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KEEPING MUM AND BABY **HAPPY & HEALTHY**

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WHAT'S THIS BOOKLET ABOUT?

We interviewed women and men who were using drugs about their experiences when they were expecting a baby, as well as health professionals such as midwives who work with people who use drugs. This booklet contains information on what they thought would be useful and things they have learned.

THIS BOOKLET IS DESIGNED TO HELP YOU KNOW MORE ABOUT YOUR OPTIONS IF YOU USE DRUGS AND ARE HAVING A BABY. IT WILL HELP YOU KNOW WHAT TO EXPECT AND WHAT YOU CAN DO FOR A HEALTHY PREGNANCY AND BABY.

This booklet has been made to let you know a few important things about being pregnant and using drugs, including:

- If you think you might be pregnant, confirm this with a pregnancy test.
- Get help as soon as you find out you are pregnant. You and your baby will be healthier and happier if you have experienced medical help and family and friends around to support you.
- Using drugs does not make you a bad parent. If you are pregnant, there are lots of ways you can make sure you and your baby are healthy.

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USING DRUGS AND PREGNANCY

I THINK I AM PREGNANT WHAT DO I DO?

Women can get pregnant when they are using drugs even if they haven't been getting their period. If you think you might be pregnant, confirm this with a pregnancy test, and then make an appointment to see a doctor. Once you know for sure you can start making decisions that are right for you.

Having a baby can be strange, scary, and exciting for anyone. If you are using drugs and decide you want to have a baby, you might have a number of concerns that complicate your feelings about being pregnant. Using drugs doesn't make you a bad parent. There are lots of ways you can make sure you and your baby stay healthy, but you will need support whatever you decide.

Find a good doctor or midwife as soon as you are pregnant, to help you have a strong and healthy baby.

If you decide you want to have the baby, it's important to find someone straight away who can help you care for yourself and your baby. The right doctor, nurse or midwife is one who supports you and helps you make healthy, realistic decisions. Talk to people who have had a similar experience, your social worker or Needle and Syringe Program worker, to find out where you can go to receive non-judgmental care for you and your baby.

SHOULD I STOP MY DRUG USE IMMEDIATELY?

If you use heroin, prescription opiates, benzos, methadone, or buprenorphine you should talk to an experienced doctor about how to manage your pregnancy.

Opiate dependent mothers will often have smaller babies than other women. But if they have managed their health during the pregnancy, avoided withdrawal, and eaten well, the baby will most likely be healthy. Sudden withdrawal from these drugs can increase the risk of miscarriage, stillbirth or premature birth.

Don't change your drug use without the help of an experienced medical professional.

If you are using heroin, the doctor will recommend you start a methadone program. This is healthier for you and the baby because:

- you will be on a stable dose. When you use heroin there are often times when you can't get on and this causes you and your body stress. It also causes stress to the baby. If you are on methadone, once you are stable, you shouldn't have to go through those periods of 'mini-withdrawal'. As your pregnancy progresses, you will need to increase your dose of methadone. This is because your body is changing and your baby is growing.
- methadone is cheaper than heroin, so being on methadone will probably reduce some of the stress you have trying to find money for heroin.
- most people eat better and more regularly when they are on methadone.
- you are less likely to be using injecting equipment, and therefore less likely to pick up any blood borne viruses like Hep C or HIV.
- being on methadone will give you the opportunity to stabilise your lifestyle and prepare you for being a parent.
- it is less likely that Child Protection Services will be involved if you are not using and have a safe lifestyle.

Most importantly, find a doctor, midwife or nurse who you trust to discuss your options. Unsupported withdrawal can be harmful to yourself and your baby.

If you are using psycho-stimulants such as methamphetamine or cocaine, you should consider stopping or decreasing your use of these drugs. These drugs change your heart rate which can reduce blood flow to your baby. Using cocaine and amphetamine-type stimulant drugs may increase the chance of miscarriage, stillbirth or brain damage to your baby.

WHAT IF I AM ALREADY ON AN OPIOID SUBSTITUTION THERAPY PROGRAM?

If you are on methadone or buprenorphine, it is best to tell your prescribing doctor you are pregnant as soon as possible. The doctor will monitor your dose regularly and may need to increase your dose as your body changes during pregnancy. Being stable on methadone or buprenorphine provides a stable environment in your body for your baby to grow. You are more likely to give birth to a healthy baby at full term. After birth, your baby will need to be closely watched for signs of withdrawal. A healthy baby born at full term is in a good position to meet the challenge of withdrawal. With the right care, baby withdrawal can be treated easily and safely with no long term effects.



PREGNANCY CARE

WHAT IS INVOLVED IN PREGNANCY CARE?

You don't have to tell anyone you are using drugs but being open about your drug use with trustworthy doctors and nurses can help them give you better advice and help them to arrange the best care for you during your pregnancy. If the doctors and midwives know you are using or on a methadone or buprenorphine program, you can also avoid things like being discharged early from hospital and your baby going into withdrawal without any medical support.

During your pregnancy, the doctor will do tests that involve taking blood samples, urine samples or vaginal swabs. It doesn't sound fun but the results are important to ensure that you and your baby are healthy. Any tests that look for drug use and any tests in general, should only be taken with your consent and permission.

If you are worried about what will happen if doctors and nurses find out that you are using drugs, talk to your Needle and Syringe Program worker who can refer you to someone who has the experience to help you.

WHAT ELSE CAN I DO FOR A HEALTHY PREGNANCY?

Most women who are pregnant feel tired and overwhelmed at least some of the time, if not most of the time. If this is how you are feeling, remember that it is not only you. However, you might have pressures that most new mothers don't have.

Don't be afraid to ask for help. You and your baby deserve to be supported.

Getting medical care as early as possible is one of the important steps that you can take to improve your chance of having a healthy pregnancy and baby. Here are other things that you can do:

Keeping appointments for regular health checks

Sometimes it can be stressful and difficult to remember appointment dates and times. Some people find it helps to keep a diary or a calendar, or set reminders on their mobile phone.

Living in stable accommodation

Having a stable place to live during your pregnancy and when you have a baby makes life less stressful. These can be difficult to find but there are services that can help you find stable housing. Try talking to a social worker.

Managing your money

If you are stressed about money, arrange to meet with a financial counsellor at your local community health centre.

Finding other ways of reducing stress

During pregnancy it's good to have people around for help and support. If you can, ask your partner, family and friends for support. If you have other children, you might consider enrolling them in a community daycare centre to have some time to yourself. You might also consider distancing yourself from people or situations that add to your stress levels.

Managing your drug use

Sometimes, friends and family can make you feel bad or guilty about your drug use, or they may be using around you

when you are trying to cut back or not use. It's especially difficult to avoid using if your partner is using, so if you can, support each other by both avoiding using and working together during and after the pregnancy. If you are feeling pressured or finding it hard to make changes, you can talk to a drug and alcohol worker, doctor or counsellor about setting some realistic goals for yourself.

Development of a safety plan if you do use

Having a safety plan in place keeps you and your children safe. Try to find a trusted adult who is not using, such as someone in your family, who would be prepared to look after you and your children if you do use. If you are breast feeding, keep a supply of expressed breast milk in the freezer or have bottle feeding equipment and formula available.

Eating well

Food might be the last thing on your mind but it is important for you and your baby's growth. A combination of meat, vegetables, fruit, bread, eggs and dairy products like milk and cheese is ideal. Even if you don't feel like eating or you are feeling nauseous, a banana and flavoured milk will help to give the baby some of the nutrients it needs.

Some women may need to take vitamin and mineral supplements to make sure they get enough for themselves and their baby. Most women take iron and folate in the early stages of their pregnancy and when planning for a pregnancy, to prevent their baby being born with a condition called spina bifida. These are available from chemists, health food stores and supermarkets. Talk to your doctor or midwife about what you need for you and your baby to be as healthy as possible.

Medication and nausea

If you are on methadone or buprenorphine and you are vomiting, you may need medication to help. This medication will help stop you vomiting your dose and then hanging out. If you do vomit your methadone or buprenorphine dose, you should contact your prescribing doctor or your maternity hospital. They will work out whether you need to be re-dosed.

WHAT CAN PARTNERS DO TO HELP?

As the father of the baby, you might be wondering what your role in your partner's pregnancy can be. You are important too. Your baby has the best chance for being happy if s/he knows they are loved by mum AND dad. You might be the main support for your partner and your baby, and you will need to look after yourself too.

Here are 3 ways you can be involved in the first part of your child's life:

1. Be supportive and be part of it

Talk about the decisions that have to be made with your partner. Help make appointments and go along to them with your partner. This is your baby, too.

2. Be informed

Learn about what happens during pregnancy to your partner and your baby by going to pre-natal classes with her. You can also help her get ready for when the baby comes.

3. Respect what your partner is doing about her drug use

Stopping drug use suddenly when a woman is pregnant may actually be harmful for the baby in some circumstances.

The best thing to do is to talk to your doctor or midwife about your options and if she decides to go on a methadone program, it might help her and your new family if you do it together.

She may decide that cutting back is the best thing. If you're using, why not cut back with her. Help her out so she doesn't feel stressed out. Stress isn't good for the baby either.

If she wants to stop using and you have found out it is safe to stop, try stopping with her and work together. Using around her will make it even harder for her.

Pregnancy and parenthood may be stressful for partners too. If you need extra support, you can talk to a social worker or counsellor.



PREPARING FOR A NEW BABY

HOW CAN I PREPARE FOR MY BABY'S ARRIVAL?

Babies don't always arrive as planned. You may need to get to a hospital in a hurry.

- Organise transport to the hospital in advance. Some people put aside money for taxi-fares. Others arrange with friends or family to drive them to the hospital.
- If you think you are in labour or are experiencing anything abnormal, you should call an ambulance. If you are on a healthcare card, ambulance transport is free.
- You may need to make urgent phone calls, so make sure that you have access to a phone or there is enough credit on your phone.

Babies need a lot of things like nappies, blankets and cots. These things can be expensive and what to buy can be confusing. Services such as the Salvation Army and St Vincent de Paul can help you prepare for your baby's arrival.

HOW DO I GET DOSED IN HOSPITAL?

Most maternity hospitals will provide methadone or buprenorphine FREE through their pharmacy departments when women are admitted to hospital so there is usually no need to arrange takeaway doses. You should check with your maternity hospital prior to giving birth and if the hospital does not have this system in place, talk to your doctor about what you should do and have a plan in case anything goes wrong.



YOUR RIGHTS

WHAT ARE MY RIGHTS?

During pregnancy it is good to seek as much advice as possible. It is your body, you have the right to ask questions, and to refuse anything you think is not right.

If some health information or procedures make you feel uneasy you can:

- ask more questions;
- ask about different options; and
- don't feel bad about seeking advice from a different health worker.

Disclosure of drug use is an individual choice, but being open about your drug use will lead to the best health care for you and your baby.

Screening for blood-borne viruses (BBV), like HIV or Hep C, is recommended during pregnancy to reduce the likelihood of transmission to your baby. Disclosure of BBV status is your choice and doctors have to gain your consent to conduct a blood-test.

DISCRIMINATION

Discrimination does not have to be accepted. Some people can make you feel bad about using during pregnancy. If you are treated badly by a health worker, you should report this to an appropriate person such as the complaints section of the hospital or service, or the person who referred you to the service. Most maternity hospitals or health services have counsellors or social workers available. If you have any concerns ask to speak to one of them. You can also look for a new worker who will support you. One bad experience does not always mean that the next person you see will be the same.



CHILD PROTECTION AND FAMILY SERVICES

All children deserve every chance in life and Child Protection and Family Services work toward providing care and support which is in the best interests of the child.

Despite what you might have heard, Child Protection and Family Services will not get involved just because you or your partner is using drugs or on a methadone or buprenorphine program.

Health care professionals don't want to separate a baby from its parents and will only contact Child Protection and Family Services if they have to. They are mandated by law to notify Child Protection and Family Services if they think a child is at risk of abuse or neglect.

In Victoria families at risk can be supported by Child FIRST or Child Protection which are both part of the Department of Human Services.

CHILD FIRST

A referral to Child FIRST may be the best way of connecting children and their families to the services they need when families are struggling to hold it together when they are short of money, having problems with housing, or they may be sick or not coping with their drug use. All of this can affect the baby and his/ her development. Child FIRST services aim to prevent the separation of children from their parents.

CHILD PROTECTION

A report to Child Protection will happen if:

- health care professionals are concerned for a child's immediate safety
- concerns have been going on for a long time with no improvement
- there is likely to be a serious impact on the child's development.

Child Protection and Family Services will only be called when the doctor or midwife is genuinely concerned about your child.

Drug use can be considered an unsafe situation for babies and children because they may be physically unsafe, or neglected physically and emotionally.

The best way to improve your chances with Child Protection and Family Services is to access pregnancy, drug and alcohol care as soon as possible during pregnancy.

Have regular contact with your health carers, be as open as possible with them and discuss with them any concerns they have.

This can help you address your drug use and ensure you have support for other issues such as housing. If these issues are addressed, health professionals will have no reason to notify Child Protection and Family Services.

If you have a supportive medical team, they can help you to work with Child Protection and Family Services to get the best outcome for you and your baby.

If needed you can appeal decisions made by Child Protection and Family Services against you. Seek legal advice.



GIVING BIRTH AND GOING HOME

Giving birth is a full on experience but knowing what to expect might make it easier. If you are linked into pregnancy care as soon as you find out you are pregnant you can prepare yourself better, and stay healthy while you get ready to have a baby. Things that will help include going to pre-natal classes, talking to friends who have children, and asking your doctor or midwife lots of questions.

To help reduce the pain during childbirth, women might be given:

- *Pethidine* - an opiate that is injected;
- *an epidural* - a local anaesthetic injected around the spine to block pain while still keeping you alert; or
- *Nitrous Oxide* - a gas given through a mask and used to take the edge off the pain.

If you are using drugs, it might affect how you tolerate pain or have other harmful effects such as increasing your chance of overdose if you are given other pain medications. To avoid complications, discuss this with your doctor.

WHAT HAPPENS TO MY BABY AFTER IT IS BORN?

Unless there are complications, when your baby is born you will stay with your baby in the same room. During this time the hospital staff will help you learn how to care for and get comfortable with your new baby.

If your baby experiences withdrawal (Neonatal Abstinence Syndrome), s/he may have to stay at the hospital for up to 28 days, but you will go home much earlier. While your baby is in the hospital, you will be encouraged to spend as much time as possible with your baby and do most of the caring and feeding. The best person to care for your baby is you. This helps you and your baby get to know each other.

WHAT IS INFANT WITHDRAWAL?

When your baby is in the womb, it consumes everything that you put in your body including food, drinks, smokes and drugs. These pass from you to your baby in your blood, through your placenta and umbilical cord.

Infant withdrawal (Neonatal Abstinence Syndrome) is the withdrawal babies may experience if their mothers have used drugs during pregnancy. Most, but not all babies will experience some signs of withdrawal if you have been using methadone, buprenorphine, prescription opiates such as Oxycontin, heroin or benzos.

Symptoms include:

- unsettled behaviour and disturbed sleep patterns;
- frequent sneezing;
- tremors and fever;
- poor feeding;
- stiffness or tight muscles; and
- vomiting and loose bowel actions.

Infant withdrawal can begin a few hours after the birth but most babies who have withdrawal will show signs a few days to a week later. Some babies experience a late withdrawal up to 2 weeks after the birth.

Most babies will manage their withdrawal with supportive care by you and the hospital.

They usually need:

- extra comforting;
- small frequent feeds;
- a quiet environment; and
- swaddling or being wrapped up in blankets.

Some babies will have a more complicated withdrawal and require medication and care in a Special Care Nursery.

Babies with infant withdrawal may be more unsettled when you take them home and may need more care and comforting. A baby's withdrawal is usually quite mild, but some things are like the withdrawal an adult goes through. Cuddling them, and massaging their limbs lightly will help them relax and feel more comfortable, and they will know they are loved. Breastfeeding can also help so talk to your doctor or midwife about how you can make your baby more comfortable.

WHAT SUPPORTS ARE AVAILABLE AFTER I LEAVE THE HOSPITAL WITH MY BABY?

When you leave the hospital with your baby you will be assigned a Maternal and Child Health Nurse from the local council. She is there to make sure you and your baby are well and that you have the support and assistance you need.

Some women have said that they are tired and overwhelmed after giving birth and that it is hard to remember what they were told at the hospital about caring for their baby. Don't be afraid to ask the Maternal and Child Health Nurse if you have any questions.

Depending on how you are feeling, the Maternal and Child Health Nurse will visit your home or you may have to visit a clinic. You may also be assigned other workers to help you, such as a social worker or counsellor. If you don't feel comfortable with a worker assigned to you, you can ask for another worker or you can contact your local early childhood centre for further advice or help.



BREASTFEEDING

IF I AM USING, SHOULD I BREASTFEED MY BABY?

Mother's milk is the best nutrition for the baby. It's linked with all sorts of benefits for a baby's body and brain. It develops the baby's immunity, helping its body fight off common illnesses and get stronger. Another advantage is that it's free.

Breastfeeding can help you and your baby to bond but for some women, breastfeeding can be a challenge. You and your baby may require more assistance to breastfeed successfully. Your Maternal and Child Health Nurse or a lactation consultant can help.

Some drugs can be transferred to the baby via breast milk but the benefits of breastfeeding can outweigh the impact of the drug. For example, if you have been on a methadone program throughout your pregnancy and your baby is experiencing withdrawal, breastfeeding can ease your baby's withdrawal symptoms.

It is safe to breastfeed if you are on methadone or buprenorphine.

In the event of "one off" use for most drugs, expressing & throwing out the breastmilk for 24 hours is sufficient before starting breastfeeding again. However continued use of drugs and alcohol poses a risk to the baby's health. If you are using drugs, you can get advice about breastfeeding from your midwife.

IF I AM DRINKING ALCOHOL, CAN I BREASTFEED MY BABY?

Babies are particularly sensitive to alcohol so if you are going to drink, try to breastfeed before having a drink. Try not to have more than 1 standard drink per day, like 1 small beer, glass of wine, or shot of alcohol, and wait at least 3 hours per standard drink before you breastfeed your baby. If you have 1 drink, wait 3 – 4 hours, and if you have 2 drinks, wait at least 6 hours before you breastfeed. As your baby might get hungry during this time, you may want to consider expressing some breastmilk and storing it before you have a drink.

It is advised that you don't drink to the point where you become drunk and if you do drink more than one or two drinks regularly, you may need to consider feeding your baby with formula.



LOOKING AFTER YOURSELF AND A NEW BABY

WHEN IT ALL GETS TOO MUCH, HOW DO I MANAGE BEING A PARENT?

Parenthood can be a great experience but it can also be difficult to cope with such a big change. Parenting support lines are a great way to get most of your questions answered without having to make appointments. Getting out in the community and going to parenting support groups where you can meet people who have similar lives to you can also help lessen your stress and learn strategies for coping.

Spending time with your baby is incredibly important for his or her development. Hold your baby, talk to him or her, sing and play and make silly faces. Remember to take time for yourself too, because you will be exhausted.

Young babies are vulnerable to getting sick so keep a list of emergency numbers handy and make sure that you have access to a phone.

It's common for newborn babies to wake up often during the day and night, so try to get as much rest as you can when the baby is sleeping.

When a baby cries all the time, or you have not had much sleep, you may feel sick, angry or out of control. Some parents deal with this situation by taking time out. If you need some time to yourself, make sure that your baby is somewhere safe like in their cot, close the door and take ten minutes to do something that relaxes you in another room. Have a cuppa or call a friend, as long as it is something that relaxes you. Don't be afraid to ask for help. Arrange for a family member or friend to help you when you are feeling tired or overwhelmed, or just need some support.

WHAT DO I DO IF I USE?

If you are using drugs and have a baby, it is important to be organised so that the baby is well cared for. Some partners alternate their use so that there is always someone who is looking after the baby. You could also arrange for the baby to be cared for by a trusted family member or friend if you feel like you have to or want to use.



HEPATITIS C

WHAT IF I HAVE HEPATITIS C?

You can still have a baby if you have Hep C. The risk of transmission from mother to baby is quite low (about 5%).

You don't have to disclose your Hep C status to your doctor or midwife but it is encouraged for the protection of your baby. Most Hep C transmission from mother to child usually occurs during the birth, so if your doctor or nurse knows about your Hep C status they can be extra careful to prevent blood being transferred from you to your baby during the delivery. If you don't know your Hep C or other blood-borne virus status, you might be offered testing while you are pregnant. This is a good chance to find out if you have any blood-borne viruses that could affect your own health, or that of your baby.

Women with Hep C can breastfeed but should avoid breastfeeding if their nipples are cracked or bleeding. Getting lots of assistance with how to breastfeed helps prevent nipple damage. If you have blood in your milk, express and discard the milk until the area is healed.

For more information about Hep C, pregnancy and motherhood, contact Hepatitis C Victoria on 03 9380 4644 or 1800 703 003.

WHO CAN HELP ME WITH MY PREGNANCY?

SOME USEFUL CONTACT NUMBERS

For other services in your local area speak to your Needle and Syringe Program worker, counsellor, social worker, doctor, nurse or midwife.

SPECIALIST DRUG AND ALCOHOL MATERNITY SERVICES

These services have been set up especially for expectant mothers who are using drugs. They are a good first contact.

Melbourne City

The Women's Hospital **03 8345 3931**

Women's Alcohol and Drug Service

www.thewomens.org.au/alkoholdrugservice

Box Hill

Birralee Maternity ward at the Box Hill Hospital **03 9895 4641**

Clayton

Alcohol Drugs and Pregnancy Team (ADAPT),
Monash Medical Centre **03 9594 5628**

Ferntree Gully

Angliss Maternity Specialised Drug & Alcohol Service,
Angliss Hospital **03 9764 6292**

Geelong

Chemical Dependency Unit at the Geelong Hospital **03 5226 7111**

Heidelberg

Transition Clinic at the Mercy Hospital for Women **03 8458 4444**

Sunshine

Maternity Outreach Support Service **0423 295 296**
at the Sunshine Hospital **03 8345 1680**

SUPPORT THROUGH PREGNANCY

There are telephone support lines that provide information and support for women who are pregnant.

Royal Women's Hospital Pregnancy Advisory Service **03 8345 3063**

EMERGENCY PHONE NUMBERS

Ambulance **000**

Ambulance **112**

(if you have run out of credit on your phone but have a SIM card)

FOOD, CLOTHING AND OTHER MATERIAL ASSISTANCE

These services provide social and community services.

They can help with food, clothing, accommodation and financial aid.

St Vincent's De Paul Welfare Hotline **1300 305 330**

Salvation Army Crisis Centre **1800 627 727**

Smith Family **03 9419 7666**

Centrelink Family Assistance Office **13 61 50**

Hanover Southbank **03 9699 4566**

*Accommodation for pregnant women or mums
who do not have their kids with them*

BREASTFEEDING ASSISTANCE

Breastfeeding Helpline **03 9885 0653**

SUPPORT FOR PARENTS

Maternal and Child Health Line **13 22 29**

Parentline **13 22 89**

SIDS and Kids website

<http://www.sidsandkids.org>

Early Childhood Centres – look under “E” in the white pages for your local service

Maternal child health care coordinators and facilities – contact your local council

CHILDCARE SERVICES

Childcare Access Hotline **1800 670 305**

Playgroup Victoria **1800 171 882**

Moreland Hall Playgroup **03 9386 2876**

*Playgroup and mothers support group for mums
who use drugs and have children under 5 years*

DRUG AND ALCOHOL COUNSELLING

DirectLine **1800 888 236**

Youth Substance Abuse Service **1800 014 446**

LEGAL ASSISTANCE

Legal Aid **03 9269 0120**

(Vic Country Callers) **1800 677 402**

GENERAL SUPPORT, INFORMATION AND COUNSELLING

Women’s Health Information Centre **03 8345 3045**

(Vic Country Callers) **1800 442 007**

Hepatitis C Victoria **03 9380 4644**
1800 703 003

Lifeline **13 11 14**

