Standard Operational Procedure for the Management of Pregnant Women Who Misuse Substances and the Immediate Care of Their Babies

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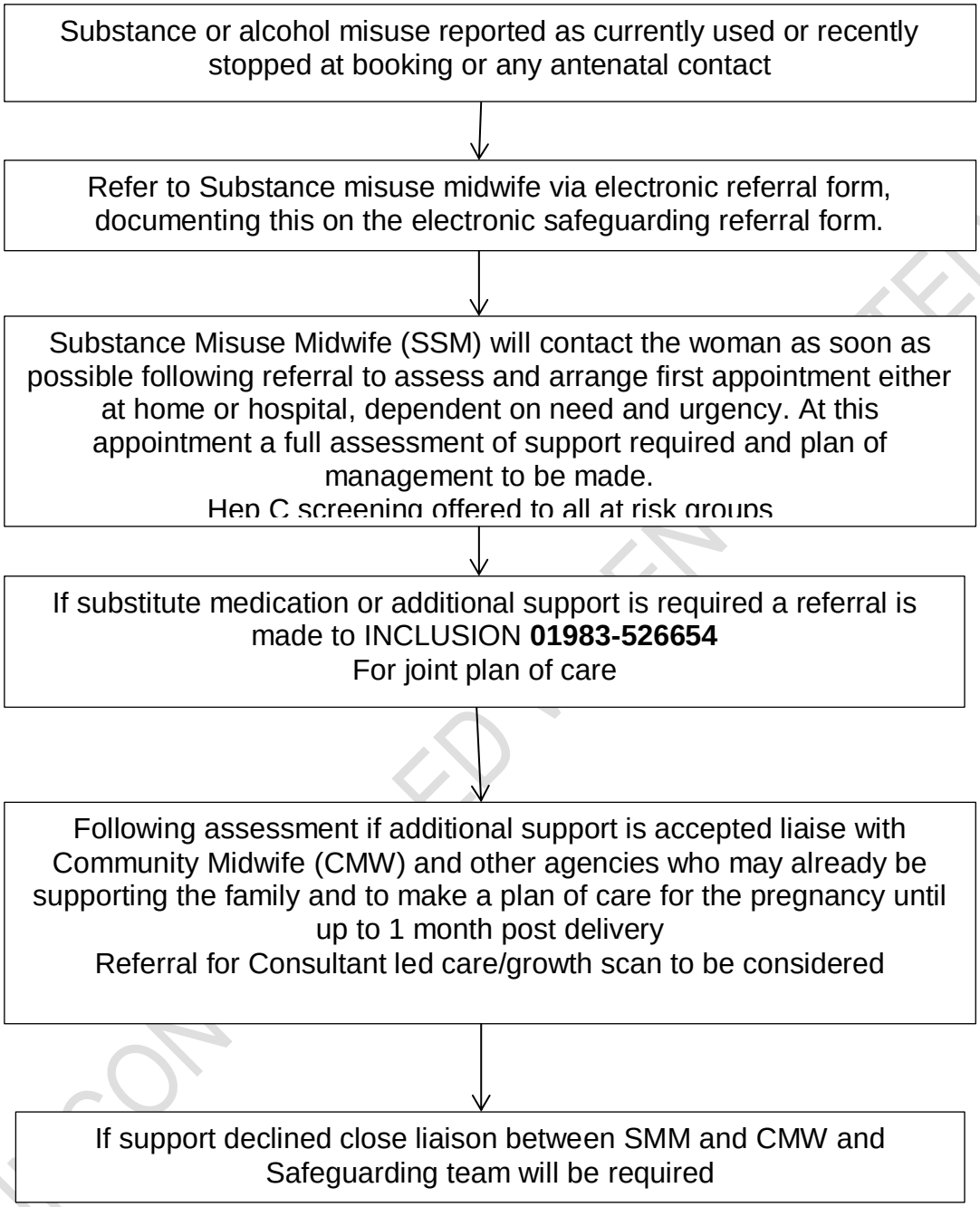
Care pathway for referral to Substance Misuse Midwife



Thames Valley neonatal abstinence Syndrome Score chart

Appendix A

NEONATAL DRUG WITHDRAWAL SCORE CHART

How to use this chart:

- If a symptom is present score 2; If not score 0
- Record one score for each section (there should be only one number in each box, either 2 or 0 so maximum possible score is 18.
- If possible document the score approximately one hour following a feed.
- Take into account behaviour appropriate for age and gestation.
- Consider symptoms present over the whole scoring period.
- Document score 3-4 hourly, after 2 consecutive scores of 6 or more document the score 2 hourly.

Name .....

NHS No: .....

DOB: .....

Treatment will be considered after two consecutive scores of 8 or above

DATE											
TIME											
HYPERTONIA (Persistent hypertonic posture, hyperflexion/ hyperextension, extended position)											
HIGH PITCHED CRY (An excessive or persistent high pitched cry that is not resolved by a reduction in stimuli, swaddling or cuddling)											
JITTERINESS/TREMOR When undisturbed											
JITTERINESS/TREMOR When disturbed											
SLEEP/WAKE PATTERN Sleeps<1 hour after a good feed											
PYREXIA>38°C Of unknown origin (exclude other causes)											
RESPIRATORY SYMPTOMS (exclude other causes) Score if 2 or more present- Tachypnoea>60 breaths per minute, Recession, Nasal flaring											
PROJECTILE VOMITING											
LOOSE WATERY STOOLS											
TOTAL SCORE											
SIGNATURE											

Clinical Opiate Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name: Date and Time ___

Reason for this assessment:

Resting Pulse Rate: _____beats/minute *Measured after patient is sitting or lying for one minute* 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	**GI Upset**: *over last ½ hour* 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting
Sweating: *over past ½ hour not accounted for by room temperature or patient activity.* 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	**Tremor** *observation of outstretched hands* 0 No tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness *Observation during assessmen*t 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 Unable to sit still for more than a few seconds	**Yawning** *Observation during assessment* 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the Inclusion is visible	**Anxiety or Irritability** 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/ muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	**Gooseflesh skin** 0 skin is smooth 3 piloerrection of skin can be felt or hairs standing up on arms 5 prominent piloerrection
Runny nose or tearing *Not accounted for by cold symptoms or allergies* 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing Assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

1. Purpose/Background:

This Standard Operating Procedure has been developed to provide effective care and treatment to pregnant women who misuse drugs and their newborn baby.

2. Scope:

This document is for use by all obstetricians, paediatricians, midwives and neonatal staff within the maternity service on the Isle of Wight. It applies to all women cared for by the St Mary's Maternity Service.

3. Responsibilities

It is the responsibility of all Midwifery Nursing and medical staff to:

- Access read understand and apply this SOP
- Attend any mandatory training pertaining to the SOP

It is the responsibility of the department to:

- Ensure the SOP is reviewed as required in line with trust and national recommendations
- Ensure the SOP is accessible to all relevant staff

4. Procedure:

4.1 Role of Substance Misuse Midwife (SMM)

- Initial contact will be made with woman as soon as possible following referral to assess and arrange appointment at home or hospital dependent on need and urgency. The SMM mobile phone number will be given (07775902139).
- The SMM can act as a resource to the Community Midwife if her direct involvement is declined by the woman.
- Discuss with the woman the involvement of other agencies if necessary and document in the hospital and the maternity safeguarding records.
- Develop and co-ordinate a multi-agency care plan. Initiate a multi-agency meeting if required.
- Document plan of care in hospital maternity and safeguarding records.

- If there is a history of IV drug or cocaine use, provide advice and information on hepatitis C screening.
- Ensure Liver Function Tests are offered to at risk groups.
- Inform Special Care baby Unit (SCBU) and labour ward of all women who misuse drugs or alcohol in pregnancy also those receiving substitute medication (folders in both areas).
- Offer all women misusing substances or on prescribed substitute medication an accompanied visit to SBCU between 28-32 wks gestation. During this visit discuss the management of Neonatal Abstinence Syndrome (NAS).

4.2 Role of INCLUSION

- Drug and alcohol support across Isle of Wight is provided by Inclusion. They work with all age groups who are misusing substances, or affected by their own or someone else's use of alcohol or drugs.
- Input from the INCLUSION if necessary for substitute prescribing and advice. Tel. **01983-526654.**
- **Our of Hours Support-** INCLUSION number (as above) can be used to obtain the contact number for out of hours support and advice.

4.3 Antenatal Care:

- Routine booking by Community Midwife.
- All women who misuse substances including alcohol to be initially referred to the substance misuse midwife and an appointment made following the 12 week scan for the consultant clinic.
- Women with history of IV drug use or at risk due to other substance misuse to be offered Hep C screening. An anaesthetist appointment at 28 weeks should be considered if there is concern about IV access.
- At the initial consultant appointment, a decision will be made to continue with consultant led care or refer back to midwifery led care. This plan will be documented in both the hand held and hospital records. Growth scans if required will be requested by the consultant obstetrician.

- Ongoing support from substance misuse midwife, community midwife and other involved agencies as required on an individual basis.
- SMM to inform women of risks and possible effects of prescribed and un-prescribed medication/substances. To discuss and prepare women for possible neonatal withdrawal.
- Community Midwife to complete safeguarding referral and liaise with named midwife for safeguarding.
- SMM to update safeguarding and maternity records as necessary, undertaking regular liaison with named midwife for safeguarding and 'INCLUSION' if involved in care
- Any other professional already involved in the woman's care should be clearly identified and documented in the hand held and hospital records.

N.B. Advise the woman that it may be detrimental to their unborn baby to suddenly stop using some drugs. Therefore a plan will be made by the substance misuse midwife to further manage their treatment.

4.4 Inpatient Care

- A plan of care will be documented in the maternal electronic records to ensure that all midwives involved in the woman's care are aware of issues and treatment.
- For all admissions refer to the electronic safeguarding records.
- Methadone and Subutex treatment must be prescribed correctly on the woman's regular prescription chart by a doctor.
- Inform INCLUSION of admission if their client, to ensure support continued as inpatient and to allow any prescribed medication to be placed on hold at outside pharmacy until discharge.
- Any problems or concerns re prescribed medication to contact INCLUSION. Pharmacy may be contacted for advice at weekends or out of hours if necessary.

4.5 Intrapartum Care

- Details of all women with substance misuse / alcohol issues can be found in the labour ward drug file. Please refer to the woman's maternity and safeguarding records for more information.
- If the woman is maintained on Methadone or Subutex this must be continued.
- Ensure medication is prescribed and obtained from pharmacy.
- Identify individual care plan, documented in hospital records.
- Inform paediatric staff on call of admission.
- Standard analgesia including an epidural can be offered in labour. Some opiate users may require increased amounts due to their tolerance of opiates. Assess each woman's pain relief on an individual basis.
- A member of the paediatric team should be informed of labour and attendance requested at delivery if required for all babies whose mothers have misused drugs during pregnancy or are taking prescribed substitute medication.

N.B. Naloxone must be given with extreme caution to mother or baby when opiate misuse is identified as it precipitates acute withdrawal in both.

If a woman presents in labour without prior assessment by the drug and alcohol team the following action should be taken:

- Inform senior midwife.
- Inform Obstetric Registrar/ Consultant on call
- Inform and contact necessary agencies for advice.
- Inform Paediatrician for neonatal care plan.
- Inform Safeguarding Team.
- Document in maternity and safeguarding electronic hospital records.
- Contact/Leave message for Substance Misuse Midwife and Safeguarding Team.
- Obtain urine screen with verbal consent to determine the presence of illicit substances or prescribed /un-prescribed substitute medication. The treatment and management dependent on the results.

- Risk assessment and contingency plan can be obtained from INCLUSION in normal working hours. At weekends or out of hours if necessary pharmacy may be contacted for advice. Additional advice re management may be obtained from the out of hours service- see 4.2

4.6 Immediate Neonatal care

- Dependent on the clinical picture of the baby, skin to skin and initiation of feeding should be encouraged. (Refer to the Guideline for the Immediate care of the Newborn). Aim to keep mum and baby together for as long as possible. All babies should be reviewed by a member of the paediatric team and a decision made whether to undertake care on the maternity ward or SCBU.
- Breast feeding is recommended unless mother is HIV positive. A positive hepatitis B status is no contraindication, nor is positive hepatitis C (unless bleeding nipples). Breast feeding is not contraindicated whilst on a stable methadone programme. However if a woman has had erratic drug use throughout pregnancy, please take advice from paediatricians
- Commence Neonatal Drug Withdrawal Chart (Appendix 1) - management dependent on score.

4.7 Postnatal care

4.7.1 Mother

- Inform Safeguarding Team of delivery.
- Pre-discharge planning is paramount. A parenting diary should be commenced if identified in the safeguarding record.
- An individual care plan must be available and communicated between all services involved and documented in maternal records and safeguarding file.
- Ensure medication is available. Continue prescribed medication of Methadone or Subutex.
- Contact INCLUSION prior to discharge to ensure prescriptions recommence at outside pharmacy and ensure follow up is arranged.
- Length of stay and extended community visiting will be dependent on care plan.

4.7.2 Baby

- Undertake neonatal drug withdrawal scoring (Appendix 1) after each feed, following guidance on chart as necessary.
- Obtain consent for drug screening and toxicology if required (Place a cotton wool ball in the nappy to obtain urine sample as soon as possible following birth). Testing is performed in SCBU.
- If the baby appears jittery, blood sugar testing should be performed to exclude hypoglycaemia as per hypoglycaemia guidelines.
- A member of the paediatric team should review the baby dependent on clinical picture.
- Support non–pharmacological pacification (i.e. swaddling, minimal handling, subdued lighting and pacifier with parent's consent).
- Paracetamol may be prescribed 12mg/kg.
- Inform parents that their baby can be very unsettled and may need additional pacification.

4.8 Admission to SCBU

- Admission to SCBU may be required dependent on paediatric assessment and if baby unable to maintain homeostasis, i.e.
    - poor feeding
    - vomiting
    - low blood sugars
- High NAS scoring, indicating other requirements i.e. Oral Morphine
- Symptoms must not be assumed to be simply drug withdrawal.
- I/V fluids and antibiotic cover as required.
- Oro-morphine should be prescribed as per NAS scoring.
- Encourage parents to participate in all aspects of the baby's care whilst in SCBU where appropriate.
- Aim is to keep mum and baby together and to return baby to the maternity ward as soon as condition allows.

4.9 Withdrawal

- It is possible for any woman who has a history of substance misuse to withdraw at any time; therefore it is important to obtain a good history of their drug use and treatment.
- A Clinical Opiate Withdrawal Scale is available to aid assessment.

Signs and Symptoms in the woman

- Restlessness
- Tremors
- Sweating
- Abdominal pain
- Cramps
- Anxiety
- Vomiting

Signs and Symptoms in the baby

- Fetal tachycardia/ bradycardia
- Increased fetal movements
- Meconium stained liquor

Management of withdrawal:

- Inform Registrar on call: contact INCLUSION in daytime hours and Pharmacy out of hours for advice on medication
- Inform Paediatrician on call and SCBU.

4.10 Follow Up

Babies will be given follow up appointments on an individual basis as needed.

4.11 Immunisations

- All babies to be assessed for risk of Hep B and a course of Hepatitis B vaccine given if necessary (see Guideline for Hep B Vaccinations). These will be carried out in SCBU with follow up appointments arranged.
- If mum Hep C positive appropriate screening and necessary follow up for baby arranged.

4.12 If new referral following delivery:

- Inform
    - Senior Midwife
    - Named midwife for Safeguarding
    - Substance misuse midwife
    - Other agencies as required.
- A discharge planning meeting may be requested if issues prior to discharge arise.
- Inform the necessary agencies involved on discharge home;
    - Named midwife for safeguarding.
    - Community Midwife.
    - Health Visitor.
    - Substance misuse midwife
    - Inform INCLUSION if woman is their client.
    - Other agencies as required (Children's Social Care out of hours number : 03003000901)

5 Implementation/training/awareness

- This is a review of a current document and it formalises current practice.
- Once ratified it will be available in all clinical areas within the Maternity Unit and on the intranet.
- All new, reviewed and ratified documents are notified to staff via the monthly maternity newsletter

6. Auditable Standards

What aspects of compliance with the document will be monitored	What will be reviewed to evidence this	How and how often will this be done	Detail sample size (if applicable)	Who will coordinate findings	Which group or report will receive findings
That all referrals are completed in full and are appropriate	Referrals	Yearly	All referrals	Substance Misuse Midwife	HOM, Safeguarding team

7. Related Documents:

Guidelines/SOP's:

- SOP- Antenatal care
- SOP-Post natal care
- SOP- Admission to SCBU
- Thames Valley guideline for neonatal abstinence syndrome

8. References:

- **Hidden Harm accessed at http://drugs.homeoffice.gov.uk/publication**
- National Service Framework Standard 11. Accessed at d.o.h.gov.uk
- MBRRACE-UK 2016. Accessed at www.mbrrace.ox.ac.uk

9. DISCLAIMER

It is the responsibility of staff to check the Trust intranet to ensure that the most recent version/issue of this document is being referenced.

DOCUMENT HISTORY					
Date of Issue	**Version No.**	**Next Review Date**	**Date Approved**	**Director Responsible for Change**	**Nature of Change**
August 2009	Draft 0.1	n/a			
Oct 2009	1	Oct 2011	Oct 2009		Ratified Maternity CSG
18th October 2011	2.0	18th October 2014	18th October 2011		Review no changes
July 2014	3.0	1st July 2017	1st July 2014	Executive Director of Nursing and Workforce	Review no changes
August 2017	4.0	15th August 2020	15th August 2017	Clinical Director of SWCH	Reviewed and updated. Approved at Maternity CSG
Feb 2021	SOP V1	February 2024		MCSG	Converted to SOP format. Reviewed and ratified