



# Helping you to help vulnerable substance users during pregnancy and beyond.

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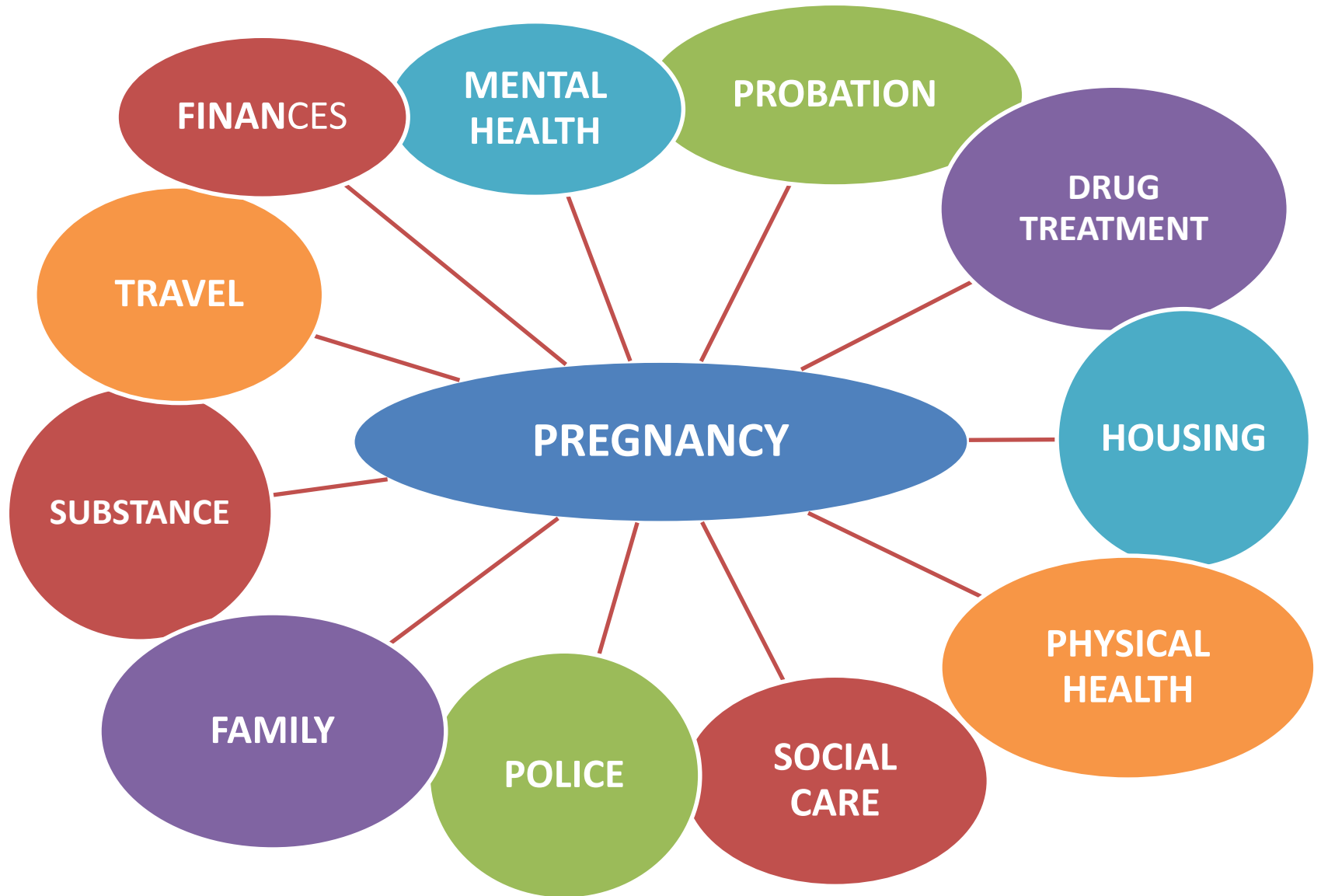
“ Having this bairn is the best thing that has ever happened to me, I just want to get better and be a good mam”

“ I think they will take him away from me “

“ I just want to be like everyone else and have my little girl, I will do anything”



**HOWEVER!**





So what do WE  
do?



**What are the risks of  
substance in pregnancy?**



# OPIATES

- No known long term issues for child
- Social issues
- Maternal physical issues
- Neonatal Abstinence Syndrome

Of all substances opiates are potentially the safest as we know what they do and we have substitutes to give both to adults and neonates. Illicit opiates are a bigger problem because of what they may be 'cut' with and how they are obtained. Risk increases with the method of use particularly if they are injected.

NAS is usually treated by using simple techniques as in swaddling, giving a dummy and offering comfort, if the baby does need treatment he would usually be commenced on oromorph 4hourly and titrated accordingly onto the correct dose, withdrawal of the medication is usually completed by 12 months but more often within 12 weeks of birth.



# Alcohol



Fetal Alcohol Spectrum Disorder is 100% preventable and the biggest cause of preventable disability in the UK and probably the world.

Helpful website include:

[www.fasdclinic.com](http://www.fasdclinic.com)

[www.fasdtrust.co.uk](http://www.fasdtrust.co.uk)





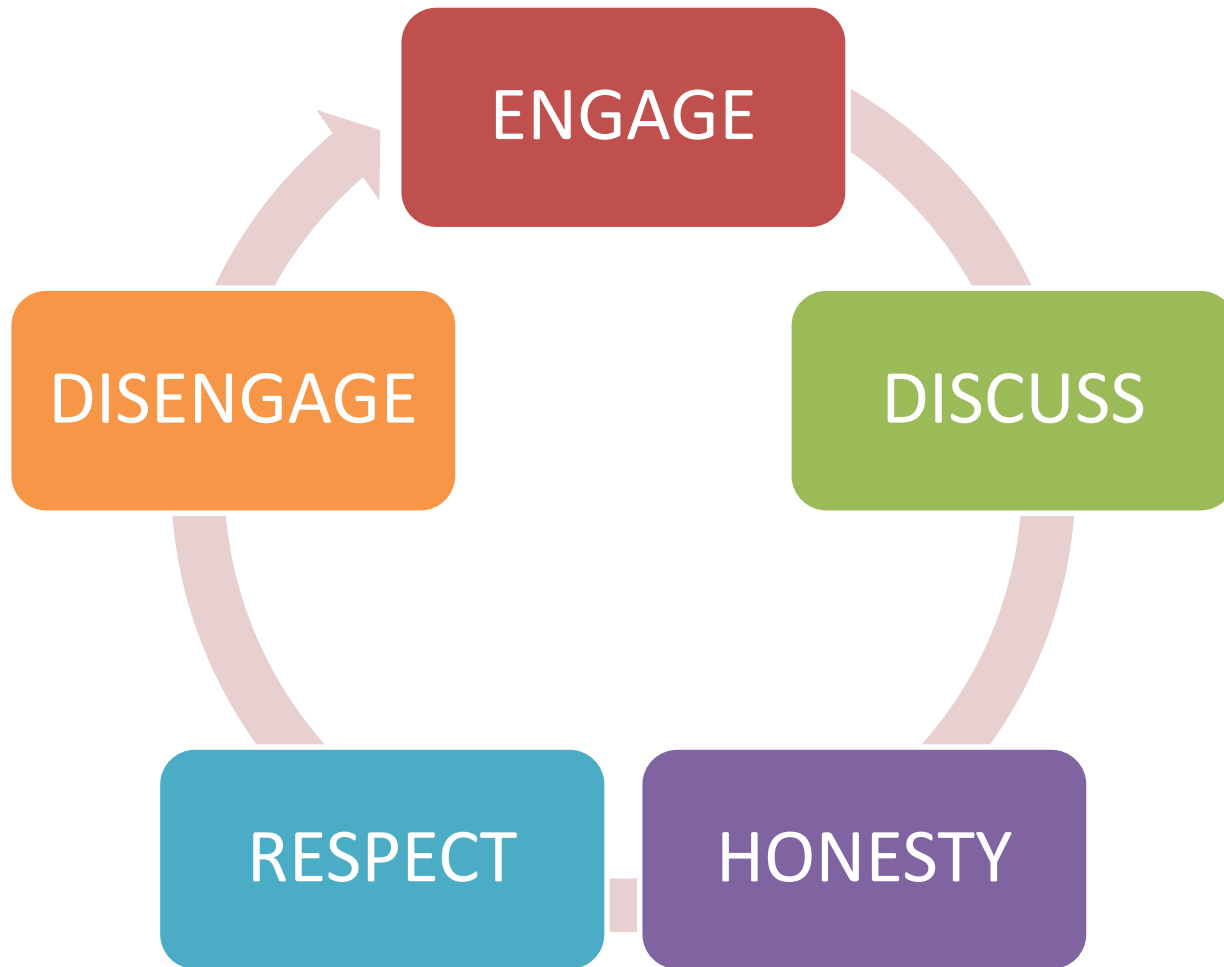
## STIMULANTS

- Risk to pregnancy
- Risk to mother
- Risk to fetus:
  - Stroke
  - Eye damage
  - Bleeding to brain
  - Death



# NPS







**WORK**  
**Together**  
**AND**  
**HELP**  
**Each other**

We need to speak to each other, child protection allows us to discuss openly should we have concerns regarding an unborn baby or any child, we do not need permission to ask the questions; although it is better to do this as this assists the trust process.