



# Services and care for women who use drugs in the perinatal period: findings of a qualitative longitudinal study.

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Evaluating Models of care, best practice and care pathways for women who are dependent on drugs and their infants, from preconception to 18 months postnatal. **THE STEPPING STONES STUDY (NIHR 130619)**

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# Rationale

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- Women who use and are in treatment for drugs have **complex health and social needs** linked to histories of abuse, mental health problems, poor physical health, drug-related violence and crime, social exclusion, homelessness and poverty.
- Evidence of a **rise of repeat removals of infants** in England and Wales (Alrouh et al., 2019; Broadhurst & Mason, 2013) and **in kinship care arrangements** in Scotland (Hill, Gilligan, & Connelly, 2019) from mothers' dependent on drugs and with complex needs
  - 28% of women in treatment for substance use in England 2020-21 reported living with a child or being a parent when they started treatment (Office for Health Improvement & Disparities (2023).
  - Parental substance use was identified as a concern in 67,010 child in need assessments (DfE 2022).
- Heightened risk of **intentional and non-intentional deaths** among women postnatally whose children are removed at birth (Knight et al., 2018; Thumath et al., 2020).
- **Poor evidence for which models of care deliver the best outcomes** for women and their children (National Institute for Health and Social Care Excellence, 2010, 2018)

# Research Questions



1. What are the **key models** of care for women who are dependent on drugs from preconception through to 18 months postnatal? (Phase 1)
2. **What is best practice** across health and social care for optimising outcomes and reducing inequalities for women who are dependent on drugs around childbirth? (Phase 1)
3. How do women who are dependent on drugs **experience services and their care journeys**, and how do these experiences impact on engagement and outcomes for women and their infants? (Phase 2)
4. What is the **optimal service model for women** who are dependent on drugs (from preconception up to 18 months postnatal), to foster good parenting and to provide a safe, stable and nurturing caregiving environment for the mother, infant and family as a whole? (Phase 3)

## Phase 2 Empirical study of perinatal care pathways for women who are dependent on drugs to determine how best to meet their health and social needs and those of their babies

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- Qualitative Longitudinal Research explores individual experiences as they unfold over time.
- Our aim is to understand the events and experiences for mothers and their infants in their contact and interactions with services (substance use, maternity services, child safeguarding services and systems of care and surveillance)
- Identification of **characteristic health and social care journeys.**

# Methods

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- Interviews and 'time lines' with 36 women in 4 contrasting sites in Scotland and England
- Up to five interviews with each participant– with text messages and calls between interviews
- Recruitment via maternity services and one residential rehabilitation service for pregnant and postnatal women who are dependent on drugs
- Inclusion criteria women:
  - Dependent on opioids, stimulants and/or benzodiazepines
  - Over 18
  - Speak English
  - Pregnant or up to 9 months postnatal at first interview



# Profile of women



- **36 women** Age range = 22-40
- 23 women pregnant at first interview, 13, postnatal
- **34 used/treatment for opioid use, (many of whom were poly drug users), 2 women stimulants only**
- **Over 90% White British/European**
- **Most with complex histories:** childhood maltreatment; mental and physical health conditions; experience of domestic abuse, homelessness; unemployment; offending; extreme poverty
- Over half women had had previous children removed (fostered, adopted, kinship care)
- **Of 32 women who have delivered their babies so far in the study, 10 have been removed at birth**



# Women's experiences



- Intensive multi-agency scrutiny and surveillance prenatally
- Automatic referrals to child welfare services
- Women's experiences of services were characterised by identity stigma and fear of child removal.
- High levels of uncertainty and anxiety – status as mothers provisional
- Women often seemed to fall through the cracks of thresholds for services e.g. unable to access 'repeat removal' service due to age, not eligible for perinatal mental health services, not able to access services if baby was not living with them.
- Women who retained care of their babies seemed to have good support networks (personal and professional) around them.

It felt like I was being treated like a surrogate by everyone.

It was just a lot. I had health visitors, midwife, these bloody people from the Family Support Unit. I felt very scrutinised and quite bombarded and, actually, I'm fine.

# Children's Services involvement during pregnancy



- Women reported feelings of fear due to Children's Services involvement during pregnancy.
- In some cases, women reported being afraid to talk to their midwife, or share that they were struggling, due to fear of child removal.
- Drug testing throughout pregnancy understood as providing evidence of capacity to parent

I asked her for weekly testing, because I was worried social services were going to turn round and say, 'Ah, but she's only been tested once a month, or once every three months,'

About ten days before I was getting induced ... it was a bit nerve-wracking because I was thinking, 'I'm nearly at the end of it. Is he going to be coming home or are they going to take him?'



# Critical moments

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- Highly variable opportunities for women to present and be treated as mothers
  - Variable policies surrounding access to OST medication and prescribing in hospital
  - Variable information/advice surrounding breast feeding and OST
  - Variable opportunities to remain on hospital ward with babies receiving treatment for neonatal abstinence syndrome
  - Variable access to detox, residential rehabilitation, mother and baby placements

So thank God I had my methadone because they wouldn't have helped me. ..But when the nurse came Monday morning she was like, 'So what have you been doing all weekend?' Like accusing me of using in the hospital and I suppose they do get people like that. But I had my methadone, so I was like, 'Yeah, I'll show you the bottles.'

# Impact of austerity

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- Eligibility for postnatal recovery and support services unclear, inconsistent
- Lack of integrated funding for woman and children (e.g rehabilitation placements funded by drug services and children's services).
- Children's care services emphasise abstinence including from OST
- Journeys through postnatal care uncertain, women often in limbo, separated from babies while waiting for placement
- Limited and unsuitable housing options

So the baby is funded [through Children's Services], but I think it was [the drug service] who funded me, but they only funded me up until July.... So they had, like, a professionals' meeting, and then it took like a week for them to decide, so that was really stressful.

# Preliminary conclusions

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- Women come into services already the subject of felt and enacted stigma and objects of risk management
- Experiences pre and post natally characterised by uncertainty and anxiety and fear of child removals
- Good examples of supportive relationships from specialist midwives and substance use treatment workers, constrained by child welfare priorities
- Regional differences in funding for residential rehab limited
- Emphasis on abstinence including from OST, makes motherhood unobtainable and illegitimate for women who use or are in treatment for substance use.

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# Thank you for listening!

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We are extremely grateful to the 36 women who participated in the study.

<https://www.kcl.ac.uk/research/the-stepping-stones-study>

<https://steppingstonesstudy.wordpress.com/>

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