



# Prenatal Substance Exposure: Colorado By the Numbers

Prenatal substance exposure, the exposure of a fetus to alcohol or other substances, can lead to low birth weight, preterm delivery, and neonatal morbidity and mortality, developmental delays, intellectual disabilities, and attention disorders, as well as birth defects impacting the central nervous, cardiovascular, and gastrointestinal systems.

## PREGNANT WOMEN IN CO

17%

drank alcohol during the last three months of pregnancy

6%

used tobacco during the last three months of pregnancy

5%

used marijuana during pregnancy



Only 85% were asked by a health care worker if they were drinking alcohol



Only 69% were told how smoking could affect their pregnancy



Only 60% were told the risks of using illegal drugs

CDPHE. (2015).

## POSTPARTUM WOMEN IN CO

#1

Accidental drug overdose is the leading cause of maternal mortality

28%

of deaths not related to pregnancy where toxic amounts of drugs were identified

3%

of outpatient substance use disorder treatment providers offer child care

### *National survey data suggest that:*

- New mothers' alcohol and illicit drug use may stem from postpartum depression.
- Women resume and/or increase their substance use in the year after giving birth.

Metz, T.D. et al. (2016).; Chapman, S.L.C. et al. (2013).; SAMHSA. (2011).

## INFANTS & CHILDREN IN CO



Prenatal alcohol exposure is a leading cause of preventable birth defects and neurodevelopmental abnormalities.

NIAAA (2010).



Cases of Neonatal Abstinence Syndrome in Colorado have increased by 83% from 2010 to 2015.

Heroin Response Work Group. (2017).



The majority of Colorado child welfare referrals related to substance use issues involve an infant less than one month old.

CDHS. (2018).

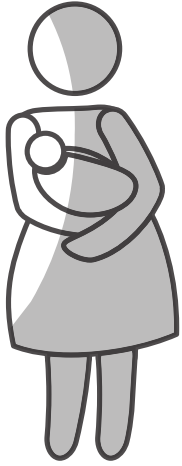


Of 2012-2016 sudden unexpected infant deaths, 42% were exposed to smoke during pregnancy and/or after birth.

CDPHE. (2018).

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Created by the Colorado Substance Exposed Newborns Steering Committee, a subcommittee of the Substance Abuse Trend and Response Task Force



# Prenatal Substance Exposure: Research-Informed Opportunities

While the potential impact on families can be distressing and even fatal, the body of evidence around medical practice, substance use disorder treatment, 2Gen approaches, and multidisciplinary response offers professionals opportunities to develop, implement, and change systems, tools, and processes to lead to better medical, social, emotional, and developmental outcomes.

**OPPORTUNITIES TO PREVENT AND INTERVENE EXIST PRE-PREGNANCY, DURING PREGNANCY, AT TIME OF BIRTH, IMMEDIATELY POSTPARTUM, AND THROUGHOUT CHILDHOOD AND ADOLESCENCE.**

## IMPROVING OUTCOMES



Birth outcomes for mothers and infants are much better when the pregnant woman has engaged in both substance use treatment and prenatal care during pregnancy.



Pregnancy and motherhood can be an increased time of motivation for substance use disorder treatment. Motivation is an important driver of behavior change and is associated with treatment enrollment, positive therapeutic engagement, and treatment completion.



Home visits by a trained professional during pregnancy and in the first years of life improve maternal and child health, prevent child abuse and neglect, increase positive parenting, and enhance child development and school readiness.

## SCREENING & IDENTIFICATION

- AAP and ACOG recommend universally screening pregnant and postpartum women for substance use.
- Colorado lacks a standardized method for screening or testing for prenatal substance exposure to any substance.
- According to national estimates, 75 to 90 percent of substance exposed newborns go home unidentified and without services.



Quality improvement efforts in hospitals are demonstrating the value of a novel approach to assessment, utilizing non-pharmacological treatment, changing weaning protocols, and engaging parents as caregivers.



Birth hospitals actively engaged in practice change and data collection through the CHOSEN Collaborative.

