

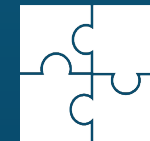
Special Topic:
Care Coordination Considerations
for Children & Families Affected
by Prenatal Substance Exposure
Child Welfare Training Toolkit



National Center on
Substance Abuse
and Child Welfare

Acknowledgement

This content is supported by contract number 75S20422C00001 from the Children's Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of this presentation are those of the presenters and do not necessarily reflect the views, opinions, or policies of ACF, SAMHSA or the U.S. Department of Health and Human Services (HHS).



National Center on
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Learning Objectives

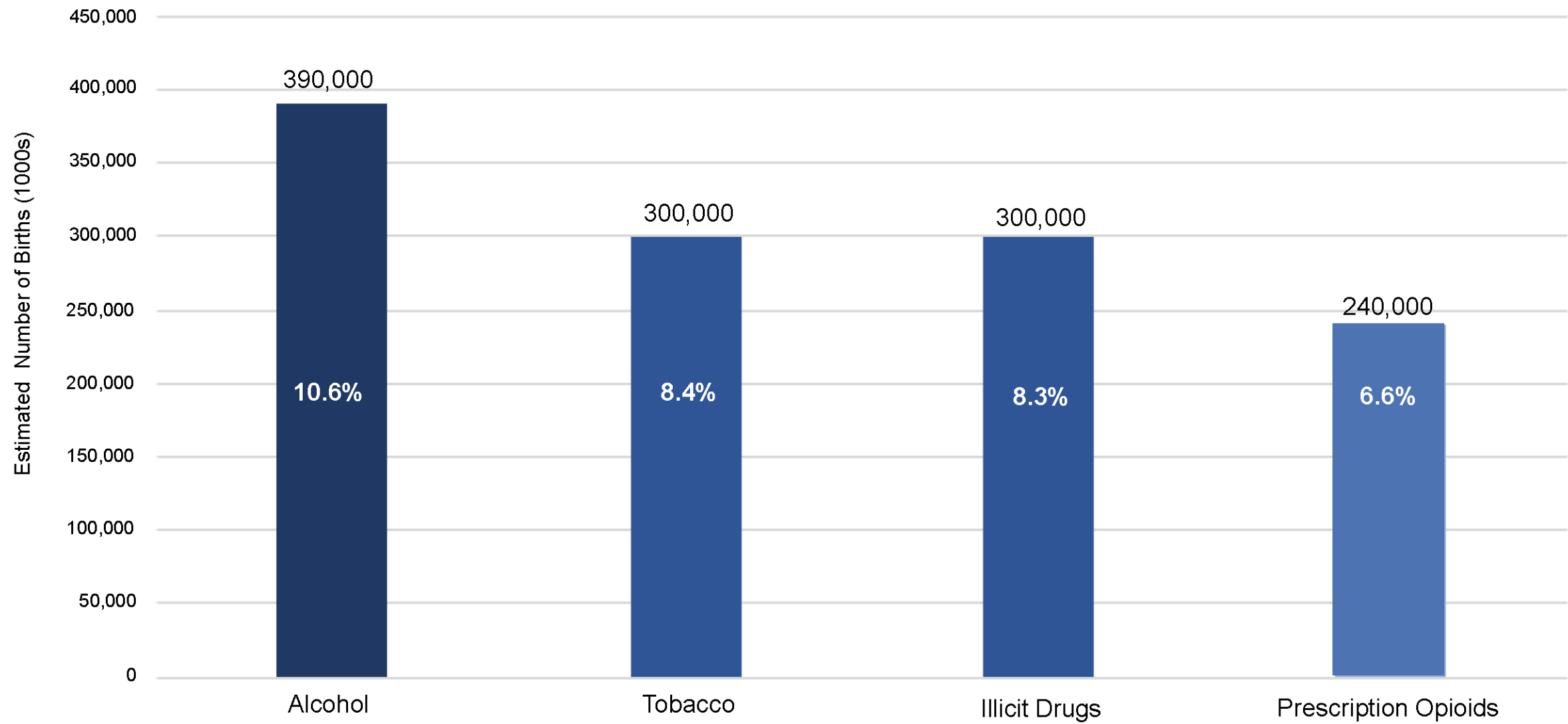
After completing this training,
child welfare workers will:

- Understand the consequences of prenatal and postnatal substance exposure and the associated risks and neurodevelopmental effects
- Identify the prevalence and effects of maternal morbidity and mortality, including how outcomes vary across different groups of mothers
- Describe how stigma and bias negatively affect the experiences and care of pregnant and parenting women with substance use disorders
- Identify the prevalence and leading causes of infant mortality, including how outcomes vary across different groups of infants
- Recognize the benefits of home visiting models for children and families affected by prenatal substance exposure
- Understand the policy and practice components of Plans of Safe Care and how these promote the safety, well-being, and recovery outcomes for infants, parents, and their families

What the Data Tells Us About Infant Prenatal Substance Exposure



Estimated Number of Births with *Prenatal Substance Exposure*, Based on Substance Use Reported During Pregnancy



(Substance Abuse and Mental Health Services Administration, 2023)

Important Prenatal & Postnatal Substance Exposure Considerations



Alcohol & Other Substances In-Utero

Patterns of Use Following Birthing Event

Lactation/Breastfeeding

Additional Perinatal & Postpartum Considerations

Medication for Opioid Use Disorder (MOUD) Adjustments

- Methadone
- Buprenorphine

Management of Maternal Co-Morbidities

- Health
- Mental Health
- Trauma

NAS & Other Prenatal Exposure Effects on The Parent-Infant Dyad

- Difficult to Soothe Infants
- Discernment of Infant Cues
- Heightened Stress & Lower Confidence
- Altered Trajectories of Development

Understanding the Complex Needs of Pregnant & Parenting Women with SUDs

Permission to Use & Video Acknowledgement:

This video was produced by UMBC Home Visiting Training Program, Department of Psychology.
Special thanks to The Training Center Faculty, Staff & Other Health Professionals

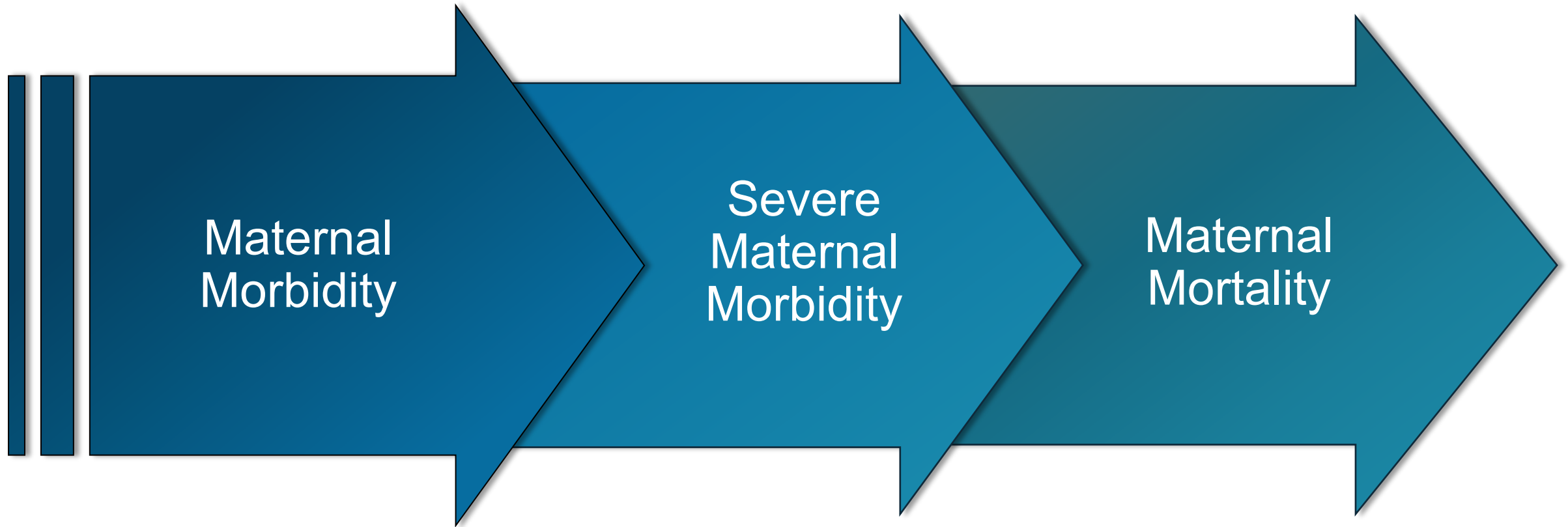
This project was supported by the Maryland Department of Health (MDH) and the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number HRSA D89MC26357, "Maryland State Maternal, Infant, and Early Childhood Home Visiting."

[Dr. Jansson, Director of Pediatrics at John Hopkins Center for Addiction and Pregnancy](#)

Maternal Morbidity & Mortality



What Do We Need to Know About Maternal Morbidity & Mortality?



Risk Factors Influencing Maternal Morbidity & Mortality



- Access to Quality Prenatal Care
- Pre-Existing Health Conditions
- Perinatal & Postpartum Depression
- Substance Use Including Overdose or Death

Severe Maternal Morbidity Indicators in the United States



Aneurysm

Blood Transfusions

Acute Renal Failure

Cardiac Arrest, Heart Attack, or Heart Failure

Acute Respiratory Distress Syndrome

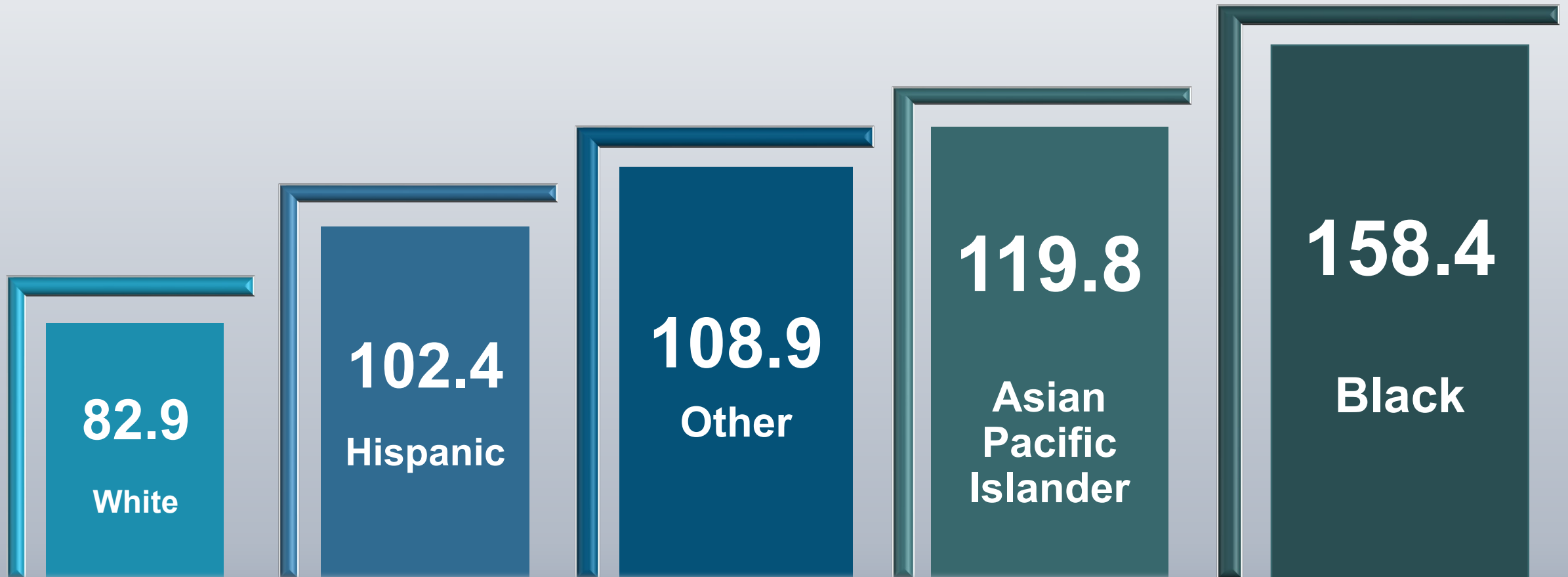
**Eclampsia
(including Preeclampsia)**

Amniotic Fluid Embolism

Sepsis or Shock

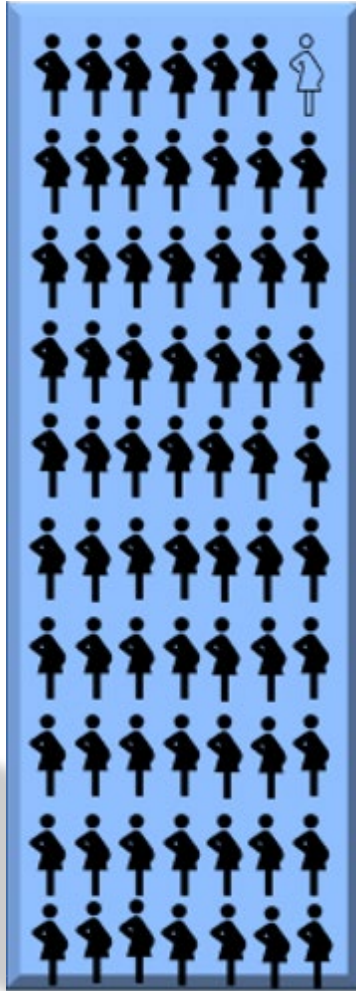
Annual Rate of Severe Maternal Morbidity

(Rate per 10,000 delivery stays in 2021)

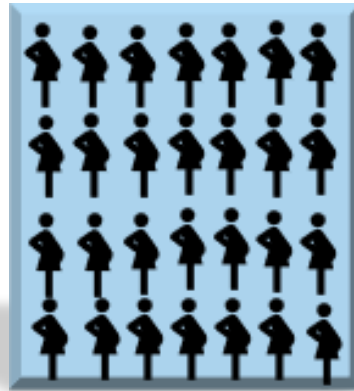


Maternal Mortality Ratios

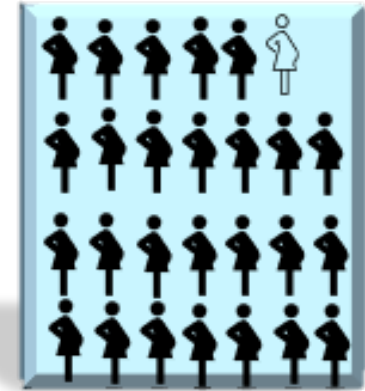
(Deaths per 100,000 live births)



Black 69.9



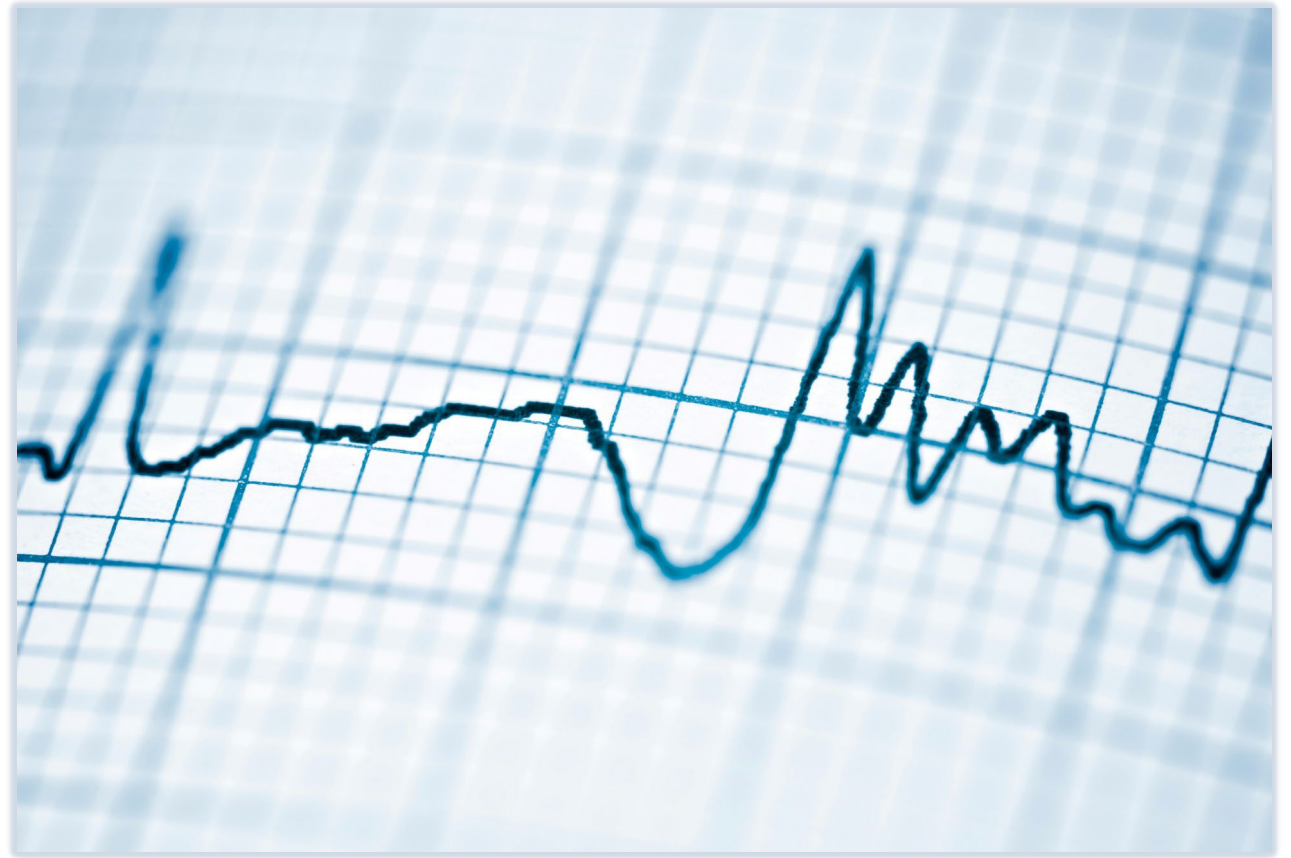
Hispanic 28.0



White 26.6

Understanding the Root Causes of Differences in Maternal Health Outcomes

- Social & Economic Factors
- Access to Quality Healthcare Services
- Systemic Policies & Practices



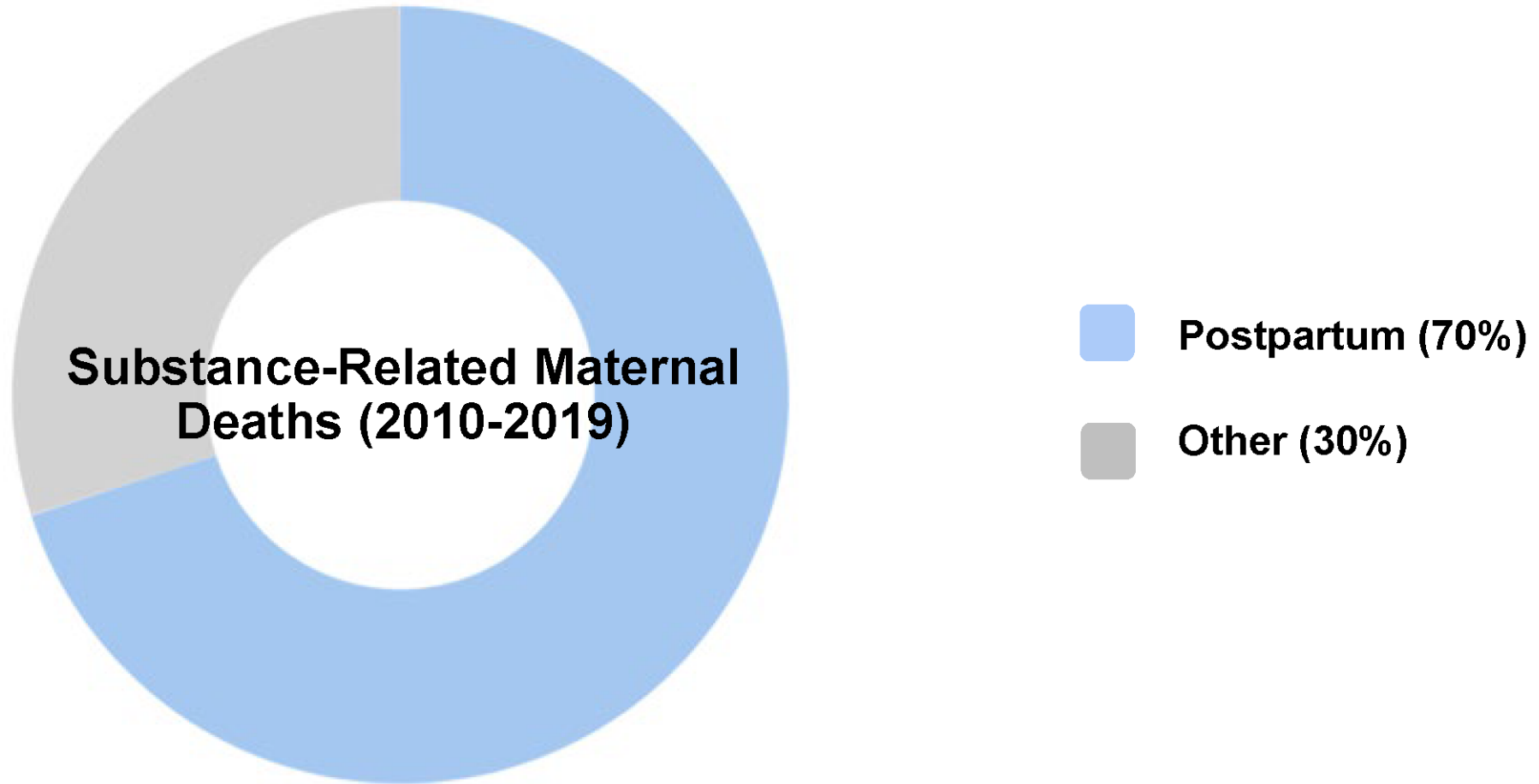
How Stigma & Bias Contribute to Poor Health Outcomes for Pregnant & Parenting Women with SUDs

Small Group Discussion

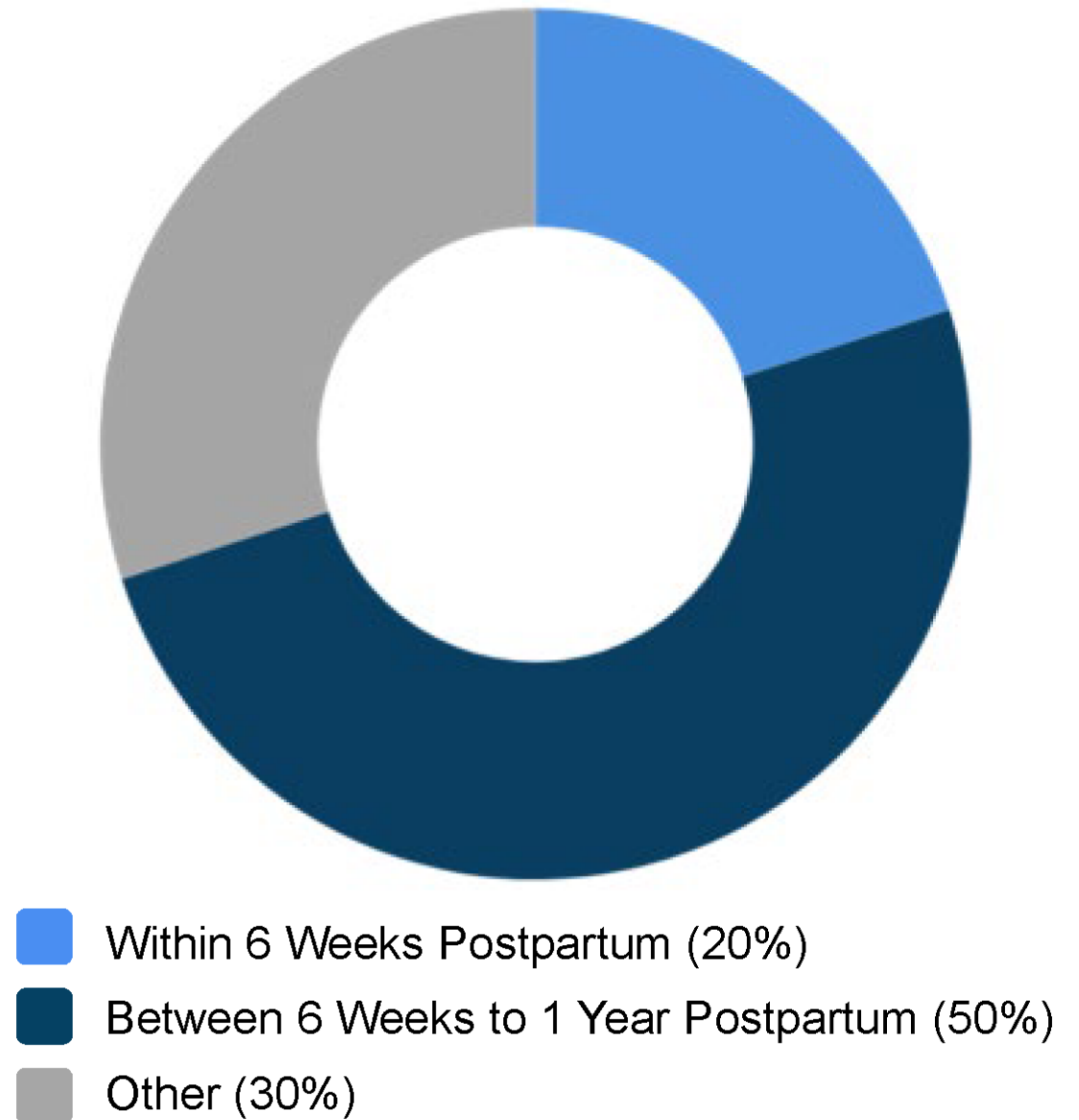
- **Discuss specific drivers of stigma and bias for pregnant and parenting women within the healthcare and social services settings.**
- **Identify one actionable step you can take to disrupt stigma and bias in your work supporting comprehensive coordinated care for children and families affected by substance use disorders.**

Small Group Discussion Questions

Why the Postpartum Period is Critical for Pregnant & Parenting Women with Substance Use Disorders



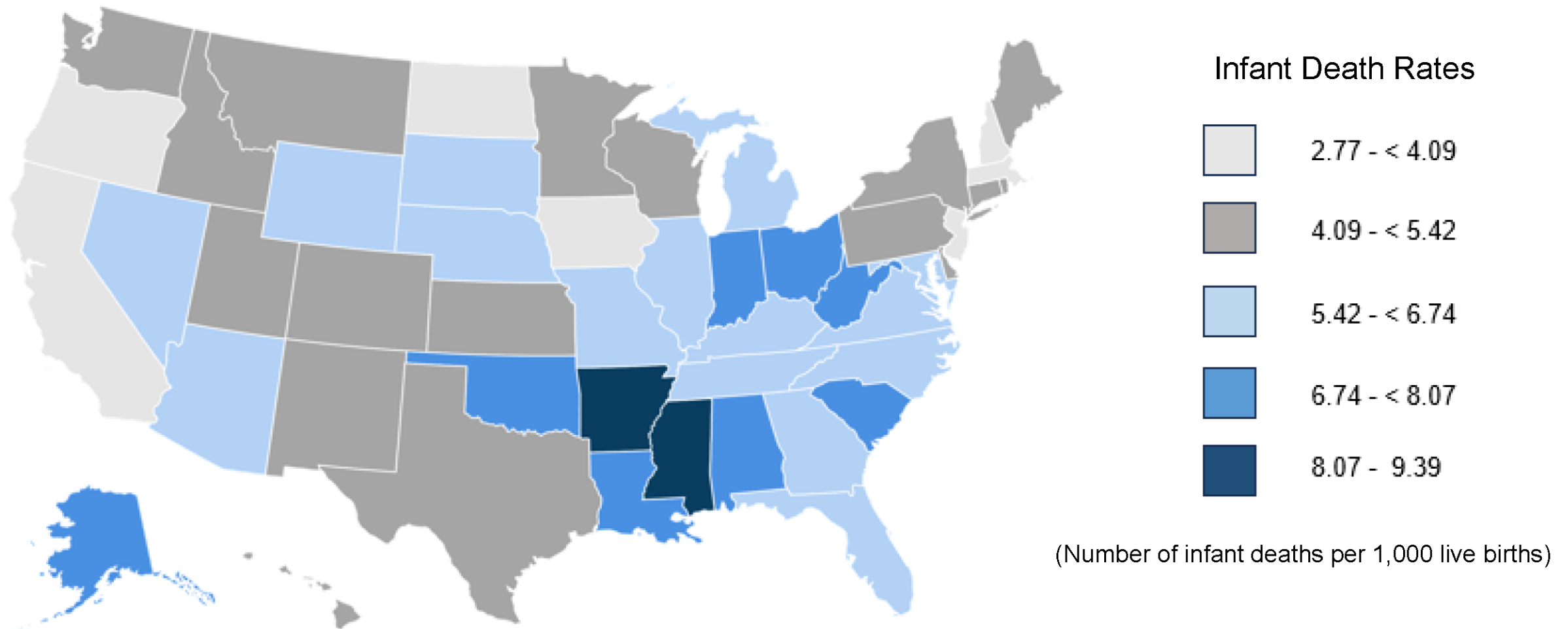
Substance-Related Maternal Deaths: Critical Periods of Postpartum Intervention



Infant Mortality



Infant Mortality Rates in the United States, 2021



Year 2021 Infant Mortality Data Listed by State (A-K)

State	Death Rate	Number of Deaths	Death Rate Ranking (Out of 49 States)*
Alabama	7.56	439	47 th
Alaska	7.37	69	46 th
Arizona	5.47	426	26 th
Arkansas	8.59	309	48 th
California	4.07	1713	7 th
Colorado	4.99	314	18 th
Connecticut	4.65	166	12 th
Delaware	4.77	50	14 th
Florida	5.90	1275	31 st
Georgia	6.25	776	38 th
Hawaii	4.67	73	13 th
Idaho	5.13	115	20 th
Illinois	5.62	743	28 th
Indiana	6.75	540	40 th
Iowa	3.99	147	6 th
Kansas	5.30	184	22 nd
Kentucky	6.15	321	35 th

Year 2021 Infant Mortality Data Listed by State (L-N)

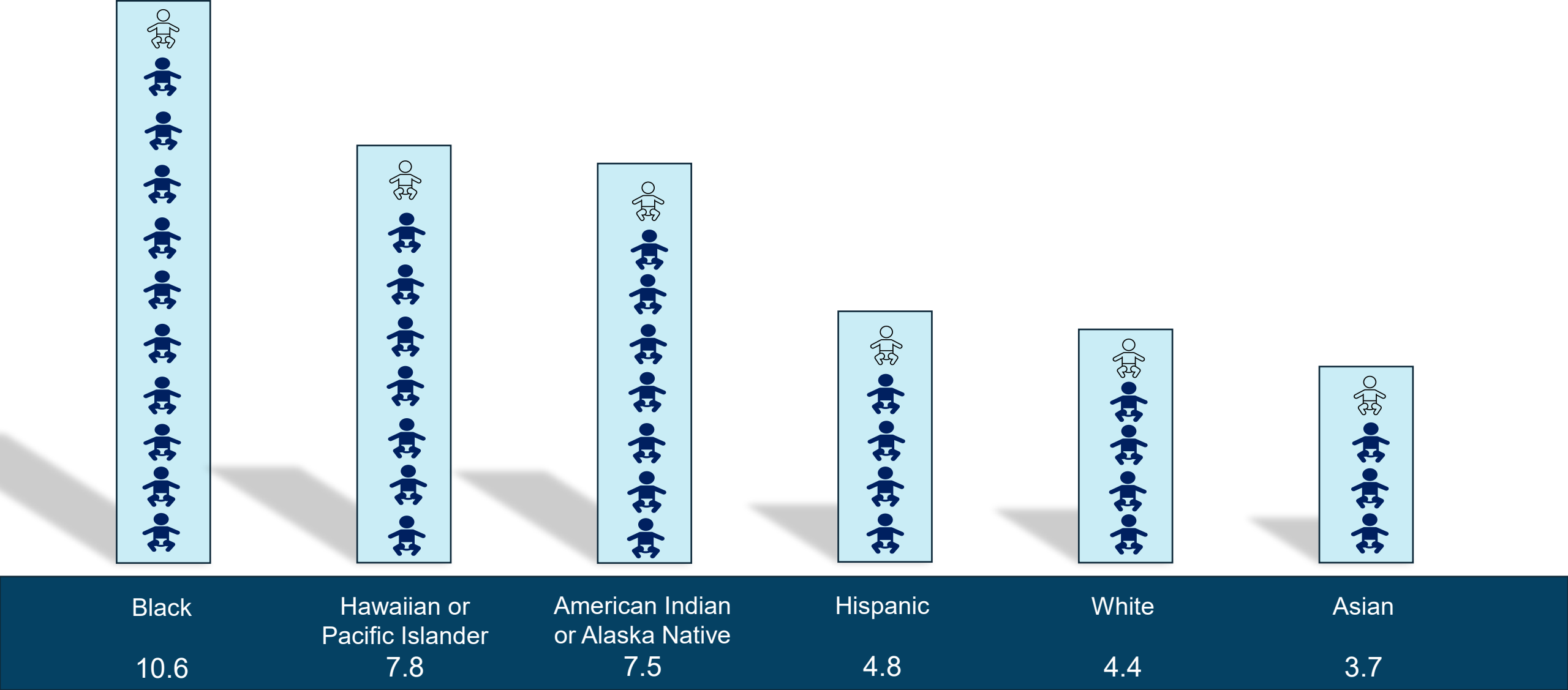
State	Death Rate	Number of Deaths	Death Rate Ranking (Out of 49 States)*
Louisiana	7.24	416	44 th
Maine	5.00	60	19 th
Maryland	5.99	409	33 rd
Massachusetts	3.23	223	2 nd
Michigan	6.22	653	37 th
Minnesota	4.83	311	16 th
Mississippi	9.39	330	50 th
Missouri	5.85	406	30 th
Montana	4.90	55	17 th
Nebraska	5.49	135	27 th
Nevada	5.76	194	29 th
New Hampshire	3.96	50	5 th
New Jersey	3.57	362	3 rd
New Mexico	4.77	102	15 th
New York	4.16	876	8 th
North Carolina	6.72	809	39 th
North Dakota	2.77	28	1 st

Year 2021 Infant Mortality Data Listed by State (O-W)

State	Death Rate	Number of Deaths	Death Rate Ranking (Out of 49 States)*
Ohio	7.06	916	42 nd
Oklahoma	7.13	345	43 rd
Oregon	3.79	155	4 th
Pennsylvania	5.37	712	24 th
Rhode Island	4.30	45	9 th
South Carolina	7.26	415	45 th
South Dakota	6.07	69	34 th
Tennessee	6.18	505	36 th
Texas	5.29	1977	21 st
Utah	4.58	214	11 th
Vermont	N/A*	17	N/A*
Virginia	5.96	571	32 nd
Washington	4.36	366	10 th
West Virginia	6.80	117	41 st
Wisconsin	5.36	331	23 rd
Wyoming	5.45	34	25 th

Infant Mortality Rates

(Deaths per 100,000 live births)



(Ely & Driscoll, 2023)

Birth Defects

Preterm Birth &
Low Birth Weight

Sudden Infant Death
Syndrome

Suffocation from
Co-Sleeping

Maternal Pregnancy
Complications

Leading Causes of Infant Mortality in the United States

Importance of Specialized Care Coordination for Pregnant & Parenting Women with SUDs



5 Points of Intervention for Families Affected by SUDs



PRE-PREGNANCY

PRENATAL

BIRTH

NEONATAL, INFANCY, & POSTPARTUM

CHILDHOOD & ADOLESCENCE

Focus on **preventing substance use disorders before an individual becomes pregnant** through promoting **public awareness of the effects of substance use** (including alcohol and tobacco) during pregnancy and encouraging **access to appropriate substance use disorder treatment**

Focus on **identifying substance use disorders among pregnant individuals** through screening and assessment, engaging women into **effective treatment services**, and **providing ongoing services to support recovery**

Focus on **identifying and addressing the needs of infants affected by prenatal substance exposure**, withdrawal symptoms, and Fetal Alcohol Spectrum Disorder **including the immediate need for bonding and attachment with a safe, stable, consistent caregiver**

Focus on **ensuring the infant's safety and responding to the needs of the infant, parent, and family** through a comprehensive approach that **ensures consistent access to a safe, stable caregiver** and a supportive early care environment

Focus on **identifying and responding to the unique developmental and service needs** of the toddler, preschooler, child, or adolescent who was exposed and/or affected by parental substance use **through a comprehensive family-centered approach**

Prevention



Early
Intervention



Family-Centered
Treatment



Recovery



Continuum of Specialized Care Coordination for
Pregnant & Parenting Women with SUDs

Maternal, Infant, Early Childhood Home Visiting Programs

Goals of MIECHV Programs:

- Improve maternal and infant health
- Prevent child abuse and neglect
- Reduce crime and domestic violence
- Increase family education level and earning potential
- Promote children's development and school readiness
- Connect families to needed resources and supports

Benefits of MICHV Models

Services and Supports Targeting:

- Healthy Pregnancy Practices
- Knowledge & Awareness (safe sleep, nutrition, etc.)
- Learning & Language Development
- Positive Parenting
- Family Enrichment Planning
- Referral & Linkage

Home Visiting Models with Evidence of Effectiveness



Early HeadStart/HeadStart

Healthy Families America

Nurse-Family Partnership

Parents as Teachers

Maternal, Infant, Early Childhood Home Visiting Programs

[Health Resources & Services Administration Video](#)

Family-Centered Treatment for Pregnant & Parenting Women with SUDs



Essential Elements of Family-Centered Treatment for Pregnant & Parenting Women with SUDs



Collaborative Partnerships



Intensive Coordinated
Case Management

Adequate and Flexible Funding



High-Quality Substance Use
Disorder Treatment

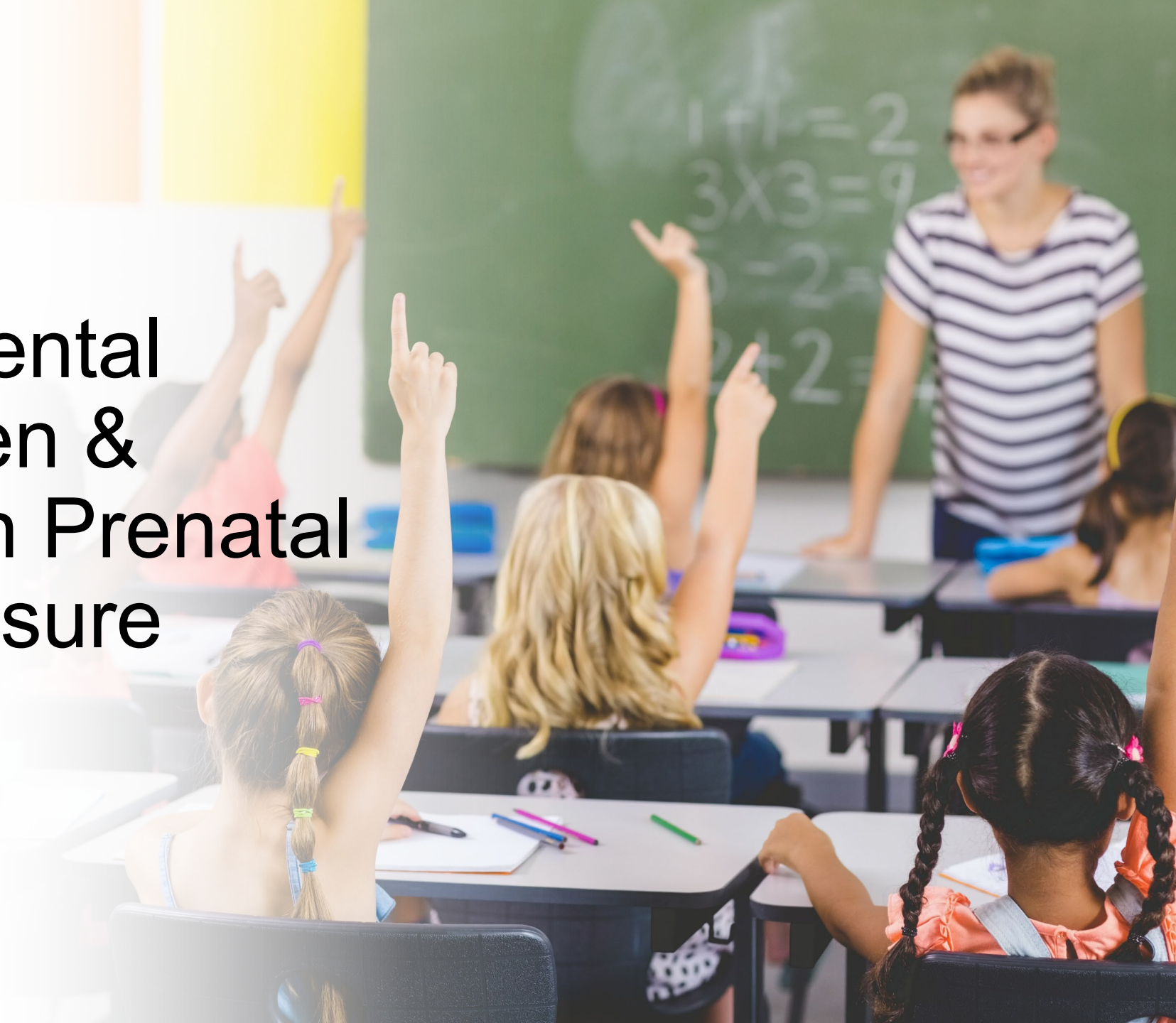


Performance Monitoring



Comprehensive Service Array

Neurodevelopmental Needs of Children & Adolescents with Prenatal Substance Exposure



Neurodevelopmental Effects of Prenatal Substance Exposure Matching Game

Small Group Activity

Improving the Neurodevelopmental Trajectories for Children & Adolescents with Prenatal Substance Exposure

Screening

- Early Identification & Referral

Comprehensive Assessment

- Learning Challenges
- Neurodevelopmental Disorders
- Social-Emotional Difficulties

Service Planning

- Individuals with Disabilities Education Act
- 504 & Individualized Education Plans
- Social-Emotional & Mental Health Support Services

Policy Shapes
Practice:
Plans of Safe Care
for Infants with
Prenatal Substance
Exposure



Expert Video Series: Introduction to the Plan of Safe Care

[Dr. Stephen Patrick, Director of the Vanderbilt Center for Child Health Policy](#)

Key Policy Changes Related to Infants with Prenatal Substance Exposure in the U.S.

1974

Child Abuse Prevention Treatment Act (CAPTA)

2003

The Keeping Children and Families Safe Act

2010

The CAPTA Reauthorization Act

2016

Comprehensive Addiction and Recovery Act (CARA)

Planning for Families Affected by Substance Use & Co-Occurring Disorders

Prenatal Plans of Safe Care (Not Required by CAPTA)

- Early Identification, Screening & Referral
- Treatment & Service Engagement
- Care Coordination Among Service Providers

Plans of Safe Care (Required by CAPTA)

- Ensure the safety and well-being of infants affected by substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder
- Address the health and substance use disorder treatment needs of the infant and affected family or caregiver

A photograph of a woman with blonde hair, smiling and holding a baby. The baby is wearing a pink jumpsuit over a white long-sleeved shirt. Another person with brown hair is partially visible in the background, looking down at the baby. The scene is set indoors with a window in the background.

How Families Benefit from Plans of Safe Care

Reduces the likelihood of a crisis at time of birthing event

Supports the safety and well-being of infants and families further reducing maternal and infant mortality rates

Promotes a family-centered approach and healthy parent-infant dyad development with referral to all indicated services

Provides access to coordinated treatment and service planning for the parent, infant, and family

Plan of Safe Care Bingo!

Small & Large Group Activity

Effective Implementation of Plans of Safe Care Requires Cross-System Collaboration



Identify who is responsible for completing and monitoring the plan



Develop a flexible approach using an array of services and supports

Develop shared definitions and terminology across systems



Improve timely access to indicated services and supports



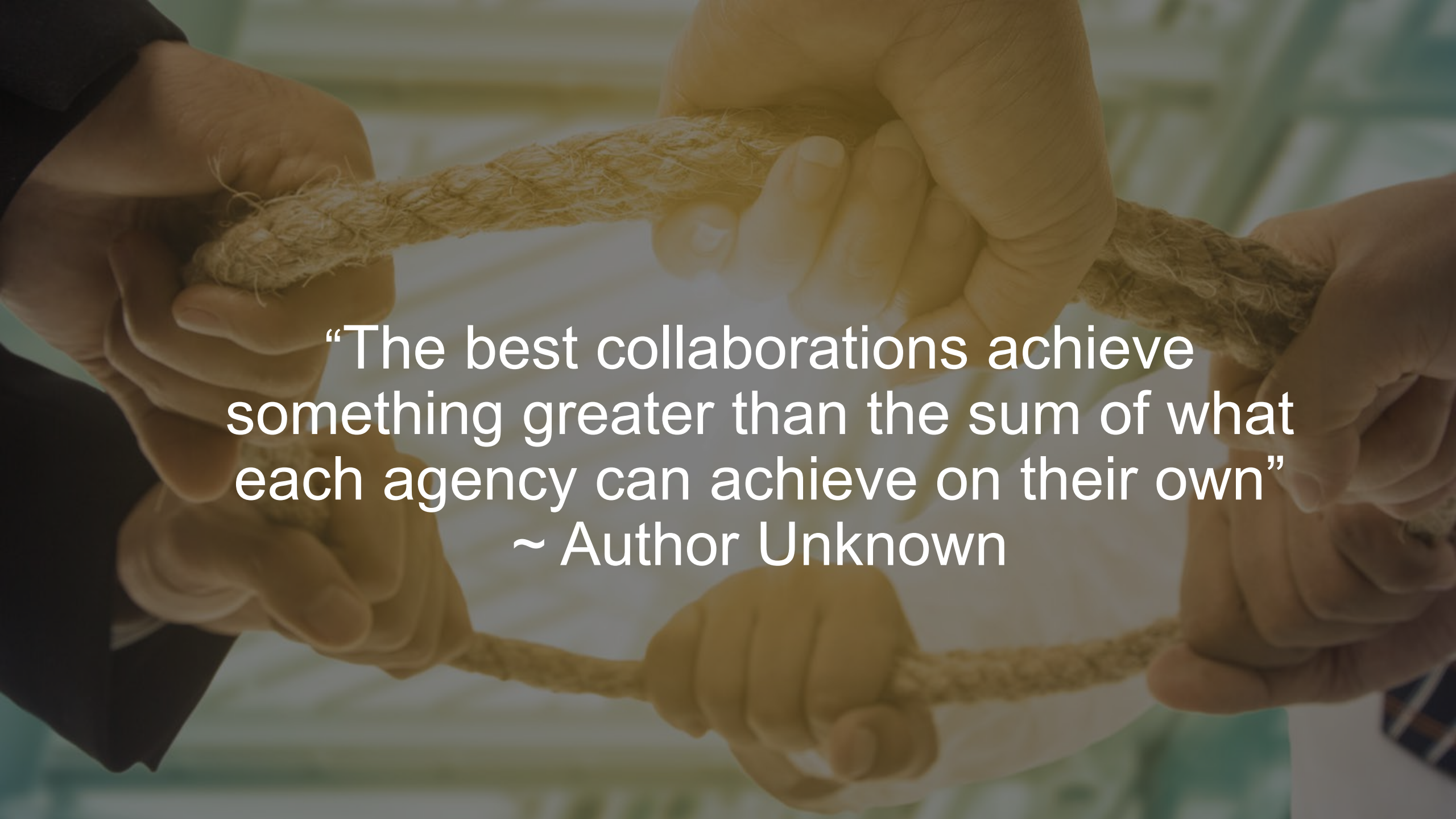
Enhance cross-system communication for information and data sharing



Discuss implementation progress including areas of practice and policy improvements

Reflecting on Local Policy & Practice for Plans of Safe Care

Large Group Discussion

A close-up photograph of four hands, belonging to different people, holding a thick, light-colored rope. The hands are positioned at the corners of a square, pulling the rope towards the center. The background is a blurred, light-colored surface, possibly a wall or a large window. The overall tone is warm and collaborative.

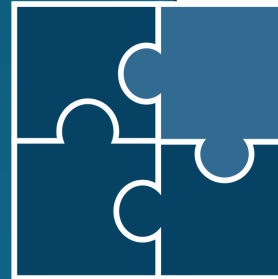
“The best collaborations achieve
something greater than the sum of what
each agency can achieve on their own”
~ Author Unknown

Contact

Contact the NCSACW Training and Technical Assistance (TTA) Program

Connect with programs that are developing tools
and implementing practices and protocols to
support their collaborative

Training and technical assistance to support
collaboration and systems change



National Center on Substance Abuse and Child Welfare



<https://ncsacw.acf.hhs.gov/>



ncsacw@cffutures.org



Toll-Free @ 1-866-493-2758

References

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Resources

Resources, 1 of 2

- American College of Obstetricians and Gynecology: [Marijuana and Pregnancy](#) (2023)
- National Center on Substance Abuse and Child Welfare: [Fetal Alcohol Spectrum Disorder: Bending the Trajectory Webinar](#) (2023)
- National Center on Substance Abuse and Child Welfare: [How States Serve Infants and Their Families Affected by Prenatal Substance Exposure Series](#) (2021)
- National Center on Substance Abuse and Child Welfare: [Infants and Families Affected by Prenatal Substance Exposure: Five Points of Family Intervention](#) (2023)
- National Center on Substance Abuse and Child Welfare: [Newborns Exposed to Substances Understanding Their Needs and Supporting Their Caregivers](#) (2023)
- National Center on Substance Abuse and Child Welfare: [Plan of Safe Care Expert Video Series](#) (2023)
- National Center on Substance Abuse and Child Welfare: [Plans of Safe Care Learning Modules Series](#) (2020)
- National Center on Substance Abuse and Child Welfare: [Preparing for Your Baby: Information for Pregnant Women with Substance Use Disorders](#) (2023)
- National Center on Substance Abuse and Child Welfare: [Resources For Professionals Working With Pregnant And Parenting Women Affected By Substance Use Disorders](#) (2023)
- National Center on Substance Abuse and Child Welfare: [Resources For Professionals Working With Pregnant And Parenting Women Affected By Substance Use Disorders And Involved With Child Welfare](#)
- National Center on Substance Abuse and Child Welfare: [Screening, Assessing, and Treating Pregnant Women with Substance Use Disorders Webinar](#) (2023)

Resources, 2 of 2

- National Center on Substance Abuse and Child Welfare: [*Supporting Pregnant and Parenting Women with Substance Use Disorders Series*](#) (2023)
- National Center on Substance Abuse and Child Welfare: [*Understanding Fetal Alcohol Spectrum Disorders: Child Welfare Practice Tips*](#) (2022)
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