parent education

- Provide women with the 'WANDAS Information Booklet for mum and baby'
- Encourage women to attend hospital **early** in labour
- Repeat advice at each visit about situations where contact with the hospital between antenatal visits is required
- Discuss community support groups
- **Breastfeeding-** Advise women of alcohol and other drug risks
- **Contraception-** Initiate discussion about available contraceptive measures
- **Discharge-** All women who have alcohol and other drug use or have received opioid pharmacotherapy during their pregnancy should be advised as early as possible that their expected postnatal stay will be 5 days or more as required to allow assessment of Neonatal Abstinence Syndrome
- Provide written and verbal information about risks associated with Sudden Infant Death Syndrome (SIDS) and safe sleeping practices
- Discuss [Safe Infant Sleeping](#) (PDF, 836.3KB)

Fetal surveillance

Arrange ultrasound for fetal growth and well-being at 28 to 34 weeks gestation if women:

- Have a history of using alcohol and other drug during pregnancy
- Present with a clinically small for gestational age fetus.
- Have a history of SGA/IUGR babies

Management of a woman not attending their antenatal clinic appointment

- Contact the woman by phone and text to assess the reason for not attending and any problems with the pregnancy or other issues.

- Inform the woman of the date and time of the next appointment. Document the details of the conversation in the medical record.
- Contact the referring agency, GP, other health services to try and locate the woman.
- If the woman is unable to be contacted inform the Social Worker
- Write an Obstetric Management Plan in the Patient file to alert clinicians of care plan when woman does present at the hospital.

Substances and implications during pregnancy

For information please refer to:

- RANZCOG Guidelines, [Substance Use in Pregnancy \(2018\) \(external website, PDF, 168.7KB\)](#)
- NSW Health. (2014). [NSW Clinical Guidelines for the Management of Substance Use during Pregnancy, Birth and the Postnatal period](#) (external website). Sydney: Ministry of Health NSW.
- (2014). [Guidelines for the Identification and Management of Substance Use and Substance Use Disorders in Pregnancy](#) (external website). Geneva: WHO.

Women presenting with drug / alcohol withdrawal or recent drug / alcohol use

Intoxication

- In the event that the woman is intoxicated, the progress of the pregnancy and the condition of the fetus should be assessed by the obstetric team. If possible, initial assessment of the fetus should be by auscultation of the fetal heart and cardiotocograph (CTG), with follow-up ultrasound as considered appropriate. A decision to admit will depend on circumstances, including the gestation, whether there has been any antenatal care or investigations, current family and domestic violence, homelessness, concurrent health issues and other risk factors. All women presenting with drug or alcohol withdrawal should be reviewed by the WANDAS team, if out of hours a senior doctor (Senior Registrar, Consultant), prior to commencing a withdrawal chart.
 - Alcohol Withdrawal Chart MR223.01
 - Amphetamine Withdrawal Chart MR 223.02 [under review]
 - Benzodiazepine Withdrawal Chart MR 223.03

- Cannabis Withdrawal Chart MR223.04 [under review]
- Opioid Withdrawal Chart MR223.05

Note (in 2023 review): The cannabis and amphetamine withdrawal charts are under review, with view to be removed. AOD guidelines currently being updated to be in line with SCGH/OPH guidelines.

- The drug and alcohol **Clinical Advisory Service** is a 24 hours-a-day 7 days per week telephone Addiction Consultant Support Service. They are available to support health practitioners involved in providing care to clients with AOD issues whilst an inpatient. They can be contacted by phone: **(08) 6553 0520**

Women from prison presenting to KEMH

All pregnant women placed into custody are moved to a custodial setting in Perth, as there are no rural settings that cater for pregnant women. Incarcerated women will be referred to WANDAS if they have a significant history of AOD dependency.

All incarcerated women who present in possible labour shall be assessed as per Clinical Guideline [Obstetrics and Gynaecology](#): “Labour: First Stage” (section Initial Labour Assessment). In addition to the above guideline:

- The woman should be admitted for 24 hours for ongoing observation rather than returning to the correctional facility, as there is no access to midwifery care at correctional facilities overnight. Arranging ambulance transfers and appropriate escorts can also take considerable time
- The woman shall have consultant review before being discharged from KEMH.

Intrapartum

Key points

1. Notify WANDAS team when admission or presentation of any woman with AOD use:
 - WANDAS CMC – page 3425 / mobile 0414 892 753 during office hours or the following morning if a woman is admitted after hours
 - Obstetric Registrar for WANDAS – page 3207 – who will contact the Consultant if required
 - Social Work Department – extension 82777
 - Psychiatric Registrar – extension 81521
2. For the management of a woman on an opioid treatment program:
 - See WNHS Pharmaceutical and Medicines Management Guideline: Community Program for Opioid Pharmacotherapy (CPOP): Inpatient Management

- Liaise with the Community Pharmacotherapy Program, they will provide support, information, advice, training and resources for clients, pharmacists and medical practitioners involved in methadone and buprenorphine treatment for opioid dependence throughout WA. They can be contacted by phone: (08) 9219 1907, Monday to Friday 8:30am-4:30pm (excepting public holidays)
3. An up-to-date written plan of management is documented in the woman's medical record on the MR004. Aim to have a formulated plan documented by 32 weeks gestation.
 4. Women should be advised to come to hospital early in labour.

Unbooked women presenting to KEMH

- Take an alcohol and other drug use history.
- Notify the WANDAS team – during normal office hours or the following morning if after hours.
- Consider admitting any unbooked woman who has not regularly attended antenatal appointments. This provides the WANDAS team an opportunity to assess the woman, organise antenatal tests, and implement a management plan for her pregnancy.
- The unbooked woman should be admitted under the obstetric team of the day, the Consultant/Snr Registrar should discuss transfer of care with the WANDAS Medical Consultant and the CMC who will decide on suitability and timing of transfer of care. If not suitable to transfer care, liaison with the WANDAS team will provide management advice.
- The woman needs to consent to transfer her care. If she declines transfer; the neonate may only be discharged with paediatric consultant approval and social work involvement.
- Women who have not been attending WANDAS and are over 36/40 pregnant shall remain under their allocated obstetric team. WANDAS can be contacted to provide guidance and advice. An unbooked postnatal woman will not transfer to the WANDAS team.
- Refer also to OGD guideline: [Antenatal Care: Presentation \(Intrapartum or Late Third Trimester\) with No or Minimal Antenatal Care](#)

Induction of labour

Induction of labour may occur for obstetric indications. Social reasons for induction of labour may be indicated e.g. remoteness or transport issues, and psychosocial reasons.

- Induction of labour should be booked where possible early in the week. This allows maximum accessibility with the WANDAS team input.

Intrapartum management

- Labour management for women with history of AOD use does not differ greatly from routine care. Continuous fetal heart rate monitoring can be considered due to uncertain effects of previous substance exposures on the ability of the fetus to tolerate labour.
- Consider early anaesthetic review if the woman has: potential intravenous access difficulties and/or unstable or recent drug/alcohol use which poses anaesthesia or analgesia risks.
- Women with Chronic Hepatitis C: Consider coagulation studies prior to regional analgesia if liver function tests have not been recently done. Thrombocytopenia and prolongation of prothrombin time are features of chronic Hepatitis C.

Postnatal

Management of mother and baby after birth

WANDAS women and their babies should be cleared for discharge once reviewed by neonatal consultant, social work, psychological medicine (if engaged throughout the pregnancy) and have a completed home check.

- Normal routine postpartum care. See Clinical Guidelines, Obstetrics and Gynaecology: Postnatal Care
- For all babies born to WANDAS women commence a MR495 NAS scoring system chart within two hours of birth to provide a baseline set of observations. Once commenced it is continued for five days, unless ceased by the Neonatal Consultant. For information on NAS refer to CAHS Clinical Guideline: Neonatology: [Neonatal Abstinence Syndrome \(NAS\)](#)
- In addition to routine postpartum care, women with AOD use issues will require extra education and support from the WANDAS multidisciplinary team, medical/midwifery personnel and community support groups.
- If the woman is on Opioid Pharmacotherapy, refer to- WNHS Pharmaceutical and Medicines Management Guideline: [Community Program for Opioid Pharmacotherapy \(CPOP\): Inpatient Management](#) (available to WA Health employees through HealthPoint).
- If discharge with Schedule 8 medication is anticipated for CPOP patients, the [Application Form to Prescribe Schedule 8 medications \(Word document\)](#) must be completed and submitted. Approval must be received before opioid can be supplied on discharge.
- If the woman is hepatitis C positive:
 - Follow the [Infections in Obstetrics: Hepatitis C](#) guideline.

- Neonatal care: Refer to CAHS Neonatology guideline: [Hepatitis C Virus \(HCV\): Care of the Infant Born to HCV Positive Women](#)
- The Woman and the baby need to have a Special Child Health Referral sent to the Child Health Nurse.
- If the mother and Baby require follow up via the Visiting Midwife, the family should be assessed individually as to the appropriateness and likely benefits of in-home visits. Prior to home visiting a risk assessment should be completed to ensure potential risks and safety concerns for staff are identified.

Neonatal Abstinence Syndrome

- Advise the woman/parents about the signs of NAS. Inform parents to seek immediate medical consultation should signs develop. Discuss supportive measures a woman can use to calm and settle her baby. Information for this is provided in the [CAHS guideline: Neonatal Abstinence Syndrome](#).

Prevention of Sudden Unexpected Death in Infancy (SUDI)

- Emphasise preventative measures and safe sleeping practices – drug and alcohol use (especially opiates) increases the risk for SUDI.
- Provide parents with the written pamphlet [“Safe Infant Sleeping” \(PDF, 836KB\)](#)

Breastfeeding and alcohol and other drug use

The Guidelines recommend appropriate support for AOD use women who wish to breastfeed. This requires integrated services from drug and alcohol services, paediatrician, lactation consultant or other health professional with breastfeeding expertise. The woman should be informed about the likely effects to the infant of the drugs she is using.

See also KEMH Medical Library: eLibrary: [Medications in Pregnancy and Breastfeeding Medicines Information](#). Further advice about the use of medicines in pregnancy and breastfeeding is available from the WNHS Obstetric Medicines Information Service- see [contact details](#).

For women who choose to use alcohol or other substances while breastfeeding, appropriate precautions following a harm minimisation approach

- Discuss feeding management strategies should the mother participate in drug or alcohol use
- Ensure a responsible adult is available to supervise the baby during this period
- Breastfeed prior to alcohol and other drug use
- Consider expressing breast milk prior to alcohol and other drug use- ensuring availability of breast milk for the next feed

- Know when to express and discard breast milk, and how long before breastfeeding can be resumed
- Supply women with verbal and written information about expressing breast milk, hiring and purchasing of expressing equipment
- Offer a demonstration about preparation of artificial feeds even if the woman intends to breast feed. This provides her with education should she need to temporarily replace breastfeeding due to drug or alcohol use, or for psychosocial reasons

Neonatal discharge against medical advice

If a mother or father wish to take their baby home and medical concerns exist for the safety of the neonate refer to the CAHS Neonatology Clinical Care Guideline:

[Discharge Against Medical Advice](#) for management.

The WANDAS CMC and the Hospital Clinical Manager should be informed as soon as possible.

Postnatal follow up clinic

- WANDAS will offer postnatal follow up via the WANDAS Post Natal clinic for three months and will arrange referral to the appropriate postnatal follow-up services.
- An appointment at four months with an Ages and Stages Questionnaire for all women with alcohol use in pregnancy. Consider referral to PATCHES for ongoing developmental assessment.

Abbreviations

AOD	Alcohol and other drug	RANZCOG	Royal Australian & New Zealand College of Obstetricians and Gynaecologists
CAHS	Child and Adolescent Health Service	SGA/IUGR	Small for gestational age / Intrauterine growth restriction
CMC	Clinical Midwifery Consultant	SIDS/SUDI	Sudden Infant Death Syndrome / Sudden Unexplained Death in Infancy
CPOP	Community Program for Opioid Pharmacotherapy	WANDAS	Women and Newborn Drug and Alcohol Service
CTG	Cardiotocography	WHO	World Health Organization
GP	General Practitioner		
KEMH	King Edward Memorial Hospital		
NAS	Neonatal abstinence syndrome		
OGD	Obstetrics and Gynaecology Directorate		

References

Bibliography

- Bandoli G, Jelliffe-Pawlowski L, Schumacher B, Baer RJ, Felder JN, Fuchs JD, Oltman SP, Steurer MA, Marienfeld C. Cannabis-related diagnosis in pregnancy and adverse maternal and infant outcomes. *Drug Alcohol Depend.* 2021 Aug 1;225:108757. doi: 10.1016/j.drugalcdep.2021.108757.
- Coyle, M.G., Brogly, S.B., Ahmed, M.S. et al. Neonatal abstinence syndrome. *Nat Rev Dis Primers* 4, 47. 2018. <https://doi.org/10.1038/s41572-018-0045-0>
- Dooley J, Gerber-Finn L, Antone I, Guilfoyle J, Blakelock B, Balfour-Boehm J, Hopman WM, Jumah N, Kelly L. Buprenorphine-naloxone use in pregnancy for treatment of opioid dependence: Retrospective cohort study of 30 patients. *Can Fam Physician.* 2016 Apr;62(4):e194–200. PMID: PMC4830675.
- NSW Health. NSW Clinical Guidelines for the Management of Substance Use during Pregnancy, Birth and the Postnatal period. Sydney: Ministry of Health NSW. 2014. Available from <https://www.health.nsw.gov.au/aod/professionals/Publications/substance-use-during-pregnancy-guidelines.pdf>
- Royal Australian and New Zealand College of Obstetrics and Gynaecology [RANZCOG]. [Substance Use in Pregnancy \(C-Obs 55\) guideline](#). RANZCOG. 2018.
- WHO (2014) [Guidelines for the Identification and Management of Substance Use and Substance Use Disorders in Pregnancy](#). Geneva: World Health Organization.

Related WNHS policies, procedures and guidelines and CAHS Neonatal

WNHS Clinical Guidelines:

Obstetrics and Gynaecology:

- [Antenatal Care Schedule](#)
- Infections: [Hepatitis C in Pregnancy](#)

Pharmaceutical and Medicines Management (access to WA Health employees through HealthPoint):

- [Community Program for Opioid Pharmacotherapy \(CPOP\): Inpatient Management](#)
- [Medications in Pregnancy and Breastfeeding: Commonly Used References](#)

CAHS Neonatology:

- [Discharge Against Medical Advice](#)
- [Hepatitis C Virus \(HCV\): Care of the Infant Born to HCV Positive Women](#)
- [Neonatal Abstinence Syndrome \(NAS\)](#)

Useful resources (including related forms)

Resources

- Australian Government, Department of Health, Pregnancy Care Guidelines: [Section 15: Substance use](#) (external website)
- Australian Government Department of Health: Therapeutic Goods Administration: [Obstetric drug information services](#) (external website)
- Breen, C. [Supporting Pregnant Women Who Use Alcohol and Other Drugs \(external website\)](#).
- Government of Western Australia: Office of the Inspector of Custodial Services: [Routine Restraint of People in Custody in Western Australia](#) (external website) 2020 (Inspector's review and recommendations): Report (Recommendation 3 and section 'Use of routine restraint on pregnant women')
- NSW Health: [Clinical Guidelines for the Management of Substance Use During Pregnancy, Birth and the Postnatal Period](#) (external website, PDF, 1.36MB)
- QLD Health: [Perinatal Substance Use: Maternal](#) (external website)









KEMH resources: [WANDAS](#) public webpage

Patient information:

- HealthyWA [Hepatitis C and Breastfeeding](#) (external website)
- [Information Booklet for Mum and Baby: Women and Newborn Drug and Alcohol Service \(WANDAS\)](#) (PDF, 604KB)
- [Safe Infant Sleeping](#) (PDF, 836KB)

Forms:

- MR 004 Obstetric Special Instruction Sheet
- MR 220.02 Integrated WANDAS Assessment form
- MR 220.03 WANDAS Antenatal Checklist
- MR 223.01 Alcohol Withdrawal Chart
- MR 223.02 Amphetamine Withdrawal Chart
- MR 223.03 Benzodiazepine Withdrawal Chart
- MR 223.04 Cannabis Withdrawal Chart
- MR 223.05 Opiate Withdrawal Chart

Keywords:	alcohol and other drugs, AOD, drug use, substance use, alcohol use, ETOH, WANDAS, drug and alcohol service, withdrawal, abstinence, opioid dependence, opioid pharmacotherapy, cannabis withdrawal, benzodiazepine withdrawal, amphetamine withdrawal, alcohol withdrawal, methadone program, buprenorphine program, neonatal abstinence syndrome, NAS, subutex, solvents, fetal alcohol syndrome, FAS, labour, IVDU		
Document owner:	Obstetrics and Gynaecology Directorate		
Author / Reviewer:	Clinical Midwifery Consultant WANDAS and WANDAS Obstetric Consultant		
Date first issued:	July 2016 (v1)	Version:	3
Reviewed:	Nov 2019 (v2); Mar 2023 (v3)	Next review date:	Mar 2026
Endorsed by:	Obstetrics and Gynaecology Directorate Management Committee	Date:	01/03/2023
NSQHS Standards (v2) applicable:	<input checked="" type="checkbox"/>  1: Clinical Governance <input type="checkbox"/>  2: Partnering with Consumers <input type="checkbox"/>  3: Preventing and Controlling Healthcare Associated Infection <input checked="" type="checkbox"/>  4: Medication Safety	<input checked="" type="checkbox"/>  5: Comprehensive Care <input checked="" type="checkbox"/>  6: Communicating for Safety <input type="checkbox"/>  7: Blood Management <input type="checkbox"/>  8: Recognising and Responding to Acute Deterioration	
Printed or personally saved electronic copies of this document are considered uncontrolled. Access the current version from WNHS HealthPoint.			

Version history

Version number	Date	Summary
1	July 2016	<p>First version. Titled 'WANDAS'.</p> <p>History: Amalgamated six individual guidelines on care of women with AOD use dating from Sept 2007.</p> <p>Supersedes:</p> <ol style="list-style-type: none"> 1. (B1.5.1) Referral to WANDAS (dated Feb 2014) 2. (B1.5.2) Booking Visit to WANDAS (dated Feb 2014) 3. (B1.5.3) Subsequent Visits to WANDAS (dated Feb 2014) 4. (B6.3) Alcohol and Other Drug (AOD) Use- Postpartum: Management of Women with (last amended Feb 2015) 5. (B1.5.4) Antenatal Care and Follow-up of Women who are Incarcerated (dated Feb 2014) 6. (B5.2.3) Labour: Incarcerated Women Presenting in Early or Spurious Labour (date last amended Feb 2015) <p>Archived- contact OGD Guideline Coordinator for previous versions. Original titles within B.1.5: 'Substance Use in Pregnancy'</p>
2	Nov 2019	<ul style="list-style-type: none"> • Whole guideline reviewed, condensed information and updated links and resources- see guideline • Postnatal follow-up clinic: An appointment at four months with an

		Ages and Stages Questionnaire for all women with alcohol use in pregnancy. Consider referral to PATCHES for ongoing developmental assessment.
3	Mar 2023	<ul style="list-style-type: none"> • Criteria for referral altered: <ul style="list-style-type: none"> ➤ The patient must consent to a WANDAS referral ➤ For imprisoned pregnant women- added 'with a significant history of AOD dependency' • Resources and hyperlinks updated throughout • Withdrawal forms are under review • WANDAS do not do routine drug and alcohol testing • Women presenting with drug or alcohol withdrawal should be reviewed by the WANDAS team, if out of hours a senior doctor, prior to commencing a withdrawal chart. • Incarcerated women in possible labour are admitted for 24 hours for monitoring • Length of postnatal stay- <ul style="list-style-type: none"> ➤ Opiate use in pregnancy may require a 5 day stay to monitor baby for NAS ➤ Cleared for discharge once reviewed by neonatal consultant, social work, psychological medicine (if engaged throughout the pregnancy) and have a completed home check

This document can be made available in alternative formats on request for a person with a disability.

© North Metropolitan Health Service 2023

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

www.nmhs.health.wa.gov.au