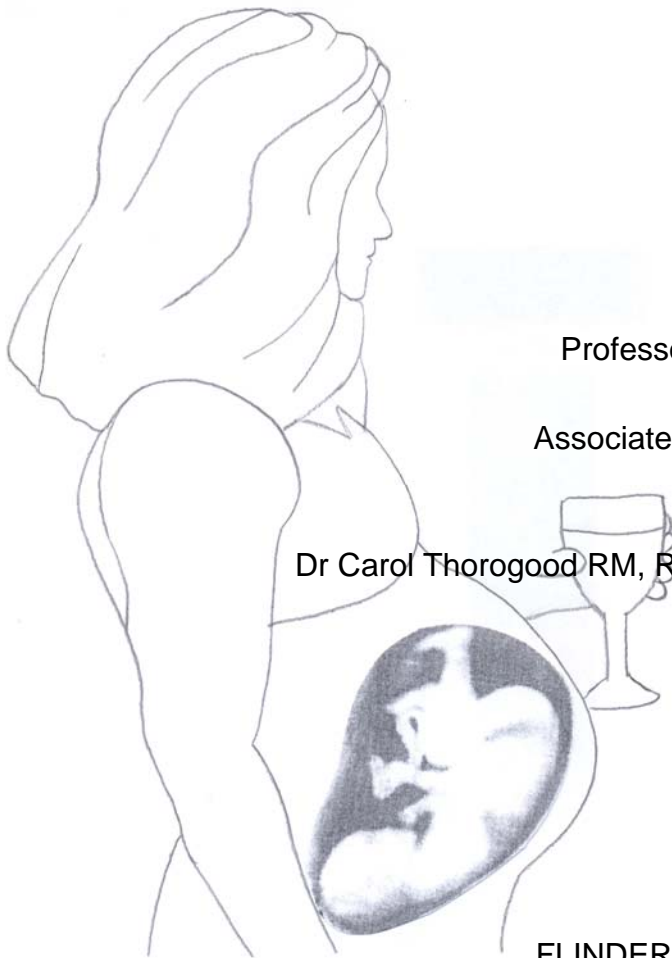


Culturally diverse women's alcohol and drug diagnoses in pregnancy in South Australia: Literature review and recorded hospital births 1995 – 2001.



Professor Charlotte de Crespigny, RN, BN, PhD,
Grad. Dip. PHC (Addictions) FRCNA

Associate Professor Pauline Glover RN, RM, EdD,
Dip T (NEd), BEd, MNSt, FACM

Ms Moira Kelton RN, BN, MNg

Dr Carol Thorogood RM, RN, PhD, B. Psych, Grad. Dip. Education,
Grad Dip. Arts (dist), M. Phil, FACM

FLINDERS UNIVERSITY ADELAIDE AUSTRALIA

School of Nursing and Midwifery

April 2005

This research was devised, undertaken, prepared and published by the researchers Charlotte de Crespigny, Pauline Glover and Moira Kelton from the School of Nursing & Midwifery, Flinders University, Adelaide South Australia, and Carol Thorogood from Edith Cowan University School of Nursing & Midwifery, Western Australia.

This project was funded by the Flinders University Institute of Health Research. Ethics approval was granted by the Flinders University Social and Behavioural Ethics Committee.

ISBN: 0 646 442325

© Copyright 2005

School of Nursing & Midwifery, Flinders University, Adelaide, South Australia

This work is copyright. Apart from any use as permitted under the copyright act 1968, no part of this work may be reproduced by means electronic or otherwise without the permission of the copyright holders.

Brief biography of each author

de Crespigny, Charlotte RN, BN, PhD, Grad. Dip. PHC (Addictions) FRCNA

Charlotte de Crespigny holds the position of Professor of Nursing (Alcohol and Other Drugs) at Flinders University, a joint Clinical Chair with Drug and Alcohol Services of South Australia. Her responsibilities in this role include the development, delivery and evaluation of all alcohol, tobacco and other drug curricula within Flinders University undergraduate and postgraduate nursing and related multidisciplinary programs - including research degrees at Honours, Masters and PhD levels.

Her research interests encompass a range of areas including clinical confidence of nurses in delivering alcohol, tobacco and other drug care in general hospitals; older women's experiences with medication use; young women's drinking and licensed premises; urban Aboriginal women's experiences of licensed premises; Aboriginal mental health and safe use of medicines; development of coordinated care processes for Aboriginal people with mental health and drug and alcohol problems; and co-management of alcohol and diabetes comorbidity amongst Aboriginal people.

Glover, Pauline RN, RM, EdD, Dip T (NEd), BEd, MNSt, FACM

Pauline Glover holds the position of Associate Dean: Academic at Flinders University, Adelaide. She has been instrumental in the development of midwifery and nursing curricula at both the undergraduate and postgraduate level in South Australia and the Northern Territory. Pauline was a member of the teaching team of one of the inaugural three year Bachelor of Midwifery courses in Australia. Pauline maintains a practice in midwifery, sexual health and family planning.

Her research centres around student learning, education, physical examination and assessment skills and midwifery education and practice. Pauline developed and validated competencies for midwifery education as the research project of her masters. Having worked in the Northern Territory for six years she has an understanding of culturally diverse populations. Having this experience gave an insight into how little nurses and midwives know about how to assess, plan and give care to women with drug and alcohol problems. Pauline is committed to ensuring that students are able to feel comfortable undertaking a drug and alcohol assessment of all clients but especially pregnant women.

Kelton, Moira RN, BN, MNg

Moira is a part time teacher at Flinders University. She is currently teaching in the nursing and sociology topics in the undergraduate program and is involved in the facilitation of student learning in the clinical environment. Her most recent research focussed on the adaptation of coaching methodologies for application by clinicians who undertake the supervision of nursing and / or midwifery students on placement.

Thorogood, Carol RM, RN, PhD, B. Psych, Grad. Dip. Education, Grad Dip. Arts (dist), M. Phil, FACM.

Carol lives in Western Australia. She is the co-ordinator of midwifery programs at Edith Cowan University in Perth. She teaches undergraduate and postgraduate programs of study and continues to practice midwifery.

Her most research interest centred on the development and evaluation of competency-based education in midwifery. During the course of her teaching and clinical work Carol and her students work with women with drug and alcohol problems. She believes that many midwives and nurses know little about the extent of these problems and often and how best to work with women.

Contents

<i>Brief biography of each author</i>	<i>iii</i>
<i>Executive summary</i>	<i>1</i>
Project aim	<i>1</i>
Project method.....	<i>1</i>
Project background.....	<i>1</i>
<i>Literature review</i>	<i>2</i>
Cultural diversity and pregnancy	<i>2</i>
Alcohol.....	<i>3</i>
Illegal drugs	<i>4</i>
<i>South Australian hospital separation data: pregnant women from culturally diverse and Aboriginal backgrounds, with alcohol and other drug diagnoses – 1995 to 2001....</i>	<i>6</i>
Table 1. Births by Race of Mothers in SA (Source: SA Pregnancy Outcome Unit).....	<i>6</i>
Table 2. Births by specified country of birth of all mothers in SA	<i>7</i>
Table 3. Births by major groups by regions of birth of migrant mothers:	<i>8</i>
<i>Summary</i>	<i>9</i>
<i>References</i>	<i>10</i>

Executive summary

Project aim

The aim of this preliminary study was to undertake a review of the literature and South Australian hospital data that might identify trends or patterns of alcohol and other drug use diagnoses during pregnancy amongst culturally diverse pregnant women, including Aboriginal women, in South Australia.

Project method

Two complementary methods were used to gather information about this issue. These were: a critique of the published research literature and any accessible 'grey' literature such as recent reports relevant to this population in the South Australian context, and an analysis of latest, available South Australian hospital separation data on this population of pregnant women, their births with any concurrent alcohol/drug diagnoses such as alcohol or opiate dependence.

Project background

To date there has been little published about the issues, possible trends or outcomes for culturally diverse pregnant women and their families, in relation to their alcohol and other drug use and diagnoses during pregnancy. Discussions about this issue were held between the researchers, health professionals and leaders from the Multicultural Communities Council of South Australia (MCCSA) and members of the Aboriginal community in South Australia. The key issues raised by these groups were: the probable deficits in knowledge amongst women, families and communities about this issue; lack of culturally sensitive and safe maternal care services for culturally diverse women, including Aboriginal women, who use alcohol and drugs; the likely impact on maternal and infant health and well being from these women's unsafe alcohol and other drug use during pregnancy; the lack of useful statistical data to capture the necessary data to identify and monitor trends and outcomes; and serious gaps in professional and community knowledge, as well as health practices and policies, which are yet to be informed by culturally diverse women's perspectives and experiences of the issue, in South Australia. The researchers responded to the deficit by undertaking this as a 'first step' investigation to try and identify if there are any notable research findings or data on alcohol and other drug disorders in pregnancy amongst culturally diverse women in South Australia.

While the researchers remain concerned about the impact of that hazardous alcohol/drug use may have on culturally diverse women during pregnancy, as this study has revealed that little exists in the extant literature and no statistical data was found to be accessible that could capture any patterns of usage, trends in diagnoses possible trends, which groups might be at particular risk, or how this issue is impacting on women, their babies, families and communities.

Further research is therefore needed to inform government policy makers, decision makers, professionals such as general social work, medical, midwifery and nursing personnel, multicultural and Aboriginal health services, women's health services, sexual health services, drug and alcohol specialists, non government health and welfare services, health promotion and public health advocates, and key community organisations such as the Multicultural Communities Council of South Australia, Aboriginal Health Council of South Australia, Aboriginal Drug and Alcohol Council of South Australia, Aboriginal Sobriety Group of South Australia, and key women's groups in the communities

Literature review

Cultural diversity and pregnancy

Cultural diversity in pregnancy receives attention from researchers in relation to the likely impact of women's cultural expectations on their birthing experiences, and needs for, and actions undertaken by, midwives to be more culturally aware and responsive to these women's needs in this regard.

In recognition of the need to be responsive and culturally aware in this context, various government reviews have occurred in Australia including; the National Non – English Speaking Women's Health Strategy of 1991, and Options for Effective Care in Childbirth Review, which were sanctioned by the National Health and Medical Research Council in 1996. Both reviews sought to identify strategies to improve the maternity experience of women from non – English speaking backgrounds (Horner, 2000).

Recognition of the need to incorporate cultural diversity into research is important, with Australia ranked as one of the most multi – cultural countries in the world, and with statistics showing that, even in 1996, almost one quarter of all women giving birth in Australia were born in another country (Horner, 2000).

Williamson and Harrison (2001) presented their results from a critical review of health literature on this topic, questioning why little consensus exists of the meanings of terms used, and concepts relating to, culturally aware practices of midwives in a country as culturally diverse as Australia. The holistic concept of midwifery practice is discussed, with the authors asserting that good practice should encompass cultural recognition as well as issues related to women's socio-economic status, educational backgrounds and life experiences (Williamson and Harrison, 2001). The Australian College of Midwives Incorporated (ACMI) states in its performance criteria that midwives must respect and respond to the needs of culturally diverse childbearing women (ACMI 2002). The ACMI Code of Ethics (2001) states that midwives must respect human dignity and any woman's culture.

Whilst cultural beliefs and particular practices of women regarding childbirth have been the focus of research internationally, little research has been undertaken to study childbirth experiences, expectations and needs of culturally diverse women living in Australia, including migrant and Aboriginal women. A Melbourne study was identified that had investigated the experiences of postnatal hospital stay amongst Filipino, Turkish and Vietnamese women who had migrated to Australia (Yelland, Small, Lumley, Rice, Cotronei and Warren, 1998). Three hundred and eighteen

women participated and were interviewed in this study 6 – 9 months after giving birth. Bilingual interviewers conducted the interviews. The findings indicated that 45% of women interviewed felt that those who had delivered maternal care to them had no knowledge of their particular cultural beliefs, needs or practices. Over 90% reported that the clinical staff had never asked them if they wanted to follow any particular customs after their delivery. A subsequent article by Small, Rice, Yelland and Lumley (1999) revisited the findings of that previous study regarding the role of culture and communication for migrant women. They found that while some women felt that clinical staff had attempted to address their cultural practices, others felt that some staff had made little effort to understand their particular needs or accommodate their cultural beliefs and practices (Small, et al, 1999).

In relation to research into such issues for Aboriginal women in this context there was a glaring gap in the literature. Their cultural expectations, expectations, needs and practices in relation to pregnancy, hospital birthing and care in the early stages of their baby's lives have been largely ignored in the South Australian hospital and midwifery context.

Alcohol

While we have a growing body of research into Australian women's trends, patterns, decisions, contexts and issues related to their drinking, we still know relatively little about how this relates to their cultural diversity, pregnancies or outcomes for them as mothers or their babies in this regard. There is virtually no information about women from culturally diverse backgrounds in relation to pregnancy and drinking.

As far back as the 1970's, researchers, governments and health professionals discussed the possible consequences of increasing levels of unsafe alcohol intake in sections of the Australian population (Dowdell, 1981). The levels of unsafe consumption, such as binge drinking, amongst young Australian women in particular, were identified as far back as 15 years ago by Corti and Ibrahims (1990). Their conclusions then were that the overall percentage of 18 – 24 year old females drinking had increased consistently alongside the overall increase in average daily alcohol consumption rates of females in general.

A significant body of knowledge has been emerging about women's drinking in Great Britain and Australia (Plant 1997; Pols & Hawks 1992). A range of methods by various researchers have identified significant trends and issues relating to drinking amongst young Australian women over the last fifteen years (Hamilton 1991; Bush 1992; Broom 1994; Faust 1995; Hands, Banwell, & Hamilton 1995; Fleming 1996; Single & Rohl 1997; National Drug Strategy 1998; de Crespigny, Vincent and Ask 1998; Australian Institute of Health and Welfare 1999; de Crespigny, Vincent and Ask 2000; de Crespigny 2001; Australian Institute of Health and Welfare 2001; Jonas et al 2002).

There is now strong evidence that the initial uptake of social drinking by many females occurs at about 15 years of age, with significant numbers (estimated at about 30%) binge drinking to intoxication (5 or more standard alcoholic drinks in a session) on a weekly basis in their middle to late teens and early twenties (AIHW 2000; 2002; Thornley, E 1998; de Crespigny et al 2000). Such risky drinking can have serious ramifications on young women's physiological development and well-being, safety, social and psychological development, and longer term health (de Crespigny, Vincent & Ask 1998a; 1998b; 2000).

Of concern is that many young women who drink alcohol to excess are also in their childbearing years. It is now well recognised that alcohol can affect the developing foetus, as well as the mother herself, with no known safe level of drinking during pregnancy (NH&MRC 2002). Other than sporadic national population data, little research has been reported regarding their cultural influences, health and safety, drinking patterns, choices, experiences, contexts, needs and health outcomes of Aboriginal women in relation to drinking (de Crespigny, Groenkjaer, Casey, Murray & Parfoot 2002).

In October 2000 the South Australian Department of Human Services established a Task Force in response to concerns about the impact of Foetal Alcohol Syndrome (FAS) and Foetal Alcohol Effects (FAE) on South Australian children and their families. The literature review undertaken by that Task Force identified that, whilst a considerable amount of information on FAS and FAE was available, very little related specifically to, or had been identified from, Australia and South Australia. The Task Force made a range of key recommendations responding to FAS and FAE issues, with the report being released in 2001. Two major recommendations were the need for research to identify patterns of drinking by pregnant women, and that there are two specific high-risk populations who need consideration in relation to development and implementation of key prevention strategies, notably young women and Aboriginal and Torres Strait Islander women. The Task Force also recommended that cultural and social understandings of any specific group should always be given due consideration when developing health promotion campaigns (2001).

Having considered a range of issues associated with FAS / FAE in the South Australian context, and in particular a woman's alcohol consumption pattern posing risks to the developing foetus from prenatal alcohol exposure, the Task Force noted that:

“there is little known in South Australia about the patterns of drinking by pregnant women and the other social and psychological risk factors associated with drinking during pregnancy and the birth of FAS children” (SA FAE/FAS Task Force 2001:10).

The social and cultural consequences of women's alcohol use in relation to pregnancy were also clearly identified as an important issue for consideration, but this was afforded little discussion in the final report of this Task Force.

Illegal drugs

In this preliminary research, in addition to alcohol, we have focussed on illegal drug use, and defined these according to psychoactive substances classified in Australian legislation as illegal, such as cannabis, amphetamines and heroin. We did this because of the significant trends in young women's cannabis and amphetamine usage in this country (AIHW 1999; 2000; 2002), and the likelihood of birthing data being available in relation to heroin dependence in pregnancy, in the cultural diversity context. We do acknowledge that many women also use a range of 'other drugs' including tobacco, pharmaceuticals, herbal medicines and non-medicinal substances such as inhalants, during pregnancy, all of which may be a concern.

Women's use and experiences of illicit drugs during pregnancy, and related issues and risks for them during birthing, and their babies, has received scant attention amongst researchers in Australia. Other than anecdotal information, no research could be

found that investigated this issue in the context of women's cultural diversity, their pregnancy and birthing experiences or outcomes for them or their babies.

There can be serious health implications for pregnant women who use illicit drugs, and their babies associated with acute intoxication and accidental injuries or overdose, drug and additive toxicity, and dependence. There are even greater risks when they use multiple drugs at the same time (poly drug use), a common pattern of drug use in the wider population. These risks include drug interactions and serious side effects, and the serious perinatal condition, drug/s withdrawal, in newborns if the mother is physically dependent on the drug/s. D'Apolito and Hepworth (2001) estimated that in America alone 200,000 pregnancies per year are complicated by mothers' poly-drug use that includes combinations of heroin, cannabis, methadone, alcohol, barbiturates and phenycyclidine (PCP). With the exception of barbiturates, and the inclusion of benzodiazepines, it is likely that these drugs are also used concurrently by at least some Australian, including culturally diverse, pregnant women.

A major gap in the literature is a focus on timely and effective alcohol and other drug assessment of all women during pregnancy; however this was attempted to be addressed by D'Apolito and Hepworth (2001). These researchers found little evidence of health professionals identifying the cardinal signs and symptoms of drug withdrawal in babies whose mothers had used alcohol/drugs regularly, and in combinations of illegal drugs or alcohol and illegal drugs, in their 'day to day' clinical practice. The researchers sought to identify and verify the signs and symptoms of drug withdrawal exhibited by infants who had been exposed to frequent combinations of alcohol, opiates, stimulants and sedatives in utero. Seemingly that research did not extend beyond that preliminary stage.

Young Australian women's illegal drug use has also been studied by Turner, Russell and Brown (2003). These researchers focussed on female participants of between 22 and 27 years of age. They found that being pregnant for these participants was a risk factor for their increase in polydrug use, most notably alcohol and cannabis. Unfortunately this issue was not explored in the paper, but the result highlights the need to conduct specific research in relation to poly- drug use amongst young pregnant women in this country.

Interestingly no research or key reports were identified that raised the issue of, or discussed how to care for, pregnant women undergoing drug withdrawal during their labour and delivery. This may be a serious health issue for drug dependent women that could compromise their pain management, as well as their own and their baby's safety and well being during this time. It may also compromise these women's capacity to cope with the stressors of motherhood at this early stage, or cease their unsafe and illicit drug use.

Again there was virtually no research reported on culturally diverse migrant, or Aboriginal, women's trends, experiences and issues associated with their illicit drug use during pregnancy, and birthing outcomes. The impact on their health, well being and cultural safety is therefore still unknown, as are the implications for the delivery of culturally safe maternal and infant care to these women and their babies in the Australian context.

South Australian hospital separation data: pregnant women from culturally diverse and Aboriginal backgrounds, with alcohol and other drug diagnoses – 1995 to 2001.

The following tables show available data on South Australian hospital births of women by race, country of their birth and regions of their birth, from 1995 to 2001. The tables can therefore illustrate the overall number of births to migrant women from culturally diverse origins and Aboriginal women in this state. However they are unable to identify trends in alcohol and other drug diagnoses amongst any particular groups, or even how many of these women overall had been diagnosed with an alcohol or other drug, including heroin, disorder at that time of their birthing admission.

There were no other data that we could identify on the patterns and trends of alcohol/drug usage, or diagnoses of alcohol/drug disorders, amongst culturally diverse or Aboriginal pregnant women in South Australia

The data in **tables 1 – 3** were provided by the Pregnancy Outcomes Unit of the Department of Human Services South Australia, as cited in the reference list.

Table 1. Births by Race of Mothers in SA (Source: SA Pregnancy Outcome Unit)

Births	Year - %						
	1995	1996	1997	1998	1999	2000	2001
Total Number (notified) in SA	19620	19111	18674	18734	18519	17871	17704
Caucasian	17984 (93.1)	17518 (93.2)	17059 (92.7)	16996 (92.3)	16757 (91.9)	16106 (91.6)	16007 (91.9)
Aboriginal	389 (2)	348 (1.9)	393 (2.1)	412 (2.2)	446 (2.4)	447 (2.5)	399 (2.3)
Asian	755 (3.9)	718 (3.8)	691 (3.8)	762 (4.1)	778 (4.3)	790 (4.5)	773 (4.4)
*Other	182 (0.9)	200 (1.1)	251 (1.4)	251 (1.4)	252 (1.4)	234 (1.3)	248 (1.4)

***Note:** It is unclear from this data what the origins of women described as ‘other’ were.

The SA Pregnancy Outcome Unit reported that over this time period Aboriginal mothers’ births took place mainly in country hospitals and less so in metropolitan teaching hospitals, while Asian mothers were mainly confined in metropolitan teaching hospitals.

Aboriginal mothers were generally adolescents, while Asian mothers were generally older.

Table 1 demonstrates that from 1995 – 2001 there has been a decrease of 1916 total number of births. While the overall numbers decreased there has been a slight increase in Asian (18) and other (66) births. While these numbers are not significant they may be showing emerging trends. Unfortunately it is unclear whom the ‘other’ 66 births represent in terms of cultural origin.

Table 2. Births by specified country of birth of all mothers in SA

Births	Year						
	*numbers in brackets = % births of migrant women (not recorded in 1995)						
	1995	1996	1997	1998	1999	2000	2001
Australia	15824 (0.0)	15502 (0.0)	15447 (0.0)	15505 (0.0)	15394 (0.0)	14874 (0.0)	14876 (0.0)
Cambodia	77	65 (2.0)	81 (2.8)	75 (2.6)	89 (3.1)	68 (2.5)	62 (2.4)
China	83	77 (2.3)	71 (2.4)	64 (2.2)	68 (2.4)	78 (2.9)	73 (2.9)
Germany	73	66 (2.0)	46 (1.6)	67 (2.3)	45 (1.7)	48 (1.8)	60 (2.4)
Greece	49						
India	44	50 (1.5)	60 (2.0)	62 (2.1)	64 (2.3)	63 (2.3)	51 (2.0)
Italy	93	73 (2.2)	64 (2.2)	50 (1.7)	47 (1.7)	46 (1.7)	52 (2.0)
Lebanon	45	40 (1.2)		41 (1.4)			
Malaysia	58	58 (1.8)	44 (1.5)	59 (2.0)	44 (1.5)	54 (2.0)	
*Netherlands	52						
New Zealand	196	216 (6.6)	181 (6.1)	187 (6.4)	197 (6.9)	182 (6.7)	187 (7.3)
Philippines	144	132 (4.0)	113 (3.8)	140 (4.8)	133 (4.7)	123 (4.6)	115 (4.5)
Poland	55	55 (1.7)	47 (1.6)		40 (1.4)		
*South Africa	44						
United Kingdom and Ireland	1484	1380 (42.0)	1185 (40.2)	1101 (37.8)	1023 (36.0)	918 (34.0)	811 (31.8)
USA	53	58 (1.8)	58 (2.0)	58 (2.0)	45 (1.6)	46 (1.7)	
Vietnam	316	291 (8.9)	305 (10.3)	260 (8.9)	295 (10.4)	325 (12.0)	296 (11.6)
Yugoslavia	95	76 (2.3)	78 (2.6)	77 (2.6)	84 (3.0)	62 (2.3)	65 (2.6)
All other countries	525	645 (19.7)	614 (20.8)	634 (21.7)	612 (21.6)	647 (23.9)	720 (28.3)

*The Netherlands and South Africa were not identified past 1995.

This table shows an increase in births of women from all countries named except Italy, United Kingdom and Ireland. These are consistent with Table 1 figures.

While not statistically significant, there may be a trend in increase of births to migrant women compared with women born in Australia.

Table 3. Births by major groups by regions of birth of migrant mothers:

Major Groups (from Australian Standard Classification of Countries for Social Statistics (ASCCSS)) (Australian Bureau of Statistics)

Births	Year - %						
	1995	1996	1997	1998	1999	2000	2001
Oceania & Antarctica	16067 (83.2)	15779 (84.0)	15687 (85.3)	15739 (85.4)	15649 (85.8)	15115 (86.0)	15110 (86.7)
Europe & USSR	2066 (10.7)	1870 (10.0)	1649 (9.0)	1555 (8.4)	1452 (8.0)	1306 (7.4)	1206 (6.9)
Middle East & North Africa	118 (0.6)	104 (0.6)	83 (0.5)	111 (0.6)	95 (0.5)	104 (0.6)	100 (0.6)
Southeast Asia	653 (3.4)	587 (3.1)	598 (3.3)	630 (3.4)	634 (3.5)	646 (3.7)	605 (3.5)
Northeast Asia	122 (0.6)	116 (0.6)	100 (0.5)	112 (0.6)	112 (0.6)	119 (0.7)	121 (0.7)
Southern Asia	70 (0.4)	80 (0.4)	97 (0.5)	86 (0.5)	96 (0.5)	95 (0.5)	90 (0.5)
North America	78 (0.4)	84 (0.4)	81 (0.4)	84 (0.5)	71 (0.4)	74 (0.4)	54 (0.3)
Sth America, Central America & Caribbean	42 (0.2)	38 (0.2)	42 (0.2)	39 (0.2)	40 (0.2)	42 (0.2)	41 (0.2)
Africa (excl. North Africa)	63 (0.3)	67 (0.4)	57 (0.3)	65 (0.4)	84 (0.5)	75 (0.4)	97 (10.6)
*Other	31 (0.2)	59 (0.3)					
Unknown						1 (0.0)	3 (0.0)

***Note:** it is unknown which groups of women were included in the category of ‘other’

Table 3 demonstrates that the most significant increase in births has been amongst migrant women from Africa. The other countries have remained relatively stable.

Summary

Some Australian research has identified that while anecdotally there are issues for pregnant women from culturally diverse groups in relation to their maternal care and birthing, and their level of satisfaction with their care at this time, there is little accessible data or research literature to inform us adequately at this time about this significant population, at least in the South Australian context. Similarly research and accessible data on these women's use of, and associated issues associated with alcohol and other drugs including illegal drugs, are at best extremely limited.

Of the extant research identified, most was conducted in America and Great Britain, and therefore limited in terms of generalisability and transferability, and therefore suitability to inform us so far in the Australian context. In addition, research in Great Britain has mainly centred on the use of particular illegal drugs or specific issues of a particular ethnic group rather than all of these in relation to cultural diversity, alcohol and drug use and pregnancy related issues and outcomes.

There is therefore a need to undertake Australian research that can identify the patterns, choices, contexts, particular issues and impact of the range of alcohol and other drugs used, including illegal drugs, by culturally diverse, including Aboriginal, pregnant women in Australia.

Although the information we have been able to identify is very limited, it may now be timely to consider how we might capture the necessary data to enable a more informed assessment of alcohol and other drug use choices, trends and patterns amongst culturally diverse groups of pregnant women, including Aboriginal women. We might then be better able to predict, prevent and respond to significant problems as these arise to minimise the impact on these women, their babies, families and communities.

Further research is therefore needed to inform government policy makers and decision makers, services providers such as doctors, midwives, nurses, multi-cultural and Aboriginal health staff, social workers, health promotion and public health advocates and key community organisations such as the Multicultural Communities Council of South Australia, Aboriginal Health Council of South Australia, Aboriginal Drug and Alcohol Council of South Australia, Aboriginal Sobriety Group of South Australia, and key women's groups in the communities.

References

- Australian Institute of Health and Welfare (AIHW) 1999. *1998 National Drug Strategy Household Survey: First Results, Drug Statistics Series*, Australian Institute of Health and Welfare, Canberra.
- Australian College of Midwives Incorporated 2002 *Competency Standards for Midwives* ACMI: Canberra
- Australian College of Midwives Incorporated 2001 *Code of Ethics* ACMI: Canberra
- Bush, R. 1992. The transient years, 18-25. *Drugs in Society*. Vol. 1. 2-5.
- Broom, D. 1994, *Double Bind: Women Affected by Alcohol and Other Drugs*, Allen and Unwin
- Chan A, Scott J, McCaul K & Keane R 1996 *Pregnancy Outcomes in South Australia 1995* South Australian Health Commission: Adelaide
- Chan A, Scott J, McCaul K & Keane R 1997 *Pregnancy Outcomes in South Australia 1996* South Australian Health Commission: Adelaide
- Chan A, Scott J, McCaul K & Keane R 1999 (Feb) *Pregnancy Outcomes in South Australia 1997* South Australian Health Commission: Adelaide
- Chan A, Scott J, McCaul K & Keane R 1999 (Nov) *Pregnancy Outcomes in South Australia 1998* South Australian Health Commission: Adelaide
- Chan A, Scott J, Nguyen A & Keane R 1999 (Nov) *Pregnancy Outcomes in South Australia 1999* South Australian Health Commission: Adelaide
- Chan A, Scott J, Nguyen A & Keane R 2001 *Pregnancy Outcomes in South Australia 2000* South Australian Health Commission: Adelaide
- Chan A, Scott J, Nguyen A & Keane R 2002 *Pregnancy Outcomes in South Australia 2001* South Australian Health Commission: Adelaide
- Corti B & Ibrahims, J 1990 Women and Alcohol – Trends in Australia. *The Medical Journal of Australia*. 152:625 – 632.
- D’Apolito K & Hepworth J 2001 Prominence of Withdrawal Symptoms in Poly – drug exposed Infants. *Journal of Perinatal and Neonatal Nursing* 14 (4): p46 – 60.
- de Crespigny, C, Vincent, N & Ask, A.. 1998a, *Young Women and Drinking: Volume 1: Young Women: Decisions, Environment & Drinking* (second edition), School of Nursing, Flinders University of South Australia, Adelaide.
- de Crespigny, C, Ask, A., & Vincent, N. 1998b, *Young Women and Drinking: Volume 2: Development of a Survey for Young Women in the Hotel Environment* (first edition), School of Nursing, Flinders University of South Australia, Adelaide.
- de Crespigny, C., Vincent, N and Ask, A. 2000. Young women’s social drinking in context – pub style: a study of decision-making and social drinking of young women in South Australia. *Contemporary Drug Problems*. Vol. 26. Fall. 439 – 456
- de Crespigny, C., Groenkjaer, M., Casey, W., Murray, H and Parfoot, W. 2002 *Breaking Down the Barriers - Urban Aboriginal Women: Drinking and Licensed Premises in The Southern Metropolitan Region of South Australia..* Flinders University School of Nursing & Midwifery and the Aboriginal Drug and Council. Inprint. Bedford Park. SA.
- Dowdell P 1 981 Alcohol and Pregnancy – A Review of the Literature. *Nursing Times* 1825 – 1830.

- Faust, B. 1995, Women, alcohol and the Ladies' Lounge, *Deakin Addiction Policy Research Annual*, vol. 2, 11-16.
- Fleming, J. 1996, The epidemiology of alcohol use in Australian women: Findings from a national survey of women's drinking, *Addiction*, vol. 9, 1325-34.
- Gillam C & Stevenson M 1996 Aboriginal health in the Peel region of Western Australia. *Australian Family Physician* 25 suppl. 2. S81 – 5
- Hamilton, M. 1991, *Research-women-drugs and alcohol*, Changing the Research Story: Women and Drugs: Proceedings of the Women and Drugs Research Workshop, Addiction Research Institute of Victoria, Melbourne, February, 11-19.
- Hands, M., Banwell, C. & Hamilton, M. 1995, Women and alcohol: Current Australian research, *Drug and Alcohol Review*, vol 14, 17-25. Hamdorf M, Wallace P,
- Horner C 2000 Incorporating cultural diversity in randomised controlled trials in midwifery. *Midwifery* 16: 252 – 259
- Plant, M. 1997, *Women and Alcohol: Contemporary and Historical Perspectives*, Free Association Books, London, pp. 22D-5.
- Pols, R & Hawks, D. 1992 *Is There a Safe Level of Daily Consumption of Alcohol For Men and Women?* (2nd edit) National Health and Medical Research Council, Canberra.
- Single, E. and Rohl, T. 1997 *The National Drug Strategy: Mapping the Future*. An Evaluation of the National Drug Strategy 1993-1997. A Report Commissioned by the Ministerial Council on Drug Strategy, Australian Government Publishing Service, Canberra.
- Small R, Rice P, Yelland J & Lumley J 1999 Mothers in a New Country: The role of culture and Communication in Vietnamese, Turkish and Filipino Women's experiences of Giving Birth in Australia. *Women and Health*. 28(3):77 – 100.
- Thornley, E 1998 *Drinking with purpose: Young women's intoxication goal behaviour and control*. Unpublished thesis for Bachelor of Science with Honours in Psychology, Flinders University of South Australia, Adelaide.
- Turner C, Russell A & Brown W 2003 Prevalence of illicit drug use in young Australian women, patterns of use and associated risk factors. *Addiction* 98(10): 1419 – 26.
- Williamson M & Harrison L 2001 Dealing with Diversity: Incorporating Cultural sensitivity into Professional Midwifery Practice. *Australian Journal of Midwifery* 14(4): 22 – 26.
- Yelland J, Small R, Lumley J, Rice P, Cotronei V & Warren R 1998 Support, sensitivity, satisfaction: Filipino, Turkish and Vietnamese women's experiences of postnatal hospital stay. *Midwifery*. 14:144 – 154.

