

SERVING SUBSTANCE EXPOSED NEWBORNS IN HARFORD COUNTY

A Snapshot of the Data, Services, and Outcomes

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Services**

GLIMPSE OF A SUBSTANCE EXPOSED NEWBORN

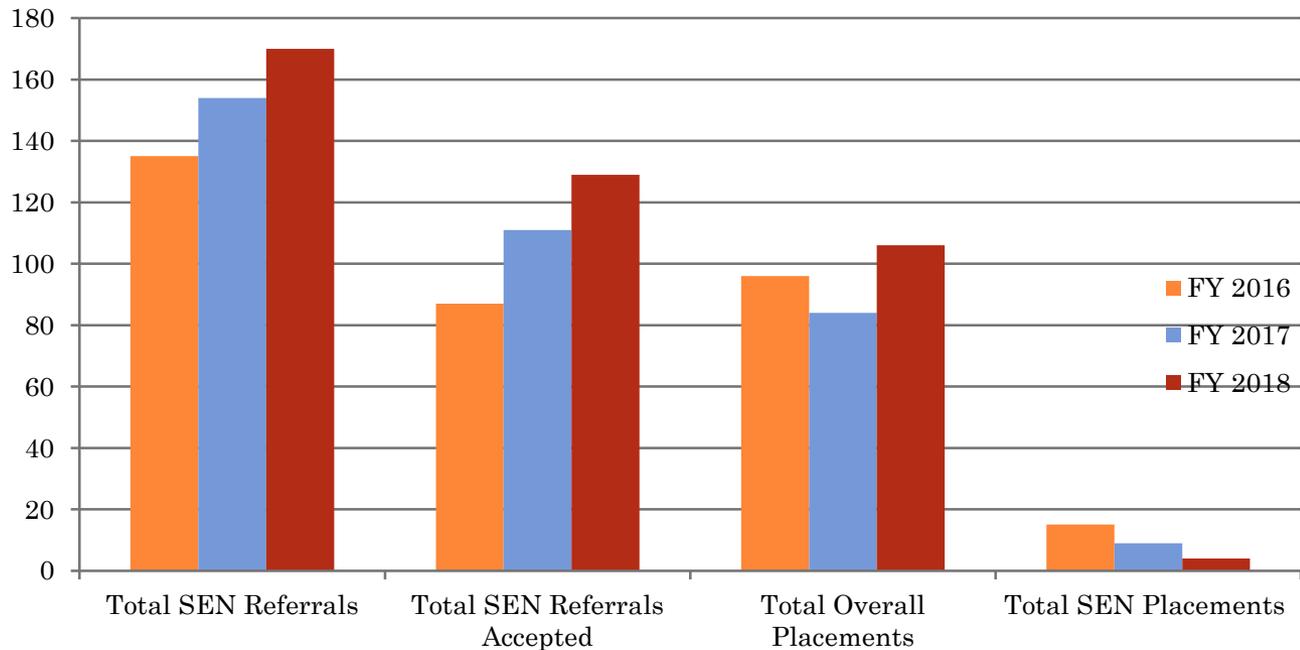


<https://youtu.be/4O3Bb5tFo0A>

PHILOSOPHICAL APPROACH TO SERVING SUBSTANCE EXPOSED NEWBORNS

- The Department of Social Services response is based on assessing imminent risk to the child, connecting families to services in order to prevent harm to the child, and preventing placement of the child outside the home unless there are no other options.
- The Department of Social Services response in substance exposed newborn cases is a “Risk of Harm Assessment” NOT an investigation (unless there are additional risk factors present).
- It is rare that a substance exposed newborn is removed from the home at delivery. The vast majority of Substance Exposed Newborns remain in the home.

SNAPSHOT OF HCDSS SUBSTANCE EXPOSED NEWBORNS DATA



| Data Point | FY 2016 | FY 2017 | FY 2018 | % change |
|---------------------------------|---------|---------|---------|---------------|
| Total SEN Referrals | 135 | 154 | 170 | 26% |
| Total SEN Referrals Accepted | 87 | 111 | 129 | 48% |
| Total Overall placements | 96 | 84 | 106 | 26% |
| Total SEN Placements | 15 | 9 | 4 | (-73%) |

SUBSTANCE EXPOSED NEWBORN ASSESSMENTS

During a SEN Assessment:

- The worker will make visits to the hospital and home**
- The worker assesses the safety, risk and wellbeing of the newborn and refers the family to appropriate services**
- Refer clients to substance abuse treatment and mental health treatment if needed**
- Coordinate with service providers**
- Communicate with medical personnel regarding the newborn's needs**

SUBSTANCE EXPOSED NEWBORN ASSESSMENTS

- **-Make referrals to community resources such as Healthy Families, Peer Recovery, Health Department Home Visiting, Infants & Toddlers & Family Recovery Court**
- **-Send parents for random urine screens as needed**
- **-Schedule Family Involvement Meetings when appropriate**
- **At the end of the sixty day assessment the case is either closed or transferred to In Home Consolidated Services**

MEDICAL CONSIDERATIONS FOR SUBSTANCE EXPOSED NEWBORNS



- Substance Exposed Newborns experience withdrawal from all opiate based substances:
 - Withdrawal symptoms often include-tremors, excessive, hard to console crying, vomiting, diarrhea, poor feeding, poor sleeping.....
 - The newborns body cannot differentiate between legal and illegal substances. At delivery the baby is immediately cut off from the daily dose of opiates that it has become dependent on.
 - Withdrawal symptoms from prescribed opiates are often more severe than withdrawal symptoms from street drugs such as heroin
- Withdrawal symptoms can present at birth and can last for weeks and sometimes months and years.
- Infants can also exhibit withdrawal like symptoms from non-opiate medications-Xanax, valium, anti-depressants, THC, tobacco, and amphetamines



UNIVERSAL TESTING AND UNIVERSAL REPORTING



- A substance exposed newborn AND a substance using mom creates a perfect storm, which substantially elevates the risk for baby.

*Once discharged home a substance exposed newborn has an increased risk for:

- Hospital readmission
 - Sudden infant Death (SIDS/SUID)
 - Shaken Baby Syndrome
 - Physical Abuse
- Post Partum depression can worsen underlying and often untreated mental health issues and increase a women's risk of relapse
 - Universal toxicology screening and reporting of moms and newborns provides a non-biased approach for assessing safety and ensuring all families have access to all available resources.

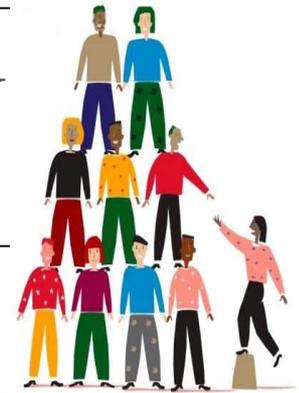


UM UCMC FAMILY BIRTHPLACE POLICY



- A urine toxicology screening is completed on all moms on admission.
 - If a mom has taken an Opioid medication, prescription or illegal, within two weeks of delivery the newborn is admitted to the Special Care Nursery (SCN) at 24 hours of life or sooner
 - For short acting prescription opioid medications, infants remain in the SCN until they are at least 72 hours old.
 - For Long acting prescription opioid medications, such as methadone and buprenorphine infants remain in the SCN for at least 5-7 days
- Breastfeeding is encouraged and supported in all moms as long as they are using the substance legally, HIV- and have no other illegal substances in their urine.

SUBSTANCE EXPOSED NEWBORN FAMILY INVOLVEMENT



- Our Social Worker meets with all moms
- Newborns are cared for by specially trained nursing and physician staff who welcome and encourage family participation
- 24 hour visitation for parents and we encourage parents to be actively involved in their baby's care.
- We offer parents 3 stork nights with meal vouchers
- Peer Recovery specialist and mental health services on site.
- Hospital Family meeting when needed
- Infant CPR, car seat training and newborn classes available through the hospital OR contact us for on-site training at your facility. Classes for staff, parents and families available.



CARE OF THE SUBSTANCE EXPOSED NEWBORNS



- Dark, quiet room, Limit over stimulation
- Tight swaddling/holding, Swings/bouncy seats
- Skin to Skin encouraged
- Frequent diaper changes
- Smaller, more frequent feeds
- Infant Massage
- “Cuddler” Program
- For infants with moderate to severe withdrawal medication is sometimes required. Morphine, Clonidine and Phenobarbital are the most common medication used.
- Parents are taught-newborn stress cues, how to care for a fussy baby, Newborn Massage and Feeding Techniques
- “Hold Them Close” Program- Prior to Discharge each family receives a bag of baby safety and developmental supplies PLUS safe sleep, shaken baby and general newborn safety teaching and a bag of books for home



**This is our chance to
make a difference in the
lives of all babies and
families here in
Maryland**



<https://youtu.be/4O3Bb5tFo0A>

WHO'S WHO AT HCDSS

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