

Chapter 12: Substance Abusing Pregnant Women, Substance Exposed Children and Their Families

Introduction

Substance abuse includes the abuse of alcohol, tobacco and other drugs. Prenatal substance abuse has a clear impact on the health of the pregnant woman. Prenatal drug abuse and the woman's lifestyle that often accompanies drug abuse may affect fetal development, the infant's birth weight, mortality and the child's future development.

Based on combined responses to the 2004 and 2005 National Surveys on Drug Use and Health: National Findings 3.9 percent of pregnant women acknowledge that they used an illegal drug during pregnancy. Ten percent of women aged 15 to 44 who were not pregnant used illegal drugs.

For more information on the impact of various drugs, go to <http://www.samhsa.gov/>.

Tobacco use is addressed in Chapter 10 of this document. This chapter (Chapter 12) addresses Healthy Start care coordination for pregnant women who use alcohol, or abuse other drugs, substance exposed children and their families.

Definition of Service

Healthy Start care coordination is initiated for substance abusing pregnant women and substance exposed children and their families. All of these families are expected to be referred for Healthy Start care coordination.

Identification of use/abuse of alcohol and/or illegal substances is determined as follows: EITHER a woman who has abused schedule I or II drugs during pregnancy or postpartum, as documented by

- Her own admission
- A positive drug screen
- A staff member witnessing the use
- A report from a reliable source such as a trusted family member or professional.
- Response to screening questions indicating use or abuse
- Further observations or assessment of substance abuse history and patterns of use

OR an infant who was prenatally exposed to schedule I or II drugs, as documented by the above criteria.

(A list of schedule I and II drugs can be found in §893.03, F.S., http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=Ch0893/SEC03.HTM&Title=->2008->Ch0893->Section%2003#0893.03)

Standards and Criteria

The standards outlined in this section relate to services provided to:

- Pregnant women who have abused drugs during a previous pregnancy;
- Pregnant women who have abused drugs within one year of this pregnancy;
- Pregnant women who abused drugs during current pregnancy including prescription and non-prescription drugs;
- Pregnant women who are drinking alcohol during this pregnancy;
- Pregnant women with a history of alcohol abuse;
- Children prenatally exposed to or demonstrably adversely affected by alcohol abuse;
- Children prenatally exposed to or demonstrably adversely affected by schedule I or II drugs;
- Other caregivers of these children; and their families.

Standard 12.1 The Healthy Start coalition will collaborate with county health department(s), the local child protection team, providers of Healthy Start services, prenatal and pediatric care, the local Children’s Medical Services providers, Healthy Families Florida, substance abuse treatment providers, and the local Department of Children and Families and their contracted providers, hospitals and birth centers in forming interagency agreements to ensure coordinated, multi-agency assessment of and intervention for the health, safety, and service needs of women who abuse alcohol or other drugs during pregnancy, and of substance exposed children up to age three. The agreements will include private organizations receiving funding from the above organizations.

Criterion:

There is a district operating procedure or letter of agreement with the above agencies that complies with the letter of agreement signed by the Department of Health and the Department of Children and Family Services.

Standard 12.2 All providers receiving Healthy Start funding to provide prenatal care will educate women about the dangers of using alcohol or other drugs, conduct verbal screening for substance abuse, and refer for substance abuse treatment when substance abuse is identified.

Criterion:

Prenatal care provider’s records reflect documentation of education about the dangers of substance abuse during pregnancy, verbal screening for substance abuse, and appropriate referrals and interventions. Drug toxicologies may be done at the provider’s discretion with the client’s informed consent.

Standard 12.3 Pregnant substance abusing women will be enrolled in Healthy Start care coordination services.

Criteria:

12.3.a The participant's record reflects documentation of enrollment in Healthy Start care coordination or persistent attempts to engage the woman in Healthy Start.

Note: A pregnant substance abusing woman is to be considered as a care coordination level three until information received indicates otherwise.

12.3.b Once the woman is receiving Healthy Start care coordination, the participant's record reflects documentation of the following:

- Education about effects of alcohol and other drug abuse on mother and infant;
- Verification of whether the woman is or is not getting drug treatment or referral to drug treatment and follow-up;
- Assessment of progress towards abstinence at each visit, provision of support, and referrals as appropriate;
- Discussion of future family planning steps and referral for family planning if desired;
- Assessment of adequacy of the physical home environment for mother and the new baby;
- Identification of services needed, referrals for needed services, and follow up on referrals to assess outcome and need for further assistance in linking with needed service;
- Ongoing assessment of the safety, health, and developmental status of children in the home' and educating the mother and caregiver about ways to promote child health, safety and development;
- Progress on or a completed Family Support Plan;
- Ongoing coordination with other service providers.

Standard 12.4 The county health department is notified by hospitals and other birthing facilities of all infants prenatally exposed to abuse of prescription and non-prescription drugs.

Criterion:

The coalitions will ensure hospital staff is aware of the responsibility, in accordance with 383.14, F.S., to identify and refer for Healthy Start services all infants prenatally exposed to abuse of prescription drugs and illegal substances.

Standard 12.5 The Healthy Start care coordinators report pregnant substance abusing women and infants prenatally exposed to alcohol or illegal drugs to the Department of Health.

Criterion:

The Healthy Start care coordinator documents services to women who have abused illegal drugs during pregnancy and services to children prenatally exposed to illegal drugs using guidance provided in Chapter 14: Healthy Start Coding.

Standard 12.6 All substance exposed children will receive Healthy Start care coordination whether or not the child received a positive score on the Healthy Start infant (postnatal) risk screen or was reported to the Florida Abuse Hotline. If the current caregiver¹ is not the biological mother, the caregiver has the authority to consent to Healthy Start participation.

Criteria:

12.6.a The participant's record reflects documentation of Healthy Start care coordination services or documents inability to provide them.

Note: A substance exposed child is to be considered as a care coordination level three until information received indicates otherwise.

Standard 12.7 A home assessment will be completed prior to hospital discharge of a substance exposed newborn, or record will show why the assessment was not completed at that time.

Criteria:

12.7.a The participant's record reflects documentation of a comprehensive home assessment and provision of parenting support services, including the following items.

- A meeting with the birth mother and any other intended caregiver, if the mother will not be the primary caregiver, and a visit to the home of the mother/caregiver;
- An environmental and family assessment focused on the safety and quality of care that is or will be provided for the child, including:
 - a) Health condition of the child;
 - b) The mother and any other caregiver's ability to care for the child's unique needs in the home environment;
 - c) Strengths and needs relating to family composition including dissensions in the family that may affect the child;
 - d) Parenting capabilities of those persons in the home with primary child care responsibilities;
 - e) The adequacy of the physical environment of the home;
 - f) Identification of services needed;
 - g) Education needs of the mother and caregiver for any special health-related care the child may require;
 - h) Identification of the strengths of the mother, infant, and others in the home.
- Identifying and responding to immediate family needs;
- Parent education, information and anticipatory guidance about normal growth and development, effects of prenatal and postnatal substance exposure, child soothing techniques, and also feedback about mother/caregiver child interaction;
- Reinforcing previous information given about the effects of alcohol, tobacco and other drugs;
- Education on needs of the mother and caregiver for any special health-related care the child may require;
- Comprehensive health care service provision for the child, and for other children

¹ Caregiver is the child's primary caregiver. The caregiver may be the biological mother, another relative, a foster parent or adoptive parent.

- in the home, according to the Medicaid Child Health Check Up periodicity schedule;
- Referral for early intervention assessment or Children's Medical Services when the need for further developmental assessment or services are indicated;
 - Verification that the mother is getting drug treatment or referral to drug treatment and follow-up;
 - Support of the mother's steps towards substance abuse abstinence including encouraging her to comply with substance abuse treatment; and explaining the consequences of failure to comply with substance abuse treatment, the family support plan, or the protective supervision case plan;
 - Crisis intervention as appropriate;
 - Providing feedback to other service providers;
 - Initiation of a family support plan with the family and other participating service providers; and
 - Referral to needed services.

The pre-discharge home assessment may be waived if the mother has participated in Healthy Start prenatal care coordination, and/or the care coordination provider has knowledge of the home situation, and has assessed it to be satisfactory.

Documentation of the pre-discharge home assessment reflects items listed above.

* See Chapter 4, Care Coordination and Risk Appropriate Care, Standard 4.4, for directions on charting information about persons other than the infant.

12.7.b Documentation reflects a home visit within three days of referral of a substance exposed newborn in the event a pre-discharge visit is not possible due to brevity of hospital stay, failure to be notified of infant prior to discharge, attempted contacts, inability to locate, or other reasons for failure to comply with the standard criterion.

Standard 12.8 An infant and home assessment will be conducted after the care coordination provider is notified of the infant's discharge from the hospital.

Criteria:

12.8.a The participant's record reflects documentation of an infant and home assessment within three days of notification of the infant's discharge. If a prior home and family assessment was conducted within the last month and satisfactory conditions were found, then the three-day requirement is extended to five days.

12.8.b The participant's record reflects documentation of the post-discharge home assessment including those areas listed in Standard 12.7.a or attempted contacts, inability to locate, or other reasons for failure to comply with the standard criterion are documented.

Standard 12.9 If the Department of Children and Families is providing services to the family, a report of the results from both the pre-discharge and the post-discharge infant and home assessments will be received by the local Department of Children and Families designated protective investigator within 72 hours of the assessment. (The report is submitted sooner when the child's health or safety requires.)

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Criterion:

The participant record reflects:

- Name of Family Safety designated protective investigator(s) working with family;
- Submission of a verbal or written report within 72 hours (the written report may be submitted by facsimile (Fax) when confidentiality of information is assured);
- Submission of written report;
- Pertinent findings incorporated into the existing or evolving family support plan.

Standard 12.10 Ongoing care coordination and infant and home assessments will be provided at an intensity and duration commensurate with the level of risk to the child and with the mother's needs.

Criterion:

The participant's record reflects documentation of care coordination services and home assessments addressing items in standard 12.7 and consistent with Chapter 4, Care Coordination and Risk Appropriate Care, or the record documents the inability to provide these services.

Standard 12.11 Any time the infant or home assessment reveals that the mother or caregiver is not able to care for the child, a report will be made to the Florida Abuse Hotline (1-800-96 ABUSE or <http://www.dcf.state.fl.us/abuse/howtoreport.shtml>).

Criteria:

12.11. a The record reflects that the Healthy Start care coordinator reported the child to the abuse hotline if 1) the provider felt that the mother or caregiver was unable to care for the child, or 2) there was concern about neglect, exploitation, or abuse.

12.11.b Documentation of report and rationale for the report is present in the infant's record.

Standard 12.12 Care coordination services will be provided for the birth mother, regardless of whether the mother has or will retain custody of her child. Appropriate services will also be offered to the caregiver when the mother is not the primary caregiver.

Criterion:

The following services are documented in the record as specified:

- Ongoing assessment of mother's postpartum recovery, ongoing health and family planning needs, and progress towards recovery from substance abuse (mother's record);
- Ongoing care coordination with the mother and the infant including intervention, referrals, follow-up and liaison with other agencies (respective records);
- Ongoing assessment of safety, health and developmental status of the infant and other children in the home;
- Coordination and assurance of primary health care services for the mother and

for the infant according to the Child Health Check-Up periodicity schedule (respective records);

- Counseling of the mother and encouragement to comply with substance abuse treatment, to include an explanation of the consequences for failure to comply with substance abuse treatment, the family support plan, a performance agreement, or protective supervision case plan (mother's record);
- Providing or referring the mother for parenting education, information and anticipatory guidance about normal growth and development, effects of substance exposure, child soothing techniques, also noting and providing feedback about mother/caregiver child interaction (mother's record documents referrals made, services received, efforts made to remove any barriers to getting needed services);
- Providing or referring for crisis intervention when indicated;
- Conducting the necessary home visits or other visits necessary to provide the services listed above;
- Providing feedback to other service providers working with the family;
- Follow up on recommendations.

Standard 12.13 Transition of care coordination to the county health department will occur after eligibility for Healthy Start ends.

Criterion:

The transition will be made or inability to do so is documented. Transition procedures include:

- Notification of the appropriate county health department staff of the impending transfer of care coordination;
- Discussion with the family;
- Assurance of participant's signature on Authorization for Release of Medical Information (DH 3111) as appropriate;
- Update of the family support plan with the infant's family/caregiver, other service providers, and county health department care coordinator; and
- Transfer of all care coordination records to the county health department.

Standard 12.14 Care coordination case closure for substance exposed children is at age 3.

Criterion:

Because of the nature of substance abuse addiction and the possibility of relapse, care coordination of substance exposed children continues until the child is three. At times, there are unusual circumstances which warrant an earlier termination of services. Documentation reflects justification for termination of services, including the following:

- Care coordination services are stopped following **consultation with the supervisor** and when one of the following occurs:
 - a) The environment is assessed to be reasonably safe for the child with low risk of danger or harm to the child; or
 - b) A permanent or long-term placement for the child has been established separate from the biological mother's or substance abusing parent's home;

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- the permanent or long-term family has been educated about the child's special needs and no longer desire care coordination services; and the biological mother no longer can benefit from services; or
- c) The mother/caregiver with whom the child is living refuses services and there is no court-ordered supervision of the child or family (services may be re-offered at a later time); or
- d) Persistent attempts to locate have failed.
- Information is left with the family describing the process for reinitiating services should the family determine a need later.
- Other service providers are notified prior to care coordination closure as appropriate.

Guidelines

A multi-disciplinary approach is necessary to effectively serve drug involved families. No one provider can serve the complex needs of this population, and close coordination with other service providers is important. Services available include medical services, developmental services, substance abuse treatment services, Medicaid, and protective services through Department of Children and Families (C&F), their contractees and Florida's Abuse Hotline.

The sooner intervention begins the better, but intervention at any time can improve the outcome for mother and child. If a woman can be identified, get prenatal care and start drug abuse treatment in the first trimester, the chances of pre-term delivery, low birth weight, birth defects, later developmental delays and intrauterine growth retardation are reduced. Even women who enter prenatal care and drug treatment beyond the first trimester have more positive outcomes than those who do not get these services at all.

Healthy Start strives to assure access to prenatal care for all of Florida's pregnant women. The pregnant substance abusing woman receives priority for prenatal care services provided with state or federal funds. In addition, contracts with the state and drug treatment providers require that publicly funded alcohol and drug abuse treatment programs give pregnant and parenting substance abusers priority in getting treatment.

A "5 A's" approach similar to the one discussed in Chapter 10, Tobacco Education and Cessation, is also recommended by the Maternal and Child Health Bureau of the Health Resources and Services Administration for use with other types of substance abuse.

1. **Ask** about substance use
2. **Advise** to quit
3. **Assess** willingness to quit
4. **Assist** with quit (or abstinence) efforts
5. **Arrange** follow-up.

Asking about Substance Abuse

The 4 P's is a screening device that can be used to begin discussion about drug or alcohol use. A "yes" answer to questions 1 or 2 or an indication of previous or current substance use signifies the need for further assessment.

4 P's

1. **Parents.** Has either of your **parents** ever had a problem with alcohol or drugs? (This question is asked during the portion of the interview when addressing other parental medical problems.)
2. **Partner.** Does your **partner** have a problem with alcohol or drug use?
3. **Past.** Have you used drugs or alcohol in the **past**? If yes, what did you drink/use and how much?
4. **Pregnancy.** Have you used alcohol or other drugs during **this pregnancy**? If yes, what did you drink/use and how much did you drink/use.

If the answer to question 4 is “yes,” ask the following question in addition.

In the month before you knew you were pregnant how much beer, other alcohol, marijuana or other drugs (or tobacco) did you use?

Source: Adapted with permission from the 4 P's screening questionnaire developed by Born Free Project, Contra Costa County, California.

Once substance use during pregnancy is identified, the Six Stages of Change (Transtheoretical) model, as also discussed in Chapter 10, is a very effective approach for advising, assessing willingness to quit, and arranging the next steps the person is willing to take toward abstinence. In any intervention it is important to remember:

- It is normal for a person to go through the steps in the process several times before achieving a stable change.
- Relapse is a normal occurrence and stage of change. (“Each slip brings the person one step closer to recovery.”)
- Take different approaches depending on the stage of readiness of the person.

The Six Stages of Change

1. **Pre-contemplation** (The person has no intention of changing behavior.)
Intervention: Acknowledge that you heard that they do not want to be pushed to stop. Provide brief information and feedback to raise awareness of problem and possibility of change. Review any problems the person reported relating to substance abuse. Increase the perception of risks and problems with current behavior, and state your concerns for the mother and baby's health. State that you know the mother wants her baby to be as healthy as possible and that she can improve the health of her baby and herself by stopping substance abuse. Ask if she is willing to take a simple next step, such as reading a page of information. Provide contact information for Healthy Start and for treatment.
2. **Contemplation** (The person is ambivalent both considering change and rejecting it.)
Intervention: Help tip the balance in favor of change, evoke reasons to change and risks of not changing, strengthen the person's self-efficacy for change of current behavior. Discuss possible strategies for change including 12-step and treatment programs. Suggest a referral for a more in depth assessment by a specialist.
3. **Preparation** (The person gives a “window of opportunity” by saying such things as,

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“This is serious.”)

Intervention: Help match the person with an acceptable, appropriate and effective change strategy.

4. **Action** (The person is actively reducing or stopping substance abuse and is changing behaviors that are linked to use.)

Intervention: Support steps towards change. Maintain contact with treatment provider to monitor progress.

5. **Maintenance**

Intervention: Support steps towards change.


6. **Relapse**

Intervention: Help to renew the processes of contemplation, determination, and action without becoming stuck or demoralized because of relapse.

Once the baby is born, the infant is expected to be referred for Healthy Start care coordination to assist the mother and caregiver in maximizing the health and development of the child. Services vary from community to community depending upon resources and needs. Services are provided in the home or other sites depending upon participant needs. The Healthy Start care coordinator is also expected to visit the home and work with the family to prepare for the baby's discharge. As part of the family assessment and home evaluation, the care coordinator explores family dynamics, referral to substance abuse treatment and support for abstinence and makes sure the child will have adequate formula, clothing, sleeping space, a safe environment and the care required for any identified health problems. The biological mother continues to receive Healthy Start care coordination services even if the child has been placed with an adoptive family. Services for her in that case would focus on supporting progress towards abstinence, encouraging family planning and reducing the chances of her having another child prenatally exposed to illegal drugs.

Healthy Start care coordination continues until the infant is three years of age. Where resources allow and when the child turns three years of age, the health department may continue care coordination until the child is five years of age. The child is assessed at each visit for health or developmental problems. The care coordinator provides parent education and anticipatory guidance based on observation of the mother/caregiver interaction with the child, and notes the child's signals and how the mother responds to these cues. When necessary, the care coordination includes education about how to strengthen bonding with the child, how to calm the child and how to facilitate the child's next developmental step. Parents' progress towards abstinence is supported.

Want to Find Treatment?

The U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration's National Drug and Alcohol Treatment Referral Service provide a toll-free telephone number for alcohol and drug information and treatment referral assistance. The number is 1-800-662-HELP (1-800-662-4357) or you can find treatment providers in your area by clicking on <http://findtreatment.samhsa.gov/> .

A Note on Breastfeeding

The Child Study Center at http://www.childstudy.org/breastfeeding_protocol.php

provides a Breastfeeding Protocol for Women with a History of Drug Use.

Also see the Department of Health Alcohol, Tobacco and Other Drugs webpage
<http://www.doh.state.fl.us/family/mch/substanceabuse/index.html#menu>

Documentation

The provision of services should be documented in the participant's record and may include the use of the following forms:

- *Tell Us About Yourself* psychosocial screening questionnaire (DH 3131)
- Family Support Plan for Single Agency Care Coordination (DH 3151)

HMS Coding

Chapter 14 on Healthy Start Coding provides information on how to code when the person is abusing alcohol or other drugs, and provides information on how to code services including referrals.

Quality Improvement/ Quality Assurance/Performance Measures

Quality improvement/quality assurance activities may include the use of participant satisfaction surveys and record reviews that measure the following:

- Assessments occurred within the time periods and parameters specified in Standards 12.3, 12.7, and 12.8;
- The chart reflects compliance with activities specified in district operating procedures or letter of agreement between the Department of Health, the Healthy Start coalition, and the Department of Children and Families;
- Mother's and other caregivers' ability to care for child's unique needs is adequate and observable;
- Health conditions of child are good;
- Mother is following through with treatment or has established drug-free status;
- Child is living in a safe and drug-free environment.

References/Resources

Department of Health Alcohol, Tobacco and Other Drugs webpage
<http://www.doh.state.fl.us/family/mch/substanceabuse/Tobacco/tobacco.html>

Agreement between the Department of Children and Families and the Department of Health. (Included in Appendix H)

Fetal Alcohol Syndrome & Other Effects of Prenatal Alcohol Exposure, Florida Resource Guide
<http://www.doh.state.fl.us/family/socialwork/pdf/fasd.pdf>

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Florida Drug Abuse Hospitalizations Costs Study, State of Florida Agency for Health Care Administration, May 1999

<http://www.floridahealthstat.com/publications/drugabuse.pdf> .

Guidance for Working with Pregnant and Postpartum Women Who Abuse Alcohol or Other Drugs, Children Prenatally Exposed to Alcohol or Other Drugs, and their Families, Florida Department of Health, Bureau of Maternal and Child Health, 2001.

Signs, Symptoms, and Comforting Techniques for Infants, DH PI 25-6.

Caring for Children 1-3 with Special Emphasis on At-Risk Children, DH PI 25-7.

Results from the 2005 National Survey on Drug Use and Health: National Findings
DEPARTMENT OF HEALTH AND HUMAN SERVICES, Substance Abuse and Mental Health Services Administration Office of Applied Studies.

<https://nsduhweb.rti.org/>

Screening for Substance Abuse During Pregnancy: Improving Care, Improving Health, Morse, B., Gehshan, S. Hutchins, E. National Center for Education in Maternal and Child, Arlington, Va. (Single copies available at no cost from National Center for Education in Maternal and Child Health Clearinghouse (703) 356-1964).

<http://www.ncemch.org/pubs/PDFs/SubAbuse.pdf>

<http://www.whitehousedrugpolicy.gov/streetterms/> - has a guide to over 2,000 street terms used for drugs.

http://www.childstudy.org/csc_services/breastfeeding.htm - gives guidelines on when it is okay for a woman to breastfeed if she has a history of substance abuse.

Women Under the Influence, The National Center on Addiction and Substance at Columbia College, 2006, The John Hopkins University Press, Baltimore,

Frequently Asked Questions

- Q. *Is the child who is too old for Healthy Start services transitioned to the county health department for continued care coordination when the county health department has no Healthy Start resources to provide this service?*
- A. These children often live in environments in which they continue to be very vulnerable to abuse, illness, or developmental delays. Whenever resources allow, the county health department is expected to provide ongoing care coordination until the child is five or enters the school system. If resources do not allow, the lack of services would be documented in the participant's record.
- Q. *If we have a client who admits to alcohol use while pregnant, would her unborn child be considered a substance exposed infant?*
- A. If a participant says she drank alcohol while pregnant, she can be automatically referred for Healthy Start services. Her infant would also be eligible for services as a substance-exposed infant if the mother seems to have a problem with drinking.

- Q. *Are babies born to mothers who are in a methadone program considered substance exposed newborns?*
- A. Even in cases where methadone is prescribed during pregnancy, the babies have been exposed to a Schedule II drug during pregnancy. So they would receive services as outlined in Chap. 12 of the Healthy Start Standards and Guidelines and would also be coded as noted in Chapter 14. You would assess the mother's continued substance use, support her abstinence, monitor the home environment, provide anticipatory guidance, and other services you would provide to a mother in recovery. The infant will be in an opiate type of withdrawal during the first weeks after birth. Hopefully, the pediatrician has treated the baby for this withdrawal before and after leaving the hospital. It is important to make sure this has occurred and to monitor the baby's health and developmental status. The link below has information on methadone use during pregnancy.
<http://www.drugpolicy.org/docUploads/aboutmethadone.pdf>
- Q. *Do I call the abuse hotline on a prenatal client that I am following who tests positive for illegal drugs?*
- A. A child may be reported to the Florida Abuse Hotline at 1-800-96-ABUSE, but not a pregnant women. For more information you may go to <http://www.dcf.state.fl.us/abuse/> .
- Q. *What if a caregiver of the substance exposed newborn refuses services for the baby, but the mother wants services. Do we keep the baby's chart open to Healthy Start?*
- A. You may note in baby's chart that caregiver refused services for infant, but do not close the infant to Healthy Start. Provide services to mother documenting services to her in her chart. Also, make a note in the infant's chart to see the mother's chart. Code the services to the infant.

NOTES
