

Referral to the Women's Alcohol and Drug Service (WADS) Procedure



1. Purpose

The following document describes criteria for the referral to Women's Alcohol and Drug Service (WADS) and how a referral is taken and processed. This includes the referral for clinical care and secondary consultations.

2. Definitions

Women's Alcohol and Drug Service (WADS): The Women's Alcohol and Drug Service (WADS) provides specialist clinical services and professional support in the care of pregnant women with complex substance use and alcohol dependence. It utilises a multidisciplinary team approach to advance their health and well-being and the medical needs of their infants. In addition to clinical care, WADS provides assessments, training, clinical practice guidelines, secondary consultation and support to other maternity hospitals caring for pregnant women with drug and alcohol use, mentoring and secondary consultations to health professionals around Victoria. This includes a 24 hour on-call obstetric service.

Screening: A screening is undertaken to identify women who are likely to require more extensive assessment. The screening will identify women at risk and where outcomes can be improved by early intervention. Important considerations in a screening are:

- Nature and circumstances of alcohol and drug use
- Pregnancy factors
- Immediate risks for self-harm
- Past and present mental health disorders
- Past and present history of trauma and violence.

Assessment: Assessment is a process of identifying the nature and scope of the problem and determining specific treatment recommendations. An assessment will examine a woman's life in greater detail to ensure an accurate understanding of her drug and/or alcohol use, her experiences of physical, psychological harm and socio-economic history to determine specific treatment plans.

Assessment is not a once off event. Rather it is a fluid process undertaken throughout the course of treatment and care. An assessment will only be undertaken if a woman has been accepted into WADS care.

Secondary Consultations: Secondary consultations concern the provision of clinical advice and support to health and community professionals at their request. In a secondary consultation, patients may be seen.

3. Responsibilities

All clinical staff involved in the care of mothers and babies must be familiar with the procedure for referral to WADS.

Teamcare Coordinators and Social Workers are responsible for booking patients in for screenings by WADS.

WADS Duty Obstetrician is responsible for women with substance use in pregnancy with low abdominal or back pain between 24 and 32 weeks gestation.

4. Guideline

4.1 Service

WADS routinely care for women with complex substance use and alcohol dependence, medical, social and psychiatric conditions. WADS aims to build a strong therapeutic relationship with women to ensure that both mother and infant have the best health and social outcomes.

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The service is made up of the following specialties:

- Addiction Medicine
- Drug and Alcohol Counselling and Assessment
- Obstetric Care
- Midwifery Care
- Paediatric Care
- Assessing and Caring for babies with Neonatal Abstinence Syndrome
- Infant Home Based Withdrawal Program
- Methadone Stabilisation Program
- Mental Health Assessment
- Nutritional Care
- Pharmaceutical Advice and Assessment.

4.2 Criteria for Referrals

Referrals can either be self-referred, or referred by family, friends, community or health organisations or other service providers. Referrals are assessed under the following criteria in the Antenatal Period:

- Commencement of opiate substitution therapy/ treatment
- Alteration of opiate substitution therapy treatment
- Assistance with alcohol withdrawal and treatment
- Assistance with cannabis withdrawal/use and treatment
- Assistance with amphetamine withdrawal/use and treatment
- Assistance with benzodiazepine withdrawal/use and treatment
- Assistance with pain management in women with substance use
- Limited or no-antenatal care.

4.3 Procedure for Referrals

A referral must be faxed to WADS. When a referral is received, a screening will be undertaken within a 24 hour period by WADS. Contact is made with the referrer and the woman being referred to assess suitability. Following the screening, if the woman is assessed as appropriate for WADS, she will be booked in for assessment and a pregnancy booking.

If the woman is suitable for care in Teamcare, contact will be made with the relevant referrer and a referral faxed to the Teamcare coordinator and social worker. If the woman is out of geographical location she will be referred to her local maternity hospital for management and care.

Refer to [Appendix 1: Women's Alcohol and Drug Service \(WADS\) Referral Flowchart](#).

Refer to medical record number: OP/20 for the 'Internal Referral' form.

Screenings will also be undertaken for women who present in the postnatal period.

4.4 Medical Referrals

The WADS Duty Obstetrician must be notified immediately about all women with substance use in pregnancy who develop or are admitted with low abdominal or low back pain and a show, between 24 and 32 weeks gestation.

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4.5 Criteria for Secondary Consultations

Secondary consultation is the key to WADS service provision and support to RWH staff and external service providers. Criteria for secondary consultations include:

- Brief intervention/ education/ information
- Commence medication
- Pain management in women with substance use
- Withdrawal management
- Smoking cessation
- Advice regarding post discharge follow up
- Advice post alcohol withdrawal
- Peri-operative advice
- Delirium associated with substance use
- Any concerns about a pregnant woman's current use of prescribed and unprescribed substances of dependence.

5. Evaluation, monitoring and reporting of compliance to this guideline

Not yet developed.

6. References

1. Drug and Alcohol Office, NSW Health. National clinical guidelines for the management of drug use during pregnancy birth and for the newborn. Sydney 2006.
www.health.nsw.gov.au/pubs/2006/ncg_druguse.html
2. Cochrane Database of Systematic Reviews. Randomized controlled trials enrolling opiate dependent pregnant women: Cochrane Database of Systematic Reviews. 2008; (2): (CD006318)
3. Australian Government Department of Health and Ageing. Clinical Guidelines and Procedures for the use of Buprenorphine in the Treatment of Heroin Dependence. 2006.
<http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/buprenorphine-guide>
4. NH&MRC. Australian Guidelines to Reduce Health Risks from Drinking Alcohol. NH&MRC Reference No: DS10, 2009. <http://www.nhmrc.gov.au/publications/synopses/ds10syn.htm>

7. Legislation/Regulations related to this guideline

Not applicable.

8. Appendices

Appendix 1: [Women's Alcohol and Drug Service \(WADS\) Referral Flowchart](#)

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Women's Alcohol and Drug Service (WADS) Referral Flowchart



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