

Research Proposal Literature Review

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The topic of this research proposal is substance use disorder in pregnant women. Substance use disorder in women is an important topic and the issue continues to worsen. More and more women have stated that they've used drugs during their pregnancy. This paper will explore the reason behind this issue, explain the dangers, and provide prevention tips and interventions.

Substance Use Disorder in Pregnant Women

Substance use during pregnancy can lead to serious health problems for both the mother and child. Many of the substances can easily pass through the placenta, which then reaches the fetus ("Substance Use While Pregnant and Breastfeeding," n.d.). In the United States alone, approximately 40% of those with a lifetime drug use disorder are women. During a woman's reproductive years, she is at a greater risk of developing substance use disorder. This is between the age of 18 and 44, but it especially riskier for those between the ages of 18 and 29. In 2012, a survey was conducted in the U.S. showing that over 380,000 offspring were exposed to illicit substances, more than 550,000 were exposed to alcohol, and over one million were exposed to tobacco while in utero (Forray, 2016).

Understanding Substance Use Disorder in Women

Women and men may face different issues when it comes to substance use. This may be due to the biological and genetic differences in males and females. According to the National Institute on Drug Abuse, women who use substances or drugs may have problems related to their hormones, menstrual cycle, fertility, pregnancy, breastfeeding, and menopause. Some women have also explained that their reasons for using drugs was to control weight, fight exhaustion, pain management, and also to treat their mental health issues themselves. Studies have shown that women abuse drugs differently than men. Women tend to use smaller amounts for less time

before they build an addiction compared to men. Over 8 million women, ages 18 and older, have abused prescription drugs in the past year and the number of women with opioid use disorder at labor and delivery has quadrupled from 1999 to 2014. This is just a span of 15 years.

(“Substance Use in Women,” n.d.).

Dangers of Substance Use Disorder

Substance use during pregnancy can cause neurological damage, physical malformations, prematurity, low birth weight, stillbirth, and even miscarriage (“Substance use in pregnancy,” 2014). It can also affect the mother’s health as well and can lead to maternal death (“Using Illegal Drugs During Pregnancy,” 2019). Nicotine is the most commonly used substance in pregnancy. Pregnant women who smoke may experience damage to the umbilical cord structure, miscarriage, increased risk for ectopic pregnancy, and placental abruption. Another concern with smoking is second-hand smoke. Second-hand smoke can increase the rates for respiratory and ear infections, sudden infant death syndrome, and behavioral and cognitive impairment in newborns. Alcohol, marijuana, and cocaine follow closely behind nicotine. More recently, there has also been an increase in opiate use in pregnant women (Forray, 2016).

Some babies can go through withdrawal upon birth when the mother regularly uses certain drugs. The baby develops neonatal abstinence syndrome (NAS) with a variety of substances such as opioids, alcohol, barbiturates, benzodiazepines, and caffeine. The severity of withdrawal depends on the type of substance that the mother used while pregnant along with the frequency and dosage. The pregnancy term in which the mother used drugs also plays a role in the type and severity of the infant’s withdrawal symptoms as well. A newborn can exhibit symptoms of withdrawal immediately upon birth or it can also take up to 14 days after. The symptoms can include vomiting, diarrhea, excessive or high-pitched crying, abnormal sucking

reflex, hyperactive reflexes, increased muscle tone, irritability, poor feeding, seizures, sleep problems, stuffy nose, sneezing, trembling, and more. The long-term effects of drug use can include birth defects and small head circumference as well (“Substance Use While Pregnant and Breastfeeding,” n.d.).

Prevention and Treatment of Substance Use Disorder

Screening, brief intervention, and referral to treatment are the three things that can be done to prevent and treat substance use disorder. The Centers for Disease Control and Prevention (CDC) and the American Medical Association both recommend universal screening. There are a variety of substance use screening tools available for use during pregnancy and they include: T-ACE (Takes, Annoyed, Cut down, Eye opener), TWEAK (Tolerance, Worry, Eye Opener, Amnesia, Cut down), and 4 Ps (Past, Present, Parents, Partner). The provider is able to make a clinical decision based on the patient’s answers to these screening questions. Thus far, there has only been a small number of effective therapies for substance use in pregnancy. The primary treatment is behavioral counseling (“Substance Use Disorder and Pregnancy”, n.d.). There are also hotlines which pregnant women may contact to locate treatment centers to seek counseling, support groups, and treatment programs such as the 12-step program (“Using Illegal Drugs During Pregnancy,” 2019).

Conclusion

It is clear that substance use in pregnant women is a very serious issue and it continues to worsen. Nurses hold a very important role and are responsible for educating their patients. They must also provide individualized patient-centered care. The nurse must work together with the health care team to provide education, access to resources, and treatment. Due to the increase in

substance use in pregnant women, it is vital that action is taken to lessen the health issues that affect both the mother and child.

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