



Substance-Exposed Newborns

State of Oklahoma 2017



Substance-Exposed Newborns

State of Oklahoma 2017

Legal Background

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.

Federal guidelines in the Child Abuse Prevention and Treatment Act (CAPTA) had previously required 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." On July 22, 2016 the President signed into law Public Law 114-198, the Comprehensive Addiction and Recovery Act (CARA) of 2016. This law amended certain sections of CAPTA. States were required to remove the term "*illegal*" as applied to substance abuse affecting infants and to specifically require that plans of safe care address the needs of both infants and

their families or caretakers. As a result, Oklahoma State Statute had to be amended in order to come into compliance with federal law.

Oklahoma statute, Title 10A, 1-2-101(B)(2), now 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 or midwife involved in the prenatal care of expectant mothers or the delivery or care of infants shall promptly report to the Department instances in which an infant tests positive for alcohol or a controlled dangerous substance. This shall include infants who are diagnosed with Neonatal Abstinence Syndrome or Fetal Alcohol Spectrum Disorder.” The Department is required to develop a plan of safe care that addresses the health and substance use treatment needs of the infant and mother or caregiver. Any plans previously developed by a hospital or medical professional to address the health and substance use treatment needs of the infant and the mother or caregiver will be included.

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 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.

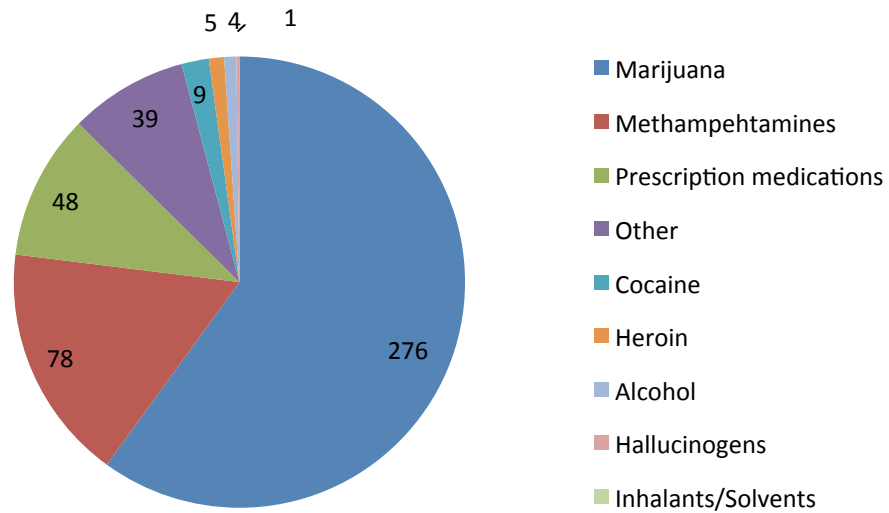
Data

Most of the large urban hospitals across the state routinely test 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 testing mechanism used by most larger hospitals is the testing of the newborn's umbilical cord tissue. The presence of substances in the cord tissue has been proposed to be indicative of in utero substance exposure up to 20 weeks before birth, a longer historical measure than is possible by urinalysis.

Of the reports of abuse and neglect that were received by DHS in State fiscal year 2017, where substance use by a delivering mother was alleged, there were 460 newborns who were substance exposed, i.e. tested positive. Of that number, 70 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 that these 460 newborns tested positive for is as follows. These numbers are down from SFY 2016. Note, some newborns test positive for more than one substance.



Substance	Percent	Number
Marijuana	60.0	276
Methamphetamine	17.0	78
Prescription Medications	11.0	48
Other	8.5	39
Cocaine	2.0	9
Heroin	1.0	5
Alcohol	<1.0	4
Hallucinogens	<1.0	1
Inhalants/Solvents	0.0	0

This information is only approximate as it is a combination of information gathered from the reporting party and information gathered during the investigation.

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 that 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 460 newborns who tested positive at birth, the investigation was substantiated in 174 of those cases. Child welfare workers indicated that in 166 of those investigations, substance abuse was a contributing factor to the abuse or neglect. In 41 percent of the substantiated investigations,

the mother indicated she had no prenatal care. In that number, there were 83 cases where the reason for the recommendation by DHS to remove the child was due to substance abuse. Of the 174 substantiated investigations, 53 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 SFY 17, they reported 135 cases to DHS where the mother tested positive for some type of substance and the infants were tested as well. Of those cases, 82 of the 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 that is designed to meet the needs of infants and toddlers, up to age 3, that 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

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, to name a few. It provides families a way to find other needed resources in their communities as well.

Parent Pro

Parent Pro connects families with the 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 those 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

S18007 DHS Issued 6/2018

This publication is authorized by Oklahoma Department of Human Services Director Ed Lake in accordance with state and federal regulations. Copies have not been printed but are available online at www.okdhs.org/library. An electronic copy has been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries.

