



Guidelines for Identifying Substance-Exposed Newborns

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Governor's Action Plan for Reform



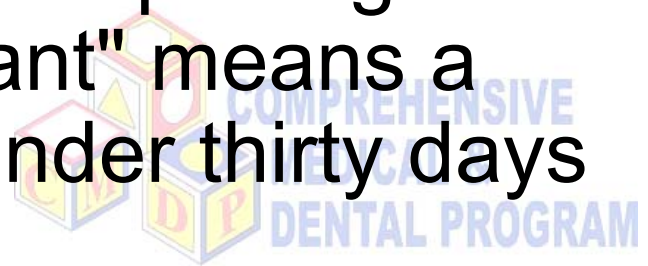
- Establish Alcohol & Drug Abuse as a Factor in Determining Child Abuse/Neglect
- Develop Medical Protocols to Identify Substance-Exposed Newborns and Treat Appropriately



Arizona Revised Statutes

§ 13-3620

- Requires a health care professional, who reasonably believes that a newborn infant may be affected by the presence of alcohol or a drug, to immediately report this information, or cause a report to be made, to Child Protective Services. For reporting purposes, "newborn infant" means a newborn infant who is under thirty days of age.



Identification of Substance-Exposed Newborns



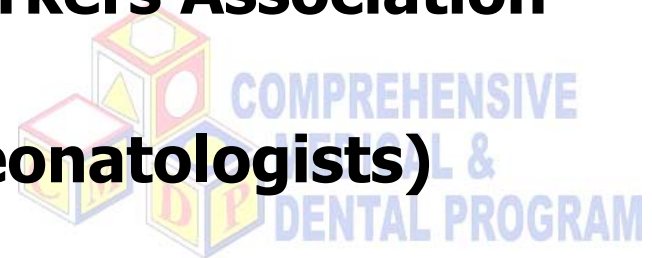
- To improve the ability to effectively identify substance-exposed newborns
- To standardize guidelines for maternal and neonatal screening in Arizona
- To improve the health and well-being for women and their at-risk newborns





Multi-disciplinary Team

- **Prenatal substance abuse**
- **Child Protective Services**
- **Az Department of Health Services**
- **Indian Health Services**
- **Hospital Social Services**
- **Arizona Chapter-AAP**
- **Arizona Perinatal Trust**
- **Arizona Perinatal Social Workers Association**
- **Tribal Social Services**
- **Physicians (7 including 3 neonatologists)**





Maternal Drug Screening

- History of previous or current substance use by mother and/or significant others living in the home
- Non-compliance with prenatal care
- Unexplained poor weight gain during the pregnancy
- Medical symptoms of withdrawal



Maternal Drug Screening

- Signs of substance use/abuse
- History of Hepatitis B/C/HIV infection
- Previous/current history of placental abruption
- History of stroke in the mother
- Medical non-compliance





Neonatal Drug Screening

- Signs of neonatal abstinence syndrome
- Small head size (brain size)
- Newborns who are underweight
- Stroke in the newborn
- Intestinal blood flow compromise (NEC)
- Positive drug screen in mother



Why Drug Screen?

- Confirms presence of drugs of use
- Determines use of multiple substances – not identified in maternal history
- Identification of newborn at risk
- Identifies drugs contraindicated in breastfeeding
- Identifies newborns that need protective, developmental services
- Identifies mother who may need treatment





DRUG SCREENING

- Urine vs. meconium specimens
- Negative screen means that not enough drug was present to exceed lab cut-offs
 - These are not scientifically determined
 - Threshold values are same for adults
- You may have substance abusing moms with negative urine tests on themselves or their babies!
- Different hospitals screen for different substances of abuse and have different cut-offs.

Limitations of Drug Screening in Mother

- Will identify only common drugs of abuse used in last 24-48 hours
 - Cocaine, marijuana, barbiturates, benzodiazopines, amphetamines, PCP
- Will be negative if used earlier in pregnancy
- Alcohol & inhalant use requires special testing
- Sophisticated user can falsify results





Limitations of Urine Drug Screening in Newborn

- First urine contains highest concentration of drug/metabolites
- If first urine sample missed, unlikely to get positive test, even in drug-exposed newborn!
- Negative urine drug test is common, even in presence of substance use/abuse



Meconium Drug Testing

- Most reliable & comprehensive testing
- Forms from 16-20 weeks gestation until birth
 - Identifies most substances used after 20 weeks
 - Cocaine, marijuana, opiates, barbiturates, benzodiazopines, amphetamines, PCP
 - Special testing for alcohol
- Best results – collect multiple specimens





Further Recommendations

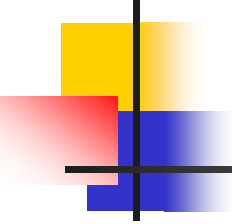
- Consider maternal & newborn testing
 - HIV, Hepatitis B & C, Syphilis
- If + for opiates, watch for onset NAS
- Counsel mom that breastfeeding is contraindicated
- Medical provider should report per A.R.S. § *13-3620*
- Consider CPS consult prior to discharge, home health nursing, close follow-up of mom & newborn



Senate Bill 1280

- Innovative legislation – S.B. 1280 created AZ. Families F.I.R.S.T. (Families in Recovery Succeeding Together)
- A Steering Committee chaired by the Governor's Office, with representation from the Legislature, the Judiciary and Child Advocacy guided ADES & ADHS in the development and implementation
- Outcome Driven





What would it take to do this work?

- Partnership between ADES and ADHS
- Understanding systemic issues in Child Welfare, Jobs, Substance Abuse & the Courts
- Statewide change of substance abuse treatment for families in Child Welfare and TANF towards Family Centered Practice





Legislative Outcomes

- Availability
- Timeliness
- Accessibility

of Substance Abuse Treatment



Performance Measures



Reduction in:

- Recurrence of child abuse and neglect
- Frequency of substance abuse
- # of days in foster care

Increase in:

- Obtaining or maintaining employment
- # of children - permanency





AFF Program Referrals

- Since program implementation in March 2001, the program has received 11,754 referrals through June 2005.





AFF Accomplishments

Special design of this program:

- Maximizing federal funds
- Engaging a hard to reach population
- Bridging systems for client outcomes





For additional information

Identification of Substance-Exposed Newborns

- www.azaap.org
- www.azdhs.gov/phs/owch
- www.governor.state.az.us/cyf

Arizona Families F.I.R.S.T.

- www.azdes.gov/dcyf/first/

