CARING FOR BABIES EXPOSED TO METHADONE OR BUPRENORPHINE (SUBUTEX) DURING PREGNANCY

Bonny Whalen, MD
Medical Director / Newborn Pediatrician
CHaD/DHMC Newborn Nursery
KEEPING CHILDREN AND FAMILY SAFE ACT

- As a condition of federal funds under Child Abuse Prevention and Treatment Act …

- Requires each state to develop policies & procedures to address needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure
  - Notify CPS of substance-exposed newborns
  - Develop plan of safe care for infant

- Law specifies that reports of prenatal substance exposure shall not be construed to be child abuse or require prosecution for any illegal action
OBJECTIVES

Learn how to:
- counsel mothers regarding risks of opioid exposure in pregnancy
- counsel mothers how to best care for themselves in pregnancy, and their newborns after birth
- help promote safe transitions to home for opioid-exposed newborns
OVERVIEW

- Effects of prenatal opioid exposure on the fetus and newborn
- Steps that mothers can take in pregnancy and after birth to improve psychosocial and health outcomes for their newborns
- Supporting breastfeeding for women with history of substance misuse and opioid dependency
- Screening for substance exposure
- Mandated reporting guidelines?
- How child protective services can partner with the hospital to help ensure safe discharge home for babies
BABIES AND METHADONE/SUBUTEX

- What have you heard?
- What are you worried about?
- How would you counsel a mother?
NEONATAL ABSTINENCE SYNDROME (NAS)

Caused by withdrawal from opiates / opioids

Problems with over-function of the:

- **Central Nervous System (CNS)**
  - Brain, nerves, muscles

- **Autonomic Nervous System**
  - Breathing, blood vessels, metabolism

- **GI tract /intestines**
  - Feeding, vomiting, stooling
PROBLEMS WITH THE CENTRAL NERVOUS SYSTEM

- High-pitched crying
- Problems sleeping
- Overactive startle reflex
- Tremors / jitteriness
- Increased muscle tone
- Myoclonic jerks
- Seizures

http://newborns.stanford.edu/PhotoGallery/Jittery3.html
PROBLEMS WITH THE AUTONOMIC NERVOUS SYSTEM

- Fever
- Sweating
- Yawning
- Mottling
- Nasal stuffiness
- Sneezing
- Problems breathing / Increased work of breathing
  - Nasal flaring
  - Tachypnea
  - Retractions (pulling in between ribs)
PROBLEMS WITH THE GI TRACT

- Excessive sucking
- Poor feeding
- Regurgitation
- Projectile vomiting
- Loose stools
- Watery stools
NAS: WHAT TO EXPECT

- Up to 3/4 infants will develop some degree of NAS
- Symptoms start on 2\textsuperscript{nd} day, most often peak on 3\textsuperscript{rd} to 4\textsuperscript{th} day of life
- May see symptoms earlier or differently if:
  - Using other substances, smoking cigarettes, on other medications that can have withdrawal-like symptoms too (SSRIs for depression, benzodiazepines for anxiety)
- Baby will need to be monitored for at least 4 days
- Baby will need to be monitored longer if still having NAS symptoms and hasn’t “peaked” yet
NAS: What to Expect

- If treatment is required, length of time for treatment and observation off of treatment can vary from one to several weeks.
- No relationship between dose of mother’s medicine and how severe NAS is or how long treatment is needed for baby.
- It is best to not try to wean medicine during pregnancy due to risk of relapse for mother, and risk of withdrawal for the fetus.
PREDICTORS OF NAS

Higher NAS scores and possible need for Rx occur with:
- Smoking in pregnancy
- Lower weight in mother
- SSRI treatment in pregnancy

Things moms can do to help baby do best possible:
- Stop smoking or cut back as much as you can
- Eat healthy
Watching for NAS with NAS Scoring

- Symptoms most likely to cause harm are given a “5”
  - Seizures
- Symptoms least likely to cause harm are given a “1”
  - Yawning
  - Sneezing
  - Mild tremors
- Others given scores in between
  - Crying
  - Poor sleeping
  - Moderate tremors
  - Poor feeding
  - Fast breathing

<table>
<thead>
<tr>
<th>SYSTEM</th>
<th>SIGNS &amp; SYMPTOMS</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High-Pitched Cry</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Continuous High-Pitched Cry</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Sleeps &lt; 1 hour after feeding</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Sleeps &lt; 2 hours after feeding</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Sleeps &gt; 3 hours after feeding</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Mild Tremors Disturbed</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Mod-Severe Tremors Disturbed</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Mild Tremors Undisturbed</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Mod-Severe Tremors Undisturbed</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Increased Muscle Tone</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Excoriation (specify area)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Myoclonic Jerks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Generalised Convulsions</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Fever (37.3°C – 38.3°C)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Fever (38.4°C and higher)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Frequent Yawning (&gt;3-4 times)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Nasal Stufiness</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sneezing (&gt;3-4 times)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Nasal Flaring</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Respiratory Rate &gt; 60 / min</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Respiratory Rate &gt; 60 / min with retractions</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Excessive sucking</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Poor Feeding</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Regurgitation</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Projectile Vomiting</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Loose Stools</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Watery Stools</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Max Score: 41</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOTAL SCORE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SCORER’S INITIALS</td>
<td></td>
</tr>
</tbody>
</table>
## What Symptoms Happen Most?

<table>
<thead>
<tr>
<th>Signs / symptoms</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tremors</td>
<td>90</td>
</tr>
<tr>
<td>Restlessness</td>
<td>85</td>
</tr>
<tr>
<td>Hyperactive reflexes</td>
<td>51</td>
</tr>
<tr>
<td>Regurgitation</td>
<td>45</td>
</tr>
<tr>
<td>Increased muscle tone</td>
<td>45</td>
</tr>
<tr>
<td>High pitched cry</td>
<td>33</td>
</tr>
<tr>
<td>Sneezing</td>
<td>31</td>
</tr>
<tr>
<td>Frantic sucking of fists</td>
<td>25</td>
</tr>
<tr>
<td>Inability to sleep</td>
<td>24</td>
</tr>
<tr>
<td>Stretching</td>
<td>22</td>
</tr>
<tr>
<td>Nasal stuffiness</td>
<td>18</td>
</tr>
<tr>
<td>Respiratory distress</td>
<td>12</td>
</tr>
<tr>
<td>Vomiting</td>
<td>9</td>
</tr>
<tr>
<td>Frequent yawning</td>
<td>9</td>
</tr>
<tr>
<td>Sweating</td>
<td>8</td>
</tr>
<tr>
<td>Excoriation of knees, toes and nose</td>
<td>7</td>
</tr>
<tr>
<td>Mottling</td>
<td>5</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>3</td>
</tr>
<tr>
<td>Fever</td>
<td>3</td>
</tr>
<tr>
<td>Pallor</td>
<td>3</td>
</tr>
<tr>
<td>Lacrimation</td>
<td>2</td>
</tr>
<tr>
<td>Generalized convolution</td>
<td>2</td>
</tr>
</tbody>
</table>
LIMITATIONS OF NAS SCORING

At times, difficult to interpret symptoms of ‘normal newborn’ versus NAS

Can be prone to how one person views symptoms compared to another

Not to be used for a “one point in time” quick assessment

Symptoms sometimes not specific for NAS and can be due to other illnesses

- Hunger
- Withdrawal from nicotine, SSRIs, benzodiazepines
- Low blood sugar or calcium levels
- High thyroid hormone level
- Brain injury
NAS SCORING

- RN will score within 2 hours of birth, then every few hours depending on baby’s feeding and sleep schedule

- Moms can help monitor baby by:
  - Watching for decreased sleep, yawning, sneezing, excessive sucking
  - Sharing how baby did with feeding
  - Following for changes in baby’s tone and reflexes

### Baby’s Symptom Diary

<table>
<thead>
<tr>
<th>Time of day</th>
<th>Breast feeding (total &amp; minutes)</th>
<th>Bottle feeding (total &amp; minutes)</th>
<th>Check box for poop (more or less than usual)</th>
<th>Check box when baby lies on back</th>
<th>Check box when baby lies on side</th>
<th>Check box when baby wakes up</th>
<th>Put check mark in box with each sneeze</th>
<th>Put check mark in box when hungry</th>
<th>Excessive suck and not hungry</th>
<th>Parent Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 PM</td>
<td>L: 15 min. 8:10 min.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example: L: 15 min. 8:10 min.  
- L: 15 min. 8:10 min.
- L: 15 min. 8:10 min.
- L: 15 min. 8:10 min.
- L: 15 min. 8:10 min.
- L: 15 min. 8:10 min.
- L: 15 min. 8:10 min.
- L: 15 min. 8:10 min.
- L: 15 min. 8:10 min.
- L: 15 min. 8:10 min.
- L: 15 min. 8:10 min.
NAS SCORING

- Help / allow baby to calm first
  - Put baby skin-to-skin before and during scoring
  - Feed baby first, then call RN to come in and do score

- Share symptom diary with RN
- RN scores all symptoms that occurred since last scoring

**Baby's Symptom Diary**

<table>
<thead>
<tr>
<th>Time of day</th>
<th>Breastfeeding (total minutes)</th>
<th>Check box for poop (note # loose or watery)</th>
<th>Check box when baby feels asleep</th>
<th>Check box when baby wakes up</th>
<th>Put check mark in box with each sneeze</th>
<th>Put check mark in box with each yawn</th>
<th>Excessive suck and not hungry</th>
<th>Parent Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>L - 15 min.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>R - 15 min.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>L -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>R -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>L -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>R -</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WHAT CAN MOMS / FAMILIES DO TO HELP BABIES DO THEIR BEST?
ROOMING-IN

- **Keep your baby with you in your room at all times:**
  - You will be able to respond to your baby’s feeding and stress cues earlier.
  - You can keep your room calmer / quieter than the Nursery and the Nurses station in Pediatrics.
  - Lets you care for your baby on your own and lets you feel more comfortable caring for your baby at home.

- **If you need to go get your medicine or leave baby’s room, have a family member or friend take care of your baby in your room.**

- **Rooming-in:**
  - Decreases need for NAS treatment
  - Decreases duration of treatment
  - Decreases length of stay
SUPPORTIVE CARE FOR NEWBORNS

- Feed your baby at early feeding cues, until he/she is content
- Hold your baby close to you in skin-to-skin contact
- Use calming techniques
  - C-position
  - Swaddling
  - Gentle jiggling
  - Slow, rhythmic up & down movements*
  - Clap baby’s bottom with cupped hand*
  - Shooshing
  - Non-nutritive sucking
    *May not work for some babies
SUPPORTIVE CARE FOR NEWBORNS

- Provide undisturbed periods of sleep / rest
  - “Cluster care”

- Keep the room very calm
  - Low lights
  - Quiet room
  - Limit visitors / # caregivers
  - Avoid “excessive handling” of baby

- Introduce stimuli as baby able to tolerate
  - Infant touch / massage
BREASTFEEDING AND MEDICATIONS?

- Is it safe for newborns to breastfeed if moms are on methadone or buprenorphine maintenance?
BREASTFEEDING AND MEDICATIONS

- Breastfed infants may experience less severe NAS symptoms
- Breastfeeding is one of the best things moms can do for their baby and themselves
- Methadone and buprenorphine are safe in breastfeeding
- Mom should not breastfeed if she is using illegal substances or if at high risk to use
- Encourage abstinence / treatment!
TRICKS AND TIPS FOR BREASTFEEDING

- Breastfeed in a calm environment
- Breastfeed baby when hungry, till content
- Do lots of skin-to-skin
- Breastfeed in “C-hold” (football, cross cradle positions)
- Use hand expression to help baby get milk
- If baby having problems with NAS, have baby suck on your finger first to organize suck
- Nurses and Lactation Consultants will help if having problems
HOW DO WE KNOW BABIES NEED TREATMENT FOR NAS?
SIGNS THAT BABY NEEDS TREATMENT

Baby definitely needs treatment:
- Apnea
- Seizures

Baby may need treatment:
- 3 scores in a row of 8 or more (or average of 8 or more)
- 2 scores in a row of 12 or more (or average of 12 or more)
- Unable to feed or sleep well
- Having hard time breathing
- Losing excessive weight or unable to gain weight
MORPHINE TREATMENT FOR NAS

“Capture Phase”
- Oral morphine* every 3-4 hr, dose increased until NAS symptoms controlled
- Phenobarbital added if baby is difficult to capture or wean

“Maintenance Phase”
- Find smallest dose that controls baby’s symptoms
- Goal of Rx = NAS scores less than 8

“Weaning Phase”
- Begin wean when scores less than 8 for 24-48 hours & baby is clinically stable
- Wean by 10% daily if:
  - NAS scores less than 8
  - Baby is clinically stable
DISCHARGE READINESS

- No apnea or respiratory compromise
- Stable vital signs
- Baby completed appropriate observation period
  - No active concerns for significant sx of NAS
- Feeding well with appropriate weight pattern
- Parents demonstrate appropriate response to / care of baby
- Home environment assessed as safe
- Referrals to community resources in place
IMPORTANCE OF CARE COORDINATION / CLOSE FOLLOW-UP AND SUPPORT TO OPTIMIZE BABY OUTCOMES
OTHER IMPORTANT ASPECTS OF CARE?
HELP DURING THE PREGNANCY

- **Financial assistance / supports**
  - Food stamps
  - Cash assistance
  - WIC
  - Women’s Health Resource Center (food, diapers, car seats, and classes)
  - Other financial assistance programs
  - Good Beginnings of the Upper Valley (help buying things for baby or home)

- **Legal:**
  - Paternity testing, paternity affidavits, and birth certificates.
  - Resources for Domestic Violence.

- **Medicaid/Insurance**
  - Help with applications / finding good websites
  - Phone numbers for Medicaid, or for Patient Financial Services.
  - Help providing NSA (Needed Services Application).
HELP DURING THE PREGNANCY

○ Housing:
  - Discuss housing availability in Upper Valley
  - Provide information on criteria for subsidized housing (for instance, no felons allowed)
  - Help printing applications to Twin Pines Housing Trust or other subsidized programs
  - Help filling / mailing / faxing out applications
  - Encourage patients to get on the waiting lists for Section 8
  - Lists of homeless shelters and transitional housing places for women and their children

○ Transportation:
  - Help accessing VT/NH Medicaid Transportation
  - Can authorize a taxi as a last resort
  - Bus schedules for Advance Transit and Claremont Bus
HELP DURING THE PREGNANCY

- **Resources, resources, resources:** 30-page document filled with resources in NH, VT, Maine, and Massachusetts.
  - Parenting resources: Healthy Families America program, for instance
  - Town welfare offices
  - Food banks
  - Legal aid
  - English as a Second Language

- **Substance abuse treatment / skills-building**

- **Partnering with OB / Rx provider / Pediatric Provider / Social Services / Child Protective Services / Community Supports / Parenting Resources/Teaching, etc**
IN-HOSPITAL CARE COORDINATION

- **Social Worker**
  - Performs initial assessment of mother and newborn
  - Assists in identifying and arranging supports for home
  - Reviews risk for postpartum depression / stress & identify coping mechanisms / supports
  - Mandated report to DCF/DCYF, when clinically indicated
    - Continued use after discovering pregnancy
    - Other concerning factors (late onset prenatal care, homelessness, domestic violence)
      - Consider having mother make report herself
      - Review how report will help engage parenting/family supports

- **Clinical Resource Coordinator**
  - Assists in identifying and arranging supports for home
    - VNA, Good Beginnings, breast pump rental, etc.
    - Helps to identify Primary Care Physician (PCP)
COMMUNITY RESOURCES

- Information and Referral
  - NH Resource 211  802-652-4636
  - VT Resource 211  866-444-4211
- Support/Home-based programs (e.g., VNA, Good Beginnings, Parenting Programs)
- Health and Mental Health / Treatment Programs
- Child Protective Services
- Domestic/Family Violence
- Housing
- Emergency Financial Assistance
- Legal Assistance
- Transportation
- Long-term follow-up programs / interventions (e.g., Early Intervention)
HOW DO WE HELP QUANTIFY RISK?
DRUG OF ABUSE SCREENING

- Obtain specimens within 24 - 48 hr of delivery to help:
  - Anticipate timing and type of withdrawal sx
  - Inform DCF / DCYF, when clinically indicated
  - Make recommendations re: safety of breastfeeding

- Urine drug of abuse screen
- Urine confirmatory testing
- Umbilical tissue testing
- Meconium drug of abuse testing
URINE DRUG OF ABUSE SCREENING

- Screens for: amphetamine / methamphetamine, barbiturates, benzodiazepines, cocaine, methadone, opiates, THC, TCAs
- Any positive screen should be viewed as a presumptive positive due to the possibility of cross reactivity
- False negatives may occur if:
  - Drug concentration is below DAU cutoff level
  - Specific drug is not detected by particular antibody (e.g., fentanyl)
  - Urine has been adulterated by dilution or bleaching
  - Very dilute urine
URINE CONFIRMATORY TESTING (UDRUGA)

- Alert lab to any *presumptive* positives or suspected exposures
  - Send **buprenophine screen** separately as not tested in UDRUGA

- **Immunoassay testing for:**
  - amphetamine, methamphetamine, barbiturates, benzodiazapines, cocaine, ethanol, MDMA (Ecstasy), **methadone, opiates, PCP, propoxyphene, THC**
  - GC / MS confirmation for positives

- **GC/MS Opiates Profile for:**
  - codeine, hydrocodone, hydromorphone, morphine, oxycodone, oxymorphone
MECONIUM DRUG OF ABUSE TESTING

- Alert lab to any *presumptive* (+) or suspected exposure
- ELISA testing for:
  - Amphetamines
  - Barbiturates
  - Benzodiazepines
  - Cannabinoids
  - Cocaine/metabolites
  - Methadone
  - Opiates
  - Phencyclidine (PCP)
  - Propoxyphene (Darvon)
UMBILICAL TISSUE TESTING

- Sample easy to obtain & send off right after birth
  - Exception: Lab will send out Mon am for weekend deliveries
  - Will likely be faster than meconium testing
- High sensitivity & specificity
  - Performed using Liquid Chromatography-Time-of-flight Mass Spectrometry
  - Doesn’t require confirmation testing
  - High concordance with meconium / may detect earlier exposures?
- Qualitatively detects ~60 drugs/drug metabolites including:
  - Natural and synthetic opiates, Marijuana, Cocaine, Benzodiazepines, Amphetamines, barbiturates
  - Does not test for Ethanol
- Costs ~ $300 for patient
  - may be sl. less than meconium as doesn’t require confirmation
UMBILICAL TISSUE TESTING

**DRUGS REPORTED**

**Opioids:**
- buprenorphine
- codeine
- fentanyl
- heroin
- (6-acetylmorphine)
- dihydrocodeine
- hydrocodone
- hydromorphone
- meperidine
- methadone
- morphine
- naloxone
- naltrexone
- oxycodone
- oxymorphone
- propoxyphene
- tapentadol
- tramadol

**Stimulants:**
- amphetamine
- cocaine
- methamphetamine
- MDMA (Ecstasy)
- MDEA (Eve)
- MDA
- phentermine

**Sedatives-Hypnotics:**
- alprazolam
- butalbital
- clonazepam
- diazepam
- flunitrazepam
- flurazepam
- lorazepam
- midazolam
- nitrazepam
- nordiazepam
- oxazepam
- phenobarbital
- secobarbital
- temazepam
- triazolam
- zolpidem

**Other:**
- Cannabinoids (11-nor-9-carboxy-THC)
- Phencyclidine (PCP)
WHEN AND HOW TO SCREEN

<table>
<thead>
<tr>
<th>Condition</th>
<th>Mec &amp; Umb Cord</th>
<th>Urine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother with history of substance abuse or use within 1 year of pregnancy, but prior to discovering pregnancy with negative DAU screen during 3rd Trimester and on admission</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Mother with history of substance abuse or use and compliant with treatment program including negative screening during pregnancy and on admission (screen not indicated if in recovery for several years without relapse)</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Mother with substance abuse or use after discovering pregnancy (including self-report of use or a positive DAU screen)</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Mother with history of substance abuse or use within 1 year of pregnancy but prior to discovering pregnancy with incomplete screening during 3rd trimester and on admission</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Mother with history of substance abuse or use and noncompliant with treatment program</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Mother with history of erratic prenatal care and any history of substance abuse or use</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Suspected substance abuse or use*</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Perinatal complications possibly associated with substance abuse and use*</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Signs of NAS in infant as evidenced by positive NAS scoring or other signs consistent with neonatal drug withdrawal</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>
KEEPS CHILDREN AND FAMILY SAFE ACT

- As a condition of federal funds under Child Abuse Prevention and Treatment Act …

- Requires each state to develop policies & procedures to address needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure
  - Notify CPS of substance-exposed newborns
  - Develop plan of safe care for infant

- Law specifies that reports of prenatal substance exposure shall not be construed to be child abuse or require prosecution for any illegal action
MANDATED REPORTING GUIDELINES?
KEEPING CHILDREN AND FAMILY SAFE ACT

- As a condition of federal funds under Child Abuse Prevention and Treatment Act …

- Requires each state to develop policies & procedures to address needs of infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure
  - Notify CPS of substance-exposed newborns
  - Develop plan of safe care for infant

- Law specifies that reports of prenatal substance exposure shall not be construed to be child abuse or require prosecution for any illegal action
MANDATED REPORTING GUIDELINES?
WHAT ELSE CAN WE DO TOGETHER PROVIDERS TO ENSURE SAFE TO HOME?