Why a pediatrician published on drug addicts pregnancies and Buprenorphine in France ?

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We are precisely lacking in France on the number of pregnant women under opiates. Inserm estimate in 1998 an annual pregnancies under buprenorphine of 1000 to 2500 and 160-300 under methadone (1). The neonatal abstinence syndrome is a rare cause of hospitalization in the neonatal unit. It was about 0.2% in the early 1990's in our service before we developed an offer of specific care (personal data). Since the introduction of these specific care and welcome of this particular child and their mother it is currently1% (personal data). Nevertheless this disease remains uncommon.

The possibility of opiate substitution first by methadone in 1993 in France and then by the Buprenorphine used first in years 1995 without authorization in this indication has enabled women in illicit opiates to come out of hiding, to stabilize socially, and the ability to enter into a health care network upon their need.

As a pediatrician I was challenged by the absence of an organisation to take care of women in substitution treatment for opiate like other mothers in situation of psychological or social vulnerability. They were and still are the object of suspicion without really objective assessment as to their actual capacity to care for a child. They were and are sometimes still considered from the outset, regardless of situation, as people would not be credible, people unreliable, manipulative people.

Based on data in the literature that the rate of separation mother child under opiates were 52% higher at 12 months, 91% at 24 months (2), that the lack of visits in neonatology was a factor risk of mother-to-child separation. Starting with the premise that substitution allowed the stabilization of the women, and that these mothers should be treated like all other vulnerable mothers with the risk of fragility in the establishment of the child's mother, it was suggested as early as 1995 in our unit that children born to mothers under opiates may remain in motherhood department with her and be treated if necessary in their mother’s room. The care and treatment was supervised by a pediatrics team, which went into motherhood department.

We have found that these mothers were not only able to stay 10-15 days or three weeks in motherhood department with their child, for the entire duration of treatment discontinuation syndrome, but it came upon this supply close to them ridge and used it in an active way. These mothers take care very closely of their child. We estimate approximately 2% women in very great difficulties that have left the maternity and left their babies in neonatal classic unit (personal data). As a result of that first experiment was proposed to Congress in Perinatal Medicine Brest (France) in 1996 the first poster illustrating the children born to women dependent on opioids under treatment with Buprenorphine (Temgesic®) (3, Schedule 1 ).

We developed for these children and their mothers and fathers a specific individualized based on the principles of a warm welcome, an empathetic listening, mutual trust allowing therapeutic alliance. The pediatric team actively supports the parents to be the first resource persons for their baby. Parents are

coached specific gestures of appeasement of the baby. The team took the relay to soothe the baby when parents sometimes exhausted upon request. A true partnership is established between parents and the team (4-5).

Around the family pediatric staff working in multidisciplinary collaboration with the obstetric staff, with the social workers, with the psychology department, child psychiatry department, toxicologic staff, the family physician (6)…… The come back home or in structure mother and child care at the exit of motherhood department is the subject of careful preparation. Links are established with partners on the specific needs of the family. These partners may be multiple depending on the family need social workers, community workers, services PMI, a family doctor, pediatrician, child psychiatrist…..

This care of the child could not be achieved without accurate tool.

We choosed to use a specific protocol common to the pediatric team for evaluation, follow up and drug treatment of the neonatal abstinence syndrome. We opted for the treatment proposed by Finnegan LP (7).

This assumption could not be done without a partnership including very close with a midwife coordination, teams of child psychiatry and social workers of our hospital.

As a result the initiative of local actions (creation of a coordination parenting drug use), regional (information, training) and national (creation of a research group pregnancy and addiction GEGA) have views on the day giving rise to various publications (8.9).

This assumption could not be done without the kindly consideration that caregivers were able to relate to these mothers.

During his stay in maternity within this supporting framework, a woman in substitution treatment for opiate can experience to be recognised as a mother with her forces including that of being the single mother of this baby. Being able to make calls to professionals caregivers without judging. We believe that this experience can contribute to the establishment of a mother child relationship quality to be involved in the prevention of child abuse.

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