A Model for Coordination of a Prenatal Care Clinic for Substance Abusing Pregnant Women

Barbara J. Francis  MSN, CNM, DNPs
Karsnitz, Deborah DNP, CNM, FACNM (Chair)

Frontier Nursing University
Distance Education from the Birthplace of Nurse-Midwifery and Family Nursing in America

Purpose
The purpose of this capstone project is to develop a model for coordination of a prenatal care clinic for substance abusing women in the Toledo, Ohio area.

Problem
In Toledo, Ohio, there is no prenatal care clinic for substance using women. This project addresses integration of prenatal care and proposes a model which will include substance treatment options, mental health services, prenatal care and collaboration with the neonatal abstinence syndrome program. In addition, collaboration with social services in the postpartum period for the mother, infant and families will also be addressed.

Background
- Substance abuse is a complex public health problem as women come from all socio-economic backgrounds
- National Guidelines as well as the Institute of Medicine recommend universal screening at healthy checks and prenatal care
- Health care providers need to be aware of substance use rates in pregnancy
  Illicit substance use rate 20.9% in teen pregnancies
  A rate of 8.2% in pregnancies of ages 18-25
- Pregnancy presents the opportunity to screen and assess for substance use, offer intervention and refer to specialized treatment
- Research consistently shows that prenatal care models which include substance abuse treatment have significantly improved neonatal outcomes.

Complex Issues
Specific effects of individual drugs are difficult to determine with polysubstance use. Perinatal substance abuse has reached critical levels in recent years. Healthcare providers face the difficult challenge of identifying women who are in need of treatment and identifying accessible services for treatment.

Substance Screening Barriers

<table>
<thead>
<tr>
<th>Health Care Provider</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider bias</td>
<td>Homelessness</td>
</tr>
<tr>
<td>Provider discomfort</td>
<td>No transportation</td>
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<tr>
<td>Uncertainty of legal ramifications</td>
<td>Need for childcare</td>
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<tr>
<td>Lack of referral services</td>
<td>Drug Use</td>
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<td></td>
<td>No health insurance</td>
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</tbody>
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Anticipated Outcomes
- Development of this model can decrease substance use in the antepartum period.
- Treatment of both mother and child can reduce medical costs and decrease reliance on foster care and other public services.
- Collaboration with a neonatal abstinence syndrome team will encourage mother infant bonding and self-care over the long term.

References