

## Drug consumption during low-risk pregnancy: a cross-sectional study

*Consumo de drogas durante pré-natal de baixo risco: estudo transversal*

*Consumo de drogas durante el prenatal de bajo riesgo: un estudio transversal*

### ABSTRACT

**Objective:** estimating the prevalence of drug use by pregnant women undergoing low-risk prenatal care in primary health care. **Method:** an observational cross-sectional study was carried out with 270 high-socially-vulnerable pregnant women in 14 basic health units in two municipalities in northwest Paraná, using a structured form to collect data on sociodemographic characteristics, pregnancy, drug use, family, and descriptive statistics. **Results:** they were brown/black, maternal age from 25 to 35 years old, with a minimum of nine years of education, a steady partner and several pregnancies. The prevalence of drug consumption in multiple use was 46.2%: tobacco, 28.5%; alcohol, 14%, and marijuana, 3.3%. Drug use showed an intergenerational pattern and the partner used drugs like the pregnant woman. **Conclusion:** we highlight the high prevalence of drug involvement by pregnant women and the limitations and challenges of health professionals for its early detection.

**Descriptors:** Drug Abuse; Pregnancy; Illicit Drugs; Maternal-Child Nursing; Prenatal care.

### RESUMO


**Objetivo:** estimar a prevalência de consumo de drogas por gestantes que realizavam pré-natal de baixo risco na atenção primária de saúde. **Método:** estudo observacional, transversal, realizado com 270 gestantes, em 14 unidades básicas de saúde de dois municípios do noroeste do Paraná, com altos índices de vulnerabilidade social. Utilizou-se formulário estruturado, características sociodemográficas, dados gestacionais e de uso de drogas pela gestante, e família e estatística descritiva. **Resultados:** eram pardas/negras, idade materna de 25 a 35 anos, com mínimo nove anos de instrução, companheiro fixo e multigestas. A prevalência do consumo de drogas, em poliuso, foi 46,2%: tabaco, 28,5%; álcool, 14%, e maconha, 3,3%. O uso de drogas apresentou padrão intergeracional e o companheiro utilizava drogas similares à gestante. **Conclusão:** destaca-se a alta prevalência do envolvimento com drogas por gestantes e limitações e desafios dos profissionais de saúde para a detecção precoce do uso.

**Descritores:** Abuso de Drogas; Gestação; Drogas ilícitas; Enfermagem Materno-Infantil; Cuidado pré-natal.

### RESUMEN

**Objetivo:** estimar la prevalencia del uso de drogas entre las mujeres embarazadas que recibieron atención prenatal de bajo riesgo en la atención primaria de salud. **Método:** estudio observacional y transversal, realizado con 270 mujeres embarazadas, en 14 unidades básicas de salud en dos municipios del noroeste de Paraná, con altos niveles de vulnerabilidad social. Se utilizó un formulario estructurado, con características sociodemográficas, datos gestacionales y de consumo de drogas por parte de la gestante y su familia, y estadística descriptiva. **Resultados:** eran morenas/negras, edad materna de 25 a 35 años, con un mínimo de nueve años de educación, pareja estable y gestaciones múltiples. La prevalencia de consumo de drogas, en poliúsos, fue del 46,2%: tabaco, 28,5%; alcohol, 14%, y marihuana, 3,3%. El consumo de drogas mostró un patrón intergeneracional y la pareja consumió drogas similares a la gestante. **Conclusión:** se destaca la alta prevalencia de involucramiento con drogas por parte de gestantes y las limitaciones y desafíos de los profesionales de la salud para la detección precoz del consumo.

**Descriptores:** Abuso de Drogas; Embarazo; Drogas ilícitas; Enfermería Materno-infantil; Cuidado prenatal.

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## INTRODUCTION

Licit or illicit drug use represents relevant and complex health and social problems, which reverberate not only on the drug user but on coexisting society, especially family members and people with close relationships. Besides, very few social phenomena generate as many costs in health, judiciary, public safety, work, and family as this problem<sup>(1-2)</sup>.

Changes in the social paradigm have significantly increased drug use by women. First contacts usually happen in the adolescence period and are greatly influenced by social and family context, directly reflecting on their behavior and negatively impacting maternal-infant health<sup>(3)</sup>.

It is estimated that 20 to 30% of pregnant women are exposed to nicotine and other tobacco derivatives, 15% use alcohol, 10% use marijuana and 3% use cocaine<sup>(4-5)</sup>. Globally, the incidence of drug use during pregnancy ranges from 0.4% to 27%, varying to higher rates in Latin America. Regardless of race/color and place of residence, the phenomenon is expanding<sup>(4)</sup>.

This research aimed to study drug consumption during pregnancy since its prevalence in a period considered a turning point for the use cessation or harm reduction brings vulnerabilities to women during pregnancy. The self-report of pregnant women at low-risk prenatal services in medium-sized cities attended in the metropolitan region of Maringá/Paraná with negative socioeconomic and demographic differences compared to the hub city guided data collection.

A study conducted in a northwest Paraná municipality registered alcohol consumption in 27.2% of pregnant women, tobacco in 18.1%, and marijuana in 2%, besides the experimental use of inhaled or smoked cocaine<sup>(6)</sup>. In 25 basic health units in Maringá city, drug use was prevalent in 18.28% of pregnant women<sup>(7)</sup>.

However, research shows the underdiagnosis of drug use by pregnant women, who, fearful of a possible reprimand, deny or alleviate the situation. The detection of drug use during pregnancy by health professionals who attend prenatal care is uncommon, reducing the visibility of one of the criteria for inclusion in high-risk prenatal care, that is, moderate drug use, misclassifying pregnant women as of low gestational risk<sup>(5,7,8,9)</sup>.

Detecting drug use during pregnancy should be improved in routines of low-risk prenatal care since early detection allows access to specialized

treatment services as well as alternatives to cope with the problem, avoiding or alleviating maternal complications by harm reduction practices<sup>(10-11)</sup>. Studies that establish the prevalence of drug use at this level of care can influence the discussion on organizational aspects of women's health services and the care network from the perspective of health care in the pregnancy-puerperal cycle.

The present study seeks to understand the challenges arising for care qualification during pregnancy and the initial implications for nursing, envisioning possible systematic preventive actions for drug use by pregnant women. Since nurses are professionals involved in primary health care, they have the important role of creating and strengthening safe bonds to early detecting and promoting interventions demystifying stigmas and taboos around the topic that lead to underreporting of use among childbearing age and pregnant women.

Since nurses' performance offers many possibilities, it is essential to train qualified professionals who are sensitized and humanized in caring for drug users and that recognize its related factors, allowing an early approach and reorientation of the paradigms that will eventually contribute to reducing drug use during pregnancy. In this sense, more than presenting epidemiological data on drug use during pregnancy, knowing the social risk factors associated with such a situation provides a space for discussion about the performance of nursing team professionals on this emergent health problem will improve actions and strategies for teaching nursing and the practice of care.

In this context, this study sought to detect and estimate the prevalence of tobacco, alcohol, and other drug use by pregnant women treated at basic health units undergoing low-risk prenatal care in primary health care.

## METHODOLOGY

The present study is part of the multicenter research project "Context of consumption of alcohol, tobacco and drugs by pregnant women and associated factors" carried out in municipalities in the Metropolitan Region of Maringá/Paraná (RMM) in the period 2017-2020. The experiment used a cross-sectional and observational design developed in two municipalities in the RMM.

The research scenario was the Primary Health Care (APS) from 14 Basic Health Units (UBS) in the municipalities of Paçandu and Sarandi that

belong to the the urban area of Maringá and the main Population Arrangement of the RMM. The social and economic structures of the RMM territory come from the center-periphery urbanization model and present medium and high levels of social vulnerability and community violence compared to the hub municipality. Paiçandu and Sarandi municipalities presented the highest population growth rates in the RMM from 1991 to 2020 <sup>(12)</sup>.

Eligibility criteria for participating in the study were: pregnant women seen from December 2019 to February 2020, at any gestational age (first, second and third trimesters); aged 18 or over or under 18, if accompanied by a legal guardian; insertion in APS low-risk prenatal care; and residence in the two medium-sized municipalities initially listed. Pregnant women with complaints or disabilities that prevented them from answering the form were excluded.

A stratified sample calculation established the sample size of 270 pregnant women based on the birth projection for the year 2019 (onset of data collection), which, in turn, was based on the average birth rate from data of the Sistema Nacional de Informações de Nascidos Vivos (National Live Birth Information System - SINASC) for the years 2015, 2016 and 2017 that projected 2254 births for 2019 in Sarandi and Paiçandu municipalities.

The participants were conveniently selected for being pregnant women seen at the UBSs during the study period. Data collection went on through the application of a structured form produced by the authors containing three blocks of data on the pregnant woman: sociodemographic and economic characteristics; gestational data, current and previous pregnancy(s); and data on drug use by pregnant women and their family members, adapted from the Alcohol, Smoking and Substance Involvement Screening Test – ASSIST OMS 3.1 <sup>(13)</sup>.

The data collection happened from December 2019 to February 2020 where the 270 pregnant women were interviewed face-to-face through dialogue in a private environment at the UBS. In certain dialog moments, it was possible to question whether there was either continuity or interruption of drug consumption when they became pregnant and at which moment of the

pregnancy they had done so.

Besides the outcome variable of drug use by pregnant women, we studied the variables age (15 to 19 years, 20 to 35 years, 35 or more), race/color (brown, white, black, yellow), marital status (married/stable relationship, single), religion (Catholic, Evangelical and others), education (up to eight years or more), income (in Brazilian currency - reais), labor market situation (employed, housewife, unemployed, student) and social benefit (yes or no), number of pregnancies (primiparous or multiparous), and number of children, use of drugs by the husband and family - tobacco, alcohol, marijuana, cocaine (yes, no), frequency of use in life and current use of drugs by the pregnant woman (yes or no) and the average age of experimentation – tobacco, alcoholic beverages, marijuana, cocaine, amphetamines, inhalants, sedatives/hypnotics, hallucinogens.

The collected data were compiled in an Excel 2016® software spreadsheet and transcribed into the SPSS 24® software, being treated by descriptive statistics and measuring the frequency, dispersion and central tendency of mean, mode, median and standard deviation (14 ). The study development followed the guidelines for observational studies in epidemiology using the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) instrument and complied with national and international standards of ethics in research involving human beings (CEP Opinion number 3,255,326).

## RESULTS

The age group presented a predominance of around 20-35-year-old women (77%) with a mean of 26.1 years (SD± 6.1), the median and mode of 26 years; the lowest age was 15 and the highest 46 years old. The pregnant women from Paiçandu displayed an age mean of 26.4 years (SD±6.7) and the ones from Sarandi 26.0 years (SD±5.9). The number of pregnant women who declared themselves to be brown or black was 163 (60.4%), had more than nine years of schooling 228 (84.4%), were Catholic 124 (45.9%) or Evangelical 116 (43.0%), had a partner 234 (86.7%); with no differences in the rates between the municipalities (Table 1).

Table 1. Characteristics of pregnant women, according to sociodemographic and economic variables. Paçandu, Sarandi/Paraná, Brazil. 2019- 2020. (n=270).

Variable	Category	Municipality		Total n (%)
		Paçandu n (%)	Sarandi n (%)	
Age (years)	15 to 19	6(8.6)	26(13.0)	32 (11.9)
	20 to 35	55(78.6)	153(76.5)	208 (77.0)
	35 or +	9(12.8)	21(10.5)	30 (11.1)
Race/color	Brown	33 (47.2)	88 (44.0)	121 (44.8)
	White	25 (35.7)	82 (41.0)	107 (39.6)
	Black	12 (17.1)	28 (14.0)	40 (14.8)
	Yellow	- (--)	2 (1.0)	2 (0.8)
Marital situation	Married/Steady partner	60 (85.7)	174 (87.0)	234 (86.7)
	Single	10 (14.3)	26 (13.0)	36 (13.3)
Religion	Catholic	35 (50.0)	89 (44.5)	124 (45.9)
	Evangelic	30 (42.9)	86 (43.0)	116 (43.0)
	Not informed	4 (5.7)	20 (10.0)	24 (8.9)
	Other	1 (1.4)	5 (2.5)	6 (2.2)
Schooling (Years of study)	Up to 8 years	12(17.1)	30 (15.0)	42(15.6)
	9 or more	58 (82.9)	170 (85.0)	228 (84.4)
Income (in reais)	Up to 1960	44 (62.9)	98 (49.0)	142 (52.6)
	1961 or more	26 (37.1)	102 (51.0)	128 (47.4)
Work market situation	Housekeeper	25 (35.7)	103 (51.5)	128 (47.4)
	Unemployed	26 (37.1)	82 (41.0)	108 (40.0)
	Student	13 (18.6)	9 (4.5)	22 (8.1)
		6 (8.6)	6 (3.0)	12 (4.5)

Source: Authors' elaboration (2021).

Pregnant women without formal work with an income below one and a half minimum wage summed up 142 (52.6%). Pregnant women from Paçandu that declared that they or a family member lived on social benefits accounted for 26 (37.1%). One hundred and eighty-two women were on their second pregnancy or more (67.4%), with a greater number of 38 (54.3%) on the third pregnancy in Paçandu.

Concerning drug use, 169 (62.6%) pregnant women had already tried tobacco products with a

mean age of experimentation of 15.5 years old (SD±3.4) in Paçandu and 16 (SD±3.5) in Sarandi. As for alcoholic beverage use, 241 (89.3%) reported use with a mean age of experimentation of 16.8 years (SD±3.5) in Paçandu and 16.4 (SD±3.2) in Sarandi. There was a higher prevalence of lifetime use of marijuana among pregnant women in Sarandi 49 (24.5%) with a mean age of experimentation of 17 years old (SD±4.0) (Tab. 2).

Table 2. Frequency of experimental use and mean age of drug experimentation by pregnant women. Paçandu, Sarandi/Paraná, Brazil, 2019-2020. (n=270)

Experimented drug	Category	Municipality				Total n (%)
		Paçandu n(%)	X of age (±dp)	Sarandi n (%)	X of age (±dp)	
Tobacco	Yes	37 (52.9)	15.5 (3.4)	132 (66.0)	16.0 (3.5)	169 (62.6)
	No	33 (47.1)		68 (34.0)		101 (37.4)
Alcoholic beverages	Yes	57 (81.4)	16.8 (3.5)	184 (92.0)	16.4 (3.2)	241 (89.3)
	No	13 (18.6)		16 (8.0)		29 (10.7)
Marijuana	Yes	9 (12.9)	15.2 (3.8)	49 (24.5)	17.0 (4.0)	58 (21.5)
	No	61 (87.1)		151 (75.5)		212 (78.5)

Experimented drug	Category	Municipality				Total (n%)
		Paçandu		Sarandi		
		n(%)	X of age (±dp)	n (%)	X of age (±dp)	
Cocaine	Yes	5 (7.1)	21.6 (8.3)	15 (7.5)	18.1 (4.0)	20 (7.4)
	No	65 (92.9)		185 (92.5)		250 (92.6)
Amphetamines	Yes	2 (2.9)	19.5 (2.1)	0 (0.0)	0.0 (--)	2 (0.7)
	No	68 (97.1)		200 (100.0)		268 (99.3)
Inhalants	Yes	1 (1.4)	18.0 (--)	0 (0.0)	0.0 (--)	1 (0.4)
	No	69 (98.6)		200 (100.0)		269 (99.6)
Sedatives/hypnotics	Yes	0 (0.0)	0.0 (--)	1 (0.5)	20.0 (--)	1 (0.4)
	No	70 (100.0)		199 (99.5)		269 (99.6)
Hallucinogens	Yes	2 (2.9)	21.0 (7.0)	0 (0.0)	0.0 (--)	2 (0.7)
	No	68 (97.1)		200 (100.0)		268 (99.3)

Source: Authors' elaboration (2021).

Regarding the 270 pregnant women, 125 (46.2%) reported drug use prevalence during pregnancy. Concerning tobacco, a higher prevalence was found in Sarandi with 63 (31.5%), for alcoholic beverage consumption, a higher

prevalence in Paçandu with 15 (21.4%). A pregnant woman reported the use of cocaine during pregnancy in Paçandu. There was no report of current use of sedatives/hypnotics, hallucinogens, or opioids (Table 3).

Table 3. Frequency of current drug use by pregnant women. Paçandu, Sarandi/Paraná, Brazil, 2019-2020. (n=270)

Drug	Category	Municipality		
		Paçandu	Sarandi	Total
		n (%)	n (%)	n (%)
Tobacco	Present	14(20.0)	63 (31.5)	77 (28.5)
	Absent	56 (80.0)	137 (68.5)	193 (71.5)
Alcoholic beverages	Present	15 (21.4)	23 (11.5)	38 (14.0)
	Absent	55 (78.6)	177 (88.5)	232 (86.0)
Marijuana	Present	2 (2.9)	7 (3.5)	9 (3.3)
	Absent	68 (97.1)	193 (96.5)	261 (96.7)
Cocaine	Present	1 (1.4)	0 (0.0)	1 (0.4)
	Absent	69 (98.6)	200 (100.0)	269 (99.6)

Source: Authors' elaboration (2021).

The comparison of tables 3 and 4 show that 169 pregnant women had already made use of tobacco in life and 77 kept using during pregnancy; 241 made use of alcohol in life and only 38 maintained sustained use. In the municipality of Sarandi, 49 women reported use of marijuana in life, higher than found in Paçandu, and nine maintained its use in gestation.

There were women's reports of drug use by husbands with the highest use frequency of alcoholic beverages in Sarandi and marijuana in Paçandu. Besides, forty-seven percent of women also reported drug use by the father with a higher prevalence in Sarandi and a hundred and two (38.0%) by the mother more frequently in Sarandi (Table 4).

Table 4. Frequency of drug use by pregnant women's relatives. Paçandu, Sarandi/Paraná, Brazil 2019 - 2020. (n=270)

Variable	Category	Municipality		Total n(%)
		Paçandu n(%)	Sarandi n(%)	
Husband's tobacco use	Yes	22 (31.4)	82 (41)	104 (38.5)
	No	48 (68.6)	118 (59)	166 (61.5)
Husband's alcoholic beverage use	Yes	38(54.3)	149 (74.5)	187 (69.3)
	No	32 (45.7)	51 (25.5)	83 (30.7)
Husband's marijuana use	Yes	9 (12.9)	23 (11.5)	33 (11.8)
	No	61 (87.1)	177 (88.5)	238 (88.1)
Use of cocaine, crack and other drugs by the husband	Yes	5 (7.1)	14 (7)	19 (7)
	No	65 (92.9)	186 (93)	251 (93)
Father's drug use	No	44 (62.9)	98 (49.0)	142 (52.6)
	Tobacco	6 (8.6)	30 (15.0)	36 (13.3)
	Alcohol	3 (4.3)	40 (20.0)	43 (16.0)
	Cocaine	1 (1.4)	2 (1.0)	3 (1.1)
	Tobacco and alcohol	15(21.4)	29 (14.5)	44 (16.3)
Mother's drug use	Tobacco and other drugs	1 (1.4)	1 (0.5)	2 (0.7)
	No	50 (71.4)	117 (58.5)	167 (61.8)
	Tobacco	6 (8.6)	31 (15.5)	37 (13.7)
	Alcohol	5(7.1)	30 (15.0)	35 (13)
	Cocaine	- (--)	1 (0.5)	1 (0.4)
Sibling's drug use	Tobacco and alcohol	9 (12.9)	21 (10.5)	30 (11.1)
	No	53(75.7)	114 (57.0)	167 (61.8)
	Tobacco	2(2.9)	14 (7.0)	16 (5.9)
	Alcohol	1(1.4)	36 (18.0)	37 (13.7)
	Marijuana	1(1.4)	1 (0.5)	2 (0.7)
Sibling's drug use	Cocaine	- (--)	1 (0.5)	1 (0.4)
	Tobacco and alcohol	11(15.7)	31 (15.5)	42 (15.6)
	Tobacco, alcohol and other drugs	2(2.9)	3 (1.5)	5 (1.9)

Source: Authors' elaboration (2021).

## DISCUSSION

The sociodemographic and economic characteristics presented similarities to other international and national studies conducted in different regions. They also found pregnant women in the ideal age group for reproduction, non-white, with more than eight years of schooling, an income of up to two minimum wages, and multiparous with more than one living child<sup>(15-16-17)</sup>. A study in primary care in Paraná found the predominance of non-white-less-than-nine-year-of-study women living on an income of one to two minimum wages<sup>(18)</sup>.

Regarding education, a survey of high-risk pregnant women in Campinas, Porto Alegre and São Paulo cities in 2016 showed that 50.7% had already completed high school<sup>(19)</sup>. The level of maternal education is considered a protective factor against health problems and is directly related to adherence to prenatal consultations and reduced infant mortality<sup>(20)</sup>.

Studies have pointed out that low schooling and socioeconomic status, unsupportive family, age, personal or family history of drug abuse, personal history of alcohol or tobacco use, sexual abuse in childhood, geographic area and ethnic variations constitute risk factors for drug use during pregnancy<sup>(1,21)</sup>.

Regarding the age of experimentation, it is noteworthy that the first use in life before the age of 18 for all substances is similar to a study carried out with pregnant women treated at a comprehensive health care center<sup>(22)</sup>. Most pregnant women reported ages below 18 years for all reported drugs. The use of drugs by young women, and the possible prevalent use during pregnancy, becoming a health problem for the mother-child binomial, denotes the need to expand prevention strategies that consider the particularities related to sex and age.

Drug consumption among women has already been studied and may be associated with

increased female independence, greater participation of women in the labor market, and consequent increase in their income. The condition of financial independence tends to induce the development of habits that were previously prevalent among men <sup>(4,11)</sup>.

The prevalence of tobacco or its derivative use was higher than in other Brazilian studies; for example, a study carried out in basic health units in Southeast Brazil found a prevalence of 15.71% <sup>(23)</sup>, another in a delivery center in the Northeast region presented 15.6% <sup>(24)</sup>.

The prevalence of alcohol use during pregnancy varies according to the location in Brazil. A study carried out in Minas Gerais found alcohol as the most prevalent drug during pregnancy with a rate of 17.10% <sup>(22)</sup>, whereas, in Piauí, the consumption of alcohol by pregnant women assisted in primary health care reached 40.0% of prevalence <sup>(16)</sup>.

A study carried out with pregnant women assisted at the maternal-infant care clinic in a northwest municipality of Paraná found that 27.2% consumed alcoholic beverages <sup>(6)</sup>. In the north of Paraná, there was a prevalence of 45.4% of alcohol consumption <sup>(18)</sup>. The percentage of alcohol use may not represent the actual consumption since it is more difficult for pregnant women to admit alcoholism, even if it is social, as a habit considered reprehensible in this period <sup>(24)</sup>.

Our study also found a higher prevalence of alcohol consumption than for pregnant women in the United States, presenting values of 11.5% and 8.7% among adolescents and adults, respectively <sup>(25)</sup>. Canadian researchers estimated that the global prevalence of alcohol consumption during pregnancy is around 9.8% and that about 10% of women in the general population use alcohol during pregnancy <sup>(21)</sup>.

Socioeconomic differences and the effectiveness of public health policies directly interfere with the inequality of epidemiological data between countries; in more developed countries, alcohol consumption is viewed more negatively than in cultures from less developed countries <sup>(21)</sup>.

Multiple use of drugs brings the idea that cigarettes and their derivatives are the precursors of other more potent drugs such as alcohol <sup>(4,23)</sup>. Women who regularly use tobacco during pregnancy are more open to alcohol and other drugs consumption, increasing the risk of developing adverse pregnancy events and negative effects on the fetus <sup>(2)</sup>.

The simultaneous use of tobacco and alcohol is under the legality and wide availability of these substances, similar cultural values and meanings, and common risk factors; such habits increase the chances of progression to illicit drugs as well as potentialize the deleterious effects of such combinations <sup>(4,11)</sup>.

Finally, regarding the use of marijuana and cocaine, their prevalence during gestation was lower than in a study carried out with postpartum women in basic health units in Minas Gerais (5.71%) <sup>(23)</sup>.

Concerning drug use by family members, women who live with family members who are users and are involved in drug trafficking are more vulnerable to drug use and to damage and health problems that affect their quality of life. Addictive behavior within the family may generate intra-family instability, leading to an individual vulnerability related to conflicts and breaking up of affectionate relationships, becoming predictors for drug use during pregnancy <sup>(1)</sup>.

Drug use is more present in municipalities with a low Human Development Index (HDI) and where the center-periphery relationship decreases in terms of urban infrastructure quality and low income of the residents, scaling social inequality. In the last decade, Paçandu and Sarandi became cities with high rates of violence in the metropolitan region of Maringá <sup>(12)</sup>.

However, beyond socioeconomic issues, research on drug use during pregnancy is not part of the daily practice of most health professionals who work in prenatal care, especially in low-risk ones <sup>(5,7,8,9)</sup>, due to the imposed stigmas, lack of knowledge about the prevalence, and the forms of therapeutic resources, many pregnant drug users feel insecure to report their use due to the moral judgments of health professionals <sup>(4,11)</sup>.

Pregnancy must be a turning point for drug use since it is a time when the woman is more motivated to reduce or even quit drug use, a favorable moment for interventions by health professionals <sup>(22)</sup>.

The risk stratification of the pregnant woman determines her link to prenatal and hospital care for complications during pregnancy and delivery time. Thus, the risk classification taken in primary health care contributes to better decision-making in the whole process of prenatal, parturition, and immediate postpartum <sup>(7-8)</sup>.

Thus, the head nurse, as a member and coordinator of the health team, must prepare their nursing team and community health agents to

perform the reception of pregnant drug users with the best approach aiming to promote health care and harm reduction <sup>(4,11)</sup>.

## CONCLUSION

The pregnant women in our study had one steady partner using the same type of drug in an intergenerational pattern and were multiparous. The consumption of drugs was reported during pregnancy, mainly tobacco, alcohol, and marijuana in a multi-use pattern, with a clear indication of drug use in previous pregnancies.

Even though pregnancy should act as a turning point for these women's habits, it did not happen for a significant number. The importance of early detection of drug use among pregnant women lies in the fact that programs of reception and screening should consider their risky pregnancies to the most appropriate care level and avoid referring them to low-risk prenatal care.

The limitations of the present study may be related to the cross-sectional design and self-reported data. As drug use is more intensely discriminated during pregnancy, information bias may have occurred, especially for illicit drugs, which may have been undersized. Despite these limitations, the study indicates a high prevalence of drug use by pregnant women and family members, and our findings demonstrate the importance of recognizing drug use in pregnant women treated in primary care since that condition has serious repercussions for the pregnant woman and the fetus.

The high prevalence of drug use during pregnancy points to a challenging scenario for health professionals. There is a need to invest in comprehensive care strategies for prevention and harm reduction, early detection of drug use can be used to observe aspects of maternal-infant health.

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