

# Improving the delivery of Maternity Care: Sharing the Lessons Learnt

## Meeting the Needs of Pregnant Women and Their Families Who Use Drugs and Alcohol, Perth, WA

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# KEMH

- 2006 – 28,254 births WA
- 2009 - KEMH Birth Rate – 6196
- Main tertiary centre WA
- WANDAS team based within KEMH
- Referrals across state




# HISTORY OF WANDAS

- Women using drugs in pregnancy were not attending for ante-natal care = poor pregnancy outcomes
- The CDC (Chemical Dependency Clinic) was established at KEMH in 1991 in response to problems
- Prevent crisis care at delivery and during post-natal period
- Opiates were the main drug of choice for years



# HISTORY OF WANDAS

- CDC needed to be more than just an ante-natal clinic
- CDC relied on dedication of staff from a multi-disciplinary background who were committed
- In 2006 CDC funds were allocated to create a Clinical Consultant Midwife role to expand the service
- CDC renamed WANDAS (Women and Newborn Drug and Alcohol Service)



# PROFILE OF SUBSTANCE MISUSE


- Approximately 90% of Australian women using illicit drugs are of child-bearing age

- Australian Institute of Health and Welfare
- 2005

# WOMEN AND SUBSTANCE MISUSE

- Evidence indicates women are more frequently involved in poly drug use  
**(Klee 2006)**
- Indicating a more problematic pattern of drug use compared with their male counterparts
- **(Carrick 2005)**

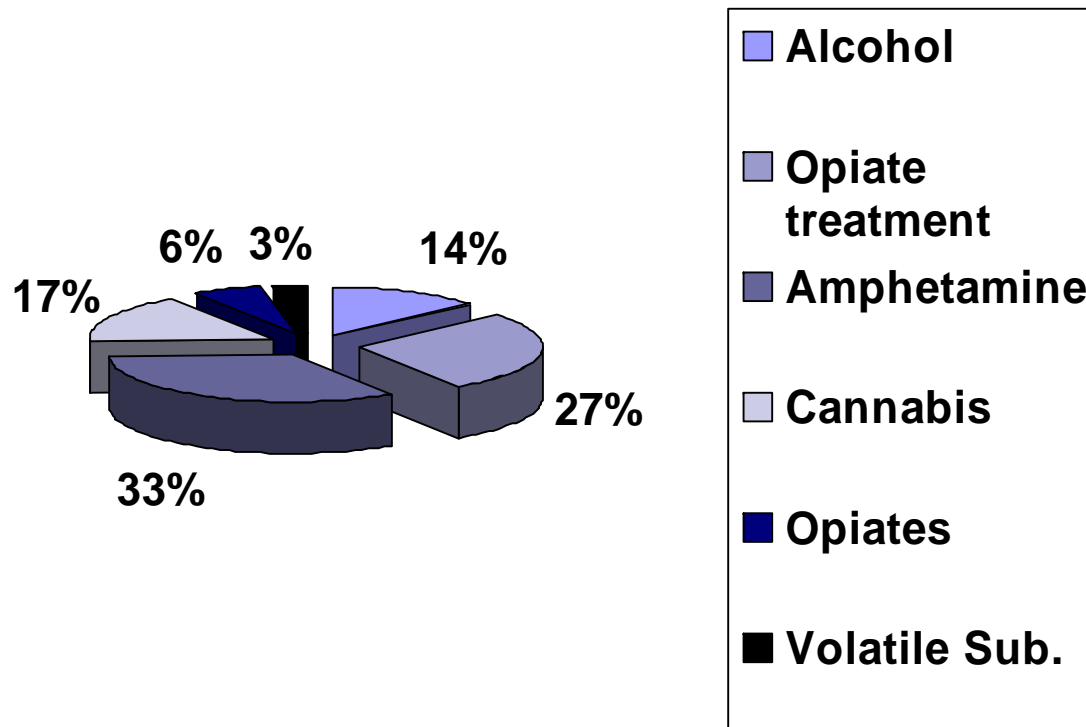




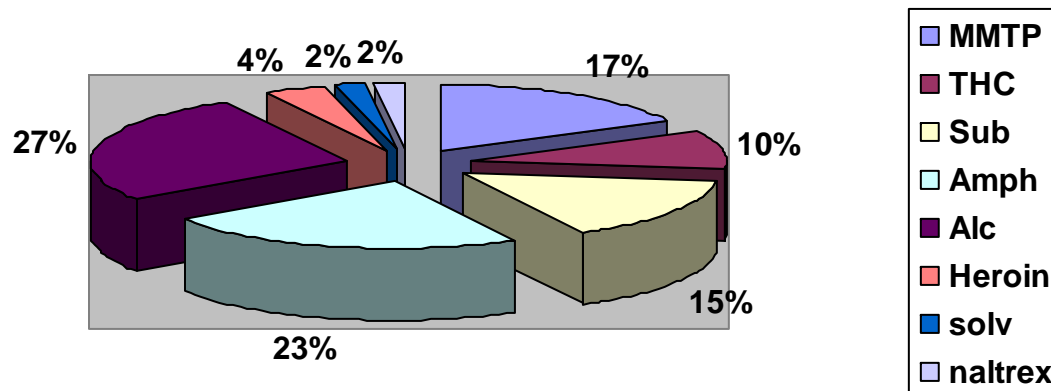
# CURRENT CLIMATE

- 3 Fold Increase in recent Years
- 6-7% women delivering at KEMH are misusing substances during pregnancy
- Increase in referrals re alcohol use, slight decline amphetamines and increase opiates and opiate treatment programmes
- 57% diagnosed as Hep C positive
- Multiple socio-economic problems
- 37% require Psychological Medicine therapeutic input
- 25% Women are indigenous

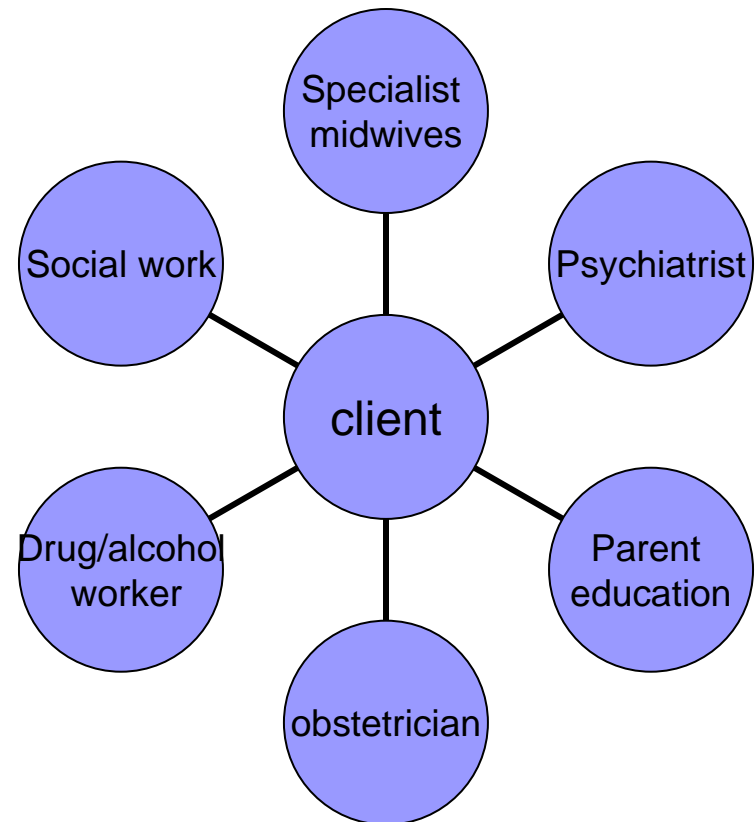
# Substance Use Trends - March 2008



# Substance Use Trends - February 2009



# WANDAS SERVICE





# WANDAS INVOLVEMENT

- Part of strategic groups across Perth including FASD and Illicit Substance Misuse and Parenting Group (DandA Office WA)
- Monthly Core Team Meeting
- Quarterly Management Meetings
  - Includes paediatrician, manager ANC, team, Midwifery Manager, Wards, Social Work Manager

# MEET THE TEAM





# MANAGEMENT OF WOMEN

- **Meet every Friday morning:**

- Discuss new referrals
- Women coming up to delivery
  - Show charts
- Each professional has chance to discuss cases
  - Discuss women on the wards
    - Refer women back ??????



# WANDAS SERVICE

- Promote early booking
- Fast track referral system
- Fast track personal appointment making
- Most girls called personally and encouraged to attend
- Referrals accepted from any source
- Main source of referral GP, Drug and alcohol service and prisons



# MEETING THE NEEDS OF INDIGINOUS WOMEN

- Collaborative work with AADS
- QI audit into what indigenous women want from WANDAS at KEMH
- Work with derbyl yerrigan
- Indigenous therapist seeing clients in clinic



# TACKLING D.N.A RATE

- Aggressive follow up
- Intense communication with community
- Telephone each client at end of Wed/Fri Clinic
- Send documentation to case workers in community
- Send letters to GP
- Speak to family members
- Speak to Caseworkers and GPs



# GETTING WOMEN THERE

- Constant Communication
- Links with services re accommodation etc
- Utilise drug and alcohol services
- Utilise Derbyl Yerrigan
- Offer travel vouchers
- Inform crèche availability
- Offer scans !!!!



# GETTING WOMEN TO STAY WHERE THEY WANT TO BE

- Discuss what women want !!!!!
- Encourage hospitals to care for own women
- Offer support and professional advise
- Be realistic



# TRAINING AND EDUCATION NEEDS

- Encourage attendance of staff at the clinic
- 1 to 1 training on wards
- Train the trainer
  - Introduction of OOWS and CIWA-ar
  - NAS scoring on Wards
  - Basic drug and alcohol awareness for all staff

# MEETING THE NEEDS


- **Genuinely Care for women**
- **Empathise with women**
- **Get out there and walk in their shoes**
- **Go the extra mile**
- **Respect each other professionally**
- **Never give up in professional adversity**
- **Act as advocate for women and their families**
- **Understand pregnancy can facilitate positive change**





# THE FUTURE

- **Funding for Drug and Alcohol Clinical Nurse 1 FTE at KEMH**
- **Establishment of Indigenous Pregnancy Networking Group**
- **Involvement of Aboriginal Drug and Alcohol Service to clinic (AADS)**
- **Collaborative working with RPH to address Hep C management in pregnant women at KEMH**
- **Interagency training (Train the Trainer)**
- **Training to include use of OOWS and CIWA-ar tools on wards and all medical areas**
- **Prison practitioner working in clinic**



**National Clinical Guidelines for the  
Management of Drug Use During  
Pregnancy, Birth and the Early  
Development Years of the Newborn**

- [www.health.nsw.gov.au/pubs/2006/ncg\\_druguse.html](http://www.health.nsw.gov.au/pubs/2006/ncg_druguse.html)



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# CLIENT'S RESPONSE

- **“I CAN'T THANK YOU ENOUGH AND I WILL NEVER FORGET WHAT HAS BEEN DONE FOR US...”**
- **“THANK YOU SO MUCH YOU GAVE ME THE STRENGTH AND SUPPORT WHEN I DIDN'T KNOW WHERE I WOULD BE...”**
- **“LIFE WOULD BE GREAT IF THEY MADE 100 ROBOTS OF YOU WITH YOUR MINDS AND HEARTS.....”**

