**ABSTRACT**

**Objective:** to learn the experience of women who made use of crack during pregnancy.  **Method:** qualitative study of case study type carried out in 2014. Three women undergoing treatment at a Psychosocial Care Center Alcohol and Drugs III, from a municipality of Santa Catarina West, were interviewed. The information was collected through semi-structured interviews and interpreted following the content Analysis technique in the Thematic modality.  **Results:** women reported that the use of crack negatively impacted pregnancy. They revealed difficulties faced, and that they used to put themselves at risk to obtain the drug. They stressed the importance of a strengthened social network of support and alternatives of treatment to assist in the recovery process, allowing continuous monitoring.  **Conclusion:** there is a need for a multidisciplinary team to provide comprehensive care to these women.  **Descriptors:** Crack Cocaine; Pregnant Women; Mental Health; Nursing.

**RESUMEN**

**Objetivo:** conocer vivencias de mujeres que fizeram uso do crack durante la gestación.  **Método:** estudio cualitativo, de tipo estudio de caso, realizado en 2014. Fueron entrevistadas tres mujeres en tratamiento, en un Centro de Atención Psicosocial Alcohol e Drogas III, de un municipio del Oeste Catarinense. Las informaciones fueron coletas por meio de entrevistas semiestruturadas e interpretadas segun la técnica de análsis de conteúdo na modalidade Temática.  **Resultados:** las mujeres relataron que el uso de la sustancia impactó de forma negativa el periodo gestacional. Revelaron dificultades enfrentadas e que se colocavam en situaciones de riesgo para la obtención de la droga.  **Conclusión:** hay necesidad de una equipe multidisciplinar no atendimento integral a estas mujeres.  **Descripores:** Cocaína Crack; Gestantes; Saúde Mental; Enfermagem.

**RESUMEN**

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INTRODUCTION

Pregnancy is a moment of great physical and psychological changes for women. During this phase, they go through experiences that strongly influence their life, involving the structure of their personality, personal history, ability to resolve conflicts, circumstances in which the pregnancy occurs, characteristics of its evolution, socioeconomic factor, care context, spousal and family support and expectations about the baby.1

In the case of women who are crack users, in addition to these aspects, the use of drugs during pregnancy causes complications for both the mother and the fetus because of the rapidity at which this psychoactive substance reaches the bloodstream, its brief effect and the consequent dependence. In this context, pregnant women who are crack user are considered to be at high risk, as they more likely develop complications, requiring comprehensive and humanized care by the staff involved in the treatment and rehabilitation.

Health professionals, especially nursing professionals, are important contacts with people who are at high health risk as a result of the use of psychoactive substances. When they assume the role of providing direct assistance to this population, they can provide effective care, prevent worsening of problems. It is noteworthy that nurses have great potential to recognize problems related to drug use and develop care actions, in order to maintain close contact between users and health services.7 Moreover, such professionals are important agents in the process of social transformation, participating in the planning and development of programs and projects to promote health and psychosocial rehabilitation and prevent against the use of psychoactive substances.

Despite of the obvious importance of the subject, studies on the use of psychoactive substances during pregnancy are scarce. This situation is even more critical in developing countries, where scientific production is even smaller and it is exactly in these places that the phenomenon tends to reach greater proportions. Faced with such deficiency of information, the implementation of public policies needed for control is compromised, since there is no idea of the real dimension of the problem.8

The absence of national and international epidemiological studies that address the use and addiction to crack during pregnancy limits the analysis of its consequences for the mother and the newborn. It is difficult to estimate the prevalence of the use of this substance during pregnancy because women often omit this information.4 However, it is known that the prevalence of crack use has increased dramatically in obstetric population during the last decades.5

The small number of Brazilian scientific publications on crack use during pregnancy is noticeable, being the focus turned to the discussion of the clinical effects of drug use. Among the maternal consequences are: placental abruption, uterine and liver rupture, brain ischemia, infarction and death. Prematurity, low birth weight, restriction on growth, change in oral motor responses with negative effects on the onset of feeding and death are consequences observed in the case of newborns exposed in utero.4 7

Thus, there are evident gaps in the literature regarding researches that address the daily lives of this population, their histories and subjectivities. This type of study is considered important as it provides theoretical basis for nurses to plan the care geared towards the needs of crack-using mothers and their babies.

Given the above, the following research question is raised: what do women who are crack users experience during pregnancy? In order to answer such a question, the following objective was defined: to learn the experiences of women who are crack users during pregnancy.

METHOD

Qualitative study of a case study conducted with three women who used crack during pregnancy. The study participants were undergoing treatment at a Psychosocial Care Center of Alcohol and Drugs III (CAPSad III) located in the West of Santa Catarina, in 2014. We opted for the case study because this type of study is relevant particularly when the researcher has little control over events and when the focus is on contemporary phenomena inserted in a context of real life.8

The information was collected through semi-structured interviews with open questions about the experience of crack use during pregnancy. The interviews were previously scheduled with the participants and were held in a private room of the CAPSad III. All content of interviews was stored in digital recorder and transcribed in full-length. The analysis of the information was performed according to the steps of the thematic content analysis of Minayo7: pre-analysis, material
exploration and treatment of results/interference/interpretation.

In the pre-analysis, readings and reinterpretations of the material and the initial organization of the reports were carried out in order to have an overview of what was said by the participants and understand the peculiarities. The exploration of material allowed to grasp the relevance in the lines of each woman, to sort the central ideas and to organize them into categories. The step of treatment/interference/interpretation of results consisted in an interpretative summary of the four categories that emerged: 1) Means of obtaining the drug; 2) Desire, planning and discovery of pregnancy; 3) Feelings about crack use during pregnancy; and 4) Social support network and modalities of treatment, allowing the dialogue between categories, objectives and theoretical foundation.

This study met the ethical aspects of Resolution 466/12 of the National Health Council and the project was approved by the Research Ethics Committee of the State University of Santa Catarina (CAAE n° 33013414.6.0000.0118). Participants signed the Informed Consent and were informed that their anonymity would be maintained and confidentiality of the information was assured. They were identified by the letter S (subject) followed by a number according to the order of the interview.

RESULTS

Women who participated in the interviews were aged between 24-36 years, had not completed elementary school, two were housewives and worked as assistant of general services. Regarding marital status, one was single and other two were living a stable union with partners. One of the participants had had four pregnancies and the first child was born prematurely and died shortly after birth, and the other three children were taken for adoption. The second participant had had only one pregnancy and the third had had two pregnancies; however, she had lost custody of her two children, who were under government custody. The time women had been using crack varied between six to ten years. Besides the crack, they have made also use of other drugs such as alcohol, cola, tobacco and marijuana. The three participants reported a history of alcohol use and other drugs by family members, including the spouse, parents and siblings. Two of the participants did prenatal care.

The thematic categories that emerged from interviews, with portions of the interviews, will be presented in the sequence.

♦ Means of obtaining the drug

Survey participants reported that, because of the addiction, they made use of crack even during pregnancy. They mentioned various means to obtain the crack, such as theft, loans, prostitution and selling their belongings, as shown in the following reports:

Prostitution, I prostituted myself to get the drug. (SI)

I would always find a way, ask for money, lend money, selling things […] I always had a friend or other offering me, I stole a few times, I did it, but only that, in reality, I never did evil to anyone, I didn't kill, it was because the need. (SII)

I was arrested because I was stealing to get drugs, I stole, I became a prostitute, others would come offering money, we would go, I was with the others to be able to get money to use the drug because the drug makes this, it makes the person to steal, makes the person to sell the body to go after it, we are enslaved by the drug, I was selling new clothes, shoes, I sold everything, I started selling things from my mother, I took her money, while she was sleeping I would steal the money she had hidden. (SIII)

Two of the respondents said they used prostitution as a method for obtaining the drug. When asked about condom use, the user SI reported not using condom during sexual relations:

I did not use anything at the time, I was not think about anything else, just the drug, I thinking of the drug only, and not in protecting myself. (SI)

♦ Desire, planning and discovery of pregnancy

The three women participating in the study talked about the desire to be a mother. However, only one indicated that pregnancy was planned.

I was on drugs, I did not see the risks, it was a pregnancy not necessarily desired, because I was seeing myself pregnant again and again. That happened unintentionally. Then it was like this, and then I had four pregnancies […]. But I think every woman has the desire to be a mother, it was just that I did not have this opportunity, to keep the baby with me, take care of him, to see the first steps, to see him call me mom, at least, that, I did not have this opportunity, hopefully the person that has him now, she will be happy. (SI)

I had difficulty to get pregnant, so they prescribed a medicine that costed me 100 bucks, so I went on the SUS and they got the medicine for me. I took the medicine and it took another year for me to get pregnant. I had given up already, then I got pregnant. (SII)
I wanted it, and finally the drug did not allow me [she makes reference to having lost the custody of the child]. [...] I'm trying to get my baby, they gave me one more chance, next month I am gonna get him. It was hard, my life was hard after the drug, I lost my son because of the damn drug. (SIII)

Feelings about crack use during pregnancy

When asked about the use of crack during pregnancy, women showed a sense of disapproval about their own attitudes, while the lack of self-control was still evident. It is observed that two of the women, despite of being using the drug and the vulnerable situation they were in, reported concern with the baby, revealing a feeling of apprehension:

My pregnancy was a bit risky [...] but I was very addicted, the addiction had dominated me, so I no longer had control of myself, the drug took over me, I had no more control over myself. (SI)

I was angry with myself, because I had smoked during pregnancy, because, what if he's be born with a problem, right? I did not sleep well when I was hospitalized, I would cry in secret because I would think, I hope I did not harm my baby. One thing I should not have used, but when he was born, God helped, he was born without sequela. (SII)

I thought, no, I will not use, it will hurt my baby, but after that day I started using drugs and ended up going to the hospital, I used it until 5 in the morning, the pain of childbirth began and I went to the hospital and had the baby, my baby was born feeble. (SII)

Social support network and modalities of treatment

The surveyed participants recognized their social support network when they expressed to receive accompaniment from professionals of health services and the help of family members and the church fellows. This can be seen in the following lines:

I have the help from a social assistant, she helps me a lot, she always gives me a hand when I need, then this is a helping hand, I feel like she is a mother to me [...] I try to return the affection she has for me. [...] I have so many people helping me, and, then, I'm loosing myself, harming myself. (SI)

My husband helped me [...] the mother, she left her hospital, she is an alcoholic and has been to the CAPS there, so when she arrived I was not using slippers, I was bare foot, everything was dirty, it was raining [...] I was in the church because I wanted to quit but I was not successful. (SII)

I had no strength, after I met my husband, he helped me a lot he does not use the drug, right? I thought of my daughter. (SIII)

DISCUSSION

A similar profile to that of the participants in this study was found in an investigation conducted in the state of Paraná, which describes a prevalence of 18.28% of illicit drug use among pregnant women. There was a predominance of young pregnant women aged between 19 and 30 years, with brown skin, low education and income up to three minimum wages. The illicit drugs used were cocaine, crack and marijuana. 10

Still, the characteristics of the participants of this study converge with a study that states that pregnant women using psychoactive substances have lower adherence to prenatal care, lower participation in groups of pregnant women and an increased risk of obstetric and fetal complications. The study also found that most users abandon their children or may end up being considered unable take care of the child, according to the justice. 11

Regarding the low adherence to prenatal care, a survey conducted in Ceará also pointed out this problem. Nine women who had used illicit drugs during pregnancy including crack were interviewed and seven said that they had not done prenatal. It is
noted that nurses should arouse the attention to this problem and to the need for greater disclosure of the purposes of pre-natal program. Frequent follow-up from the beginning of pregnancy allows the investigation of the health of the mother and of the fetus, this way preventing complications. It is noteworthy also that it is necessary to identify risk groups and propose effective interventions to prevent these problems.\textsuperscript{12}

The need to use \textit{crack} and the financial conditions that this demands puts the user in delicate situations, where he or she undergoes risky strategies in order to obtain drugs, such as risky situations (drug trafficking, unprotected sex) and violence (assaults, fights).\textsuperscript{13}

The practice of exchanging sex for \textit{crack} is described by some authors as the main or even the only form used by women to access drugs.\textsuperscript{14} By submitting to the act of "selling sex", women demonstrate that the use of \textit{crack} and prostitution are linked due to the need to consume the drug immediately and satisfy the craving, since the act of prostitution becomes an easy and fast way to get money and buy \textit{crack}.\textsuperscript{15} Women who undergo the practice of sex for drugs perform a "lonely" manner of prostitution, isolated from a group that can help them; they have more partners and are not consistent with respect to the use of condom.\textsuperscript{16}

Violence and risky sexual behavior not only affects \textit{crack} users, but the society as a whole by increasing the spread of sexually transmitted diseases and insecurity of the population. The large number of sexually transmitted infections among \textit{crack} users can increase the transmission of the disease because infected users are more likely to delay or reduce the demand for health services and do not adhere to treatment.\textsuperscript{17}

The speeches of the participants showed that the need for using \textit{crack} led them to behaviors that imply highly vulnerability to disease and violence. From this perspective, the participation of nurses in the health team contributing in tackling the problem, welcoming the patient, awareness and care considering the singularities and the needs of these users, are necessary. Therefore, it is essential that health professional be aware of the specificities of the actions involved in the care of this population.

The birth of children is one of the most important changes in the course of family life. In the case women, although pregnancy is a natural situation in their lives, feelings of doubts and anxieties about the psychological and physical consequences of pregnancy are common.\textsuperscript{18} Motherhood awakens many feelings and emotional reactions in a woman's life. Even in conditions that are considered healthy, stress and sensibilization happen, and when exposed to situations that may endanger the life of the woman and her child, more anxiety is experienced.\textsuperscript{19}

Pregnancy is considered a time of expectation, which is marked by the arrival of a new life that is about to start. Above all, when the woman who is a \textit{crack} user gets pregnant, in general, she tends to restrain her attention to the use of the drug to which she is addicted and to the means by which she can acquire it. This context can influence the growth and biological and emotional development of the child even during pregnancy, after birth and throughout childhood and adolescence.\textsuperscript{18}

The gestures of affection, acceptance and dialogue are important for the mother, to make her feel protected, loved and cared for. Demonstrations of affection and support become essential when the woman is experiencing a pregnancy of high-risk. In this line of thought, she needs a family support with a more affective and understanding look, especially for coping with feelings like fear and the feeling of maternal incompetence.\textsuperscript{17}

The desire and intention of getting pregnant are elements that constitute the planning of a pregnancy, because the desire is considered a feeling that does not necessarily lead to an action. In turn, the will is directly linked to the personal context as well as spousal support and integration at work, which can generate one or more initiatives to become pregnant.\textsuperscript{19}

The speeches of the participants of the study reveal that the relationship with the drug is very strong, which had a negative impact on the planning of motherhood. It can be observed that women, when asked about the desire to be a mother, reported that there was indeed that desire. This feeling was awakened at some point in their lives. However, only one participant said that she developed the planning and structuring of a pregnancy.

Understand the unplanned pregnancy is very important to reorient actions and strategies for sexual and reproductive health within the primary care provided by the family health strategy. Women who have to deal with an unplanned pregnancy are more likely to smoke, to report postpartum depression, start prenatal care after the first trimester, to terminate the pregnancy, among other problems.\textsuperscript{19}
Thus, the pregnancy is considered one of high risk not only due to the use of the drug during the period of development of the fetus, but also due to the condition of social and emotional risk under which these women live. Therefore, it is important to monitor this population and early detection of the drug abuse by pregnant services.\(^{10}\)

The use of drugs during pregnancy is a difficult theme to approach in the practice of care. Although little has been addressed by the competent authorities in the last decade, the crack epidemic figures as a public health problem, since the effects of pregnancies of women who are crack users are a serious problem for society.

The habit of using drugs during pregnancy is represented as a sense of guilt by the women, who when faced with a possible disapproval by society and by health professionals, may end up denying the use or reporting a lower consumption.\(^{10}\)

The users have the desire to quit using crack as soon as they discover the pregnancy. However, there is a certain feeling of impotence in face of the drugs. One of the main reasons for stop the use is concern about the pregnancy and the health of the child, as the crack use causes serious damage to the baby’s life.\(^{20}\)

The risks of drug use are not restricted to pregnant women, but also to the fetus because the drug goes over the placental barrier without previous metabolizing, reaching the central nervous system of the fetus, causing cognitive deficits in the newborn, birth defects, abstinence syndrome, among other complications.\(^{10}\)

The use of drugs during pregnancy is linked to numerous risky behaviors that often cause complications for both the mother and the baby. Complications include, for example, sexually transmitted infections such as AIDS (Acquired Immunodeficiency Syndrome) and hepatitis, as well as high exposure to violence.\(^{18}\)

It is observed that even amid the turmoil caused by crack use during pregnancy, women proved to be worried about the consequences that may fall upon the baby’s health. At the same time, they want to stop the use of the drug but they feel dominated by it. This causes feelings of guilt and failure, which can result in social isolation.

The care of pregnant drug users is complex, difficult and requires preparation of nurses and other health professionals, who should be aware of the psychological and social aspects, as well as the ethical and legal ramifications.

However, pregnancy is a facilitating factor of the sensitization to the treatment. If there is preparation of the caregiving team, it is exactly at this stage that complete and lasting abstinence from all drugs may happen, which is the desire of most mothers, for not to harm the baby, and to be able to take better care of their child.\(^{5}\)

Social support networks are of great importance from the point of view of the reconstruction of daily life and to support the treatment, from the various forms of support and solidarity, becoming gradually more important in the reintegration and rehabilitation of the user into society as well as the rescue of their autonomy.\(^{21}\)

Social support received by people is significant for the maintenance of mental health, considering that a strengthened social network helps the individual to cope with stressful situations and difficult times.\(^{21}\) In the context of women, it was observed that the family was important, supporting and encouraging for them to seek help.

The larger circle of coexistence that the individual has is the family. This is responsible for the care of its members, and should always be alert to changes in behavior and relationships so that drug use can be avoided and help may be immediately provided.\(^{22}\)

Through the construction of autonomy and independence of its members, the family contributes to the formation of a subject able to plan his own life and responsible for his social relationships as well as to strengthen the already existing emotional ties, and form new ties.\(^{11}\)

The church, mentioned during interviews as a coping method for everyday adversities, was also recalled by subjects in another study. Religious practice allows the interaction of people forming ties with that the social support and it is manifested as a way to help to lessen the pain and suffering.\(^{21}\)

The CAPSad III was also recalled by study participants as important to the treatment. This service is a specialized unit of psychosocial care network designed to suit the full and continued attention to people with needs related to alcohol, crack and other drugs, operating 24 hours a day and every day of the week, including weekends and holidays. It is a place of reference for care and protection for users and families in crisis and more serious situations (relapse, abstinence, death threats, among others).\(^{23}\)

Crack is a powerful drug, capable of modifying the individual’s behavior, leaving him little accessible and available for

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English/Portuguese

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Crack use during pregnancy: the experience...

The study identified as a relevant factor the feelings of failure and guilt due to drug use during pregnancy. Expectations and concerns are mainly directed to the baby's health.

Women spoke about the practice of theft and prostitution as a means of obtaining crack because of the urgency to use the drug. Their speeches showed to be permeated by stories of suffering and abandonment. Social and cultural aspects involved in drug use were noticeable, since there is a history of substance abuse in the family. This is a factor of vulnerability, causing the person who is a crack user to keep the cycle that reproduces the situations experienced, including exposing the baby during pregnancy and after birth.

All this context also demonstrates the vulnerability regarding sexually transmitted infections, unwanted pregnancy, violence, impaired family relations and weak affective ties, being a social and challenging public health problem to government agencies and professionals working in care.

It is observed that social support network of pregnant women who are crack users is important for the care of mental health. When strengthened, this network can help them in coping with their condition, besides contribute to the reduction of maternal and infant complications related to the use of crack.

We emphasize the importance of a well-structured interdisciplinary team, since these women are high-risk patients and require specialized care, so that they may be fully and continuously assisted, providing a care plan that considers their vulnerabilities.

It is believed that this study will provide important information to improve the quality of care provided to pregnant women who are crack users. It is expected that nurses and health professionals in general may discuss this issue and identify possibilities of intervention in these situations. It is suggested that further research be carried out in order to contribute to the scientific knowledge of professionals working directly and indirectly with this population, because there is still much to be unveiled.

REFERENCES


