







Nursing care for pregnant crack and cocaine users: an integrative review

Assistência de enfermagem a gestantes usuárias de crack e cocaína: revisão integrativa

Asistencia de enfermería a embarazadas usuarias de crack y cocaína: revisión integradora

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ABSTRACT

Objective: to identify, in the literature, evidence relating to nursing care for pregnant women crack and cocaine users in health services. **Method:** this integrative review was conducted in July 2020, with publications from the previous ten years in the Embase (Medline and PubMed), PsycINFO, Scopus, and Cinahl databases. **Results:** the search strategy found 49 research papers and included two international and four national studies. Among the concepts that underlie nursing care for pregnant women who use crack and cocaine, the following stand out: supportive reception, bonding, and referral to specialized services. Three studies addressed nurses' lack of preparedness and knowledge in providing such care, and attitudes aligned with mental health policy were found to be infrequent. **Conclusion:** systematic, comprehensive monitoring by nurses is essential during the gestational period and the harm reduction component needs improvement. The findings recommend differentiated nursing care strategies and underline the gaps in the practice and science relating to this issue.

Descriptors: Nursing; Pregnancy; Crack Cocaine; Cocaine, Harm Reduction.

RESUMO

Objetivo: identificar na literatura evidências relacionadas à assistência de enfermagem a gestantes usuárias de crack e cocaína nos serviços de saúde. **Método:** revisão integrativa realizada em julho de 2020, com publicações dos últimos dez anos nas bases de dados Embase (Medline e PubMed), PsycINFO, Scopus e Cinahl. **Resultados:** foram encontrados 49 artigos, sendo incluídos dois internacionais e quatro nacionais. Dentre os conceitos que fundamentam a assistência de enfermagem às gestantes usuárias de crack e cocaína destacam-se: acolhimento, vínculo e encaminhamentos a serviços especializados. Três estudos abordam o despreparo e desconhecimento do enfermeiro diante deste cuidado e constata-se a infrequência de atitudes consonantes com a política de saúde mental. **Conclusão:** o acompanhamento integral e sistematizado pelo enfermeiro durante o período gestacional é indispensável e necessita de aprimoramento na linha da redução de danos. Os achados sugerem estratégias diferenciadas para a assistência de enfermagem e reforçam as lacunas práticas e científicas relacionadas ao tema.

Descritores: Enfermagem; Gestação; Cocaína Crack; Cocaína; Redução de Dano.

RESUMEN

Objetivo: identificar en la literatura evidencias relacionadas con la atención de enfermería a embarazadas que consumen crack y cocaína en los servicios de salud. **Método:** revisión integradora realizada en julio de 2020, con publicaciones de los últimos diez años en las bases de datos Embase (Medline y PubMed), PsycINFO, Scopus y Cinahl. **Resultados:** se encontraron 49 artículos, siendo dos internacionales y cuatro nacionales. Entre los conceptos que sustentan la atención de enfermería a las embarazadas usuarias crack y cocaína, destacan: acogida, vinculación y derivación a servicios especializados. Tres estudios abordan la falta de preparación y el desconocimiento de los enfermeros en cuanto a esta atención. Se constata también la falta de actitudes alineadas con la política de salud mental. **Conclusión:** el seguimiento integral y sistemático por parte de enfermeros durante el período gestacional es fundamental y necesita perfeccionamiento en la reducción de daños. Los hallazgos sugieren estrategias de asistencia de enfermería diferenciadas y refuerzan las brechas prácticas y científicas relacionadas con el tema.

Descritores: Enfermería; Embarazo; Cocaína Crack; Cocaína; Reducción del Daño.

INTRODUCTION

It is estimated that among the 29 million people with problems related to the use of alcohol and other drugs worldwide, 18.3 million are associated with cocaine and its derivatives, especially crack, with a significant increase in the female audience in these epidemiological profiles¹.

Cocaine was used by 0.9% and crack by 0.3% of the population in Brazil in 2017². The national survey identified approximately 370 thousand crack users in the country, and of this total, 78,800 (21.3%) were women. In addition, women represent 20% of users who frequent crack use scenes and experience a very vulnerable reality considering their low education level, violence suffered, exposure to usage risks, and concomitant use with legal substances, among other issues^{3,4}.

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Approximately 46% of Brazilian women who consume crack reported four or more pregnancies during their lifetime. Of those who were pregnant at least once, 64.6% reported at least one pregnancy after starting the use of crack and/or similar; in addition, 49% had at least one pregnancy that did not progress at birth or that resulted in a stillborn fetus³. Some determinants for the use of substances by pregnant women are related to unwanted pregnancy, continued use to avoid abstinence, the influence of the male partner, as well as the double effect of pregnancy as a facilitator or moderator of this use as factors which are often identified in women living in vulnerable conditions^{5,6}.

Regarding healthcare during pregnancy, only 52.5% of users reported having sought care in Basic Health Units (UBS), Health Centers, Clinics, or Emergency Care Units (UPAs). In other words, half of pregnant women who use crack do not access any health service, calling attention to low prenatal care³. Another problem is the lack of approach by health professionals themselves on the issue of drug use during pregnancy, and when it occurs, it is superficial with insufficient guidance⁷.

Nursing work is considered a constituent of care for high-risk pregnant women. This usually makes the first contact with these women in primary care and in secondary care, performing a complete consultation and monitoring all prenatal care with the multidisciplinary team with identification of the pregnant woman's problems and potentials and elaboration of a unique action plan for each woman, being co-responsible for the goals agreed between all involved^{8,9}.

For this, nursing professionals need minimal technical skills in a psychosocial approach and thus contribute to preventing injuries and undesirable outcomes in pregnancy and childbirth¹⁰. The World Health Organization (WHO) recommends five basic principles for the care of pregnant women who use psychoactive substances: 1 - prioritize prevention; 2 - guarantee access to health services; 3 - respect the user's autonomy; 4 - provide comprehensive care; 5 - protect against any discrimination and stigmatization¹¹.

Given this scenario, this study aims to identify the main scientific evidence in the literature related to nursing care for pregnant women who use crack and cocaine in health services, which can support professional practice.

METHODS

This is a descriptive study with an integrative literature review (IR) design, which consists of a broad method with the purpose of synthesizing research on a given subject, allowing the inclusion of studies from different methodological approaches. An IR aims to reach a conclusion, which becomes a source of knowledge about the problem evaluated to be transferred to the clinical practice of professionals in health services, teaching, management and for formulating public policies based on research results which investigated identical or similar problems¹².

The IR was conducted by two independent reviewers and organized into five phases: 1) identification of the problem and elaboration of the research question; 2) literature search with a comprehensive search strategy; 3) data evaluation by the representativeness of the primary studies found; 4) data analysis with synthesis, presentation, comparisons and conclusions; and 5) final presentation of the results describing the practical, policy and research implications and limitations of the review¹³.

Phase 1 was due to the concerns and problems experienced in the care of pregnant women who are drug users, associated with a lack of scientific guidelines for nurses' performance. The PICO strategy, an acronym standing for P (Population) = Pregnant women who use crack and cocaine; I (Intervention) = Nursing Care, and Co (Context) = Health Services¹⁴, was used to elaborate the guiding question of the study, which consisted of: What is the knowledge available in the literature about nursing care provided in health services to pregnant women who are crack and cocaine users?

The search strategy and selection of studies were independently performed by a researcher and a librarian in July 2020 in four indexed databases: Embase (Medline and PubMed), PsycINFO, Scopus and CINAHL, using the combination of the Health Sciences Descriptors (DECS), the Virtual Health Library and the Medical Subject Headings (MeSH), with the following strategy for all databases: (*Pregnant Woman*) OR (*Pregnancy*) OR (*Expectant Mother*) AND (*Cocaine, Crack*) OR (*Cocaine Related Disorder*) OR (*Cocaine Dependence*) OR (*Cocaine Addiction*) OR (*crack abuse*) OR (*crack dependence*) AND (*nursing*) OR (*nursing care*) OR (*nursing assistance*).

Next, the following inclusion criteria were defined in phase 3: primary studies in their entirety, published in the last 10 years, until the deadline of June 30, 2020 (data collection date), in Portuguese, English and Spanish, in indexed journals that addressed nursing care for pregnant women who are crack and cocaine users; gray literature studies which did not represent the study theme, book chapters, abstracts of studies presented at Congresses, Master's dissertations, Doctoral theses and technical reports were excluded.

After identifying the articles, they were exported to the Mendeley reference manager software program to identify duplicate articles and gather all publications found. The selection of studies followed the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)¹⁵ method, represented in Figure 1.

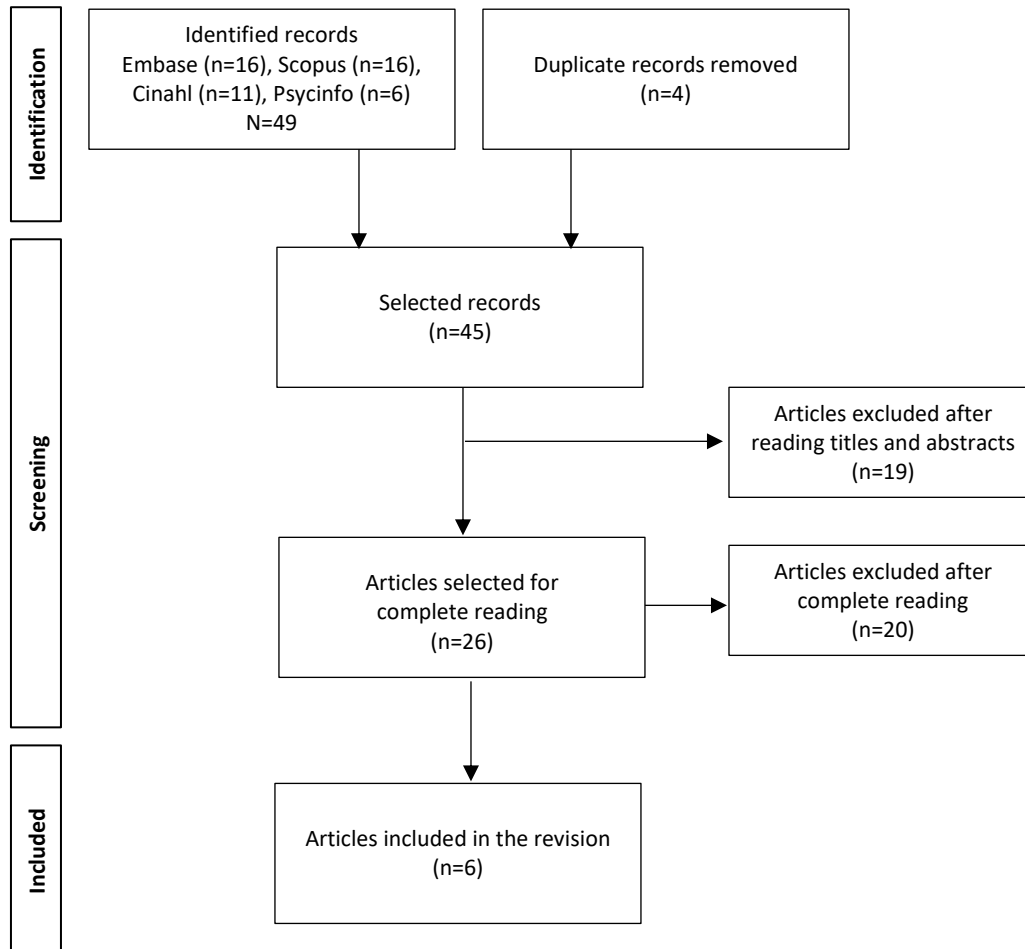


FIGURE 1: Flowchart according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)¹⁶. São Paulo, SP, Brazil, 2020.

The data were subsequently analyzed and organized in phase 4 through an instrument built by the researchers based on the following topics: article title (identification), year of publication, country of publication (place of performance), methodological characteristics, study context, results and conclusions. Phase 5 is presented in the results section of this study.

RESULTS

A total of 49 studies met the inclusion criteria. Four were identified as duplicates (article simultaneously registered in more than one database), 39 were excluded, and therefore six articles composed the final sample of articles analyzed in this review.

Among those excluded, 16 (41%) addressed fetal alcohol syndrome, 14 (35.9%) the use of opioids and other substances during pregnancy, five only epidemiological data and/or the consequences of consumption (12.8%) and four resulted from gray literature (10.3%).

The six articles were published between 2010 and 2020, highlighting the year 2015 with two of these publications. The contexts in which the research was carried out were specialized/hospital care (n=3) and primary care (n=3).

The Anna Nery Journal of Nursing School stood out among the journals with two (33%) published studies. Regarding the country of publication, 71.4% (4) were from Brazil, followed by Australia 14.3% (1) and Canada 14.3% (1).

All 100% (6) of the methods adopted in the studies selected for the review were descriptive, four were qualitative (71.4%), one was quantitative (14.3%) and one (14.3%) was ethnographic.

The main concepts underlying the nursing care mentioned by the review studies were: welcoming, establishing a bond between professional and pregnant woman, and referrals to other health services.

The characterization of the studies included in the review is presented in Figure 2.

No.	Title/Year/Country	Design/Context	Results	Conclusions
1	Nurse's role during prenatal consultation of pregnant drug users ¹⁷ . 2020 Brazil	Descriptive and exploratory study with a qualitative approach carried out in Family Health Units.	-Nurses are not trained to approach prenatal care for pregnant women who are crack users; - Perform prenatal care according to the Ministry of Health manual (procedures); - Perform active search and consultation with the Family Health Support Centers (NASF); - Seek to welcome, approach, advise and establish a bond with the pregnant woman.	The reduction or even the suspension of the use of cocaine/crack by pregnant women was greater in those who had a greater number of prenatal consultations.
2	Self-care theory in pregnant women during chemical detoxification from crack: nursing's contributions ¹⁸ . 2015 Brazil	Descriptive, exploratory study of a quantitative nature carried out in a UBS.	- They perform welcoming, but do not question the use of drugs, they limit themselves to asking whether they use it or not; - Do not use the Harm Reduction Policy strategy; - Referrals are not qualified; - Low frequency of home visits.	Although nurses have knowledge about drug use and its consequences during pregnancy, they do not have concrete mechanisms to act in these situations.
3	Self-care theory in pregnant women during chemical detoxification from crack: nursing's contributions ¹⁹ . 2015 Brazil	Descriptive, exploratory study with a qualitative approach, carried out in an inpatient unit for detoxification of crack and other drugs of a medium-sized general hospital.	- They welcome from the beginning of prenatal care; - Stimulate the reorganization of the routine and the practice of self-care; - They provide a favorable environment for care; - Stimulate detox	The self-care activities (proposed by Dorothea Orem) enabled a broader form of care, exploring the potential of each pregnant woman, showing her qualities.
4	Participant perception of an integrated program for substance abuse in pregnancy ²⁰ . 2014 Brazil	Descriptive, exploratory study with a qualitative approach carried out in 25 UBS.	- They judge drug use during prenatal care; - They do not address or insufficiently address the issue of drugs during prenatal care; - Refer the pregnant woman to other services; - They did not offer enough support to pregnant women (lack of continuity in care).	Professionals need to be sensitized and prepared to approach pregnant women who are crack/cocaine users, which requires investments in research to support this practice.
5	Participant perception of an integrated program for substance abuse in pregnancy ²¹ . 2010 Canada	Descriptive study with a qualitative approach, carried out in a Medical School Clinic and in a Practice Center of a General Hospital.	- They provide an environment that facilitates the return of this pregnant woman to Pre-Natal care; - Non-judgmental approach (maintaining positive attitudes); - Forwarding to other services.	The lack of cooperation of pregnant women who are crack/cocaine users causes compliance in professionals with regard to changing attitudes. The involvement of a multidisciplinary team in mental health with follow-up beyond the postnatal period is necessary for care success.
6	Drugs and having babies: An exploration of how a specialist clinic meets the needs of chemically dependent pregnant women ²² . 2012 Australia	Critical ethnographic study carried out in a specialized clinic for drug users.	- Care can be provided individually or in groups; - Performs Counseling; - Works from the perspective of harm reduction; - Home visits to the pregnant woman or her relatives.	Not applicable, as it is a Clinical Protocol

FIGURE 2: Characterization of primary studies included in the review. São Paulo, SP, Brazil, 2020.

DISCUSSION

The studies analyzed herein showed a scarcity of evidence on nursing care for pregnant women who use crack and cocaine, since only six studies related to the subject were found, four of which were carried out in Brazil. The review also points out difficulties faced by nurses in terms of care, as well as the lack of alignment with the guidelines of the World Health Organization (WHO) and the Mental Health Policy. The review showed a greater number of publications in 2015^{16,17}, which indicates recent interest, although studies are scarce due to the theme.

Prejudice is pointed out among the numerous barriers that women users of illegal substances encounter when accessing healthcare services¹⁶⁻¹⁸. A study carried out in Brazil¹⁹ with 25 women drug users in a Basic Health Unit in the state of Paraná, found that prejudice is multiplied during pregnancy, and due to embarrassment, they tend not to report drug use. This extends to not looking for help or only looking for it in urgent cases, and many are admitted to health services only at the time of childbirth, which intensifies health problems and makes preventive work difficult.

Difficulties in getting referrals to specialized services and continuity of care during pregnancy were also reported by the women. It is also noteworthy that most of the information received by the pregnant woman is centered on the baby and in many cases restricted to saying that the drugs are harmful, as well as a recommendation to suspend use, removing them from care and even blaming them¹⁹.

Regarding nursing care, the study carried out in Alagoas at a Basic Health Unit with 50 pregnant women who used alcohol and other drugs, shows that 100% of them were not approached by the nurse to participate in prenatal care, 70% received precarious care when they were attended for other reasons, in 86% the nurse only asked whether they consumed some type of psychoactive substance or not, 92% were not instructed about any care related to harm reduction and none of them were instructed about treatment and/or referral to the Alcohol and Drugs Psychosocial Care Center (*CAPSad*), if necessary¹⁷.

The consumption of illegal substances during pregnancy has even greater repercussions and social judgments. In line with this event, a fundamental part of the nurse's work is to prepare the health team to handle this phenomenon in the community, aiming to promote health care and reduce risks and damage²⁰. Some professionals use health education associated with prenatal consultations and home visits in order to reduce health problems, to promote popular clarification on the use of crack and cocaine during pregnancy, aiming to reduce social stigma and access to healthcare²¹.

Welcoming and bonding are pointed out in four studies as predominant concepts in nursing care^{16-18,20}.

Welcoming and bonding are essential tools to ensure the quality of any continuous healthcare and one of the nurse's resources in this construction is the therapeutic relationship between nurse and pregnant woman, which promotes qualified listening, dialogue, empathy, support, acceptance and trust¹⁶. Guidelines will be received by the woman through this relationship completely free from judgment, and will impact the access to nursing care in a qualified way²⁰.

Creating a therapeutic environment for providing care for pregnant women was identified by two studies as extremely important and can be developed through individual or group care^{18,21}, as many women report the desire to participate in activities in health spaces together with other pregnant women to share their concerns about motherhood and not feel excluded by their consumption of alcohol or other drugs²⁰.

However, the six studies included in this review point to evidence in relation to the use of psychoactive substances during pregnancy as a difficulty in nursing care, as these are cases that raise personal, moral and ethical demands from professionals, especially when the pregnant woman does not choose, or cannot, change their lifestyle and consumption habits^{16,17,19}.

Pregnant women realize that health professionals have difficulties in understanding the complexity of the problem and are unaware of the harm reduction approach, a factor which negatively impacts preventive actions and respect for women's autonomy, as it results in refusal or abandonment of prenatal care¹⁶⁻¹⁹.

Harm reduction extends care beyond drug use cessation. The focus is on the impasses that contextualize the problem such as housing, financial difficulty, food, hygiene, lack of support network, unwanted pregnancy, public safety and social assistance, which does not prevent the care of the pregnant woman even if she continues to use substance(s). These actions are associated with improved adherence to prenatal care and pregnancy outcomes, and therefore abstinence cannot be the only objective²².

Other actions which can be considered harm reduction, even if not named this way by the studies, is to encourage reorganization of the pregnant woman's routine and the approach to the experience of motherhood through the practice of self-care¹⁸.

The absence of pregnant women at prenatal care can be attributed to the social situation that the drug exposes women to¹⁷, and in this perspective, the role of nurses based on harm reduction is even more important. However, this care proposal was only identified in a study carried out in Australia²¹.

The referral strategy was mentioned by three of the studies, while they appear as unqualified in two, meaning they simply occurred because primary care professionals did not understand the cases of these pregnant women as their responsibility^{17,19}. There is a lack of articulation between the health network and a forwarding, referral and counter-referral model which actually shares the care of pregnant women, not restricting the complexity of care to the specialized service²⁰.

Systematized and welcoming actions such as home visits, active search, continuity of individual monitoring, and support for visits to prenatal consultations can be performed by the multidisciplinary team in the community, but are briefly mentioned in studies^{16,19,20}.

The gestational period is a stimulus for women to rethink their consumption of alcohol and other drugs, especially when they are linked to healthcare such as prenatal care¹⁹; thus, the importance of the nurse's proximity is reaffirmed in providing care which encompasses the biopsychosocial dimensions.

It is observed that the literature on the topic investigated is scarce and does not provide much evidence. However, it is believed that this study can contribute to developing new studies with a methodological design for assessing care, producing scientific evidence about the nursing care provided in health services to pregnant women who use crack and cocaine.

Study limitations

This review has some limitations which need to be highlighted: a) the search was limited to scientific articles in indexed journals, which resulted in the exclusion of course completion papers, theses, dissertations, abstracts in conference proceedings, research reports, among others; and b) the limited number of studies with robust methodology in their design. To minimize the limitation and increase the scope of selected studies, three different languages and four databases were used to increase the scope of the selected studies.

CONCLUSION

The studies point to a gap regarding scientific publications on nursing care for pregnant women who use crack and cocaine. They show challenges to contemplate the completeness and effectiveness of actions, especially when the pregnant woman does not feel ready or does not want to interrupt substance use.

The care focuses on welcoming, building bonds and referrals to specialized services as essential behaviors, but often permeated by stigma and judgment, which distances pregnant women from healthcare. The nurse has a fundamental role in monitoring pregnant women in health services, which needs to be improved in relation to safe, ethical and non-excluding practices, along with implementation of differentiated actions based on harm reduction strategies that guarantee the right to systematized access to the healthcare network.

Thus, it is suggested to carry out other studies with different methodological designs, through longitudinal and intervention investigations capable of providing consistency and reliability in order to increase the clarity and effectiveness of nurses' actions and contribute to providing care for pregnant women who use crack and cocaine in different contexts.

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