



# Drug-Dependent Mother's Needs in Childcare: An Integrative Literature Review

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## Abstract

**Objectives:** Substance abuse is becoming a particularly alarming issue among women and has been a concerning surge in societies. Childcare is a principal part of pediatric preventive healthcare. A robust body of research has linked maternal substance use with less optimal motherhood and childcare. Given the challenges of parenting for mothers with substance use, as well as the existence of a gap in the literature regarding substance use mothers' needs in childcare, this integrative literature review was performed. This review aimed to explore the parenting needs of drug-dependent women to optimize the long-term health and development of their children.

**Methods:** Electronic searching of Medline, PubMed, Scopus, Cochrane, Embase, Web of Science, SID, and Google Scholar was performed up to October 2024. Inclusion criteria consist of both English and Persian-published studies assessing childcare challenges and needs in drug-abused women. In the long run, 464 studies met the inclusion criteria. The quality of 20 final reports was evaluated by two researchers who extracted data based on the Whittemore and Knafl recommendations.

**Results:** The childcare needs of these mothers were classified into two main categories: Health care & clinical services (primary health care, perinatal health care, home visits, reproductive health care, breastfeeding counseling, exclusive breastfeeding training, family-planning, self-care education, health education, mental health screening, and counseling, educated health providers, healthcare accessibility) and human & social services (parenting skills education, informative interventions, family counseling, psychological counseling, financial support, instrumental support, spiritual support, emotional support, risk behaviors control, social skills education, empower women, create peer communities, support networks, insurance plans).

**Conclusions:** The childcare needs of these mothers were classified into two main categories: health care & clinical services and human & social services. The findings of this research indicate that childcare for mothers affected by opioid use disorder necessitates a multi-disciplinary approach to identify, develop, and address their needs.

**Keywords:** Care, Need, Mother, Drug abuse, Child

## Introduction

The substance abuse epidemic remains a significant and ongoing challenge to societies, individuals, families, and healthcare providers around the world (1). Over the last decade, drug use has become a particularly alarming issue among women and has been a concerning surge (2). There are no statistics on the number of children in families with opioid-abusing mothers, but nearly 70% of women receiving treatment for drug addiction have children (3). Maternal substance abuse is an ongoing and significant challenge as it has adverse effects on both the mother and her child and raises serious concerns (4). Drug-addicted mothers are a vulnerable group due to high levels of disadvantage, poverty, stigma, homelessness, unmet health needs, mental health problems, and minimal social support, so they are more likely to face multiple risks and adverse reproductive and motherhood outcomes across

their lifetime (5).

Furthermore, mothers' opioid use may place their children at risk for emotional and physical abuse, neglect, and involvement in health, developmental, and social complications (6). Beyond individual-level factors, system and service delivery factors have also been identified as potential sources of harm for mothers and their children, as John McConnell et al highlighted that a lack of coordination between the healthcare and human services sectors may further exacerbate poor outcomes for drug-dependent mothers and their children (5,7). Childcare is a principal part of pediatric preventive healthcare. Adequate childcare is essential for all children, particularly those at high risk of poor health and development, as mentioned above (8). A robust body of research has linked maternal substance use with less optimal motherhood and childcare (9-11). Improving outcomes for children affected by

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maternal substance use is a crucial objective of policy and practice (12).

Hence, understanding and recognizing the challenges these mothers face and their needs in the context of childcare is essential, as it enables the health system and policymakers to develop appropriate programs to improve and promote the health of children (8). Given the challenges of parenting for mothers with substance use, as well as the existence of a gap in the literature regarding these mothers' needs in childcare, this integrative literature review aims to explore drug-dependent women's needs in childcare to optimize long-term child health and development.

**Materials and Methods**

The analytical method for this report is an integrative literature review as described by Whittemore and Knafl, which synthesizes theoretical and empirical literature in a wide-ranging format to provide a deeper understanding of the phenomenon and inform evidence-based practice. Following Whittemore and Knafl's framework, the review comprised five stages: problem identification, literature search, data evaluation, data analysis, and presentation (13).

**Information Resources and Search for Studies**

The review aimed to examine the childcare needs of drug-dependent mothers via an integrative literature review.

This review included quantitative and qualitative studies on opioid-addicted women without time limitation. Guidelines, programs, and conference papers were excluded from the study. A full electronic search was conducted on MEDLINE, PubMed, Web of Science, Embase, Scopus, the Cochrane Central Register Trials inception, and Google Scholar. We also searched Persian databases such as SID, Iran Medex, and Magiran up to October 2024. The search terms were Drug Abuse mother OR Drug Users women OR Addict women OR opioid use women AND Health Care Needs OR Educational Needs OR Parenting Needs OR Needs Assessment AND child-care OR Infant Care OR Parenting. The process of searching and selecting studies is shown in Figure 1.

**Data Evaluation and Quality Appraisal**

Two individuals performed the data extraction and quality assessment of the included reports according to a predefined checklist of first author, year of publication, location, participants, design, methods, findings, and quality score (Table 1).

References that remained in the search were scored using either the quality assessment criteria for quantitative studies or the quality assessment criteria for qualitative study scoring tools (see Tables 2 and 3). The quality assessment tools were developed based on the recommendations of Whittemore and Knafl (13). Scores ranged from 4 to 10, and references with scores below 4

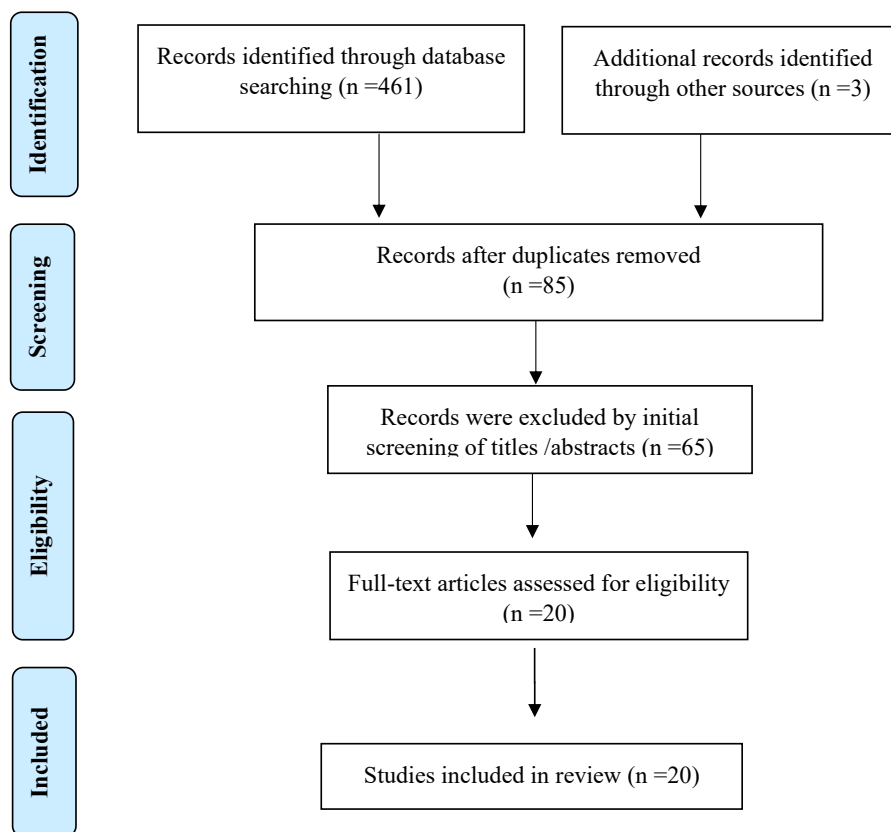


Figure 1. PRISMA Flow Diagram of Study Selection Progress.

**Table 1.** Summarizes the Publications Examined in This Review

Authors, year, location	Participants	Design	Methods	Findings/Comments	Quality Score
Sharifian et al, 2011, Iran (15)	236 Drug-abused pregnant women	Cross-sectional	Observing and checklist	Opium addiction causes serious complications for fetuses and newborns.	8/10
Raiisi et al, 2012, Iran (16)	50 Addict adults	Cross-sectional	SCL90 for mental health, family environment questionnaire	Child-rearing styles of substance abuse mothers negatively affect children's mental health	5/10
Khosrovani et al, 2012, Iran (17)	100 Addict adults	Cross-sectional	GHQ	Substance abuse inhibits women's capacity to develop appropriate parenting skills	7/10
Moodi and Yazdan Dost, 2015, Iran(18)	269 Drug-abused mothers	Cross-sectional	GHQ	Poor mental health is common among mothers with substance abuse	7/10
Mancheri et al, 2020, Iran (24)	36 Participants	Qualitative content analysis	Semi-structured, in-depth individual interview	Drug abuse mothers sometimes force children to take unhealthy and irrational behavior	9/10
Galshi et al, 2022, Iran (19)	112 Addicted pregnant women	Cross-sectional	A researcher-made checklist	Addiction during pregnancy causes many complications for the fetus and the newborn.	10/10
Sadeghi et al, 2023, Iran (20)	52 Drug-abusing mothers	RCT	A researcher-made questionnaire for breastfeeding continuity	Continuation of exclusive breastfeeding is low in drug-dependent nursing mothers	9/10
Farasati et al, 2023, Iran (21)	60 Primiparous women	RCT	BSE	Home counseling effectively influences the improvement of breastfeeding self-efficacy and breastfeeding performance	9/10
Bagheri et al, (2024), Iran (25)	20 Substance-using mothers	Conventional content analysis	Semi-structured and in-depth interviews	Perceived threats from social judgments, fear of losing infant custody rights, lack of maternal care knowledge, and inefficiency of support networks were difficulties faced by addicted mothers concerning their infant care.	9/10
Silva et al, 2013, Portugal (26)	24 Drug-addicted mothers	The grounded theory study	Semi-structured interviews	Drug abused mothers need support received from society and their families	7/10
Nargiso et al, 2014, United States (22)	60 Females	Descriptive study	MSPSS	Mothers require various forms of social support, encompassing spiritual, emotional, and material assistance	8/10
Shaw et al, 2016, Washington State (29)	8 Registered nurses	A grounded theory	Interview	Drug-abusing women during their labor, birth, and postpartum have some needs.	8/10
Kahn et al, 2017, USA (27)	75 Women	Qualitative analysis	Focus group	Educational support groups and suggestions were beneficial for mothers.	6/10
Mallahan et al, 2017, United States (28)	11 Pregnant women	Thematic analysis	Semi-structured in-depth interviews	OUD women during the perinatal period need to provide some social support.	6/10
Kristy and Kim, 2020, North Carolina (30)	10 Women who breastfed	A grounded theory study	In-depth interviews	In OUD, women's decision-making about initiating and maintaining breastfeeding is the trajectory	6/10
Coupland et al, 2021, Australia (5)	32 Service provider	A grounded theory approach	Semi-structured in-depth interviews	Mothers need ongoing community-based support and perinatal and parenting services to achieve sustainable positive outcomes for children.	9/10
Camden et al, 2023, Canada (8)	22 276 children	Cohort study	Health and demographic data in online administrative databases	Mothers need exclusive programs and policies to ensure continuity of care and equitable access to primary healthcare.	9/10
John McConnell et al, 2023, Portland (7)	1531 women	A longitudinal study	Project nurture sites	Mothers need human and social services.	7/10
Goyal et al, 2023, Pennsylvania (11)	31 parents and 30 pediatric clinicians	Qualitative study	Semi-structured telephone interviews	Mothers need family support, peer group, and counseling.	9/10
Yoon et al, 2024, Ohio (23)	73 parents	A mixed method study	Telephone survey, In-depth interviews	Mothers need parenting interventions and programs, support programs, and resources to improve parenting outcomes and parenting skills	10/10

OUD, Opioid use disorder; MSPSS, Multidimensional Scale of Perceived Social Support; BSE, breastfeeding self-efficacy; GHQ, General Health Questionnaire; RCT, randomized clinical trial.

**Table 2.** Quality Assessment Worksheet for Quantitative Studies

Criteria	Y/N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	Comment/notes:
The question/objective sufficiently described	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y: yes; N: no
Study design clearly described	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y: yes; N: no
Measurement tools used described	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y: yes; N: no
The method of participant selection described and the appropriate	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y: yes; N: no
Exclusion criteria clearly described	Y	Y	N	N	Y	Y	N	N	N	N	N	N	N	Y	Y: yes; N: no
Outcomes well-defined	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y: yes; N: no
Analytic methods described and appropriate	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y: yes; N: no
Results reported with sufficient detail	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y: yes; N: no
Limitations identified and discussed	N	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y: yes; N: no
The conclusion supported by the results	Y	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y: yes; N: no
Summary/additional notes:	8	5	7	7	10	9	9	8	9	9	7	10	7	10	Y: yes; N: no
Article citation	Sharifian et al (15)	Raiisi et al (16)	Khosrovani et al (17)	Moodi et al (18)	Galshi et al (19)	Sadeghi et al (20)	Farasati et al (21)	Nargiso et al (22)	Camden et al (8)	John McConnell et al (7)	Yoon et al (23)				

**Table 3.** Quality Assessment Worksheet for Qualitative Studies

Criteria:	Y/N										Comment/notes:	
The question/objective sufficiently described	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y: yes N: no
The study design described and appropriate	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y: yes N: no
The context of the study clear	Y	Y	Y	Y	Y	Y	N	N	Y	N	Y	Y: yes N: no
Connection to a theoretical framework described	Y	Y	N	N	N	N	N	N	N	Y	Y	Y: yes N: no
The sampling strategy described, relevant, and justified	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y: yes N: no
Data collection methods are clearly described and systematic	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y: yes N: no
Data analysis clearly described and systematic	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y: yes N: no
Findings verified and credible	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y: yes N: no
Limitations identified and discussed	N	Y	N	Y	N	Y	N	N	Y	Y	Y	Y: yes N: no
The conclusion supported by the results	Y	N	N	N	N	N	N	N	Y	Y	Y	Y: yes N: no
Summary/additional notes:	9	9	7	6	6	8	6	6	9	9	10	Y: yes N: no
Article citation	Mancheri et al (24)	Bagheri et al (25)	Silva et al (26)	Kahn et al (27)	Mallahhan et al (28)	Shaw et al (29)	Kristy and Kim (30)	Coupland et al (5)	Goyal et al (11)	Yoon et al (23)		

were excluded (14). The remaining 20 references were used to examine further childcare needs among drug-abused women.

## Results

Of the 464 relevant publication studies, 20 reports met the inclusion criteria. Table 1 summarizes the characteristics of the included studies. Of the 20 studies, nine were conducted in Iran and 11 in other countries. The language of 16 studies was English, and four were in Persian. The data extracted from the studies included in the review are presented in Table 1.

In a comparative-analytical study, Moodi and Yazdan Dost concluded that the mental health of the mother, the first caregiver, and the person who has the closest contact with the child affects various aspects of the child's discipline and mood. The authors explained that poor mental health, which is common among mothers with substance abuse, may play an essential role in the development of personality and mood. Therefore, they recommend that healthcare professionals identify these mothers and plan psychological counseling for them (18). A cross-sectional study by Sharifian et al declared that maternal drug abuse during pregnancy is associated with perinatal mortality and morbidity, such as preterm birth, premature rupture of the amniotic membranes, cesarean section, hepatitis B, intrauterine fetal growth, infant death, decreased Apgar scores, respiratory distress, seizures, hypoglycemia, need for resuscitation, and finally admission to the neonatal intensive care unit. Consequently, they advocated for the necessity to educate women on social skills and build peer groups to inform and empower women as a means of managing and reducing these challenges (15).

A cross-sectional study by Galshi et al mentioned that addiction during pregnancy causes many complications for the fetus and the newborn. They recommended that the implementation of a comprehensive and specific program of diagnosis, treatment, and rehabilitation is needed to reduce the impairment caused by addiction, especially for children (19). Sadeghi et al asserted that continuation of exclusive breastfeeding is low in drug-dependent nursing mothers and fails in the first 6 months after birth, so they proposed the implementation of breastfeeding training in a randomized clinical trial study. They found the effectiveness of breastfeeding training on the continuation of exclusive breastfeeding in mothers who use drugs and then concluded that breastfeeding instruction is an informational need for these mothers, which could reduce health costs and damages caused by the lack of exclusive breastfeeding in their infants and to help promote the health of the mother and the baby (20). A randomized controlled trial by Farasati et al revealed that home counseling effectively improves breastfeeding self-efficacy and performance after CS. Therefore, it is suggested that in-home supportive interventions be employed among mothers who underwent CS to promote

breastfeeding and exclusive breastfeeding (21).

Bagheri et al, in a conventional content qualitative study, discussed the difficulties faced by mothers who are addicted to drugs concerning their infant care. They discovered that these mothers face challenges due to a lack of knowledge about maternal care and the inefficiency of their support networks. They concluded that the willingness of drug-using mothers to provide proper care for children, along with gaps in knowledge and support systems, necessitates a well-planned health promotion program for this cohort. In this regard, specialists play a crucial role in providing health and care services, particularly for infants (25). The grounded theory study conducted by Silva et al revealed that drug-abused mothers need support from society and their families (26).

A descriptive study by Nargiso et al. (2014) noted that mothers who struggle with drug abuse require various forms of social support, encompassing spiritual, emotional, and material assistance such as housing, financial aid, and food. The encouragement they receive from their families plays a significant role in motivating them to overcome addiction and be a good parent (22). Yoon et al, in a mixed-methods study, claimed that substance-use mothers require parenting interventions and programs, support programs, and resources to improve parenting outcomes, parenting skills, and positive parent-child interactions because of their challenges in developing positive motherhood attitudes and practices (23). A qualitative study by Goyal et al noted the childcare needs for mothers with opioid use disorder (OUD), which consist of the need for family support, peer group discussion about various topics, family planning guides, mindfulness exercises, and counseling to reduce stress, promote emotional awareness for parenting, education to promote parental information, and peer support to share knowledge (31).

Findings by the Camden and colleagues' cohort study support the need for exclusive programs and policies to ensure continuity of care and equitable access to primary healthcare for pregnant women affected by opioids. They identified the children of substance use mothers as a vulnerable group due to adverse neonatal outcomes, highlighting the need for childcare visits as an essential part of pediatric healthcare. Childcare visits provide opportunities to assess the development of physical health, administer immunizations, provide anticipatory guidance, and connect mothers to specialized services (8).

John McConnell et al, in a longitudinal study, proposed that due to challenges that could be experienced by drug abuse women, such as stigma, shame, emotional trauma, abusive behavior of others, violence, lower socioeconomic status, and financial desires, this group needs human and social services that merge with the health care system. This kind of care could have potential short- and long-term benefits to mothers and their children (7). Findings by Kahn et al suggest that women with opioid-use disorder

experience insecurity about their parenting abilities due to a lack of parenting knowledge, dysfunctional parenting practices, less emotional availability, and lacked parenting self-efficacy. Hence, they wish to improve their parent-child relationship, skills, and knowledge through parenting skills education and child protective services. The authors explained that the list of topics for the educational interventions, including information about prenatal care, pregnancy, delivery, postpartum care, and parenting tips, were developed collaboratively by child protective service experts, physicians, psychologists, public health practitioners, and social work professors to address critical issues relevant to women in treatment for opioid-use disorder who are parenting children (27).

A thematic analysis by Mallahan et al revealed that OUD women during the perinatal period need to provide social support, guidance on nutrition, self-care, a focus on the mother/infant dyad, assistance with employment and activities of daily living, parenting education, connecting mothers with resources and grants, providing a variety of spiritual approaches depending on the desire of the mother, and the private environment and space (28).

A grounded theory by Shaw et al explored that from the nurses' point of view in caring for drug-abused women during their labor, birth, and postpartum, there are some needs, including the need for more knowledge, more parenting information, the need for more education for self-care, providing inpatient nursing care, educated health providers, substance abuse services for childbearing women covered in all insurance plans, pain management, rural health services, and collaboration between social workers and health providers (29). Khosrovani et al, in a cross-sectional study, explained that maternal substance use often disrupts important structures and functions within the family as substances may cause physical, cognitive, or mental impairments that inhibit their capacity to develop appropriate parenting skills and the ability to care effectively. They noted that mothers' opioid use might place their children at risk for abuse, neglect, and involvement in the child welfare system, so they conclude that parenting skill education is required for these mothers (17).

A cross-sectional study by Raiisi et al shows that impaired child-rearing styles of substance abuse mothers negatively affect the mental health status of their children, so they proposed mental health screening and counseling for these mothers to reduce psychological consequences and enhance the quality of parenting (16).

Coupland et al, using a grounded theory approach, highlighted that providing ongoing community-based support perinatal and parenting services for mothers with substance use disorders has the potential to achieve sustainable positive outcomes for children (5). Mancheri et al, in a qualitative content analysis study, stated drug abuse mothers sometimes force children to take unhealthy and irrational behavior on their own (such as restricting

social connections). These mothers place their children in perplexing situations that significantly influence their socialization process. Also, children living in this family are susceptible to drug use because addiction is something that can be learned, and a person raised in an addicted family is more likely to become addicted. So, the authors emphasize the importance of comprehensive interventions by therapists and healthcare providers to maximize behavioral adaptation in children who live with substance abusers' parents (24). A grounded theory study by Kristy and Kim mentioned that in OUD, women's decision-making about initiating and maintaining breastfeeding is on a trajectory. The authors underline that clinicians should be informed about caring for these women and support their breastfeeding and newborn well-being. Some strategies, such as the development of a mobile application and incorporation of breastfeeding guidelines, were suggested for these women (30).

## Discussion

The current integrative literature review assessed available reports regarding the needs of drug-dependent mothers in childcare. To the best of our knowledge, this is the first review study evaluating their parenting needs. Overall, the data obtained from this review revealed that drug-abused women who engage in childcare constitute a particularly vulnerable group. Research shows these mothers are eager to care for their children personally and be acknowledged as nurturing mothers but will encounter numerous challenges. Consequently, mothers must request help from healthcare providers and social workers to undertake their specific difficulties. Similarly, reports from other studies have highlighted the foreboding of government interference and healthcare workers' involvement (32-34). The childcare needs of these mothers were classified into two main categories: Health care & clinical services (primary health care, perinatal health care, home visits, reproductive health care, breastfeeding counseling, exclusive breastfeeding training, family planning, self-care education, health education, mental health screening, and counseling, educated health providers, healthcare accessibility) and human & social services (parenting skills education, informative interventions, family counseling, psychological counseling, financial support, instrumental support, spiritual support, emotional support, risk behaviors control, social skills education, empower women, create peer communities, support networks, insurance plans) which collaboration between both systems, as well as social workers and health providers, are necessary. Our findings are consistent with Ricks et al study showing that substance-use women have significant challenges and barriers to accessing preconception care; they do not seek such care, and lack of awareness is another reason that has profound consequences for their birth outcomes. They proposed that prenatal and primary women's health care settings should screen these women and refer them

for specialized care and education to prevent adverse birth outcomes (35). As previously mentioned, the Bueno study indicates that drug-abusing mothers require parenting education due to a lack of understanding and information about the proper care needed for their children. In this regard, employees and mothers must be offered sufficient training and resources (32). In association with healthcare services, a study by Hanson et al mentioned that family-based in-home visits can effectively meet the needs of mothers struggling with the dual challenges of substance abuse and parenting infants and children. They described that such a program can prevent child maltreatment and family disruption, which is in line with present research findings (36).

Lander et al explained that healthcare disparities are a problem for opioid-dependent women because of their challenges and barriers to accessing the health systems, obstetrical care, and substance abuse treatment, especially in rural communities, which can affect both maternal and fetal health. This emphasizes the mother's need for untroubled healthcare accessibility, as declared in the present research (37). In support of these findings, a review study by Mahoney et al declares that prenatal care and screening to detect substance users, medication-assisted treatment to control withdrawal signs and reduce neonatal abstinence syndrome, risk assessment, supportive care during the intrapartum and postpartum period, pain management, postpartum follow-up, breastfeeding consultation, and fostering maternal-infant bonding are important considerations in the care of the woman with substance use disorder (38). In association with social support, a survey by Gordon et al described that women with opioid disorders face discredit by nurses in perinatal care settings, contributing to negative care experiences. Also, they identified inadequate social support as a critical challenge in this patient population. They highlight potential strategies to improve supportive health care for drug-dependent mothers and their infants, such as health provider education and clinical guidelines to improve clinical practice and foster medicinal relationships (39). Our findings are consistent with a review study by Larson et al that mentioned mental health services, integrated care for the child and mother, parenting support, and home visiting as some strategies to support mothers impacted by OUD (40).

A review by Miller et al declared that childcare for mothers who are affected by OUD requires a multi-disciplinary approach that can be challenging for institutions to develop and maintain. They discussed that this approach can improve outcomes for the mother, child, and family by addressing care of the mother-child dyad and family during pregnancy, delivery, and postpartum, which is in line with the present research findings (41).

### Limitations of the Study

This review offers a new integrative and comprehensive

perspective on the literature concerning the childcare needs of drug-abusing mothers. However, the review is limited by the suboptimal quality of some included studies, which could undermine the findings' reliability. Future research would benefit from well-designed studies employing standardized data definitions to enhance the robustness of results. Conference papers, guidelines, plans, and online databases related to the care and social services centers for drug-abused women were not included in the study so that future reviews can be done from this broader perspective.

However, this review included a broad search without limitations on a publication date for a wide variety of literature on the childcare needs of drug-abused women. In addition, quantitative and qualitative data integration can enrich the data sources and be used to improve analysis.

### Implications for Practice, Education, and Research

All clinicians need to be educated in identifying and caring for the growing population of women with substance use disorders. Unbiased, empathetic nurses are well positioned to strongly advocate and intervene on behalf of women with substance use disorder, which in turn will help to create positive outcomes for the mother and her baby. Targeted interventions that support the needs of mothers with OUD during motherhood, hospital policies and environments that minimize mother-infant challenges, and the provision of nonjudgmental care that supports mothers' autonomy are required.

Social workers played an influential role in this theme, collaborating with health providers to implement a patient-centered, practice-based intervention to improve the parenting knowledge and skills of opioid-use women. Communication strategies that engage and involve the woman and her support system will make her feel well cared for and supported.

### Conclusions

The childcare needs of these mothers were classified into two main categories: health care & clinical services and human & social services. This research's findings declared that childcare in mothers who are affected by OUD requires a multi-disciplinary approach that can be challenging for institutions to identify, develop, and meet. This approach can improve outcomes for the mother, child, and family by addressing the needs of the mother-child dyad and family during pregnancy, delivery, postpartum, and parenting.

### Authors' Contribution

**Conceptualization:** Fatemeh Bagheri, Monir Ramezani, Hassan Boskabadi.

**Data curation:** All authors.

**Project administration:** Fatemeh Bagheri.

**Supervision:** Monir Ramezani, Hassan Boskabadi.

**Writing—original draft:** Fatemeh Bagheri, Monir Ramezan.

**Writing—review & editing:** All authors.



**Conflict of Interests**

The authors have no conflicts of interest to disclose.

**Ethical Issues**

The study protocol with code IR.MUMS.NURSE.REC.1401.083 was approved by the Ethics Committee of Mashhad University of Medical Sciences.

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