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Children bear consequences of Montana's failure to treat mothers: DHC Capstone

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Children bear consequences of Montana’s failure to treat mothers

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Full article with images: http://missoulian.com/children-bear-consequences-of-montana-s-failure-to-treat-mothers/article_6b981233-5002-5a3a-836b-41374742cfe0.html

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The births often appear normal, the babies full-term and seemingly healthy.

Then, sometimes hours or days after the birth, come the tremors, the sweating and the shrieks, high-pitched and shrill.

“It’s the saddest cry you’ve ever heard,” said Laura Keating, a nurse in the neonatal intensive care unit at Community Medical Center who has cared for infants suffering from opioid withdrawal. “They can’t use ... words, and you’re just watching them suffer. It’s awful.”

Infants can be born dependent on opioids if they were exposed in utero, causing them to go into withdrawal when the umbilical cord is cut. The symptoms of neonatal abstinence syndrome, as doctors call it, range from fussiness and difficulty feeding to seizures or death in extreme cases.

Doctors and nurses in Montana are hearing that shrill cry more often as the state suffers from the national opioid epidemic, which shows no signs of slowing. From 2008 to 2015, the number of newborns in Montana who went through drug withdrawal from opioids rose more than 300 percent to 93, according to the Montana Department of Public Health and Human Services.

That's nearly nine in every 1,000 births. Although record keeping varies by state, experts say Montana's rate appears to be among the highest in the country and one of the fastest growing. And the actual number of drug-exposed infants is surely larger, experts say, as some newborns

exposed to opioids during pregnancy do not experience withdrawals, and hospitals sometimes do not record it. Children exposed to other drugs might not display symptoms at birth.

With proper care, most of these children will leave the hospital healthy and developing, but researchers remain uncertain about the long-term physical, psychological and social impacts. It is difficult to separate the effects of drug exposure in the womb from the impact of a child's quality of life after birth.

There's good news for doctors and policy makers shocked by dramatic descriptions of infant withdrawals. Women who are pregnant have a strong incentive to seek addiction treatment, which can prevent, or lessen, the impact to their children.

"The best thing to help the children is to also help their mother," said Dr. Barry Zuckerman, a pediatrician at Boston University School of Medicine and an expert on how the medical community cares for women who use narcotics as well as their babies.

The bad news for Montana: That approach is novel here, and the state lacks the facilities and staff to adequately treat substance use by pregnant women.

"Most hospitals have not dealt well with addiction," Zuckerman said. "And this most recent upsurge has … everyone scrambling to figure out what to do."

Jacqui Crisp, who lives in Columbia Falls, used 3 grams of heroin a day for half of her pregnancy. But the baby experienced no withdrawal symptoms and is a happy, healthy infant.

Crisp's daughter was born at Kalispell Regional Medical Center, which encourages skin-to-skin contact between mothers and their babies to help lessen withdrawal symptoms.

"I did everything they told me," Crisp said. "I swear she never had her clothes on the whole time she was in there. She was always on me."

The success of Crisp's story highlights a shift in medical best practices toward treating infants exposed to addictive drugs.

“We used to think the best care for neonatal abstinence syndrome was waking them up every few hours to … decide whether to give them more medicine,” said Dr. Amanda Risser, a family practice physician at Oregon Health Science University who specializes in maternity care for families affected by substance use.

Increasingly, Risser said research shows simple things like encouraging skin-to-skin contact, better breastfeeding training and giving mothers a comfortable, private place to bond with their newborns can reduce the need for intensive care in the first place.

“Babies do better and often do not need medication to treat neonatal abstinence syndrome,” Risser said.

Doctors and nurses who work with infants exposed to drugs stress that in most cases withdrawal can be successfully treated. What’s less known, and perhaps harder to study, is the impact of drug exposure in the womb over the course of a child’s life. It is clear, however, that it can set in motion a negative chain of events.

First, it's mandatory that every child in Montana diagnosed with drug withdrawal be reported to Child and Family Services (CFS), and many are removed from their parents’ care. Montana has a much higher rate of children in foster care than most states, and the numbers have nearly doubled in recent years. About two-thirds of all removals involve families with drug use, almost twice the national rate.

Exposure to drugs is one of a number of adverse childhood experiences, including abuse, neglect and family dysfunction, that can affect children as they develop. But since these experiences tend to go together, researchers say it’s difficult to determine the impact of a single factor like drug exposure in the womb.

“It’s hard to separate the exact causes for each negative outcome since many factors go hand-in-hand,” said Todd Garrison, CEO of ChildWise Institute, a public policy nonprofit in Helena that advocates for at-risk children.

Michelle Stevens, a 28-year-old mother of three in Billings, lost custody of her first two children — one to the state and one to her parents' care — due to her use of methamphetamine and other drugs. Stevens said she began using meth at 12.

Stevens was clean when she lost custody of her second son, who was then 2 years old. But the boy had already learned to be aggressive and unpredictable, she said, likely because of the instability he experienced growing up.

"He had problems acting out, and he only knew to hit kids. He had problems with that. And he would go into full-out temper tantrums of banging stuff off the wall and turning desks," she said.

Stevens now lives with her third son in a residential drug treatment center, surrounded by a strong support system. Her 10-year-old son lives with her parents. Her 5-year-old is in foster care across the street from her parents' home.

Stevens said she is working to build a healthier, more stable life, with plans to move out of treatment, find a place to live, secure a job and buy a car. She has a newfound hope to regain custody of her children and start repairing any damage that has been done. About a month ago, a judge granted a six-month extension to her plan with the state to advance her recovery and reunite her family.

"Every mom is trying to have all their kids together," she said. "And eventually I want that dream to happen."