



Substance Exposed Newborns:

AN INTRODUCTION TO SOLUTIONS

Prenatal exposure to alcohol, tobacco, and illicit drugs has the potential to cause a wide spectrum of physical, emotional, and developmental problems for these infants. Nationally each year an estimated 400,000–440,000 infants (10–11% of all births) are affected by prenatal alcohol or illicit drug exposure. In 2013, 795 children were diagnosed with Fetal Alcohol Spectrum Disorder in North Dakota. FASD is more prevalent than Down Syndrome, muscular dystrophy, and is as common as autism spectrum disorder¹. The harm caused to the child can be significant and long-lasting, especially if the exposure is not detected and the effects are not treated as soon as possible².

Following a multi-year review and analysis of existing policies and practices, the National Center on Substance Abuse and Child Welfare developed a five-point intervention framework to address the system surrounding substance exposed newborns. This framework serves as a comprehensive model that identifies five major time frames when intervention in the life of an infant can help reduce the potential harm of prenatal substance exposure. The framework illustrates that birth is one of many opportunities to positively affect intervention outcomes. Therefore, it is important to understand the extent of those opportunities and which interventions are most needed and most likely to be effective at each point in time.

Five Point Intervention Framework Overview

Including excerpt recommendations from the North Dakota Task Force on Substance Exposed Newborns report to ND Legislative Management³

- 1 Pre-pregnancy:** During this time, interventions can include promoting awareness among women of child-bearing age and their family members of the effects that prenatal substance use can have on infants.

Recommendations:

Develop education materials and an awareness campaign to educate women of childbearing age, as well as their significant others and families, about the dangers of substance use/abuse during pregnancy.

Health care providers should be informed of, and encouraged to refer patients of childbearing age with substance abuse concerns to addiction treatment resources.

- 2 Prenatal:** During this time, health care providers have the opportunity to screen pregnant women for substance use as part of routine prenatal care and to make referrals that facilitate access to treatment and related services for the women who need these services.

Recommendations:

Medical providers who provide services to pregnant women should understand their responsibilities surrounding testing, referral, follow-up and reporting.

Medical providers should develop consistent protocols for universal screening and testing of pregnant women.

Medical offices that provide care to pregnant women should develop protocols to identify patients who might be substance users/abusers and schedule appointments for them early in their pregnancies so they can receive information on the dangers of substance use/abuse as soon as possible.

Medical providers should provide best practice care to patients who are substance users during pregnancy (i.e. create a standard of care for pregnant mothers with an opioid use disorder be prescribed buprenorphine)

Five Point Intervention Framework Overview *(continued)*

- 3 Birth:** Interventions during this time include health care providers testing newborns for prenatal substance exposure at the time of delivery.

Recommendation:

Medical providers should develop consistent protocols for universal screening and testing of newborns.

- 4 Neonatal:** During this time, health care providers can conduct a developmental assessment of the newborn and ensure access to services for the newborn as well as the family.

Recommendations:

Hospitals and social service agencies should partner in the development of plans of safe care for each newborn born with prenatal exposure to substances, prior to discharge from the hospital following the birth.

Parents and caregivers (including foster parents) should receive training and educational materials on best practices for caring with a newborn born with prenatal exposure to substances prior to discharge.

- 5 Throughout childhood and adolescence:** During this time, interventions include the ongoing provision of coordinated services for both child and family.

Recommendation:

County social services and direct service providers need training so they can better inform foster parents about care for children born exposed to substances. Social workers also need appropriate education materials and training presentations that they can offer to foster parents.

References

¹Burd, PhD, 2016. A Report to the North Dakota Task Force on Substance Exposed Newborns: From North Dakota Fetal Alcohol Syndrome Center.

²<https://www.ncsacw.samhsa.gov/files/Substance-Exposed-Infants.pdf>

³Senate Bill 2367 in the sixty-fourth Legislative Assembly created a task force on substance exposed newborns "for the purpose of researching the impact of substance abuse and neonatal withdrawal syndrome, evaluating effective strategies for treatment and prevention and providing policy recommendations."

⁴https://www.ncsacw.samhsa.gov/files/Collaborative_Approach_508.pdf

This five-point intervention framework highlights opportunities for cross-system collaboration and policy development at each critical point in time, from pre-pregnancy throughout an infant's early years. The framework also integrates recommendations for best practices related to outreach, engagement, treatment, and support for mothers and their infants along the five-point continuum. The framework shows that no single system has the necessary resources, information, or influence needed to adequately serve this vulnerable mother-infant dyad and other involved family members who are likely to need services. All those who have a role in improving outcomes for such families need to collaborate in order to put the necessary policies and practices in place. These collaborations can set the stage for maternal recovery from substance use disorders, child safety, and the well-being of all those involved.

Without a comprehensive coordinated response that includes child welfare and healthcare, including obstetrics, pediatrics, substance abuse treatment, and mental health professionals, families are not well served. Cross-system initiatives lead to better results by facilitating better communication, clearly defining the roles of the various professionals who serve these families, and maximizing the resources of multiple stakeholders who have a vested interest in accomplishing shared goals⁴.

The ND Task Force on Substance Exposed Newborns, 2016 Summary of Recommendations can be downloaded at parentslead.org/SubstanceExposedNewborns.pdf
