



# Perinatal Mental Health Project

Caring for Mothers. Caring for the Future.

## Alcohol and other drug use among pregnant women in a peri-urban South African setting

Findings from a recent research study



### Perinatal Mental Health Project

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PerinatalMentalHealthProject

## Who are we?

The Perinatal Mental Health Project (PMHP) is an independent initiative based at the University of Cape Town. The Project has been operating since 2002 in partnership with the Western Cape Department of Health (DOH). We envision mental health support for all mothers to promote their well-being, and that of their children and communities by developing, evaluating and optimising interventions and tools.

The PMHP provides counselling services to three midwife obstetric units (MOUs) in Cape Town: Mowbray Maternity Hospital, Hanover Park Midwife Obstetric Unit, and False Bay Hospital. At these sites, we screen pregnant women for mental health problems and provide counselling and follow-up for those who are experiencing mental distress or are at risk for distress.

## What is this learning brief about?

We recently did a research study looking at alcohol and other drug (AOD) use among pregnant women at Hanover Park. We looked at the profile of women who were using AOD and what factors in their lives were associated with alcohol and drug use. We then interviewed our counsellors to get a better understanding of how they recognise women who are AOD users, and what they do to help them.

## Who might be interested in this learning brief?

This learning brief targets any service providers that interact with vulnerable women and children and most importantly, service providers that work with pregnant women. Such services providers can be nongovernmental organisations (NGOs), civil society organisations, healthcare providers and social service providers.

## What do we know about alcohol and drug use among pregnant women?

Alcohol and other drugs (AOD) use among pregnant women is associated with poor health outcomes for mothers and children during and after pregnancy. Frequent AOD use has also been linked with low weight gain during pregnancy, less fetal growth, and

premature birth<sup>1</sup>. Research has found that South Africa has one of the highest prevalence rates for Fetal Alcohol Spectrum Disorders (FASD) in the world<sup>2</sup>. Alcohol, crack/cocaine, heroin and methamphetamine are the most abused substances in South Africa, with alcohol abuse being the most significant problem<sup>3</sup>. A study in South Africa<sup>4</sup> that tested urine for drug use found about 10% of pregnant women attending antenatal clinics in the Cape Town area were using alcohol or drugs.

AOD use has been found to be associated with age, poverty, unemployment, interpersonal conflict, major depressive episodes, anxiety, and suicidality among pregnant women<sup>5</sup>. Pregnant women in low income settings are more vulnerable to AOD use<sup>4</sup>.

### The research study site

The PMHP study was conducted at the Hanover Park Midwife Obstetric Unit (MOU). Hanover Park is considered one of the most violent communities in Cape Town, with high levels of poverty, gang-related violence, substance use, and physical and sexual abuse<sup>6</sup>. Less than 20% of the adult population has completed high school<sup>7</sup>. There is high unemployment and incomes are low.

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<sup>1</sup> May PA, Blankenship J, Marais A, Gossage JP, Kalberg WO, Barnard R, et al. Approaching the Prevalence of the Full Spectrum of Fetal Alcohol Spectrum Disorders in a South African Population-Based Study. *Alcoholism: Clinical and experimental research*. Wiley Online Library; 2013;37(5):818–30.

<sup>2</sup> Central Drug Authority. Annual Report 2012/2013 [Internet]. 2014. Available from: <https://pmg.org.za/files/141029cdaar.pdf>

<sup>3</sup> Choi KW, Abler LA, Watt MH, Eaton LA, Kalichman SC, Skinner D, et al. Drinking before and after pregnancy recognition among South African women: the moderating role of traumatic experiences. *BMC pregnancy and childbirth*. BioMed Central Ltd; 2014;14(1):97.

<sup>4</sup> Petersen Williams P, Jordaan E, Mathews C, Lombard C, Parry CDH. Alcohol and other drug use during pregnancy among women attending midwife obstetric units in the Cape Metropole, South Africa. *Advances in preventive medicine*. Hindawi Publishing Corporation; 2014;2014

<sup>5</sup> Lancaster CA, Gold KJ, Flynn HA, Yoo H, Marcus SM, Davis MM. Risk factors for depressive symptoms during pregnancy: a systematic review. *American journal of obstetrics and gynecology*. Elsevier Inc.; 2010 Jan;202(1):5–14.

<sup>6</sup> Report on the identification of policing needs and priorities in the Western Cape [Internet]. Available from: [https://www.westerncape.gov.za/assets/departments/community-safety/pnps\\_2012-2013\\_report\\_29-08-2013.pdf](https://www.westerncape.gov.za/assets/departments/community-safety/pnps_2012-2013_report_29-08-2013.pdf)

<sup>7</sup> Moultrie A. Indigenous trauma volunteers: survivors with a mission. Diss. Rhodes University; 2004.

## What did we find?

A total of 376 women completed the study questionnaires. Most women were in their mid-twenties and were pregnant for the second time. Most women were in a relationship, with about 40% being married. The average highest level of education achieved was Grade 10 and nearly 60% of the women were unemployed. Of those earning an income, only 5% were earning over R5000 a month.

65 (17%) women reported that they were using alcohol or drugs, with some using both.

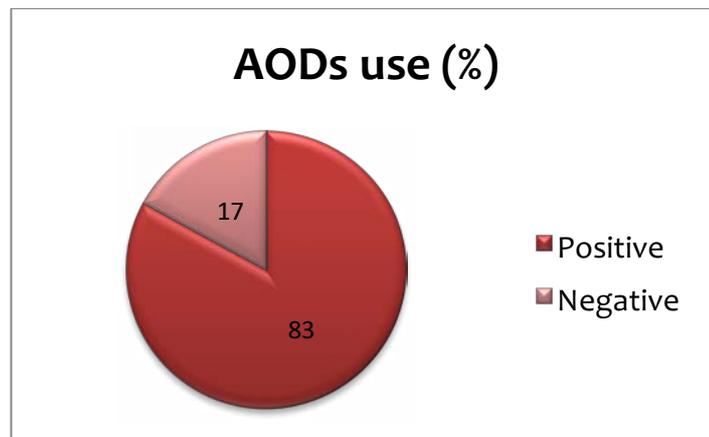


Figure 1 AOD use in the pregnant women sampled

We found that women who had depression, anxiety, suicidal thoughts, and past mental health problems were more likely to use AODs. Also, lower education levels, poverty, interpersonal violence, and lack of perceived social support were significant predictors of AOD use.

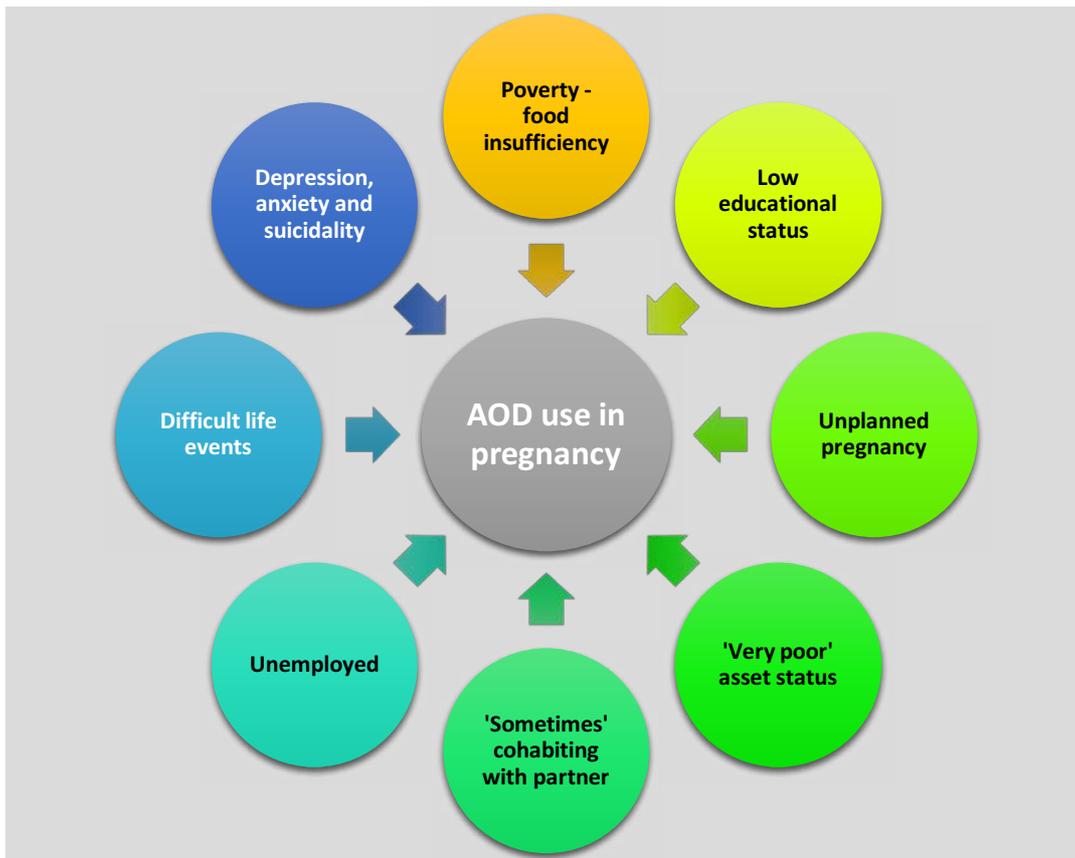


Figure 2 factors associated with AOD use among pregnant women

### Implications for practice

For a more in-depth understanding of the processes involved in identifying, counselling, and treating pregnant women who use alcohol and drugs, we interviewed the PMHP counselling team.

- **How do counsellors identify women who use AODs?**

After the basic, routine PMHP mental health screening, women who qualify to see a counsellor will undergo a more in-depth standard assessment with the counsellor. Part of the assessment is asking about any substances used previously or currently. Usually, at this point, women decide whether they will discuss or conceal their AOD use. Building of a rapport and asking indirect questions are strategies to try and ensure that the women are relaxed and can speak about AOD use openly and honestly.

Sometimes it is clear by how women behave that they use AOD. Some clients arrive at the clinic visibly drunk, behave erratically, and may have physical signs like skin conditions and dilated pupils.

Also, some women will self-refer for counselling, especially when they have hit “rock bottom” . Then, they tend to discuss their drug problems openly with PMHP counsellors in what they consider a ‘safe environment’.

- **What are the identifiable triggers or predisposing factors leading to AODs among these women?**

**Poverty:** These women are predominantly malnourished, wear worn-out clothing, unemployed, and look tired. Ours counsellors believe that malnourishment and poverty might be as a result of their diverting money meant for food, to buying alcohol or drugs. Poverty may also influence using AODs as a way ‘to escape’ the difficulties of living in poverty. However, some clients using AODs who attend counselling services do not follow this pattern: they look well dressed and are relatively more affluent. Identifying poverty as a trigger might exclude these clients but in general, clients present a mix of problems and factors.

**Interpersonal violence:** Counsellors identified that many of the women that attend counselling services experience violence. Violence can be present as verbal/emotional violence, physical violence, or sexual violence. Some clients experience all these forms of violence. Violence can be between client and her partner or between client and her family members. It is important to note that some of the women may be active in being violent themselves, and children are often exposed to this.

**Mental health problems:** Some clients also present other mental health problems like depression, anxiety, and suicidal thoughts. When these clients are counselled, a history of AOD use is often identified. This shows a co-existence of multiple mental health problems. It is suggested that services that deal with any of these mental health problems should also incorporate management of AOD use.

**Societal exposure:** AOD use amongst family and friends was also identified by the counsellors as having a significant influence on women's use and their ability to withdraw from substance use.

- **What factors do you think prevent or enhance access to services for women with AODs?**

Programmes for AOD rehabilitation usually involve intensive support packages. For women who are working or need to earn an income, accessing these support services are very challenging in terms of transport difficulties and lack of time. As a result, women tend to feel they can't engage with such a service whilst pregnant or having a baby, while trying to work as well.

Attitudes of health and social workers and counsellors can either encourage attendance to support services or be a barrier for women that use AODs. A compassionate and empathic approach is important to create a supporting environment for these women, where they can feel safe to open up and address the AODs-related issues. Asking confrontational questions and having a condescending or instructional approach results in these women missing support sessions and providing dishonest information.

When women perceive their family, community, and the health system support them, they will be more likely to attend support services and commit to rehabilitating themselves.

There are significant gaps in health and social service systems for the treatment and support of pregnant women that use AODs. When facilities, such as rehabilitation centres, are approached to receive referrals, many of these centres are resistant to accepting pregnant women.

## Recommendations

### Training of health and social workers

Health care providers and social workers should be educated about the long-term and short-term impact of AOD use. They also should receive skills training on how to identify AOD use, create rapport with clients, and display empathy to encourage clients to attend services and rehabilitate themselves. It is crucial that health staff understand the signs and management of withdrawal symptoms from AODs

### Confidentiality

Confidentiality should be established as it may encourage disclosure but there should be predetermined limits for situations of risk to the most vulnerable, e.g. children.

### Interpersonal violence (IPV) support

There is a strong association between AOD use and violence. Where possible, services should integrate elements of mental health, IPV and AOD use management. Further, these health services should collaborate with law enforcement agencies to ensure that the vulnerable are protected.

Further suggestions include:

- MOU staff, general health and social work staff should have some training in motivational interviewing, a brief, evidence-based method for treating AODs. Pregnancy has been identified as a time of significant motivation to recover from AOD use, so the ability to identify and support these women is vital.
- Engaging reading material should be available for women in the MOUs and other health or social development locations. Information should include details on particular substances, mental disorders and resources or helplines available.
- Identifying any barriers (e.g. financial and emotional) to engaging in rehabilitation services is important.

### **Conclusion: holistic mental health support**

It would be less expensive for health systems, users, and invariably, taxpayers, if mental health support was treated in a holistic way. This would require health, social and rehabilitative services to work in a meaningful and collaborative manner. Pregnant women that use AODs should be encouraged to take responsibility for their own rehabilitation since making appointments and referrals rarely work without the woman having her own motivation to engage when ready.

A holistic approach around the subject of substance use is also important. Service providers should try to identify other factors that may have resulted in the use or dependency on AODs, for example poverty, family issues, and other mental health conditions.