

THE NEW MEXICO RESPONSE TO THE CARE OF INFANTS WITH PRENATAL EXPOSURE TO ALCOHOL AND ILLICIT DRUGS

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Objectives for Presentation

- Rationale for finding alcohol and drug use
- Epidemiology of use in New Mexico
- Discrimination and practice
- Legal advisory
- Ad hoc consensus building
- Adoption of guidelines



Medical Rationale for Screening

- Health perspective
 - Use affecting woman's health in pregnancy
 - “Genetic” counseling, prevention of FAS
 - Access to alcohol or drug treatment services
 - Possible opiate withdrawal emergencies
 - Management of delivery emergencies
 - Newborn management
 - Neonatal abstinence syndrome



Forensic Rationale for Screening

- Rare prosecution of pregnant woman
- Rare mandatory intervention in pregnancy
- Child protection
- Removing children from mother and family
- Determining “fitness” of mother



Other Rationales

- Importance of asking about behaviors
- Potential for developmental intervention for infant and child
- Sentinel behavior for women at risk
- Protection of hospitals from liability
- Biases of professional staff members



Epidemiology of Use

- Department of Health conducted study
- Statewide sampling, urban and rural
- Women coming for pregnancy testing
- Screening in 2 approaches
 - Anonymous survey done in waiting room
 - Urine sample sent for toxicology testing
 - Survey and toxicology testing matched



Demographics of Study

- Conducted from 1991 to 1995
- 1995 cohort 2,586 women
- Ethnic distribution (self-identified)
 - 68% Hispanic
 - 25% White
 - 2.4% American Indian
 - 4% Black or Other
- < 20 Years old 36%, > 30 Years old 15%



Alcohol and Drug Use Detected

- Lifetime use high for alcohol, tobacco and drugs
- Use in month prior to testing
 - Alcohol 38%
 - Tobacco 40.8%
 - Marijuana 19.7%
 - Cocaine 4%
 - Methamphetamine 2.3%
 - Tranquilizers and sedatives 1.7%
 - Heroin and opiates 1.1%



Significance for Screening

- Survey and toxicology screening concordance
 - Survey data only for alcohol
 - > 70% for tobacco use and urine cotinine
 - Relatively good for marijuana
 - Survey found about 1/3 of illicit drug use compared to urine toxicology
- Women whose partners used had 6 to 10 times greater use than women whose partners didn't use



Discrimination and Practice

- Decision to take history
 - Recommended for all prenatal care
 - Medical providers lead responses
 - Many women won't disclose without trust
- Decision to do urine drug screening
 - Based on suspicion
 - Suspicion guided by appearance, behaviors



Legal Advisories Before CAPTA

- Health center lawyers informally decided
- Legal offices directive mandating reports
- No perspective on discriminatory practices
- Practical application meant report to child protection
- Automatic report to law enforcement
- No guidance for service provision



Community Ad Hoc Discussions

- Health care providers from all hospitals
- Forum with child protection managers
- Major goals
 - Focus on clinical importance of screening
 - Use results to direct care
 - Avoid discrimination by ethnicity or social class
 - Influence follow up care for infants
 - Identify treatment resources for women



Guidelines for Newborn Screening

- History obtained from all mothers
- Urine toxicology screening for
 - History of substance abuse in this pregnancy
 - Preterm labor (Not POOC)
 - Placental abruption
 - Unexplained neonatal depression, seizures, jitteriness
 - Possible neonatal abstinence syndrome



Guidelines for Maternal Screening

- Guidelines in place for obtaining history
- Not intended for women in drug treatment
 - History of use in pregnancy verified
 - Sequential toxicology data available
- Toxicology testing during labor
 - History of substance abuse in this pregnancy
 - Preterm labor (Not POOC)
 - Placental abruption
 - Behavior consistent with acute intoxication



Adoption of Guidelines

- Private hospital pediatric and obstetric sections
 - 2 hospitals adopted as policies for newborns
 - Accepted by hospital legal and social work
- University Hospital Maternal and Child Health Committee
 - Obstetrics and pediatric representation
 - Guidelines adopted, less strength than policy
 - Legal hasn't issued position



Communication of Guidelines

- Disseminated to MD's by private hospitals
- University of New Mexico
 - Communicated to clinical units
 - Guidelines distributed to housestaff
- Presented at Ad Hoc Committee
 - Communicated to Child Protection authorities
 - Communicated to legal community
- Hospitals in state have adopted them



Impact of CAPTA

- Focus on toxicology screening
 - Misses use earlier in pregnancy
 - Over emphasis on forensic child protection
 - May increase developmental screening
- 1996 epidemiology study in New Mexico
 - Women who intended to be pregnant
 - Use of substances 1/3 less
- Lack of child development assessment



Perspectives on Future of Screening

- Standard approaches in prenatal care
 - Brief interview questions (5-P's, CAGE)
 - Brief intervention strategies, readiness to change
- Avoid universal toxicology screening
- Identify pregnancies at risk
 - Related health issues, Hepatitis C
 - Harm reduction approaches
 - Better birth outcomes through prenatal care
- Long term developmental follow up of babies

