

NORTH DAKOTA TASK FORCE ON SUBSTANCE EXPOSED NEWBORNS

Summary of Recommendations: Report to Legislative Management

The North Dakota Task Force on Substance Exposed Newborns was comprised of representatives from state agencies, the legislature, medical providers, nonprofit entities focused on children's health and wellbeing, Indian tribes, law enforcement, and the foster care community.

GOAL ONE

Collect and organize data concerning the nature and extent of Neonatal Withdrawal Syndrome/Neonatal Abstinence Syndrome (NAS) from substance use/abuse in the state.

GOAL TWO

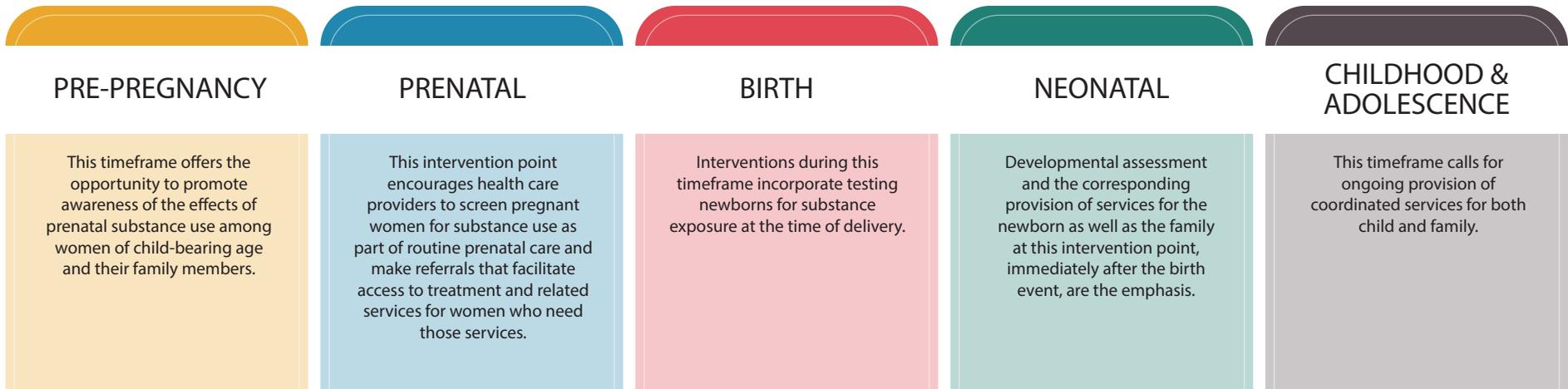
Collect and organize data concerning the costs associated with treating expectant mothers and newborns suffering from withdrawal from substance use/abuse.

GOAL THREE

Identify available federal, state and local programs that provide services to mothers who use/abuse drugs or alcohol and to newborns who have NAS* and evaluate those programs and services to determine if gaps in programs or ineffective policies exist.

GOAL FOUR

Evaluate methods to increase public awareness of the dangers associated with substance use/abuse, particularly to women, expectant mothers and newborns.



GENERAL CONSIDERATIONS

Addiction and drug abuse during pregnancy should be treated as a health issue since research shows universal criminalization has been ineffective.

Due to current data gaps, the North Dakota State Epidemiological Outcomes Workgroup (SEOW) should determine the best means and methods for developing short- and long-term data on the incidence and cost of Neonatal Withdrawal Syndrome/Neonatal Abstinence Syndrome (NAS).

The North Dakota Department of Health should explore mechanisms for recording data on the numbers of newborns born exposed to substances, the substances they are exposed to and the number diagnosed with NAS*.

Medical professionals should follow the current laws for testing, referring, follow-up and reporting pregnant women who are abusing alcohol or using controlled substances and for reporting substance exposed newborns.

State's attorneys and behavioral health professionals should evaluate the pros and cons of having an affirmative defense of periodic drug testing and consent to home visits in cases where criminal child abuse and neglect stems from a parent or caregiver's substance abuse.

*NAS: Neonatal Abstinence Syndrome (also known as Neonatal Withdrawal Syndrome)

	PRE-PREGNANCY	PRENATAL	BIRTH	NEONATAL	CHILDHOOD & ADOLESCENCE
POLICY					
SCREENING/ INTERVENTION		<p>Medical providers of services to pregnant women should be trained about their testing, referring, follow-up and reporting responsibilities.</p> <p>Medical providers should develop consistent protocols for universal screening and testing of pregnant women.</p>	<p>Medical providers should develop consistent protocols for universal screening and testing of newborns.</p>		
SERVICES	<p>Health care providers should be informed of, and encouraged to refer patients to addiction treatment resources as necessary.</p> <p>A list of current addiction treatment resources should be made available to health care providers.</p> <p>Medical and behavioral health providers should be brought together to share information and strategies for integrating and coordinating treatment of patients.</p>	<p>Medical offices that provide care to pregnant women should develop protocols to identify patients who might be substance users/abusers and schedule appointments for them early in their pregnancies so they can receive information on the dangers of substance use/abuse as soon as possible.</p> <p>State agencies should work with medical professionals to develop standards of care for treating pregnant women who are addicted to various substances and to educate medical providers about these standards of care.</p>			<p>Funding for home visiting should be expanded and available to more families.</p> <p>Residential pediatric care centers that provide wrap-around services for children with NAS* and their families should be established and maintained.</p>

*NAS: Neonatal Abstinence Syndrome (also known as Neonatal Withdrawal Syndrome)

PRE-PREGNANCY

Develop education materials and an awareness campaign to educate women of childbearing age, as well as their significant others and families, about the dangers of substance use/abuse during pregnancy.

PRENATAL

Law enforcement officers need education regarding the reporting of substance using/abusing pregnant women to county social services.

BIRTH

NEONATAL

Hospitals and social service agencies should partner in the development of plans of safe care for each newborn born with prenatal exposure to substances, prior to discharge from the hospital following the birth. The plans should include educational materials on NAS* for parents and caregivers.

CHILDHOOD & ADOLESCENCE

Information on the possible long-term effects of NAS* should be available to educators, health care providers, social workers and foster parents so they can identify children who may have been affected by exposure to substances in utero and who need additional educational and medical care during childhood as a result.

County social services and direct service providers need training so they can better inform foster parents about care for substance exposed newborns. Social workers also need appropriate education materials and training presentations on NAS* that they can offer to foster parents.

Juvenile Court personnel need education regarding the effects of prenatal exposure to alcohol and controlled substances, the risks to newborns suffering from NAS* and the risks associated with returning a substance exposed newborn to a home with a mother who is using substances without appropriate court-ordered safety and intervention services.

*NAS: Neonatal Abstinence Syndrome (also known as Neonatal Withdrawal Syndrome)