



# Substance-Exposed Newborns

*State of Oklahoma 2016*



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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, effected by the information called 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 that "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. " 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 testing necessary, or do not have it on site, but this is improving. Title 10A, 1-1-105(22) was amended and became effective in November of 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)(5) 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

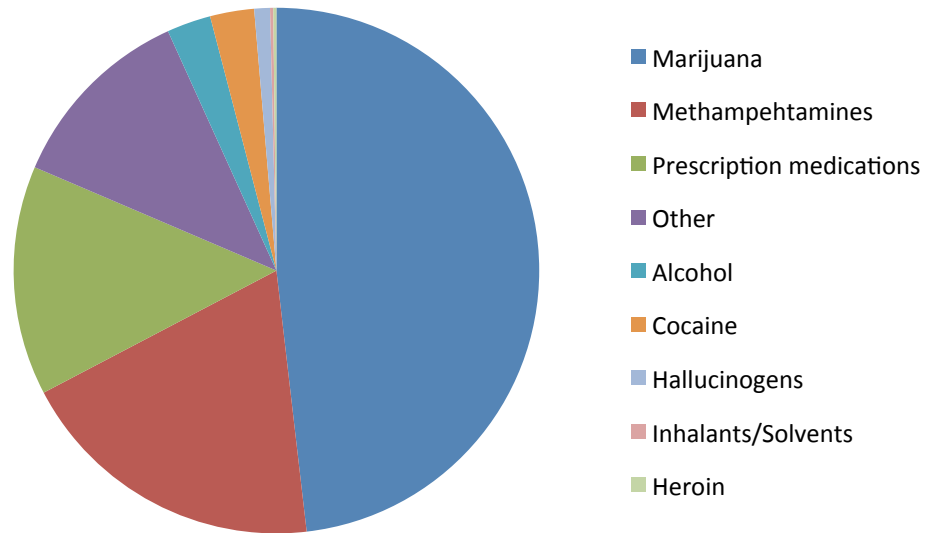
Most all of the large urban hospitals across the state routinely tested for illegal substances when women present at the hospital with the following circumstances.

- 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 5 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 ) iscal < ear 2016, where substance use by a delivering mother was alleged, there were 517 newborns who were substance exposed, i.e. tested positive. Of that number, 99 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 these 517 newborns tested positive for is as follows. Note, some newborns test positive for more than one substance.



Substance	Percent
Marijuana	48.0
Methamphetamine	19.0
Prescription Medications	14.1
Other	11.8
Cocaine	2.8
Alcohol	2.8
Hallucinogens	1.1
Inhalants/Solvents	.2
Heroin	.2

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 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. However, DHS has access to the Prescription Monitoring Program, through the Oklahoma Bureau of Narcotics and Dangerous Drugs which allows DHS to be able to determine if the use of prescription medications, by a person responsible for the child, is excessive and results in abuse or neglect.

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 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 517 newborns who tested positive at birth, the investigation was substantiated in 232 of those cases. Child welfare workers indicated in 220 of those investigations, substance abuse was a contributing factor to the abuse or neglect. Of the 232 substantiated investigations, 79 percent were in Cleveland, Comanche, Oklahoma and Tulsa counties combined. In 34 percent of the substantiated investigations, the mother indicated she had no prenatal care. Of the 232 substantiated investigations, 49 percent were in Cleveland, Comanche, Oklahoma and Tulsa counties combined.

The Children's Hospital at OU Medical Center in Oklahoma City also collects data on the children born at their facility that test positive for substances. In the calendar year 2015, they reported 76 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, 45 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, through the health department 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 day care. 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**

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 regards to their future development. It is offered through the Child Study Center at the University of Oklahoma Health Sciences Center. Services will be 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**

A voluntary family support program at the health department 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 Oklahoma State Department of Health. It offers education and resources on issues such as breastfeeding, premature birth, depression after pregnancy, smoking and pregnancy, and safe sleep for the baby. It provides families a way to find other needed resources in ~~WHUFRP P XQWV~~ as well.

### **Parent Pro**

Parent Pro connects families with the best home visitation program that best suits the family's needs. The program is designed to reduce parental stress, promote child health, increase family communication, promote attachment between parent and child and teach child development.

## **Treatment**

The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) contracts with nine facilities that provide residential substance abuse services to women. Of those, five 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 also three halfway house treatment facilities that will take women and children and 33 facilities statewide that provide outpatient substance abuse services as well. DHS also partners with the ODMHSAS in the family drug courts across the state in an effort to reunite children who have been removed from parents who have abused substances and do so in a more timely fashion.

## **Next Steps**

All of these efforts, both by DHS and community partners not only help protect the existing children, but have the potential to have a positive effect on any unborn children of persons involved in either criminal or child welfare investigations. It is these collaborative efforts between medical professionals and facilities, as well as numerous community agencies that help keep Oklahoma children safe.

## **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

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