



Substance-Exposed Newborns

State of Oklahoma 2014



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Legal Background

Federal guidelines in the Child Abuse Prevention and Treatment Act (CAPTA) require states to "...develop policies and procedures... to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a fetal alcohol spectrum disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants." **Oklahoma statute, Title 63, 1-550.3, states,** "The Department of Human Services shall establish and maintain an up-to-date Record of Infants Born Exposed to Alcohol and Other Harmful Substances. Such record shall include data necessary for surveys and scientific research, and other data which is necessary and proper to further the recognition, prevention and treatment of infants born addicted to or prenatally exposed to harmful substances and shall be based upon information collected by the Department as a result of investigations made pursuant to Section 846 of Title 21 of the Oklahoma Statutes. For purposes of this section, 'harmful substances' means intoxicating liquor or a controlled dangerous substance." While this statute has been in place for several years, the ability to routinely collect this data is, in part, affected by the information called in to the Oklahoma Child Abuse and Neglect Hotline of the Oklahoma Department of Human Services (DHS) by the reporting hospital or medical facility.

Although Oklahoma statute, Title 10A, 1-2-101(B)(2), states, "Every physician, surgeon, or other health care professional including doctors of medicine, licensed osteopathic physicians, residents and interns, or any other health care professional attending the birth of a child who tests positive for alcohol or a controlled dangerous substance shall promptly report the matter to

the Department,” the data collected by DHS is limited to the information received from the health care professionals. While reporting from the large hospitals within the state is typically good, some of the smaller more rural hospitals do not have the capability to do the type of necessary testing or do not have it on site, but this is improving. Title 10A, 1-1-105(22) was amended and became effective in November 2012. It defines a drug-endangered child as a “child who is at risk of suffering physical, psychological or sexual harm as a result of the use, possession, distribution, manufacture or cultivation of controlled substances, or the attempt of any of these acts, by a person responsible for the health, safety or welfare of the child.” Title 10A, 1-2-102(A)(4) directs DHS to conduct an investigation, not just an assessment, when allegations have been reported regarding a drug-endangered child. This includes children born drug-exposed as well as older children who meet the above definition. DHS policy has been changed accordingly.

Data

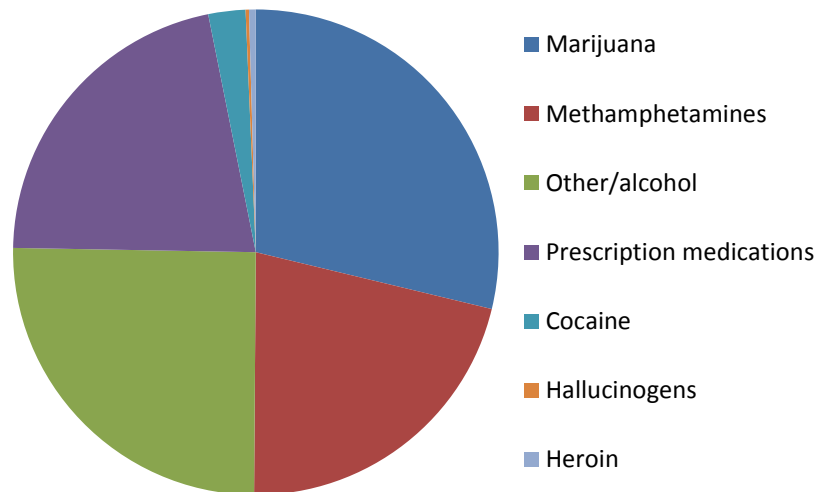
Most of the large urban hospitals across the state routinely tested for illegal substances when women presented at the hospital with the following circumstances:

- Presenting to a hospital far from their home, with no plausible explanation
- No prenatal care
- Premature birth or labor
- Placental abruption (while there are many possible causes, use of cocaine and excessive alcohol use are considered risk factors)
- Physical signs of substance use
- Self-reported substance use and/or history of substance use
- Previous positive test during pregnancy

The most reliable testing mechanism is the collection and testing of the newborn’s meconium. The presence of substances in the meconium has been proposed to be indicative of in utero substance exposure up to five months before birth, a longer

historical measure than is possible by urinalysis. As most hospitals must send the meconium sample to an outside lab, which requires more time, often the child has discharged from the facility before the results are received. However, the hospitals will call a report to DHS upon receipt of the results.

Of the reports of abuse and neglect that were received by DHS in state fiscal year 2014, where substance use by a delivering mother was alleged, there were 375 newborns who were substance exposed, i.e. tested positive. Of that number, 42 were considered to be affected by the substance use due to the fact that they were experiencing some signs of withdrawal symptoms. The breakdown of the type of substance for which these 375 newborns tested positive is as follows. Note: some newborns tested positive for more than one substance.



Substance	Positive Tests	Percent
Marijuana	128	28.8%
Methamphetamines	95	21.3%
Other/Alcohol	112	25.2%
Prescription medications	96	21.6%
Cocaine	11	2.5%
Hallucinogens	1	0.2%
Heroin	2	0.4%

This information is only approximate as it is a combination of information gathered from the reporting party and information gathered during the investigation. Of those testing positive for prescription medications, it must again be noted that it is only considered abuse or neglect if the mother does not have a prescription for the medication and she was not given that medication at the hospital.

The presence of a substance in the newborn is not always indicative of abuse or neglect in and of itself. DHS must gather evidence to show that the use of the substance in some way contributes to the abuse or neglect of the newborn to be able to substantiate the investigation. Of the 375 newborns who tested positive at birth, the investigation was substantiated in 187 of those cases. Child welfare workers indicated that in 170 of those investigations, substance abuse was a contributing factor to the abuse or neglect. In 37 percent of the substantiated investigations, the mother had no prenatal care. Also in that number, there were 68 cases where removal of the child was recommended by DHS and the removal condition was due to the substance abuse. The Children's Hospital at OU Medical Center in Oklahoma City also collects data on the children born at the facility who test positive for substances. In the calendar year 2013, the hospital reported 150 cases to DHS where the mother tested positive for some type of substance, the majority of the newborns had meconium collected and tested. Of those cases, 108 of the newborn meconium tests came back positive. The types of substances seen in positive tests vary, but they include alcohol, illegal substances and prescription medications.

Resources

There are various services available for pregnant women and women with children. The following is a partial listing of programs in the state.

SoonerStart/Early Intervention

This is an early intervention program of the Oklahoma State Department of Health (OSDH) designed to meet the needs of infants and toddlers, up to age 3, who have disabilities and developmental delays. Services are offered at no charge to the families and can be offered in their home or daycare. Services include:

- Diagnostic and evaluation services
- Case management
- Family training, counseling and home visits
- Certain health services
- Nursing services
- Nutrition services
- Occupational, physical and speech-language therapy
- Special instruction

A Better Chance

This is a program for infants and children, through age 6, who were exposed to drugs and/or alcohol before birth, as they are considered at high risk with regard to their future development. It is offered through the Child Study Center at the University of Oklahoma Health Sciences Center. Services are offered regardless of ability to pay, but if available, insurance will be billed. Services include:

- Comprehensive developmental evaluations to children with prenatal substance exposure from birth through 6 years of age
- Information and guidance to families who are caring for high-risk infants/children
- Support to families and caregivers
- Specialized interventions such as infant massage and behavior management
- Services to aid in adoption or family reunification
- Coordination with other programs and agencies in the community to enhance services to infants/children and families
- Consultation and training to professionals/agencies working with this special population

Children First

This is a voluntary family support program at OSDH that, through home visitation, offers services to mothers expecting their first child. After enrollment, a public health nurse works with the mother to increase her chances of delivering a healthy baby. The mother is also educated about child safety and child development and the nurse can connect the mother to other services in her community such as childcare, housing and job/educational programs.

Preparing for a Lifetime

This is a website provided by the OSDH. It offers education and resources on issues such as breastfeeding, premature birth, depression after pregnancy, smoking and pregnancy, and safe sleep for the baby, to name a few. The web address is http://www.ok.gov/health/Child_and_Family_Health/Improving_Infant_Outcomes/index.html

Start Right Programs

This program, administered by the OSDH, offers home visitation and community-based services that provide parent education and parenting skills training. It also offers parent support groups to connect families with each other and community resources.

Services include:

- Child development evaluations
- Referrals to community resources such as job training and child care
- Transportation to and from necessary appointments

Oklahoma Parents as Teachers (OPAT)

This program, administered by the Oklahoma State Department of Education (OSDE), is a free, voluntary parent education program that assists in fostering an early partnership between home and school. The services are available for all expectant parents as well

as parents with children birth to age 3. The philosophy of OPAT is that parents are their children's first and most important teachers. Services include:

- Personalized visits with trained parent educators from the public schools
- Parent group meetings to share parenting experiences and obtain information
- Referrals to community resources and appropriate professionals as needed
- Developmental screenings

This early partnership between home and school makes the transition for the child much easier, puts the parent in touch with the school early on, and makes resources more easily accessible.

Treatment

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) has 16 facilities that provide residential substance abuse services to women. Of those, seven provide residential substance abuse services to women with children, allowing their children to be with them during treatment. Most all of these facilities maintain a waiting list on a regular basis. There are 32 facilities that provide outpatient substance abuse services as well.

Next Steps

As a result of the changes made to the state statute in November 2012, DHS and the Oklahoma Bureau of Narcotics and Dangerous Drugs (OBNDD) continue to partner in an effort to reduce the effect that drugs and drug-related crimes have on children. DHS also now has access to the Prescription Monitoring Program through the OBNDD. This allows DHS to be able to determine if the use of prescription medications, by a person responsible for the child, is excessive. These changes will help protect children and may potentially benefit unborn

children of people involved in either criminal or child welfare investigations. DHS partners with ODMHSAS in many ways, but most significantly in the family drug courts across the state in an effort to reunite children who were removed from parents who have abused substances and do so in a more timely fashion. Hopefully, these collaborative efforts, along with the working relationships between DHS, medical professionals and facilities, and numerous community agencies, will help keep Oklahoma children safe, both those already born and those yet to come.

Information Sources

Oklahoma Department of Human Services

The Children's Hospital at OU Medical Center

Oklahoma State Department of Health

Oklahoma Department of Mental Health and Substance Abuse Services

Oklahoma State Department of Education

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