Supporting newborns affected by prenatal substance exposure in Rhode Island

Ana Novais
Executive Director of Health
Rhode Island Department of Health
NASHP Annual Meeting, August 2018
Nationally, and in Rhode Island, there is increasing public health, medical, and political attention paid to the parallel rise in the following trends:

- prevalence of **substance use disorder**  
  *(including prescribed and illicit substances)*

- incidence of **overdose**

- incidence of **neonatal abstinence syndrome (NAS)**

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**National Trends**

![Graph showing the rise in NAS and maternal opioid use](image.png)

**NAS AND MATERNAL OPIOID USE ON THE RISE**

- **Newborns suffering from opioid withdrawal**
- **Maternal opioid use**

*2012 maternal opioid use data not currently available*

National Trends

NICU Admissions for NAS

From 1999–2013, NAS incidence increased 300%

1999: 1.5 per 1,000 hospital births

2013: 6.0 per 1,000 hospital births

2013 RI: 7.2 per 1,000 births

Source: State Inpatient Databases, Healthcare Cost and Utilization Project
NAS incidence rates
Rhode Island, 2005-2016

*Note: Rate = Number of RI infants with NAS (ICD-9 code 779.5 or ICD-10 code P96.1) per 10,000 live births
Source: Hospital Discharge Database, Rhode Island Department of Health

NAS Rhode Island 2007-2016

<table>
<thead>
<tr>
<th>Maternal Race / Ethnicity</th>
<th>% (n = 837)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>76%</td>
</tr>
<tr>
<td>Black</td>
<td>3.7%</td>
</tr>
<tr>
<td>Other</td>
<td>0.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>0.1%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>6.0%</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>City / Town</th>
<th>(n = 837)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providence</td>
<td>169</td>
</tr>
<tr>
<td>Warwick</td>
<td>81</td>
</tr>
<tr>
<td>Cranston</td>
<td>76</td>
</tr>
<tr>
<td>Woonsocket</td>
<td>65</td>
</tr>
<tr>
<td>Pawtucket</td>
<td>62</td>
</tr>
<tr>
<td>West Warwick</td>
<td>42</td>
</tr>
<tr>
<td>Kingstown</td>
<td>35</td>
</tr>
<tr>
<td>E Providence</td>
<td>33</td>
</tr>
<tr>
<td>Newport</td>
<td>27</td>
</tr>
<tr>
<td>Westerly</td>
<td>27</td>
</tr>
<tr>
<td>N Providence</td>
<td>22</td>
</tr>
<tr>
<td>Johnston</td>
<td>20</td>
</tr>
<tr>
<td>Coventry</td>
<td>19</td>
</tr>
<tr>
<td>Central Falls</td>
<td>15</td>
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</table>
NAS Rhode Island 2013-2016

<table>
<thead>
<tr>
<th>Birth Hospital</th>
<th>2013 to 2016 Babies Diagnosed with NAS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
</tr>
<tr>
<td>Women &amp; Infants</td>
<td>279</td>
</tr>
<tr>
<td>Kent</td>
<td>74</td>
</tr>
<tr>
<td>Memorial</td>
<td>18</td>
</tr>
<tr>
<td>Newport</td>
<td>7</td>
</tr>
<tr>
<td>South County</td>
<td>5</td>
</tr>
<tr>
<td>Landmark</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>383</td>
</tr>
</tbody>
</table>

SEN Task Force

- Task Force to Support Pregnant and Parenting Families with Substance Exposed Newborns (SEN Taskforce)
- Governor’s Overdose Prevention and Intervention Task Force
- Rhode Island Children’s Cabinet

Interagency Coordinating Team (SEN I-ACT)
Referral and Care Coordination
Hospital Policy Alignment
Specialized Recovery Coaches
Education/Annual Meeting
SEN Data (Added 2018)
**SEN Task Force Work Groups**

- **Professional Education**
  - Annual meeting in 2016 and 2017 at RIC
  - Topics presented: stigma, SUD and NAS treatment, public health program work, family experiences
  - Networking

- **Referral and Care Coordination**
  - Started with prenatal focus, now expanding
  - Service mapping
  - Referral processes and communication between services
  - Family-centered / responsive to family needs and respectful of family wishes

**SEN Task Force Work Groups**

- **Hospital Policies**
  - Screening for maternal substance use disorder and newborn substance exposure
  - Family-Centered NAS care
  - Child welfare referrals
  - Transition to post-hospital supports

- **Recovery Coaches for New and Expecting Parents**
  - Peers with a lived experience
  - Modeled after peer recovery coach program offered in EDs
  - Delivered training to coaches focused on coaching during pregnancy and while parenting
Opportunities and Challenges:

- Strong Partnerships with state agencies and community agencies/supports
- Integrating Peer Recovery coaches at birthing hospitals and other community partners such as Home Visiting and Early Intervention
- To effectively support families, must strive to avoid overwhelming families with support
- Fear and discrimination regarding substance use amplified during pregnancy

Plans of Safe Care

- In accordance with federal guidelines, Rhode Island initiated Plans of Safe Care for all infants impacted by prenatal substance exposure on July 1, 2018.
- Implementation and ongoing monitoring reflect close collaboration between state agencies, birthing hospital partners and community based providers

RIDsOH coordinates with birthing hospitals  RIDOH reports aggregate data to DCYF  DCYF reports to federal partners
Resources on-line at RIDOH

Newborns Affected by Substance-Exposure Information for Pediatric Healthcare Providers

Medications, drugs, or alcohol used during pregnancy can affect a woman’s health and the health of her developing baby. Substance exposure before birth can affect a baby after being born. Prenatal substance exposure can be detected in a baby at birth through a drug test or can be diagnosed if the baby has symptoms of withdrawal. Newborns affected by exposure to any opioid-containing substance in their mother experience withdrawal symptoms after delivery. Such substances include prescription medications for pain or for treatment of opioid use disorder, and illegal drugs such as heroin or fentanyl. The medical term for withdrawal symptoms in a newborn is Neonatal Abstinence Syndrome (NAS). NAS-like symptoms can also sometimes be a result of withdrawal from medications like antidepressants and benzodiazepines, and NAS risk may increase in the presence of these medications and smoking. Prenatal substance disorders (PSD) are a group of conditions that can occur in a person whose mother used alcohol or drugs during pregnancy. These effects can include physical problems and problems with behavior and learning. The number of newborns affected by substance exposure who are diagnosed with Neonatal Abstinence Syndrome facility increased over the past decade in Rhode Island.

What we are doing

Consultants with nationalities, Rhode Island has developed a Prenatal Safe Care (PSCC) process to support to identify and treat infants affected by prenatal substance exposure. PSCC is the process of providing education and support to healthcare providers and families who have a newborn with NAS-like symptoms. PSCC focuses on providing support to families and infants who may be affected by NAS. PSCC involves the collaboration of healthcare providers, including nurses, doctors, social workers, and other professionals who work with families to ensure that newborns receive the care they need. This helps to identify newborns who may be at risk for NAS and provides support to their families.

Complimentary Efforts

- New training opportunities for prenatal care providers and substance use treatment providers
- Linking efforts to Health Equity Zones and other community based supports
- New opportunities to support One Key Question initiates across disciplines