

Example of drug abuse in pregnancy research paper

[Health & Medicine](#), [Drug Abuse](#)



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Introduction

Substance abuse among pregnant women is a problem that is still a health issue. Estimated figures show that roughly 4% of all births in the U. S happen in women who abuse prescription or illicit drugs which include barbiturates, opioid pain relievers, benzodiazepines and stimulants during pregnancy. In addition to abusing prescription and illicit drugs, women also use tobacco and alcohol during pregnancy. Of course this has effects. According to Economidoy et al (163), maternal drug abuse can have an effect on pregnancy outcomes as well as childhood development and health. Children who are born to women who used such substances during pregnancy are at a greater risk for prematurity, impaired physical growth and development, low birth weight, learning disabilities and behavioral problems. Therefore, there is a need to address this national health issue.

However, many communities criminalize and prosecute women who use these substances during pregnancy. According to NPA (2), some states bend

or twist criminal statutes with the aim of prosecuting women who use drugs during pregnancy. The intention is to subject them to punishment through jail sentences. Other states equate drug abuse in pregnancy to child abuse and neglect resulting in the loss of the baby's custody at birth. However, these measures are punitive and do not provide the answer to substance abuse during pregnancy. Instead, these measures undermine fetal and maternal wellbeing, and discourage the development of programs that can adequately address the needs of the women and their children. This is the consequences of the criminal justice system make women reluctant to access prenatal care services. Therefore, proper approaches, support and health care provision are key to addressing this national health issue. This study explores the importance of fully funded comprehensive drug treatments for pregnant women, instead of civil or criminal punishment.

Factors Contributing to Substance Abuse among Pregnant Women

Based on the review of literature, the paper identified a number of factors that contribute to drug abuse in pregnancy. The causes are mainly social and psychological issues. According to Flavin et al (235), female substance users have emotional, psychological and socioeconomic disadvantages in comparison to non-users. Some of the circumstances identified include sexual abuse, physical abuse and mental illness. It is reported that about 70 percent of women who abuse drugs reported sexual and/or physical abuse before the age of 17 years, and more than a third suffer from mental health problems. Poverty and unemployment are also associated with drug abuse in pregnancy, with one study finding that about 82 percent of women who

abuse drugs had annual household incomes less than \$14000 (NPA 3). Numerous studies indicate that past and/or current abuse incidences are common among female substance abusers. A community-based study reported that over 60 percent of women drug users experienced childhood sexual abuse, and about 55 percent reported childhood physical abuse. Also, pregnant women who are victims of domestic violence report elevated magnitude of drug abuse in comparison to those who are not domestic violence victims. Other studies also indicate that about 40-60 percent of cohabiting or married partners in treatment programs for substance abuse reported episodes of domestic violence (NPA 4). Other factors that contribute to drug abuse in pregnancy include genetics, socioeconomic status, ethnicity and peer pressure.

Effects of Drug Abuse in Pregnancy

Drug abuse in pregnancy is linked to noteworthy fetal and maternal morbidity. Using illegal and particular legal substances has an effect on fetal development. One such effect is Fetal Alcohol Syndrome (FAS). FAS is a group of symptoms found in babies of mothers who consume alcohol during pregnancy. Some features of FAS include craniofacial abnormalities which include such as small palpable fissures, epicanthal folds, thin upper lip, maxillary hypoplasia and an indistinct filtrum (Chavkin 484). During pregnancy, smoking can cause premature labour, miscarriage and low birth weight babies. Cigarettes restrict the essential oxygen supply to the neonate, and this can limit growth. Cocaine stimulates the central nervous system resulting in the interference of brain messages that control basic

needs such as drink and food. The use of cocaine during pregnancy interferes with the development of the nervous system, limits fetal growth and increases the risk of premature birth. The use of cocaine can also cause babies to be born with physical defects such as smaller heads, an aspect that is associated with learning difficulties later in life (Edwards and Byrom 54). It might also lead to certain behavioral problems in the early stages of childhood such as irritability, excessive crying and being easily startled. Fetuses that are exposed to heroin in the uterus are at risk of being born too small, premature birth, and factors associated with learning difficulties later in life. Since heroin passes through the placenta to the fetus, levels of the drug can be traced in a baby's blood stream at the time of delivery (Economidoy et al. 167). This causes babies to present withdrawal symptoms that are referred to as neonatal opiate abstinence syndrome (NOAS). Some of the symptoms associated with this syndrome include excessive crying, exaggerated sucking drive, irritability, pulmonary aspiration and regurgitation. Effects associated with other drugs such as cannabis have similar effects. Therefore, the effects of drug use can be summarized as follows: medical problems for pregnant women; increased neonatal complications; increases fetal mortality; low birth weight; premature delivery; increased incidence of sudden infant death syndrome (SIDS); neonatal withdrawal syndrome and; increased risk of postnatal environmental problems (Flavin et al. 237).

Addressing Drug Abuse in Pregnancy

Drug abuse in pregnancy is a social and psychological problem. Therefore, criminalizing and prosecuting women who use substances during pregnancy is not the solution. However, this has been the case with some states twisting or bending criminal statutes to prosecute women who abuse drugs during pregnancy to punish them with jail sentences. Such punitive measures do not address the problem, but rather deter women from seeking adequate care during the course of their pregnancies. Thus, they undermine both fetal and maternal wellbeing, and discourage the development of programs that can sufficiently address the needs of women and their children.

In order to deal with this health issue, support, healthcare provision and proper approaches are important. Comprehensive drug treatments for pregnant women are critical in addressing drug abuse in pregnancy. First, it is the responsibility of every health practitioner to ensure that all pregnant and postpartum women undergo screening for drug abuse. Nurses, physicians and others who are involved in prenatal care have a significant role in reducing substance abuse during pregnancy (Economidou et al 167). Being the first professional a pregnant woman encounters, the midwife can play a critical role in the development of interventions and programs to address the issue. If treatment begins during pregnancy, then it is likely to be effective. Also, the amount of time spent in treatment is critical for both outpatient and residential treatment. A study of treatment outcomes of parenting and pregnant women in residential treatment programs indicated that longer periods of treatment and stay completion were strong predictors

of abstinence after discharge. This is because a longer period of treatment is linked to abstinence, fewer psychiatric symptoms, obtaining employment, more positive parenting attitudes and decreased involvement in the criminal justice system (Edwards and Byrom 76). Residential treatment programs are associated with high retention rates for parenting and pregnant women because they live with their children and are usually involved with child protection services.

Comprehensive treatment programs are appropriate because they have tailored treatment protocols intended to meet the particular needs of the affected women. This adequate level of treatment impacts retention and engagement in treatment. According to NPA (4), pregnant substance abusers are more willing to participate in comprehensive treatment programs. This is unlike punitive measures which deter women. Treatment for parenting and pregnant women who abuse drugs is more effective with comprehensive treatment programs. A review of several studies reveals that positive treatment results are linked to prenatal care, provision of child care, a focus on the issues of women, mental health services and comprehensive treatment. Therefore, comprehensive drug treatment programs are quite effective in addressing drug abuse in pregnancy.

Conclusion

In addressing drug abuse in pregnancy, punitive measures and the use of the legal justice system only deters women seeking adequate care in the course of their pregnancies. Screening and referral of all pregnant for drug abuse should be encouraged during the course of their pregnancy. In order

to increase access, the comprehensive drug treatment programs need to be fully funded. These drug treatment programs should be family-centered, with the aim of working to keep children and mothers together whenever possible. Successful treatment models include access to quality prenatal and primary medical care, family planning, crisis intervention, drug counseling, stress management, relapse strategies, self-help groups, parent training, and mental health services.

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