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 our 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
  - Sneeze
  - 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)

• Off to a Good Start: #9 Caring for the Drug Affected Infant: State of Alaska Office of Children’s Services, Adapted from Children with Prenatal Drug and/or Alcohol Exposure ARCH National Respite Network and Resource Center and Caring for Drug Exposed Infants www.drugexposedinfants.com

• National Center on Substance Abuse and Child Welfare

• Caring for Babies With Prenatal Substance Exposure