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Building a System to Prevent, Recognize, and Treat Substance Exposure Infants

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1. Child Protection Accountability Commission

2. Division of Public Health

3. Substance Exposed Infants In-Depth Technical Assistance (SEI IDTA)

Delaware and the nation are struggling with an addiction epidemic, a fact that is well known.

Less well known is that the addiction epidemic is impacting pregnant women and their infants in increasing numbers. In 2016, there were 431 reports of substance exposed infants to the Department of Services for Children, Youth and Their Families, a sharp increase from the previous year.

The two most common substances found at birth in Delaware are marijuana and opioids; both of which are tied to either short and/or long term negative consequences for the infant. Alcohol exposure, which has the most well-documented long term negative impacts on an infant, is virtually impossible to detect immediately following birth.

In 2016, Delaware was one of the states selected for Substance Exposed Infants In-Depth Technical Assistance (SEI IDTA) funded by the U.S. Department of Substance Abuse and Mental Health Services Administration, and offered by the National Center on Substance Abuse and Child Welfare. The Delaware Child Health Protection Accountability Commission, Department of Health and Social Services, Department of Services for Children, Youth and their Families, March of Dimes, Delaware Healthy Mothers and Infant Consortium, Fetal Alcohol Task Force, Connections, medical providers, and many others have begun work to:

- Increase screening of reproductive age women who may be at risk for substance abuse addiction, and increase links to treatment and home visiting services;
- Educate physicians on the signs and symptoms of addiction in pregnant patients, and how to refer patients to treatment (See Figures 1 and 2);
- Reduce stigma around maternal substance use, and highlight the role of addiction as a chronic disease and the importance of connecting families to support, not punitive measures;
- Develop a system where infants born substance exposed and their families receive the medical treatments and supports they need as part of the federally-required "Plan of Safe Care" process. The revised federal rule requires states to address the health and substance use disorder treatment needs of the infant and family.
- Link to the Delaware Contraception Access Now (DE CAN) program to help women get access to effective contraception immediately post-partum.

Pregnant women often do not realize the extent to which alcohol and drug use can harm their baby, and we know that women struggling with addiction are less likely to access prenatal care and significantly more likely to have an unplanned pregnancy.

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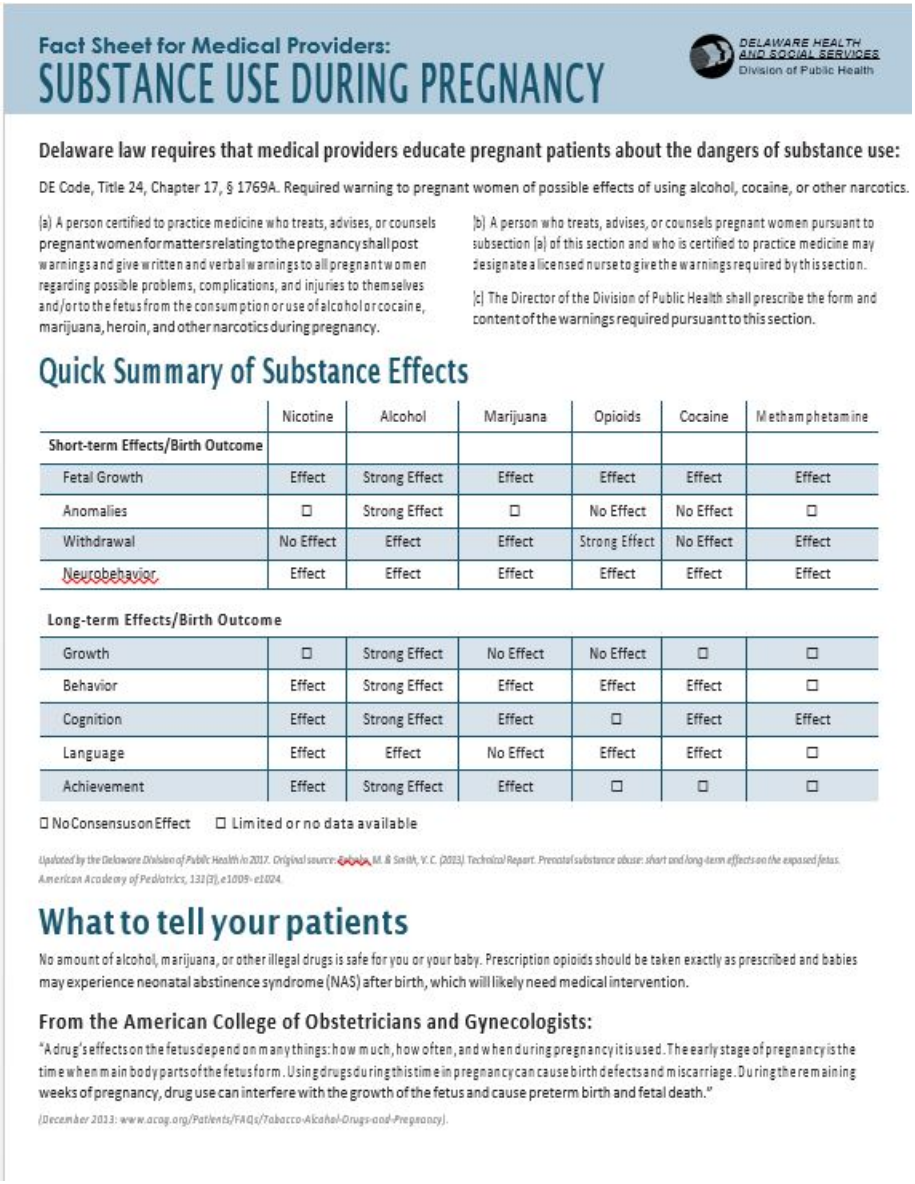
Under Delaware Code, Title 24, Chapter 17 (Medical Practice Act), Subchapter V, § 1769A, http://delcode. delaware.gov/title24/c017/sc05/index.shtml), medical providers are required to educate their pregnant patients on the dangers of using alcohol and drugs during pregnancy. The Division of Public Health is charged with developing those messages. Working closely with the SEI IDTA partners, DPH created information to meet the requirements of the law, and provide medical providers the tools they need to screen their patients, educate them on the dangers of substance use, and provide links to treatment. This fall the materials will distributed to medical providers serving reproductive age women and placed on the Help is Here website. (See Figures 3, 4, 5, and 6)

For further information, call the Division of Public Health at 302-744-4704. For further information on preventing, recognizing, and treating addiction, visit www.helpisherede.com.

Figures 1 and 2. Fact Sheet: Substance Abuse During Pregnancy



Fact Sheet for Medical Providers:

SUBSTANCE USE DURING PREGNANCY

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Delaware law requires that medical providers educate pregnant patients about the dangers of substance use:

DE Code, Title 24, Chapter 17, § 1769A. Required warning to pregnant women of possible effects of using alcohol, cocaine, or other narcotics.

(a) A person certified to practice medicine who treats, advises, or counsels pregnant women for matters relating to the pregnancy shall post warnings and give written and verbal warnings to all pregnant women regarding possible problems, complications, and injuries to themselves and/or to the fetus from the consumption or use of alcohol or cocaine, marijuana, heroin, and other narcotics during pregnancy.

(b) A person who treats, advises, or counsels pregnant women pursuant to subsection (a) of this section and who is certified to practice medicine may designate a licensed nurse to give the warnings required by this section.

(c) The Director of the Division of Public Health shall prescribe the form and content of the warnings required pursuant to this section.

Quick Summary of Substance Effects

	Nicotine	Alcohol	Marijuana	Opioids	Cocaine	Methamphetamine
Short-term Effects/Birth Outcome						
Fetal Growth	Effect	Strong Effect	Effect	Effect	Effect	Effect
Anomalies	□	Strong Effect	□	No Effect	No Effect	□
Withdrawal	No Effect	Effect	Effect	Strong Effect	No Effect	Effect
Neurobehavior	Effect	Effect	Effect	Effect	Effect	Effect
Long-term Effects/Birth Outcome						
Growth	□	Strong Effect	No Effect	No Effect	□	□
Behavior	Effect	Strong Effect	Effect	Effect	Effect	□
Cognition	Effect	Strong Effect	Effect	□	Effect	Effect
Language	Effect	Effect	No Effect	Effect	Effect	□
Achievement	Effect	Strong Effect	Effect	□	□	□

□ No Consensus on Effect □ Limited or no data available

Updated by the Delaware Division of Public Health in 2017. Original source: Behnke, M. & Smith, V. C. (2013). Technical Report. Prenatal substance abuse: short and long-term effects on the exposed fetus. American Academy of Pediatrics, 131(3), e1009- e1024.

What to tell your patients

No amount of alcohol, marijuana, or other illegal drugs is safe for you or your baby. Prescription opioids should be taken exactly as prescribed and babies may experience neonatal abstinence syndrome (NAS) after birth, which will likely need medical intervention.

From the American College of Obstetricians and Gynecologists:

"A drug's effects on the fetus depend on many things: how much, how often, and when during pregnancy it is used. The early stage of pregnancy is the time when main body parts of the fetus form. Using drugs during this time in pregnancy can cause birth defects and miscarriage. During the remaining weeks of pregnancy, drug use can interfere with the growth of the fetus and cause preterm birth and fetal death."

(December 2013: www.acog.org/Patients/FAQs/Tobacco-Alcohol-Drugs-and-Pregnancy).

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Opioids: Legal and Illegal

what your patients need to know

Opioids are a highly addictive substance, and their use and abuse is driving the current addiction epidemic. Opioids can cause life-threatening withdrawal symptoms in babies, better known as neonatal abstinence syndrome (NAS). Symptoms include excessive crying, high-pitched cry, irritability, seizures, and gastrointestinal problems, among others. NAS requires hospitalization of the affected infant and possibly treatment with morphine or methadone to relieve symptoms. Treatment should also include non-pharmacological interventions like skin to skin contact and rooming in.

The research on the long-term impacts of opioid use during pregnancy is still evolving but there is some evidence to suggest behavorial and potential cognition effects on children whose mother used opioids.

No patient should be counseled to immediately stop using opioids, including heroin. Suddenly stopping use could send the fetus into distress, threaten the pregnancy, and even cause miscarriage. Consistent with ACOG guidelines, physicians should discuss a broad range of treatment options, including Medication Assisted Treatment (MAT). For information on treatment programs or to learn more about MAT for pregnant women, call 1-800-652-2929 in New Castle County or 1-800-345-6785 in Kent and Sussex counties.

Cocaine and Methamphetamine (Stimulants)

what your patients need to know

Pregnant women who use cocaine are at higher risk for maternal migraines and seizures, premature membrane rupture, and placental abruption (separation of the placental lining from the uterus). Cocaine could exacerbate cardiac problems--sometimes leading to serious problems with high blood pressure (hypertensive crises), spontaneous miscarriage, preterm labor, and difficult delivery.

Babies born to mothers who use cocaine during pregnancy may also have low birth weight and smaller head circumferences, and are shorter in length than babies born to mothers who do not use cocaine. They also show symptoms of irritability, hyperactivity, tremors, high-pitched cry, and excessive sucking at birth.

Alcohol

what your patients need to know

Alcohol is the number one cause of preventable birth defects. When a pregnant woman drinks alcohol, the alcohol reaches the baby through the placenta. While an adult liver will break down the alcohol, a baby's liver cannot and so the alcohol is significantly more toxic. Drinking alcohol during pregnancy can cause: damage to a baby's organs, physical, emotional and behavorial problems as they grow, difficulties in learning or memory, and higher incidence of Attention Deficit Hyperactivity Disorder (ADHD). The damage caused by drinking alcohol is well-documented and vastly underestimated.

Marijuana

what your patients need to know

Marijuana use should not be viewed as a "safe" alternative to other drugs, and, contrary to reports, marijuana can be addictive. The American College of Obstetricians and Gynecologists (ACOG) and American Academy of Pediatrics (AAP) state that marijuana cannot be used safely during pregnancy. There is research to suggest impaired neurodevelopment in fetuses, as well as low birth weight and problems in behavior and cognition in childhood. But, more research must be done. And, as ACOG suggests, the adverse effects of smoking to mother and fetus are well-documented.

Tobacco

what your patients need to know

While this brief focuses on alcohol, illegal substances and prescription drug abuse, the negative impact of tobacco use on birth outcomes is well-documented. If a patient indicates they smoke, consider referrals to the Delaware Quitline for free cessation resources and tools at www.quitnow.net/delaware or by calling 1-866-409-1858."

Sources

ACOG Committee Opinion Number 637, July 2015, "Marijuana Use during Pregnancy and Lactation"

ACOG FAQ170, December 2013: Tobacco, Alcohol, Drugs, and Pregnancy

ACOG Committee Opinion 479, March 2011, Reaffirmed 2017, "Methamphetamine Abuse in Women of Reproductive Age

Centers for Disease Control and Prevention: Fetal Alcohol
https://www.cdc.gov/ncbddd/fasd/

National Institute of Drug Abuse
https://www.drugabuse.gov/publications/research-reports/

Delaware Fetal Alcohol Task Force

Resources

For information on detox, recovery, intervention, and treatment resources, visit: www.helpisherede.com.

To help patients connect with home visiting and a variety of prenatal supports, call 2-1-1 for "Help Me Grow."

HELP is here.
PREVENT - TREAT - RECOVER

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

DE THRIVES

Figures 3, 4, 5, and 6. Guidance for Screening Pregnant Patients for Substance Abuse

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GUIDANCE FOR MEDICAL PROVIDERS:

How to Screen Pregnant Patients for Substance Use Disorder and Alcohol Use

RECOMMENDATION

All pregnant women should be educated on the dangers of substance use during pregnancy and screened for substance use disorder and alcohol use, particularly during the first and third trimesters.

The American College of Obstetricians and Gynecologists (ACOG) recommends universal screening with brief intervention and treatment referrals for cannabinoids, alcohol, club drugs, dissociative drugs, hallucinogens, opioids, stimulants, tobacco, and other compounds such as anabolic steroids and inhalants.

BACKGROUND

No amount of alcohol, marijuana, illegal drugs, or tobacco is safe for the mother or baby. Alcohol is still the number one cause of preventable birth defects, and even minimal alcohol exposure can hurt a fetus. Data shows there are short- and long-term negative impacts of alcohol, tobacco, opioids, and other drug use on the mother and baby.

For further information on the dangers of substance use during pregnancy, see *Fact Sheet for Medical Providers: Substance Use During Pregnancy* in your packet.

Legal prescription drugs, including opioids, should be closely monitored and used exactly as prescribed. For mothers who consumed opioids legally as part of a treatment plan, their infant will still likely need treatment for neonatal abstinence syndrome (NAS) following birth.

Any pregnant woman who is on legal or illegal opioids should not cease her use immediately or there may be significant risks to the fetus. Conversion to Medication Assisted Treatment (MAT) is preferred for women seeking to discontinue use of illegal or legal opioids during pregnancy (see page 4).

To learn more about MAT treatment locations for pregnant women, visit the Substance Abuse and Mental Health Services Administration (SAMHSA) website at www.samhsa.gov or call 800-652-2929 in New Castle County and 800-345-6785 in Kent and Sussex counties.

OPIOIDS AND PAIN MANAGEMENT

Legally prescribed opioids are a proven pipeline to opioid dependence. Nearly 80 percent of heroin users report they started with prescription opioids. And, the benefits of long-term opioid therapy for chronic pain is not well supported by the evidence.

Prescribers of opioids for pain management should consider recommending alternatives to opioid medications, including non-opioid medications, exercise and physical therapy, behavioral therapy, and relaxation techniques. For patient and physician opioid fact sheets and links to new prescription regulations, visit Help is Here: www.helpisherede.com/Health-Care-Providers.

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CONSIDERATIONS

Substance use disorder is a chronic disease. Similar to diabetes and other illnesses that can harm a mother or her baby during pregnancy, a potential substance use problem should be identified and addressed early through screening using a validated screening tool.

ACOG recommends that routine screening for substance use disorder be applied equally to all people, regardless of age, sex, race, ethnicity, or socioeconomic status.

You have an important role in educating women on the dangers of substance abuse during pregnancy, screening women for substance use disorder, and referring those with a potential substance use disorder. The goal is to help the mother and her baby. Education, screening, and referrals should be integrated seamlessly into regular prenatal visits.

Be nonjudgmental and reassuring. You are more likely to get honest responses if the patient feels comfortable and safe. When asking about substances, pregnant patients may naturally be concerned about admitting drug or alcohol use. They may fear stigma or that they will be reported to child protective services.

Pregnant women cannot be penalized for substance use during pregnancy under the law. Medical providers do not have a legal requirement or obligation to report substance use in pregnant women or to perform testing to confirm suspected use. In fact, child protective services will not take a report for behavior while pregnant as that is outside their legal authority.

Under federal law, pregnant women must receive priority substance abuse treatment. To learn more about what treatment services are available, visit www.HelpisHereDE.com.

GENERAL SCREENING RECOMMENDATIONS

STEP ONE: START THE CONVERSATION

Following the SBIRT model (Screening, Brief Intervention and Referral to Treatment), start the conversation in a reassuring and compassionate matter. "Can I ask you about drug or alcohol use? This information is important to working with you to have a healthy pregnancy."

Be reassuring. Be clear the information will not be used against the patient or impact her ability to keep custody of the child. Emphasize the importance of your commitment to help her have a healthy pregnancy.

STEP TWO: DO THE SCREENING

Use the screening tool that works best for your practice and your population. The next page includes three validated screening tools that can be used easily in a health care setting. All seek to identify potential issues that would require further dialogue with the patient and referrals to treatment providers for further assessment.

These screening tools are in the public domain and recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA).

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GENERAL SCREENING TOOLS

"Screening" means using a validated screening tool to ask questions aimed at understanding the patient's potential substance use. There are several validated screening tools for pregnant women, including 4P's, T-ACE, and CRAFFT for adolescents and young adults.

THE 4 P'S

4 P's for Substance Abuse:

1. Have you ever used drugs or alcohol during **Pregnancy**?
2. Have you had a problem with drugs or alcohol in the **Past**?
3. Does your **Partner** have a problem with drugs or alcohol?
4. Do you consider one of your **Parents** to be an addict or alcoholic?

Scoring: Any "yes" should be used to trigger further discussion about drug or alcohol use. Any woman who answers "yes" to two or more questions should be referred for further assessment.

Source: Adapted from Ewing H Medical Director, Born Free Project, Contra Costa County, 111 Allen Street, Martinez, CA. Phone: 510-646-1165.

T-ACE

ACOG recommends the T-ACE screening tool for alcohol, specifically developed for use with pregnant women. Ask patients four questions:

(T) Tolerance: How many drinks does it take to make you high?

(A) Have people annoyed you by criticizing your drinking?

(C) Have you ever felt you ought to cut down on your drinking?

(E) Eye opener: Have you ever had a drink the first thing in the morning to steady your nerves or get rid of a hangover?

Scoring: Any woman who answers more than two drinks is scored two points. Each "yes" to the additional three questions scores one point. A score of two or more is considered a positive screen, and the woman should be referred for further assessment.

Source: Sokol RJ, Martier SS, Ager JW. 1989. The T-ACE questions: Practical prenatal detection of risk drinking, American Journal of Obstetrics and Gynecology 160 (4).

CRAFFT – SUBSTANCE ABUSE SCREEN FOR ADOLESCENTS AND YOUNG ADULTS

C - Have you ever ridden in a **CAR** driven by someone (including yourself) who was high or had been using drugs or alcohol?

R – Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?

A – Do you ever use alcohol or drugs while you are by yourself, **ALONE**?

F – Do you ever **FORGET** things you did while using drugs or alcohol?

F – Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

T – Have you ever gotten in **TROUBLE** while you were using alcohol or drugs?

Scoring: Two or more positive items indicate the need for further assessment.

Source: Center for Adolescent Substance Abuse Research, Children's Hospital of Boston. The CRAFFT screening interview. Boston (MA) CeASAR; 2009.

TOBACCO

While this guidance focuses on alcohol, illegal substances, and prescription drug abuse, screening for tobacco is still recommended. The negative impact of tobacco use on birth outcomes is well documented. If a patient indicates they smoke, consider referrals to the Delaware Quitline for free cessation resources and tools at www.quitsupport.com or by calling **1-866-409-1858**.

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STEP THREE: EDUCATE THE PATIENT AND PROVIDE REFERRALS

If the screening tool does not identify a potential problem:

- State law requires that all medical providers serving pregnant women counsel them on the dangers of any alcohol, marijuana, or other drug use during pregnancy. Recommend they cease use with the exception of opioids, which require special considerations and may need to involve Medication Assisted Treatment. For further information on the dangers of substance use during pregnancy, see the fact sheet provided in your packet.

If the screening tool does identify a risk for substance use disorder:

- Be clear that you know the mother wants to be as healthy as possible for her baby and herself, and that she can reduce the health risk to them both by stopping using alcohol and drugs.
- Discuss possible strategies for her to stop — individual or group counseling, 12-step program, or substance use disorder treatment. If she is struggling with opioid addiction, Medicated Assisted Treatment should be discussed.
- Recommend women visit www.HelpIsHereDE.com or call 800-652-2929 in New Castle County and 800-345-6785 in Kent or Sussex counties to to learn more about services for pregnant women.

MEDICATION ASSISTED TREATMENT

Medication Assisted Treatment (MAT) is an important part of the treatment regime for pregnant women and is proven to improve outcomes. According to ACOG, "the rationale for medication assisted treatment during pregnancy is to prevent complications from illicit opioid use and narcotic withdrawal, encourage prenatal care and drug treatment, reduce criminal activity, and avoid risks to the patient associated with a drug culture." *(ACOG Committee Opinion, Opioid Abuse, Dependence and Addiction in Pregnancy, Number 524, May 2012, page 2).*

The two main medications involved in MAT for pregnant women are methadone and buprenorphine (without Naloxone). The decision regarding the most appropriate medication should be made jointly with the MAT provider, the obstetrician, and the woman.

METHADONE	BUPRENORPHINE (WITHOUT NALOXONE)
• May have better treatment retention	• Probably less severe NAS; works best in patients needing less monitoring
• No risk precipitating withdrawal	• Reduced risk of overdose during induction
• Patients with more severe opioid use disorder	• Reduced risk of overdose if children are exposed to medication.

Source: Substance Abuse and Mental Health Services Administration, https://www.samhsa.gov/.

SOURCES

For a full list of sources, call the Division of Public Health at 302-744-4704.

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