Women’s Alcohol and Drug Service

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2017 Australian Nurses and Midwifery Conference
Welcome to Country and Acknowledgement
Traditional Owners

I acknowledge the Traditional Owners of the land on which we are meeting. I pay my respects to their Elders, past and present, and the Elders from other communities who may be here today.
The Royal Women’s Hospital

- Established in 1856
- 161 years of leadership and innovation in women’s health
- Is Australia’s largest specialist hospital dedicated to improving the health of all women, and newborn babies
- Cares for women of all ages
- Clinical care incorporating social model of health
The Women’s Alcohol and Drug Service

- Officially opened in 1985
- Statewide-funded Dept. Health
- Unique in Victoria
- Specialist support to complex women and their infants affected by drug use
Multidisciplinary Team

• Specialised Obstetric (24 hour on call)
• Paediatric care
• Addiction Medicine Physician
• Midwifery Care
• Drug and Alcohol Counselling/ Social Work and Psychology
• Outreach Social Work Support
Multidisciplinary Team

• Research Midwife
• Dietary & Pharmaceutical Advice
• Psychiatric Consultant
• Physiotherapy
• Legal
## Demographics (N=69)

<table>
<thead>
<tr>
<th>Category</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Age range</td>
<td>15-43     Mean 32</td>
</tr>
<tr>
<td>ABSTI</td>
<td>Woman 13%   Partner 9%</td>
</tr>
<tr>
<td>CALD</td>
<td>10%</td>
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<tr>
<td>No ANC</td>
<td>36%</td>
</tr>
<tr>
<td>First ongoing pregnancy</td>
<td>51%</td>
</tr>
<tr>
<td>Previous births (1-7)</td>
<td>49%</td>
</tr>
<tr>
<td>Known sexual abuse</td>
<td>30%</td>
</tr>
<tr>
<td>Forensic history</td>
<td>32%</td>
</tr>
<tr>
<td>Current family violence</td>
<td>72%</td>
</tr>
<tr>
<td>Mental health</td>
<td>97%</td>
</tr>
</tbody>
</table>
Challenges for mother

- Multiple experiences of childhood and adolescent trauma
- Poverty
- Sexual Abuse
- Violent Relationships
- Mental Illness
- Homelessness
- Poly-drug Use
- Partner’s drug use
Potential Neonatal Problems

• Prematurity and associated risks
• Infant withdrawal syndrome (Neonatal Abstinence Syndrome)
• More likely to be admitted to Special Care Nursery
• Poor growth in pregnancy
• Poor feeding
• Parenting issues
• Increased SIDS risk
• At risk developmentally due to drug exposure and environmental factors
# Paediatric Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>ANC (n=47)</th>
<th>No ANC (n=23)</th>
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</thead>
<tbody>
<tr>
<td>Mean birth weight (mean)</td>
<td>3kg</td>
<td>2.3kg</td>
</tr>
<tr>
<td>Gestation (mean)</td>
<td>38 weeks</td>
<td>35 weeks</td>
</tr>
<tr>
<td>Admission to NISC</td>
<td>53%</td>
<td>87%</td>
</tr>
<tr>
<td>Medication for NAS</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>61%</td>
<td>42%</td>
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</table>
Prevalent risk factors in complex patients

Coexistence of multiple risk factors, including, substance use, mental illness, family violence, poverty, transience and homelessness.
Crisis Interventions in a medical setting are not a new phenomenon.

Interventions have to be planned and purposive.
Crisis Interventions - Key Principles

Identification
Planning
Prevention
Preparedness
Aggressive and difficult behaviours

Are often a reaction to observing, surviving and growing up in adverse circumstances
Cumulative exposure to traumatic life events may result in:

- Interrupted normal cognitive, emotional and moral development stages
- Low self esteem
- Lack of life skills - lack of problem solving skills
- Self destructive behaviour e.g. self medication
Self-control

Managing your own self control is easy when you have a highly developed self awareness and a desire to remain in control.
Managing Difficult Behaviours

- Have clear and consistent boundaries
- Be respectful
- Explain the expectations of the hospital
- Normalise the persons fears/feelings
- Communicate (verbally and in progress notes) with other staff
Best practice

Maximise the ongoing learning and retention of information for vulnerable mothers
Keep the woman informed at all times – involving her in the decision making processes - a great empowerment strategy
Principles of Care

- Building a strong therapeutic relationship
- Engagement
- Multidisciplinary approach
- Focus on strengths
- Collaborative decision making
- Ongoing assessment
- Respectful response to all women
- Strong emphasis on baby
- The needs of mother and baby are inextricably linked
- Work in the context of hope
Improving practices at the Women’s

Establishment of partnerships for safe discharging of vulnerable babies

Shared ownership of challenges

Systematic case planning and risk assessment
Case practice and service provision

Thinking and acting collaboratively
Coherent service plans
Professionals need to share information - critical for collaborative practice
Questions?
WADS Contact

WADS: 8345 3931
RWH: 8345 2000

[Website Link] [www.thewomens.org.au/alcoholdrugservice]

RWH Drug Info Line: 8345 3190
Directline: 1800 888 236