

## Prenatal care for users of psychoactive substances: difficulties listed by health professionals

*Assistência pré-natal às usuárias de substâncias psicoativas: dificuldades elencadas pelos profissionais da saúde*

*Atención prenatal a consumidoras de sustancias psicoactivas: dificultades mencionadas por los profesionales de la salud*

Amanda do Rosário Tavares<sup>1</sup> ; Juliane Portella Ribeiro<sup>1</sup> 

<sup>1</sup>Universidade Federal de Pelotas. Pelotas, Rio Grande do Sul, Brazil

### ABSTRACT

**Objective:** understanding the difficulties listed by health professionals in prenatal care for users of psychoactive substances.

**Method:** this is a qualitative, exploratory-descriptive study carried out on social media with health professionals who provide prenatal care. Data was collected from November 2022 to January 2023 using an electronic questionnaire. The data was analyzed using thematic analysis. Protocol approved by the Research Ethics Committee. **Results:** the professionals highlight the lack of knowledge to deal with this specific public. The superficial and condemnatory approach to substance use by public policies contributes to making professionals feel partly prepared to deal with these pregnant women. Final considerations: the training of professionals is necessary to overcome condemnatory and retrograde care practices that focus solely on abstinence; and investment in training about the health care network, seeking to increase its visibility and use.

**Descriptors:** Nursing; Prenatal Care; Drug Users; Pregnancy, High-Risk.

### RESUMO

**Objetivo:** conhecer as dificuldades elencadas pelos profissionais de saúde na assistência pré-natal às usuárias de substâncias psicoativas. **Método:** estudo qualitativo, exploratório-descritivo, realizado nas mídias sociais, com profissionais da área da saúde que realizam atendimento pré-natal. A coleta de dados ocorreu de novembro de 2022 a janeiro de 2023 por meio de questionário eletrônico. Os dados foram analisados por meio da análise temática. Protocolo aprovado pelo Comitê de Ética em Pesquisa. **Resultados:** os profissionais destacam o déficit de conhecimento para abordar este público em específico. A abordagem superficial e condenatória do uso de substâncias pelas políticas públicas corrobora para que os profissionais se sintam preparados em parte para atender essas gestantes. **Considerações finais:** a capacitação dos profissionais é necessária para superar práticas condenatórias e retrógradas de cuidado que focam unicamente a abstinência; como também, o investimento na capacitação acerca da rede de atenção à saúde, buscando ampliar sua visibilidade e utilização.

**Descritores:** Enfermagem; Cuidado Pré-Natal; Usuários de Drogas; Gravidez de Alto Risco.

**Objetivo:** conocer las dificultades mencionadas por los profesionales de la salud en la atención prenatal de las consumidoras de sustancias psicoactivas. **Método:** estudio cualitativo, exploratorio-descriptivo, realizado en redes sociales, con profesionales de la salud que brindan atención prenatal. La recolección de datos se llevó a cabo de noviembre de 2022 a enero de 2023 a través de un cuestionario electrónico. Los datos se analizaron mediante análisis temático. El protocolo fue aprobado por el Comité de Ética en Investigación. **Resultados:** los profesionales destacan que les falta el conocimiento para atender a este público específico. El abordaje superficial y condenatorio del consumo de sustancias por parte de las políticas públicas contribuye a que los profesionales se sientan parcialmente preparados para atender a esas gestantes. **Consideraciones finales:** es necesario capacitar a los profesionales para superar las prácticas asistenciales condenatorias y retrógradas que se centran únicamente en evitar el consumo; e invertir en capacitación sobre la red de atención de salud, para ampliar su visibilidad y uso.

**Descriptores:** Enfermería; Atención Prenatal; Consumidores de Drogas; Embarazo de Alto Riesgo.

### INTRODUCTION

Prenatal care is fundamental for a favorable perinatal outcome, as it allows the pregnant woman to be followed up, monitoring and intervening in situations of alterations that may arise during pregnancy<sup>1</sup>.

In this sense, researchers point out that quality prenatal care has a direct impact on health indicators, making a significant contribution to reducing maternal and perinatal morbidity and mortality rates, and also preventing health problems<sup>2</sup>.

Specifically considering the use of psychoactive substances (PAS) during pregnancy, a thorough investigation must be carried out into the substance used, the mode and frequency of use and risk situations, such as acute intoxication, suicide risk, self-harm, and psychiatric comorbidities during prenatal care, as these can have consequences for both

Corresponding author: Juliane Portella Ribeiro. E-mail: [ju\\_ribeiro1985@hotmail.com](mailto:ju_ribeiro1985@hotmail.com)  
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mother and baby. The inclusion of pregnant women in specific support groups that include their families, to encourage them to bond with the service, is pointed out as a regular follow-up care strategy<sup>3,4</sup>.

However, it is not uncommon for pregnant women who use PAS to suffer discrimination, which has a direct impact on not adhering to prenatal care or seeking health services late<sup>5</sup>. Furthermore, when they choose to have prenatal care, many do not report the use of alcohol or other substances<sup>6</sup>.

However, the importance of adherence to pregnancy follow-up should be emphasized, since it is at this time that women feel encouraged and motivated to abandon the use of PAS due to the desire not to harm their child<sup>7</sup>. This is a time when a multidisciplinary approach can help them maintain abstinence during pregnancy and, perhaps, complete and lasting abstinence after giving birth<sup>8</sup>.

Complementing the above, a study carried out with women who used PAS during pregnancy showed that some felt the need for greater follow-up because they were users and reported that the subject was approached superficially and without dialog, without investigation into emotional issues, with the professional focus centered on the evolution of pregnancy; separating the process from the person<sup>9</sup>.

Seeking to encourage health professionals to reflect on prenatal care for PAS users and to contribute to its qualification, the aim of this study was to find out about the difficulties listed by health professionals in prenatal care for PAS users.

## METHOD

This is a qualitative, exploratory, and descriptive study, developed from a section of a research macro-project entitled: "Prenatal care for pregnant women who use psychoactive substances: listing possibilities for comprehensive care". Its methodological construction was guided by the *Consolidated Criteria for Reporting Qualitative Research* (COREQ).

This study was carried out using social media, namely WhatsApp®, Instagram®, and Facebook®, as these tools are frequently used and preferred by the Brazilian population<sup>10</sup>. The use of social media in research is due to the wide scope of the population, the low financial cost, and the safety of the parties involved<sup>11,12</sup>.

The participants were health professionals who provide prenatal care; a non-probabilistic sample. The number of participants was determined by theoretical saturation; where the inclusion of new participants is suspended because the data obtained presents redundancy or repetition, without further clarification for the object studied<sup>13</sup>.

The inclusion criteria were: being a health professional who provides prenatal care in Brazil, both in the SUS (primary care and specialized care) and in private practices. The exclusion criteria were: having been trained for less than six months. Given these criteria, two participants were excluded because they worked in areas that did not provide prenatal care; totaling 21 participants, 16 nurses and five doctors.

Data was collected from November 2022 to January 2023. The Virtual Snowball data collection method was used, a viral technique based on the fact that the message is sent by a contact from the recipient's social network, which creates the idea of a friendly message that tends to multiply<sup>14</sup>.

Two key informants took part in the research, both nurses, one who graduated two years ago, working in the Obstetric Center of a private hospital, and the other, a professor at a public institution, who graduated 13 years ago, working as a professor in a maternity ward of a Teaching Hospital; both in direct contact with health professionals who provide prenatal care. The key informants, through their personal accounts (on Facebook®, Instagram® and WhatsApp®), sent the message to the health professionals.

The message sent contained a presentation of the survey and a *link* to access it. Immediately after opening the *link*, the professional viewed the free and informed consent form (FICF), and access to the survey instrument was only allowed after reading the FICF and agreeing to take part in the survey by checking the box: I agree to take part in the survey and agree to answer the questionnaire.

The data collection instrument used was an electronic, self-completed questionnaire, made available by the Google Forms®, tool, a free application used to create questionnaires through Google Drive®, which can be accessed anywhere and at any time, speeding up data collection and analysis of the results<sup>15</sup>.

The questionnaire included open and closed questions, with an estimated response time of 15 to 20 minutes. The questions sought to find out about the participants' sociodemographic profile, information about their training and work; they also explored prenatal care, the approach and management of cases of pregnant women who use

psychoactive substances, and the existence of a protocol or standardized instruments for caring for this public; the completion of training focused on the approach to PAS users; the perception of professionals in relation to- their preparation for the care of this public; the knowledge and opinion of professionals about Public Policies for pregnant women who use substances.

The data was analyzed using thematic analysis, which aims to group data based on the degree of closeness of themes and patterns of repetition<sup>16</sup>.

To ensure the anonymity of the participants, alphanumeric coding was used, consisting of the letter P indicating the professional and the questionnaire number (P1- P22). This study was registered with the Brazil Platform for ethical appraisal and approved by the Ethics Committee of the institution involved.

## RESULTS AND DISCUSSION

A total of 21 professionals took part in the study, predominantly from the nursing field, ranging in age from 24 to 58, female, self-declared white, with a training period of between 10 months and 34 years. Most of the participants worked in the state of Rio Grande do Sul, in the public health system, with an average of 4 years in prenatal care.

The following themes emerged from the data analysis: Health professionals' perspective on prenatal care for users of psychoactive substances and Difficulties listed by health professionals in prenatal care for users of psychoactive substances.

### Health professionals' perspective on prenatal care for users of psychoactive substances

The participants explained that assisting women who use PAS is an opportunity to welcome them and carry out gestational follow-up according to their specific needs, providing guidance on the importance of reducing and abstaining from PAS use, monitoring possible complications and preventing damage to maternal and fetal health. Furthermore, it is an opportunity for the mother and baby to bond, and for the pregnant woman to interact with health professionals and health services; for this reason, care should not be focused solely on the use of the substance, but on the woman and the fetus.

*Better follow-up, with closer examinations and consultations, guidance on the importance of reducing/cessing use, having a team prepared to care for NBs. (P2)*

*Possibility of a mother-baby bond. (P3)*

*It guarantees quality maternal, fetal, and neonatal health. Promotes an opportune moment for the health of this woman and her family. (P7)*

*Strengthening the bond with the unit and providing a reduction or cessation of drug use. (P8)*

*Assisting in reducing substance consumption and maintaining active surveillance for the main complications. (P15)*

*Opportunity to create a bond with health professionals, to offer the unit's services to the user's family. (P18)*

*The important thing is not to focus care only on the use of the substance, but to remember that there is a woman and a fetus beyond the drug. (P19)*

The health professionals pointed out that prenatal care is the possibility of welcoming, guiding and monitoring women considering their specificities and not just the use of the substance. Pregnant users of PAS are not a homogeneous group; consequently, the pattern of use and the way in which the substance influences each person's system varies. As such, there must be different care strategies according to the needs of each individual, considering their uniqueness, manifestation of desire, possibilities, as well as their life context<sup>9</sup>.

### Difficulties listed by health professionals in prenatal care for users of psychoactive substances

In routine prenatal care, the professionals mentioned investigating the use of PAS by pregnant women. It's worth noting that most of the participants pointed out that their workplaces didn't have specific protocols for caring for pregnant women who use PPIs.

When asked how prepared they felt to deal with pregnant women who use PAS, the majority of participants indicated that they felt partly prepared. Among the difficulties listed by the professionals was a lack of knowledge about how to approach this specific public due to a lack of training.

*I know how to advise on the risks of pregnancy, but I don't know how to manage medications to control their use. (P2)*

*I don't feel prepared, because I don't have the theoretical or practical background to deal with these specific situations. (P8)*

*Due to a lack of training, I don't know how to approach it. (P10)*

*There is a greater need to address the issue by better training prenatal care professionals to deal with these users. I feel trained because of the basics of my training, but I realize that if there were more talk on the subject, the quality of care would be higher. (P11)*

*I think there could be more instructions on how to help these women. (P19)*

*Training to deal with specific prenatal issues, I do. However, I'm not prepared to deal with psychoactive substances, especially if they're illicit. (P21)*

Another difficulty pointed out by professionals is the lack of information and coordination between services in the healthcare network.

*Difficulty of referral. (P3)*

*Lack of information and social service support at the prenatal clinic. (P17)*

*I believe that there needs to be greater articulation in the care network, as well as expanding the offer and access to care. (P18)*

The lack of adherence to prenatal care by pregnant women using PAS is also mentioned as an aspect that hinders care.

*Some care is difficult due to pregnant women's non-adherence to prenatal care, even with active search and support from other professionals and network resources. (P9)*

*We also need the patients to accept the change. (P5)*

Concerning the difficulties in prenatal care for PAS users, the professionals in this study indicated an investigation into the use of PAS by pregnant women, but mentioned the lack of standardized instruments in the services where they work. A study carried out with seven nurses from a Primary Health Care Unit (PHCU) in the city of Fortaleza/CE, who used the Tolerance, Annoyed, Cut-down, and, Eye-opener (T-ACE) instrument to screen for alcohol use and abuse, indicated that the use of the standardized instrument is adequate and quick to apply<sup>17</sup>.

With regard to existing public policies, the professionals pointed out that they do not provide support for prenatal care for pregnant women who use PAS, as they superficially address the use of substances during pregnancy and are outdated, with a condemnatory approach whose main focus is abstinence.

*Still addresses the issue [of PAS] very little, leaving users in minority groups with less attention. When it comes to pregnant women who use substances, few actions have been created specifically for this group. (P7)*

*Many policies need updating. The only guidance we get is almost condemnatory and judgmental about use. Only abstinence as an alternative. (P19)*

*Public policies are fragmented in terms of care, either you're pregnant or you're a substance user. (P21)*

The High-Risk Pregnancy manual (manual de Gestação de Alto Risco), launched in 2022, recommends the strategy of screening for PAS use known as Screening, Brief Intervention, and Referral to Treatment (SBIRT), defined as diagnosis, rapid intervention, and referral to multidisciplinary treatment<sup>8</sup>. In this context, the role of Primary Health Care (PHC) stands out as an articulator of the Health Care Network, sharing care with other specialized services, with comprehensiveness as the guiding principle of care for high-risk pregnant women, especially when they mention the use of PAS.

However, referrals can break the bond between the PHC and the pregnant woman, which already has a fragile profile in itself. Without such a bond, little will be possible if the PHC, as a representation of the geographical and affective territory, loses its co-responsibility in this follow-up<sup>3</sup>.

The professionals indicated that they felt partly prepared to deal with pregnant women who use PAS. Among the difficulties mentioned by the professionals was a lack of knowledge about how to approach this specific public, a lack of information and coordination between services in the health care network and a lack of adherence to prenatal care by pregnant women who use PAS.

Seeking to subsidize the reception and assistance to pregnant women who use Psychoactive Substances, the Ministry of Citizenship, in 2021, published the booklet "Knowing the effects of drug use in pregnancy and the consequences for babies". This booklet provides guidance on possible referrals for this pregnant woman, including care at Mental Health Clinics, Alcohol and Drug Psychosocial Care Centers (*Centros de Atenção Psicossocial Álcool e Drogas*, CAPS AD), Basic Health Units (BHU), Emergency Rooms (ER), General Hospitals, as well as the Social Assistance

Network such as the Social Assistance Reference Center (*Centro de Referência de Assistência Social*, CRAS), Specialized Social Assistance Reference Centre (*Centro de Referência Especializados de Assistência Social*, CREAS) and Specialized Reference Centre for the Homeless – POP Centres, using as many services as necessary, encouraging coordination between them and shared assistance<sup>18</sup>.

The disconnected care provided by the HCN concomitant with drug abuse contributes to pregnant women not attending prenatal care or having low adherence to it due to stigma, prejudice, and the fact that some pregnant women feel embarrassed to report their addiction<sup>19</sup>.

Also corroborating the aforementioned finding, an integrative literature review indicated that it is difficult to screen pregnant women for substance use, since they do not carry out prenatal care properly and, when they choose to do so, they end up omitting information for fear of involvement with the police or social coercion<sup>20</sup>.

This highlights the need to implement maternal and child health care policies that aim to offer comprehensive and continuous care to pregnant women who use PAS, so that the harmful effects of drugs of abuse in the gestational period are minimized, promoting quality of life for the mother-child binomial<sup>19</sup>.

In this study, the participants explained that existing public policies do not provide support for prenatal care for pregnant women who use PAS, as they superficially address the use of PAS during pregnancy and are outdated, developed from a condemnatory perspective, with the main focus on abstinence from PAS.

The São Paulo State Department of Health establishes the line of care for pregnant women and puerperal women: a technical manual for prenatal care, childbirth and the puerperium<sup>21</sup>, however, when substance use is involved in the pregnancy-puerperal period, there is no proposal for an established line of care, leaving health professionals with no support to provide care, which can result in fragmented care for these women.

The new High-Risk Pregnancy manual highlights that during pregnancy, women can be motivated to seek abstinence from using PAS and to change their behavior due to the moment they are experiencing and the bond established with the fetus. Therefore, during prenatal consultations, the prenatal care provider should encourage this woman, strengthening her with strategies to maintain care<sup>8</sup>.

Qualified care for women and their families requires a complex understanding and preparation on the part of the multi-professional team, avoiding any kind of judgment, blame and moralistic stances<sup>22</sup>.

According to the National Humanization Policy (*Política Nacional de Humanização*, PNH), the reception of pregnant drug users has to be a link, building a bond of trust between the users and the entire team and the services provided, contributing to the promotion of a culture of solidarity and the legitimization of the public health system. The professional must allow the pregnant woman to express her concerns and anxieties, focusing on guaranteeing resolute care and coordination with other health services for continuity of care<sup>23</sup>.

A study carried out in a CAPS AD, with the aim of analyzing the nursing care provided to pregnant women who abuse alcohol and other drugs, showed that there is a fragmentation of care for pregnant women who use PAS in the HCN. This disintegration in care systems has a direct impact on the quality of care provided, since nurses end up providing fragmented care, given that the CAPS AD focuses on aspects related to the use of alcohol and other drugs, forgetting to take a comprehensive look at women during pregnancy and their entire context<sup>24</sup>.

In addition, it has already been pointed out in the literature that many services do not fill in the counter-referral form, so users leave the service of origin without information about what is being done, which hinders continuity of care and, consequently, fragments care. Another point highlighted is that many users are unaware of how this system works and do not recognize it as a facility for their care, and it can even be perceived as a difficulty for their referrals within the network; as they ignore the importance and the right to receive the referral and counter-referral form for the construction of their comprehensive care<sup>25</sup>.

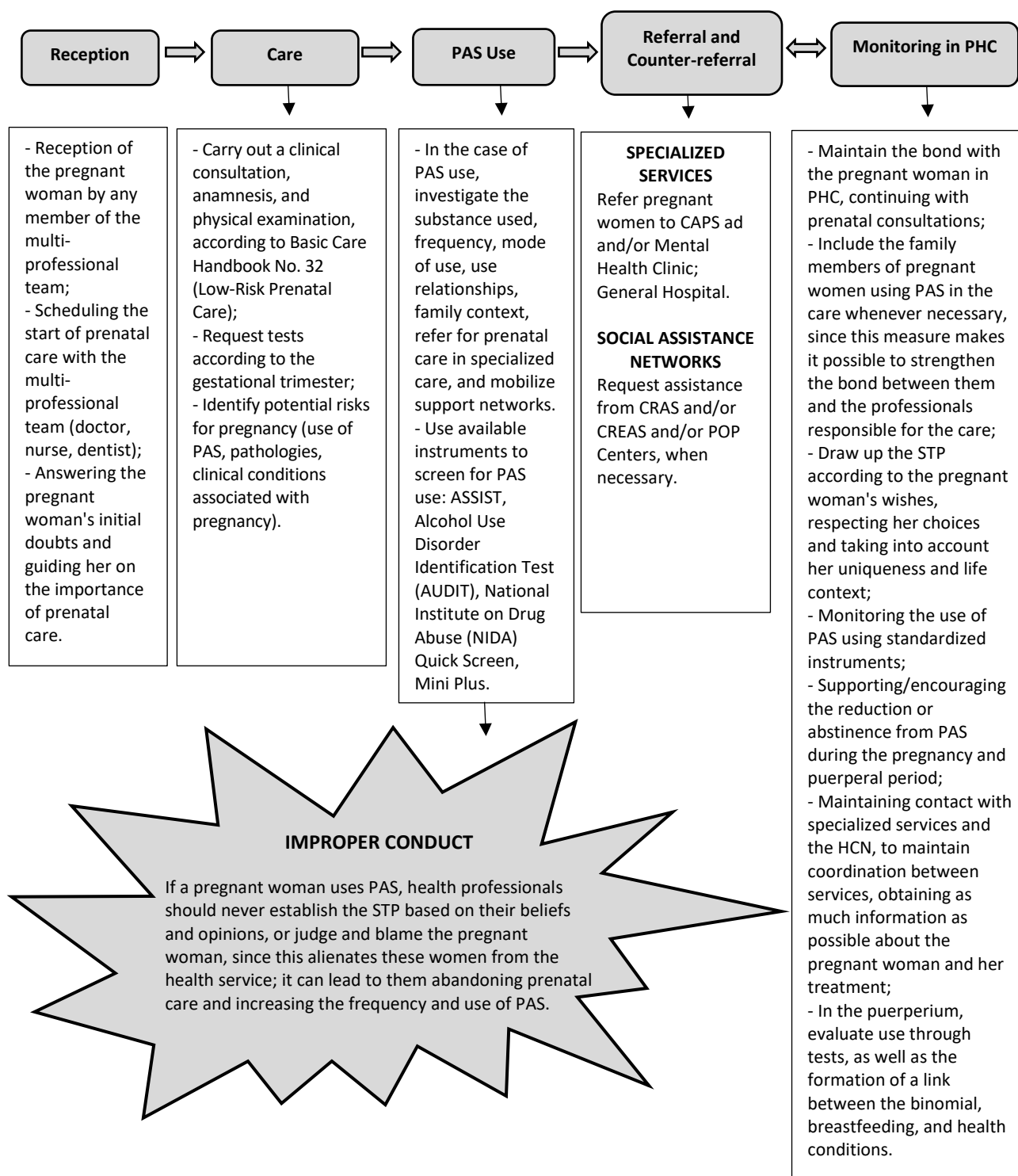
The articulation and mobilization of services belonging to the existing HCN in the municipality or region can guarantee better quality care for this pregnant woman, enabling her reintegration into the social, professional and family spheres, as well as reframing her relationship with the use of PAS.

The creation and implementation of public health policies aimed at preventing drug use in pregnant women could make a significant contribution to prenatal care, establishing a specific line of care for pregnant women who use PAS<sup>20,26</sup>. Unlike referral and counter-referral processes, the line of care (LC) doesn't just work through protocols; this method also recognizes that the managers of the services involved will be able to agree on flows and reorganize access



in a way that facilitates users' access to Specialized Units and Services, allowing for the integration of services at their various levels of complexity<sup>8</sup>.

Based on the points made here, it is proposed that a guideline be developed for the construction of a comprehensive line of care for pregnant women who use PAS (Figure 1).



**Figure 1:** Possibility of directing towards the construction of a comprehensive line of care for pregnant women who use PAS. Pelotas, RS, Brazil, 2023.

The importance of outlining actions aimed at women in the puerperal cycle who use PAS is emphasized, using early detection of substance use and appropriate treatment, as well as ensuring guidance on child care, promoting the well-being and safety of the mother-baby binomial<sup>27</sup>. In the puerperium, women should also receive guidance on sexual and reproductive planning, breastfeeding, support, and evaluation of the phase they are going through. The service responsible for prenatal care should carry out consultations and/or visits aimed at meeting the health needs of the puerperal woman, including the provision of contraceptive methods<sup>22</sup>.

### Study limitations

A limitation of the study is the fact that it was carried out using a semi-structured electronic questionnaire, which does not allow for an in-depth study of issues relevant to the investigation. On the other hand, the virtual environment proved attractive to participants because of the flexibility of time and place to answer the data collection instrument. It also made it possible to reflect on a sensitive issue such as the use of PAS during pregnancy and, from the openness given in the virtual environment, professionals exposed the distance and limitations in working with the issue, which consequently culminates in a superficial approach, condemnation of the use of PAS and a deficit in matrix support.

In this context, new research is needed, especially with regard to training professionals on the subject of PAS use during pregnancy and its adherence. In this way, action research emerges as a possibility to investigate prenatal care and the articulation between the services that make up the HCN, as well as the use of the NASF in more complex situations.

### FINAL CONSIDERATIONS

The results show that, according to the professionals, care for women who use PAS is an opportunity to welcome them and connect them to pregnancy follow-up. In practice, even without protocols for caring for this population, they investigate the use of PAS.

However, there are difficulties in assisting pregnant women who use PAS, especially concerning the need to train professionals to attend to the specific needs of this public. In addition, there is the superficial and condemnatory approach to the use of PAS by existing public policies, which contributes to professionals feeling partly prepared to assist them. This also exposes the professionals' lack of information about the flow in the HCN and their unpreparedness to make the referral and counter-referral system effective.

Considering these findings, the design of a possible guideline for the construction of a comprehensive line of care for pregnant women who use PAS was presented, as a way of subsidizing the work of prenatal care professionals; giving them greater visibility of the flow of care and the services and devices that make up the HCN. It is believed that, based on the proposed design, comprehensive care for pregnant women who use PAS will be enhanced, since it values network actions for prenatal care, as well as for following up on the specificities of PAS use.

It is also important to train professionals as a way of overcoming condemnatory and retrograde care practices that focus solely on abstinence from PAS. Likewise, investment in training about the HCN, seeking to increase its visibility and use.

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### Authors' contributions

Conceptualization, A.R.T. and J.P.R.; Methodology, A.R.T. and J.P.R.; Validation, A.R.T. and J.P.R.; Formal Analysis, A.R.T. and J.P.R.; Investigation, A.R.T. and J.P.R.; Resources, A.R.T. and J.P.R.; Data Curation, A.R.T. and J.P.R.; Manuscript Writing, A.R.T. and J.P.R.; Writing – Review and Editing, J.P.R.; Visualization, A.R.T. and J.P.R.; Supervision, J.P.R.; Project Administration, J.P.R. All authors read and agreed with the published version of the manuscript.