


Haga Maternity and Child Healthcare Team

Specialist care for pregnant women* with substance use, addiction and/or medication or alcohol intake that may harm the fetus
Specialist care for their children


*and other pregnant people



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Haga Team's history

- Established 2007
- Aim: Primary Care in greater Gothenburg was tasked with creating and running a specialist unit for 1) pregnant women with substance use and/or medication or alcohol intake that may harm the fetus, as well as 2) for their children
- Collaboration with Department *of Addiction Medicine at Sahlgrenska University Hospital
- First specialist unit of this type in Sweden



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Haga Team's goals


- Safeguard the fetus'/newborn's right and opportunity not to be exposed to harm and complications due to substance use, addiction, or intake during pregnancy of medications/alcohol that may harm it
- Support the pregnant woman to maintain sober and substance-free pregnancy and parenthood
- Promote visibility of and improve care of target group

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Haga Team's staff and location

- Midwives - 2
- Child healthcare nurses- 2
- Healthcare social workers- 2
- Assistant nurse/team coordinator
- Obstetrician
- Pediatrician
- Psychiatrist
- Physiotherapist
- Unit manager



Järntorget 8, Gothenburg, Sweden

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Number of patients receiving care at Haga Team

- 60-65 pregnant women/year (around 25-30 ongoing at a given time)
- 45-50 newborn infants/year (around 30 children ongoing at a given time)

What happens to other 15-20 pregnant women?

- Miscarriage
- Abortion
- Move out of catchment area
- Placed elsewhere by social services, e.g. addiction treatment facility
- Refuse Haga Team care

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Standard care in Sweden

■ Prenatal care

Free of charge, essentially 100% coverage/attendance

Midwife is primary caregiver; doctor/other professionals consulted if necessary

9-12 prenatal visits in low-risk program

First visit very early, most often gestational week 5-8

All patients asked about alcohol (AUDIT), drugs, nicotine, harmful medications at first visit

■ Child healthcare

Free of charge, essentially 100% coverage/attendance

Nurse is primary caregiver, doctor/other professionals consulted if necessary

Agess newborn- 6 years: 16 visits in low-risk program

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Prenatal care at Haga Team differs from standard care

- Visits to midwife more frequent/longer and with higher accessibility than ordinary prenatal care
- Regular visits to social worker, high accessibility
- Increased psychosocial support, full inventory of difficulties/needs
- More visits with doctors (obstetrician/psychiatrist)
- Repeated testing for substances in urine/saliva/blood
- Collaboration with relevant agencies and professionals



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Child healthcare at Haga Team differs from standard care

- Visits to nurse more frequent/longer/higher accessibility
- Extended home visit program
- Increased psychosocial support
- More visits with pediatrician
- Development assessments (ASQ)
- Exposed children followed up until school age
- Follow-up of parents' lifestyle, sobriety and mental health
- Collaboration with other agencies and professionals relevant to child and family



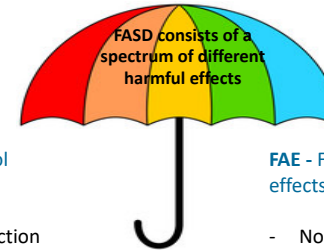
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Some factors behind the success of our model

- Most patients attend early (see standard care). Frequent/longer visits, high accessibility
- Multiprofessional team
- Collaboration with social services, psychiatry, addiction medicine, et al.
- The pregnant woman can benefit from short- and long-term support concerning sobriety.



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FAS - Fetal alcohol syndrome

- Growth restriction
- Facial abnormalities
- Other malformations
- Intellectual disabilities

FAE - Fetal alcohol effects

- Normal birth weight/growth
- No facial abnormalities/other malformations
- Cognitive and/or neuropsychiatric disabilities

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Extra attention!

- Children with intrauterine substance exposure
- Children placed in foster homes
- Failure to attend
- Parents with major needs of their own



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In summary:

Support toward making changes when the motivation to change one's life is at its highest



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Thank you!

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