

Care network for pregnant crack users: an integrative review

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Objective: to analyze the performance of the Care Network for pregnant crack-cocaine users in the scientific literature. **Methodology:** an integrative review was conducted in the MEDLINE, BDeF, LILACS and SciELO databases and comprised studies published from 2015 to 2021 in Portuguese, English and Spanish, using the following descriptors: high-risk pregnancy, continued health care network, crack-cocaine, and health impact assessment. **Results:** by crossing the descriptors and applying the inclusion and exclusion criteria, eight articles were included for further appraisal. **Conclusion:** the scientific literature identified prioritizes the epidemiological analysis of the phenomenon and the consequences of drug use during pregnancy, although little is explored on clinical and psychosocial care networks for pregnant crack users. The production of knowledge about the health care networks for pregnant drug users is still scarce. There is a need for studies that can analyze the care provided to this population within the health care networks.

Descriptors: Pregnancy, High-Risk; Delivery of Health Care; Crack Cocaine; Health Impact Assessment.

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Rede de cuidados às gestantes usuárias de *crack*/cocaína: revisão integrativa

Objetivo: analisar na literatura científica a atuação da Rede de Cuidados às gestantes usuárias de *crack*. **Metodologia:** revisão integrativa, realizada nas bases de dados MEDLINE, BDeInf, LILACS e SciELO, considerando estudos publicados entre 2015 e 2021, nos idiomas português, inglês e espanhol, a partir do cruzamento dos descritores: gestantes de risco; rede de cuidados continuados de saúde; cocaína/*crack*; avaliação do impacto na saúde. **Resultados:** a partir do cruzamento dos descritores e da aplicação dos critérios de inclusão e exclusão, selecionaram-se oito artigos que compuseram esta revisão. **Conclusão:** a literatura científica identificada prioriza a análise epidemiológica do fenômeno e as consequências do uso de drogas na gestação, porém pouco explora as redes de cuidados clínicos e psicossocial às gestantes usuárias de *crack*. Constatou-se que ainda é limitada a produção do conhecimento sobre a rede de cuidados às gestantes usuárias de drogas. Pontua-se a necessidade de estudos que possam evidenciar os cuidados prestados a esta população a partir das redes de cuidados.

Descritores: Gestantes de Risco; Rede de Cuidados Continuados de Saúde; Cocaína *Crack*; Avaliação do Impacto na Saúde.

Red de atención para usuarias de *crack* embarazadas: revisión integradora

Objetivo: analizar el desempeño de la Red de Atención a usuarias de *crack* embarazadas en la literatura científica. **Metodología:** revisión integradora en las bases de datos MEDLINE, BDeInf, LILACS y SciELO, compuesta por estudios publicados entre 2015 y 2021, en portugués, inglés y español, utilizando los descriptores: embarazo de alto riesgo, red de cuidados continuados de salud, cocaína/*crack* y evaluación del impacto en la salud. **Resultados:** al cruzar descriptores y aplicar criterios de elegibilidad, se incluyeron ocho artículos. **Conclusión:** la literatura identificada prioriza el análisis epidemiológico y las consecuencias del consumo de drogas durante el embarazo, pero poco se ha explorado en redes de atención clínica y psicossocial a usuarias de *crack* embarazadas. La producción de conocimiento sobre redes de atención a salud de usuarias de drogas embarazadas es aún escasa. Es necesario realizar estudios que analicen la atención que se brinda a esta población en las redes de salud.

Descriptores: Gestantes de Riesgo; Red de Cuidados Continuados de Salud; Cocaína *Crack*; Evaluación del Impacto en la Salud.

Introduction

Pregnancy is characterized as a natural, physiological and unique process experienced by women and which causes biopsychosocial transformations, represented by yearnings and expectations for the arrival of the baby, as well as physical and psychological changes⁽¹⁾. Although it is considered a physiological process, some pregnancies can result in unfavorable evolutions, which can trigger changes in fetal morphology and distress; thus, the use of Psychoactive Substances (PAS) is emphasized, being contraindicated in the gestational period, as it can cause permanent harms to the pregnant woman and the fetus⁽²⁾.

Alcohol consumption during the gestational period poses worrying clinical risks for the mother-fetus binomial. For the mother, alcohol works as an appetite suppressant, and effective prenatal care is relevant since, due to this condition, the pregnant woman can suffer losses in the necessary food intake, causing no uptake of nutrients and favoring the emergence of nutritional deficiency. In the fetus, the substance crosses the placental barrier causing risk of hydrocephalus, fetal malformation and changes in the fetal nervous system, as well as permanent diseases and disabilities⁽³⁾. However, tobacco does not pose risks to the mother, but it can trigger miscarriage, low birth weight, respiratory problems and fetal hypoxia. With regard to marijuana, an increase in appetite, loss of inhibition, decreased memory and euphoria or a feeling of relaxation is identified in the mothers, as well as affecting the development of the fetal neural tube and anencephaly. In turn, cocaine can cause decreased blood flow from the mother to the uterus, placenta and fetus, triggering miscarriage, premature birth, delayed intrauterine growth and severe fetal distress. Finally, crack can cause serious changes in the central nervous system of the mother and fetus.

The use of PAS in pregnant women is related to difficulties and impasses experienced during this period, considering the drug as an "escape valve", enabling them to deal with adversities and anxieties⁽⁴⁾. Thus, continued use during pregnancy can trigger denials or ambivalent feelings about motherhood, while abstinence makes it possible to identify the influence of use during maternal care. The cultural context, family history, relationship with the partner, pregnancy planning and support networks also influence this process⁽⁵⁾.

Consequently, the current scenario commonly identifies women who experience the gestational period as users who are dependent on psychoactive substances, with a history of consumption prior to the pregnancy event, contributing to the coping considered as a major obstacle when it comes to avoiding use during

pregnancy⁽⁶⁾. Thus, the use of psychoactive substances during pregnancy has contributed to the emergence of complications for the mother-fetus binomial, considering the speed at which the drug reaches the bloodstream. Thus, pregnant crack users have a high risk rating, thus favoring possible eventualities with obstetric complications⁽⁷⁾.

Pregnant women who use crack generally have low adherence to prenatal care, which increases the risk of maternal and fetal complications. Pregnancy under these circumstances can be responsible for the low newborn's birth weight, in addition to causing an increase in the number of premature births⁽⁸⁾.

Crack/Cocaine use during pregnancy has significantly contributed to triggering the risk of complications to maternal health. However, these go beyond obstetric problems, as well as collaborate with harms that considerably affect the neonatal, child and adult health of these concepts. The behavior of pregnant drug users is highlighted, as they usually start prenatal care late, causing harms such as less pregnancy monitoring, favoring clinical complications⁽⁹⁾. Thus, it is extremely important to use strategies, such as the active search for missing users in prenatal consultations, as well as implementation of monitoring by multidisciplinary teams, in order to build concrete adherence of this pregnant user to the indicated treatments, contributing to the effective implementation of positive and comprehensive care⁽¹⁰⁾.

The assistance provided to pregnant women who use alcohol and/or other drugs is considered highly complex, requiring specific training from the health professionals who will be providing care. Each pregnant woman has unique characteristics; therefore, the professionals must have skills, such as being attentive and able to know how to act with these women's psychological and social demands⁽¹⁰⁻¹¹⁾.

In this context, it is fundamental that these pregnant women have access to a health care network that meets their needs. According to the Pan American Health Organization⁽¹²⁾, the health care networks produce positive results, such as reducing fragmentation of care; improving the overall efficiency of the system; better response to people's needs and expectations; optimization of the cost of health services; reduction of unnecessary hospitalizations; reduction in the excessive use of services and exams; restriction of hospitalization times; and increased user satisfaction and self-care.

In view of the problematization presented and the challenges of comprehensive care for this population, the objective was to analyze in the scientific literature the role of a care network for pregnant women who are crack/cocaine users.

Methodology

An integrative review research study, used with emphasis on the Evidence-Based Practice (EBP), which includes the analysis of relevant research studies that support decision-making and improvement of the clinical practice⁽¹²⁻¹³⁾.

The EBP proposes that clinical problems that arise in the care, teaching or research practice are decomposed and then organized, using the PICO strategy⁽¹⁴⁾. PICO considers the population, the patient or the problem addressed (Population/Patient/Problem), the phenomenon of interest (Interest) and the context (Context). In this scenario, the Patient was a pregnant woman who was a crack user; the Intervention was a care network; and the Context was the Health Impact assessment.

Within the EBP, these four components are the fundamental elements of the research question and the elaboration of the question for the bibliographic evidence search⁽¹⁵⁾. Therefore, the research question was as follows: What has been produced in the scientific literature about the care network for pregnant women who are crack/cocaine users?

Data collection took place from January to March 2021, in the following databases: Medical Literature Analysis and Retrieval System Online (MEDLINE), *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS), *Bases de Dados da Enfermagem* (BDENF) and Scientific Electronic Library Online (SciELO).

The Descriptors in Health Sciences (*Descritores em Ciências da Saúde*, DeCS) were used and, in the English language, they were combined with the Boolean expressions AND and OR, so the crossings used were as follows: "Pregnancy" OR "High-risk" AND "Crack cocaine"; "Pregnancy" AND "Crack cocaine"; "Pregnancy" or "High-risk" and "Crack cocaine" and "Health Care"; "Pregnancy" OR "High-risk" AND "Delivery of Health Care".

The inclusion criteria adopted in the study were as follows: scientific articles on health that answered the guiding question, resulting from primary research studies, in Brazilian Portuguese and English, free of contribution and available in full, published between 2015 and 2021, and published in journals indexed in the databases selected. The exclusion criteria were the following: course completion papers, dissertations, theses, manuals, book chapters, review articles, articles from newspapers or non-scientific journals, and complete articles not made available in full for free.

Subsequently, the information was identified from a table created by the authors with the following variables: article title, authors, journal and year of publication. Subsequently, there was analysis and interpretation of the results, which were categorized according to content similarity.

As this is an integrative literature review, the study followed the ethical principles that respect references and Copyright Laws No. 9,610, of February 19th, 1998 and No. 12,583, of August 14th, 2013⁽¹⁶⁾.

Results

Through an electronic search, 92 publications were surveyed in the four databases used for this review: 52 articles in LILACS, 17 in BDENF, 20 in SciELO and three in MEDLINE. After reading the titles, 59 publications that did not answer the research question were excluded; it is noteworthy that, among them, 12 were duplicated across the databases, reducing the material to 21 articles.

After reading the abstracts, 15 articles that did not meet the inclusion criteria were excluded from the review; thus eight articles selected comprised the study sample (Figure 1). By analyzing the searches, it was identified that the number of scientific studies about the care network is still relatively low.

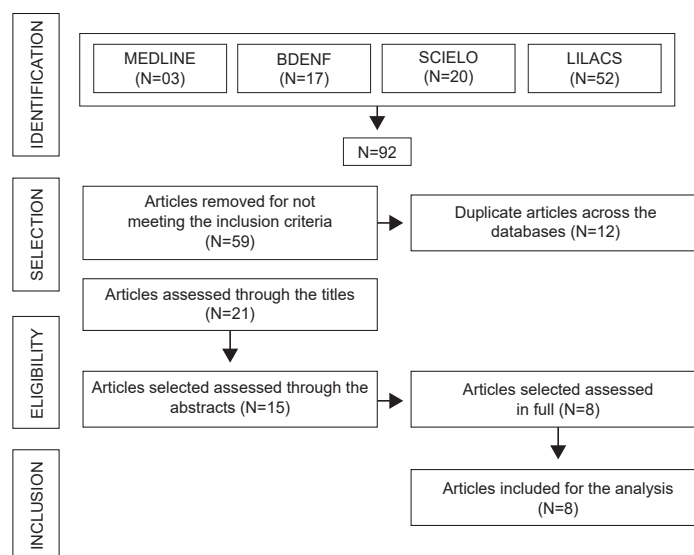


Figure 1 - Flowchart corresponding to the search and selection of studies, according to the PRISMA recommendations⁽¹⁶⁾

Among the eight articles selected, six were published in multidisciplinary journals and the others, in Nursing journals. The articles selected are shown in Figure 2.

Title	Authors	Journal	Year
Expanding the network: when the drug user accesses psychosocial care through primary care services	Muniz MP, et al.	<i>Revista de Pesquisa Cuidado é Fundamental Online</i>	2015
Antenatal care for alcohol consumption during pregnancy: pregnant women's reported receipt of care and associated characteristics	Doherty E, et al.	BMC Pregnancy and Childbirth	2019
Unravelling the skein of care networks on drugs: A narrative review of the literature	Costa PHA, et al.	<i>Revista Eletrônica Saúde Mental Álcool e Drogas</i>	2015
<i>Família, redes sociais e o uso de drogas: tensionamento entre o risco e a proteção</i>	Borges CD, et al.	<i>Pesquisa e Práticas Psicossociais</i>	2015
Multi-Service Programs for Pregnant and Parenting Women with Substance Use Concerns: Women's Perspectives on Why They Seek Help and Their Significant Changes	Hubberstey C, et al.	International Journal of Environmental Research and Public Health	2019
<i>Percepções de mulheres que utilizaram substâncias psicoativas durante a gestação quanto ao atendimento do profissional</i>	Nascimento VF, et al.	<i>Ciências Biológicas e da Saúde</i>	2017
<i>Responsabilização e participação: como superar o caráter tutelar no centro de atenção psicossocial álcool drogas?</i>	Santos JM, et al.	<i>Revista Gaúcha de Enfermagem</i>	2018
<i>Uso do Crack na Gestação: Vivências de Mulheres Usuárias</i>	Wronski JL, et al.	<i>Revista de Enfermagem UFPE Online</i>	2016

Figure 2 - Distribution of the articles selected regarding title, authors, journals and year of publication

It is noteworthy that the years 2018 and 2019 had the highest number of publications (two publications), followed by 2016 and 2017 (one publication each). No studies were found about the subject matter in 2020 and 2021, pointing to a gap in knowledge.

Regarding the approach of the studies, seven were qualitative and one was quantitative. The study participants presented diversity: health, care and management professionals. In general, studies with women predominated, followed by studies with pregnant women. The research development loci were as follows: Brazil, Australia and Canada. The data collection referred to in the articles pointed to the use of instruments such as interviews, questionnaires, online surveys, case studies and literature and systematic reviews.

The studies indicated that most of the women who use/abuse psychoactive substances arrive at the health services indirectly, with deficiencies in welcoming and continuity of care. Weaknesses in recognizing the singularities of these women (life stories and

relationships in the community) were observed among the professionals, which seems to exert an influence on adherence to prenatal care.

Discussion

The articles analyzed address the care of pregnant and postpartum women who are users of psychoactive substances. Among them, there is early approach in prenatal care, with welcoming sensitive to the users' demands and specificities, as one of the barriers to adherence to prenatal care is lack of preparation in the professionals who provide care for the mother-infant binomial⁽¹⁷⁾.

It is known that the use of psychoactive substances by pregnant women exerts a direct impact on the perinatal outcomes, with significant consequences⁽⁷⁾. Since prenatal care, substance abuse should be investigated, so that the best means can be used to guide and care for the pregnant woman, in case of

abstinence or harm reduction, respecting the user's desire as a citizen of rights.

Thus, it is understood that such welcoming and approach throughout pregnancy is of fundamental importance, considering that other aspects of the woman's life context are observed, in addition to the biological aspects, strengthening the bond, adherence to prenatal care and assessment of the associated risks, as well as the search for a support network.

The studies analyzed for this review indicate that, in general, the professionals have difficulties addressing issues related to the use of substances (legal or illegal) during prenatal care⁽¹⁸⁾. This fact can cause difficulties identifying use, as some of the symptoms are confused with recurrent pathologies inherent to pregnancy, in addition to the lack of time in the service provided, inconsistent records and inexperience in the approach to the use of psychoactive substances.

In order to help professionals to better assist pregnant women who have a problem with psychoactive substances, the World Health Organization (WHO) has developed guidelines for identification, management and substance use disorders in pregnancy, which prioritize prevention, seeking to reduce and/or discontinue use of these substances during pregnancy and in the postpartum period, as a way to optimize the health and well-being of the mother-infant binomial⁽¹⁹⁾.

In health services, where the length of service and working conditions interfere with screening and with carrying out a complete evaluation, shorter interventions can be developed, which can address habits, information about use (standard), guidance regarding risks for the pregnant woman and the baby, harm reduction and/or abstinence instructions, as well as an assessment of the motivation for treatment in a specialized service, such as in the Psychosocial Care Centers for Alcohol and Other Drugs (*Centros de Atenção Psicossocial Álcool e outras Drogas*, CAPS AD), being relevant to support, regardless of choice, and monitor evolution of the process, identifying any difficulties that may arise, including relapse into use⁽²⁰⁾.

A research study carried out in Australia presents a similar reality to that found in most health services in Brazil, with lack of information obtained in prenatal consultations on harms caused by the use of psychoactive substances during pregnancy and continuity of care through multidisciplinary interventions⁽²¹⁾.

A research study carried out in Canada indicates similar results to those found in another article⁽²²⁾, presenting information about pregnant women who, upon arriving at the health system, end up not finding what they want. Pregnant women seek support in relation to substance use for adherence regarding mother-infant relationships, but welcoming is not always

the same⁽²²⁾. Another important finding in this study indicates that substance use during pregnancy is closely linked to social factors, such as inadequate housing, poverty and violence by the partner⁽²³⁾.

In addition, many of the health care systems for users have difficulties providing care in the professionals' perceptions⁽²⁴⁾, not considering the need of this population, which interconnects with information presented by another study⁽²⁵⁾, which points out that pregnant women belonging to the group of drug users feel marginalized and judged, a fact that generates discomfort in talking to the professionals about their conditions and practices. The assistance provided to these women is still surrounded by the judgments of poorly qualified professionals or who do not meet the demand for appropriate care. Thus, when pregnant women do not feel welcomed/understood/cared for, they end up concealing their real needs and they subsequently do not receive guidelines.

Also in a preventive sense, education in health stands out as an important care strategy, as it favors the development of critical and reflective awareness in pregnant and postpartum women by providing a space for sharing knowledge that contributes to their own self-care. It is also evidenced that the care provided to women who use psychoactive substances in the pregnancy-puerperal period requires management by health professionals, both for early approach in prenatal care and for adequate detection and intervention that include contextualized and effective actions.

A network is defined as a mesh of systems connected to each other, according to the types of links established, representing the reality and specificity of each individual, contributing to life decisions and interpretations in the choices of habits⁽²⁴⁾. Thus, the functions performed by each actor in this network have different and more/less intense levels of importance.

Social support networks are fundamental to support these substance-dependent pregnant women. However, there are still few studies that discuss the importance of these networks, a fact that opens a gap for new research studies. In addition, the professionals are important to bring these pregnant women closer to the network; and the public, social and cultural policies are fundamental to understand the phenomenon of substance abuse⁽²⁵⁾.

The importance of mental health actions in primary care is therefore emphasized, which must comply with the model of care networks, with a territorial base and transversal action with other specific policies and that seek to establish bonds and welcome users.

Again, the importance of a network with specialized care is pointed out, aiming at a receptive welcoming that is capable of meeting the demands of this target population, in addition to ensuring assertive care⁽²⁶⁾. In contrast, this

study also shows similar data to those found in another research⁽²⁶⁾. The barriers encountered by the users are also highlighted in the face of prejudices and paradigms as a hindering factor for accessing services, which contributes to a non-reassuring outcome for the cases.

In order to expand and understand the assistance network for PAS users, it should be understood as formed by the Health Care Network (*Rede de Atenção à Saúde*, RAS) and also by the Psychosocial Care Network (*Rede de Atenção Psicossocial*, RAPS)⁽²³⁾. The RAPS can be understood as the articulation of health care points for people with mental disorders or distress and with needs arising from drug use in the SUS. Thus, when discussing the drug care network, health care and mental health care must be articulated, based on the principles of the SUS and of the Psychiatric Reform (PR).

Thus, the view is broadened to a care network centered on community care associated with the network of health and social services, which emphasizes users' rehabilitation and social reintegration, always considering provision of care⁽²³⁾.

It is important to once again emphasize that care for pregnant women who use psychotropic substances must be based on the uniqueness of each one, always respecting stories and cultural and social scenarios, among other aspects. The bond created between users and professionals facilitates adherence and continuity of the treatment⁽⁷⁾. With this, it is evidenced that the management of professionals is a facilitating aspect for the support network to be effective, with regard to care for these pregnant women.

Finally, it is highlighted that the gestational period is a time not only of physical changes, but also major psychological changes. During this period, it is indispensable that the pregnant woman maintains care to ensure the pregnancy progress. It is then necessary to know the profile of these pregnant women, so that comprehensive and qualified care can be traced, together with social support networks, in addition to multidisciplinary care.

Conclusion

Given the problem of using psychoactive substances during pregnancy, with this integrative review it was noticed that the number of scientific studies on the care network is still relatively low. The complexity of the phenomenon can be portrayed by the difficulty of effectively implementing care in networks, which may result in scarcity of scientific production on this topic.

The findings show that communication and bonding with the pregnant women are vulnerable, which also seems to reflect the fragility of network care. It is noteworthy that care for pregnant women who use crack should be built on the basis of acceptance and

respect for the limitations imposed by the severity of the clinical condition.

Therefore, we suggest the development of more original studies that assess the performance of care networks, focusing on pregnant women who are crack users for a better understanding of this process, as it will then be possible to understand and provide better care to pregnant women crack users.

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Authors' contribution

Study concept and design: Heliandra Linhares Aragão, Eliany Nazaré Oliveira, Carla Suyane Gomes de Andrade, Natasha Vasconcelos Sobrinho, Marcos Pires Campos, Lorena Saraiva Viana. **Obtaining data:** Heliandra Linhares Aragão, Eliany Nazaré Oliveira, Carla Suyane Gomes de Andrade, Natasha Vasconcelos Sobrinho, Marcos Pires Campos, Lorena Saraiva Viana. **Data analysis and interpretation:** Heliandra Linhares Aragão, Eliany Nazaré Oliveira, Carla Suyane Gomes de Andrade, Natasha Vasconcelos Sobrinho, Marcos Pires Campos, Lorena Saraiva Viana. **Statistical analysis:** Heliandra Linhares Aragão, Eliany Nazaré Oliveira,


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