Perinatal Mental Health Network Scotland
National Managed Clinical Network

SUPPORTING WOMEN, REDUCING HARM

REVIEW OF SERVICES FOR SUBSTANCE-USING WOMEN AND THEIR INFANTS IN PREGNANCY AND THE POSTNATAL PERIOD

There is compelling evidence that the use of alcohol or drugs in pregnancy and the postnatal period has detrimental effects on women's mental and physical health. It also affects fetal development and the emotional and physical health of the infant. Alcohol and drugs impact directly on developmental processes in utero. After birth, their effect on babies' wellbeing is via wider environmental influences including their caregiver's capacity to attend to them which may be impaired through substance use. The very early weeks, months and years are critical to the development of babies' brains and minds. At this important stage, babies' brains grow and make connections which support the development of empathy and self-regulation, and the capacity to make and sustain relationships. A lack of consistent care can lead to mental health and relationship difficulties in adulthood.

This paper summarises some key policies and practice guidance in relation to services for women using alcohol and drugs in the perinatal period. Information about the scale of the problem and its effects on women and their infants is presented. This is followed by brief summaries of existing services by health board area. Conclusions and Recommendations are proposed.

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Perinatal Mental Health Network Scotland

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1. EXISTING GOOD PRACTICE RECOMMENDATIONS

1.1 Perinatal Mental Health Network Scotland

The Scottish Government's Mental Health Strategy (2017) included, among its objectives, the setting up of a Perinatal Mental Health Managed Clinical Network. The Perinatal Mental Health Network Scotland (PMHNS) began its work in April of that year, and in March 2019 published *Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services* (Scottish Government, 2019).

While not part of the Needs Assessment Exercise conducted by the network, there was wide recognition among contributors that services for women with substance misuse was patchy, with discontinuities in their mental health care. Information from the Confidential Enquiries into Maternal Deaths (Cantwell et al, 2018) repeatedly demonstrates that these women have complex needs and are very vulnerable. The Network undertook to review services and make recommendations in this area. This is reflected in Recommendation 28 of the report.

Delivering Effective Services

Recommendation 28 The Scottish Government and the Perinatal Mental Health Network should conduct a review of services and assessment of need for pregnant and postnatal women with substance misuse.

1.2 The Best Start

The Best Start: A Five-Year Forward Plan for Maternal and Neonatal Care in Scotland was published in 2017 (Scottish Government, 2017). It reported on a review of maternity and neonatal services and set out a vision for the future planning, design and safe delivery of high-quality maternity and neonatal services. The 'future vision' included recommendations that:

> "All mothers and babies are offered a truly family-centred, safe and compassionate approach to their care, recognising their own circumstances and preferences."

and

> "Fathers, partners and other family members are actively encouraged and supported to become an integral part of all aspects of maternal and newborn care" (p6).

The early stages of pregnancy following conception are vitally important in terms of infant development and are the time at which the baby is most vulnerable to the impact of adverse maternal circumstances. Pregnancy is also commonly seen as a key time when women may be more receptive to modifying their lifestyle and improving their health and wellbeing for the sake of their baby.

Addressing services for vulnerable women, the report notes that

> "Many women find themselves in a vulnerable position for a wide range of medical, social and psychological reasons with resulting poorer outcomes for both mother and baby" (p72).

Included in this group are women who take alcohol and/or drugs. The report comments on the

"lack of good quality evidence around care for women from specific vulnerable groups including women with substance and alcohol misuse problems, women from ethnic minorities, women with disabilities and women in the criminal justice system" (p129).

As well as advocating for research in this area, some specific recommendations are made:

The Best Start

Recommendation 34 All NHS Boards should conduct a systematic needs assessment focused on the pattern of vulnerable women of childbearing age in their area and develop specific, targeted services for women with vulnerabilities, with team care constructed around women's needs.

Recommendation 35 All staff should receive a level of training to support them to identify and support vulnerable women as part of routine care, and women with the most complex vulnerabilities should have access to a specialist team. Midwives in these roles will continue to provide continuity of carer and should have a reduced caseload in recognition of the complexity of the women and will act as the co-ordinator of team care for the woman and her baby.

Recommendation 36 GPs and health visitors must be involved as part of the team in pre and postnatal care, and GP practices should identify a named link GP for vulnerable childbearing women and their babies.

1.3 Getting Our Priorities Right

Getting our priorities right: good practice guidelines (Scottish Government, 2013) was produced for use by all agencies and practitioners working with children, young people and families affected by problematic alcohol and drug use. Appendix 5 addressed pre-birth issues. The report drew attention to the fact that the poorest outcomes in mothers and babies are associated with poverty and inequality. However, despite the evidence it documented on the impact of alcohol and drugs in utero, it failed to draw a direct link between ill health in the baby and the use of alcohol or other drugs in pregnancy. It did note that the "care of sick babies is more demanding so women who use alcohol or other drugs will need a lot of support in caring for their babies". The report described important aspects of assessment of substance use and child protection concerns in maternity care.

There are 31 Alcohol and Drug Partnerships (ADPs) in Scotland. These bring together health boards, local authorities, police and third sector agencies working in one area. They are responsible for commissioning and developing local strategies for tackling problematic alcohol and drug use and promoting recovery. The *Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs* (Scottish Government, 2019) sets out the ambition that local areas have the following in place:

- A strategy and clear plans to achieve local outcomes to reduce the use of and harms from alcohol and drugs
- Transparent financial arrangements
- Clear arrangements for quality assurance and quality improvement
- Effective governance and oversight of delivery.

1.4 Child Protection and Care Proceedings

In a briefing paper *Children looked after away from home aged five and under in Scotland: experiences, pathways and outcomes* (2019), researchers from the University of Stirling found that:

> "Alcohol and substance misuse, mental health difficulties and domestic violence frequently contributed to compromised parenting capacity. This was often within a context of multiple family difficulties."

Amongst their stated 'Implications for policy and practice' they concluded that "data suggests that national strategies for addressing issues of parental substance misuse, mental ill health and domestic abuse are having an insufficient effect."

Four percent of children (n=98) placed on the Child Protection Register in 2019 were unborn, with "concerns raised at case conferences including parental substance misuse" (Scottish Government, 2020). Many of these infants were accommodated at birth.

Both GIRFEC (Getting it right for every child) and GOPR (Getting our priorities right) make the welfare and wellbeing of children paramount. A more active preventative approach to the impact of alcohol and substance use on children may be achieved by better integration of drug and alcohol services and maternity care, as proposed in *The Best Start* report (Scottish Government, 2017).

1.5 National Institute for Health and Care Excellence (NICE)

NICE have produced both clinical guidelines and a model for service provision for *Pregnancy and Complex Social Factors* (2010) and include substance use among these conditions.

NICE (2010) acknowledges that:

> "Pregnant women who misuse substances may be anxious about the attitudes of healthcare staff and the potential role of social services. They may also be overwhelmed by the involvement of multiple agencies."

The guidelines recommend supportive and coordinated care during pregnancy. They support work with social care professionals to overcome barriers to care for women who misuse substances with particular attention being be paid to:

- integrating care from different services
- ensuring that the attitudes of staff do not prevent women from using services
- addressing women's fears about the involvement of children's services and potential removal of their child, by providing information tailored to their needs
- addressing women's feelings of guilt about their misuse of substances and the potential effects on their baby.

NICE recommends that healthcare commissioners and those responsible for providing local antenatal services should work with local agencies, including social care and third-sector agencies that provide substance misuse services, to coordinate antenatal care by, for example:

NICE Pregnancy and Complex Social Factors

Recommendation 1.2.2

- jointly developing care plans across agencies
- including information about opiate replacement therapy in care plans
- co-locating services
- offering women information about the services provided by other agencies

1.6 Wellbeing for Wee Ones

In 2020, the NSPCC and PMHNS jointly produced *Wellbeing for Wee Ones: Mapping of parent-infant intervention and support services in Scotland* which comprised a 'Key Theme Summary Report' and individual reports for each health board in Scotland. It acknowledged the support for infant mental health service development in consecutive Scottish Government Programmes for Government, including in 2019-20:

> "infant mental health provision to meet the needs of families experiencing significant adversity, including infant developmental difficulties, parental substance misuse, domestic abuse and trauma."

The mapping exercise found many examples of good support being offered to families of infants experiencing a range of challenges, particularly by third sector organisations, but few specifically addressed substance use.

1.7 Confidential Enquiries into Maternal Deaths

Repeated reports from the Confidential Enquiries into Maternal Deaths show that women with alcohol and substance misuse are at significant risk in the perinatal period (Oates, 2007; Cantwell et at, 2015). They are more likely to die from suicide and from physical health complications. Frequently, they have additional psychosocial disadvantage which complicates their maternity care, and they may need more assertive attempts at engagement with both maternity and mental health care.

For a significant proportion of the women with substance misuse who died in the perinatal period, their deaths were closely associated with child protection proceedings or the removal of a child into care. The findings point to a specific vulnerability at this time, making the need for good co-ordination of care even more important.

Women may also modify their drug taking in pregnancy and be at greater vulnerability to accidental overdose on returning to use postpartum.

Recommendations from the Enquiries include:

Saving Lives, Improving Mothers' Care

Recommendations

- Pregnant women with substance misuse problems should not be managed by GPs and midwives alone but by an integrated specialist service nested within maternity services. This should comprise a specialist midwife and obstetrician, specialist drug treatment professionals who can manage both alcohol and drug problems, a social worker and other relevant agencies to ensure coordinated multidisciplinary and multi-agency care.
- Close multidisciplinary and multi-agency care should be continued not only through pregnancy but also in the postnatal period even if the infant is removed into the care of the local authority.
- Pregnant and postpartum women who are substance misusers often have complex social and mental health issues and these women need access to assertive outreach care from specialist addictions and mental health services.

2. ALCOHOL / SUBSTANCE USE IN THE PERINATAL PERIOD

While many women who use alcohol or drugs experience mental health symptoms, they may not be diagnosed with moderate or severe mental health disorders and therefore often fall out with the scope of mental health services. This is also the case when pregnant or in the postnatal period when they may not have access to perinatal mental health services. Both are likely to be associated with harm to the fetus and child either through the direct effect on the intrauterine environment, or through broader environmental influences on the care that they receive. Some women using alcohol and drugs in the perinatal period will be affected by complex social and psychological factors including poverty, poor housing, domestic violence and trauma.

2.1 Alcohol

In Scotland, alcohol consumption in women of childbearing age is common and is recognised as a significant public health issue. While surveys show a pattern of decline in self-reported alcohol consumption in Scotland, the majority of women still drink some alcohol. This proportion has decreased from 87% in 2003 to 82% in 2017 with the abstinence rate among women aged 16–34 years being 18%, falling to 13% in 35–44-year-olds. Women in the least deprived areas are most likely to drink and those in most deprived areas are least likely to drink at all, but those living in deprivation who do drink are more likely to drink heavily (SIGN 156, 2019). The *Growing Up in Scotland* study (Scottish Government, 2015) reported that 34% of mothers from the highest income quintile drank

alcohol in pregnancy compared to 11% from the lowest quintile. This gap had widened since 2005 as abstinence increased in the lowest income quintile.

Evidence from elsewhere in the UK is cited by Cuthbert (2018) who states that

> "The picture for alcohol consumption in pregnancy bucks the social trend …. It is actually women from more advantaged backgrounds who are most likely to drink alcohol in pregnancy".

He cites the Infant Feeding Study 2010 data reported by McAndrew et al (2012) which shows a clear social gradient to women's drinking both before and during pregnancy.

Exposure to alcohol in pregnancy can cause significant lifelong harms to the developing fetus, including through fetal alcohol spectrum disorders (DoH, 2016). While no woman wishes to intentionally harm her unborn child, this preventable cause of damage to the fetus continues to occur for a variety of reasons (SIGN, 2019).

As well as making recommendations about the diagnosis and management of fetal alcohol spectrum disorders, which have an estimated prevalence of 32.4 per 1,000 in the UK, SIGN Guideline 156, *Children and young people exposed prenatally to alcohol*, recommends that alcohol consumption is asked about at antenatal booking, and information is given about the detrimental impact of alcohol in pregnancy. This is now part of routine practice in Scotland. From April 2011, the recording of alcohol consumption on form SMR02 at antenatal booking has been mandatory, though the reliability of self-reporting is acknowledged by Information Services Division (2016) to be problematic.

The SIGN Guideline recommends that women identified as having a pattern of risky or harmful alcohol use should be offered an intervention appropriate to their needs. This could range from a single structured conversation about alcohol risk (a brief intervention) to intensive treatment including detoxification and relapse prevention work if required.

2.2 Substance use

Most drugs have an impact on the developing fetus but some will also have a physical impact on the pregnancy, contributing to miscarriage, premature birth or a complicated delivery (for example, after placental abruption). The individual circumstances in each case will be different. However, women's self-care and care of their infant may be adversely affected by both substance use and wider environmental factors.

Pregnancies may be unplanned and unrecognised. In the case of opiate users, this may be because they are amenorrhoeic and may not use contraception consistently. Delayed presentation to antenatal services in all groups may also be related to women's anxiety about how they are perceived by professionals.

The NSPCC Report *All Babies Count: Spotlight on Drugs and Alcohol* (Rayns, Dawe & Cuthbert, 2016) estimated that around 43,000 babies under one in England were living with a parent who had used an illegal drug in the past year. In 2010, the NICE *Guidance on Pregnancy and Complex Social Factors (CG110)* estimated that around 4.5 per cent of pregnancies involved a substance abusing mother.

More recent figures reported in *'Births in Scottish Hospitals'* (Information Services Division, 2016) suggest a different rate in Scotland. Data collected via SMR02 forms, is reported up to March 2016, and indicates that the rate may be falling with a figure of 13.3 per 1000 maternities for 2013/14 -2015/16 compared to 19.7 per 1000 maternities for 2010/11 – 2012/13. Around 1.3% (about 1 in 76) of maternities in Scotland recorded drug misuse with roughly 42% of those (299) having a recorded misuse of opioids There is variation in the rate of maternities with recorded drug misuse by mainland NHS Board and council area, and also by age of mother, with higher rates of drug misuse in the younger age groups. Between 2013/14 - 2015/16 women aged under 20 years had a rate of 27.9 per 1,000 maternities compared to a rate of 11.1 per 1,000 for those aged 35+ years. In 2015/16, of the 718 births by mothers with recorded drug misuse, 78.4% (563) were reported as having a full-term normal birthweight. This compared to 89.6% of all births recorded as having a full-term normal birthweight. Other lifestyle factors such as cigarette smoking and poor diet are likely to contribute to this figure.

The rate of births with recorded drug misuse was more than 5 times as high in the most deprived areas (21.5 per 1,000 births) as in the least deprived (3.8 per 1,000 births) in 2015/16.

The rate of babies affected by maternal use of drugs (the baby was affected by or had withdrawal symptoms from maternal use of drugs of addiction requiring neonatal care) was 5.3 per 1,000 live births for the period 2013/14-2015/16.

Neonatal Abstinence Syndrome (NAS) is a constellation of symptoms occurring in a baby as a result of withdrawal from physically addictive substances taken by the mother. These substances include methadone and other opioids, heroin, benzodiazepines, cocaine and amphetamines, as well as caffeine, nicotine and some antidepressants, Signs and symptoms of NAS include excessive irritability, poor sucking, vomiting and diarrhoea and poor weight gain. The management of these babies includes developmental neonatal care, and sometimes pharmacotherapy (NHS Greater Glasgow and Clyde Paediatric Guidelines, 2019).

Individual drugs are associated with slightly different presentations and effects, both short and long-term. Cocaine, for example, is definitely associated with low birth weight and decreased length and head circumference, and infants may have low thresholds for overstimulation (Widerstrom & Nickel, 1997). Unlike with alcohol use, the long-term follow up for babies born to women with substance use in pregnancy does not confidently report a causative relationship with cognitive outcomes, including poor attention and concentration. Group differences are confounded by environmental factors making it difficult to draw clear conclusions. These environmental factors include social circumstances and adversity, and also the state of mind of the parent caring for the infant which may be impaired by substance use.

3. HEALTH BOARD INFORMATION

The information reported here was requested in early 2020. There was a limited initial response and boards were re-contacted in the latter part of the year. In keeping with the Best Start recommendations, during 2020 many health boards were in the process of refreshing their policies and pathway documents for services for women with alcohol and substance use. For this reason, they were unable to share these documents.

Addiction services are generally delivered under the auspices of the local Alcohol and Drug Partnership, which is usually linked to the local authority. Thus, in board areas with more than one local authority, there is a need for maternity services to link to a number of addiction services.

3.1 NHS Ayrshire and Arran

A dedicated infant, children and young people's transformation programme has recently been established in Ayrshire. NHS Ayrshire & Arran comprises 3 local authority areas: North Ayrshire, South Ayrshire and East Ayrshire. The board's current priority areas of work include childhood adversity, poverty and Fetal Alcohol Spectrum Disorder. Working in partnership, the Board aims to address early childhood adversity throughout Ayrshire and Arran health board area, for example, promoting resilience and focusing on factors that impact child health and wellbeing.

Maternity Services and Joint Working

Maternity Services can refer directly to adult mental health services, which provide a dedicated maternity liaison service. There is a safeguarding midwife who works closely with social work to manage women with mental health issues and/or addictions. There are close links with the third sector and women may be referred to Barnardo's for ongoing support.

The Safeguarding Midwifery Team accept referrals for women with child protection, domestic violence, alcohol and substance issues. They support these families through the Child Protection process and link in with services and other agencies providing support. The main aims of the Safeguarding team are to support early intervention in order to improve long term outcomes for children and ensure that care is provided in an individualised non-judgemental manner.

The specialist midwife works as part of both an NHS and a multiagency team. There is a joint maternity-obstetric/psychiatry protocol in place for the management of women in pregnancy with substance misuse or alcohol problems.

A joint pregnancy clinic is carried out on a monthly basis in each local authority area (South Ayrshire, East Ayrshire, North Ayrshire) with the specialist midwife, key worker from the addictions service and the consultant psychiatrist. The main aim of the Pregnancy Addiction Clinics is to maintain stability throughout the pregnancy by reducing illicit drug use and poly-drug use thus reducing the withdrawal symptoms which the neonate will experience post

birth and allowing mum and baby to remain together if safe to do so. At this clinic, medication is reviewed and adjusted if needed. A mental health review and a drug screen are carried out. Advice is given in terms of substance use and the pregnancy. Feedback from service users suggest that clients feel supported holistically.

Hard to reach clients are normally dealt with through a multi-agency approach. Good communication and home visiting are prioritised. Joint work includes addiction services, Safeguarding Midwife, Health Visitor and community midwife also. In some local authority areas, other services are involved e.g., Barnardo's, Seascape, Criminal Justice Services. Partnership working, regular effective communication and clear recording within a multiagency chronology is seen as vital.

3.2 NHS Borders

Key priorities in the Scottish Borders Integrated Children and Young People's Plan 2017-20 includes:

'Through an improvement approach, ensuring services provide early intervention to targeted families particularly where children are at risk of becoming looked after and reduce number of looked after children and young people.'

Maternity Services and Joint Working

Vulnerable women are offered longer appointment times in order to integrate support from their GP and mental health services if required. A proposal for a priority and assertive outreach service for women with substance misuse disorders is under consideration.

Community midwives hold responsibility for the provision of care for women with vulnerabilities. They work closely with other agencies. Pre-birth multi agency planning meetings help plan early intervention and promote joint working between all agencies and the woman.

A meeting between midwifery, social work and child protection and family nurse partnership is held every 2 weeks to review complex cases. The pre-birth policy for the support of vulnerable families is being updated currently.

3.3 NHS Dumfries and Galloway

In the last few years Dumfries and Galloway have significantly invested in the development of DG Health and Wellbeing, a partnership between NHS Dumfries and Galloway and Dumfries and Galloway Council. The Partnership is committed to improving the mental health of all children and young people.

'This strategy identifies a range of key priorities designed to transform mental health in Scotland including placing a focus on ***prevention and early intervention, and on pregnant women, new mothers, infants****, children and young people.*

Maternity Services and Joint Working

The specialist midwife for vulnerable women and families is also the team leader of the new Wings team for Dumfries and Galloway. The Wings team comprises midwives who are solely allocated to vulnerable women. They are a very committed group with some having added qualifications. This has been developed in line with Best Start and the hope is to improve outcomes with good continuity of midwife, with a lowered caseload, and tailored antenatal care aimed at vulnerable mums. There is a pre-birth protocol for vulnerable women.

There is a midwife-led clinic for substance-misusing women but no specific mental health liaison or perinatal mental health input. Women with 'vulnerable pregnancies' have enhanced support. Pre- and post-birth pathways have been produced by NHS Specialist Drug and Alcohol Service in partnership with Action on Drugs and Alcohol and D&G Health and Social Care Partnership. The pathways in Appendix 1 can be seen as examples of good practice.

3.4 NHS Fife

The **Family Nurture Approach** in Fife is changing the way organisations work, so that all children have the best start in life. It promotes a collaborative, partnership approach involving all stakeholders, including families and communities. By aiming to give every child in Fife the best start in life, through service transformation and closer integration, the participation of families from Fife's most deprived areas has increased. There has been workforce and service development to make early years' services accessible and non-stigmatising, particularly for vulnerable families.

Maternity Services and Joint Working

The Vulnerable in Pregnancy (VIP) Project *provides additional support to pregnant women involved in illicit substance misuse or who are on treatment programmes for dependence.* VIP was developed by the drug liaison midwifery service in partnership with addiction services and social work staff. Families for whom there is concern are identified at an early stage of pregnancy. Staff work closely together to share information about vulnerable women. There are 3 drug liaison midwives (not all full-time) working as part of this NHS team. Alongside VIP, there are two other teams, the Family Liaison Team who deal with Child Protection cases and the Perinatal Mental Health team.

Within the VIP service, women and their families are supported intensively by specialist health staff, addiction nurses and social work staff from ante-natal registration until the baby is 12 weeks old. This support is extended for longer periods if required. Midwives offer enhanced support to women involved in substance misuse. They provide their antenatal care, including toxicology screening and support them for an extended period of time postnatally too. There is joint working with Addiction Services and Social Work and third sector services. (See Appendix 2).

Joint working with third sector services is common, with one Barnardo's community based intensive family support project having a specific focus on substance misuse.

Barnardo's **Children Affected by Parental Substance Misuse (CAPSM)** service is a community based intensive family support services funded by Fife Alcohol & Drug Partnership. It works with children and families living in Fife who are, or have previously been, affected by parental substance misuse. At least one child in the family must be aged 0-12 years although the service will work with older children as part of the family if appropriate. The service works with children who are living at home, living with Kinship Carers or who are accommodated by Fife Council.

CAPSM offer the following supports to families:

- Individual support to children with the aim to raise children's confidence and self-esteem, reduce isolation and reduce the impact of parental substance misuse.
- Individual support to parents with the aim to help parents reduce the impact their substance misuse has on their children and family life which will help them to make more appropriate choices to sustain a healthy family life and create safer homes.
- Practical family supports to help families attend school, health appointments and appointments with other services. Practical help with routines within the home is also a focus of the support.
- The service can also undertake independent Parent Capacity Assessments.

3.5 NHS Forth Valley

NHS Forth Valley has three local authority areas (Clackmannanshire, Falkirk and Stirling). Getting Our Priorities Right for Children and Families affected by Parental Alcohol and Drug Use (2019) has been developed jointly by local authority Child Protection Committees and

Forth Valley Alcohol and Drug Partnership. Section 4 of this comprehensive document addresses the management of issues arising in pregnancy and includes guidance on a range of topics including fetal alcohol spectrum disorder.

Additional local multi/single agency guidance is also in development relating to the Management of Unborn Babies Who are at Risk of Harm.

Maternity Services and Joint Working

Maternity Services have a dedicated Pre-birth Planning Service to address the needs of vulnerable families including women using alcohol or drugs. An overview of Team and work they undertake can be found in their Pre-birth Planning Service Annual Report and in Section 4 of GOPR Guidelines. Team members support women, where appropriate, to attend Consultant Clinics. Otherwise, care is delivered within the patient's home or at the local midwifery antenatal clinic.

There are identified midwives for Child Protection, Substance Use, Domestic Violence and Mental Health.

When a patient has been identified as being "hard-to-reach" midwives proactively endeavour to engage the patient. Antenatal checks are carried out in the patient's own home and team midwives support them at hospital clinic appointments. Maternity Care Assistants also support in delivery of antenatal education for patients who find group sessions challenging. As and when required, joint visits with Health Visitors and/or other professional agencies are undertaken to ensure the families health and wellbeing.

Local authority family support services work with vulnerable families including those with substance use. Community Alcohol and Drug Services (CADS), based at Stirling Community Hospital, run a group for mothers with substance misuse.

Third sector services supporting vulnerable families include Aberlour and Home-Start. Aberlour have recently expanded their service and have developed the Intensive Perinatal Support Service. This service is offered in pregnancy (from 20 weeks' gestation) and postnatally and will continue up to the end of the baby's first year. It is for women from the Falkirk local authority area, who are affected by problematic substance use (and potentially have other complex needs), and where risk of significant harm to the baby has been identified. The service has strong links to addiction services, maternity services and health visiting and Family Nurse Partnership. The model of care will be evaluated and may be a useful template for service development elsewhere.

3.6 NHS Grampian

Health services are delivered in partnership with the local authority as part of three distinct HSPCs (Aberdeen City, Aberdeenshire and Moray). While there does not appear to be an overarching strategy addressing service development for pregnant and postnatal women with alcohol and substance misuse, each local authority has a multiagency protocol for the management of vulnerable pregnancies. Alcohol and substance use are included but there are no protocols addressing only this area.

Maternity Services and Joint Working

NHS Grampian Maternity services have specialist midwives for Substance Misuse, Public Protection and Perinatal Mental Health working as part of the UNITY Pregnancy Support Team. There is also a Specialist Midwife for Bereavement. The team works cohesively to provide safe and individualised person-centred care for vulnerable women and their families.

There is a joint maternity-obstetric/ psychiatry protocol in place for the management of women in pregnancy with substance misuse or alcohol problems. The specialist midwife has a joint clinic with CPNs twice a week at Aberdeen Maternity Hospital.

The support for mothers postnatally is then passed to the substance use CPNs and joint working is led via the named Health Visitor for the baby unless Social Work are involved when they would lead the multiagency response. There is good joint working between social work staff, midwives and health visitors with regular discussion and supervision being offered if there were child protection concerns. There are links to third sector agencies too, but none are substance misuse specific. Home-Start has 4 services in Grampian.

3.7 NHS Greater Glasgow and Clyde

NHS GGC has 6 local authority areas: East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde, Renfrewshire and West Dunbartonshire. Early years and family support appears to be a key priority across both the statutory and third sector in the NHS Greater Glasgow and Clyde Health Board area. Commitments to support prevention, early identification of risk and early intervention are well evidenced across a range of local strategic documents. It is also clear that local authorities within this health board area have adopted a nurturing approach/ethos to supporting all children and families.

NHS Greater Glasgow & Clyde and Glasgow City Council have a history of piloting innovative approaches and trialling new multi-agency approaches to service delivery. For example, the use of the New Orleans Intervention Model, is currently being tested in partnership by NHS Greater Glasgow & Clyde, Glasgow City Council, Renfrewshire Council and NSPCC Scotland. This service is currently delivered by Glasgow Infant and Family Team (GIFT), a specialist infant mental health service that works with birth parents, foster or kinship carers of children aged 0-5 years old who are in care for the first time where there are court proceedings because of maltreatment. A proportion of these birth parents have substance misuse problems. Other innovative work includes Together for Childhood (Govan) and Children's Neighbourhood Scotland (East End).

'*Developing a Mental Health Improvement Framework for Parents and Young Children*' (2019) provides an overview of the Glasgow Health and Social Care partnerships overall

approach to improving population mental health, including specific steps to promote and support vulnerable parents and infants.

Maternity Services and Joint Working

Greater Glasgow and Clyde have a dedicated Special Needs in Pregnancy Service (SNIPS) with two teams based between Glasgow (Princess Royal Maternity and Queen Elizabeth University Hospitals) and Clyde (Royal Alexandra, Vale of Leven and Inverclyde Royal Hospitals). The service model offered differs across the health board area. SNIPS policies and pathways are currently under review.

A specialist obstetrician devotes time to this service. There are also 3 specialist midwives (Band 7) working in Glasgow, one for Complex Asylum Seekers/Trafficked Women/Female Genital Mutilation, one for the homeless, and a teenage pregnancy link midwife. They are supported by 4 band 6 midwives who cover localities within Glasgow, and 3 band 6 midwives covering localities in Clyde.

Referrals are electronically received in a dedicated inbox via Badgernet and then allocated to an appropriate midwife either by postcode or need. Assessments are carried out at specialist clinics across the area. Referral criteria include a wide range of vulnerabilities: women with blood borne viruses, trafficked women, asylum seekers, women with complex mental health issues, learning disability and complex substance misuse, teenagers, the homeless and those leaving Care, those with domestic violence and/or child protection issues such as having previous children accommodated, those involved with the Criminal

Justice system including living with a partner who is a Schedule 1 offender. A high proportion of substance using women attending the service have IV drug use. Women who have been hard to engage are offered active outreach.

Complex cases are discussed by the multidisciplinary team after the monthly SNIPS meeting. The team works closely with social work (including child protection), addiction services, mental health services and family nurses and health visitors. This includes the well-established Community Perinatal Mental Health Team.

Many third sector services exist across the health board area providing support to vulnerable parents.

3.8 NHS Highland

NHS Highland comprises two local authority areas, Highland and Argyll & Bute.

NHS Highland and Highland Council have produced and regularly update practice guidelines. *Women, Pregnancy and Substance Use: Good Practice Guidelines* reflects a trauma informed and recovery focused approach and has specific guidance on clinical care; it outlines referral pathways and the care women should expect.

There is also a *North Highland Vulnerable Pregnancy Pathway*, which takes a trauma informed approach in understanding and responding to vulnerability in pregnancy.

Maternity Services and Joint Working

Best Start is being implemented with midwives identifying vulnerable women and making care plans antenatally. This includes identification and early intervention with women who are taking substances or alcohol. All midwives have a role and liaise closely with specialists within the drugs and alcohol services and if they are not known to services they would refer. A midwifery development officer has a role in supporting best practice for vulnerable women but doesn't hold a caseload.

Midwives and health visitors work closely with local authority and third sector services. The latter includes 3 well-established Home-Start services which provide family support but are not specific to substance use.

3.9 NHS Lanarkshire

NHS Lanarkshire is made up of 2 local authority areas. It is a 'Best Start' early adopter site. Lanarkshire Mental Health and Wellbeing Strategy takes an inclusive approach to the engagement of key stakeholders and involves service users, carers, NHS Lanarkshire, North and South Lanarkshire Health and Social Care Partnerships, NHS24, SAS, North and South Lanarkshire Councils, third sector organisations and staff from all sectors.

Previously one Alcohol and Drug Partnership (ADP) covered the whole of Lanarkshire but now there are separate systems in North and South Lanarkshire.

Maternity Services and Joint Working

Lanarkshire Additional Midwifery Service (LAMS) is funded by the ADP and consists of 2 advanced specialist midwives (one for North Lanarkshire and one for South Lanarkshire) and 2 'First Steps' support workers. Previously there were 3 midwives with the third being funded by the Early Years Collaborative. The non-replacement of this post in January 2020 has meant that there are pressures on the service. Service delivery is currently under review. Previously there were joint clinics with addictions workers, but these were not sustained.

Referral to LAMS is from the midwife at first antenatal booking, or from addictions services. Occasionally referrals also from the police or others after discussion at regular multiagency support meetings (MAST). The specialist midwives provide clinic and home appointments from first contact in the antenatal period through to 8 weeks postnatal. They have training in some mental health interventions. Women receive a personalised and detailed Recovery Action Plan. First Step support also runs from early in pregnancy and carries on until 6 months postnatal. These support workers help the woman and her family to address matters from benefits and housing to parenting.

A holistic risk assessment determines what level of service a woman is offered and documents not only risks associated with substance use but also with wider environmental challenges (See Appendix 3). Past evaluations of the service have been very positive and the team works closely with professionals from health and other agencies.

3.10 NHS Lothian

The NHS Lothian area spans 4 Local authorities, City of Edinburgh, East Lothian, West Lothian and Midlothian. The aims of East Lothian Children and Young People's Services Plan (2017 to 2020) include ensuring that support is offered in the postnatal period and reducing maternal stress and resulting harm to the unborn child. However, outside the City of Edinburgh there do not appear to be specialist services addressing the needs of women with alcohol and/or drug use.

Maternity Services and Joint Working

PrePare is an early intervention, integrated, multi-disciplinary multiagency team based in the City of Edinburgh and delivered in partnership by NHS Lothian and City of Edinburgh Council. Its remit is to work with pregnant women and their partners where there is significant substance misuse and or alcohol use. The team work with women in their antenatal period and up to two years post birth. It consists of a specialist midwife, specialist health visitor, addictions mental health nurses, and Early Years staff. There is close working between psychiatry and nurses who provides addiction and mental health treatment.

PrePare's outcomes are linked to the strategic outcomes which sit at the heart of The Edinburgh Children's Partnership's vision:

1. Every child will have the best start in life.
2. Every child and young person will have good wellbeing and achieve the best possible health.
3. Equity amongst children and young people and their families will be advanced.

4. Children and young people, their families and their communities will be empowered to improve their wellbeing.

PrePare 's aim is to reduce substance misuse and related harm to mother and child by providing health care, social care and support throughout the pregnancy and where necessary up to 2 years post birth. Every woman who works with the service has a midwife allocated as well as an Early Years officer and a mental health nurse.

The team aim to work with both parents in a restorative manner, to support early childhood development and increase positive early parenting experiences. They do this by focusing on strengths, building resilience and keeping the child at the centre of their support.

The PrePare service is currently under review so documentation about protocols and pathways was not available. An annual report documents patient numbers and outcomes. The most recent report available focuses on the interventions and outcomes for the year April 2018 – March 2019.

3.11 NHS Orkney

Orkney Community Learning & Development Partners Plan 2018-21 has some specific actions relevant to families with substance misuse issues. These include reviewing parenting support programmes delivered across Orkney, developing collaborative approaches to Family Learning through a variety of inclusive programmes for families including health and

wellbeing and financial literacies, consultation to identify the needs and priorities for families which will lead to the formation of a Family Learning Partnership Plan and Programme.

Maternity Services and Joint Working

Midwives report having good links with local mental health services. The service runs postnatal and 'social baby' groups.

3.12 NHS Shetland

Shetland's Integrated Children's Service Plan: Building a brighter future together for Shetland's Children & Young People 2017 – 2020: Parental mental health, alcohol and substance misuse, criminal history and family breakdown have been identified as factors which specifically place Shetland's children and young people at greater risk of failing to achieve their potential. The plan also acknowledges that historically the needs of children in Shetland who have experienced emotional trauma and stress have not always been met because they have not always been able to access the specialist services required.

Maternity Services and Joint Working

Close working relationships across sectors support good practice and there are clear pathways, including a Vulnerable Pregnancy Pathway.

3.13 NHS Tayside

NHS Tayside is made up of 3 local authority areas, Perth and Kinross, Dundee City and Angus. The three areas appear to work well together, for example, there is a Tayside Plan for Children, Young People and Families 2017-2020, the first joint plan to be produced by the three Community Planning areas of Angus, Dundee and Perth and Kinross. This was renamed *The Tayside Strategy for Parents 2019 – 2024* following consultation with parents and carers.

The plan's actions include providing targeted multi-agency support to families to ensure children aged 0-5 years reach their developmental milestones.

Maternity Services and Joint Working

There is a specialist midwife who works as part of a multiagency team in Dundee City. The team are employed by the local authority and comprise a specialist midwife, drug worker, social worker and community psychiatric nurse. There is an obstetrician specialising in this area and a joint/parallel clinic is held weekly. The specialist midwife works alongside the woman's allocated community midwife.

The team was initially set up to respond to concerns about drug and alcohol use but now accepts women who have other child protection concerns associated with mental health issues and learning disabilities.

All women are given an individualised care package following referral and assessment. Women/unborn babies are referred by the booking midwife who completes an 'unborn baby' referral form. This is discussed at a multiagency meeting which involves Health Social Work, Police, Education and other relevant services. A social worker is allocated, and the specialist midwife becomes involved. Depending on need, a CPN or drug worker may also be allocated.

Substance misusing women and their babies usually stay in hospital for 72 hours after the birth so that the baby can be assessed. Some will return home with the infant while others are the subject of child protection proceedings. The team have also run parent education classes with positive feedback.

There is no multiagency service in Perth and Kinross or Angus, and no specialist midwife in these localities.

3.14 NHS Western Isles

This small health board benefits from good liaison and close working relationships between professionals in different agencies.

The Outer Hebrides Alcohol and Drug Partnership aims to 'prevent problems arising from substance misuse' and 'reduce problems and harm caused by substance misuse'. Their

strategic priorities include children under 5 affected by parental substance misuse. They support early intervention for families affected by substance misuse.

Maternity Services and Joint Working

Although there are no specialist midwives in the Western Isles, the team support women with substance use intensively when required. They strive for continuity of care throughout pregnancy and the postnatal period. This helps with engagement with hard-to-reach women. There are monthly meetings to discuss vulnerable women involving midwives, health visitors, community mental health nurses and substance misuse specialists.

Action For Children Family Support Service aims to enable parents to engage more positively with their young children by improving the quality of parent-child attachment relationships and enhancing parental self-esteem, confidence and parenting ability.

The service seeks to do this by offering a range of family support services including:

- Activity based parenting session for families affected by substance misuse.
- Provision of short periods of childcare to allow a parent to attend necessary appointments in relation to substance misuse.
- Age-appropriate play opportunities to enhance the child's overall physical, emotional and cognitive development.
- Triple P groups to enhance parental capacity.

- Practical advice in relation to housing, food, nutrition, budgeting and life skills.

Referrals can be made via Social Work, Health Visitors, Midwives, Education and self-referrals.

4. CONCLUSIONS

The 'Best Start' programme makes clear recommendations about the care of women with substance use in the perinatal period, asking health boards to "develop specific, targeted services for women with vulnerabilities, with team care constructed around women's needs". Getting our Priorities Right also encourages thorough assessment and working across agencies though does not specifically recommend a specialist multi-agency approach. The recognition that some women with these issues may be suspicious of professional involvement and hard to engage was acknowledged widely.

This mapping exercise sought to understand how the needs of pregnant and postnatal women with substance use and their babies were being met by NHS, statutory and third sector services, and to find out how Best Start recommendations were being implemented across Scotland.

- In some health boards, maternity services for this group are well-developed with specialist midwives in post to provide intensive support.
- These specialist services generally extend beyond substance use to include support for vulnerable women with other adversities such as domestic violence, homelessness and refugee status.
- Some specialist midwives work as part of multiagency services which include social work, addiction services, health visiting and family support.
- In some areas, police and other community services such as housing are part of the system working to identify vulnerable women and support early intervention.

- There were good examples of joint working with appropriate protocols, pathways and comprehensive risk assessment in a few health boards.
- In some areas there was no specialist service or, in its absence, any evidence of clear protocols and pathways.
- In some areas there appeared to be a lack of integration of maternity and addiction services.
- In some health boards an integrated maternity/addictions service existed in one local authority area only resulting in women living in some parts of the board area having a much poorer service than in others.

5. RECOMMENDED PRINCIPLES OF SERVICE DELIVERY

1. High quality integrated multiagency services should be available to all women with alcohol and/or substance use in pregnancy and beyond in every part of Scotland. These should include clear protocols and pathways for engagement, assessment and intervention, with consistency of care provision extending beyond the early postpartum period. This should include enhanced maternity care and the delivery of appropriate harm reduction interventions. Assessment should include a comprehensive risk assessment of both the woman's and baby's (pre and post birth) circumstances.

2. Wider issues impacting on the wellbeing and welfare of the mother and baby should be addressed. These include the mental health of, and use of alcohol and drugs by, fathers, partners and other family members, the presence of domestic violence and other stressors such as poor housing and poverty.

3. Health boards should support a trauma-informed approach to service delivery as most women in these circumstances are likely to have faced, or be facing, a number of adversities.

4. At a strategic level there should be a consistency of messaging acknowledging the potential harm to women and their babies and supporting the development of services to mitigate this.

5. Training about the impact of alcohol and drug use by women in the perinatal period, and by wider family members, should be delivered to all those in contact with these families. Enhanced training will be appropriate for those working in specialist roles.

6. Systems should be developed to ensure that timely assessment of the infant with appropriate intervention if required is offered by paediatric and infant mental health services.

7. Services should be provided in a culturally sensitive manner, with non-discriminatory practice in relation to gender, sexuality, race, faith and class.

6. RECOMMENDED NEXT STEPS

Given the need for improvement in services for women with substance misuse, their infants and families, and the lack of a single recommended model of service provision, Perinatal Mental Health Network Scotland will convene a stakeholders workshop in 2021 to bring together individuals and organisations with expertise in maternity and child care, substance misuse and maternal and infant mental health alongside women and families who have lived experience, to develop recommendations on models of service provision for Scotland.

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APPENDIX 1

DUMFRIES & GALLOWAY SPECIALIST DRUG AND ALCOHOL SERVICE

PRE - BIRTH PATHWAY

8 sessions for pregnant parents:

8 Session pathway for pregnant families will include the following:

- FAS/NAS: Staff are able to educate the families around the impact of substance use on the foetus.
- Nutrition/ Vitamins: Healthy start programme; discussion with parents of the importance of folic acid in early pre-pregnancy and early pregnancy.
- Medications/Effects on pregnancy: in particular the impact of some mental health medications in terms of neural tube defects i.e: Spina bifida /anencephaly and also cleft palate – with Valproate medications (for epilepsy and as a mood stabiliser) and Topiramate medication (alcohol).
- Bonding /attachment: Staff are able to educate on the impact of substances on parenting capacity and the bonding process and the importance it plays on a Childs development. This can also include Cognitive behaviour approaches
- Harm reduction including: First Aid/Naloxone to be offered as standard practice.
- 2 Joint appointments with Social Work offered as standard.
- Contact with the W.I.N.G.S. Team for ongoing support in pregnancy.
- Smoking: and the impacts it may have on foetal development: low birth weights and longer term implications-referrals to smoking matters for further guidance.
- Occupational Therapy support.

Pathway appointments will help to review both presentation and levels of engagement; (it is hoped this will also make the process easier for staff when compiling reports for social work).

Interventions offered to parents: Use of anxiety management, motivational interviewing, Cognitive behaviour approaches and relaxation techniques, mental health screening if deemed appropriate and Occupational Therapy support.

Review medication dose and dispensing arrangements

Produced by NHS Specialist Drug and Alcohol Service (2020) Checked June 2020 Review June 2021

DUMFRIES & GALLOWAY SPECIALIST DRUG AND ALCOHOL SERVICE

POST BIRTH PATHWAY

6 Session support treatment pathway post birth:

- Will be discussed and formulated with parents (particularly mothers); and incorporate the following:
- Weekly appointments with UDS testing for 6 sessions to evidence clinical reasons for any medical changes. Within these six appointments 2 of these will be offered as joint appointments with social work which will be home visits agreed with the parents at time that suits them.
- There will also be the possibility of up to 4 “drop in sessions “ within the On-Call system for parents to access support if required. There will be no UDS testing at the drop in appointments’; this will purely be for support.
- Review of parent’s mood using HADS scale weekly to identify any concerns which will hopefully alert staff to possible risks of post-natal depression. (The following may be beneficial to parents: Use of anxiety management, motivational interviewing, CBA based approaches and relaxation techniques)
- Review of presentation and levels of engagement at each appointment; (it is hoped this will also make the process easier for staff when compiling reports for social work).
- Review medication dose and any relaxed dispensing already in place or if required to make the transition to parenthood easier on the family.

Pathway appointments will help to review both presentation and levels of engagement; (it is hoped this will also make the process easier for staff when compiling reports for social work).

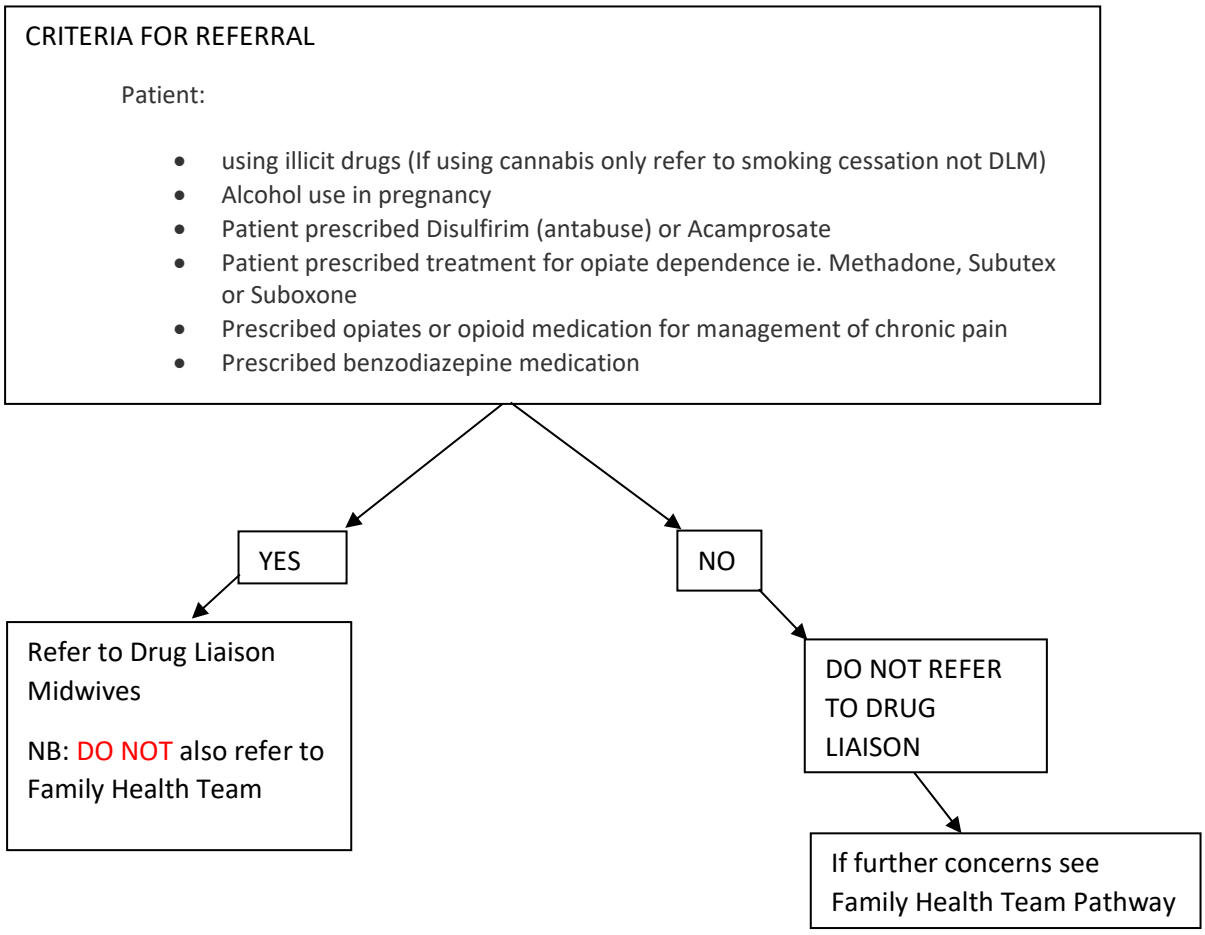
Interventions offered to parents: Use of anxiety management, motivational interviewing, CBA based approaches and relaxation techniques, mental health screening if deemed appropriate

Review of medication dose and dispensing arrangements

Produced by NHS Specialist Drug and Alcohol Service (2020) Checked June 2020 Review June 2021

APPENDIX 2

NHS FIFE DRUG LIAISON MIDWIVES



NB: If concerns remain after using pathway above please phone Drug Liaison Midwives /Family Health Team to discuss

APPENDIX 3

LAMS RISK ASSESSMENT AND TAILORED SUPPORT

LOW RISK	MEDIUM RISK	HIGH RISK
Women who disclose drug or alcohol misuse within the year prior to pregnancy, who have stopped or significantly reduced use. May have additional vulnerabilities: • Previous domestic abuse but not with current partner or baby's father • Low level mental health issues currently supported by GP or CMHT. • Historic Child Protection activity where children **remained in their care** • May need link to Phoenix / Addaction • No evidence of inability to effectively care for newborn • Not requiring social work referral/ **may be taken to MAST/EY MAS**	**Women who disclose drug or alcohol misuse currently or in the year prior to pregnancy with additional vulnerabilities who require support to abstain and remain stable:** • **OPEN to** addiction services and engage well for support • Currently stable on **Substitute Prescription** • **Significant** Mental Health concerns where drugs or alcohol has been used as a means of coping • Had **PREVIOUS Child Protection** input • **Social work input at GIRFEC level.**	**Women who disclose substance use in past year with an additional vulnerability, who following assessment require intensive multi-agency support:** • Currently **UNSTABLE** substance use or Poly drug use • Multiple **COMPLEX NEEDS:** Homeless Domestic Abuse Mental Health Justice services • Known **POOR ENGAGMENT** with agencies • **CURRENT** Child Protection concerns • Previous children required **LAAC** • **Social work input Child protection level.**
COMMUNITY MIDWIFE TO BOOK AND RETAIN NAMED MIDWIFE STATUS FOR THESE WOMEN. REFER TO LAMS FOR FURTHER ASSESSMENT ONLY WHERE FUTURE CONCERNS EVIDENT.	**THESE WOMEN SHOULD BE REFERRED TO LAMS FOR ASSESSMENT. LAMS WILL BE ADDITIONAL SUPPORT FOR THESE WOMEN**	**THESE WOMEN SHOULD BE REFERRED TO LAMS FOR ASSESSMENT. LAMS WILL ADDITIONAL SUPPORT FOR THESE WOMEN**
NO LAMS INPUT	**LAMS will provide:** • LAMS Recovery Action Plan • Support CP/GIRFEC processes	**LAMS will provide:** • LAMS Recovery Action Plan • Support CP/GIRFEC processes