Outcomes of the *Main dans la main* initiative on substance-abusing expectant and new mothers in the perinatal period

Chantal Lavergne, Ph.D.¹, Geneviève Turcotte, M.Sc.¹, Pauline Morissette, Ph.D.²

Abstract

OBJECTIVES: The *Main dans la main* initiative relies on collaboration between child protection and hospital-based social workers to help substance-abusing expectant mothers maximize their chances of caring for their newborn. The article describes the positive outcomes of this initiative for the women, based on the experiences and perception of the participants and social workers involved.

METHOD: A case study was conducted with twenty-one participants using three data sources: 1) a semi-structured interview with the mothers at two points in time; 2) a semi-structured interview with social workers; and 3) the tools of the initiative. The data were analyzed based on content condensation and data presentation.

RESULTS: A majority of participants experienced changes in their various spheres of life: personal (positive changes in substance-abuse habits), parental (improved self-confidence as a parent, reduced stress due to the fear of losing custody of their newborn), and social/relational (improved relationships with social support network and support services).

CONCLUSION: The results confirm the relevance and potential for change of a short intervention model during the perinatal period based on inter-professional collaboration with substance-abusing expectant mothers. Further research is needed to validate the hypothesis on the effectiveness of this initiative.

KEY WORDS: substance-abuse during pregnancy, inter-professional collaboration, outcomes.

Can J Public Health 2015;106(7)(Suppl. 2):S38–S44
doi: 10.17269/CJPH.106.4831

Drug or alcohol abuse during pregnancy is now considered a major health issue in Canada and Quebec because of the potential harm to the health and well-being of the child and mother.^{1,2} The notion of abuse refers to repeated use of these substances with harmful medical or social consequences.¹ To these risks are added other significant social problems often linked to this abuse, such as poverty, victimization, and increased risk of mother-child separation.^{3,4} The few studies that have given voice to these women show that substance-using expectant mothers are concerned about the health of the fetus and wish to retain custody of their newborn, but to succeed they need support.^{5,6}

While these women are socially vulnerable, they are also likely to be the subject of negative social representations by professionals and society, which keeps them away from services.^{1,7} Their behaviour, like that of those who are already mothers, is considered incompatible with the social norm of the "good mother," who is supposed to protect her unborn child.⁸ Because of their low socioeconomic status, these women are also often considered unable to care for themselves and adequately care for a child.⁹

Despite a more positive professional approach in recent years, it remains that reporting and placing the child at birth is still often viewed as a way to prevent child abuse related to the mother's risk behaviour.¹⁰ Research shows a high incidence of reports to child protection services for children born to substance-abusing mothers. For example, between 40% and 80% of U.S. protection cases involve substance-use problems in the mother or both parents.¹¹ In Quebec, this figure is estimated at 50% for newborns reported for neglect.¹² Increased risk of placement for these children is also well documented by research. Comparative studies clearly indicate that children born to substance-abusing mothers are more likely to be removed from their family environment compared to children whose mothers do not present this type of problem.^{13, 14}

The fear of losing custody of their child and the stigmatization of substance-abusing women are barriers to quality intervention to prevent prenatal risk.¹ Even women who seek services are likely to face significant obstacles. Programs for pregnant women with substance-abuse problems are more

present than ever, but their numbers fall far short of demand.¹⁵ Most programs are still geared toward a diverse clientele and fail to consider the multiple and complex needs of these women such as those related to poverty or support for parenting and child development.^{16, 17}

Knowledge on the needs of substance-abusing mothers and their children calls for the development of interventions appropriate to the specific experiences of these women.^{18, 19} The scientific literature emphasizes the importance of reaching substance-abusing mothers as soon as possible during pregnancy to support them in solving their personal problems and ensuring a more stable and secure environment for the newborn child.²⁰ Research suggests that expectant mothers may be particularly motivated to make changes in their substance-abuse habits and their lifestyle and are more open to the support offered.²¹ Experts also recommend adopting a respectful, empathetic approach focused on strengths, skills, and empowerment to establish a relationship of trust with the women.²² In addition, various expert reports and scientific studies conclude that a comprehensive needs-based approach focused on inter-professional collaboration is key to successful intervention with vulnerable clienteles.^{23, 24}

The *Main dans la main* initiative (MDM) stems from a desire to contribute to improving practice by presenting three main challenges for intervention with substance-abusing mothers: 1) reach the most vulnerable women as soon as possible before the birth of their child; 2) create a

Author affiliations

1. Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal, Centre de recherche sur les jeunes en difficulté, (Quebec)

2. École de service social, Université de Montréal, Montreal (Quebec)

Correspondance : Chantal Lavergne, Centre intégré universitaire de santé et de services sociaux du Centre-Sud-de-l'Île-de-Montréal, 1001 boulevard Maisonneuve Est, 7^e étage, Montréal (Québec) H2L 4R5, Tel : 514-896-3571

Courriel : chantal.lavergne@cjm-iu.qc.ca

Source of funding: Social Sciences and Humanities Research Council

Conflict of interest: None to declare.

relationship of trust; and 3) prevent problems related to parenting or the safety of the child. Building on a partnership between social workers from both hospital and child protection settings, this initiative proposes an intervention model of inter-institutional collaboration with these women.²⁵ The overall objective is to encourage the women's commitment to change, with the ultimate goal of providing stability for the children, as much as possible without resorting to placement. The three specific objectives are 1) to reach substance-abusing mothers as early as possible during their pregnancy or soon after the child is born to offer them support in their various spheres of life; 2) to encourage their participation in decisions made about their child; and 3) to act as a link with formal aid resources if necessary.

The initiative and this study are based on an ecological reference framework that allows considering maternal substance abuse as an aspect of the women's lives to be taken into account in child risk assessment, and providing an appropriate response to their needs. Also considered are the individual, family, and social dimensions related to maternal substance abuse that are likely to undermine or promote the child's well-being.²⁶ Focusing on the strengths, resources, knowledge, and skills of the women and seeing them as experts in their own well-being and that of their child is also an important perspective taken by the initiative to encourage their participation in the intervention and their commitment to change.²²

The project was implemented in three hospitals in the Montreal region: 1) the University of Montreal Hospital Centre, 2) the Sainte-Justine University Hospital Centre, 3) Maisonneuve-Rosemont Hospital; and the evaluation-orientation services of the Director of Youth Protection (DYP) of the Centre jeunesse de Montréal-Institut universitaire, which is responsible for the areas served by the three hospitals.

The intervention took place either in joint meetings between the women and the social workers from both partner organizations (hospital and DYP), focusing on case assessment and intervention plan, or through monitoring either by the hospital-based social worker in the prenatal period or by the DYP social worker after the mother's release from hospital. Finally, the collaborative intervention continued during monthly case discussions with the social workers from both institutions.

This article aims to describe the positive outcomes of the initiative for expectant or new mothers based on the experiences and perceptions of the participants and the social workers. A qualitative approach was adopted to fully understand the progress of the women followed in MDM and to shed some light on the changes they experienced and on aspects of the intervention that may have contributed

METHOD

The method used was that of case study in which various perspectives and types of data were cross-analyzed to identify the effects of MDM and provide certain elements of understanding about what may have generated them.^{27, 28} Cases were defined as the intervention experience of MDM participants with respect to the changes brought about by their participation. The only selection criterion for the women was to have participated in at least two joint meetings.

The study, which received approval of four research ethics committees, was conducted with twenty-one women recruited on a voluntary basis, and eleven social workers. More than half of the participants (57%) were met by MDM social workers in the prenatal period, while the nine others were met after birth of the child. On average, each participant had 2.5 joint meetings and received individual follow-up by each of the social workers. The women were between 19 and 41 years of age at the time of their participation. Thirteen were in a relationship with the child's father. Substances mentioned by the women at the beginning of the intervention were the following: marijuana (57%), cocaine or crack cocaine (48%), alcohol (33%), amphetamines (19%), heroin and methadone (19%), and ecstasy (10%). Three quarters of the children remained with their mothers upon leaving the hospital. One year later, these children were still living in their family environment.

For each case, three data sources were analyzed: 1) a semi-structured interview conducted with the women approximately three weeks after birth of the child and one year later; 2) a semi-structured interview with each dyad of practitioners working together (DYP and hospital); and 3) monitoring tools developed as part of the initiative.

The semi-structured interviews of 45 minutes were recorded and transcribed verbatim. The first interview with the women concerned their perceptions of what was problematic in their situation, their needs surrounding the arrival of the baby, the type of support offered in MDM, and the changes attributed to the initiative in three spheres of life (personal, parental, and social/relational). The second interview one year after childbirth was to take stock of developments in their family situation. The interviews with the social workers covered the women's needs, the objectives of the intervention, details of the follow-up, and perceived changes in the three spheres of life for the selected cases.

Two tools were used to collect data on the participants and the intervention. The first was a monitoring chart completed jointly by the hospital-based and DYP social workers, describing the objectives, methods, and expected results for each participant. The second was used to collect socio-demographic data as well as information on the women's psychosocial situations.

The corpus of data was submitted to content analysis based on data condensation and presentation.²⁹ This procedure involves reconstituting a summary of the data from all sources and measurement times for each case based on the objectives and emerging categories. The summaries intended to link 1) the participants' personal situations and family/social environments at the beginning of the intervention and one year later; 2) the intervention objectives; and 3) the actions taken by the participants and the social workers, the attitudes and approaches adopted by the intervention, and the changes and contributing elements perceived at both measurement times. The changes selected for analysis were those noted by the participants and for which there was no disagreement on the part of the social workers. Horizontal analysis involving comparison between the participants was then conducted to highlight the similarities and differences for each of the selected categories and to clarify the relationships between them. Finally, integration of the various components of the analysis was carried out to support the development of conclusions. A procedure based on corroboration between the three researchers was used to prepare the summaries and interpret the results.

RESULTS

Changes in the personal sphere

Many women had already begun to make changes in some aspects of their lives before participating in MDM. The changes noted by the participants and the social workers primarily concerned the efforts the mothers had already initiated before MDM to change their substance-abuse habits. These efforts related to the actions and measures they had taken on their own to reduce the harmful effects of their substance abuse, independent of specialized help. For example, some women said they had completely stopped their substance abuse, while others said they had decreased its frequency. Similarly, some women reported avoiding substances they deemed most at risk for the development of the fetus. The work of the MDM social workers in this regard was to support and encourage the women in the changes they had already initiated in their substance-abuse habits, particularly by helping them to prevent relapse, as illustrated by these comments:

Having the MDM social worker helped me find other ways to deal with stress. I could talk about it when I needed to. It helped me not to relapse. We also talked about what I could do in situations when I really wanted to use, and now I have other ways to cope that we talked about in the meetings (P_13, T1).

For others, taking action coincided with the DYP report. The social workers found that these women, who were suspicious at first, became more receptive to the required changes and motivated to take action. Clearly explaining the potential consequences of their substance abuse on reducing their ability to care for the child seems to have played an important role in this late commitment, as evidenced by the following excerpt: *The social workers don't prevent you from using drugs, it's more what they say about the baby. They make you realize how important it is. I went to the hospital every day and took on my responsibilities (P_3, T1).*

Changes in the parenting sphere

The fear of seeing the child placed at birth by the DYP was a major concern cited by all participants in the study. One result of MDM in this regard was that the women felt less threatened by the presence of the DYP and the risk of having their child being placed. One woman, whose first child was placed by the DYP, said she was so afraid that she had thought about having an abortion early in the pregnancy. The MDM intervention reassured her and

helped her continue with the new pregnancy with peace of mind: *When the MDM social workers told me that taking away my baby wasn't the goal of the program, a huge weight was lifted off my shoulders* (P_10, T2).

Explaining to the women that their baby could eventually be placed but also discussing solutions and how to achieve them were part of the more specific strategies adopted by the MDM social workers.

The participants also mentioned that the positive attitude of the social workers about their ability to care for their child made them more confident as mothers. Highlighting their strengths instead of their weaknesses and acknowledging their successes and encouraging them in their efforts were actions that contributed to reinforcing their sense of competence: *When she came to see me, I was on edge; I'd been back with my baby only two days, and I was crying a lot for no reason. She cheered me up, like "Don't give up, you're doing a great job." I didn't feel like she thought I was incompetent...* (P_13, T1).

According to some of the women, because they were given the chance to keep the new child contributed to this type of effect:

You have to be open, to give yourself a second chance in life. It's never too late to give love. The project gave me that second chance... I look at my little one sometimes and say that if I had given up I might not be here today. I definitely wouldn't be here today (P_1, T2).

The participants also appreciated the respectful and non-judgmental approach of the social workers, as well as their openness, ability to listen, and availability: *I felt listened to, supported, and appreciated. I had low self-esteem but I was coming around. I felt they were there for me* (P_0, T1).

Finally, empowering the women in their role as mothers by encouraging them to be involved in the decisions and actions concerning their child allowed them to invest emotionally and feel responsible for the child's well-being. In one of the cases analyzed, the participant knew she could not return with the baby to her substandard housing and that an acceptable solution had to be found from the point of view of the DYP so that she could retain custody of child after leaving the hospital. She accepted the help offered to her while showing great autonomy of action:

I had absolutely nothing for the baby. We went to a place where they give away baby stuff. I got a nice stroller, a brand-new playpen, and some clothes; they really helped me out; they got me to make calls. For example, I called my aunt and asked her if she could help me out by taking me and the baby in for a while, and she agreed. I actually made all the calls myself, but they helped me. The help is really great, when you have nothing (P_1, T2).

Changes in the relational and social sphere

The actions of the social workers brought changes in the women's relationships. For example, the intervention helped some women recognize the contribution of their spouse in their lives and with the child and to give the spouse more room to be involved. As one participant noted, *I was used to functioning alone... fathers were more or less important. The MDM social worker really helped me have more confidence in my spouse, in the sense that it was important to help him and give him more room... And she really emphasized his role as a father. Anyway, it became more important to me* (P_10, T1).

Some women also mentioned that the support of the social workers helped them assert themselves by sharing their expectations with their spouse regarding the latter's new role with them and the child. For others, the MDM intervention helped them realize that their relationship was no longer possible because the father showed little concern about the child and little interest in making changes in his substance-abuse habits.

He's the father, but he doesn't look after his responsibilities. [...] Basically, it's like he doesn't want anything to do with the kid. Because every time I called him, before saying goodbye, I was the one who asked "Why don't you ask me about the girl?" He didn't see the need to get help because, for him, he didn't have any problems, but he sure was using a lot. So that was one of my first moves, getting rid of the father. That and the dope, which I don't have the choice any more but to get rid of (P_6b, T2).

Another participant, who decided to terminate her relationship, talked about the help she received from the social workers in this regard: *They really*

helped me make the decision to separate. Not by threatening, but more like "Let's talk, let's sit down and talk about it" (P_9, T2).

Also noted were the mothers' improved relationships with their social support network. Because of the social workers' ability to listen, and their actions, the women said they became closer with their families and resolved conflicts with persons in their social environment. Referring to the MDM intervention, one participant said:

It helped me in my relationship with my family. [...] I was supposed to call my mother, and it was really hard, you know... I hadn't been in contact with her for years, and they [MDM social workers] contacted her with my consent, and my family came to see me at the hospital. It's amazing what they did to help me... (P_15, T2).

Finally, being a link with specialized services helped some women receive assistance for their drug addiction or other needs in terms of parenting, child development, or finances, as evidenced by the following excerpts.

Because of them [MDM social workers], I have a Dollard-Cormier person working with me, and then there's the social worker, and the CLSC helps me a lot. And I also have AED (Aid to Children in Difficulty) for my baby. I think it's good because it gives me a little more confidence in myself (P_3b, T1).

She helped me find a shelter for me and the baby until I found a home. I also needed to adjust my budget, because I have trouble making a budget; that's my biggest problem. She registered me with a community organization here in Hochelaga (P_11, T1).

For her drug use, she had already agreed to do follow-up before the baby was born. I saw it as an opportunity. She was very motivated. So I called the service and she was able to begin treatment (Social Worker D)

DISCUSSION

Cross-analysis of the women's and social workers' points of view on the effects of MDM revealed changes in the participants' various spheres of life. In the personal sphere, results showed that many women continued their efforts initiated before MDM to make changes in their substance-abuse habits, while others took action only when the report was filed. The harm-reduction approach adopted by the initiative appears to have played a role in this type of change, confirming the observations of experts who believe that this approach is more suited to the needs of drug users in the perinatal period compared to "cold turkey," since it is more realistic and respectful of their right to have access to better care.^{22, 24} Qualitative studies evaluating programs for substance-abusing mothers have emphasized the positive impact of this approach on use of services, maintaining participation, and improving quality of life.^{30, 31}

In the parental sphere, the women found that their participation in MDM contributed to easing their fears about their child being placed. This fear can be a significant source of stress during pregnancy and hinder development of maternal-fetal attachment and mother-child interactions after birth.³² It can also encourage the mothers to conceal their substance-abuse problem and may affect their relationship with professionals.³³ The comments of the participants clearly show the importance of discussing with them the issue of their child being placed. Explaining the conditions to be put set out to ensure the safety of the unborn child reassures them but also gives them a greater sense of control over the planning and implementation of the changes needed in their lives.

The participants also mentioned that the positive attitude of the social workers about their ability to care for their child helped them feel more confident as mothers. The clinical and scientific literature stresses the importance of positive professional attitudes toward expectant and new mothers, and actions that empower them to overcome the barriers that this group of women face, such as the fear of not being able to assume their new role as mother and low self-esteem.^{24, 34} Among the attitudes of the social workers considered most helpful by the participants in this study were recognition of the mothers' strengths, encouragement, being non-judgmental about their situation, respect, and effective listening with regard to what they wanted for themselves and their child. The unprejudiced attitude of the social workers, their support in identifying strengths and resources, and their practical assistance, contributed to developing the participants' identity

as mothers and helped them emotionally invest in their child and feel responsible for his or her well-being.³⁵

Paying attention to the women's conjugal relationship, even when problematic, is considered by experts to be an ingredient of success of addiction intervention during the perinatal period.³⁶ Although fathers were not directly targeted in the MDM intervention, the social workers nevertheless emphasized their role with some women to allow them to engage more fully with the child. For difficult conjugal relationships, the action of MDM was to support the decision-making process of the participants regarding an eventual breakup. Research shows that spouses can play a significant and positive role in the mothers' lives by being involved in child care, but also through the support they can bring in their attempts to change their own substance-abuse habits.^{37, 38} In cases where the substance-abusing father is unmotivated to change, the efforts of the expectant mother to change her substance abuse, and her maternal investment, risk undermining the relationship. The resulting tension between the couple can be a significant obstacle to the process of change undertaken by the woman.¹⁶ In this case, helping those who wish to end their relationship may prove strategic in allowing them to be more resolute in their path toward ending their drug addiction.³⁶

The results clearly show that focusing on the women's social support network and acting as a link to aid resources allowed many participants to break free of their isolation. Among the most significant changes in this regard were reconciliation with their families, more positive relationships with the social workers, and greater use of aid resources. Research emphasizes that the most successful interventions with this group are those that adopt a comprehensive approach to respond to the complex and diverse needs of these women.^{31, 34, 36} This is especially important because early and regular contact with services increases the benefits and help decrease the risk of sequelae for the children.³⁹

In the literature, motherhood is considered a period conducive to changes in the lives of substance abusers.⁴⁰ The results of our study also highlight that motivation related to the child could come into play at various times during the trajectories of the women we met, thus reflecting that they were not all at the same stages of change when their pregnancy began.³⁵ While some women were committed to change during their pregnancy, others were given the necessary impetus only after the child was born. For these women, participation in MDM seems to have played a key role in helping them *transform the crisis into an opportunity* for them and the baby.⁴¹ Finally, the results suggest that prenatal intervention is a significant challenge, and further reflection is required to put into place even more proactive approaches.

This study has some limitations. It is based on the voluntary participation of a small sample of women. Their views and experiences may not be representative of all the women who participated in the initiative. Another limitation inherent to this type of research design is the absence of a control group. In addition, the findings related to changes must be interpreted with caution since they cannot be attributed with certainty to the initiative analyzed. On the other hand, the case study method provided access to a deeper understanding of the contextual factors that helped achieve the results. This type of knowledge is essential for interpreting the results and helping to form a judgment about the positive effects of the initiative.

CONCLUSION

Expectant and new substance-abusing mothers have specific needs that require appropriate intervention strategies. Using an exploratory approach and qualitative data, this study confirms the relevance and probable effectiveness of a brief intervention model during the perinatal period based on interprofessional collaboration to encourage commitment and respond to the needs of substance-abusing mothers. The study also supports the recommendations of experts in public health regarding the promising nature of concerted action that reflects the diversity and complexity of the individual, family, and social needs of these women and that relies on a non-judgmental, non-discriminatory approach focusing on strengths and empowerment.^{23, 34, 42} The MDM initiative could inspire other regions of Quebec that must also account for maximum time limits for placing children and rapidly mobilize parents to prevent them from losing custody permanently. Further research on the stability of children is nevertheless necessary to better understand the impact of this initiative in the longer term.

REFERENCES

1. Finnegan, L. Consommation de drogues licites et illicites pendant la grossesse: répercussions sur la santé maternelle, néonatale et infantile, série Toxicomanie au Canada, Ottawa (Ontario), Centre canadien de lutte contre les toxicomanies, 2013. Retrieved 26 March, 2014, from <http://www.ccsa.ca/Pages/default.aspx>.
2. Gouvernement du Québec. Plan d'action interministériel en toxicomanie 2006-2011. Québec, La Direction des communications du ministère de la Santé et des Services sociaux, 2006. Retrieve March 27, 2014 <http://msssa4.msss.gouv.qc.ca/fr/document/publication.nsf>.
3. Conners NA, Bokony PA, Whiteside-Mansell L, Bradley RH, Liu J. Addressing the treatment needs of children affected by maternal addiction: Challenges and solutions. Eval Program Plann. 2004; 27(2):241-247.
4. Simmat-Durand L. La mère toxicomane au carrefour des normes et des sanctions. Dév Soc 2007; 31 (3):305-330.
5. Murphy S, Rosenbaum M. Pregnant Women on Drugs. Combating Stereotypes and Stigma. London, UK: Rutgers University Press; 1999.
6. Rutman D, Field B, Jackson S, Lundquist A, Callahan M. Perspectives of Substance-Using Women and Human Service Practitioners: Reflections from the Margins. In: Gustafson, D (Ed.), Unbecoming mothers: The social production of maternal absence. New York: Hawthorne Press; 2005.
7. Klee H, Jackson M, Lewis S. Drug Misuse and Motherhood. London, UK: Routledge; 2002.
8. Simmat-Durand L. Childhood and maternity professionals and the reporting of drug addicted women's children. Psychotropes 2008; 14(3-4): 179-199. On line: [Cairn](http:// Cairn), Page consulted April 7, 2014.
9. Emmanuelle H. Les dimensions féminines de l'usage de substances psychoactives: hypothèse sur les stéréotypes structurant les pratiques professionnelles. In Whittaker A (Ed.), Guide concernant l'usage de substances psychoactives durant la grossesse. Paris, Respadd; 2013.
10. Simmat-Durand L, Genest L, Lejeune C. Les séparations des mères consommatrices de substances psychoactives et de leurs enfants : résultats dans une cohorte rétrospective française. Psychotropes 2012 ; 18 (3-4):123-49. On line: [Cairn](http:// Cairn), Page consulted April 7, 2014.
11. Anthony EA, Austin MJ, Cormier DR. Early detection of prenatal substance exposure and the role of child welfare. Child Youth Serv Rv. 2010; 32: 6-12.
12. Mayer M, Lavergne C, Guyon L, Gemme E, Trocmé N, Girard M. Toxicomanie parentale et négligence envers les enfants : les révélations de l'étude d'incidence québécoise (ÉIQ). In : Guyon L, Brochu S, Landry M (Ed.), Jeunesse et toxicomanies : Bilan des connaissances et des recherches québécoises sur l'usage et l'abus de substances chez les jeunes et leurs familles. Sainte-Foy: Presses de l'Université Laval; 2004, pp 71-104.
13. Forrester D, Harwin, J. Parental substance misuse and child care social work: findings from the first stage of a study of 100 families. Child Fam Soc Work 2006; 11(4):325-335.
14. O'Donnell M, Nassar N, Leonard H, Hagan R, Mathews R, Patterson Y, Stanley F. Increasing Prevalence of Neonatal Withdrawal Syndrome: Population study of maternal factors and child protection involvement. Pediatrics 2009; 123(4): 614-621.
15. Finnegan, LP. Introduction to Women, Children and Addiction. J Addict Dis. 2010; 29(2):113-116.
16. Center for Substance Abuse Treatment. Substance Abuse Treatment: Addressing the Specific Needs of Women. Treatment Improvement Protocol (TIP). Rockville, MD: Substance Abuse and Mental Health; 2009.
17. Young NK, Boles SM, Otero C. Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. Child Maltreat. 2007; 12(2):137-149.
18. Lavergne C, Morissette P. Consommation maternelle abusive d'alcool ou de drogue entourant la naissance : ampleur, enjeux pour l'aide aux femmes enceintes et aux nouvelles mères et pratiques d'intervention. In: Brochu S, Landry M, Patenaude, C (Ed.), L'intégration des services en toxicomanie. Québec, Les presses de l'Université Laval; 2012, pp.158-188, .
19. Tuchman E. Women and addiction: the importance of gender issues in substances abuse research. J Addict Dis. 2010; 29(2); 127-138.
20. Canadian Northwest FASD Research Network. Taking a relational approach: the importance of timely and supportive connections for women. CanFASD Northwest's Network Action Team on Prevention from A Women's Health Determinants Perspective, 2010. Retrieve March 27, 2014 from www.canfasd.ca/wp.../02/RelationalApproach_March_2010.pdf
21. Brady TM, Visscher W, Feder M, Burns AM. Maternal drug use and the timing of prenatal care. J Health Care Poor Underserved 2003; 14(4): 588-607.
22. Whittaker A. Guide concernant l'usage de substances psychoactives durant la grossesse. Paris :Éditions Respadd; 2013.
23. Dell A, Roberts G. Le point sur la recherche. Consommation d'alcool et de drogue et grossesse : une importante question sociale et de santé publique. Ottawa, ON : Agence de santé publique du Canada, 2006. Retrieve March 27, 2014 <http://www.hc-sc.gc.ca/hc-ps/pubs/adp-apd/bp-mp-intervention/index-fra.php>.
24. United Nations Office on Drugs and Crime. Substance abuse treatment and care for women: Case studies and lessons learned. United Nations, New York, 2004.
25. Girard MP, Dessureault, S, Dionne M, Salois É, Venne M. Main dans la main : un programme pour les mères toxicomanes et leur bébé. In Lafortune D, Cousineau M-M, Tremblay, C (Ed), Pratiques innovantes auprès des jeunes en difficulté. Montréal, Les Presses de l'Université de Montréal; 2010, pp.15-35.
26. Morissette P, Venne M. Un modèle théorique pour évaluer et intervenir dans le contexte d'une nouvelle maternité chez les consommatrices de substances

- psychoactives. In : Morissette P, Venne M (Ed.), Parentalité alcool et drogues : un défi multidisciplinaire. Montréal (Québec): Éditions Sainte-Justine: collection Intervention; 2009, ppé27-47.
27. Huberman AM, Miles B. Analyse des données qualitatives : recueil de nouvelles méthodes. Bruxelles, Belgique: De Boeck-Wesmael; 1991.
 28. Gerring J. Case study research. Principles and practices. Boston, Cambridge University Press; 2007.
 29. Devaux-Sparatakis A, Gregot A. Les défis de l'emploi de l'étude de cas en évaluation. Politiques sociales et familiales 2012;110:33-44.
 30. Guzman R, Leonard L, Gwadz M, Young R, Ritchie MAA, Arredondo G, Riedel M. "I thought there was hope for me": A behavioral intervention for urban mothers with problem drinking. Qual Research Res. 2006;16(9):1652-1266.
 31. Sword W, Niccols A, Fan A. New Choices for women with addictions: Perceptions of program participants. BMC Pub Health 2004; 4(10):1-11.
 32. Cannella BL. Maternal-fetal attachment: An integrative review. J Adv Nurs.2005; 50(1): 60-68.
 33. Kruk E, Banga, S. Engagement of substance-using pregnant women in addiction recovery. Can J Community Ment Health 2011; 30(1):79-91.
 34. Sword W, Jack S, Niccols A, Milligan K, Henderson J, Thabane L. Integrated programs for women with substance use issues and their children: a qualitative meta-synthesis of processes and outcomes. Harm Red J. 2009; 6(32):1-17.
 35. Venne M, Morissette P. Ce difficile passage de toxicomane à mère: quelques éléments de compréhension. In : Morissette P, Venne M, (Ed.), Parentalité alcool et drogues : un défi multidisciplinaire. Montréal (Québec): Éditions Sainte-Justine: collection Intervention; 2009, pp. 49-68.
 36. Roberts, G, Nanson, J. Meilleurs pratiques, Syndrome d'alcoolisme fœtal/effets de l'alcool sur le fœtus et les effets des autres drogues pendant la grossesse. Division de la stratégie canadienne antidrogue, Ottawa, ON : Santé Canada, 2000. En ligne: <http://www.hc-sc.gc.ca/hc-ps/pubs/adp-apd/bp-mp-intervention/index-fra.php> (Page consultée le 3 avril 2014).
 37. Gearing RE, Selkirk EK, Koren G, Leslie M, Motz M, Zelazo LB, Lozier FA. Perspectives of mothers with substance use problems on father involvement. Can J Clin Pharmacol. 2008; 15(1):99-107.
 38. Morissette P, Bourque S, Roux, M-È. Trajectoire d'engagement paternel dans un contexte de consommation paternelle excessive de substances psychoactives. Intervention 2011; 135(1): 61-72.
 39. Cawthon L, Westra K. Safe babies, safe moms: Program evaluation. Olympia, WA; Research and data Analysis department and health Services, 2003.
 40. Brady TM, Visscher W, Feder M, Burns AM. Maternal drug use and the timing of prenatal care. J Health Care Poor Underserved 2003; 14(4): 588-607.
 41. Sun, AP. Helping substance-abusing mothers in the child welfare system: Turning crisis into opportunities. Fam Soc. 2000; 81(2):142-151.
 42. Niccols A, Milligan, K, Sword, W., Thabane, L. Integrated programs for mothers with substance abuse issues: A systematic review of studies reporting on parenting outcomes. Harm Reduct J. 2012; 9, 1-11.