

**The needs and experiences of pregnant women and
new mothers with a history of injecting drug use**

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Certificate of Original Authorship

I, Anna Doab declare that this thesis, is submitted in fulfilment of the requirements for the award of Doctor of Philosophy in the Faculty of Health at the University of Technology Sydney.

This thesis is wholly my own work unless otherwise referenced or acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

This document has not been submitted for qualifications at any other academic institution.

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Ultimately though, I hope that this research does justice for all the women and their care providers who were interviewed. My overall vision is a health and social care system that is more flexible, compassionate and responsive to these women and their children's needs. I truly believe that as a society we will strive for and achieve better outcomes for some of our most vulnerable.

Abbreviations

ACT: Australian Capital Territory
AOD: Alcohol and other drug
ATS: Amphetamine type substances
AVO: Apprehended violence order
BBVI: Blood-borne viral infectious
BCAP: Brief Child Abuse Potential
BZD: Benzodiazepines
CMA: Crystal methamphetamine ('ice')
DOCS: Department of Community Services (now DCJ)
DCJ: Department of Communities and Justice (formally FACS, and DOCS)
EDPS: Edinburgh Postnatal Depression Scale
ETOH: Ethyl alcohol
FACS: Family and Community Services (now DCJ)
FDTC: Family Drug Treatment Court
HCV: Hepatitis C virus
HIV: Human immunodeficiency virus
IDU: Injecting drug users
IPV: Intimate partner violence
KPCS: Karitane Parenting Confidence Scale
KRC: Kirketon Road Centre
LARC: Long-acting reversible contraception
LSNS: Lubben Social Network Scale
NAS: Neonatal abstinence syndrome
NDS: National Drug Strategy
NGO: Non-government organisation
NSW: New South Wales
OAT: Opiate agonist treatment (such as methadone or buprenorphine)
OOHC: Out of home care
OUD: Opioid use disorder
PFC: Pregnancy family conferences
PHC: Primary health care
PSE: Parenting self efficacy
PWID: People who inject drugs
SDM: Structured Decision Making
SRH: Sexual and reproductive health
STI: Sexually transmitted infection
SUD: Substance use disorder
THC: Tetrahydrocannabinol
USA: United States of America

Glossary

Aboriginal: A person of Aboriginal or/and Torres Strait Islander descent

Addiction: An inability to stop doing or using something, especially something harmful

Current or recent injecting drug user: A person who has injected drugs in the previous six months

Harm minimisation: Building safe, healthy and resilient communities through preventing, responding and reducing alcohol, tobacco and other drugs related health, social and economic harms. This includes harm reduction, supply reduction and demand reduction.

Harm reduction: Refers to policies, programmes and practices that aim to minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws.

New mothers: This includes women who have a new baby. They may also have other children

Perinatal period: Pregnancy and the first year postpartum

Reunification: Placement of a child back into care with their birth mother

Substance use disorder: The impact of addiction on a person's brain and behaviour, leading to a person's inability to control their use of substances

Substantiated case (child protection): When the professional opinion of officers of the child protection authority, is that there is reasonable cause to believe that a child has been, is being, or is likely to be abused, neglected or otherwise harmed.

Style notes

'Single quotation marks' with *italics* are verbatim quotes, phrases or words from individual study participants (women, health and social care providers and Department of Community and Justice workers).

"Double quotation marks" with *italics* are verbatim quotes of study participants when describing a quote from a different person

Main quotes are indented within paragraphs and assigned single quotation marks. For quotes over three lines, there are no quotation marks. All quotes are italicised.

At the end of each indented quote a pseudonym and interview number was assigned.

Explanatory inserts within quotes are bracketed and not italicised.

Table of contents

CERTIFICATE OF ORIGINAL AUTHORSHIP	II
ACKNOWLEDGEMENTS	III
ABBREVIATIONS	IV
GLOSSARY	V
STYLE NOTES	VI
TABLE OF CONTENTS	VII
LIST OF TABLES	XI
LIST OF DIAGRAMS	XII
ABSTRACT	XIII
CHAPTER ONE: BACKGROUND	1
SUMMARY, BACKGROUND AND ORIGINS OF RESEARCH	1
Overview of substance use disorders and patterns of use	2
Outcomes of People Who Inject Drugs	6
Mothers and Substance Use Disorders	9
Gender-specific treatment of substance use disorders	16
Support for pregnant women with SUDs	17
The origins of this research	17
Outline of thesis	19
CHAPTER TWO: LITERATURE REVIEW	21
INTRODUCTION	21
METHODS	22
FINDINGS	25
Fear and guilt.....	28
Treatment burden and misconceptions.....	30
We're poor	31
Bringing children with me	33
Learning how to be mum	33
Empowerment.....	34
DISCUSSION	36
Approachability and ability to perceive health care	36
Acceptability and ability to seek care.....	37
Availability and accommodation and the ability to reach	38
Affordability and ability to pay.....	39
Appropriateness and the ability to engage.....	39
SUMMARY	40
CHAPTER THREE: RATIONALE AND STUDY AIMS	41
RATIONALE	41
AIMS	42
RESEARCH QUESTIONS	42
RESEARCH FRAMEWORK	43
Social determinants of health and the socioecological model	43
CHAPTER FOUR: METHODS	47
MIXED METHODS RESEARCH	47
Modern mixed methods research in health care and pragmatism	48
Paradigm lens: feminism	48
Reflexivity	49

STUDY DESIGN: MIXED METHODS MULTI-PHASE EXPLORATORY CASE STUDY	50
Phase 1: Situational analysis- service and guideline review	52
Phase 2 and 3: Interviews with women, health and social care providers and Department of Community and Justice workers	57
Study participants (cases)	57
Eligibility and recruitment	64
Case study data synthesis and analysis	67
Data analysis	67
Phase 2: data rapid analysis	67
Phase 3: data analysis	70
Phase 4: data synthesis and interpretation	71
Validating data and rigour	72
ETHICAL ISSUES	73
CHAPTER FIVE- PHASE 1: SERVICE AND GUIDELINE REVIEW	76
SERVICE REVIEW	76
SUMMARY OF FINDINGS	77
GUIDELINES REVIEW	82
Domain 1: Screening and brief interventions for hazardous and harmful substance use during pregnancy	84
Domain 2: Psychosocial interventions for harmful use and dependence on alcohol and other substances in pregnancy	84
Domain 3: Detoxification or quitting programs for alcohol and other substance dependence in pregnancy	85
Domain 4: Pharmacological treatment (maintenance and relapse prevention) for alcohol and other substance dependence in pregnancy	86
Domain 5: Breastfeeding and maternal substance use	86
Domain 6: Management of infants exposed to alcohol and other psychoactive substances	87
RECOMMENDATIONS, ADDITIONAL INFORMATION AND AREAS FOR REVIEW	88
AGREE II review	89
GUIDELINE SUMMARY	92
CHAPTER SIX- PHASE 2: OVERVIEW OF WOMEN AND QUANTITATIVE FINDINGS	94
OVERVIEW OF WOMEN	94
Demographics of women	95
QUANTITATIVE FINDINGS OF PHASE 2 INTERVIEWS WITH WOMEN	96
Substance use and treatment histories	97
Mental health	99
Blood Borne Viral history	100
Sexual and reproductive health care	100
Children and out of home care	101
Validated tools	102
SUMMARY OF FINDINGS	106
CHAPTER SEVEN: PHASE 2 QUALITATIVE FINDINGS OF WOMEN	107
Theme 1: Abandoned and alone	107
Theme 2: Power (less) and in the dark	112
Theme 3: Constant surveillance and burden of proof	117
Theme 4: The trauma of child removal	119
Theme 5: Sadness and guilt	122
Theme 6: Catch 22- being set up to fail	123
Theme 7: Desire for a normal life	126

CHAPTER EIGHT: PHASE THREE QUALITATIVE FINDINGS OF HEALTH CARE WORKERS	130
Theme 1: Stigma and its consequences	130
Theme 2: Competing priorities in women’s lives	134
Theme 3: Access to care	135
Theme 4: Child removal and trauma.....	136
Theme 5: Falling through the gaps.....	138
Theme 6: Power	140
Theme 7: Violence.....	142
Theme 8: Mothers’ Determination	143
CHAPTER NINE: PHASE THREE QUALITATIVE FINDINGS OF DEPARTMENT OF JUSTICE AND COMMUNITY WORKERS	145
Theme 1: Contradictions in care	145
Theme 2: Treatment access	147
Theme 3: Running into brick walls	148
Theme 4: Changing child protection policy.....	149
Theme 5: Trauma and Aboriginality, and service interactions	150
Theme 6: Care delivery in the face of intimate partner violence	151
Theme 7: Changing face of DCJ	152
Theme 8: So much work, so little time.....	154
Theme 9: Building positive relationships	154
CHAPTER TEN: PHASE FOUR DISCUSSION.....	157
THE CONTEXT OF PREGNANT AND PARENTING WOMEN WITH SUD.....	158
The needs and experiences of women in NSW.....	159
The experiences of health, social care and DCJ providers caring for women with a history of injecting drug use	160
DATA ANALYSIS: META THEMES.....	160
Meta-theme and socioecological model relationship.....	161
Meta-theme 1: Individual- self-determination	167
Meta-theme 2: Trauma and sub-themes IPV and OOHC and relational issues	175
Meta-theme 3: Power, surveillance and stigma	183
Meta-theme 4: Systemic issues.....	187
Gaps in policy and care	189
Summary	191
STRENGTHS AND LIMITATIONS	192
RECOMMENDATIONS FOR POLICY AND PRACTICE	194
CONCLUSION.....	197
REFERENCES	199
APPENDICES	223
APPENDIX 1: PUBLISHED BACKGROUND LITERATURE REVIEW	223
APPENDIX 2: CRITICAL APPRAISAL SKILLS PROGRAMME	235
APPENDIX 3: OVERVIEW OF STUDIES FOR LITERATURE REVIEW	241
APPENDIX 4: COMMUNITY MENTAL HEALTH DRUG AND ALCOHOL RESEARCH NETWORK (CMHDARN) SEEDING GRANT	247
APPENDIX 5: POSTER PRESENTATION, GUIDELINE REVIEW (APSAD)	255
APPENDIX 6: SERVICE REVIEW TEMPLATE FOR RESIDENTIAL REHABILITATION SERVICES.....	256
APPENDIX 7: AGREE II SCORE SHEET	257
APPENDIX 8: DEMOGRAPHICS, HEALTH SCREENING AND SUBSTANCE USE, SRH HISTORY	258
APPENDIX 9: EDINBURGH POSTNATAL DEPRESSION SCALE	266

APPENDIX 10: MANAGEMENT PROTOCOLS FOR QUANTITATIVE SURVEYS	268
APPENDIX 11: LUBBEN SOCIAL NETWORK SCALE	269
APPENDIX 12: NSW HEALTH DOMESTIC VIOLENCE SCREENING TOOL	270
APPENDIX 13: KARITANE PARENTING CONFIDENCE SCALE	271
APPENDIX 14: BRIEF CHILD ABUSE POTENTIAL	273
APPENDIX 15: QUALITATIVE INTERVIEW GUIDE: WITH WOMEN	274
APPENDIX 16: QUALITATIVE INTERVIEW GUIDE: SERVICE PROVIDERS	280
APPENDIX 17: CONSENT FORMS, WOMEN	281
APPENDIX 18: CONSENT FORMS. HEALTH AND SOCIAL CARE PROVIDERS / DCJ	288
APPENDIX 19: RAPID QUALITATIVE APPRAISAL OVERVIEW	294
APPENDIX 20: CODING TEMPLATES	295
APPENDIX 21: ETHICS APPROVALS.....	296
APPENDIX 22: DISTRESS PROTOCOL.....	299
APPENDIX 23: SERVICE REVIEW DATABASE SEARCH	302
APPENDIX 24: FINDINGS OF SERVICE REVIEW	303

List of Tables

TABLE 1: RESEARCH QUESTION AND DATA COLLECTION METHODS	44
TABLE 2: DATABASE AND SEARCH TERMS	56
TABLE 3: RAPID QUALITATIVE APPRAISAL TEMPLATE	68
TABLE 4: RAPID QUANTITATIVE APPRAISAL TEMPLATE	69
TABLE 5: SUMMARY OF RESIDENTIAL REHABILITATION SERVICES	79
TABLE 6: SUMMARY OF EXAMINED GUIDELINES	83
TABLE 7: GUIDELINE RECOMMENDATIONS.....	89
TABLE 8: AGREE II APPRAISAL.....	91
TABLE 9: INTERVIEWING SCHEDULE.....	95
TABLE 10: DEMOGRAPHICS TABLE	96
TABLE 11: DRUGS USED IN THE PERINATAL PERIOD	97
TABLE 12: MENTAL HEALTH HISTORY	99
TABLE 13: OUT OF HOME CARE.....	101
TABLE 14: SOCIAL SUPPORT SCORES	102
TABLE 15: KARITANE PARENTING CONFIDENCE SCALE	102
TABLE 16: BRIEF CHILD ABUSE POTENTIAL SCORES.....	103
TABLE 17: RAPID REVIEW AND SUMMARY OF FINDINGS	105
TABLE 18: DATA INTEGRATION TABLE.....	164

List of Diagrams

DIAGRAM 1: PRISMA DIAGRAM	23
DIAGRAM 2: DATA COLLECTION OVERVIEW.....	52
DIAGRAM 3: INTERVIEW SCHEDULE	58
DIAGRAM 4: RELATIONSHIP BETWEEN THE META-THEMES AND THE SOCIOECOLOGICAL MODEL	163

Abstract

Background: Maternal substance use disorders are considered a significant public health issue in Australia and globally. While it does not necessarily lead to inadequate parenting, it is strongly linked to poorer health and social outcomes for their infants. Women with substance use disorders have unique experiences compared to men, including complex histories, mental health disorders and trauma from intimate partner violence. Additionally, it is estimated that many of these women have children, and approximately 60-70% of Australian children were removed from households where substance abuse was present. Women who inject drugs face multiple challenges and are some of the most vulnerable women in society. Yet, there is a dearth of literature in Australia and internationally that describes these women's needs, experiences and preferences for care.

Aim: This study aimed to determine the health and psychosocial needs and experiences of pregnant women and women who have recently given birth and are recent or current injecting drug users in NSW, Australia. It explored experiences of accessing care and examine how service providers can best support, plan and deliver appropriate evidence-based care to meet the needs of these women.

Methods: This study employed a mixed-methods exploratory case study design. This included a situational analysis, a guideline review, quantitative instruments and a series of qualitative interviews. Thirteen women, 13 health and social care providers and six Department of Community and Justice workers participated in interviews

Findings: This is the first known Australian study that identifies the health care experiences and needs of pregnant women and new mothers who are current injecting drug users. Findings indicate these women have multiple unmet health and psychosocial needs, and at times health and social care systems are not providing the required care. Women interacted with systems that held power over them, failed to recognise their strengths and for some women, basic needs such as housing were not met. The complexities within these women's lives including intimate partner violence, mental health, trauma, and substance use meant stability was difficult to achieve.

Conclusion: Policies, guidelines and a one-stop-shop model of integrated primary health care that holistically meets the needs of women has the potential to break the cycle of adversity by addressing multiple layers of health and psychosocial issues. A trial of models of care that proactively targets women with substance use disorders in their pregnancy and beyond such as nurse-led models of care and a Sustained Home Visiting Program are urgently required. Change is possible, but committed action is essential.