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Changing patterns of drug use in pregnancy: data from 2015 to 2025 from a Tertiary Maternity Service

Abstract

Aims: To document patterns of substance use in pregnant women referred to a specialist service.

Methods: Referrals to the Drug Liaison Midwife (DLM) service at a tertiary maternity hospital between 2015 and 2025 (n=649) were analysed.

Results: In 2015, opioid use disorder (OUD) accounted for 77% of referrals (50/65), declining to 17% (15/89) by 2025. In parallel, non-opioid substance use, including cocaine, cannabis, benzodiazepines, alcohol misuse and polysubstance use, rose to comprise 83% of referrals in 2025. Overall referral numbers remained stable, suggesting a change in drug profile.

Discussion: These findings mirror national trends, with cocaine now the most common drug treated in Ireland and substantial increases observed among women. Current perinatal addiction services, historically centred on OUD, may need adaptation to address this evolving pattern. New, evolving maternity care pathways to better support stimulant and polysubstance use are required to optimise maternal and neonatal outcomes.

Keywords: pregnancy, drug liaison midwife, maternal, women

Volume 17 Issue 6 - 2026

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Received: November 09, 2026 | **Published:** November 20, 2026

Introduction

A specialist services for women who use drugs in pregnancy was created to address the special needs of this group of women. The service is centred on the drug liaison midwife (DLM) and a consultant Obstetrician. In the United Kingdom substance misuse was found to be the second most important factor (after poor antenatal care) associated with maternal death.[1]

Guidelines recommend the referral of pregnant women to support services and a named midwife and doctor. The DLM service was set up to facilitate co-ordinated treatment plans and multiagency working in line with recommendations.[2]

In order for a service to be relevant, contemporaneous data must be analysed to enable trends and developments in drug use to be addressed appropriately.

Objectives

This audit was undertaken to describe any changes in the pattern of drug use in pregnant women referred to the specialist service created to provide care to this group of women.

Methods

The Coombe Hospital runs a multidisciplinary referral service for pregnant women who use substances. Referrals are from midwives, local general practitioners, consultants in the addiction and social workers to the DLM who works with a single consultant. Data is kept on every referral to the service by DC.

Referrals were categorised into women who used opiates (OUD) and those who were referred for other drug use without using opiates. Some of the referrals who used opiates used other substances in addition thus there was no crossover between the groups. The numbers represented the number of referrals therefore women in successive pregnancies would have been referred more than once. The referral criteria were stable over the time period.

OUD was classified as a referral with current illegal opiate use, treatment with methadone or buprenorphine either alone or with concurrent illegal opiate use.

Authority to perform this audit was given by the hospital audit committee (Aqua number 2025 03-03). Specific individual consent was not taken. No patient identifying details were analysed and the number of referrals only were studied.

Results

Using data from the Drug Liaison Midwife (DLM) service at the Coombe Hospital, patterns of substance use in pregnancy over the past 11 years are reviewed. Between 1.1 2015 and 31.12 2025, there were 649 referrals to the service.

In 2015, referrals were predominantly for OUD, with 50/65 women accounting for approximately 77% of total DLM referrals. This proportion declined overall during the subsequent decade. By 2025, there was only 15 referrals with OUD, representing approximately 17% of total referrals (Figure 1) (Table 1).

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Table 1 The number of referrals by year representing total referrals, referrals with opiate use disorder (OUD) and other referrals to the drug liaison midwife service

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Total Referrals (n)	65	48	44	68	47	50	58	60	58	62	89
Referred with OUD (n)	50	39	35	33	28	22	27	21	29	15	15
Other referrals (n)	15	9	9	35	19	28	31	39	29	47	74
Percentage OUD (%)	77	81	79	48	60	44	46	35	50	24	17

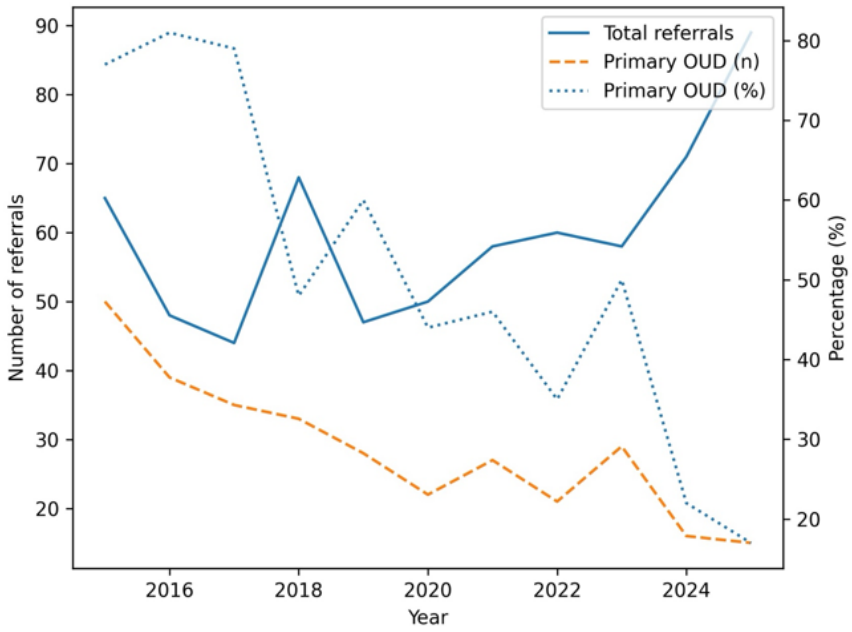

Figure 1 Trends in referrals to the Drug Liaison Midwife (DLM) service and proportion of opioid use disorder (OUD), 2015–2025.

In contrast, referrals relating to non-opioid substances, including cocaine, cannabis, benzodiazepines, alcohol misuse and polysubstance use, have increased both in absolute number and overall proportion.

Discussion

This is a review of a specialist drug liaison service for pregnant women referred with substance use that was declared by the patient to their midwife, doctor or social worker.

Overall referral numbers have remained stable (with a recent increase) suggesting that this reflects a change in drug profile rather than reduced case ascertainment.

The decline in OUD in pregnancy likely reflects the impact of Ireland's health-led National Drug Strategy, improved access to opioid agonist therapy, strengthened community addiction services, and the development of specialist multidisciplinary antenatal addiction pathways.[1] OUD in pregnancy has historically been associated with significant maternal and neonatal morbidity, including neonatal abstinence syndrome, preterm birth, and complex safeguarding concerns. Care provided at the Coombe Hospital is in line with national recommendations.[3] Previous data from this unit indicated a reduction in OUD between 2010 and 2019 and this data confirm an ongoing downward trend.[4] The reduction in OUD over the past 11 years could be interpreted as a measurable public health success however this aspect has not been specifically evaluated.

However, this progress must be considered in the context of evolving national drug trends. Recent data from the Health Research Board (HRB) indicate that cocaine is now the most common drug treated in Ireland (excluding alcohol), accounting for 40% of cases in 2024, with a sustained rise since 2017.[5,6] The number of females receiving treatment for cocaine has increased by over 400% during this period, underscoring the growing relevance of stimulant use among women of childbearing age. Polysubstance use is also highly prevalent, reported in approximately 60% of treatment cases.

Cocaine and other stimulants carry distinct obstetric risks, including placental abruption, hypertensive disorders, and fetal growth restriction. Cannabis use has become increasingly normalised, while benzodiazepine and prescription medication misuse present additional clinical and safeguarding challenges. Unlike OUD, these substances are not supported by similarly structured, nationally embedded and audited treatment pathways within maternity services.

These findings suggest that perinatal addiction services must adapt to a changing epidemiological landscape. Surveillance systems and care models historically centred on opioid dependence must broaden to address polysubstance and stimulant use. Trauma-informed, non-stigmatising care remains essential to support early antenatal engagement and optimise maternal and neonatal outcomes.

This audit can be criticised as it is retrospective data from a single centre, however the Coombe Hospital is a major referral centre delivering more than 6000 babies annually. The data acquisition is

Citation: Walsh M, Carmody D, Lindow SW, et al. Changing patterns of drug use in pregnancy: data from 2015 to 2025 from a Tertiary Maternity Service. *Obstet Gynecol Int J.* 2026;17(6):255–257. DOI: 10.15406/ogij.2026.17.00855

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thought to be comprehensive as the service is run by the same DLM and consultant throughout with the support of the remaining doctors and midwives. The data on OUD is thought to be comprehensive due to the multiple referral channels. The contribution of cannabis use, particularly intermittent use, may be an underestimate of the true number.

Drug urine screening was not part of the service therefore there is the possibility of a general underestimate. Delivery and neonatal details are not discussed as some referred women do not go on to deliver at the Coombe and others may present for the first time in labour. Data on pregnancy and delivery have been described previously.[4] It is important to consider that the data presented represent the referrals of pregnant women in one urban hospital and do not represent a country wide change or changes in different age groups and males.

Targeted investment in integrated perinatal addiction services, with a specific focus on stimulant and polysubstance use, is now required to ensure that maternity care pathways remain responsive to the evolving profile of drug use in Ireland.

Acknowledgments

None.

Funding

None.

Conflicts of interest

The authors do not have any conflicts of interest.

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