Substance Exposed Newborns Summit

November, 2 2017
Summit Participation

Parkview Medical Center
CDHS
CDPHE
Illuminate Colorado
UC Health
Kempe Center
Centura
Invest in Kids
UC Health North
Vision

A Colorado where a decreasing number of women, children, and families are impacted by substance use during pregnancy and where those who are affected are identified and supported with the appropriate resources, practices, and policies in their communities and across the lifespan.
Mission

To identify and implement strategies for reducing the number of families impacted by substance use during pregnancy and for improving outcomes for impacted women, children, and families across the lifespan.
Values

- Strengths based
- Supportive and destigmatizing
- Safety and well-being centered
- Research informed
- Data driven
- Innovative
- Assuming statewide leadership

- Inclusive and diverse
- Primary prevention focused
- Utilizing a multigenerational approach
- Using an integrated systems approach
Five Points of Intervention

- Pre-pregnancy
- Prenatal
- Through Childhood
- Birth
- Post-Natal

Gardner, S. & Young, N., National Center on Substance Abuse and Child Welfare
Priority Area: Plans of Safe Care

Promote community-based strategies to meeting the CAPTA/CARA requirement regarding plans of safe care for infants and caregivers
Federal Legislation: CAPTA

States must be operating a statewide program that includes:

106(b)(2)(B)(ii) “Policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as affected by 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, except that such notification shall not be construed to –

(I) establish a definition under Federal law of what constitutes child abuse or neglect; or

(II) require prosecution for any illegal action;
Federal Legislation: CAPTA

States must be operating a statewide program that includes:

(iii) “The development of a plan of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through –

(I) addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver;
Considerations

- Definition of Affected
  - “Affected By Substance Abuse, Withdrawal, FASD”

- Community Responsibility
  - Release from the care of healthcare providers
  - Depending on the scenario, multiple agencies may be involved in the “plan of safe care”
  - May or may not include the Child Welfare System

- Must Address Safety, Well-Being, Health, Treatment
  - Infant
  - Caregiver
Priority Area: Hospital Learning Collaborative

Increase consistency in implementation of best practice approaches in the identification of and response to newborns prenatally exposed to substances and their caregivers at the time of birth across Colorado.
SEN Hospital Learning Collaborative

**Objective:** Increase consistency in implementation of best practice approaches in identification of and response to newborns prenatally exposed to substances at time of birth across Colorado.

**Components:**
- Assessment of Current Practice
- Identification of Priority Areas & Action Steps
- Documentation of Ongoing Progress
- Ongoing Data Collection & Reporting
- Participation in SEN ECHO Series
- Involvement in collaborative retreats
Priority Area: Provider Education

Expand provider education on related issues such as screening every pregnant woman with a validated screening tool in prenatal, hospital and postpartum settings.
4.5% of women who recently gave birth reported using marijuana or hashish at some point during their pregnancy.
5.4% said they have used marijuana or hashish since their baby was born.
12.0% of women reported drinking alcohol during the last 3 months of their pregnancy.
59.7% of women said their healthcare provider talked to them about the harms of using illegal drugs during prenatal care visits.

-Pregnancy Risk Assessment Monitoring System, 2015
Colorado Data: NAS

- Cases of Neonatal Abstinence Syndrome (NAS) based on hospital discharge coding data have increased by 83% from 2010 to 2015
- Cases of NAS identified via Colorado Medicaid claims data increased by 91% from 2012 to 2016
Priority Area: Policy

Develop and pursue a state policy agenda including access to treatment, barriers to engagement, SBIRT promotion, and other issues
Colorado Data: Maternal Mortality

MATERNAL MORTALITY

LEADING CAUSES OF MATERNAL DEATHS (Colorado, 2004-2012)

Leading causes of maternal deaths up to one year post delivery:
1. Accidental drug overdose
2. Motor vehicle crash
3. Suicide

Leading causes of maternal deaths during pregnancy up through the first 6 weeks:
1. Accidental drug overdose
2. Pulmonary embolism
3. Motor vehicle crash

CAUSE OF DEATH AMONG COLORADO MATERNAL DEATHS, PREGNANT UP TO ONE YEAR POST DELIVERY, 2004-2012, N=211

Accidental drug overdose (37)
Motor vehicle crash (36)
Suicide (26)
Cardiovascular conditions (22)
Homicide (15)
Pulmonary Embolism (12)
Infection (10)
Pulmonary (10)
Neurologic (9)
Cancer (9)
Hemorrhage (7)
Amniotic Fluid Embolism (7)
Other non-cardiovascular conditions* (7)
Other** (4)

Cardiovascular conditions include:
- Cardiomyopathy (12)
- Other Cardiac Conditions (10)

*Other non-cardiovascular conditions include renal, hematologic, and gastrointestinal conditions.
**Data suppressed due to low numbers.

Source: Colorado Death Certificate Data, May 2014
PREGNANCY STATUS AT TIME OF DEATH AMONG COLORADO MATERNAL DEATHS, 2004-2012, N=211

Counts:
- 43 to 365 days after delivery (136)
- Within 42 days of delivery (48)
- Pregnant (26)
- Undetermined (1)

Source: Colorado Birth and Death Certificate Data, May 2014
Priority Area: FASD Identification

Assess need for increased FASD identification/clinical diagnostic capacity in the state and develop an expansion plan.
Priority Area: Data, Research, and QI

Increase statewide data, research, and quality improvement capacity in order to inform our work and to share successes and challenges.
Committee Structure

Substance Abuse Trend and Response Task Force (Office of Attorney General)

- Plans of Safe Care Work Group
- FASD Identification Work Group

SEN Steering Committee

- Provider Education Work Group
- QI, Research, & Data Work Group
- Hospital Learning Collaborative
- Policy Work Group