

# C4 Drug misuse in pregnancy and neonatal discharges

## Key Points

### Overview of drug misuse in pregnancy

- In 2002/03, of an estimated total 50 213 maternities recorded, there were 334 maternities where the mother had a diagnosis of drug misuse (6.7 per 1 000 maternities). (Table C4.1)
- Of the 334 maternities where a diagnosis of drug misuse was recorded the majority (72%) of mothers were aged between 20 and 29 (239). The corresponding all maternities figure for the 20 –29 year age group is 43 per cent (21 648 maternities). (Table C4.1)
- Of the 338 births where a diagnosis of drug misuse was recorded 70 per cent were full-term normal birthweight (237). This compares to the all births figure of 90 per cent of births (45 693), which were recorded as full-term normal birthweight. (Table C4.4)
- Of the 338 births where a diagnosis of drug misuse was recorded, the majority (61%) were in the most deprived category (207). For all births 34 per cent (17 497) were in the most deprived category. (Table C4.5)
- In 2002/03, there were 272 neonatal discharges recording drug misuse (5.4 per 1 000 live births). It should be noted that neonatal discharge information is only recorded for babies who require medical care or who have a congenital anomaly (see Background information for a more detailed explanation). (Table C4.6)

### 5 year trends - 1998/99 to 2002/03

- The number of maternities where the mother had a diagnosis of drug misuse has increased from 199 in 1998/99 to 334 in 2002/03. This contrasts with a fall in the number of all maternities within the same time period, from 55 776 to 50 213. (Table C4.1)
- The rate of maternities where the mother had a diagnosis of drug misuse has increased from 3.6 per 1 000 maternities in 1998/99 to 6.7 per 1 000 maternities in 2002/03. (Table C4.1)
- The number of neonatal discharges recording drug misuse has remained relatively stable for the past five years, 245 in 1998/99 to 272 in 2002/03. (Table C4.6)
- In 2002/03 the rate of neonatal discharges recording drug misuse diagnoses (per 1 000 live births) was 5.4. This was a slight increase from 1998/99 at 4.4 per 1 000 live births. (Table C4.6)
- Although the majority of births with a recording of drug misuse were in the most deprived category, this has decreased in the past 5 years from 73 per cent in 1998/99 to 61 per cent in 2002/03. Correspondingly the number of births with a recording of drug misuse within the least deprived category has increased. (Table C4.5)

### Drugs recorded

- The most commonly reported drug type for maternities recording drug misuse was opioids. Of the 334 cases, 187 explicitly recorded opioids (56%). (Table C4.2)

## Background information

### Pregnancy

Since 1976 data has been collected on pregnancies relating to antenatal, delivery, postnatal care and abortions managed in Scottish hospitals on the SMR02 (Scottish Morbidity Record - Maternity Discharges). Deliveries account for more than half of SMR02 discharges each year (antenatal, postnatal and abortion episodes make up the remaining discharges) and a national coverage of up to 98% of all births has been achieved (some home births may not be included).

The SMR02 discharge summary is completed at the end of the episode from patient's case notes and hospital discharge letters. Information collected includes: demographics of the mother, details of the delivery (mode, induction, presentation etc) and on the baby (gestation, birth-weight, etc). Details of up to and including three babies are recorded. In addition up to six diagnoses, a main diagnosis and five secondary diagnoses (using the ICD10 coding classification) can also be recorded. Specific questions are asked about the mother smoking prior to and during pregnancy. Drugs misuse is recorded on the SMR02 using the following ICD10 codes:

ICD10	Description
F11	Opioids
F12	Cannabinoids
F13	Sedatives or Hypnotics
F14	Cocaine
F15	Other Stimulants
F16	Hallucinogens
F18	Volatile Solvents
F19	Multiple / Other Psychoactive Substances
O35.5	Maternal care for suspected damage to fetus by drugs

A review of SMR02 has recently taken place, the purpose of which was to address data collection/validation problems and to capture additional information. The revised SMR02 now includes the facility to collect additional data items in priority areas, notably substance misuse including alcohol consumption (from April 2003). These data items however are optional and not mandatory.

### Neonatal discharges

The SMR11 records all neonatal discharge information (including from neonatal units and postnatal cots), with records being generated for sick babies who fall into one of the following categories:

- Babies who require medical care (other than resuscitation immediately after birth or routine screening).
- Babies who have a congenital anomaly (whether or not medical treatment is given at that time).

Drugs misuse is recorded on the SMR11 returns using the following ICD10 codes in addition to those listed for SMR02.

ICD10	Description
P04.4	Fetus and newborn affected by maternal use of drugs of addiction
P96.1	Neonatal withdrawal symptoms from maternal use of drug addiction

The SMR11, which was completed only for sick babies admitted to neonatal units, has been replaced by the Scottish Birth Record (SBR) from April 2003. The SBR is currently being incrementally implemented across Scotland, with a view to recording information on **all** births by Spring/Summer 2005.

The figures presented here cover the five years, 1998/99 to 2002/03. Data for all years shown are revised, so may be different from previously published figures. Care should be taken when comparing numbers over time, as there has been an improvement in drug misuse recording over the last five

years. However, it is also worth noting that recording practice of drug misuse diagnoses may vary between hospitals, which may explain some of the variation between NHS boards or council areas.