

Learning from Case Review SC17: self-harm and substance misuse during pregnancy

Report can be found [here](#)



What happened?

This case focuses on the death of an unborn baby due to the mother taking her own life when she was 37 weeks pregnant, in April 2019. When the mother was found she was taken to hospital; following emergency caesarean the baby was stillborn. The mother was known to substance misuse services, police, community housing, and the wider family was known to education services. There was a maternal history of attempted overdose, drug abuse, previous partner violence and missed appointments.

Learning

This review led to limited learning and identified significant evidence of strong practice, particularly in relation to prompt follow up of missed appointments by the midwife, social worker and housing officer.

Recommendations:

- women on the substance misuse pathway to be informed that a positive toxicology result will lead to a referral to social care at the point of testing;
- review of current referral processes and pathways.

The new information sharing pathway between Solihull Integrated Addiction Services (SIAS) and Solihull Children's Social Care can be found [here](#).

Practice consideration

Self-harm

Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress. Sometimes when people self-harm, they feel on some level that they intend to die. More than half of people who die by suicide have a history of self-harm. However the intention is more often to punish themselves, express their distress, or relieve unbearable tension. Sometimes it's a mixture of all three. Self-harm can lead to suicide when it is no longer an effective coping method when it ceases to offset the feelings cause by stress or trauma.

Mental health issues are common during pregnancy. Most of the time, these are normal. However, these disturbances may become serious and lead to self-harm and suicide. Only a fraction of pregnant women with suicidal ideation proceed to intentional self-harm and even a smaller proportion are fatal. Contrary to the belief that pregnancy has a protective effect against suicide, a recent review has concluded that pregnant women are more likely than the general population to endorse suicidal ideation. In addition, the review identifies a number of risk factors for antepartum suicidal ideation, including intimate partner violence, under 12-year education, major depressive disorders, women with histories of psychiatric inpatient hospital admission prior to pregnancy, women with substance abuse and women who experienced childhood abuse. If diagnosed, depression is the most common diagnosis from women who died by suicide in the perinatal period. And women are more likely to stop mental health medication in the perinatal period than at other times (e.g. anti-depressants).

Practice consideration

About cocaine

Powder cocaine (also called coke), freebase and crack are all forms of cocaine. They are all powerful stimulants, with short-lived effects, they temporarily speed up the way your mind and body work, but the effects are short-lived. Both 'freebase' cocaine (powder cocaine that's been prepared for smoking) and 'crack' cocaine (a 'rock' like form of cocaine) can be smoked. This means that they reach the brain very quickly, while snorted powder takes longer. All types of cocaine are addictive, by reaching the brain very quickly freebase or crack tend to have a much stronger effect and be more addictive than snorted powder cocaine.

Injecting any form of cocaine will also reach the brain more quickly but this has serious additional risks, including damaging veins and spreading blood borne viruses, such as HIV and Hepatitis C.

Here are the main effects and risks of taking cocaine: It can make you feel on top of the world, very confident, alert and awake, but some people can get over-confident, arrogant and aggressive and end up taking very careless risks.

It raises body temperature, makes the heart beat faster and reduces your appetite.

When the effects start to wear off, people experience a long 'comedown', when they feel depressed and run down. This crash can happen for days afterwards.

Cocaine use during pregnancy is associated with maternal migraines and seizures, premature membrane rupture, and separation of the placental lining from the uterus prior to delivery. Pregnancy is accompanied by normal cardiovascular changes, and cocaine use exacerbates these - sometimes leading to serious problems with high blood pressure (hypertensive crises), spontaneous miscarriage, pre-term labour and difficult delivery. (Information from Frank UK - advice site for Substance Misuse)