

ALCOHOL AND OTHER DRUG USE IN PREGNANCY

Introduction

Alcohol and other drugs (AOD) use among pregnant women is associated with poor health outcomes for mothers and children during and after pregnancy. Research has found that South Africa has one of the highest prevalence rates for Fetal Alcohol Spectrum Disorders (FASD) in the world. Alcohol, crack/cocaine, heroin and methamphetamine are the most abused substances in South Africa, with alcohol abuse being the most significant problem.

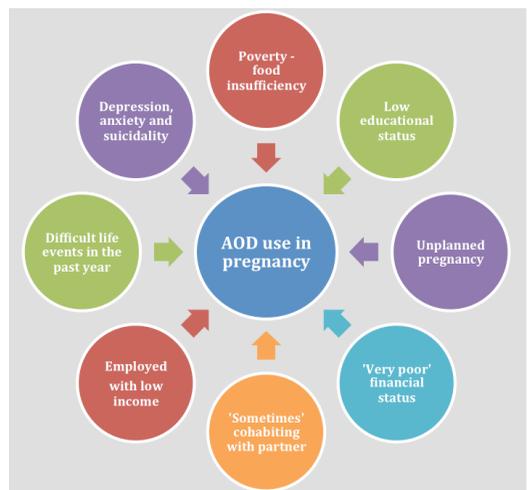
Prevalence

In a study conducted by the Perinatal Mental Health Project (PMHP) at Hanover Park Midwife Obstetric Unit, 17% of the 376 women interviewed disclosed that they had used alcohol or other drugs during pregnancy.

Risk Factors

The study by PMHP identified a number of factors relating to women's use of AODs in pregnancy:

Maternal mental distress and AOD use in pregnancy often result in a cycle of dependency. People suffering from disorders such as anxiety and depression may use alcohol or other drugs as a way of managing their distress. However it is known that the side effects of substance use include depressive episodes, anxiety and suicidal ideation.



Implications for women

Frequent AOD use has also been linked to low weight gain during pregnancy, reduced fetal growth, and premature birth.

Issues faced by AOD users in pregnancy include:

- Financial implications – fewer resources for the household
- Food insufficiency as limited finances are spent on AODs
- Poor attendance at antenatal clinic or attending for the first time in labour
- Poor physical health
- Reduced social networks of support
- Stigmatized by healthcare providers and community

Advice for healthcare workers

When women perceive their family, community, and the health system to be supporting them, they will be more likely to attend support services and commit to rehabilitating themselves. Pregnant women who use AODs should be encouraged to take responsibility for their own rehabilitation since making appointments and referrals rarely work without women having a personal motivation to engage with support.

Recommendations to support healthcare providers working with pregnant women using substances include:

- Training in relationship building and motivational interviewing to encourage women to engage in maternity care and identify their needs
- Maintain confidentiality where possible, to build a trusting relationship with the woman
- Identification of avoidable factors that are associated with substance use
- Address individual barriers to rehabilitation, e.g. financial, emotional support
- Awareness and referral to services that support rehabilitation & address related issues such as interpersonal violence

Conclusion

Women using alcohol and drugs in pregnancy are often influenced by other difficulties in their lives. Identification and support for these related factors can assist in addressing their substance use.

Education and training for healthcare professionals working with pregnant women can provide an important link for women to in supporting them to address their relationship with alcohol or other drugs.