

Virtual Kit: WHAT EARLY CARE AND EDUCATION PROVIDERS NEED TO KNOW ABOUT POTENTIAL EFFECTS OF PRENATAL DRUG EXPOSURE

kit QT

The increased use of opioid drugs by women of child-bearing age is a trend well documented in recent years along with increased hospital admission rates for newborn infants exhibiting signs of Neonatal Abstinence Syndrome (NAS). NAS withdrawal symptoms happen to babies after delivery when their supply to a harmful substance is suddenly stopped. Between 2000 and 2012, the national incidence of NAS increased almost 500% (Patrick, Davis, Lehmann, & Cooper, 2015). In Kansas, between 2000 and 2014, the incidence of NAS increased nearly 900% (Kim & Stabler, KDHE, n.d.).

Most often the result of maternal opioid use, NAS can also occur following exposure to alcohol or other drugs (Greer, 2017). Most pregnant women who abuse opioids also reported drinking alcohol (Kozhimannil, Graves, Levy & Patrick 2017). Polysubstance abuse is common among women who use drugs during pregnancy and legal drugs (nicotine and alcohol) are still the substances most widely used by pregnant women (Forray, 2016) despite the well-publicized data on potential harmful effects to babies.

Severity of symptoms varies widely for babies exposed to drugs before birth and can include tremors, seizures, excessive crying, poor feeding, fever, diarrhea or vomiting, stuffy nose, fast breathing, or trouble sleeping (March of Dimes, 2015). Some infants will require medications while others will be effectively treated with comfort care and caregiver education. Symptoms of NAS can last from 1 week to 6 months. Following hospital discharge, infants identified with NAS will need monitoring for ongoing assessment of potential difficulties related to health, growth, development, and behavior.

More research is needed to understand risk and protective factors for infants prenatally exposed to illegal and legal substances. Long term outcomes for infants with prenatal substance exposure depend on the interactions of multiple variables before, during and after birth, including prenatal care, maternal health and nutrition, complications of pregnancy, premature birth, low birth weight, developmental disabilities or birth defects, family socioeconomic status, and stability of home environment (Forray, 2016). Parental substance use can affect prenatal development, parenting, and early childhood and adolescent development. It is important to recognize, however, that not all children of parents with substance use issues will suffer abuse, neglect, or other negative consequences (Child Welfare Information Gateway, 2014). Key to best outcomes for babies prenatally exposed to drugs—legal and illegal—is support for their mothers during pregnancy and following delivery to provide a stable environment and access to substance abuse treatment designed for women with children (Zero to Three, 2012).

Responsive caregiving on the part of child care providers and early educators is essential for all children, including infants and toddlers known or suspected to be prenatally exposed to legal and/or illegal drugs (Zero to Three, 2012). The resources included in this Virtual Kit will assist early care and education providers in supporting families and children when you know or suspect a child was prenatally exposed to drugs. If you believe an infant or toddler may be exhibiting a

developmental delay or disability, you should immediately refer the child and family to your local Part C/tiny-k early intervention program:

http://www.ksits.org/download/Identifying_Need_to_Refer.pdf

SHOW ME NOW – I NEED IT TOMORROW

AAP (2018). KS Opioid Fact Sheet

https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Documents/Opioid-StateFactsheets/opioid_fs_kansas.pdf

March of Dimes (2015). Neonatal Abstinence Syndrome (NAS): Key Points

[https://www.marchofdimes.org/baby/neonatal-abstinence-syndrome-\(nas\).aspx](https://www.marchofdimes.org/baby/neonatal-abstinence-syndrome-(nas).aspx)

PBS News Hour (March 12, 2016). When Babies are Born Withdrawing from Opioids

<https://www.youtube.com/watch?v=kYD73NGxpdw>

Child Trends (2017). 5 Things to Know about the Opioid Epidemic and its Effect on Children

<https://www.childtrends.org/child-trends-5/5-things-know-opioid-epidemic-effect-children/>

National Alliance for Drug Endangered Children (n.d.). Drug Exposed Children: What Caregivers Should Know.

http://www.nationaldec.org/user_files/18954.pdf

Center for Inclusive Child Care (n.d.). Fetal Alcohol Syndrome Disorders Tip Sheet

<https://www.inclusivechildcare.org/sites/default/files/courses/swf/FASD%20Tip%20Sheet.pdf>

Child Abuse Prevention and Treatment Act (CAPTA) Referral of Infants Prenatally Exposed to Substances

http://www.ksits.org/download/Substance_Exposed_Infants_FAQ.pdf

WHAT DOES THIS LOOK LIKE IN PRACTICE? (I HAVE A LITTLE MORE TIME TO READ ABOUT THIS)?

U.S. Office of Special Education Programs (2016). Intervention IDEAs for Infants, Toddlers, Children and Youth Impacted by Opioids. Topical Issue Brief.

<https://osepideasthatwork.org/sites/default/files/IDEAsIssBrief-Opioids-508.pdf>

U.S. Office of Special Education Programs (2016). Intervention IDEAs for Infants, Toddlers, Children and Youth Impacted by Fetal Alcohol Spectrum Disorders (FASDs). Topical Issue Brief. <https://osepideasthatwork.org/sites/default/files/IDEAsIssBrief-FASDs-508.pdf>

Zero to Three (2012). Supporting Babies and Families Impacted by Caregiver Mental Health Problems, Substance Abuse, and Trauma: A Community Action Guide

<https://www.zerotothree.org/resources/1010-supporting-babies-and-families-impacted-by-caregiver-mental-health-problems-substance-abuse-and-trauma-a-community-action-guide>

Nelson, C., Bhagat, R., Browning, K. & Mills, L. (2010, Updated 2011). Baby Steps: Caring for Babies with Prenatal Substance Exposure, 3rd Edition. British Columbia: Ministry of Children and Family Development, Vancouver Coastal Region.

https://www2.gov.bc.ca/assets/gov/family-and-social-supports/foster-parenting/baby_steps_caring_babies_prenatal_substance_exposure.pdf

Centers for Disease Control and Prevention/CDC (2018). Key Findings: Children Born with Neonatal Abstinence Syndrome (NAS) May Have Educational Disabilities.

<https://www.cdc.gov/pregnancy/features/kf-nas-educational-disabilities.html>

National Institute on Drug Abuse/NIDA (2016). Chapter 2: Risk and Protective Factors |

<https://www.drugabuse.gov/publications/principles-substance-abuse-prevention-early-childhood/chapter-2-risk-protective-factors>

WHAT DOES THE ECRC HAVE ON THIS TOPIC?

Below are selected resources from the Early Childhood Resource Center. For additional resources go to the [KITS website](#) and access the Early Childhood Resource Center catalog by clicking on [ECRC](#), or call (620) 421-6550 ext. 1638 for personal assistance.

Comforting Your Fussy Baby (DVD)

Fetal Alcohol Syndrome: A Guide for Families and Communities

Coming Home from the NICU: A Guide to Supporting Families in Early Infant Care and Development

Activities for Responsive Caregiving: Infants, Toddlers, and Twos

Preventing Child Abuse and Neglect: Parent-provider Partnerships in Child Care

Parents and Providers: Sharing the Care

Understanding Early Childhood Mental Health: A Practical Guide for Professionals

Zero to Three (2018). Infants and the opioid epidemic. *Zero to Three Journal, Vol 38: 5*. Washington, DC: Zero to Three: National Center for Infants, Toddlers, and Families.

HOW CAN I FIND TRAINING/TRAINING MATERIALS ON THIS TOPIC?

Greer, M. (2017, September). NAS: An Emerging Issue for Early Childhood Systems? Early Intervention/Early Childhood Special Interest Group Webinar Series. Association of University Centers on Disabilities (AUCD), AUCD Early Childhood Special Interest Group.
<https://www.aucd.org/docs/webinars/Neonatal%20Abstinence%20Syndrome.pdf>

VanOrsdal, J. (2018, May). Impacted by Opioid Misuse: Perspectives from an Infant and Toddler Lens. State Capacity Building Center Infant/Toddler Specialist Network's 2018 Hot Topic series, Early Childhood Training and Technical Assistance System. U.S. Department of Health & Human Services, Administration for Children & Families, Office of Child Care.
https://childcareta.acf.hhs.gov/sites/default/files/public/opioid_epidemic_hot_topic_webinar.pdf

Impact of Prenatal Substance Exposure on Children and Adolescents, Erin Telford, Children's Research Triangle (PPT) 2012
http://www.cffutures.org/files/B4_ImpactOfPrenatalSubstanceExposureOnChildrenAndAdolescents.pdf

Understanding the Impact of Prenatal Substance Exposure: Implications for Early Childhood Programs
<https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/no-search/impact-prenatal-substance-exposure.pdf>

Substance Misuse: What Early Childhood Program Staff Should Know | ECLKC
<https://eclkc.ohs.acf.hhs.gov/mental-health/article/substance-misuse>

- **KCCTO-KITS ITSN Community Based Training**
 - From the Start: Creating Healthy Spaces for Infants and Toddlers (4 clock hours)
 - Better Brains for Babies (Two 3 clock hour sessions)
 - Trauma, Toxic Stress, and Resilience, Part I and Part II (2 clock hours each)
 - Family Partnerships (4 clock hours)
 - Mindfulness: A Resilience Practice (2 clock hours)

- Visit these links for collaborative training calendars:
 - [KCCTO Training Calendar](#)
 - [KITS Training Calendar](#)

To inquire about a specific class, contact the KCCTO office 785-532-7197 or visit KCCTO.org

WHAT IF I STILL NEED HELP?

You may request technical assistance from the KCCTO-KITS Infant Toddler Network Specialists by calling the KCCTO office at 800-227-3578.

IF YOU THOUGHT THIS WAS HELPFUL YOU MIGHT ALSO LIKE

Virtual Kit: Building Resiliency in Children and Families

<https://kskits.drupal.ku.edu/virtual-kit-building-resiliency-children-and-families>

EVALUATION

Please take a minute to complete a brief survey to let us know what you think about this virtual kit, and what other topics you would like to see addressed in the future. <https://www.surveymonkey.com/r/J8GFG3S>

REFERENCES

- Child Welfare Information Gateway. (2014). Parental substance use and the child welfare system. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. <https://www.childwelfare.gov/pubs/factsheets/parentalsubabuse.cfm>
- Foray, A. (2016). Substance use during pregnancy. Department of Psychiatry. New Haven, CT: Yale School of Medicine. <https://f1000research.com/articles/5-887/v1>
- Kim, J.S., & Stabler, M. (2017, March). *Neonatal Abstinence Syndrome: What do we know about Kansas?* Paper presented at AMPHC 2017 Annual Conference, Kansas City, MO.
- Kozhimannil, K., Graves, A., Levy, R., & Patrick, S. (2017). Nonmedical use of prescription opioids among pregnant U.S. women. *Women's Health Issues, May-June:27(3)*, 308-315. [https://www.whijournal.com/article/S1049-3867\(16\)30329-2/fulltext](https://www.whijournal.com/article/S1049-3867(16)30329-2/fulltext)
- Patrick, S.W., Davis, M.M., Lehmann, C.U., & Cooper, W.O. (2015). Increasing incidence and geographic distribution of neonatal abstinence syndrome: United States 2009 to 2012. *Journal of Perinatology, 35*, 650-655.