



# Substance-Exposed Newborns

*State of Oklahoma 2013*



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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 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,” 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 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 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)(3) 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

The Oklahoma Department of Health collects data using the Centers for Disease Control and Prevention's Pregnancy Risk Assessment Monitoring System (PRAMS). Forty states, and New York City, are participating in this data collection, which is a series of self-report questionnaires given to a sample of women who have had live births. There are several core questions, but the ones regarding substance abuse are about alcohol. The most recent Oklahoma PRAMS data is from 2011. The following data was collected from the women who took the PRAMS questionnaire.

- Alcohol use 3 months before pregnancy - 48.53%
- Binge drinking 3 months before pregnancy - 37.06%
- Alcohol use last 3 months of pregnancy - 5.26%
- Binge drinking last 3 months of pregnancy - number reported <30

The preliminary number of live births for 2012 is 51,838 but the PRAMS data for 2012 is not yet available.

Women who present at a hospital with the following circumstances are more likely to be tested for illegal substances:

- 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 to collect and test the newborn's meconium. The presence of drugs in meconium has been proposed to be indicative of in utero drug 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 in the state will call a report to DHS upon receipt of the results.

Previous data collection methods resulted in the following. Of the reports received by DHS alleging substance use by a delivering mother, for the calendar year 2012, the preliminary number of newborns who were substance exposed, i.e. tested positive, was 322. Of those infants who were substance exposed, 36 were affected by the substance use, experiencing some signs of withdrawal symptoms. In 2012, The Children's Hospital at OU Medical Center in Oklahoma City reported 159 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, 98 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. A positive test result for prescription medications is generally only considered abuse or neglect when the mother does not have a prescription for the type of medication the newborn tests positive for. It cannot be considered abuse or neglect if the infant tests positive for a medication that was given at the hospital.

Data collection methods, more recently begun by DHS, resulted in the following information on children 0-30 days old when the referral was made. Please note that this information is only approximate as it is a combination of information gathered from the reporting party and information gathered during an investigation. In the SFY2013, there were 407 investigations done where the child welfare worker indicated that substance abuse was a contributing factor to the abuse or neglect. Of that number, there were approximately 73 cases where removal of the child was recommended by DHS and the removal condition was due to the substance abuse of an adult. This is any adult, not just the mother of the child. Also, in SFY2013, there were 320 infants that tested positive for substances, according to the reporting party. The breakdown of the type of substance is as follows:

- Marijuana – 107
- Methamphetamines - 77
- Other/Alcohol – 67
- Prescription medications – 49
- Cocaine – 17
- Hallucinogens – 2
- Heroin - 1

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.

## Resources

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

**SoonerStart/Early Intervention**, Oklahoma's early intervention program, through the health department, is 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** 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 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** is 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** website – The purpose of this website, at the Oklahoma State Department of Health, is to offer education and provide resources regarding such issues as breastfeeding, premature birth, depression after pregnancy, smoking and pregnancy, and safe sleep for the baby, to name a few.

**Start Right Programs**, through the health department, provide voluntary home visitation and community-based services to provide parent education, to improve parenting skills, and 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**, through the department of education, is a free, voluntary parent education program to assist 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 Parents as Teachers 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 as well as appropriate professionals as needed
- Developmental screenings

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

In Oklahoma, there are 15 facilities that provide residential substance abuse services to women. Of those, six allow women's children to be with them. Most all of these facilities maintain a waiting list on a regular basis.

## Next Steps

DHS and the Oklahoma Bureau of Narcotics and Dangerous Drugs are partnering in an effort to reduce the effect that drugs and drug-related crimes have on children. The changes made to statute in November 2012, as mentioned above, also requires law enforcement to make a report to DHS if, during a criminal investigation, they become aware that there are children involved. These changes will not only help protect the existing children, but have the potential to have a positive effect on any unborn children of persons involved in these criminal investigations. Hopefully, this collaboration, along with the working relationships that DHS has with other government agencies, medical professionals and facilities, as well as numerous community agencies, will help keep Oklahoma children safe, both those already born and those yet to come.

## Information Sources

Oklahoma State Department of Health – Prevention's Pregnancy Risk Assessment Monitoring System (PRAMS) data

Oklahoma Department of Human Services

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