Child Protection Accountability Commission

Joint Committee on Substance-Exposed Infants/Medically Fragile Children

Friday, May 29, 2015

Minutes

ATTENDEES:

Dr. Allan DeJong, A.I. DuPont Hospital
Bridget Buckaloo, Beebe Hospital
Dr. Judith Gorra, Child Development Watch
Vikki Benson, Children & Families First
Linda Shannon, DFS
Joann Bruch, DFS
Lisa Williamson, DFS
Janice Tigani, Esq., DOJ
Krista Griffith, Esq., DOJ
Lisl Phelps, DPH
Aleks Casper, March of Dimes
Heather Baker, March of Dimes
Pamela Laymon, Bayhealth
Margaret-Rose Agostino, Nurse Educator/Consultant
Kelly Ensslin, Esq., OCA
Jennifer Donahue, Esq., DSCYF

I. Committee Member Introductions

Jennifer Donahue chaired the meeting welcoming everyone and facilitating introductions.

II. Committee Charge

The members agreed that the focus of the Committee should reflect the Prioritized CAN Panel Recommendations as developed at the Joint CPAC/CDNDSC Retreat on January 22, 2015, as follows: a) establish a definition of medically fragile child, inclusive of drug-exposed/addicted infants; b) draft a statute to mirror the definition as needed and consider adding language to the neglect statute; c) recommend universal drug screenings for infants in all birthing facilities in the state; d) review and revise the DFS Hospital High Risk Medical Discharge Protocol to include all drug-exposed and medically fragile children. It shall include: responding to drug-exposed infants and implementing the Plan of Safe Care per CAPTA; and, involving the MDT in ongoing communication and collaboration for medically fragile children; e) refer medically fragile children to

evidence-based home visiting programs prior to discharge; and, f) review and include the Neonatal Abstinence Syndrome ("NAS") Guidelines for Management developed by DHMIC's Standards of Care Committee.

The opiate/heroin epidemic is causing a significant, detrimental effect on a significant number of infants born in Delaware. As such, the members decided to limit the focus of the Committee to substance-exposed infants at this time and to re-visit the issues surrounding medical fragile children in the near future.

III. Current Delaware Responses to NAS

The Committee reviewed and discussed the Neonatal Abstinence Syndrome Guidelines for Management developed by DHMIC. In pertinent part, the guidelines recommend screening of all infants born to mothers who have had a positive drug screen during their pregnancy, all infants born to mothers with no prenatal or minimal prenatal care, and any infant the health care provider feels has a high risk of being exposed to substance abuse during the pregnancy. The guidelines indicate the Finnegan scoring system is adequate to use for objective NAS scoring and morphine sulfate is the recommended treatment for NAS infants. The guidelines also include recommendations pertaining to discharge planning and supportive care to mothers. Aleks Casper confirmed that these guidelines have been approved, distributed to and adopted by all birthing hospitals in Delaware. Bridget Buckaloo indicated that the guidelines are evidence based and considered a frame of reference for the hospitals. However, discretion is given to hospitals to modify the guidelines as needed or necessary.

Much discussion ensued over the issue of screening pregnant women and their infants. Dr. DeJong stated that Delaware birthing hospitals should be consistent with screening of infants and mothers. Bridget Buckaloo confirmed that all pregnant women who are admitted at Beebe Hospital are screened for substances. If the mother's test result is positive, then the infant's meconium is also tested. Testing the infant's meconium can provide both the type of substance and time frame of exposure from 28 weeks through birth. Dr. Gorra indicated that the meconium test is preferable because it is definitive. Margaret-Rose Agostino opined that due to the opiate epidemic that is effecting

Delaware's infants, there should be universal meconium testing. Pamela Laymon stated that the protocol at Kent General/Bayhealth is to screen all pregnant women upon admission, but the hospital does not test the infants due to the significant associated costs. Although there was not a representative from Christiana at the meeting, the Committee believes that all pregnant women are screened upon admission at Christiana as well. A representative from Christiana will be invited to the next meeting to discuss this issue and confirm the hospital's protocol. At the present time, it is believed that Beebe, Kent General, Christiana, and the Birthing Center conduct universal screenings of pregnant mothers upon admission to the hospitals. However, it is difficult to assess whether private medical providers and midwives are ordering screenings of pregnant mothers and/or infants.

IV. Current Nationwide Responses to NAS

An overview of the Protecting Our Infants Act of 2015 was given by Aleks Casper. The key bill provisions are as follows: 1) directs the Agency for Healthcare Research and Quality to conduct a study and develop recommendations for preventing and treating prenatal opioid abuse and NAS; 2) directs the Department of Health and Human Services to develop a strategy to address research and program gaps, which includes determining the most appropriate treatment for pregnant women with opioid use disorders, discerning the most appropriate treatment and management of infants with neonatal abstinence syndrome, and cataloguing the long term effects of prenatal opioid exposure on children; 3) authorizes the CDC to provide technical assistance to states to improve the availability and quality of data collection and surveillance activities regarding NAS.

Aleks Casper advised that Senator Carper, Senator Coons and Representative Carney are in support of this bill. The federal response to the NAS epidemic further validates the need for this Committee to address the issues surrounding NAS infants in Delaware.

V. Joint Commission Recommendations #1 and #2

The Committee members raised various concerns and issues surrounding drug-addicted pregnant mothers and NAS infants. All members agreed that we need interagency collaboration to address this problem. Bridget Buckaloo reiterated that the hospitals'

plan of safe care is not intended, nor should be relied upon, as the sole safety net for NAS babies. Both NAS infants and addicted mothers are fragile. Although most hospital plans of safe care include a referral to a home visiting nursing program, oftentimes the mother refuses services or fails to show up for appointments. Linda Shannon stated that when and if mothers are non-compliant with the plan of safe care and/or the visiting nursing services after discharge, a second hotline report should be made to DFS immediately. The Committee ultimately agreed that the discharge protocol for NAS infants must be a multi-disciplinary approach and it is critical that contact is made with the mother and infant shortly after discharge. The Committee decided that the DFS High Risk Medical Discharge Protocol will be reviewed at the next meeting to determine if this protocol should be used for all NAS infants. Furthermore, the Committee should consider reviewing the policies of the various visiting nursing programs to determine the protocol for contact with the infant and family (ie. how many attempts are made before contacting DFS to report a parent is non-compliant with services).

Jennifer Donahue stated that under current Delaware law, prenatal exposure to drugs/alcohol is not included under the definition of abuse or neglect. DFS policy includes "drug-exposed newborn" as a parental risk factor (risk of neglect) in the Structured Decision Making ("SDM") screening assessment. Linda Shannon and Janice Tigani expressed their concerns about amending the current neglect statute to include NAS infants as it may be deemed punitive in nature and deter pregnant addicted women from getting the prenatal treatment they so desperately need. Jennifer Donahue expressed the concern that DFS investigations of some of the substance-exposed infant cases are too brief and do not include a thorough evaluation of the parents' drug addiction before closure. Linda Shannon agreed to provide an outline at the next meeting as to how DFS handles NAS cases. Further discussion on whether there needs to be changes in policy (for any of the agencies involved with NAS infants) versus an amendment to the neglect statute will take place at the next meeting. The Committee should also consider whether it would be feasible or appropriate for these cases to be transferred to the FAIR track.

The Committee agreed to adopt the definitions of "substance-affected infants" and "substance-exposed infants" as utilized in the publication, *Substance-Exposed Infants: State Responses to the Problem*, Young, N.K., et al., HHS Pub. No. (SMA) 09-4369. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009. The definitions are adopted as follows: "Substance-affected infants" refers to infants for whom prenatal substance exposure produces negative effects, which may or may not be detected. The effects of substance exposure depend on many factors, including the timing, frequency, and intensity of the exposure. The phrase "substance-affected infant" is used in the CAPTA legislation, but it is not defined there or in Federal regulations; each State is able to use its own interpretation. "Substance-exposed infants," or "SEIs," refers to infants exposed to AOD ingested by the mother in utero, whether or not this exposure is detected. As indicated in section II above, the Committee will defer on adopting a definition of "medically fragile child" at this time. However, the Committee did agree that the definition should be broadly defined. At the next meeting, Jennifer Donahue will provide the CAN recommendations that address medically fragile children so that the Committee can further understand its role for this population.

Finally, the Committee discussed that additional agencies should be invited to the next meeting such as representatives from Brandywine Counseling, Kent Sussex Counseling, Connections, Nanticoke Hospital, Milford Memorial Hospital and Christiana Care. Jennifer Donahue will be reaching out to each agency to extend an invitation to the next meeting.

VI. Appointment of Chair(s)

Upon Motion(s) and no objection, Dr. Allan DeJong and Jennifer Donahue agreed to Co-Chair this Committee.

VII. Next Meeting

The next meeting of the Committee will occur on Friday, July 24, 2015, from 9:30 – 11:30am, in the 9th Floor Conference Room in the New Castle County Courthouse. For the convenience of those located in Sussex and Kent Counties, there will be a live video feed of the meeting to the Wild Wings Conference Room in the Sussex County Family

Courthouse in Georgetown and to the 1st Floor Conference Room in the Kent County Courthouse.

VIII. Public Comment

No public comment was received and the meeting was adjourned.