Substance Exposed Infants in Maine

How did we get here and where are we going?

MAINE AAP CONFERENCE SEPTEMBER 2020
STEPHEN MEISTER MD, MHSA, FAAP

Substance Exposed Infants in Maine

- Neither my wife nor I have a financial interest in any of the issues, devices or treatments that will be discussed today.
Substance Exposed Infants in Maine

* Medical Director Edmund N Ervin Pediatric Center
* Past President Maine Chapter AAP
* Past Co-Chair Maine Medical Association Legislative Committee
* Past Chair Maine Child Death and Serious Injury Review Panel
* Past Maternal Child Health Medical Director State of Maine
* Past and Current Federal Grants
  - SAMHSA NCTSN Category III Evidenced Based Treatment for Trauma
  - CHIPRA “Improving Health Outcomes for Children”
  - HRSA Region I “Improving Screening and Evaluation for DD and Autism”
  - SAMHSA NCTSN Category III Mid Maine Child Trauma Center

IV. C-2. Response to Infants Affected by Illegal Substance Abuse

Effective 7/13/04

Purpose: The Bureau has the responsibility to respond to reports from health care providers that an infant has been born that is affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure to either legal or illegal drugs regardless of whether the infant is abused or neglected. Once a report is received the Department must assure a plan of safe care for the infant.

No matter who does the fact finding the following determinations must be made.

- That the infant was affected by or addicted to one or more substances
- Whether the infant received appropriate medical care immediately after birth
- That there is or is not a safe plan of care for the infant in the immediate future.
Substance Exposed Infants in Maine

Sec. 1. 22 M.R.S.A. § 4004-B is enacted to read:

§ 4004-B. Infants born affected by substance abuse or after prenatal exposure to drugs.

The Department shall act to protect infants born identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure (whether or not the prenatal drug exposure was to legal or illegal drugs), regardless of whether the infant is abused or neglected.

Substance Exposed Infants in Maine

Sec. 4. 22 M.R.S.A. § 4011-A, sub-§ 1-A is enacted to read:

I-A. Reporting of infants with prenatal exposure to drugs. Any health care provider involved in the delivery or care of an infant whom the provider knows or has reasonable cause to suspect has been born affected by illegal substance abuse or suffering from withdrawal symptoms resulting from prenatal drug exposure (whether or not the prenatal drug exposure was to legal or illegal drugs) shall notify the Department of that condition in the infant.
Substance Exposed Infants in Maine

- Fall, 2008 Representative Pat Flood at a ME Chapter AAP meeting
- What can the Legislature do to help the children of Maine?
- Reply:
- Find out why we are seeing a dramatic rise in narcotic affected infants
- And
- Do something about it!

Response: LD 1291, Resolve Establishing a Study Commission on In Utero Narcotic Drug Exposure

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<td>343</td>
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Substance Exposed Infants in Maine

- LD 1291, Resolve: Establishing a Study Commission on In Utero Narcotic Drug Exposure Report January, 2010

% and % of Birth Hospitalization Discharges on which Drug Withdrawal Syndrome in Newborn was Noted, Maine Hospital Discharges, Maine Residents, 2000-2009

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- April 2009 Kelley Bowden RN, Perinatal Nurse Managers of Maine
  - Hospitals are confused as to “who to report”
  - DHHS Response, who to connect with at DHHS?

- Ginny Marriner of OCFS created the NAS workgroup
  - Beginning of community response
Substance Exposed Infants in Maine

- This law requires that the Maine Department of Health and Human Services refer to the regional offices of Child Development Services (CDS) within two days a child under the age of 3 who is involved in a substantiated case of child abuse or neglect or who is identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.
- Maine Unified Special Education Regulation Birth to Age Twenty requires that the regional CDS site implement Maine’s Part C as a component of IDEA (Individuals with Disabilities Education Act). Agencies providing Part C services are required to provide comprehensive, coordinated, multidisciplinary, early intervention for infants and toddlers with disabilities or developmental delays and their families.

In 2008, 686 children under age 3 were referred to CDS through the CAPTA system and 343 (50%) would likely have been referred due to in-utero substance exposure.
- Of the 686 referred, only 322 (47%) were evaluated as the parents were required to consent to the developmental screening.
- Of the 322 screened, 69 (21%) of these children needed an Individualized Family Service Plan and developmental services.
- The inability to gain consent from the parents for the recommended assessment may mean that we are missing many children in need of developmental services. These missed opportunities for early intervention may add to the number of children that are not ready for school at age 5.
Substance Exposed Infants in Maine

Records from the NICU at the Maine Medical Center in Portland, Maine show:

- Year: 2001 2002 2003 2004 2005 2006 (4/12mos)
- Cases/year: 18 22 32 48 41 23
- Avg Charge/Case: $29,638 $33,478 $22,854 $31,269 $29,853 $31,209
- Avg LOS: 36d 27.5d 22d 23d 20d 18d

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<th>Year</th>
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<th>FHN F/U</th>
<th>CPS Assessment</th>
<th>Total DAB</th>
<th>Total births</th>
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- Project LAUNCH: A 2-Generation Approach to Care: Marjory Withers
- The Community Caring Collaborative of Washington County in partnership with the Maine CDC has a multi-year grant to improve care for the Washington County population experiencing health disparities, including prenatal, maternal, and infant care for those in drug treatment programs.
- In partnership with Eastern Maine Medical Center (EMMC), they developed a bridging program where pregnant women in drug treatment travel to EMMC to tour the NICU and meet the nurses and physicians that will provide their and their infants care.
- The bridging program works with the family to provide supports and services through a family-informed wraparound team to increase access to services and to help parents with high need babies. The program is also available for high-risk babies who are in the NICU or are affected by other risk factors. Additionally, the program offers ongoing services through integrated Infant Family Support Specialists at local health centers and treatment centers when the babies return home to Washington County.
Substance Exposed Infants in Maine

- The Neonatal ICU at Maine Medical Center Follow-Up Program
- Dr. Brenda Medlin directed the care of the special group of infants that had withdrawal symptoms while in the NICU. Dr. Medlin provided a link to their ongoing care in the community and used the Maine CDC Public Health Nurses and/or their contract providers to deliver in-home follow-up care.
- Dr. Medlin reported that she provided care and PHN referrals for over 100 infants in the Maine Medical Center catchment area in 2009. She also reported that there were 5 narcotic treatment programs in Portland alone and many additional primary care providers available to provide replacement therapy with Subutex.

Substance Exposed Infants in Maine

- The University of Maine in Orono and Maine Institute for Human Genetics & Health in collaboration with Mark Brown, MD, Chief of Pediatrics at Eastern Maine Medical Center and the Acadia Hospital Narcotic Treatment Program (NTP), Marie Hayes, PhD, professor of psychology and biomedical sciences, was funded by NIH to study Maine infants with neonatal abstinence and risk of Sudden Infant Death Syndrome.
- This longitudinal program evaluates neonatal neurocognitive status using EEG at birth and 7 months; neurobehavioral status at birth, and standard assessments such as the Bayley Scales of Infant Development during the first year. The interdisciplinary program currently has 80 high risk infants and mothers.
- The goal is to develop neonatal and early infancy markers for neurodevelopmental compromise including SIDS risk.
Substance Exposed Infants in Maine

1) Statewide Problem
2) Costly!
3) Life Course Problem
   - Multiple Exposures
     - Tobacco
     - Opiates
     - Marijuana
     - Alcohol
     - Prematurity
     - Traumatic Stress/ACEs
4) No consensus on the best way to manage

Increased risk of Developmental delay due to
- Direct toxic impact of multiple substances on the brain
- Impact of exposure to domestic violence and ACEs
- Impact of neglect
Life Course
- Increased likelihood of Motor/Speech/Cognitive delay
- Increased arousal
  - Sleep disturbance
  - Toileting problems
  - Aggression
  - Feeding problems
- Poor School Performance
- Difficulty with self regulation and sustained attention
Substance Exposed Infants in Maine

- **Response:**
  - 1. Snuggle ME, funded by the Maine CDC with $25K, Amy Belisle MD in the lead
    - Negotiated agreement among the providers to use the Finnegan’s score for diagnosing NAS.
  - 2. Maine Enhanced Parenting Program
    - DHHS funded led by Grace Brace of OCFS
      - Intensive Outpatient Treatment of substance use
      - Triple P positive parenting program
  - 3. Mainely Families Home Visiting Program
  - 4. Public Health Nursing Home Visiting
  - 5. Families First Federal Legislation with a focus on evidence based interventions
  - 6. Attachment and Bio-behavioral Catch-up: ages 6 to 24 months, enhances a child’s regulatory capability and fosters a secure attachment: Lindsey Tweed MD
  - 7. DHHS MOM grant (maternal opioid misuse model) (Alaine O’Connor DNP)
    - Improve coordination and quality of care