Substance Exposed Infants

Bonnie Price, DNP, RN, SANE-A, SANE-P, AFN-BC | Director
Bon Secours Richmond Health System | Forensic Nurse Program
5801 Bremo Road | Richmond, VA | 23226
W: 804-281-8574 | Fax: 804-287-7634 | bonnie_price@bshsi.org

Objectives:

• Discuss the effects of alcohol and illicit drug use prenatally
• Describe signs and symptoms of neonatal abstinence syndrome
• List resources available for patient's presenting with addiction issues
Prenatal Alcohol/Drug Exposure

- 400,000-440,000 infants exposed each year
- 10-11% of all births

Substance Use During Pregnancy

Of the 104,990 babies born in Virginia (to women age 15-44) in 2008, at least 11,549 were exposed to alcohol and/or drugs in utero:

- 12,178 were exposed to alcohol in utero,
- 6,299 were exposed to the non-medical use of prescription medications and
- 4,514 were exposed to an illicit substance (e.g., heroin, cocaine, etc.)

2. Cigarette Use Among Pregnant Women and Recent Mothers (NSDUH 2/9/2007)
3. Chapter “Misuse of prescription drugs by pregnancy status” at http://oas.samhsa.gov/Women.htm
Adverse Effects On Infants

- Premature delivery/low birth weight
- Neurological & congenital problems
- Increased risk of SUIDS
- Developmental delay
- Neglect/abuse (2-3x higher risk)
- Increased risk for mental health & substance abuse

Contributing Factors

- Mental health disorders
- History of trauma/abuse
- Limited or no health insurance
- Unstable housing/impoverished
- Legal issues
- Poly drug use

Need for high risk screening
Symptoms
- Excessive crying/high pitch cry
- Hyperactive reflexes
- Increased muscle tone
- Poor feeding
- Tremors
- Fever
- Rapid breathing
- Mottled skin
- Sleep problems
- Seizures
- Vomiting

Testing
- Urine drug screen
- Meconium screening
- Finnegan Neonatal Abstinence Scoring Tool
- Lipsitz Neonatal Drug Withdrawal Scoring System

Treatment
- Dependent on the drug involved—medication may be required
- TLC-gently rocking the baby
- Reduce noise and light
- Swaddle the baby

Continuum of Care
- Research indicates that women are more likely to remain in treatment and evidence the greatest benefits when services are gender specific, family focused, allow the woman to keep her child in treatment with her and include both clinical and support services
- One size does not fit all—specialized care for each patient and their situation is unique
Mandated Reporting

§ 63.2-1509 B of the Code of Virginia
- Tox studies positive (within 6 weeks of birth)
- Medical findings of dependency or withdrawal symptoms (within 6 weeks of birth)
- Illness/disease attributable to exposure
- Child diagnosed with Fetal Alcohol Spectrum Disorder

Testing is not required to make a report.

§32.1-127 of the Code of Virginia

- Hospitals must develop a discharge plan with referrals made & documented.
- The discharge plan shall involve, to the extent possible, the child’s father and members of the extended family who may participate in follow-up care.
- Hospitals shall immediately notify the local Community Services Board (CSB)

https://www.dss.virginia.gov/
Discharge Planning Must Include:

- Referral CSB & CPS
- Information of potential postpartum complications, indicators of substance use withdrawal
- Follow-up appt for pediatric care within 2-4 weeks
- Referral to early intervention services for developmental assessment and early intervention services for the infant
- Follow-up appt for mother postpartum gynecologic care/family planning

Special Considerations

- When is screening conducted and by whom?
- When should the infant and mother be tested?
- Should a special consent be obtained?
Special considerations

- You are acting as a patient advocate please remember-
  - Do not pass judgement
  - Be supportive
  - Assess for domestic violence this patient population is at high risk
  - Be firm but empathetic with plan of care
  - Be honest with your patient
  - The patient may not have a support system
  - Start your referrals while the patient is admitted
  - Include the family in the care planning when appropriate

Has there been a trigger?
- Baby’s mother disclosed drug use
- Prenatal history of drug use
- Signs of substance withdrawal in baby or mom
- Did mom or baby have a positive tox screen

Yes
- Call case management
- Call Forensic Nurse
- Call attending physician

No

Nurse
- Continue with treatment of mother and baby, following guidelines for newborn abstinence syndrome
- Per CPS, is discharge appropriate?
- Review discharge instructions with the parent and or caregiver
- Review appropriate resources with mom and or caregiver

Case Management
- Call CPS
- Call CSB

Yes
- Are there other concerns?
- Does mom have safety concerns?
- Does mom disclose domestic violence?

No
- Call Case Management
- Call Forensic Nurse

Yes
- Call FNE back document plan per CPS

No
- Continue with current care plan

Call FNE