

CONFERENCE ABSTRACT

Mothers, injecting drug use, hepatitis C and integrated healthcare

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Introduction

Women with a history of injecting drug use and hepatitis C (HCV) experience numerous challenges when engaging with healthcare which may impact their and their children's general and HCV healthcare. These challenges include stigma, marginalisation, fear of child protection services and socioeconomic disadvantage. This study explored the healthcare experience of these women and children.

Methods

This qualitative study was undertaken at a large inner-city Australian hospital during 2017-2018. Women with a history of injecting drug use and HCV in pregnancy and healthcare providers (HCPs) working with similar women were recruited via purposive and theoretical sampling methods until saturation was reached. Semi-structured interview transcripts were analysed using a grounded theory approach where data were subject to an iterative process of constant comparisons to identify emergent theoretical concepts. The interviews were about 45 minutes duration and the women (not the HCPs) were provided with \$A30 shopping vouchers as reimbursement for their costs associated with participation in the research.

Results

Interviews with 13 women and 12 healthcare providers revealed that the overwhelming impact of the social determinants of health, in addition to the inability of the current healthcare system to provide effective healthcare, continues to impact on the health and wellbeing of these women, their children and the healthcare providers (HCPs) that work with them. Several novel insights around the healthcare experience for the mothers and their HCPs were categorised as: 'disintegrated care'; 'being not-normal'; 'motherhood and HCV'; 'pregnancy without joy'; and 'having healthy lives'. Consistent with previous literature other concepts emerging from the interviews were: 'social determinants'; 'trauma'; and 'motherhood and drugs'.

Discussions

Mothers who inject drugs, their children, and in many ways HCPs that work with them, have traumatic and difficult lives. Sufficient healthcare resourcing, monitoring the quality and outcomes of care, workforce development and system redesign supporting integrated care is necessary to ensure effective healthcare for these women and their children.

Conclusions

Including both women and HCP provider perspectives on the healthcare-engagement challenges experienced by mothers with substance use disorder and their children, provide a detailed picture of the healthcare system encountered by these women, and their healthcare providers, thereby enhancing the application and implementation of these findings towards more effective healthcare.

Lessons learned

Recruiting and retaining mothers with substance use disorder in research is significantly challenged by the impact of the social determinants of health on the lives of these women. However, the provision of cash vouchers as some reimbursement for their time, assistance with child care, being very flexible with appointments, and kind persistence in the process of contact and follow up, were all valuable and supportive strategies.

Limitations

The qualitative data relied on small numbers of women and HCPs drawn from the same general array of services and the results may not be generalisable.

Suggestions for future research

Further understanding of successful integrated care models for mothers who inject drugs and their children, particularly around HCV, is required.