

Management of Substance Use in Pregnancy, New Guideline for Health Care Professionals

Ottawa - September 20, 2017 - The Society of Obstetricians and Gynaecologists of Canada (SOGC) today released a ground-breaking [Clinical Practice Guideline](#) to raise awareness among health care professionals on how to screen for and manage substance during pregnancy. Even though the health risks to the fetus are well known, at least 11% of Canadian women report smoking or drinking alcohol during pregnancy, and another 1-2% admit to using opioids and cannabis.

“These situations can be very challenging”, says Dr. Jocelynn Cook, Chief Scientific Officer at the SOGC. “Effective harm reduction requires education about non-judgemental support strategies that vary greatly, depending on the addiction. Ultimately care, including care for withdrawal symptoms with medical management, will lead to improved health outcomes for both the mother and the baby.”

The Guideline recommends that perinatal care providers work closely with addiction experts to treat alcohol, tobacco and other substance use in pregnancy. Although many health care providers routinely ask patients about the use of these substances while under their care, they do not typically use consistent screening tools or make referrals to other treatment resources. The Guideline notes that women are often motivated to change harmful behaviours during pregnancy, so it is an ideal time for care providers to intervene effectively.

“Pregnant women who use substances are also at increased risk for numerous infectious diseases—especially if they inject drugs,” says Dr. Blake. “Many of them also suffer from mental health issues including depression. Comprehensive care and communication lead to a supportive environment during labour, delivery and postpartum. This not only improves outcomes; it saves lives.”

Strategies include:

Nicotine Use Disorder—cessation interventions including nicotine replacement therapy and/or pharmacotherapy if counselling is not successful.

Opioid Use Disorders—standard care is medical management with methadone, or buprenorphine rather than opioid detoxification during pregnancy.

Cannabis Use Disorder—advise pregnant patients of the long-term cognitive and behaviour deficits for exposed children.

The September edition of the JOGC published an [Alcohol Use and Pregnancy Consensus Clinical Guideline](#), which reaffirms an earlier version that concludes there is no known “safe” amount of alcohol for use during pregnancy. There is evidence, however, that children and youth with Fetal Alcohol Spectrum Disorder (FASD) have significantly lower health and quality of life outcomes.

The guideline recommends universal screening in pregnant women, and harm reduction treatment strategies should drinking continue.

The SOGC is sharing these care models with physicians and other health care providers across the country in order to provide improve the care for women who use substances and alcohol during pregnancy. The SOGC urges women to contact their physicians for treatment.

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About the Society of Obstetricians and Gynaecologists of Canada

The SOGC is one of Canada's oldest national specialty organizations. Established in 1944, the Society's mission is to promote excellence in the practice of obstetrics and gynaecology and to advance the health of women through leadership, advocacy, collaboration and education. The SOGC represents obstetricians/gynaecologists, family physicians, nurses, midwives and allied health professionals working in the field of sexual reproductive health. For more information visit www.sogc.org.