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Care strategies for pregnant and puerperal psychoactive substances users: an integrative review

Estratégias de cuidado às gestantes e puérperas usuárias de substâncias psicoativas: revisão integrativa

Estrategias de atención para mujeres embarazadas y puérperas usuarias de sustancias psicoactivas: revisión integradora

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ABSTRACT
Objective: to examine knowledge production on care strategies for pregnant and puerperal psychoactive substance users. **Method:** in July 2019 this integrative literature review searched the PubMed, BDEnf, LILACS, and SciElo databases with the following inclusion criteria: complete scientific articles available online; with abstract accessible; in Portuguese, English, and Spanish. **Results:** 16 articles were identified, five of which entered the revision. Care strategies identified were: early identification in prenatal care, health education actions, nutritional monitoring, substitution therapy, and cognitive behavioral therapy. **Conclusion:** the articles examined pointed to the need for continuing professional development for health professionals with a view to improving early identification and offering sensitive receptiveness to the specific health demands and characteristics of pregnant and puerperal psychoactive substance users.
Descriptors: Prenatal Care; Postnatal Care; Drug Users; Therapeutics; Care.

RESUMO
Objetivo: analisar a produção de conhecimento acerca das estratégias de cuidado direcionadas às gestantes e puérperas usuárias de substâncias psicoativas. **Método**: revisão integrativa da literatura realizada em julho de 2019, nas bases de dados PubMed, BDEnf, LILACS e SciELO, considerando os critérios de inclusão: artigos científicos disponíveis *online* na íntegra; com resumo disponível; nos idiomas português, inglês e espanhol. **Resultados:** foram levantados 16 artigos, dos quais cinco compuseram a revisão. Como estratégias de cuidado, identificaram-se: captação precoce na atenção pré-natal, ações de educação em saúde, acompanhamento nutricional, Terapia de Substituição e Terapia Cognitivo Comportamental. **Conclusão**: os artigos analisados apontam a necessidade de educação permanente de profissionais de saúde, no sentido de qualificar a captação precoce e ofertar acolhimento sensível às demandas e especificidades de saúde de gestantes e puérperas usuárias de substâncias psicoativas.
Descritores: Cuidado Pré-Natal; Cuidado Pós-Natal; Usuários de Drogas; Terapêutica; Cuidado.

RESUMEN
Objetivo: examinar la producción de conocimiento sobre estrategias de atención a las usuarias de sustancias psicoactivas embarazadas y puerperales. **Método:** en julio de 2019 esta revisión integradora de la literatura buscó en las bases de datos PubMed, BDEnf, LILACS y SciElo con los siguientes criterios de inclusión: artículos científicos completos disponibles en línea; con resumen accesible; en portugués, inglés y español. **Resultados:** se identificaron 16 artículos, cinco de los cuales ingresaron a la revisión. Las estrategias de atención identificadas fueron: identificación temprana en la atención prenatal, acciones de educación en salud, monitoreo nutricional, terapia de sustitución y terapia cognitivo-conductual. **Conclusión:** los artículos examinados señalaron la necesidad de un desarrollo profesional continuo de los profesionales de la salud con miras a mejorar la identificación precoz y ofrecer receptividad sensible a las demandas y características específicas de salud de las usuarias de sustancias psicoactivas embarazadas y puerperales.
Descriptores: Atención Prenatal; Atención Posnatal; Consumidores de Drogas; Terapéutica; Atención.

INTRODUCTION

The abusive use of psychoactive substances has been considerably increasing in the last decades, becoming a complex and global public health problem and a challenge for governmental authorities and, mainly, for health professionals[1]. This is a concern for the United Nations, listed in the 2030 agenda, due to the need to reinforce the prevention and treatment of substance use, including the abuse of impairing drugs and the harmful use of alcohol[2].

It is emphasized that the researchers point to a change in the profile of the users of psychoactive substances, with a reduction in the overall proportion between men and women[3,4]. Statistical data show that 85% of the women who use psychoactive substances are of childbearing age, even using them in the pregnancy-puerperal period[3].

A research study conducted with 1,447 pregnant women with the objective of analyzing the prevalence of use of illicit drugs during pregnancy and its associated factors pointed out that 1.45% of the women made use of psychoactive

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substances (cannabinoids and/or cocaine and its derivatives), that 22.32% drank alcoholic beverages, and that 4.22% smoked[5]. These data corroborate with another study conducted in a reference Primary Care unit in Acre, with a sample of 30 pregnant women who used psychoactive substances, which identified that 60% of these women made use of alcohol, and that 30% used tobacco[6]. Another study, of the cohort type in this case, followed-up 674 women between 2008 and 2012 and showed that nearly 17% reported using licit and illicit drugs during the puerperal period, with 63.9% using alcohol; 58.3%, tobacco; 9.2%, cocaine/crack; and 4.6%, marijuana[7].

A number of experts point to a significant number of women using psychoactive substances in the pregnancy-puerperal period. However, few of these women are identified, which represents a gap in early detection[8]. A research study with 25 pregnant women assisted in Basic Health units in Maringá, evidenced that health professionals do not generally address issues related to the use of drugs – licit or illicit –during prenatal follow-up[9]. It is noted that early approach and integration into the prenatal care program have the potential to reduce maternal and fetal complications[10,11].

The continuous and progressive use of these substances interrupts the physiological progress of the body, favoring the onset of pathologies such as malnutrition and obstetric events like miscarriage, premature placental detachment, intrauterine growth restriction, prematurity, low birth weight, neonatal withdrawal syndrome, and fetal respiratory problems, culminating in high rates of maternal and neonatal mortality[11-13]. However, the researchers highlight that most of the pregnant women who use psychoactive substances do not perform follow-up and are approached only at the time of delivery or postpartum after having no specialized prenatal follow-up[14]. For this reason, the use of psychoactive substances by women in the pregnancy-puerperal period has been considered an emergency situation, mobilizing the Ministry of Health (*Ministério da Saúde*, MS) due to the severity of its consequences both for women and for babies.

In the National Agenda of Priorities in Health Research, the MS points to the need of studies in the field of women's health that consider the prevalence and incidence of mental disorders specifically in pregnancy, delivery, and puerperium. Furthermore, with regard to the mental health of this population, it encourages the development of research studies addressing prevention and harm reduction strategies for abusive use of psychoactive substances[15].

In this sense, considering the existing gap in the care of women who use psychoactive substances in the pregnancy-puerperal period, the present study aimed to analyze the production of knowledge on the care strategies for pregnant and puerperal women who use psychoactive substances.

METHOD

This is an integrative review that required six steps for its conduction: selection and definition of the theme and of the research question, establishing study inclusion and exclusion criteria, definition of the information to be retrieved, critical analysis of the studies included in the result, discussion of the results, and presentation of the integrative review[16].

This review was guided by the following question: Which are the care strategies targeted at pregnant and puerperal women who use psychoactive substances? The reliability of the findings was ensured by a double search of articles by different researchers, both of which are PhDs in Nursing. The inclusion criteria were as follows: scientific articles fully available online; with abstract available, in order to verify whether the article was in accordance with the study objective; and articles written in Portuguese, English, and Spanish. The search was delimited by articles published from 2011, because it was the year when *Rede Cegonha* was implemented, which proposes care network so as to ensure women humanized care during pregnancy, delivery, and puerperium[17]. The exclusion criterion consisted of articles not available free of charge.

Data collection took place in July 2019, in the following databases: Public Medical (PubMed), Latin American and Caribbean Literature in Health Sciences (*Literatura Latino-Americana e do Caribe em Ciências da Saúde*, LILACS), Nursing Databases (*Bases de Dados da Enfermagem*, BDEnf) and Scientific Electronic Library Online (SciELO). The following Health Sciences Descriptors (*Descritores em Ciências da Saúde*, DeCS) and Medical Subject Headings (MeSH Terms) were used: "*Gravidez*/Pregnancy*/Embarazo*", "*Período Pós-Parto*/Postpartum Period*/Periodo Posparto*", "*Usuários de drogas*/Drug Users*/Consumidores de Drogas"*, "*Terapêutica*/Therapeutics*/Terapéutica"*, "*Promoção da Saúde*/Health Promotion*/Promoción de la Salud"* and "*Pré-Natal*/Prenatal Care*/Atención Prenatal*", with the Boolean operatorss *AND* and *OR* according to the strategy presented (Figure 1):

For data extraction, the researchers developed a data collection instrument, in order to facilitate the characterization of the articles and perform the analyses. Such instrument contained the following information: identification of the article, databases, year of publication, objectives, study design, participants, country where the studies were conducted, care strategies, and outcomes.

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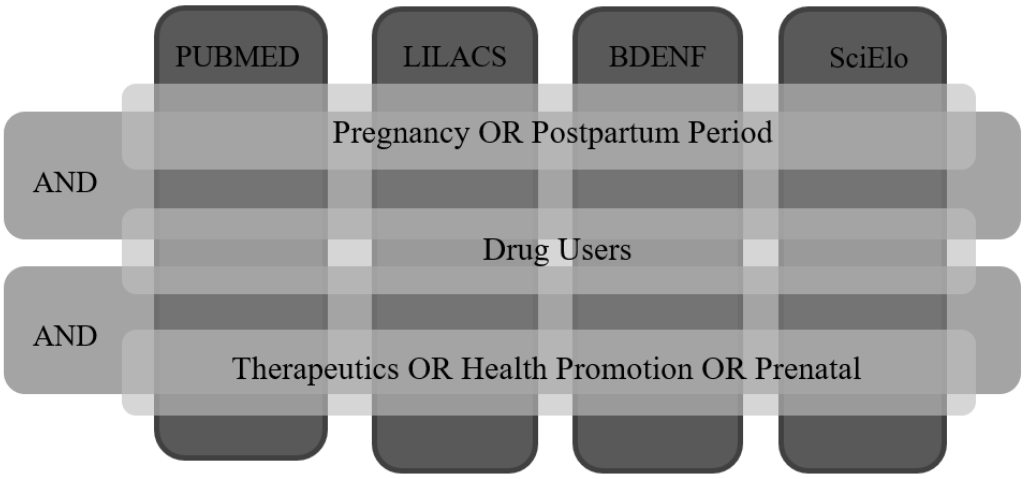

FIGURE 1: Strategy for searching scientific articles and studies found in each database. Pelotas, RS, Brazil, 2019.

RESULTS

By means of an electronic search on the four databases used in this review, a total of 16 publications were retrieved, with 15 articles in PubMed and one in LILACS; no articles were retrieved from BDEnf and on SciELO. After reading the titles, ten publications were excluded for not answering the research question; it is noted that one of them was duplicated across the databases, which reduced the sample to six articles. After reading the abstracts, one article that did not meet the inclusion criteria was excluded from the review. Thus, the final sample of the study consisted of five articles (Figure 2).

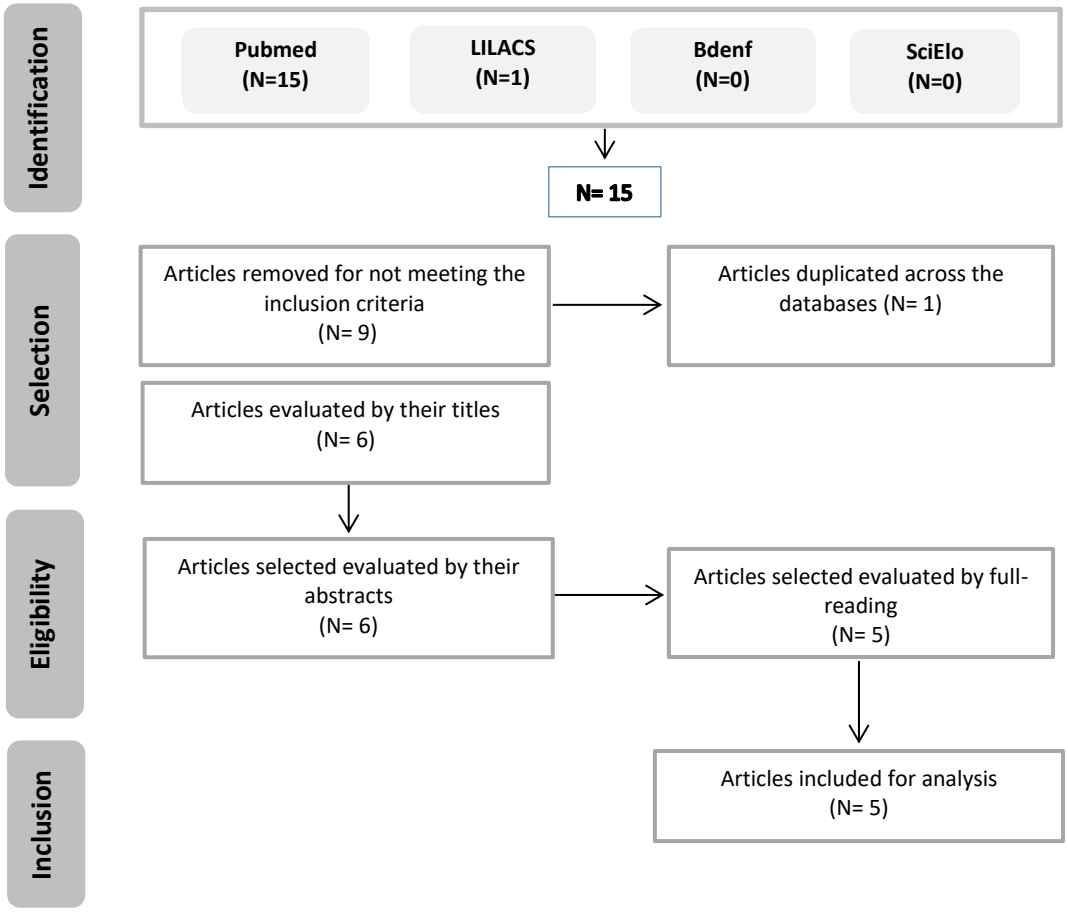

FIGURE 2: Flow diagram of the process for searching and selecting the articles. Pelotas, RS, Brazil, 2020.

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Of the five articles selected, three were published in multidisciplinary journals[19-21], and the others in medical[18] and nursing[9] journals. The articles selected are presented in Figure 3.

Title/ Reference*	Year/ Country	Design/ Number of participants	Care Strategy	Outcome
Substance, structure and stigma: Parents in the UK accounting for opioid substitution therapy during the antenatal and postnatal periods[18]	2013/ Scotland	Qualitative 19 opioid dependents	Replacement Therapy	In this study, Opioid Replacement Therapy was associated as a way to protect the children, subjected to social issues, such as child's custody, and also to maintain abstinence, contributing to reducing the negative stigma of substance users.
Costs of a Motivational Enhancement Therapy Coupled with Cognitive Behavioral Therapy versus Brief Advice for Pregnant Substance Users[19]	2014/ United States of America	Quantitative 168 women: 82 received motivational enhancement therapy and 86 received brief advice	Cognitive Behavioral Therapy	The implementation of a Cognitive Behavioral Therapy program and the improvement of behavioral therapy to promote drug abstinence in pregnant women are associated with modest costs. In addition to that, using the technique enables a more comprehensive understanding of the intervention to women who make abusive use of substances.
Perceptions and practices of pregnant women assisted in primary care regarding drug use[9]	2014/ Brazil	Qualitative 25 women who use substances	Health education actions	The pregnant women reported weakness in sensitizing the health team to clarify the importance of interrupting the use of substances during pregnancy; as well as weakness in the training for an appropriate approach and early detection, which aims at minimizing maternal-fetal harms.
A Qualitative Study of Substance use during Pregnancy: Implications for Reproductive Healthcare in Western Kenya[20]	2016/ Kenya	Qualitative 17 women	Early approach in prenatal care	The study highlights the importance of appropriate cultural education for the health professionals, for qualified care and with equality. Also the need for clinical training to use structured questionnaires such as the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), Alcohol Use Disorders Identification Test (AUDIT), and The Drug Abuse Screening Test (DAST); with the purpose of performing a timely active search. In addition to approaching social context issues such as gender, violence, and social vulnerability, understanding that woman in a comprehensive manner, meeting the other health needs.
Dietary Intake Among Opioid Dependent and Alcohol Using Pregnant Women[21]	2018/ Mexico	Quantitative 102 pregnant women	Nutritional follow-up	The study showed that opioid-dependent pregnant women can present inadequate intake of micronutrients during pregnancy, in which Medication Assisted Treatment programs must consider the integration of the nutritional assessment as a possible intervention, focusing on healthy fetal growth and development, in addition to being an adequate contribution for the woman.

FIGURE 3: Synthesis of the articles analyzed that were included in the study. Pelotas, RS, Brazil, 2020.

With regard to the year of publication, a gap was verified in studies addressing the care strategies for pregnant and puerperal women who used psychoactive substances. Only one article was published in 2013, only two in 2014, and the other articles were published between 2016 and 2018, again with one study per year. In relation to the approach of the studies, three were qualitative and two were quantitative. The study participants were diverse; in general, there was predominance of studies with women, followed by studies with pregnant women. The research studies were developed in the following countries: Brazil, Mexico, Kenya, Scotland, and the United States of America.

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The data collection method mentioned in the articles pointed to the use of instruments such as interviews, questionnaires, medical records, therapeutic sessions, collection of biological samples, and application of standardized tests such as the Alcohol Use Disorder Identification Test-C (AUDIT-C). The analysis of the respective studies was in accordance with the methods adopted, using statistical analyses such as Analysis of Variance (ANOVA), Fisher's Test, individual and bidirectional sensitivity test, descriptive analyses, Social-Ecological System, and comparative analysis. For the analyses of some data, programs such as *Software for Statistics and Data Science* (STATA) and NVIVO were used, in different versions.

The care strategies targeted at the pregnant and puerperal women who use psychoactive substance pointed out in the studies were the following: early approach in prenatal care, with sensitive reception of the users' demands and specificities; health education actions; nutritional follow-up; Replacement Therapy, and Cognitive Behavioral Therapy.

DISCUSSION

The articles analyzed indicate certain care strategies for pregnant and puerperal women who use psychoactive substances. One of them is early approach in prenatal care, with sensitive reception of the users' demands and specificities, since one of the obstacles to adherence to prenatal care is lack of preparation of the professionals involved in the care provided to the mother-child binomial[9,20]. The researchers point out that the health professionals did not generally address issues related to use of substances (licit or illicit) during prenatal follow-up. Such fact can result from the difficulty in identifying drug use, since some of its symptoms are confused with pathologies caused by pregnancy; other possible causes include lack of time in the service provided, inconsistent records, and inexperience in approaching the use of psychoactive substances[22]. Therefore, by means of permanent education, it is sought to transform practices by problematizing the current care practices, so that health professionals can develop skills to screen and track users. In this way, early intervention is favored, creating the possibility of accessing specialized treatment services and alternatives to face the use of drugs of abuse during pregnancy, thus preventing or reducing maternal and neonatal complications[6,9,23,24].

In order to help professionals to better assist pregnant women with some disorder related to psychoactive substances, the World Health Organization (WHO) developed guidelines for the identification and management of substance use disorders in pregnancy. These guidelines prioritize prevention, with the purpose of reducing and/or interrupting the use of these substances during pregnancy and in the postpartum period, as a way to optimize the health and well-being of the mother-child binomial[25].

In the preventive sense, health education stands out as an important care strategy, since it favors the development of critical and reflexive awareness among the pregnant and puerperal women by making room for sharing knowledge that contributes for their own self-care[26]. When the strategy involves a group setting, it enables the creation of a privileged space to consolidate a support and experience exchange network, promoting trust between the pregnant/puerperal women who use psychoactive substances and the professionals, thus facilitating adherence to the care practices[27,28].

In health services whose care time and working conditions interfere with tracking and with the conduction of a complete assessment, shorter interventions can be developed. These interventions can address habits, gathering diverse information on substance use; advising on cessation and its benefits, in addition to assessing the motivation to cease use; providing support, regardless of the choice, and following-up the evolution of the process identifying possible difficulties that may arise, even relapse of substance use[29].

In addition to that, the tracking of substance use can be made more dynamic if the professionals use standardized instruments such as the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST), the Alcohol Use Disorder Identification Test (AUDIT), and the Drug Abuse Screening Test (DAST)[20]. These instruments are highly valuable, especially in the pregnancy-puerperal period, when women are more sensitized in relation to the harmful effects that these substances can have on their children. Furthermore, they are easy to understand, rapid to administer, explore the different types of substances, and allow the professionals to offer feedback to the users, thus becoming a strategy for early approach and possible longitudinal follow-up[30].

By mean of early approach in prenatal care, with sensitive reception of the users' demands and specificities, it is possible to offer comprehensive care to the woman based on multi-professional assistance. Researchers point out that opioid-dependent pregnant women can present inadequate intake of micronutrients during pregnancy, pointing to Medication Assisted Treatment as a care method. This treatment aims to improve nutritional follow-up, focusing on healthy fetal growth and development, in addition to being an adequate contribution for the woman[21].

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Another care strategy identified in the articles was Replacement Therapy, which started with the technique of controlled prescription of heroin and morphine. However, with the pharmacological advances, new substances started to be part of the list of replacement drugs, such as methadone and the buprenorphine-naloxone compound, used in the treatment for dependence on opiates, becoming a harm reduction strategy[31]. A research study conducted in Scotland aimed to analyze the impact of opioid Replacement Therapy among pregnant drug users, or who had recently had a baby. This research signaled such a therapy as a way to protect the children, subjected to the social issues and with implications on children's custody. Similarly, this therapy also implies maintaining abstinence, thus minimizing the stigma of the woman who uses a substance[18].

Conversely, Cognitive Behavioral Therapy, a structured therapeutic approach, is focused on the present time and is used to treat various emotional problems, with the possibility of being employed as an alternative care strategy for women who use psychoactive substances in the pregnancy-puerperal period. This type of approach has a moderate cost and also contributes in promoting abstinence, thus allowing for a more comprehensive understanding of the intervention to women who make abusive use of substances[19,32].

In this sense, it is evidenced that the care provided to women who use psychoactive substances in the pregnancy-puerperal period requires preparation by the health professionals; both for early approach in prenatal care and for adequate detection and intervention that include contextualized and effective actions targeted at pregnant and puerperal women.

Study limitations

As a limitation, the fact that this review has analyzed knowledge production in a restricted number of databases is pointed out, thus with the need that the theme be explored by means of a search in the other available databases.

CONCLUSION

The present review indicated a gap in the literature regarding the care strategies for pregnant and puerperal women who use psychoactive substances. The articles analyzed acknowledge weaknesses in the performance of the health professionals when approaching and assisting pregnant and puerperal women who use drugs, which points to the need of implementing permanent education activities to qualify early approach and provide sensitive reception to the health demands and specificities of these women.

The literature also reinforces the need to invest in structured strategies, such as Cognitive Behavioral Therapy, since it approaches long-range emotional problems and is also a more economical mode of treatment; as well as the need to invest in the use of Replacement Therapy, which promotes autonomy referring to the use of psychoactive substances. It is also important to focus on nutritional follow-up, since pregnant women who use psychoactive substances tend to present inadequate intake of micronutrients during pregnancy, culminating in developmental and fetal growth delays, and in maternal metabolic dysfunctions.

The strategies presented in this review show possibilities for the practice of the professionals who assist users of psychoactive substances in the pregnancy-puerperal period. This is so for it being complex care, which involves both prenatal follow-up, focusing on the maternal and fetal outcomes, regarding care for women who use psychoactive substances and their specificities.

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