

Responding to changing drug use patterns in pregnancy

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Acknowledgment of Country



Women's Alcohol and Drug Service (WADS)

- Established in 1988
- Predominantly heroin use
- Methadone
- Multidisciplinary team



Barriers specific to pregnancy

- Fear of child protection - loss of custody
- Stigma, blame and shame - internal and external forces
- Childhood & Adulthood trauma and adversity
- Poor mental health but minimal access to publically funded mental health services & support
- Poverty, instability, homelessness & interpersonal violence
- Poly substance use



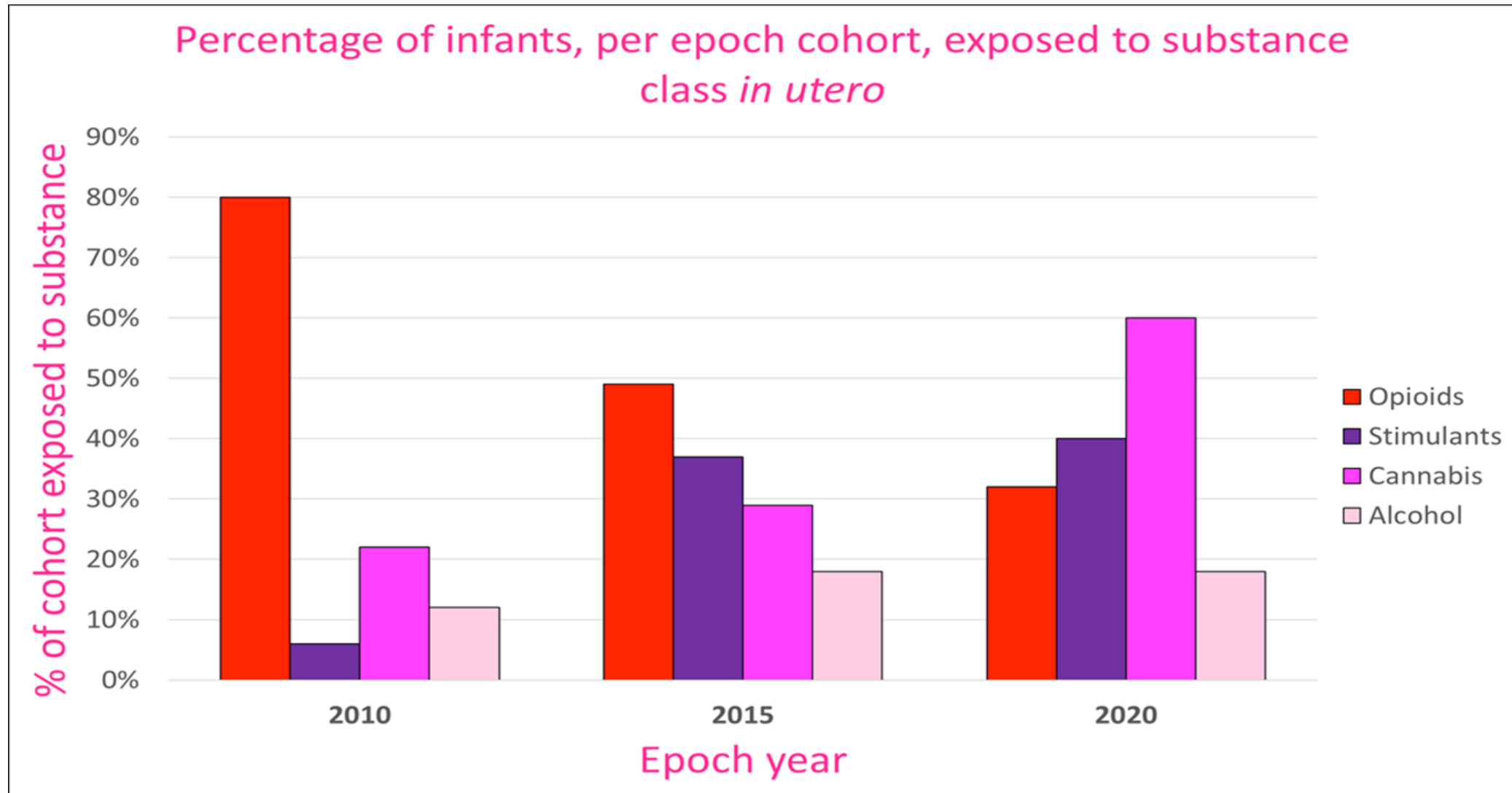
The importance of antenatal care

- Usually seen fortnightly until 30 weeks gestation then weekly until birth
- Fetal growth and wellbeing
- Prevention of mortality and morbidity (infant and maternal)
- Address social determinants of health
- Pharmacotherapy
- Preparation for birth- including psychological preparedness

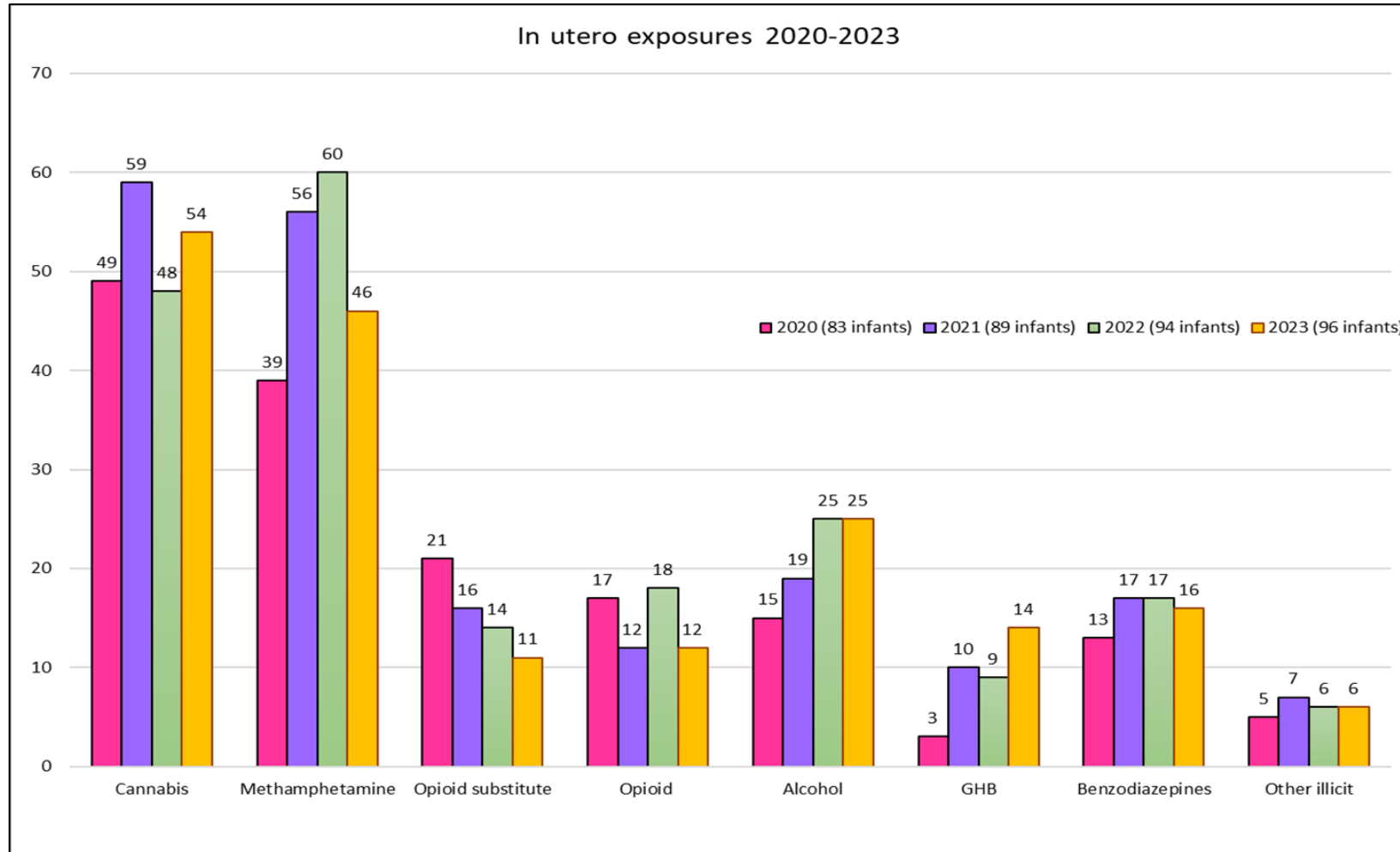


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Fetal stimulant exposure increasing over time



Infant drug exposures 2020 – 2023



Outcomes for infants exposed to methamphetamine compared to infants exposed to other drugs

	Methamphetamine exposed n=56 (%)	No methamphetamine exposure n=33 (%)	Total n=89 (%)	Infants not exposed to Substances (%)
Average gestation in completed weeks	36	37	36	38
Average birthweight (g)	2792	2845	2812	3269
Birthweight z-score	-0.43	-0.95	-0.62	
Congenital infection risk	20 (35)	8 (24)	28 (31)	
Average total length of stay (days)	17	10	14	
Average NICU length of stay	15	7	12	4.41 Non-term babies

Outcomes for term infants

	Methamphetamine exposed n=56 (%)	No methamphetamine exposure n=33 (%)	Total n=89 (%)	Infants not exposed to Substances
All babies discharged to maternal care	27 (48)	24 (72)	51 (57)	
Term cohort				
Gestation \geq 37 weeks	n=41 (73)	n=24 (72)	n=65	
Needed NG/IV	12 (30)	6 (25)	18 (28)	
Any breastfeeding at discharge	22 (53)	17 (71)	39 (60)	(91)
Total length of stay (days)	8	8	8	2.5
Admitted to SCN				

Limited information on what works!

What we do know about Methamphetamine & Pregnancy:

- No Clinical Practice Guidelines
- No pharmacotherapy
- Complex problems and multifaceted issues
- Systemic issues affect change process



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What else do we know?

- Pregnancy is a motivator.
- Reduce IVDU/ smoking frequency
- Detox can break a cycle
- Stabilise social circumstance
- Trauma informed care
- Attachment focus
- Interventions often need to be long and sustained



Responding to changing patterns of AOD use: The First Thousand DAYS Clinic



Antenatal appointments with the Women's Alcohol & Drugs (WADS) team

Before discharge from hospital, parents consent to the program.

- Assessment by:
- Clinical Midwife Consultant or Social Worker (NBO*)
 - Developmental physiotherapist (*GMs/Dubowitz)

Appointments at:

- 3 - 4 months
- 8 - 9 months (*Brigance)
- 12 months

with a paediatrician, physiotherapist and midwife/social worker

Appointments at:

- 18 months (*Brigance)

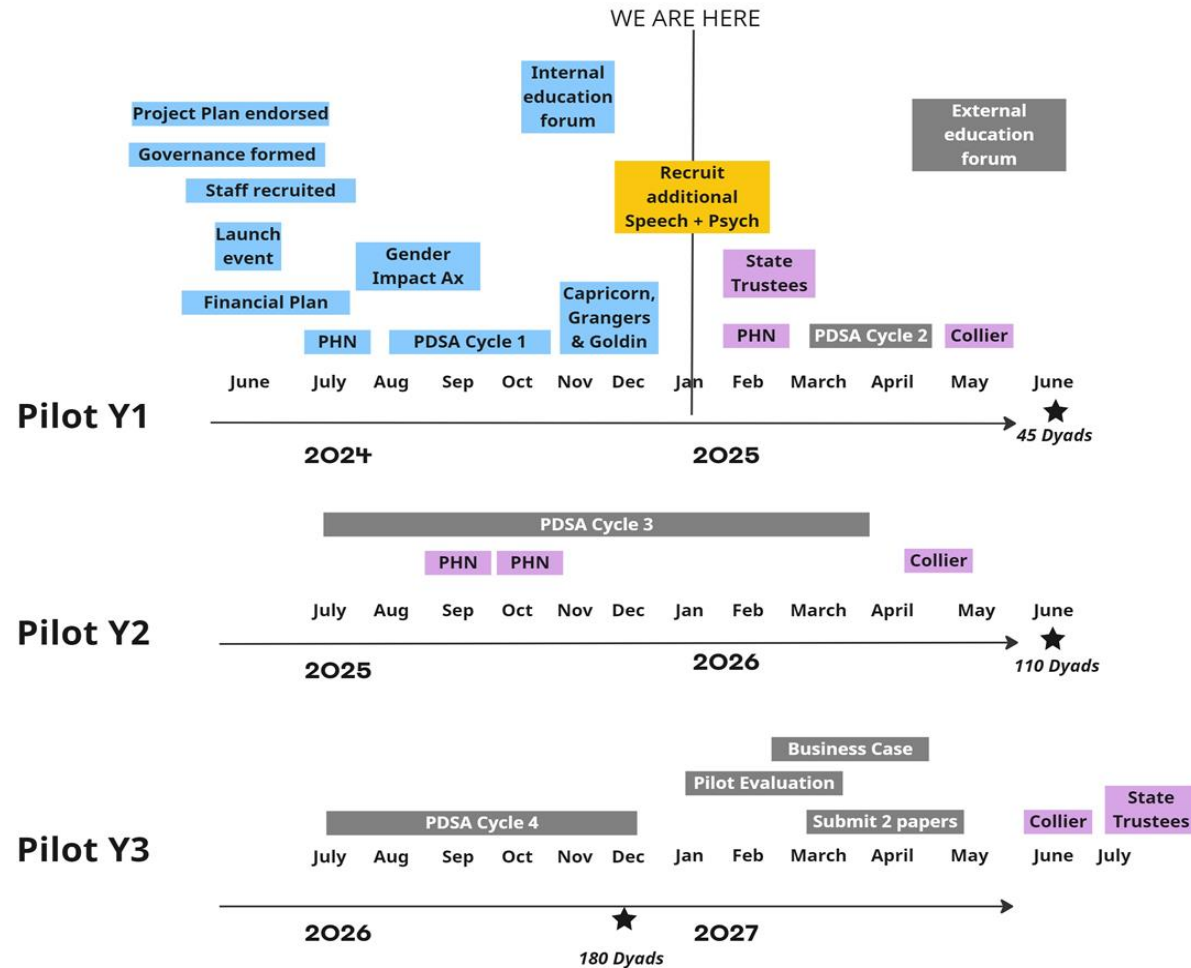
with a paediatrician, physiotherapist midwife/social worker

- 24 months (*Brigance)
- with a paediatrician and midwife/social worker

**standardised assessment tools, to be tested through this pilot*

← Care coordination, support and advocacy, as well as some outreach provided by midwife and social worker, working closely community support services →

Plan, Do, Study, Act Pilot Phases



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Early intervention!

- Early support can help identify developmental delays or issues early on
- Children who receive positive support in the first thousand days tend to perform better in school, have better mental health, and are more likely to lead healthy, fulfilling lives as adults



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Social supports for parents

- Building parenting skills is one of the most impactful ways to create a strong foundation for a child's future success
- Supporting parents who engage with the baby through talking, reading, singing and playing contribute significantly to cognitive development and early learning



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First Thousand Days Clinic

- Infant mental health lens
- Brigrance Screening
- Newborn Behavioural Observation (NBO)
- Circle of Security Parenting program (COSPP)
- Now New Mum STAR Outcome trailed
- Outreach support



Monitoring & Evaluation Dashboard (1 of 4)

Enrolment in the program

Mothers and babies enrolled in the FTD program
(May 2024 - June 2025)
Cumulative count

- 50 - 62 Mums
- 133 - 158 Babies

Patient demographics

Language

English	97%
Korean	0%
Vietnamese	0%
Dinka	1%
Not stated	1%

Aboriginal status

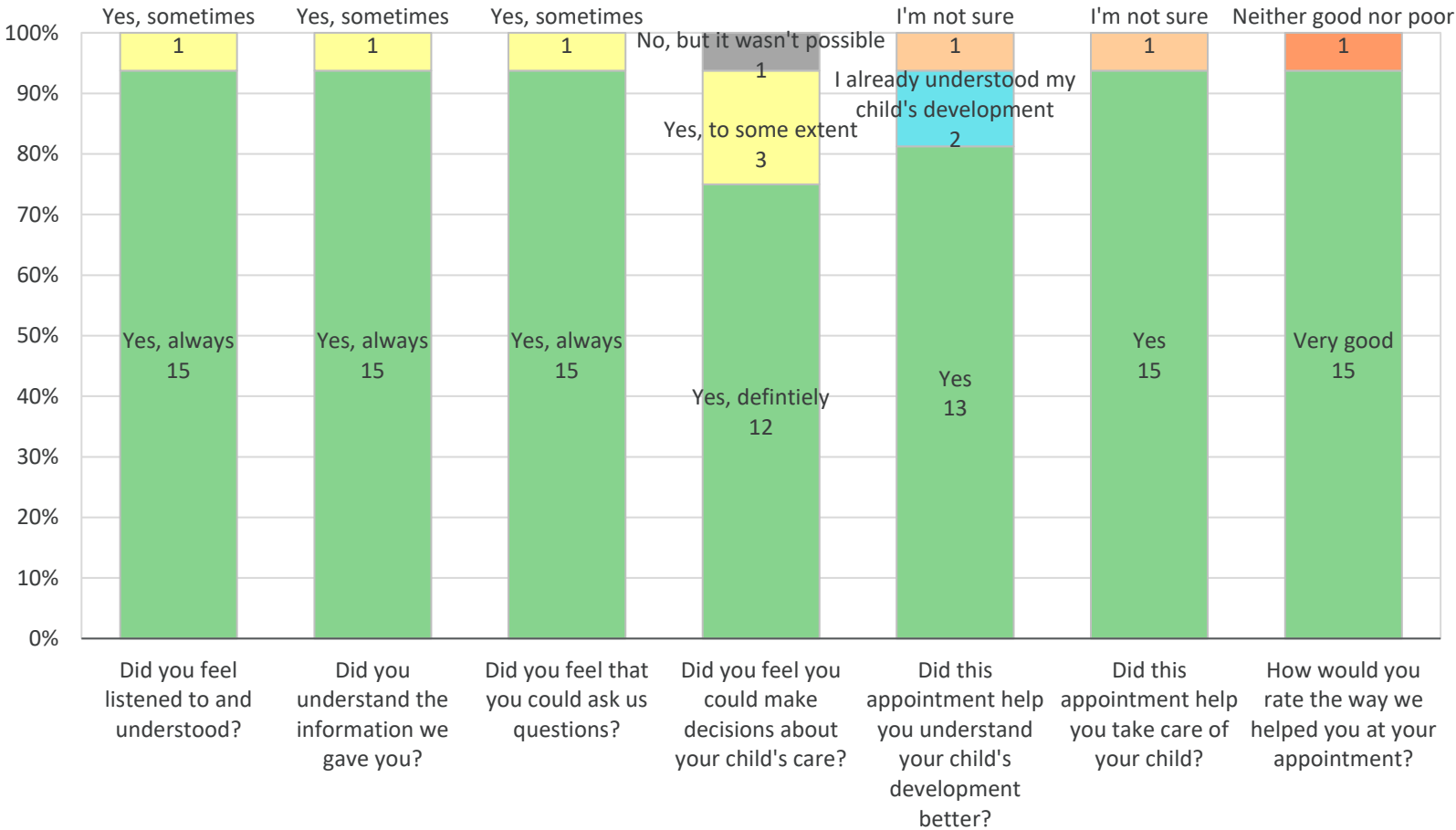
Not Aboriginal or Torres Strait Islander	75%
Aboriginal	20%
Aboriginal & Torres Strait Islander	1%
Unable to be asked	4%



Monitoring & Evaluation Dashboard (3 of 4)

Patient experience

Responses to the PREMS survey
(Data pulled January 2025)
Percentage of responses (n=16)



Patient feedback

- Feedback is almost all positive
 - "...It really has exceeded our expectations... We will be **forever grateful...**"
 - "...I'm extremely grateful for the **supportive and non-judgemental** help always provided by the WADS team..."
 - "... Everything is explained and **easy to understand...**"
 - "... I have been so impressed with the professionalism and support by Paed and Physio... Their encouragement and **understanding of a complex situation** has made a huge difference..."
- One patient suggested more focus on positive developments could be helpful
 - "... It would be good to hear some of the positive feedback about how the child is going alongside some of the negatives... I've found I leave these appointments quite **disheartened...**"

Final thoughts



- No single treatment
- We all have a role to play
- Early and prolonged investment will make a difference across the generations

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