



Government of **Western Australia**
Department of **Health**

WOMEN AND NEWBORN HEALTH SERVICE

King Edward Memorial Hospital

21 June, 2010

Submission to:

WA Education and Health Standing Committee Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug problems in Western Australia

This submission relates to:

- (1) (b) the evidence base, accessibility and appropriateness of the broad range of services for treatment and support of people with alcohol and drug problems and their families, and the most appropriate ways to ensure integrated care.**

This submission focuses on pregnancy and the unborn child. It is drawn from the data collected as part of the clinical work and from the experiences of the staff who work at King Edward Memorial Hospital, the patients and their families.

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INTRODUCTION

King Edward Memorial Hospital (KEMH) is a tertiary, teaching hospital and forms part of the Statewide Women and Newborn Health Service (WNHS). About 5,000 babies are delivered at KEMH per year. It is estimated that women using illicit drugs during their pregnancy constitute fewer than 10% of the total number of women who deliver at the Hospital. However, they are a complex group of women who because of their drug use and other lifestyle co-morbidities have high risk pregnancies.

The health and wellbeing of an unborn child, newborn or infant is of paramount importance. Pregnancy and the unborn child can be a strong motivator to change drug using behaviour. Accordingly, the services that come into contact with these women are in a good position to provide appropriate information, support and referral. Caring for these clients is a public health issue. As such the policies, strategies and practices need to mirror any other public health matter. Resources and services that focus on specialised public education and prevention, early intervention with well trained universal services are needed. There is also a need for a well funded research base that will provide the evidence to inform practice.

KEMH's Women's and Newborns Drug and Alcohol Service (WANDAS) (previously the called the Chemical Dependency Unit) is a dedicated service for pregnant women with drug and alcohol problems. A specialist ante-natal clinic was established in 1991 in response to women who were misusing illicit substances and not attending ante-natal care. WANDAS now has a multi-disciplinary clinic once a week that consists of: a specialist Obstetrician, Clinical Midwife Consultant, 2 midwives, a Psychiatrist Registrar, Dietician, Parent Education midwife and 2 Social Workers.

"... the evidence base"

Since 2004, the number of referrals to the Clinic has increased threefold. In 2008, there were 136 births to women who had received their antenatal care through this specialist clinic. As at October 2009, there are currently 188 women booked for their antenatal care through the WANDAS service and 128 women using this service have already given birth.

These women have complex medical needs such as Hepatitis C and are at risk of other infections such as septicaemia, endocarditis leading to cardiac complications and abscess formation. They also have poor dental health and their pregnancies are likely to result in babies with low birth weight, prematurity and placental abruption.

The KEMH Neonatal Clinical Care Unit and its paediatricians provide care in the Special Care Nursery for the infants who have neonatal drug withdrawal. Over 2005-06, about 102 babies were admitted for the management of withdrawal. These infants have extended inpatient stays.



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The table below sets out the numbers of women who have been seen by a social worker and who have drug and alcohol as one of the indicators for intervention. The small decrease in 2007/08 is likely to be as a result of the Hospital's policy to encourage women to deliver at their local hospitals. WANDAS staff have been instrumental in providing consultation to other hospitals on the management of these women.

NB. There are women attending other mainstream clinics or who deliver without prior antenatal care that are not included in the data provided. There are also babies admitted to the Special Care Nursery at KEMH for other medical problems or prematurity who are also identified as having issues relating to drug and alcohol use.

Women with substance abuse problems engaged with social work services

2003/04	2004/05	2005/06	2006/07	2007/08
256	308	346	419	377

Notifications to the Department for Child Protection (DCP) about pregnant women who present with complex social risk factors are made by the KEMH Social Work Department. These factors include homelessness, excessive drug and alcohol use, domestic violence, mental health complications or a history of concern about their parenting or who have other children who are subject to statutory action. About 80% of the women who have drug and alcohol use as a key indicator also have problems associated with domestic violence or mental health. In the past decade, DCP notifications have increased by about 100%.

Recent figures suggest that the most commonly used drugs are amphetamines and cannabis. Maternal alcohol use is being increasingly associated with adverse outcomes for infants. Drug and alcohol problems are the usual trigger for child protection action. However, domestic violence, mental health and structural problems such as homelessness and lack of intensive outreach support services also appear to account for the increase in newborns entering the care system. A further reason is the deterioration in functioning of some parents once they are discharged home.

"...adequacy, accessibility and appropriateness of the broad range of services for treatment and support..."

2005/06 Audit Project

In 2006, KEMH undertook an outcome audit of women referred to the Social Work Department who met certain criteria. The aims of the *Complex Continuity of Care - Community Liaison Project* were to:

- understand the supports and barriers to effective inter-agency discharge planning for vulnerable parents of newborns;
- develop a model for an effective continuum of care in collaboration with key agencies; and



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- build the capacity for inter-agency collaboration and engagement by key community agencies with KEMH clients.

46 patients participated in the audit and data was obtained for 80% of them. Clients were referred to Community Health Services, general practitioners (GPs), *Best Beginnings*, Wanslea or Hearth (now Uniting Care West) (collectively “Agencies”). While not all had drug and alcohol issues, it was a potential criterion for inclusion, along with homelessness, domestic violence, mental health problems, poor parenting and unwillingness to attend services.

Findings

In most cases, engagement with the Agencies were minimal. The findings at 3 months post discharge of the patient and her newborn were as follows:

- Only a quarter of all referrals remained active with community agencies
- 70% of clients were not receiving a service from any of the Agencies to which they were referred.
- The majority of mothers saw their child health nurse. Those who were not in receipt of any other services often identified their child health nurse as a source of support.

“...most appropriate ways to ensure integrated care;...”

The following practices were found to increase the success of referrals.

- Antenatal referral - a short gap between referral and the agency making contact; the agency meeting the family antenatal, client and worker engagement and a non-judgmental attitude.
- Service delivery models such as an intensive home-visiting service with weekly face-to-face contact had a better engagement rate. The women indicated that the ‘hands-on’ nature of these services had been helpful, as had their practical assistance and information.
- More attempts at actively contacting or engaging the client.
- Inter-agency collaboration, coordination and providing clear information to clients on who to contact has been identified as an important factor in engagement and retention. There is a plethora of evidence to support the notion that multi-agency working, in practice, brings about actual benefits for children, families and the professionals who support them.
- A longer transition period from discharge from the hospital to enable advocacy, consultation, ongoing assessment, and re-referral as required.

Recommendations – Following from the 2005/06 Audit Project

1. Service providers need to provide a package of services that include drug treatment and counselling, support services, medical and dental care and legal support for the drug using woman and their newborns. These services should have the following:



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- Training and a mandate to provide child focused assessment and management.
 - Located at a single location with an inter-connected and assertive outreach focus.
 - Adult services for mental health problems or domestic violence should have pathways that include the care of the child and the family.
2. The driver for meeting all of the needs of pregnant women and their families is the provision of income support for basic needs such as food and clothing and a roof over their heads. There is urgency for the Department for Housing and Works and those non-government agencies involved with supporting homeless families to prioritise the needs of pregnant women.
 3. Strong support for mainstream, universal service providers such as the Child Health Nurse so that he/she is able to undertake home visiting and for the General Practitioner, who may be able to take on the primary role of case management of the many needs of the drug-using woman.