

# **Prenatal Substance Dependence/Abuse**

This disorder is a continuum of phases incorporating a cluster of cognitive, behavioral, and physiological symptoms that include loss of control over use of the substance and continued use of the substance, despite adverse maternal/fetal consequences (e.g., poor nutrition/weight gain, anemia, predisposition to infection, PIH, fetal defects/IUGR, fetal alcohol syndrome [FAS]). The drugs most often abused are alcohol, cocaine (crack), heroin, methamphetamine, barbiturates, marijuana, and phencyclidine (PCP). Care depends on the degree of abuse and whether the client is intoxicated or is in the withdrawal phase. The client who is addicted may not seek care during the prenatal period, compounding any existing or developing problems. In addition, negative attitudes on the part of society and often from caregivers affect the pregnant woman and her care.

A return to health consists of gaining a mastery and control over self and environment, and pleasure seeking that does not require the use of drugs.

(This plan of care is to be used in conjunction with the CP: The High-Risk Pregnancy.)

## **CLIENT ASSESSMENT DATA BASE**

### **Activity/Rest**

Lack of energy/fatigue, malaise  
Incoordination, unsteady gait  
Sleeplessness/insomnia; hyperactivity  
Yawning (beyond first trimester)

### **Circulation**

Systemic hypertension; orthostatic hypotension  
Tachycardia, palpitations  
Ventricular arrhythmias  
History of endocarditis, sudden coronary artery spasm, myocardial infarction (rare)

### **Ego Integrity**

Pregnancy usually not planned  
May express indecision about pregnancy (i.e., issues of abortion, adoption), concern regarding involvement of social/legal agencies  
Labile mood, irritability, lack of motivation, denial of problem  
Low self-esteem; feelings of guilt regarding substance use, or grandiose behavior  
Presence of stressors (financial, changes in lifestyle)  
Increased dependency needs  
Inadequate coping skills/support systems

### **Elimination**

Diarrhea or constipation  
Burning on urination; frequency, hesitancy, lower abdominal or back pain (UTI)

### **Food/Fluid**

Appetite changes, anorexia, nausea, vomiting  
Inadequate nutritional/fluid intake  
Low weight gain  
Pathological edema

## **Hygiene**

Poor oral/body hygiene

## **Neurosensory**

Dizziness

Slurred speech

Hyperactivity; tremors of hands, tongue, eyelids

Pupillary dilation or constriction, nystagmus, diplopia

Decreased attention span, impaired memory

Irritability, depression, confusion, hallucinations, delirium, coma

History of seizure activity

## **Pain/Discomfort**

Low threshold for pain or decreased response to pain

Muscle pain, headache

Early uterine contractions

Pain on urination, vaginal itching

## **Respiration**

Nasal sinus drainage, inflamed mucosa, nosebleeds, septal defect

Tachypnea

Frequent sore throats

Cigarette smoker/exposure to secondhand smoke

History of recurrent pneumonia

Gray mucus expectorated (signs of heavy “crack” cocaine smoking)

## **Safety**

Hyperthermia, diaphoresis

Evidence of needle tracks on extremities

Presence of cellulitis, superficial abscesses, septic phlebitis

History or evidence of traumatic injuries; physical/emotional abuse

Inadequate maintenance of home environment

History of jaundice

Positive screen for hepatitis, STD, or HIV

Previous obstetric problems (e.g., PIH, abruptio placentae, premature rupture of membranes)

Fetal hyperactivity, bradycardia; or decreased fetal movement

## **Sexuality**

Decreased libido

History of multiple sexual partners

Fundal height inappropriate for length of gestation

Vaginal spotting/bleeding; increased vaginal discharge

GTPAL may reveal spontaneous abortion, premature birth/fetal death, meconium staining, LBW infant, fetal withdrawal/alcohol syndrome, infant death/sudden infant death syndrome (SIDS)

## **Social Interactions**

Lack of support systems; self-imposed/forced isolation

Loss of job; financial problems

Relationship/family discord (manipulative behavior)

## Teaching/Learning

Use of alcohol, prescription, OTC, and/or illicit drugs  
Difficulty maintaining self drug-free; ineffective recovery attempts; drug hunger  
Absence of/limited prenatal care or preparation  
Lack of cooperation with therapeutic regimen

## DIAGNOSTIC STUDIES

**Toxicology Screen:** Identifies drug(s) used and current status.

**Various Blood Studies (e.g., Complete Blood Count with Differential [CBCD], Serum Glucose, Electrolytes):**

Determines presence of anemia and nutritional status.

**Liver Studies:** Detect presence and degree of involvement/damage.

**Ultrasonography:** Locates placental implantation; assesses fetal size in relation to length of gestation.

**Chest X-Ray:** Reveals presence of pneumonia, foreign body, emboli, or pulmonary edema.

**Screening Tests/Cultures:** Determine presence of infectious diseases.

**Addiction Severity Index:** Produces a “problem severity profile” of the client, including chemical, medical, psychological, legal, family/social, and employment/support aspects, indicating areas of treatment needs.

## NURSING PRIORITIES

1. Promote physiological stability and well-being of client and fetus.
2. Support client’s acceptance of reality of situation.
3. Facilitate learning of new ways to reduce anxiety; strengthen individual coping skills.
4. Incorporate client into supportive community environment.
5. Promote family involvement in treatment process.
6. Provide information about condition, prognosis, and treatment needs.

## DISCHARGE GOALS

1. Free of injury/complications to self and fetus/newborn.
2. Engaged in treatment modalities by identifying and using support systems.
3. Responsibility for own life and behavior assumed.
4. Abstinence from drug(s) maintained on a day-to-day basis.
5. Dependence condition and its impact on pregnancy, prognosis, and therapeutic regimen verbalized.
6. Participation in follow-up care by making and keeping all appointments, managing therapeutic regimen.

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### NURSING DIAGNOSIS:

#### May Be Related To:

#### Possibly Evidenced By:

### DESIRED OUTCOMES/EVALUATION

#### CRITERIA—CLIENT WILL:

### Nutrition: altered, less than body requirements

Insufficient dietary intake to meet metabolic needs for psychological, physiological, or economic reasons

Low-weight gain, prepregnant weight below norm for height/body build, decreased subcutaneous fat/muscle mass, poor muscle tone, reported altered taste sensation, lack of interest in food; sore, inflamed buccal cavity; laboratory evidence of protein/vitamin deficiencies

Verbalize understanding of effects of substance

abuse and reduced dietary intake on nutritional status and pregnancy.

Demonstrate behaviors and lifestyle changes to regain/maintain appropriate weight for pregnancy.

Demonstrate progressive weight gain toward goal, with normalization of laboratory values and absence of signs of malnutrition.

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## **ACTIONS/INTERVENTIONS**

## **RATIONALE**

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### **Independent**

Determine age, height/weight, body build, strength, and activity/rest pattern. Note condition of oral cavity.

Provides information on which to base caloric needs/dietary plan. Type of diet/foods may be affected by condition of mucous membranes and teeth.

Obtain anthropometric measurements, e.g., triceps skinfold.

Calculates subcutaneous fat and muscle mass to aid in determining dietary needs.

Note total daily calorie intake. Encourage client to maintain a diary of intake, times, and patterns of eating.

Information about patient's dietary pattern will identify nutritional strengths, needs, and deficiencies.

Discuss prenatal nutritional needs and develop dietary plan. Assist with developing a grocery budget and provide opportunity to choose foods or snacks to meet dietary plan.

Enhances participation/sense of control and may promote resolution of nutritional deficiencies.

Evaluate energy expenditure (e.g., pregnancy needs, pacing or sedentary activities), and establish an individualized exercise program.

Pregnant state and activity level affect nutritional needs. Exercise enhances muscle tone, may stimulate appetite, and promotes sense of well-being.

Weigh client weekly and record.

Provides information regarding current status/effectiveness of dietary plan.

### **Collaborative**

Consult with dietitian.

Useful in establishing individual dietary needs/plan. Provides additional resource for learning about the importance of nutrition in nonpregnant and pregnant states.

Review laboratory work as indicated; e.g., glucose, serum albumin, and electrolytes.

Identifies anemias, electrolyte imbalances, and other abnormalities that may be present, requiring specific therapy. Note: Toxic vapor abuse of toluene-based solvents (such as spray paint or glue) may cause a distal renal tubular acidosis with resultant hypokalemia, hypophosphatemia, hypomagnesemia, and hypocalcemia as well as rhabdomyolysis.

Refer for dental consultation as necessary.

Teeth are essential to good nutritional intake, and dental hygiene/care is often neglected in this population.

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### **NURSING DIAGNOSIS:**

### **Denial, ineffective/Coping, individual, ineffective**

#### **May Be Related To:**

Personal vulnerability, difficulty handling new situations, previous ineffective/inadequate coping skills with substitution of drug(s), inadequate support systems, anxiety/fear

**Possibly Evidenced By:**

Denial (one of the strongest and most resistant symptoms of substance abuse), lack of acceptance that drug use is causing the present situation, use of manipulation to avoid responsibility for self, altered social patterns/participation, impaired adaptive behavior and problem-solving skills,

**Possibly Evidenced By (cont.):**

decreased ability to handle stress of illness/hospitalization, financial affairs in disarray, scholastic or employment difficulties (e.g., losing time on job/not maintaining steady employment, poor work performance, on-the-job injuries)

**DESIRED OUTCOMES/EVALUATION CRITERIA—CLIENT WILL:**

- Verbalize awareness of relationship of substance abuse to current situation.
  - Identify ineffective coping behaviors and their consequences.
  - Use effective coping skills/problem solving.
  - Initiate necessary lifestyle changes.
  - Attend support group (e.g., Cocaine/Narcotics/Alcoholics Anonymous) regularly.
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**ACTIONS/INTERVENTIONS**

**RATIONALE**

**Independent**

Determine client’s understanding of pregnancy and current situation and previous methods of coping with life’s problems.

Provides information about degree of denial; identifies coping skills that may be used in present plan of care.

Remain nonjudgmental. Be alert to changes in behavior; e.g., restlessness, increased tension.

Confrontation can lead to increased agitation, which may compromise safety of client/staff.

Provide positive feedback when client expresses awareness of denial in self and recognizes it in others.

Denial is the major defense mechanism in addictive disease and may block progress of therapy until client accepts reality of the problem. Positive feedback is necessary to enhance self-esteem and to reinforce insight into behavior.

Maintain firm expectation that client will attend recovery support/therapy groups regularly.

Attending is related to admitting need for help, to working with denial and for an optimal outcome of the pregnancy, as well as maintenance of a long-term drug-free existence.

Provide information about addictive use versus experimental, occasional use of drugs; biochemical/genetic disorder theory (genetic predisposition); and use activated by environment, pharmacology of stimulant, or compulsive desire as a lifelong occurrence.

Progression of use continuum in the addict is from experimental/recreational to addictive use. Comprehending this process is important in combatting denial. Education may relieve client of guilt and blame, and may help awareness of recurring addictive characteristics.

Discuss ways to use diversional activities that relate to recovery (e.g., social activities within support group) wherein issues of being chemically free are examined.

Discovery of alternative methods of recreation and methods for coping with drug hunger can remind client that addiction is a lifelong process and that opportunity for changing patterns is available.

Encourage and support client’s taking responsibility for own recovery (e.g., development of alternative behaviors to drug use).

When client accepts the reality of own responsibility, denial can be replaced with responsible action.

Set limits and confront efforts to get caregiver to grant special privileges, making excuses for not following through on behaviors agreed on, and attempting to continue drug use.

Assist client to learn relaxation skills, guided imagery, or visualizations; encourage her to use them.

Be aware of family/staff enabling behaviors and feelings.

## Collaborative

Administer medications as indicated, noting restrictions on use in pregnancy:

Phenobarbital;

Methadone.

Encourage involvement with self-help associations; e.g., Alcoholics/Narcotics Anonymous.

Client has learned manipulative behavior throughout life and needs to learn a new way of getting needs met. Following through on consequences of failure to maintain limits can help the client to change ineffective behaviors.

Helps client to relax and develop new ways to deal with stress and problem-solve.

Lack of understanding of enabling and codependence can result in nontherapeutic approaches to addicts.

Can be used to ease alcohol withdrawal and prevent/reduce frequency and severity of seizures. This drug is thought to blunt the craving for, and/or diminish the effects of, heroin and is used to assist in withdrawal and long-term maintenance programs. It has fewer side effects than heroin and allows the client to maintain daily activities and ultimately withdraw from drug use.

Puts client in direct contact with support systems necessary for managing sobriety/drug-free life. Self-help groups are valuable for learning and promoting abstinence in each member with understanding and support as well as peer pressure.

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### NURSING DIAGNOSIS:

#### May Be Related To:

#### Possibly Evidenced By:

### DESIRED OUTCOMES/EVALUATION

#### CRITERIA—CLIENT WILL:

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### Powerlessness

Substance addiction with or without periods of abstinence, episodic compulsive indulgence, failed attempts at recovery, lifestyle of helplessness, self-imposed or forced isolation

Ineffective recovery attempts, statements of inability to stop behavior (even with awareness of effects on pregnancy) and/or requests for help, continuous/  
constant thinking about drug and/or obtaining drug; alterations in personal, occupational, and social life

Remaining in home, no friends or contact with family

Admit inability to control drug habit, surrender to powerlessness over addiction.

Involve self in treatment and verbalize awareness that willpower alone cannot maintain abstinence.

Engage in peer support.

Demonstrate active participation in program.

Maintain healthy state during pregnancy with an optimal outcome.

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## **ACTIONS/INTERVENTIONS**

## **RATIONALE**

### **Independent**

Use crisis intervention techniques:

Client is more amenable to acceptance of need for treatment in the crisis presented by the pregnancy. Note: Typical binge pattern of cocaine use may promote or inhibit client's responsiveness to intervention.

Assist client to recognize that a problem exists;

While client is hurting and recognizing that substance abuse is harmful to her fetus, it is easier to admit drug use is a problem.

Assess interactions with significant other. Note domination by parents or client's unwillingness to respond in partner's presence;  
Assist in developing plan to leave abusive environment/situation;

A woman can experience self-imposed or forced isolation as a result of drug dependence and/or societal rejection of drug use during pregnancy. Potential volatility of situation may require careful consideration of safety issues. Note: Forced isolation is also a form of abuse.

Identify goals for change;

Helpful in planning direction for care and promoting belief that change can occur.

Discuss alternative solutions;

Brainstorming helps creatively identify possibilities and provides sense of control.

Assist in selecting most appropriate alternative;

As possibilities are discussed, the most useful solution becomes clear.

Support decision and implementation of selected alternative(s).

Helps the client to persevere in process of change.

Discuss need for help in a caring, nonjudgmental way.

A caring, nonconfrontational manner is more therapeutic because the client may respond defensively to a moralistic attitude, blocking recovery.

Discuss ways in which drug use has interfered with life, occupation, and personal/interpersonal relationships.

Awareness of how the drug has controlled the client's life is important in combatting denial/sense of powerlessness.

Assist client to learn ways to enhance health, meet pregnancy needs, and structure healthy diversion from drug use (e.g., a balanced diet, adequate rest, acupuncture, biofeedback, deep meditative techniques, and exercise, such as walking, swimming, or other activity tailored to pregnant state).

Learning to empower self in constructive areas can strengthen ability to continue recovery. These activities help restore natural biochemical balance, aid detoxification, and manage stress, anxiety, and use of free time as well as promote positive pregnancy outcomes. These diversions can increase self-confidence, thereby improving self-esteem. Note: Release of endorphins from sustained exercise can create a feeling of well-being.

Assist in self-examination of spirituality and faith.

Surrendering to a power greater than oneself and faith in that power have been found to be effective in substance recovery; may decrease sense of powerlessness.

Assist client to learn assertive communication.

Effective in assisting in ability to refuse use, to stop relationships with users and dealers, to build healthy relationships, and to regain control of own life.

## Collaborative

Refer to/assist with making appointment to treatment program, e.g., partial hospitalization drug treatment programs, Narcotics/Alcoholics Anonymous; shelter for abused women.

Discuss possibility of private addiction counseling.

Follow-through on appointments may be easier than making the initial contact, and continuing treatment is essential to positive outcome of both substance abuse problem and pregnancy. Note: To date, treatment programs admitting pregnant clients have been very limited in number, reducing treatment options and jeopardizing client/fetal outcomes.

Private counseling may be needed, especially when isolation has occurred, until client feels comfortable in group setting.

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### NURSING DIAGNOSIS:

#### May Be Related To:

#### Possibly Evidenced By:

#### DESIRED OUTCOMES/EVALUATION CRITERIA—CLIENT WILL:

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### Self Esteem, chronic situational low

Social stigma attached to substance abuse, social expectation that one control own behavior (e.g., abuse of drugs, sexual activity, and use of birth control), biochemical body change (e.g., withdrawal from alcohol/drugs), situational crisis of pregnancy with loss of control over life events

Not taking responsibility for self/self-care, lack of follow-through, self-destructive behavior, change in usual role patterns or responsibility (family, job, legal); confusion about self, purpose, or direction in life; denial that substance use is a problem

Identify feelings and methods for coping with negative perception of self.

Verbalize acceptance of self “as is” and an increased sense of worth.

Set goals and participate in realistic planning for lifestyle changes necessary to live without drugs and bring pregnancy to the desired outcome.

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## ACTIONS/INTERVENTIONS

### Independent

Provide opportunity for, and encourage verbalization/discussion of, individual situation.

Assess mental status. Note presence of other psychiatric disorders (dual diagnosis).

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## RATIONALE

Client often has difficulty expressing self and even more difficulty accepting the degree of importance substance has assumed in life and its relationship to present situation/pregnancy. Note: Pregnancy may not have been planned, and client may feel indecisive about plans for the future.

May affect decisions regarding pregnancy. Many clients use substances (alcohol and other drugs) to seek relief from depression or anxiety. Note: Approximately 60% of substance-dependent individuals also have mental illness problems, and treatment for both is imperative for optimal outcome.

Spend time with client. Discuss client's behavior/ substance use in a nonjudgmental way.

Provide reinforcement for positive actions, and encourage client to accept this input.

Observe family/significant other interactions; note dynamics and presence/effectiveness of support.

Encourage expression of feelings of guilt, shame, and anger.

Help the client to acknowledge that substance use is the problem and that problems can be dealt with, without the use of drugs. Confront the use of defenses (e.g., denial, projection, rationalization).

Ask the client to list and review past accomplishments and positive happenings, including previous pregnancy experiences.

Use techniques of role rehearsal.

## **Collaborative**

Involve client in group therapy.

Refer to other resources, such as Narcotics/ Alcoholics Anonymous.

Formulate plan to treat other mental illness problems.

Presence of the nurse conveys acceptance of the individual as a worthwhile person. Discussion provides opportunity for insight into the problems that substance abuse has created for the client.

Failure and lack of self-esteem have been problems for this client, who needs to learn to accept self as an individual with positive attributes.

Substance abuse is a family disease, and how the members act and react to the client's pregnancy and her behavior affects the course of the disease and how client sees herself. Many unconsciously become "enablers," helping the individual to cover up the consequences of the abuse. (Refer to NDs: Family Coping: ineffective, compromised/disabling; Caregiver Role Strain.)

The client often has lost respect for self and believes that the situation is hopeless. Expression of these feelings helps the client begin to accept responsibility for self and take steps to make changes.

When drugs can no longer be blamed for the problems that exist, the client can begin to deal with them and live without substance use. Confrontation helps the client accept the reality of the problems as they exist.

There are things in everyone's life that have been successful. Often when self-esteem is low, it is difficult to remember these successes or to view them as successes.

Assists client to practice the development of skills to cope with new role as a person who no longer uses or needs drugs to handle life's problems.

Group sharing helps encourage verbalization because other members of group are in various stages of abstinence from drugs and can address the client's concerns/denial. The client can gain new skills, hope, and a sense of family or community from group participation.

One of the oldest and most popular forms of group treatment uses a basic strategy known as the Twelve Steps. The client admits powerlessness over drug, and, although not necessary, may seek help from a higher power. Members help one another, and meetings are available at many different times and places in most communities. The philosophy of "one helps attain the goal of abstinence.

Clients who seek relief for other mental health problems through drugs will continue to do so. Both the substance use and the mental health problems need to be treated together to maximize abstinence potential.

Administer antipsychotic medications as necessary, noting precautions of use in pregnancy.

Prolonged/profound psychosis following LSD or PCP use can be treated with antipsychotic drugs because it is probably the result of an underlying functional psychosis that has now emerged. Note: Avoid the use of phenothiazines because they may decrease seizure threshold and cause hypotension in the presence of LSD/PCP.

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**NURSING DIAGNOSIS:**

**Family Coping: ineffective, compromised/disabling/Caregiver Role Strain**

**May Be Related To:**

Personal vulnerability of individual family members, codependency issues, situational crises of drug abuse and pregnancy, compromised social systems, family disorganization/role changes, prolonged disease progression that exhausts supportive capability of family members; significant person(s) with chronically unexpressed feelings of guilt, anger, hostility, or despair

**Possibly Evidenced By:**

Denial, or belief that all problems are caused by substance use; severely dysfunctional family (family violence, spouse/child abuse, separation/divorce, children displaying acting-out behaviors); financial affairs in disarray; school/employment difficulties; altered social patterns/participation; significant other demonstrating enabling or codependent behaviors (avoiding and shielding, attempting to control, taking over responsibilities, rationalizing and accepting, cooperating and collaborating, rescuing and self-serving)

**DESIRED OUTCOMES/EVALUATION CRITERIA—FAMILY WILL:**

Verbalize understanding of dynamics of codependence and participate in individual and family programs.

Identify ineffective coping behaviors/consequences.

Demonstrate/plan for necessary lifestyle changes.

Take action to change self-destructive behaviors and/or alter behavior that contributes to client's addiction.

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**ACTIONS/INTERVENTIONS**

**RATIONALE**

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**Independent**

Assess family history; explore roles of family members and circumstances involving drug use, strengths, and areas for growth. Note attitudes/beliefs regarding pregnancy and parenting.

Explore how the family/significant other has coped with the client's habit (e.g., denial, repression, rationalization, hurt, loneliness, projection).

Determine understanding of current situation/pregnancy and previous methods of coping with life's problems.

Assess current level of functioning of family members.

Determine areas for focus and potential for change.

The codependent person suffers from the same feelings as the client (e.g., anxiety, self-hatred, helplessness, low self-worth, guilt) and needs help in learning new/effective coping skills.

Identifies misconceptions/areas of need on which to base present plan of care.

Affects individual's ability to cope with situation.

Determine extent of enabling behaviors being evidenced by family members; explore with individual and client.

Provide information about enabling behavior and addictive disease characteristics for both user and nonuser person who is codependent.

Provide factual information to client and family about the effects of addictive behaviors on the family and what to expect regarding abstinence from drugs and course of pregnancy.

Encourage family members to be aware of their own feelings and to look at the situation with perspective and objectivity. They can ask themselves, "Am I being conned? Am I acting out of fear, shame, guilt, or anger? Do I have a need to control?"

Involve significant other in referral plans.

Be aware of staff's enabling behaviors and feelings about client, pregnancy, and partners who are codependent.

## **Collaborative**

Encourage involvement with self-help associations (e.g., Alcoholics/Narcotics Anonymous, Al-Anon, Al-Ateen) and professional family therapy.

Enabling is doing for the client what she needs to do for herself. People want to be helpful and do not want to feel powerless to help their loved one to stop substance use and change the behavior that is so destructive. However, in many cases the substance abuser relies on others to cover up his or her own inability to cope with daily responsibilities.

Awareness and knowledge provide opportunity for individuals to begin the process of change.

Many individuals are not aware of the nature of addiction, the involvement of the family, and the effects on pregnancy/fetus. Note: If client is using legally obtained drugs, user and family members may believe this does not constitute abuse.

When the codependent family members become aware of their own actions that perpetuate the addict's problems, they can decide to change themselves. If they change, the client can then face the consequences of her own actions and may choose to get well.

Drug abuse is a family illness. Because the family has been so involved in dealing with the substance abuse behavior, they need help adjusting to the new behavior of sobriety/abstinence. Incidence of recovery is almost doubled when the family is treated along with the client.

Lack of understanding of enabling and codependence can result in nontherapeutic approaches to addicts and their families. Staff members may feel angry toward client who uses or continues to use drug(s), even though she has been given information regarding possibility of damage to the developing fetus.

Puts client/family in direct contact with support systems necessary for continued sobriety and assistance with learning problem resolution.

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### **NURSING DIAGNOSIS:**

Knowledge deficit [Learning Need], regarding condition/pregnancy, prognosis, self-care and treatment needs

### **May be Related To:**

Lack/misinterpretation of information, lack of recall, cognitive limitations/interference with learning (other mental illness problems/organic brain syndrome)

### **Possibly Evidenced By:**

Statements of concern, questions/misconceptions, inaccurate follow-through of instructions, development of preventable complications, continued use in spite of complications/bad trips

### **DESIRED OUTCOMES/EVALUATION**

Verbalize understanding of own condition,

**CRITERIA—CLIENT WILL:**

prognosis, and treatment plan.

Identify/initiate necessary lifestyle changes to remain drug-free with optimal pregnancy outcome.

Participate in treatment program.

Recognize health problems as they arise and initiate steps to resolve.

**ACTIONS/INTERVENTIONS**

**RATIONALE**

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**Independent**

Provide information about effects of drugs on the reproductive system/fetus (e.g., increased risk of STDs, premature birth, brain damage, and fetal malformation). Review drinking/drug history of client/partner.

Awareness of the negative effects of alcohol/other drugs on reproduction may motivate client to stop using drug(s). When client is pregnant, identification of potential problems aids in planning for future fetal needs/concerns.

Encourage regular physical examination, including vaginal culture to detect presence of STD.

Vaginal cultures can detect the presence of microorganisms that can be potentially fatal to the fetus or newborn group B streptococcus (GBS), chlamydia, syphilis, gonorrhea.

Review results of sonogram.

Assesses fetal growth and development to identify possibility of IUGR or FAS and future needs.

Be aware of, and deal with, anxiety of client and family members.

Anxiety can interfere with ability to hear and assimilate information.

Provide an active role for the client/partner in the learning process through discussions, group participation, and role playing.

Learning is enhanced when people are actively involved.

Provide various information, as indicated. Include list of articles, books, tapes, and videos related to client/family needs, and encourage reading and discussing what they learn.

Helps individuals to make informed choices about future. Bibliotherapy can be a useful addition to other therapy approaches if materials chosen consider the individual's educational and cognitive abilities.

Assess client's knowledge of own situation, i.e., pregnancy, complications, and needed changes in lifestyle.

Assists in planning for long-range changes necessary for maintaining sobriety/drug-free status. Client may have street knowledge of the drug but be ignorant of medical facts and relationship to pregnancy.

Review condition and prognosis/future expectations.

Provides knowledge base on which client can make informed choices.

Time activities to individual needs. readily assimilated when individual learning pace is considered.

Facilitates learning because information is more

Discuss relationship of drug use to current situation/ pregnancy.

In many cases, client has misperception (denial) of real reason for admission to the medical or psychiatric setting when hospitalized.

Discuss variety of helpful organizations and programs that are available for assistance/referral.

Long-term support is necessary to maintain optimal recovery and/or assist with pregnancy needs. Psychosocial needs as well as other issues may require addressing.