

Caring for Drug –Affected Babies

C's in Caring for Our Children

West Virginia Court Improvement Program

**Annual Cross-Training Conference on Child Abuse/Neglect &
Juvenile Law**

July 25 & 28 2016 Bridgeport & Charleston, WV

Presentation Objectives

- Gain awareness of the prevalence of drug-affected babies in the U.S. & WV
- Learn how babies may be affected by drug exposure
- Understand drug affects and withdrawal
- Gain awareness of general caregiving techniques
- Suggested strategies for specific issues in caregiving

Complex Issue

- Women who abuse drugs often struggle with
 - Poverty
 - Homelessness
 - Mental illness
 - Violence
 - Trauma
 - Ill health

Complex Issue

- Newborn behaviors may/not be related to substance exposure
- Both nature and nurture are important influences on child development
- Effective care for drug exposed babies requires teamwork between parents/caregivers, families, and professionals

Community

- Our local, state and national communities are impacted by substance abuse, dependence and addiction.
 - In the U.S. various studies show 10-20% of babies were found to be drug-affected
 - In West Virginia approx. 1 out of 5 babies were found to be drug-affected
- Drug abuse, dependence and addiction are individual, couples, families and **community** issues
- Everyone here today is affected by drug use in some way

Community

How babies are affected:

- Differently:
 - Dependent on the type of drug(s) exposed to
 - Child's own biological makeup and temperament

Community

How babies are affected

- Effects depends on
 - Mother's general health and biological makeup
 - Mother's life circumstances, stress levels, safety, nutrition, and access to medical care
 - Amount of drug used by mother
 - When in pregnancy

Community Babies at risk for:

- Lower Birth Weight
- Prematurity
- Small for Gestational Age
- Failure to Thrive
- Neurobehavioral symptoms
- Infectious diseases
- SIDS
- Fetal Alcohol Spectrum Disorder

Community

Drug effects & withdrawal – (1)

- **Opioids:** (24-48 hours)
 - High pitched cry or tremors
 - Needs extra soothing, swaddling & “c-positioning”
 - Utilize a lot of energy, burning high number of calories
 - Disorganized ability to suck bottle or inability to suck altogether
 - Careful feeding is essential – weight loss can be a danger

Community

Drug effects & withdrawal – (2)

- **Methamphetamine or Amphetamines:** (1-2 weeks)
 - Sleeps a lot “good” baby
 - Nearly continuous sleeping
 - Lack of interest/need to feed
 - Increased GI pain – watery or burning BM
 - Lack subcutaneous fat – losing body heat
 - Keep the baby warm to prevent seizures

Community

Drug effects & withdrawal – (3)

- **Cocaine:** (2-3 weeks)
 - Doesn't wake to feed
 - Poor feeding intake
 - Body tone increases
 - Muscle spasms or contractions
 - GI pain – gassy

Community

Drug effects & withdrawal – (4)

- **Psychotropic & Psychiatric Medications:** (several weeks)
 - Pushing nipple away/out of mouth
 - Poor intake
 - Sufficient calorie intake is challenging
 - Hypersensitivity to light

Communication: General Caregiving Techniques (1)

- **Environment**
 - Calming
 - Low lighting
 - Soft voices
 - Pace – transitions from one activity to the other

Communication:

General Caregiving Techniques (2)

- **Be aware before frantic distress happens –**
 - Increased yawns
 - Hiccoughs
 - Sneezes
 - Flailing
 - Irritability
 - Disorganized sucking and crying

Communication:

General Caregiving Techniques (3)

- **Use these techniques regularly –**
 - Swaddling blankets tightly
 - Pacifiers – even when the baby has poor sucking
 - Rocking, holding, swing or momma-roo
 - Massage
 - Warm bath and apply lotion
 - Diaper ointment

Communication:

General Caregiving Techniques (4)

- **Developmental Stimulation**
 - During states of calm
 - Apply one stimulus at a time
 - Discontinue activity at signs of distress
 - Increase amount & time of daily development activities
 - Encourage self-calming behaviors
 - Help the baby adjust gradually to accept increased stimulation

Communication:

General Caregiving Techniques (5)

- **The “C-Position”** – can be done held close, away from you/over your arm or lay the baby down on his/her side
 - Hold baby w/ chin gently down toward chest
 - Arms forward
 - Round the baby’s back slightly in a C position
 - Legs slightly bent upward

Communication:

Suggested Strategies for Specific Issues (1)

- **Feeding**

- Pay close attention to feeding patterns/intake
- Likely not a “feed on demand” schedule
- Low stimulation, lighting, voices and background noise
- Smaller amounts at a time & rest during feeding
- Support the mouth around the nipple if sucking is a challenge
- Falls asleep? Waken the baby by un-swaddling or rubbing the arms

Communication:

Suggested Strategies for Specific Issues (2)

- **Diapering**

- Change diapers quickly
- Rinse gently with water and mild baby shampoo
- Air dry with baby's butt exposed
- Avoid ointments or lotions until healed

Communication:

Suggested Strategies for Specific Issues (3)

- **Swaddling** – supports control of movement
- **Sleeping** –
 - not too long without feeding
 - Vertical rhythmic rocking (up & down)
 - Gentle handling
 - Slow transitions
 - Massage
 - Low stimulation

Communication:

Suggested Strategies for Specific Issues (4)

- **Irritability** –
- Reduce noise
- Low lighting
- Swaddling
- Snuggli
- Pacifier
- Walking
- Gentle rock
- Cupping the bottom
- Avoid side to side rocking
- C-position
- Avoid lap passing
- Avoid talking to someone else while feeding

Communication:

Suggested Strategies for Specific Issues (5)

- **Tremors –**
 - Observe & note onset, duration & how the baby compensates
- **Gradual Introduction of Stimulation –**
 - Increase stimulation as withdrawal begins to subside
 - More animation in speech
 - Toys such as mobile

Compassion

- Care for the child by caring for the family
- Assess for need
- Assess support system
- Education
- Motivational Interviewing
- Treatment referral

Cultivation

- Drug abuse, dependence and addiction are all **community** issues & can successfully be addressed by each of us as a **community**.

Cultivation

- Who are you in this community – as a professional?
- Who are you in this community – as a citizen?
- What kind of community do you want to live and work in?
- Why is that important to you?
- How is that different than what you see now?
- What are some of the things that need to happen to create the kind of community you want?

Conclusion

- I want to work with individuals, families, organizations & policy makers
- I want to work with **our community** to answer these questions.

One more “C”

Collaborate

I am interested in collaborating with you and others
on issues impacting the welfare of our children.

Thank You for Your Time & Attention Today!

Dolly Ford-Sullivan

Owner, Clinical Social Worker & Consultant

Intentional Wellness & Consulting, LLC

Web Page: www.intentionalwellnesswv.com

Phone: 304-288-3504

Email: dolly@intentionalwellnesswv.com

References

(Content taken directly from these sources)

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