PREVALENCE OF PSYCHOACTIVE SUBSTANCE USE IN PREGNANT AND POSTPARTUM WOMEN HOSPITALIZED IN A REFERENCE MATERNITY HOSPITAL IN CEARÁ

Cicera Brena Calixto Sousa Borges[1], Mylena Nonato Costa Gomes[2], Elaine Meireles Castro Maia[3], Adriana Sousa Carvalho de Aguiar[4], Reginaldo Soares Lima[5], Brenda Kezia de Souza Freitas[6], Danielly Aquino Moreira[7] and Janaína Costa Carneiro[8].

ABSTRACT
Introduction: The increase in the consumption of licit and illicit drugs during pregnancy has contributed to health worsening, socio-family problems, and incidences of violence, constituting a global public health problem. Objective: To analyze the prevalence of psychoactive substance use in pregnant/puerperal women hospitalized in a reference maternity hospital in Ceará. Methodology: This is an exploratory, cross-sectional, retrospective documentary study of a quantitative nature, with a sample of 354 pregnant women/puerperal women. The instrument was used to guide the collection of data from the medical records: sociodemographic and gynecological-obstetric data. The collection was

[1] Specialist in Women's and Children's Health (Multiprofessional Residency Modality)
Federal University of Ceará
Orcid: https://orcid.org/0000-0002-7280-3537
Email: enfermeirabrenacalixto@gmail.com
[2] Master in Nursing Technology and Innovation
Federal University of Ceará / EBSERH
Orcid: https://orcid.org/0000-0003-0807-7777
Email: mylena.gomes@ebserh.gov.br
[3] DOCTOR
Federal University of São Paulo (UNIFESP)
Orcid: https://orcid.org/0000-0002-0469-0155
E-mail: meirelescastro@yahoo.com.br
[4] Master-
Professor at the State University of Piauí - UESPI
Orcid: https://orcid.org/0000-0002-2726-8707
E-mail: adrianasousa@ccs.uespi.br
[5] Specialist in Women's and Children's Health (Multiprofessional Residency Modality)
Federal University of Ceará
Orcid: https://orcid.org/0000-0001-6995-2788
E-mail: limareginaldo100@gmail.com
[6] Specialist in Women's and Children's Health (Multiprofessional Residency Modality)
Federal University of Ceará
Orcid: https://orcid.org/0000-0002-9663-0714
E-mail: brendakezya95@gmail.com
[7] Postgraduate in Public Health
UECE- State University of Ceará
Orcid: https://orcid.org/0009-0004-4815-5789
E-mail: daniellyaquinomoreira@gmail.com
[8] Family Health Specialist
Federal University of Ceará
Orcid: https://orcid.org/0009-0003-1818-8937
Email: janacc12@hotmail.com

carried out from March to July 2023. It was submitted to the Ethics Committee for Research in the Health Area, and was approved by opinion No. 6.204.206 and Certificate of Presentation for Ethical Appreciation (CAAE) No. 70011723.5.0000.5050. Results and Discussion: Of the 384 medical records analyzed, 78 women reported the use of licit and/or illicit substances, 8 (10%) pregnant women and 70 (90%) puerperal women. Regarding the use of licit substances during pregnancy, the most frequent drug was tobacco, followed by alcohol. Regarding the use of illicit substances, the most frequent was marijuana/hashish/Skank (n=57, 73%), followed by cocaine (n=35, 45%) and crack (n=17, 22%). The results allow us to identify the need to expand public policies and implement new measures aimed at capturing and increasing the adherence of these women to health and rehabilitation services and, in this way, offering quality and holistic care in view of the needs found in each woman. Conclusion: The present study shows a population of vulnerability among pregnant and puerperal women who use PAS with a sociodemographic profile that requires greater attention from health professionals in addition to gynecological and obstetric care. Knowing more about the factors related to the greater probability of use of these substances in order to establish targeted and more assertive public policies is prevalent and necessary to change this scenario.

Keywords: Postpartum Period. Drug Users. Maternal and Child Health Services.

INTRODUCTION

The consumption of psychoactive substances (PAS) represents a significant risk to the health of the woman and the fetus, since these substances can cross the transplacental barrier. The first trimester of pregnancy is characterized by the formation of fetal structures, such as the neural tube, and the use of drugs during this period becomes an alarming factor for inadequate fetal development (Rigo *et al.*, 2020).

The increase in the consumption of licit and illicit drugs has contributed to health worsening, socio-family problems, and incidences of violence, constituting a global public health problem. In the United Kingdom, in its largest source of news and information, the *United States Substance Abuse and Mental Health*, it shows that, in 2018, 5.4% of women reported using illicit drugs during pregnancy, observing a substantial increase when compared to 2010, with 4.4% (Samhsa, 2018).

Study developed in Brazil in 2021, by Arribas *et al.*, with 160 pregnant women, showed a total positivity of drug use of 86.9%, with a prevalence of 65% for tobacco, 81.9% alcohol, 16.9% marijuana, 4.4% cocaine/crack and 12% hypnotics/sedatives. Being married was a protective factor, along with having a high school/technical course, while maternal age over 24 years increased drug use.

In Maranhão, a study carried out with a sample of 1,447 pregnant women identified that 1.45% used illicit substances, 22.32% used alcoholic beverages and 4.22% used cigarettes. Regarding the puerperal period, a cohort study carried out in Campinas, in the state of São Paulo, with 674 women, found that about 25% reported using it after childbirth, and more than 5% used it concomitantly (Lopes *et al.*, 2021).

In another study carried out in Rio Grande do Sul, with 52 pregnant women/puerperal women who had used some substance in the last 3 months, 50% reported desire or urgency to consume tobacco products, and 42.3% reported having a desire daily or almost every day. In relation to the other PAS, 16 (30.7%) reported a desire or urgency to consume alcohol and 2 (3.8%) reported consuming marijuana in the last 3 months (Lopes *et al.*, 2021).

Tobacco use is related to a series of maternal complications and increases the chance of premature birth and the birth of low weight babies by 40%, and the risk of miscarriage by 70%. Other risks are intrauterine growth restriction, sudden infant death syndrome, asthma, respiratory infections, worsening of allergic conditions, reduced IQ

(Intelligence Quotient) and behavioral disorders, in addition to contributing to the increase in fetal and neonatal mortality (Brasil, 2022).

Alcohol abuse in the first weeks of pregnancy may be related to cases of miscarriage. Between the 3rd and 8th gestational week, it can cause a greater risk of congenital malformation as well as compromise fetal development. In addition, it can cause minor cognitive deficits or Fetal Alcohol Syndrome (FAS), which is characterized by changes in motor coordination and cognition, being the biggest cause of mental retardation in the West (Brazil, 2022).

Illicit drugs such as marijuana, cocaine, merla and crack can contribute to cases of miscarriage, prematurity, low birth weight, decreased head circumference, congenital anomalies such as hydrocephalus, heart problems, cleft palate and changes in the digestive and urinary tract. However, the identification of its harm to the fetus is complex, as the person does not always use only this drug, thus making it difficult to verify its probable damage (Rigo *et al.*, 2020).

In view of the magnitude of the data presented, it is possible to assume that these pregnant and/or postpartum drug addicts, when not assisted and effective intervention is carried out, will develop a withdrawal syndrome in the delivery and postpartum period, where withdrawal manifestations can appear from 6 to 48 hours up to 10 days after stopping consumption. The diagnosis of withdrawal syndrome, for pregnant women, follows the criteria of the International Classification of Diseases and Related Health Problems (ICD-10), for chemical dependencies in general and for cocaine dependence (Santa Catarina, 2015).

Women's mental health care is still deficient, since they only work in specific services, which makes it difficult to have a holistic view of the patient, as they do not cover issues such as pregnancy and abstinence. Pregnancy does not protect patients against the occurrence, recurrence, or exacerbation of psychiatric disorders and/or withdrawal. On the contrary, this period is considered the one with the highest prevalence of mental disorders in women, especially in the first and third trimesters of pregnancy and in the first 30 days of puerperium (Amorim *et al.*, 2020).

The scarcity of scientific production involving pregnancy, puerperium and drug use makes it difficult to solve or minimize the problem, and more research is needed to improve the direction of both pregnant women and health professionals involved in this process.

Thus, contributing to the quality of life of the mother and fetus, in addition to minimizing public health expenses (Tacon *et al.,* 2020).

Faced with a scenario in which the use of PAS during pregnancy and puerperium is an aggravation that has serious repercussions for the binomial, we understand the need to know a little more about the subject. The epidemiological investigation of pregnant women who use psychoactive substances allows us to know a little more about these women and their consumption profile, enabling the future development of contextualized and effective actions.

The following research question: What is the prevalence of psychoactive substance use by pregnant women/puerperal women followed up in a reference maternity hospital in Fortaleza, Ceará?

Therefore, this project is justified due to the importance of the subject for the development of science, since the results will support the planning of strategic actions in the care of these women, and may contribute to the creation of institutional protocols in the search for a safe and uniform practice. In addition to providing knowledge about the factors related to the greater probability of use of these substances in order to establish targeted and more assertive public policies.

OBJECTIVE

OBJECTIVE: To evaluate the prevalence of psychoactive substance use in pregnant/puerperal women hospitalized in a reference maternity hospital in Ceará.

METHODOLOGY

DESIGN OF STUDY

This is an exploratory, retrospective documentary, quantitative study, which was developed from primary data obtained through the analysis of medical records, guided by the STROBE (*Strengthening the Reporting of Observational Studies in Epidemiology) tool,* which consists of an initiative created with recommendations on the most complete and accurate description of observational studies.

PLACE OF STUDY

The study was carried out in a tertiary care maternity hospital in the state of Ceará, belonging to the hospital complex of the Brazilian Company of Hospital Services

(EBSERH) and the Federal University of Ceará (UFC), located in Regional III of the city of Fortaleza. It provides outpatient and inpatient care services in Obstetrics, Gynecology, High-Risk Prenatal Care, Milk Bank and Family Planning, to women and mother-child binomial, free of charge.

Its mission is to provide assistance, teaching and research for the excellent health care of women and newborns. Maternity hospital with a vision of being an accredited institution, a regional reference in research in the area of women's and perinatal health, with trained professionals and appropriate practice scenarios. Its values are commitment to life, welcoming people, training for health care, conducting excellent research and corporate governance.

In 2022, 4,486 births were registered, where 4,601 babies were born, including 2,824 cesarean sections, with an average representing 63.3% of all deliveries performed. This location was chosen for the study, because the institution offers the reference service for maternal and child care.

POPULATION AND SAMPLE

Sample size was defined by sample size calculation for cross-sectional studies with finite population. Sample size calculation for cross-sectional studies with finite population (Hulley *et al.*, 2008). The number of individuals in the sample for finite population = 384 medical records was obtained.

The population was composed of pregnant and postpartum women attended at the institution in 2022, complying with the following inclusion criteria:

1) Have a medical record at the hospital with sociodemographic information and obstetric history and pregnancy data;
2) Record of the use of psychoactive substances;
3) Be pregnant or have recently given birth.

The exclusion criteria were crossed out medical records, with incomplete data and that do not meet the inclusion criteria.

Thus, the sample size was calculated in relation to the statement of pregnant and puerperal women in the corresponding period of the research, in which 384 pregnant or puerperal women were obtained. Based on the inclusion criteria, where being a PAS user stands out, the final sample of the research resulted in 78 medical records.

OPERATIONALIZATION OF DATA COLLECTION

The collection was carried out from March to July 2023, by the researcher herself. The physical medical records of patients treated in the period from January to December 2022, randomly selected by the medical archive sector (SAME).

SOCIODEMOGRAPHIC CHARACTERIZATION

A collection instrument was built to capture sociodemographic data and obstetric history in this study. The instrument was composed of information related to age, color, education and marital status. Regarding data regarding obstetric history, the instrument proposes the investigation of the type of delivery, date of delivery, gestational age and use of PAS.

METHODS AND TECHNIQUES

The knowledge of the areas preliminarily involved in the research was deepened, allowing a clearer definition of the problem and possible hypotheses for the work.

Publications referring to the use of PAS by pregnant and puerperal women were listed in order to collect the existing information to perform the data analysis.

DATA ANALYSIS

The data obtained during the collection were entered and transcribed into the Redcap software for a descriptive analysis of sociodemographic variables and categorical obstetric history, in order to prepare tables with absolute (n), relative (%), mean and standard deviation frequencies.

RISKS AND BENEFITS

As this is a documentary study without direct intervention to the patients, the main risks were the possibility of undue dissemination of data and document deterioration.

This research has the potential to bring benefits to the development of science, since the results will support the planning of strategic actions in the care of these women, and may contribute to the creation of institutional protocols in the search for a safe and uniform practice.

ETHICAL PRECEPTS

It should be noted that throughout the research process, especially in the phase of collection of empirical information, the ethical aspects that regulate research involving human beings provided for in Resolution 466/2012 of the CNS/MS/BRAZIL were observed, especially the secrecy and confidentiality of the information.

The study was submitted to the Health Research Ethics Committee, and was approved by opinion No. 6,204,206 and Certificate of Presentation for Ethical Appreciation (CAAE) No. 70011723.5.0000.5050.

DISCLOSURE OF RESULTS

The results of the present study will be returned to the services, showing the prevalence of PAS use by users, aiming at early detection; They were also used for the development of scientific articles. The Residency Completion Work will also be made available in the online library of the Federal University of Ceará.

RESULTS

A prevalence of the use of licit and/or illicit substances of 20.31% (n=78) was identified. Of the 78 women who made up the final sample of the research, 10% (n=8/78) were pregnant and 90% (n=70/78) were postpartum.

Ages ranged from 14 to 39 years, with a mean of 25 (± 6) years. Most were single (n=49, 63%), lived in Fortaleza (n=65, 83%), unemployed 35 (45%) and attended up to elementary school 33 (42%). Data regarding color/race and religion were little recorded.

Table 1 - Sociodemographic profile of pregnant and postpartum women hospitalized in a reference maternity hospital in 2022 (N = 78).

Variables Sociodemographic			No.	%
Age	Average: 25 years	25 ± 6		
Marital status	Single		49	63,0%
	Married woman		29	37,0%
Origin	Fortress		65	83,0%
	Metropolitan region		6	7,7%
	Interior of Ceará		7	9,0%
Color/Race (self-declared)	White		0	0%
	Black		0	0%
	Brown		4	5,1%
	Yellow		1	1,3%
	Indigenous		0	0%
	Not registered		73	94,0%
Paid activity	Yes		20	26,0%

	No	58	74,0%
Schooling	Illiterate	1	1,3%
	Elementary school	33	42,0%
	Middle school	20	26,0%
	Higher education	2	2,6%
	Not registered	22	28,0%
Occupational situation	Maid	7	9,0%
	Unemployed	35	45,0%
	Informal Work	12	15,0%
	Student	3	3,8%
	Retired	0	0%
	Not registered	21	27,0%
Religion	Christian	23	29,0%
	Atheist	0	0%
	No religion	9	12,0%
	Other	1	1,3%
	Not informed	45	58,0%

[1]Mean ± standard deviation (median); n (%)/Source: SAME, CH – UFC (MEAC), 2023.

The number of pregnancies ranged from 1 to 11, with a predominance of primiparous pregnancies (n=18, 23%). Regarding the performance of rapid tests in the unit, all were tested for syphilis and HIV (Human Immunodeficiency Virus), with a reactive result for syphilis in 29 (37%) and HIV in 11 (14%) of the women. The Hepatitis B test was reactive in 42% (n=33). The most common comorbidities were iterative 12% (n=09) and retrovirus 9% (n=7).

Table 2 – Comorbidities of pregnant and postpartum women hospitalized in a reference maternity hospital in 2022.

Comorbidities		No.	%
Yes	Cardiac 3.8% (N=3/78) Metabolic 5.1% (N=4/78) Renal 1,3% (N=1/78) Iterativeness 12% N=9/78) Retrovirose 9% (N=7/78)	31	40%
No	-----	47	60%

Fonte: SAME, CH – UFC (MEAC), 2023.

Regarding prenatal consultations, 60 (77%) women reported having had prenatal consultations, of which 43 (70%) reported less than six prenatal consultations. Regarding gestational complications, 54 (69%) reported problems associated with pregnancy, with premature labor (n=30, 38%) being the most common, followed by hypertensive syndromes (n=17, 22%) and urinary tract infection/pyelonephritis (n=15, 19%).

Regarding the type of delivery, 45 (58%) were vaginal, 25 (32%) cesarean sections, and 8 (10%) were pregnant. Regarding gestational ages at delivery, 38 (49%) were full-term and 30 (38%) were preterm.

Among the users of licit substances during pregnancy, 61 (78%) were tobacco, the most frequent drug (n=48, 62%), followed by alcohol (n=34, 44%), with use in the last hours prior to delivery by 13 (21.3%) of them (Table 3 and Graph 1).

Table 3 – Legal drugs used by pregnant and postpartum women hospitalized in a reference maternity hospital in 2022.

Lawful Substance	No.	%
Tobacco	48	62%
Alcohol	34	44%
Other	1	1.3%

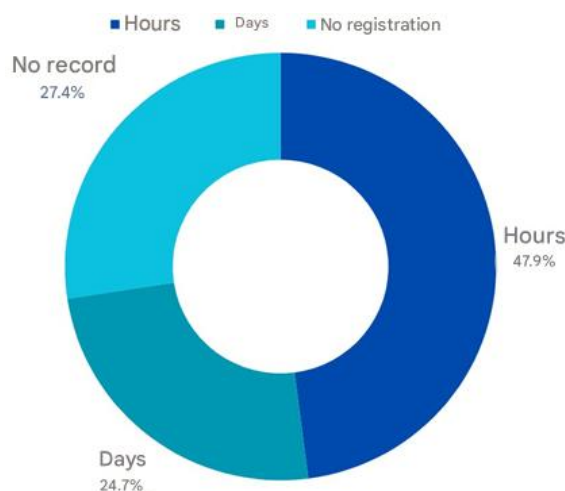Fonte: SAME, CH – UFC (MEAC), 2023.

Regarding the use of illicit substances, 71 (91%) women reported the use. Among the substances, the most frequent was marijuana/hashish/Skank (n=57, 73%), followed by cocaine (n=35, 45%) (Table 03), 35 (47.9%) reported use in the last hours, 18 (24.7%) in the last few days, and 20 (27.4%) did not have the information reported (Graph 04).

Table 04 - Illicit drugs used by pregnant and postpartum women hospitalized in a reference maternity hospital in 2022.

Illicit Substance	No.	%
Maconha/haxixe/skank	57	73%
Cocaine	35	45%
Crack	17	22%
Solvents	1	1.3%
Injecting drugs	1	1.3%
Other 2		2.6%

Fonte: SAME, CH – UFC (MEAC), 2023.

Graph 01 – Consumption of illicit drugs by pregnant and postpartum women, hospitalized in a reference maternity hospital in 2022.

Only 9 (11%) of the women in the study were prescribed medication for withdrawal syndrome. Clonazepam was the most used drug by them (n = 06), followed by Chlorpromazine (n = 2) and Diazepam (n = 1).

A situation of social vulnerability was evidenced in the majority (n=48.79%), according to the analysis of the institution's social service, which considers poverty, economic crises, deficient educational level, precarious geographic location, among others.

The service in which the patients were treated did not have a psychiatrist for clinical management, so all women were monitored by the obstetrician. Psychological support and/or social services were provided in 71 (91%) of them and 34 (44%) were referred to the Psychosocial Care Network.

DISCUSSION

SOCIOECONOMIC AND CLINICAL PROFILE OF PREGNANT/PUERPERAL WOMEN

The present study identified the prevalence of the use of licit and/or illicit substances in 20.31% of pregnant and/or puerperal women. This data was also evidenced in a study carried out in Recife, where the prevalence was 19.2% (Silva, 2020).

The mean age of the pregnant women who participated in this study was 25 years (± 6 years). A similar profile was observed in a study with 431 pregnant women carried out in Rio Grande do Sul. The mean age of the sample was 26.4 years (range, 13 to 46 years), single, with no formal income, and low level of education (Lopes; Brook; Porto, 2023).

Even though the WHO recommended a minimum of six prenatal visits, we found that 43 (70%) of them had less than six visits. This is a common scenario among patients who use PAS who generally have low adherence to prenatal care, which increases the risks of maternal and fetal complications (Rizzo *et al.*, 2020).

Pregnant women who used PAS were predominantly primiparous. A study carried out in Porto Alegre, in an inpatient mental health unit, of the pregnant women using PAS, 33 (73.5%) were multiparous, with more than four pregnancies (Santin; Wetzel, 2018), divergent with the findings of this research.

Regarding the obstetric clinical profile, the cases of previous abortion among the pregnant women participating in this study ranged from 0 to 5. The cohort study of the Evandro Chagas National Institute of Infectious Diseases of the Oswaldo Cruz Foundation, which included 1,383 women, indicated that, of these, 42.3% were smokers and 16.6% were users of PAS, and identified that one of the factors associated with abortion was the

use of any PAS in life and in the period of discharge from the research (Domingues *et al.,* 2020).

The present study observed that only 68 (87%) reported using some preventive method, showing that 29 (37%) women tested positive for Syphilis and 11 (14%) positive for HIV, showing important situations of vulnerability to STIs. The presence of STIs during pregnancy can affect the child and cause complications, such as premature labor (Brasil, 2023).

This fact confirms the information provided in the research, which included premature labor as the main gestational complication, present in 38% (n=30/78). National and international research shows that newborns of women dependent on illicit substances are usually born with a gestational age of less than 37 weeks, presenting prematurity and neonatal morbidity and mortality (Silva, 2020; Xavier *et al.,* 2017).

In the local context, according to institutional data, in 2022, there were five neonatal deaths, resulting from complications caused by the use of multiple maternal drugs (Brasil, 2023).

In this sense and in view of the magnitude of the problem, in 2016 the Care Network for Women Dependent on Alcohol, Tobacco and Other Drugs (REMDA) was implemented in this unit, such a project was aimed at pregnant and puerperal women using alcohol, tobacco and other substances, in which its purpose was to identify, approach and treat addicted patients, in addition to strengthening and maintaining the mother-baby binomial healthy in all aspects and providing support to family members (Brasil, 2023).

Due to the absence of a multiprofessional team belonging to the program, it was dissipated. The graph shows the number of patients with a history of PAS use seen in the inpatient wards (2016 -2022).

USE OF PSYCHOACTIVE SUBSTANCES BY PREGNANT AND PUERPERAL WOMEN

The effects of drugs of abuse on pregnancy have been reported in several studies, however, as for illicit drugs, few studies have been carried out at the national level. The pregnant women participating in this study showed similarity in the pattern of maintenance of moderate or severe use during pregnancy, without recognition and adequate referral by the prenatal care team.

Regarding the use of legal drugs, most of the interviewees reported tobacco use (n=48, 62%), followed by alcohol (n=34, 44%). These results are in line with the findings of

the *National Survey on Drug Use and Health*, which pointed out that 4.7% of pregnant women used SPAs, among these, 13.6% used tobacco and 9.3% alcohol (Lopes *et al.,* 2022).

From these data, the use of alcohol seemed to us to be worthy of attention. Its use appeared in about 44% of our population. The big question posed in the use of alcohol concerns its social permissibility. Until recently, the guidance that women should *'drink black beer to increase milk' was widely heard among families!*But isn't it at this time that we should alert to the problems of consumption? (Pereira *et al.*, 2018).

Regarding the pattern of use, it was evident that 49% (n=39/78) used it daily or almost every day and that 21% (n=13/78) reported weekly/monthly. Non-registration was evidenced in 30% (n=18/78) of the cases. As demonstrated by Pereira *et al.,* (2018), the use of an instrument to assess the use of substances should be considered in the assessment of pregnant and puerperal women, dimensioning the impact that the use of PAS has on maternal-fetal health in a multidisciplinary approach.

Regarding the use of illicit substances, considering the use of polysubstances, 71 (91%) women reported the use. Among the substances, the most frequent was marijuana/hashish/Skank (n=57, 73%), followed by cocaine (n=35, 45%) and crack (n=17, 22%). Confirming with a study, carried out in Paraná with 209 pregnant women, pointing out that the most used drug in this public is marijuana, followed by cocaine (MARANGONI *et al.,* 2022). On the other hand, in a cohort study conducted with a sample of 674 women in Campinas, cocaine was the most commonly used illicit drug during pregnancy (Pereira *et al.*, 2018).

Regarding the frequency of PAS, the largest number of women (n=35/78) reported the last use in the last few hours. However, it is estimated that a considerable portion of pregnant women deny any use of SPAs because they experience feelings of fear, guilt, shame, embarrassment and stigma (Lopes; Brook; Porto, 2023).

Regarding the use of medications used for abstinence during hospitalization, only 9 (11.5%) women were prescribed, and the medications used were: Clonazepam (n = 6/78), Chlorpromazine (n = 2/78) and Diazepam (n = 1/78). According to the clinical protocol for the approach of pregnant women addicts in Santa Catarina (2015), for the obstetric management of pregnant women in withdrawal syndrome, the use of benzodiazepines, anticonvulsants, mood stabilizers, thiamine or antipsychotics can be considered. Similar conducts are addressed in an obstetric protocol for the care of pregnant or postpartum

women with substance abuse at the Regional Hospital of Itanhaém (Itanhaém, 2023). It is believed that this is one of the few studies to make this evaluation and the results showed a low prescription, it is likely that it is justified by the absence of a withdrawal syndrome protocol in the study public.

MONITORING OF THE MULTIPROFESSIONAL TEAM

When analyzing the situation of social vulnerability, it was evidenced in 36% (n=28/78) women. Corroborating this finding, a study carried out in Paraná (2020), with a sample of 180 women, showed a prevalence of 31.11% of the total number of pregnant/puerperal women in social vulnerability (Magnabosco, 2023).

Regarding referral to the Psychosocial Care Network, 44% (n=34/78) of them were referred to a single component: Guardianship Council, evidencing care centered exclusively on the child. Corroborating the theme, Lima *et al.,* (2015) conducted a study with 50 pregnant women who used licit and illicit drugs, identifying a gap in the health referral and counter-referral system, corroborating the absence of referrals to specialized centers.

Among the limitations of the present study, the main ones stand out: the fact that it involves secondary data, which depends on the records made by health professionals, in which a large portion does not record all the information. In addition to old research and little literary framework on the subject and on the results obtained to make the comparisons. Such as the failure to fill in adequate data such as race/color/religion, which could have been important for the clinical outcome.

The present study contributes theoretically to the theme in the areas of mental health and obstetrics, and may even make contributions to daily practice, since the study provokes reflections on the work process aimed at the public addressed. The results allow us to identify the need to expand public policies and implement new measures aimed at capturing and increasing the adherence of these women to health and rehabilitation services and, in this way, offering quality and holistic care in view of the needs found in each woman. The dissemination of studies such as this one and the encouragement within the services on the discussion of data can contribute to the agencies responsible for offering this care to offer better conditions, contributions and qualifications to the public and professionals in the area.

CONCLUSION

There was a prevalence of psychoactive substance users in 21.3% of the women studied.

The present study shows a population of social vulnerability among pregnant and puerperal women who use PAS, which requires greater attention from health professionals, in addition to gynecological and obstetric care. Most were single, unemployed and with low education, primiparous, without comorbidities, inadequate prenatal consultations, and premature labor was the most recurrent gestational complication.

The legal substance most used by the public was tobacco, followed by alcohol. Marijuana was the most used illicit drug, followed by cocaine and crack. Specifically with regard to the screening and evaluation of PAS use, unfortunately the data may be inconclusive, as there is no institutional instrument that accurately investigates the use.

During hospitalization, the women in the study did not receive assistance from a specialist doctor, all of whom were led by obstetricians. The low use of drugs to manage the withdrawal crisis is noteworthy, since most of them reported having used PAS until the moment before delivery.

Drug withdrawal during pregnancy can be a challenging process for both the mother and the fetus. Abrupt cessation of substance use can lead to intense withdrawal symptoms, which can be important for the health of both mother and baby. It is possible that the existence of a protocol prepared by a specialist professional for the care and management of these women can help the obstetrician in the safer and more effective management of situations like these.

REFERENCES

1. Rigo, F. L., Prates, M. L., Camponêz, P. S., Silveira, T. V., Costa, R. P., Cunha, A. C., & Ribeiro, S. N. (2020). Prevalência e fatores associados ao uso de álcool, tabaco e outras drogas em gestantes. Revista Médica de Minas Gerais, 30. https://doi.org/10.5935/2238-3182.20200071

2. Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report

3. Arribas, C. G., Carvalho, M. R., Diniz, G. T., Silva, I. D., Notari, J. D., Valentim, N. R., Silva, E. M., & Pereira, V. R. (2021). Estudo transversal sobre o consumo de drogas por gestantes em quatro hospitais públicos do município de Recife a partir da aplicação do Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). Revista Médica de Minas Gerais, 22(9), 10.5935/2238-3182.20210047

4. Lopes, K. B., Ribeiro, J. P., Dilélio, A. S., Tavares, A. R., Franchini, B., & Hartmann, M. (2021). Prevalência do uso de substâncias psicoativas em gestantes e puérperas. Revista de Enfermagem da UFSM, 11, e45. https://periodicos.ufsm.br/reufsm/article/view/54544

5. Brasil, Ministério da Saúde, Secretaria de Ciência, Tecnologia, Inovação e Insumos Estratégicos em Saúde, & Secretaria de Vigilância em Saúde. (2022). Protocolo Clínico e Diretrizes Terapêuticas para Prevenção da Transmissão Vertical do HIV, Sífilis e Hepatites Virais [recurso eletrônico]. Ministério da Saúde. https://bvsms.saude.gov.br/bvs/publicacoes/protocolo_clinico_hiv_sifilis_hepatites.pdf

6. Santa Catarina. (2015). Protocolo da Rede de Atenção Psicossocial, baseado em evidências científicas, para a abordagem de transtornos por crack e cocaína em gestantes e bebês. Secretaria de Estado da Saúde. https://www.saude.sc.gov.br/index.php/documentos/atencao-basica/saude-mental/protocolos-da-raps/9216-crack-e-cocaina-em-gestantes-e-bebes/file

7. Amorim, I., Rodrigues, L., Rocha, M., & Barros, M. (2020). Avaliação do uso de psicofármacos durante o período de gravidez e lactação. INOVALE, 1(1). https://doi.org/10.29327/515133.1.1-3

8. Tacon, F. S. de A., Fernandes, M. R., Moraes, C. L. de, Melo, N. C. e, Fernandes Filho, M. R., & Amaral, W. N. do. (2020). Drugs and pregnancy: Effects on fetal morphology. RSD, 9(7), e819974984. https://rsdjournal.org/index.php/rsd/article/view/4984

9. Conselho Nacional de Saúde (Brasil). (2012). Resolução nº 466, de 12 de dezembro de 2012. Brasília. http://www.conselho.saude.gov.br/web_comissoes/conep/index.html

10. Silva, F. T. R. da, Fernandes, C. A. M., Tamais, M. L. B., Costa, A. B., & Melo, S. C. C. S. de. (2020). Prevalence and factors associated with the use of drugs of abuse by pregnant women. Revista Brasileira de Saúde Materno Infantil, 20(4), 1101–1107. https://doi.org/10.1590/1806-93042020000400010

11. Lopes, K. B., Ribeiro, J. P., & Porto, A. R. (2023). Envolvimento com substâncias psicoativas por gestantes atendidas em um ambulatório. Saúde Coletiva (Barueri), 13(85), 12490–12505. https://revistasaudecoletiva.com.br/index.php/saudecoletiva/article/view/2802

12. Rizzo, E. R., Messias, C. M., Valente, G. S., Basílio, M. D., Dos Santos, M. E., & Ferreira, S. R. (2020). O enfermeiro frente ao pré-natal das gestantes usuárias de crack. Enfermagem Brasil, 19(2), 138. https://doi.org/10.33233/eb.v19i2.3225

13. Santin, J. (2018). Perfil de gestantes usuárias de drogas internadas em uma unidade de saúde mental do município Porto Alegre (Trabalho de Conclusão de Curso de Graduação). Universidade Federal do Rio Grande do Sul. https://lume.ufrgs.br/handle/10183/184596

14. Domingues, R. M., Silva, C. M., Grinsztejn, B. G., Moreira, R. I., Derrico, M., Andrade, A. C., Friedman, R. K., Luz, P. M., Coelho, L. E., & Veloso, V. G. (2020). Prevalência e fatores associados ao aborto induzido no ingresso em uma coorte de mulheres vivendo com HIV/aids, Rio de Janeiro, Brasil, 1996-2016. Cadernos de Saúde Pública, 36(suppl 1). https://doi.org/10.1590/0102-311x00201318

15. Brasil, Universidade Federal do Ceará, Maternidade Escola Assis Chateaubriand. (2023). Produção Assistencial: 2023. FAPIS. https://sistemas.huwc.ufc.br/fapis/

16. Pereira, C. M., Pacagnella, R. C., Parpinelli, M. A., Andreucci, C. B., Zanardi, D. M., Souza, R., et al. (2018). Drug use during pregnancy and its consequences: A nested case-control study on severe maternal morbidity. Revista Brasileira de Ginecologia e Obstetrícia, 40(9), 518–526. https://doi.org/10.1055/s-0038-1667291

17. Marangoni, S. R., Gavioli, A., Dias, L. E., Haddad, M. do C. F. L., Assis, F. B., & Oliveira, M. L. F. de. (2022). Vulnerability of pregnant women using alcohol and other drugs in low-risk prenatal care. Texto e Contexto - Enfermagem, 31, e20210266. https://doi.org/10.1590/1980-265X-TCE-2021-0266en

18. Itanhaém. (2023). Protocolo de atendimento a gestantes com abuso de substâncias e para prevenção de gestação não planejada em mulheres com transtorno mental grave e abuso de substâncias. Prefeitura de Itanhaém. https://www2.itanhaem.sp.gov.br/saude/acesso-restrito/Protocolo-De-Atendimento-A-Gestantes-Com-Abusos.pdf

19. Magnabosco, G. T. (2023). Vulnerabilidades no contexto da saúde coletiva: Contribuições, desafios e perspectivas da enfermagem. Ciência, Cuidado e Saúde, 22, e68409. http://www.revenf.bvs.br/scielo.php?script=sci_arttext&pid=S1677-38612023000100101&lng=pt

20. Lima, L. P. de M., Santos, A. A. P. dos, Povoas, F. T. X., & Silva, F. C. L. da. (2015). O papel do enfermeiro durante a consulta de pré-natal à gestante usuária de drogas. Espaço Saúde, 16(3), 39–46. https://espacoparasaude.fpp.edu.br/index.php/espacosaude/article/view/394

21. Medeiros, K. T., de Barros, M. M. Mont'Alverne, & Maciel, S. C. (2020). Representações sociais sobre mulher e mulher usuária de drogas. Arquivos Brasileiros de Psicologia, 72(3), 19–34. http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-52672020000400003&lng=pt. https://doi.org/10.36482/1809-5267.ARBP2020v72i3p.19-34