



SUBSTANCE EXPOSED NEWBORNS

STATE OF OKLAHOMA 2012

The mission of the Oklahoma Department of Human Services is to help individuals and families in need help themselves lead safer, healthier, more independent and productive lives.

Historical Information

In November 2011, an article in *The Daily Oklahoman* indicated The Oklahoma Commission on Children and Youth (OCCY) reviewed 10 cases involving newborns or mothers who tested positive or self-reported illicit drug use at the time of the newborn's birth. Eight of the 10 babies died of subsequent neglect or abuse within an average of 6.5 months. These findings prompted OCCY to convene a subcommittee of professionals to review the current practices of the Oklahoma Department of Human Services (OKDHS) in response to reports of newborns born substance exposed. OCCY also provided information from Section 1-5 of Title 63 of the Oklahoma Statutes that requires OKDHS to prepare an annual report regarding newborns born exposed to alcohol and other harmful substances. OKDHS has not published this data in the past.

OKDHS was asked to provide the OCCY subcommittee information regarding current policies and procedures related to newborns born exposed to alcohol and other harmful substances and any information on the ability to collect the data required by state Statues. In December 2011, OKDHS presented the requested information to the subcommittee. OKDHS has the ability within the Statewide Automated Child Welfare Information System (SACWIS) to collect the data; however, the data has not been routinely entered.

The Subcommittee at OCCY

The subcommittee held monthly meetings. Information was gathered regarding current medical practices that determine when a newborn is tested for illegal substances and the typical response from OKDHS to a report of abuse or neglect. The Oklahoma Department of Mental Health and Substance Abuse Services (DMHSAS) provided information on the different types of treatment and the availability of inpatient beds in Oklahoma. The Oklahoma State Department of Health (OSDH) provided statistical data collected through the Pregnancy Risk Assessment Monitoring System (PRAMS).



What is Known About Oklahoma

The information available in Oklahoma for newborns born substance abuse exposed is limited. The preliminary number of live births for 2011 is 50,672. SoonerCare covers approximately 32,000 births annually.

PRAMS information collected in 2009 indicates that one in five mothers smoked while they were pregnant. PRAMS data from 2004 to 2008 indicates the overall use of alcohol during the last three months of pregnancy is 4.86 percent.

OKDHS data for all children removed during SFY, indicates that 34.4 percent had substance abuse as a contributing factor.

Currently there is a waiting list in Oklahoma for inpatient treatment; however, pregnant women are moved to the top of the waiting list. Current available resources for pregnant women and children are:

- SoonerStart for children under three years of age
- A Better Chance Clinic at the University of Oklahoma Health Sciences Center (OUHSC)
- SmartStart
- Children First
- Preparing for a Lifetime
- Start Right
- Parents as Teachers
- SoonerQuit, tobacco cessation program

OKDHS has substance abuse services available through the Temporary Assistance to Needy Families (TANF) program. OKDHS Child Welfare Services (CWS) Child Protective Services (CPS) staff may access services for families.

Turning Point has community partnerships in Oklahoma to aid in the treatment of persons with addiction.

Oklahoma Bureau of Narcotics and Dangerous Drugs has prescription monitoring programs that may be helpful in dealing with prescription medication misuse issues.



Legal Aspects

How does Oklahoma define the problem? Until recently there was not a clear, universal definition of an newborn born substance exposed. Federal guidelines in the Child Abuse and Prevention and Treatment Act (CAPTA) require states to develop policies and procedures to address the needs of newborns affected by illegal substance abuse, withdrawal symptoms, or fetal alcohol spectrum disorder. With the passage of House Bill 2251 effective November 1, 2012, Oklahoma will define a “drug endangered child” as codified in Section 1-1-105(22) of Title 10A of the Oklahoma Statutes. In addition, this Bill provides that when a report is received on a child who meets the definition of a “drug endangered child” or who has been diagnosed with fetal alcohol syndrome, OKDHS must conduct an investigation per Section 1-2-102(A)(3) of Title 10A of the Oklahoma Statutes.

Included in the legal definition of what constitutes a “deprived child” is a child in need of special care and treatment per Section 1-1-105(20)(a) of Title 10A of the Oklahoma Statutes. As used in this definition, a child in need of special care and treatment includes, but is not limited to, a child who at birth tests positive for alcohol or a controlled dangerous substance and who, pursuant to a drug or alcohol screen of the child and an assessment of the parent, is determined to be at risk of harm or threatened harm to the health or safety of a child.

Section 1-2-101(B)(2) of Title 10A of the Oklahoma Statutes requires every physician or health care professional attending the birth of a child who tests positive for alcohol or a controlled dangerous substance to promptly report the matter to OKDHS. Medical professionals must consider the consent issues and medical necessity associated with testing a patient for illegal substances. This issue must be explored further because it is an issue that must be addressed through a consistent, collaborative approach.

The Work Group

A work group was established with representation from different disciplines, including OCCY, Oklahoma Health Care Authority, OSDH, Chief Child Abuse Examiner in Oklahoma, OUHSC Office of Perinatal Quality Improvement and OKDHS to establish consistent definitions and strategies to address the issue of newborns who are born substance exposed. The work group met on March 30, 2012 and May 4, 2012.

The work group agreed the purpose of intervention is the treatment and prevention of substance abuse while providing for the safety of the child.

What Was Learned

Previously, information about whether a child was prenatally exposed to alcohol and drugs at birth was recorded on the newborns birth record, that information has been removed at the guidance of the federal government in 2003.

Fifty-nine hospitals in Oklahoma deliver babies; one third of them are in metro locations. Women who present at a hospital with the following circumstances are more likely to be tested for illegal substances:

- Drop in deliveries;
- No prenatal care;
- Placental abruption;
- Premature birth or labor;
- Physical signs of substance use;
- Self-reported substance use;
- Maternal history of substance use; and
- Previous positive test.

The most reliable testing mechanism is to collect and test the newborn's meconium. The babies' meconium test represents a period of up to 20 weeks gestation; however, often the test results are not received until after the newborn has been discharged from the facility.

The use and misuse of prescription medication in Oklahoma has reached an alarming rate and must be considered when discussing the problem of newborns born substance exposed.

The type of substance used and the gestational age of the developing fetus also impact short and long-term outcomes for the child.

Currently there are no specified interventions or services to follow up with the children who test positive at birth.



Information Sources

In addition to Oklahoma State Statutes, the work group reviewed protocols that other states utilized to address the issue of newborns born substance exposed.

Arizona produced a publication titled: *Guidelines for Identifying Substance-Exposed Newborns* in January 2005.

Washington also addressed the issue in a publication titled: *Guidelines for Testing and Reporting Drug Exposed Newborns in Washington State* in June 2011.

The American College of Obstetricians and Gynecologist (ACOG) provides guidance to medical personnel regarding women using substances during pregnancy. A publication examining the issue of informed consent was released in August 2009.

These publications provide a framework for Oklahoma to build a standardized response to newborns who may be substance exposed.

Oklahoma leads the nation in prescription opiate abuse.

Recommendations

Based on the information obtained, the following recommendations were developed:

- Oklahoma establishes statewide guidelines for professionals in providing prevention and treatment to women;
- OKDHS promulgate clear policy guidelines for staff;
- Oklahoma develop a service array designed to triage reports in order to educate pregnant mothers, provide treatment options and improve outcomes for newborns;
- Oklahoma develops a centralized, easily accessible site outlining services, effects of prenatal substance use to the unborn child, and provides a confidential referral process;
- Improves the data in Oklahoma to define the scope and magnitude of the problem;
- Increases funding for evidence based programs designed to strengthen families; and
- Increases funding for substance abuse treatment.

Other established task forces and boards such as the Perinatal Quality Task Force or the Board of Child Abuse Examination may be appropriate to assume the lead role in the development of protocol for newborns born substance exposed.

Data available for 2011

According to the Oklahoma State Department of Health, the *preliminary number* of live births in Oklahoma for 2011 was 50,672.

Of the reports received by OKDHS alleging substance use by a delivering mother, the preliminary number of newborns who tested positive for alcohol or an illegal or prescribed substance in calendar year 2011 was 269. At least 25 of the newborns reportedly experienced some signs of withdrawal symptoms. OKDHS continues to refine this data.



OKDHS would like to thank the professionals who assisted in the development of these recommendations. Such critical issues cannot be addressed by one state agency.

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Stronger families grow brighter futures.



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