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ORIGINAL RESEARCH – QUANTITATIVE

The attitudes of healthcare professionals towards women using illicit substances in pregnancy: A cross-sectional study

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ABSTRACT

Aim: To assess the attitudes of healthcare professionals towards women who use substances in the maternity setting.
Background: Illicit drug use in pregnancy leads to poor maternal and neonatal outcomes. Early access to antenatal care has been shown to improve outcomes however women who use substances in pregnancy have statistically low attendance rates to appointments. Fear of stigma from healthcare professionals is a commonly stated reason for not accessing maternity health services or not disclosing substance use to care givers, however little research has been conducted which assesses stigma from a healthcare perspective.
Methods: A cross-sectional quantitative research design was implemented using a previously validated attitudinal survey tool to assess the attitudes of healthcare practitioners and final year midwifery students. Ethics approval was sought and granted by the relevant institutions. A total of 147 completed questionnaires were returned. Data was analysed using the Statistical Package for the Social Sciences and parametric testing was undertaken.
Results: Participants had largely positive or neutral attitudes towards women who use substances in pregnancy. Most participants agreed or strongly agreed that the care they provide to can make a real difference to outcomes. Midwifery students had significantly lower mean attitude scores, showing more positive attitudes, than any other group tested.
Conclusion: This research provides useful insight into the attitudes of healthcare professionals. While larger scale research is needed, the positive findings of this study may work towards reducing fear of stigma as a barrier to care for women.

Summary of Relevance:

Problem or Issue

Substance use in pregnancy is of serious concern as it leads to poor maternal and neonatal outcomes.

What is Already Known

Women who use substances in pregnancy report that fear of stigma from healthcare practitioners is a leading reason why they do not seek care during pregnancy or chose not to disclose their substance use. In order to address fear or stigma we need to ascertain whether it is real or perceived.

What this Paper Adds

This paper adds to the currently minimal pool of evidence by offering useful insight into the attitudes of healthcare practitioners towards women who use substances in pregnancy.

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1. Introduction and literature review

Substance use in pregnancy is believed to be on the rise in Australia.[1] This is of great concern within both maternity care and on a wider community level as substance use during pregnancy is shown to not only negatively impact maternal and infant morbidity and mortality,[2] but also have long term ramifications for health, community and judicial services.[1] When discussing substance use in the context of healthcare, all illicit and many licit drugs, cigarette smoking and alcohol consumption are all defined by this term. For the purpose of this research however, substance use refers to the use of illicit drugs only.

Consumption of substances during pregnancy has been comprehensively linked to poor maternal and neonatal outcomes. Regular intake of both licit and illicit drugs have been shown to increase the incidence of pre-term birth and the likelihood of babies being born small for gestational age (SGA).[3,4] Babies who are exposed to all illicit and many licit drugs while in utero are at an increased risk of long-term physical, behavioural and cognitive difficulties,[5] are more likely to require specialist treatment at birth, spend time in the Neonatal Intensive Care Unit (NICU)[1] and are more likely to develop symptoms of Neonatal Abstinence Syndrome (NAS).[6] Furthermore, it is reported that children of substance using parents are more likely to become substance users themselves, be involved in abusive or neglectful situations during childhood and have a more chaotic upbringing.[7] It is also important to note that there is not always a correlation between the amount of a substance consumed and the severity of its impact on the mother or her baby.[4]

Despite the known complications and risks associated with substance use in pregnancy, there is much that can be done to improve outcomes for these women and their babies. Of particular significance is evidence that shows women decrease and sometimes cease substance use in all its forms during pregnancy, of their own volition.[5] For many women, this is the only time in their lives that they will voluntarily seek medical care.[5] As such, midwives and other health professionals should look upon pregnancy as an opportunity to assist women in bringing about permanent change to their lives.

Research conducted around the world consistently shows a correlation between early uptake of antenatal care and improved outcomes for substance using mothers and their babies.[1,8] This is particularly true when women receive continuity of care or are involved in a multi-disciplinary care team.[1] Programmes developed around the world incorporating antenatal care with substance counselling and treatment services, social work, nutrition advice and parenting education have been shown to have vastly improved outcomes for women and their babies.[6] Research also indicates that this group of women are more likely than non-substance using women to present for care late in their pregnancy,[9] have a low attendance rate to appointments or receive no antenatal care at all.[1] As such, determining how best to provide crucial early care to this vulnerable group of women is of utmost importance to health care and maternity workers.

Numerous studies have been undertaken with the aim ofdetermining why women who use substances consistently have minimal or no antenatal care.[10,11] From this primarily qualitative research, a number of 'barriers to care' have been identified; these being that women who use substances are often socio-economically disadvantaged,[1,12,13] fear legal ramifications if their substance use becomes public knowledge,[11] are aware their substance use may be causing damage to their unborn baby but are too fearful to find out its extent,[11] and have a fear of stigma.[4,6]

2. Stigma

Research aimed at investigating and understanding women's experiences of drug use in pregnancy and motherhood have highlighted the importance of receiving care from non-judgemental healthcare workers.[4,9] While all of the listed barriers to care must be addressed in order to provide more timely and appropriate care, stigma is the barrier to care which midwives and other health care workers have the most power to influence or change.[4] For this reason, stigma as a barrier to care has formed the basis of this research.

Stigma as a barrier to care is not a new concept in health care, having been extensively researched in areas such as mental health. In itself, stigma is a multi-faceted issue, most commonly broken down into three sub-groups; these being self, social and structural stigma.[14] Self stigma refers to a person's self belief and feelings around their own worth. Social stigma exists when a large group of people endorse common stereotypes and marginalise stigmatised groups. This is often compounded in the modern world by the criminalisation of drug use and other behaviours often associated with substance use.[14] In a maternity setting, self and social stigma often tie in together and act in conjunction with women's fear of incarceration and child protection involvement to form a strong barrier to care and disclosure.[15]

Structural stigma is commonly defined as set policies or procedures put in place by an organisation or institutions which actively restrict the assistance or options available to people who are categorised as being part of a stigmatised group.[14] Most often, structural stigma is also reflected in the attitudes and beliefs of care providers and it is this judgement from health professionals that is highlighted as the biggest barrier by women.[6,16]

Despite stigma being a repeated theme in articles discussing barriers to care, little research has been done that specifically examines women's experiences of being stigmatised; specifically what is said or done to make women feel judged and stigmatised. Additionally, only minimal research has been conducted that addresses the experiences and attitudes of midwives and other healthcare professionals who provide care to women who use substances. A literature review by Miles et al. (2010) identified that midwives find it challenging to work with women who use substances and feel that they are under prepared and under educated on the specific risks associated with substance use in pregnancy. Further, it is stated that 'health care workers hold stereotypical views and have negative attitudes towards people who use substances'[1] (p. 88).[17]

It is evident that healthcare providers have a very real opportunity to facilitate change and positive outcomes for women who use substances and their babies. Before action can be taken to reduce stigma as a barrier to care, it is clear that further research must be conducted to identify the presence and prevalence of judgement and stigmatising attitudes in the maternity setting. It is the intention of this research to address this knowledge gap by gaining a clearer understanding of healthcare practitioners attitudes towards caring for women who use substances during pregnancy.

3. Aims

This research intends to measure the attitudes of healthcare practitioners working in public hospital based maternity services in one jurisdiction in Australia, towards women who use substances in pregnancy. The attitudes of 3rd year midwifery students from one Bachelor of Midwifery program within the jurisdiction will also be measured. This research also seeks to determine whether length of practice, age, level of education or