



Special Care for the Substance-Exposed Newborn

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What is New?

1. GAO Report – February 2015. PRENATAL DRUG USE AND NEWBORN HEALTH Federal Efforts Need Better Planning and Coordination:
<http://gao.gov/assets/670/668385.pdf>
2. Protecting Our Infants Act of 2015 legislation S.799
<https://www.congress.gov/bill/114th-congress/senate-bill/799/text>
3. Arizona Opioid Prescribing Guidelines
<http://azcjc.gov/ACJC.Web/Rx/opioid-prescribing-guidelines.pdf>
3. SB 1032 - AHCCCS; contractors; prescription monitoring. AHCCCS contractors shall intervene when a member has 10 or more prescriptions for a controlled substance within a 3 month period
<http://www.azleg.gov/legtext/52leg/1r/bills/sb1032s.htm>
4. SB1370 controlled substances prescription monitoring program. Requires physicians register with the Controlled Substance Monitoring Program (CSPMP) <https://legiscan.com/AZ/text/SB1370/id/1200769/Arizona-2015-SB1370-Chaptered.html>

ARIZONA STATEWIDE TASK FORCE

UNDERSTAND

PREVENT

EDUCATE

SUPPORT

on Preventing Prenatal Exposure
to Alcohol and Other Drugs



Substance Exposed Pregnancies:

The Basics



SUBSTANCES
OF ABUSE



ELIMINATION



Intrauterine Drug Exposure Baby has Increased Risk of:

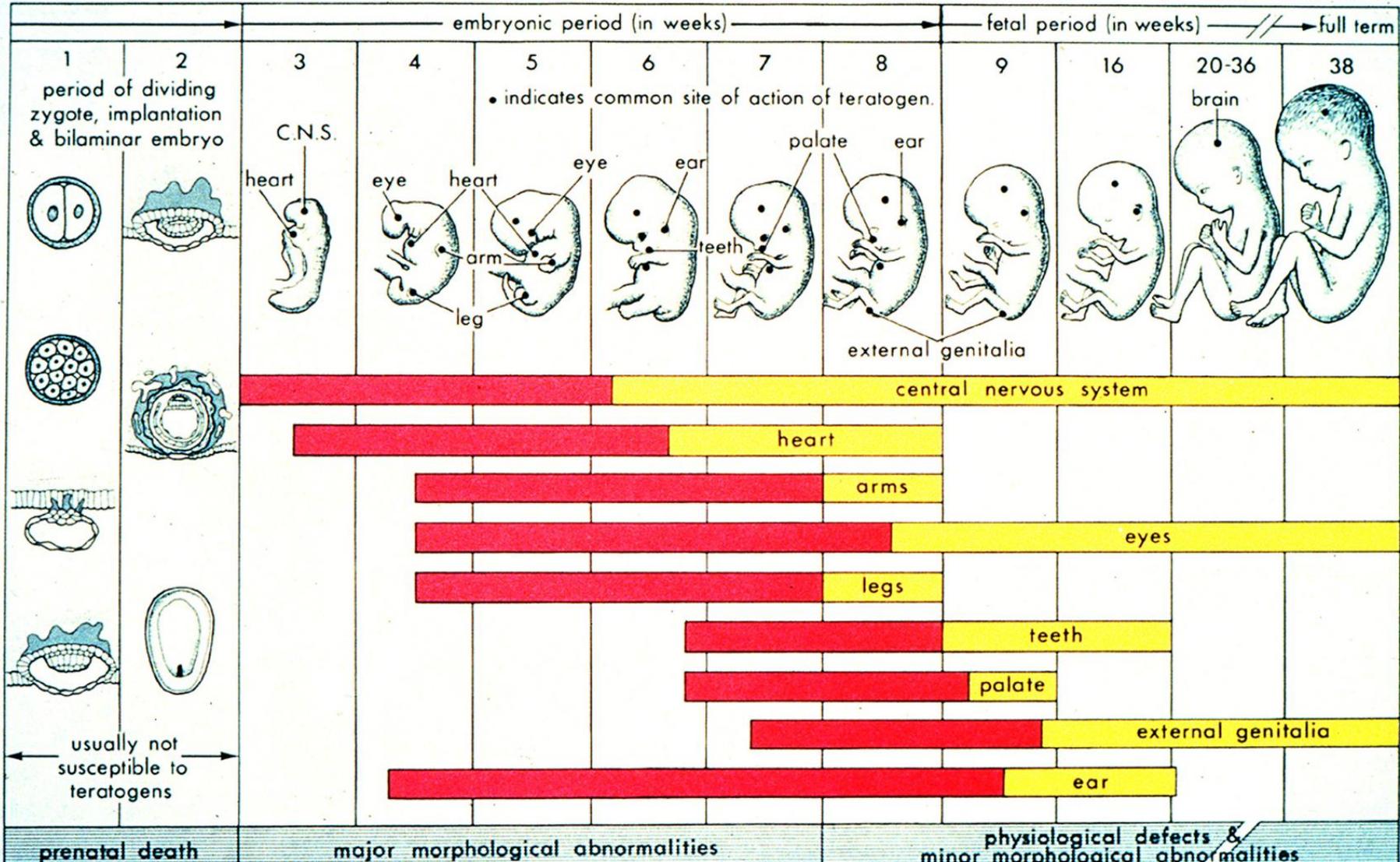
- » Impaired fetal growth
- » Prematurity
- » Neurologic deficits
- » Behavioral changes
- » Developmental Delays
- » SIDS
- » Child abuse

MacMahon JR. Perinatal Substance Abuse: The Impact of Reporting Infants to Child Protective Services. *Pediatrics* 1997 100(5)e1-9



Fetal Development Timeline

CRITICAL PERIODS OF DEVELOPMENT (RED DENOTES HIGHLY SENSITIVE PERIODS)



The Opioid Epidemic

- » Narcotics & pain killers
 - > Prescription medications
 - > Heroin & Methadone
- » Brain receptors altered
 - > Cycle of drug craving and drug withdrawal
- » Methadone/Buprenorphine Therapy
 - + Provides safer drug substitute
 - + Long half-life - eliminates craving and breaks cycle
 - + Goal is rehabilitation
- » Do not detox during pregnancy



Neurobehavioral & Regulatory Impairment

- » Seen with all substances of abuse
- » Tremors
- » Irritability
- » Difficulty being consoled
- » Hypertonicity (increased muscle tone)
- » Increased startle response (Moro reflex)
- » Respiratory, feeding, & sleeping problems



Observed Effects of Substance Abuse in the Newborn

	<u>Nicotine</u>	<u>Alcohol</u>	<u>Marijuana</u>	<u>Cocaine</u>	<u>Opioids</u>	<u>PCP</u>	<u>Meth</u>	<u>Benzos</u>
<u>Prematurity</u>	Yes	Yes	No	Yes	Yes/No	No	Yes/No	Yes
<u>Low Birth Weight</u>	Yes	Yes	No	Yes	Yes/No	No	Yes	Yes
<u>Neuro - Behavioral SX</u>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<u>NAS</u>	Yes	Yes	No	No?	Yes	Yes/No	Yes?	Yes
<u>Congenital Malformations</u>	Yes/No	Yes	No?	Yes/No	No	Yes	Yes?	Yes/No
<u>SIDS</u>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<u>Child Abuse or Neglect</u>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Yes/No = both have been reported, **?** = controversial or unclear findings

Adapted from Jansson LM, Velez ML. Peds in Review. Jan 2011

Prenatal Substance Abuse: Short- and Long-term Effects on the Fetus

TABLE 2 Summary of Effects of Prenatal Drug Exposure

	Nicotine	Alcohol	Marijuana	Opiates	Cocaine	Methamphetamine
Short-term effects/birth outcome						
Fetal growth	Effect	Strong effect	No effect	Effect	Effect	Effect
Anomalies	No consensus on effect	Strong effect	No effect	No effect	No effect	No effect
Withdrawal	No effect	No effect	No effect	Strong effect	No effect	*
Neurobehavior	Effect	Effect	Effect	Effect	Effect	Effect
Long-term effects						
Growth	No consensus on effect	Strong effect	No effect	No effect	No consensus on effect	*
Behavior	Effect	Strong effect	Effect	Effect	Effect	*
Cognition	Effect	Strong effect	Effect	No consensus on effect	Effect	*
Language	Effect	Effect	No effect	*	Effect	*
Achievement	Effect	Strong effect	Effect	*	No consensus on effect	*

* Limited or no data available.



Special Care



Intervention

- » For both the birth mother and the substance-exposed newborn, it is important to remember that it is more about support and intervention than a “cure”
 - > RBHA Family Urgent/Rapid Response
- » Specific diagnosis may not be possible
- » Helpful guidelines:
 - > Clear understanding
 - > Realistic expectations
 - > Creative problem solving
 - > Patience



Comfort Measures

- » Engage mom in treatment, if possible
- » Allow infant to rest & don't handle excessively
- » Avoid overstimulation
- » Establish sleep & wake routines
- » Consistent & stable environment
 - > Non smoking environment!
- » Coordinate all care after infant wakes
- » Swaddle in blanket





SCIENCEPHOTOOLIBRARY

Safe Sleep & SIDS Prevention

- » SENs at increased risk of SIDS
- » “Back to Sleep” AAP Program
 - > Always have infant sleep on back, unless supervised tummy time
- » Avoid overheating
 - > Dress appropriately
- » Avoid second hand smoke exposure
- » Safe Sleep Practices
 - > No Co-sleeping
 - > Keep infant off of soft surfaces, pillows, blankets, mattresses



Treatment Measures

- Feeding

- » Small, frequent feeds
- » May need to try different nipples
- » Offer pacifier for sucking reflex
- » Discuss optimal caloric needs with PCP
- » May need to wake infant every 3-4 hours, if not meeting caloric needs
- » May need referral for feeding evaluation



Treatment Measures

- Muscle Tone & Posture

- » Passive range of motion
- » Infant massage
- » Supportive positioning
- » Tummy time (supervised)
- » No walkers
- » May need Occupational Therapy or Physical Therapy evaluation – ask PCP



Treatment Measures

▢ Irritability & Sleeping Difficulties

- » Don't allow infant to become frantic
- » Control and structure environmental stimuli
- » Swaddle in flexed position
- » Vertical rocking (vs. horizontal)
- » Avoid eye contact
- » Keep at arm's length
- » Give pacifier





Developmental Interventions

- » Refer to AzEIP (0–3 years)
- » Head Start (preschool)
- » Interactive reading on a daily basis
- » Speech therapy referral – ask PCP
 - > If early vocalizations not present
 - > Speech delay
- » Hearing evaluation
 - > All infants should be screened
 - > Ask PCP about evaluation, if concerns



Fetal Alcohol Spectrum Disorders



Fetal Alcohol Syndrome (FAS)

Alcohol-Related Birth Defects (ARBD)

Alcohol-Related Neurodevelopmental Disorder (ARND)

Partial Fetal Alcohol Syndrome (pFAS)

ND-PAE Neuro-Behavioral D/O Assoc with Prenatal Alcohol Exposure

Obsessive Compulsive Disorder

Post-traumatic Stress Disorder

Oppositional Defiance Disorder

Asperger's Disorder

Reactive Attachment Disorder

Autism Spectrum Disorder

Mood Disorder

Chasing the Diagnosis...

ND-PAE Neuro-Behavioral D/O Assoc
with Prenatal Alcohol Exposure

Anxiety

Conduct Disorder

Fetal Alcohol Spectrum Disorder

Bipolar Disorder

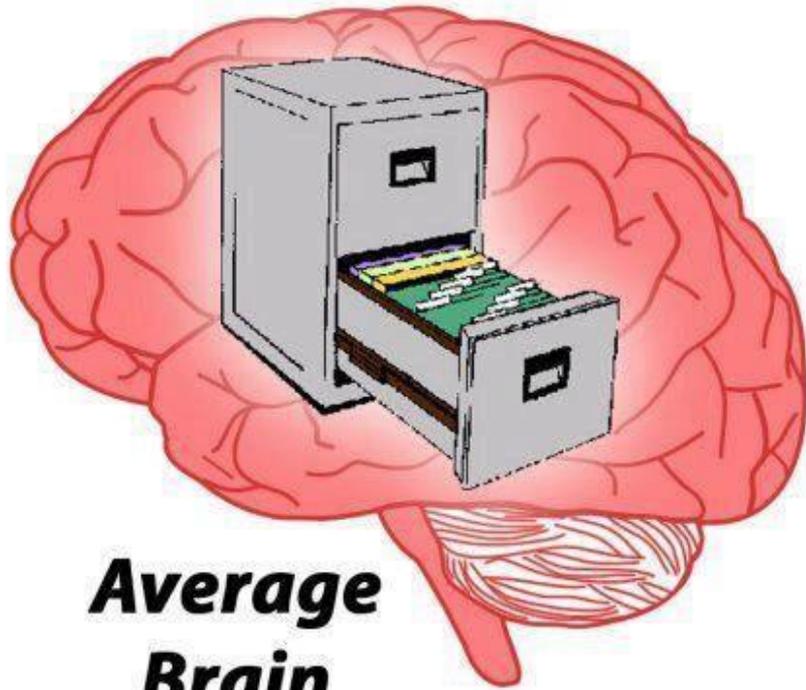
Fetal Alcohol Syndrome

Attention Deficit Hyperactivity Disorder

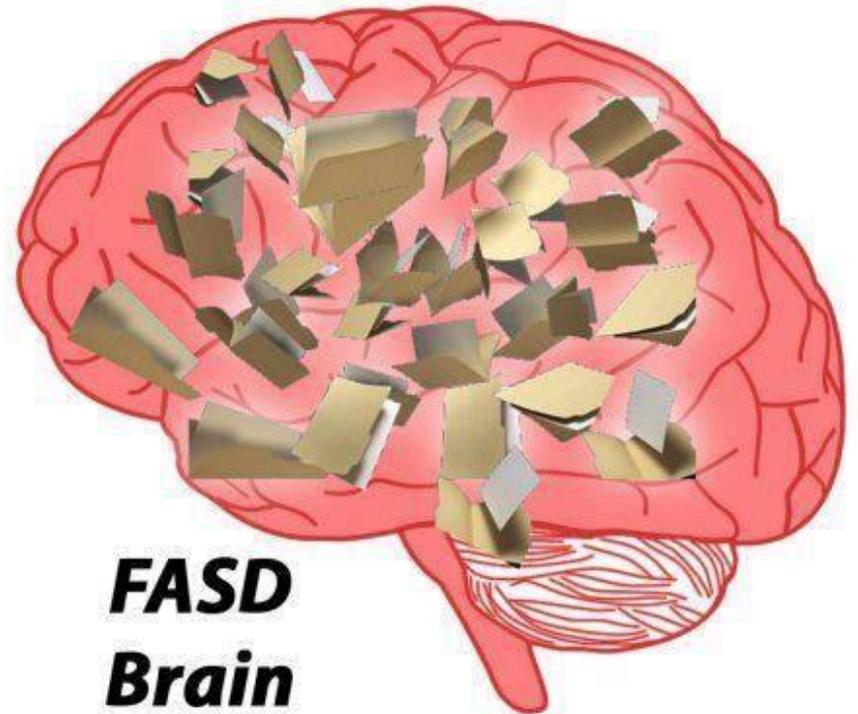
Emotional Disability

Behavioral Disorder





**Average
Brain**



**FASD
Brain**



Paradigm Shift...

FROM	TO
Stopping behaviors	Preventing problems
Behavior modification	Modeling, using visual cues
Changing people	Changing environments





Early and Periodic Screening, Diagnosis & Treatment

The EPSDT Program – The
Wellness Program for Infants,
Children, and Adolescents

Accessing Services

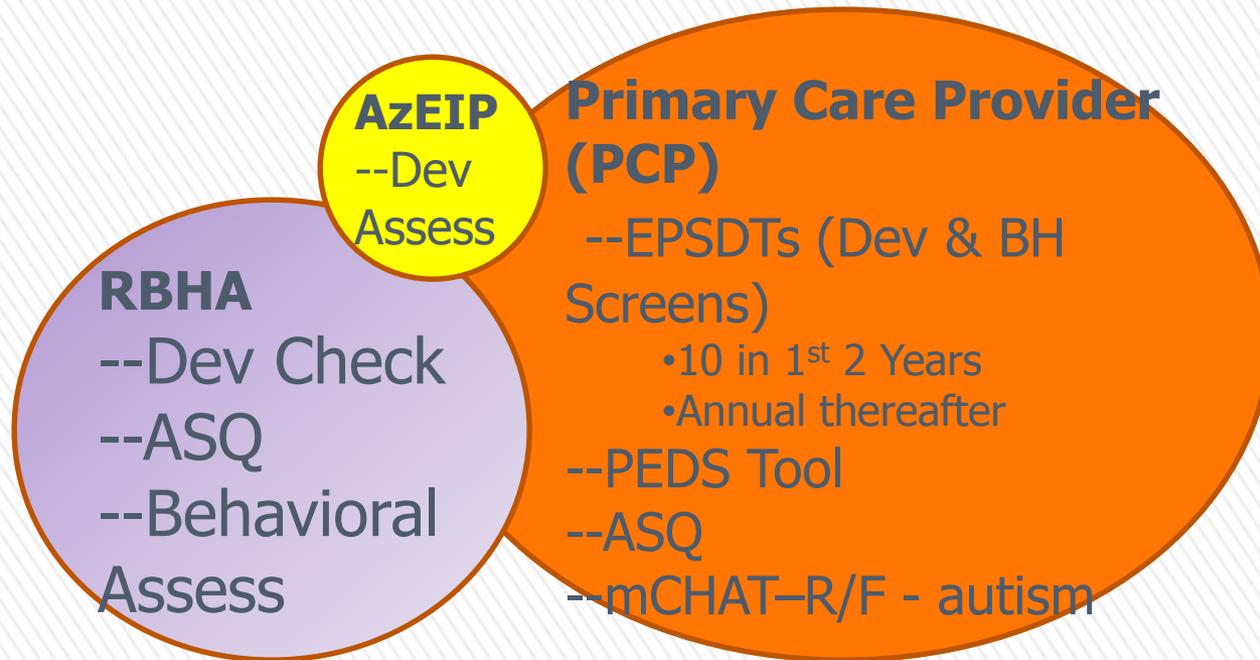
- » **Establish a PCP and Medical Home**
 - > 10 EPSDTs (well child visits) in 1st 2 years of life
 - + Developmental & Behavioral Health Screening
 - > At least annual EPSDT after age 2
 - > Use of developmental screening tool
- » **Establish a Dental Home**
 - > No referrals needed for dental care
 - > Dental care begins at age one (1)!!
 - > Routine preventative visits twice/year
- » **Ensure RBHA (behavioral health) services ASAP**
 - > Urgent Response
 - > Assessment starts at 7 days
 - > Use of developmental screening tool
 - > Do NOT take “wait and see” attitude
 - > RBHAs must keep children in out of home care open for services for a minimum of 6 months



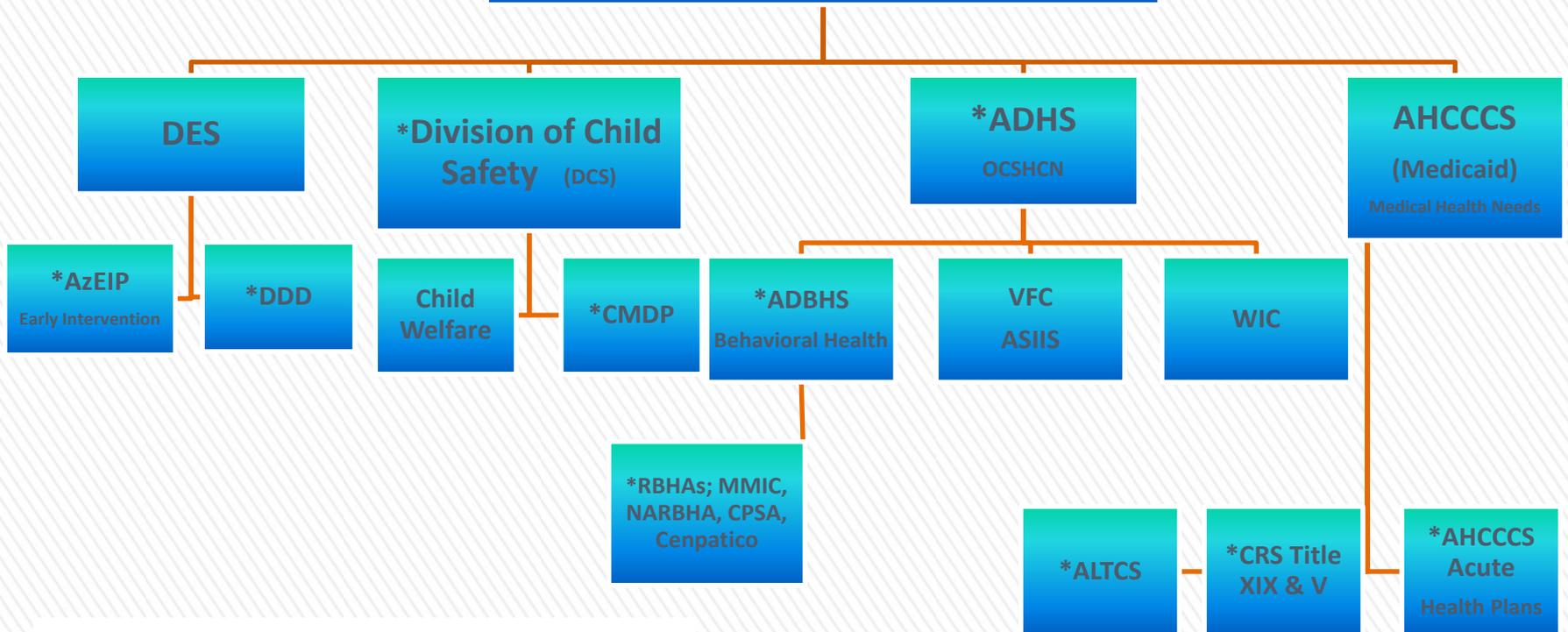
Navigating the Health Care System



Birth – Five Assessments; Developmental & Behavioral Assessments Responsible Parties



Arizona's Pediatric Programs



***Agencies who might be engaged by those children with special healthcare needs**

