Curran Place Mother and Baby Withdrawal Service

Addressing GHB use in pregnancy: Barriers and Solutions

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Today’s presentation

- Introduction to GHB withdrawal management
- Pregnancy and GHB use, clinical challenges for managing GHB withdrawal during pregnancy, absence of guidelines
- Scoping review conducted 2019-2023
- Proposed research for further enquiry

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Clinical challenges for GHB withdrawal during pregnancy

- Began seeing presentations where ICE was dominant, combined with GHB
- Shifted to GHB as primary substance (but still poly substance), in higher levels, 40 to 100mls daily
- Withdrawal syndrome although similar to alcohol withdrawal has quicker onset
- Increase in GHB overdoses at Curran Place
- Aiming to manage withdrawal and avoid transfer to Emergency Department
- Variation in prescribing practices and lack of
- Diazepam versus Baclofen

Clinical challenges for GHB withdrawal during pregnancy

- Diazepam versus Baclofen

- Diazepam Category C
- Medicines which, owing to their pharmacological effects, have caused or may be suspected of causing harmful effects on the human fetus or neonate without causing malformations. These effects may be reversible. Accompanying texts should be consulted for further details.

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Diazepam

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Psychotropics

PREGNANCY | BREASTFEEDING | MISCELLANEOUS | REFERENCES | PATIENT INFORMATION

1st trimester	Considered safe to use
2nd trimester	Considered safe to use
3rd trimester	Monitoring required
Category	C
Human placental transfer	Yes

Pregnancy Summary

Case control studies have suggested that maternal benzodiazepines exposure in early pregnancy may be associated with an increased risk of fetal cleft lip and cleft palate (1, 2). However, other studies have refuted these findings (3-5).

Maternal use of benzodiazepines may increase the risk for preterm birth (6) and low birth weight (7, 8). Due the possible presence of confounding factors such as maternal anxiety, large well-conducted studies are needed to replicate and extend these findings.

The use of diazepam at or near term may increase the risk of adverse neonatal complications, such as floppy infant syndrome (e.g. intrauterine growth restriction, hypotonia, lethargy and sucking difficulties) (9, 10) and neonatal withdrawal symptoms (e.g. tremors, irritability, hypertonicity, vomiting, diarrhoea and vigorous sucking) (11).

If diazepam is the treatment of choice, use the lowest effective dose for the shortest duration possible. Consider tapering the dose of diazepam gradually at or near term if appropriate, to minimise the risk of neonatal withdrawal symptoms. Neonatal care providers should be informed about the maternal use of diazepam as adverse effects or withdrawal signs may present in newborns.

Last Updated: 17 August 2022

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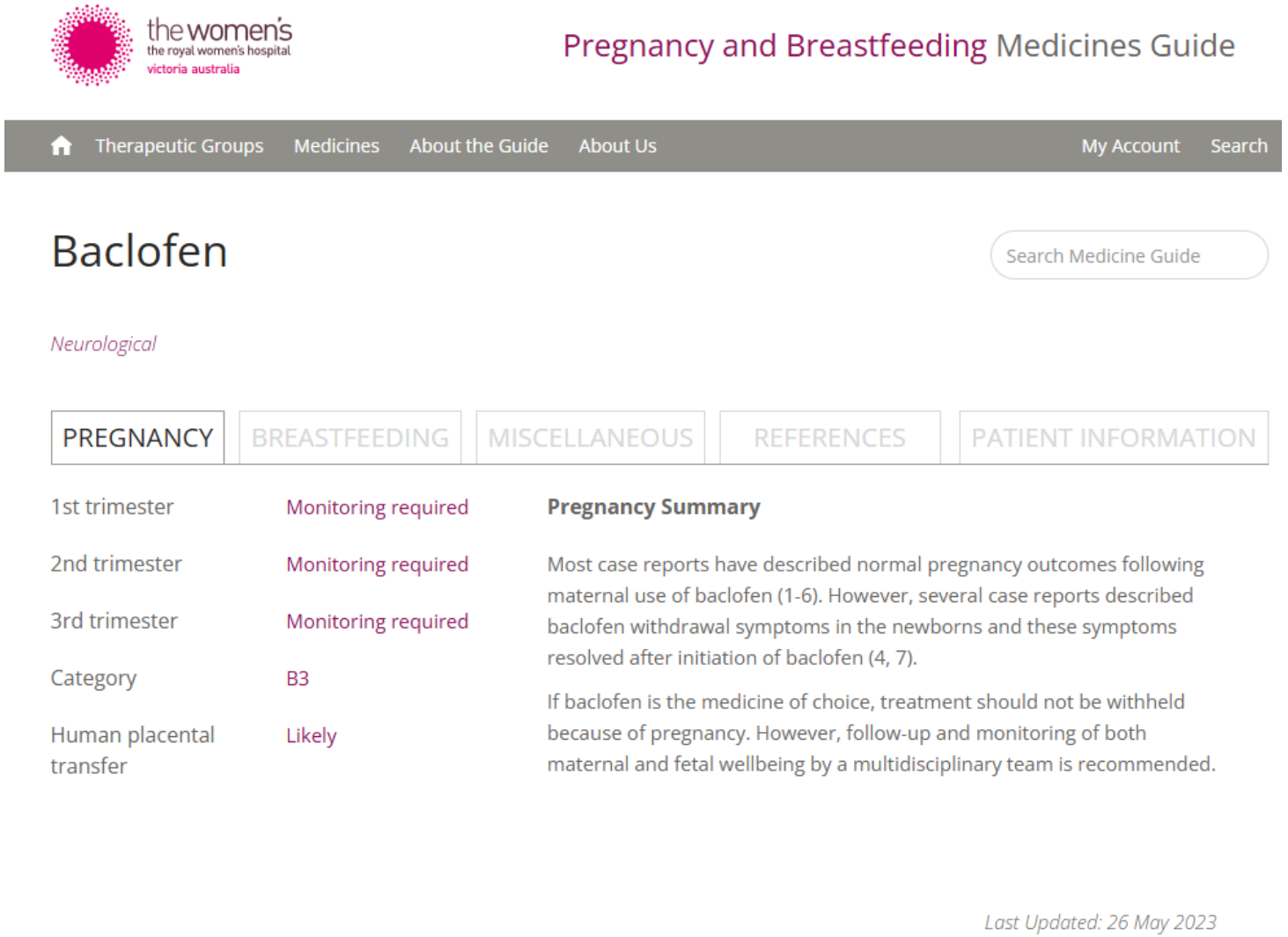
Clinical challenges for GHB withdrawal during pregnancy

- Diazepam versus Baclofen

- Baclofen Category B3
- Medicines which have been taken by only a limited number of pregnant women and women of childbearing age, without an increase in the frequency of malformation or other direct or indirect harmful effects on the human fetus having been observed.
- Studies in animals have shown evidence of an increased occurrence of fetal damage, the significance of which is considered uncertain in humans.



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Baclofen

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Neurological

PREGNANCY | BREASTFEEDING | MISCELLANEOUS | REFERENCES | PATIENT INFORMATION

1st trimester	Monitoring required
2nd trimester	Monitoring required
3rd trimester	Monitoring required
Category	B3
Human placental transfer	Likely

Pregnancy Summary

Most case reports have described normal pregnancy outcomes following maternal use of baclofen (1-6). However, several case reports described baclofen withdrawal symptoms in the newborns and these symptoms resolved after initiation of baclofen (4, 7).

If baclofen is the medicine of choice, treatment should not be withheld because of pregnancy. However, follow-up and monitoring of both maternal and fetal wellbeing by a multidisciplinary team is recommended.

Last Updated: 26 May 2023

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Clinical challenges for GHB withdrawal during pregnancy

- Breastfeeding

Baclofen

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Neurological

PREGNANCY | BREASTFEEDING | MISCELLANEOUS | REFERENCES | PATIENT INFORMATION

Excreted into milk	Yes
Milk to plasma ratio	Unknown
Relative infant dose	0.02% (6)
Recommendation	Considered safe to use

Breastfeeding Summary

There is limited safety information available following the use of baclofen during breastfeeding.

Small amounts of baclofen are excreted into breast milk, but adverse effects have not been noted in breastfed infants (3, 5, 6, 10).

If maternal baclofen is stopped suddenly, a severe withdrawal syndrome may occur (4). Therefore, if baclofen is the medicine of choice, use the lowest effective daily dose possible and observe the breastfed infant for potential adverse effects such as excessive drowsiness, poor feeding and restlessness.

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Diazepam

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Psychotropics

PREGNANCY | BREASTFEEDING | MISCELLANEOUS | REFERENCES | PATIENT INFORMATION

Excreted into milk	Yes
Milk to plasma ratio	0.1 to 0.5 (12)
Relative infant dose	0.88 to 7.1% (13)
Recommendation	Considered safe to use

Breastfeeding Summary

Small amounts of diazepam are excreted into breast milk (12, 14), and accumulation of diazepam in the breastfed infant may occur due to the long half-life and slow clearance of the medicine. One case has reported a breastfed infant experiencing drowsiness, weight loss, poor feeding and restlessness following maternal use of the medicine (15). Another case series has reported mild jaundice in some infants exposed to diazepam via breast milk (14).

If diazepam is the treatment of choice, use the lowest effective dose for the shortest duration possible and closely observe the breastfed infant for potential adverse effects such as excessive drowsiness, poor feeding and unusual sleeping pattern changes. Inform neonatal care providers immediately if any adverse effects are noted in the breastfed infant.

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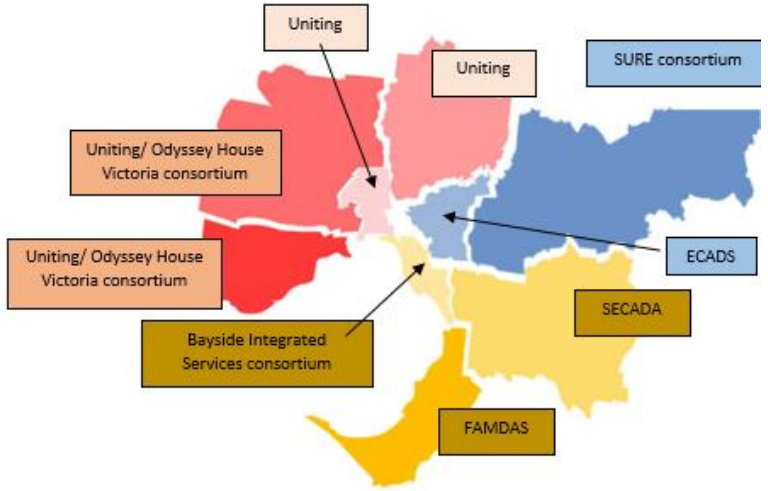
Clinical challenges for GHB withdrawal during pregnancy

- Australian Therapeutic Guidelines June 2023 have withdrawal management guidelines for GHB, but nothing specific for pregnancy.
- Use diazepam as the primary medication in pregnancy but our prescribers may elect to add Baclofen after weighing risks and benefits.

Scoping review 2020-2024
GHB identification other programs > withdrawal



YEAR	EPISODES OF CARE	RESIDENTIAL WITHDRAWAL
2020	250	**31**
2021	211	**32**
2022	234	**11**
2023	333	**56**
2024	440	**100**

2024 (f) n= 75%

AGE	Male	%	Female	%	Not stated/inadequately ...	%	%
21-25		3.57%		14.29%		0.00%	17.86%
26-30		2.38%		33.33%		1.19%	36.90%
31-35		8.33%		21.43%		0.00%	29.76%
36-40		5.95%		4.76%		0.00%	10.71%
41-45		1.19%		1.19%		0.00%	2.38%
46-50		1.19%		0.00%		0.00%	1.19%
51-55		0.00%		1.19%		0.00%	1.19%

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Scoping review 2020- 2024 (+ Jan 2025)
GHB use during pregnancy

YEAR	TOTAL RESIDENTIAL WITHDRAWAL	MALE	FEMALE	NON-BINARY	PREGNANCY WITHDRAWAL
2020	**31**	11	20		2
2021	**32**	11	21		3
2022	**18**	6	12		-
2023	**67**	24	43		7
2024	**100**	35	64	1	5
Total					17
Jan 2025	22	6	16		3

Key findings

- Initial disclosure at antenatal clinic- typical entry point for treatment
- Engagement with child protection (unborn)
- For non-first-time mothers, other children out of care
- Use of GHB in context of polysubstance use- typically methamphetamine and/or cannabis
- Use of tobacco
- Use in context of intimate partner relationship- reports of GHB involved in pattern of abuse
- Reported reasons for not engaging treatment or non-disclosure of GHB use: Awareness of presence in system, fear of child protection involvement, not wanting to cease use

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Curran Place research project

Gamma hydroxybutyrate (GHB) use in Pregnancy: Treatment engagement and perspectives on barriers to recovery

AIM

To understand the clinical and social needs of women accessing treatment for GHB in pregnancy

RESEARCH QUESTION

What are the rates of, and factors that contribute to, treatment completion for women who undertake gamma hydroxybutyrate acid (GHB) withdrawal during their pregnancy in Victoria, and how can we improve services to better-meet these needs?

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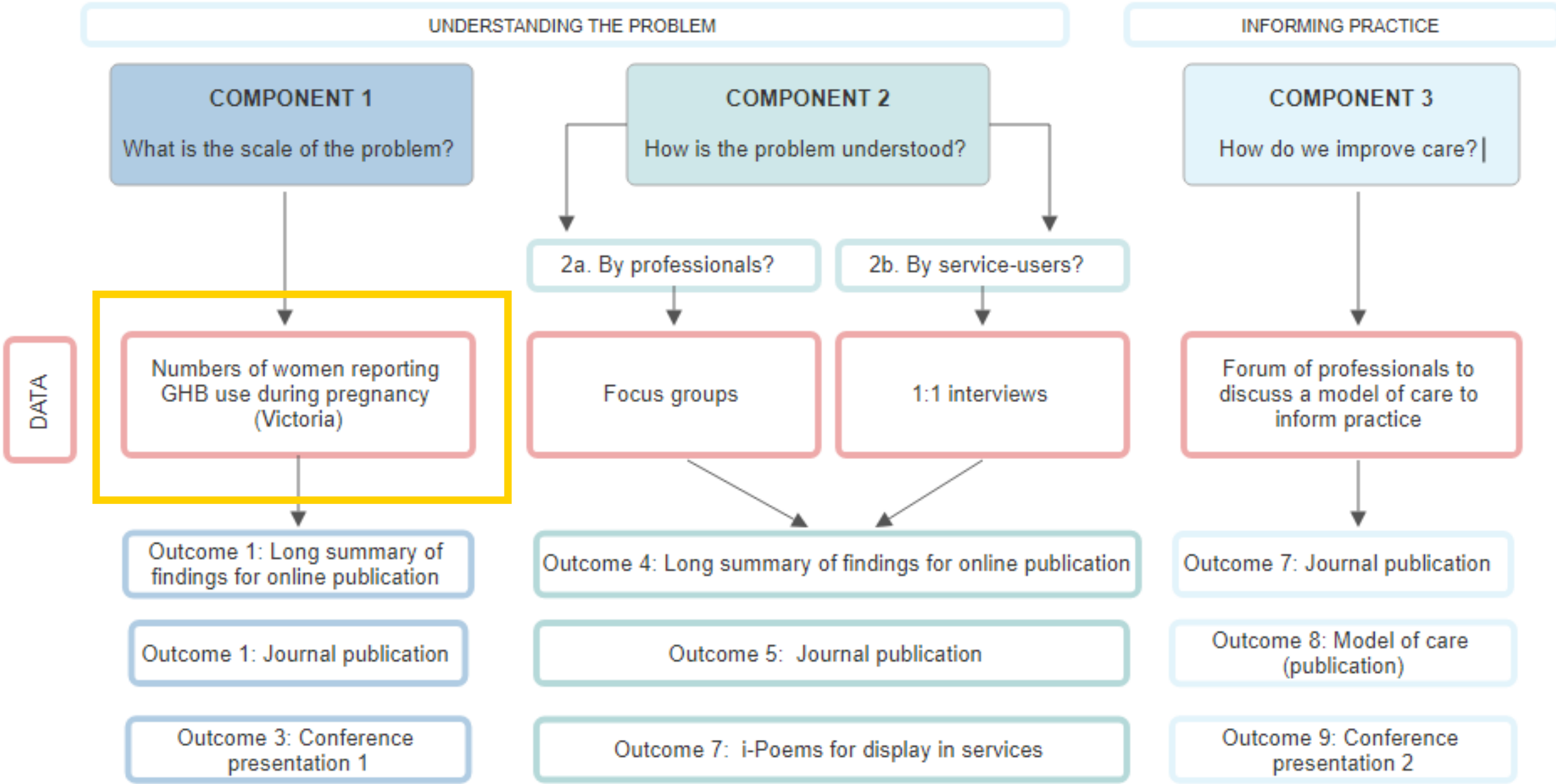
UNDERSTANDING THE PROBLEM
INFORMING PRACTICE
COMPONENT 1
What is the scale of the problem?
COMPONENT 2
How is the problem understood?
COMPONENT 3
How do we improve care?
2a. By professionals?
2b. By service-users?
DATA
Numbers of women reporting GHB use during pregnancy (Victoria)
Focus groups
1:1 interviews
Forum of professionals to discuss a model of care to inform practice
Outcome 1: Long summary of findings for online publication
Outcome 4: Long summary of findings for online publication
Outcome 7: Journal publication
Outcome 1: Journal publication
Outcome 5: Journal publication
Outcome 8: Model of care (publication)
Outcome 3: Conference presentation 1
Outcome 7: i-Poems for display in services
Outcome 9: Conference presentation 2

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Thank you.

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