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Monash University Midwifery Lecturer and PhD Candidate Maureen Miles conducted research to answer the question: ‘What are the experiences of midwives who work with pregnant women who use illicit drugs?’

According to this study, midwives who work with illicit drug users find the work rewarding and satisfying, and at times changing and highly emotional.

Birth is an important event in most women’s and familes’ lives, because it brings hope and dreams for the future. However, the vulnerable and disadvantaged often find themselves disempowered and fear their ability to mother. Pregnant women who use illicit drugs present midwives with particular challenges. Midwives often have insufficient knowledge of illicit drugs; they are often poorly prepared; and may find these women to be complex and demanding, manipulative and irresponsible.

The study found midwives were particularly concerned and frustrated when they witnessed aided services struggles to accommodate pregnant women whose lives were already chaotic and often dependant on public transport and governed by their addiction needs. Significantly, midwives were most dissatisfied with the lack of participation from child protection services.

Midwives who work with illicit drug users often feel ‘condemned by association’ in the eyes of other midwives. For the midwives, learning to ‘let go’, included the development of skills and boundaries that kept them safe from the emotional assault this role presented them.

Partnerships were extremely important to the midwives; although their experience with pregnant women was often brief, they saw it as ‘a window of opportunity’ to engage the women and develop respectful partnerships. Midwives in the study demonstrated genuine regard for the women for their strength and resilience.

Overall, the midwives found they were able to establish positive working partnerships by being engaging, compassionate and demonstrating genuine regard. They developed understanding and worked closely with aided health workers who offered complimentary services and support to both the women and themselves.

Working with pregnant women who take illicit drugs requires that a midwife develop her knowledge, resilience and boundaries; is open and honest; and can work closely with other professions to provide the range of supports to make a difference in the life of pregnant women and their babies.

Maureen Miles is a PhD candidate at Monash University’s School of Nursing and Midwifery. She is also co-Director of the Graduate Diploma of Midwifery at the university’s GBP site and the D campUS.

Mental health problems and alcohol are often interrelated and few seek help from health professionals early in their illness (Whitford and Groves 2009).

The emergency department (ED) has been identified as a high yield setting for alcohol screening (Babor et al. 2007). It is probable many people who present to ED (usually for a somatic injury/insult) with mental health and a co-ho use comorbidity will not be detected; and most attendees will be discharged with no follow up or after care. It is likely that for some, their mental state will deteriorate further, with consequent increased use of alcohol and other substances resulting in significant health deterioration and increased morbidity.

An exploratory study was undertaken at a public Brisbane hospital ED between February and May 2011 to measure the prevalence of mood anxiety and mood disorders, risky alcohol consumption (non-dependent) and its comorbidity in attendees. Mental health data were collected using the Kessler non-specific psychological distress scale (K10); and alcohol consumption was measured using the Alcohol Use Disorders Identification Test (AUDIT). Of the total sample of 708 participants, the results showed 19.5% were affected by moderate/high non-specific psychological distress; continued next page >
and 35% of the sample consumed a cohort at hazardous and harmful levels. Of those in our target group with moderate/high psychiatric distress, 58% were found to consume a cohort at hazardous or harmful levels. The results from this study suggest the prevalence of mental health disorders is higher in the ED than found in the general population. A so, the K10 scores found in our sample were higher for a gender/age groups than those found in the 2007 Australian National Survey of Mental Health and Wellbeing (Austrlian Bureau of Statistics 2008). Most patients with a psychiatric disorder traverse the emergency health system undetected (Saliou et al. 2005) and in a majority of cases the presence of a psychiatric disorder is only revealed through systematic assessment of patients.Arguably, if these people who present to ED who have high levels of psycho- ogic distress +/- non-dependent at-risk a cohort consumption are identified early and provided with ongoing care and support, health improvement can be enhanced and further deterioration may be prevented.

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