



# Effective Strategies for Addressing the Needs of Substance Exposed Newborns & their Families

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## Key Issues

- Significant increase in number of pregnant women addicted to prescription drugs since 2008.
- Use in the late second and third trimester makes detox dangerous for fetus.
- Policies are misaligned with medical standards of care in some states.
- Population considered high risk.



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## Learning Objectives

- Identify systems of care needed for effective coordination of services for parents/caregivers and their children
- Review effectiveness of methods associated with screening, assessment, and interventions
- Identify potential barriers to success and strategies to address them
- Consider staff development needs



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## Terms

- SEN – Substance Exposed Newborn
- CDN – Chemically Dependent Newborn
- NAS – Neonatal Abstinence Syndrome
- NAS\* - Neonatal Abstinence Scoring
- FASD – Fetal Alcohol Spectrum Disorder
- FAS – Fetal Alcohol Syndrome
- WIS – Women’s Intervention Specialist
- FIS – Family Intervention Specialist
- ATOD – Alcohol, Tobacco and Other Drugs
- CNS – Central Nervous System



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## Terms

- Drug Endangered Infant/Child – a wide range of risk associated with exposure to alcohol and other drugs.
- Marchman Act – petition that supports legal remedy regarding evaluation and intervention.
- State Regulation – ability to adapt to external stimulation.



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## Framework – Protective Factors

- Parental Resilience
- Practical/Concrete Support
- Social Connections
- Parent Knowledge of Child Development
- Nurturing and Attachment
- Social and emotional development of children



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## Systems of Care

- **Medical** – CHD’s, CMS, hospitals, physicians, midwives
- **Treatment Centers** – SMA, Haven House, DMTC – WIS, TOPWA other
- **Early Steps** – screening of children
- **Child Welfare** (DCF and Community Based Care) – legal, investigative, case management, wrap around services – use PNA
- **Healthy Start** – care coordination and linkage to additional resources.



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## Systems - Parents

- Substance Abuse Treatment
- Psychosocial Counseling
- Department of Children and Families
- Medical – physician, hospital, insurance, dental, interconception, post partum, developmental\*
- Legal
- Housing & homeless services
- Healthy Start/Healthy Families
- Domestic Abuse



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## Systems - Children

- Early Steps
- Medical – pediatric, specialty, insurance, hospital, developmental\*
- Child Care – ELC, Early Head Start, other
- Child Welfare – foster care, relative placement, group home, legal & guardian ad litem
- Infant Mental Health - dyads



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## CNS Substances

- Classifications:
  - Stimulants – risk of preterm labor and abruption, prematurity, low birth weight, developmental concerns
  - Depressants – alcohol most damaging\*
  - Opiates/Opioids – increasing numbers of cases - NAS
  - Marijuana – smoking behavior/effects
  - Hallucinogens – varying effects
  - Tobacco\* - low birth weight, SIDS
  - Designer Drugs – K2, Molly, other

Varying responses, particularly during infancy. Prognosis for other drugs is better than with FAS depending on term of pregnancy and environment.



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## Comprehensive Family Assessment

- History
- Health (Medical and Behavioral)
- Criminal History
- Level of Cooperation
- Parenting Skills
- History of Abuse and Neglect
- Work History and Education



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## Assessment (cont'd)

- Home Environment
- Partners in the home
- Family Support Systems
- History of family violence
- Substance Abuse (three months prior to conception and throughout pregnancy)
- Access to services



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## Trauma-Informed Care

- Create a safe environment
- Do not attempt to “shame” or criticize
- Listen to family “story”
- Recognize effort and successes – large and small
- Identify family priorities
- Address developmental needs of children
- Consider the protective factors



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## Neonatal Abstinence Syndrome

- Neonatal Abstinence – term given to the condition of an infant under one month of age born to a drug affected mother – withdrawal
- Withdrawal – set of symptoms as the body attempts to remove an addictive substance
- Must be accurately assessed
- May be controlled by using therapeutic measures and often medication



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## Barriers

- Dependence
- Language/Culture – paradigm to a strength
- Fear of system/outcomes
- Partner – control or violence issues
- Treatment access/residential availability
- Family system/relationships and other children
- Stressors
- Depression
- Economic Limitations



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## Five Point Approach

- Identify **key players** – including and **centering** on the patient.
- Unify **referral** processes - identify the point person/entity.
- Coordinate **consent** – Healthy Start screening form can support collaboration until further consent is obtained.
- Align **policies and procedures** – ensure systems have interagency agreements which delineate **roles** and **responsibilities**.
- Utilize **unified staffing** forms.



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## Follow Up

- Identify additional staffing activities – establish dates, times.
- Key coordinator – typically case management or care coordination.
- Ensure client completed referrals and verify subsequent appointments.
- Prior to delivery, coordinate with hospital/birthing center.
- Provide documentation for pediatric follow up.
- Identify who will provide ongoing education to the family.
- Establish family planning and interconceptional plan.



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## Staff Development Needs

- Core training for staff should meet minimum requirements
- Cross-training opportunities should be employed wherever possible
- Post-secondary trauma and compassion burn-out should be considered.
- Issues related to SUID, Post-Partum Depression, Shaken Baby Syndrome, and Fetal Alcohol Syndrome should be incorporated into the training plan



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## Points to Remember

- SEN babies are at elevated risk for SUIDS – ensure family has safe sleeping environment.
- Mothers at elevated risk for PPD or relapse – identify support system.
- High risk of child maltreatment.
- Caregivers need to know how to handle SEN babies – ensure special instruction is provided and ongoing.



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## Questions?



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Let's work together to keep them ALL safe, healthy, and happy!



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Thank You!



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