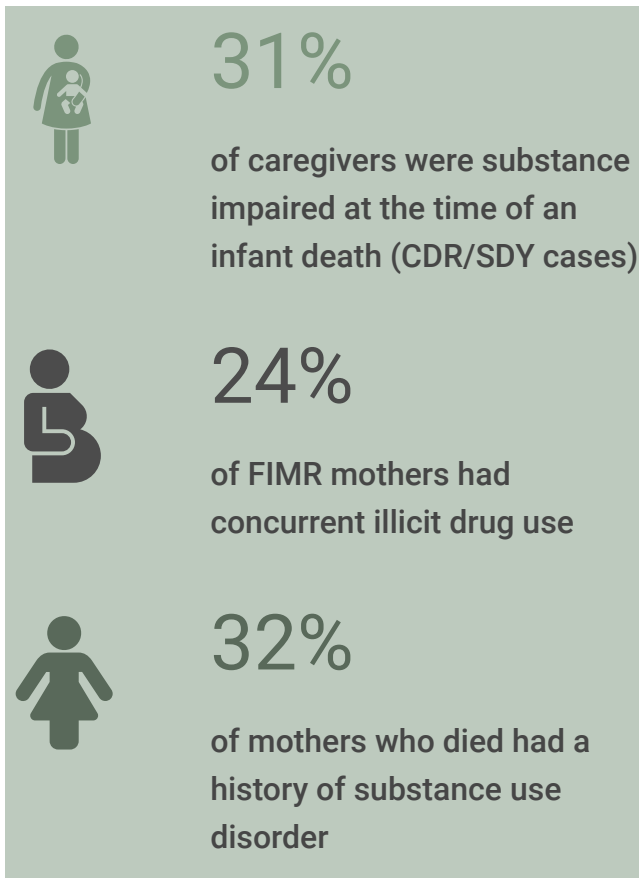


Substance Use Disorder

June 2018 marked the passage of House Bill 140, an act to amend the Delaware Code “relating to infants with prenatal substance exposure.” The passage of this non-punitive, public health oriented bill to implement a Plan of Safe Care resulted in the creation of a statewide protocol between a multidisciplinary team including the Division of Family Services (DFS), birthing hospitals, and substance use disorder treatment providers. This was a main goal of the CDRC/CPAC Substance Exposed Infant (SEI) Committee. A Plan of Safe Care now must be created, preferably at the birthing hospital prior to discharge, for all infants born exposed to substances. Staff at the birthing hospital must notify DFS when an infant is born exposed to substances. The Plan of Safe Care Coordinator will work with the family to identify needs to ensure that the infant will be safe after hospital discharge and that the caregivers will have supports in place to assist with their needs. DFS has instituted a statewide specialized unit to work with these families.

As of August 1, 2018, all six birthing hospitals had a plan of safe care protocol in place. As a result, the number of DFS notifications for SEI increased in 2018 to 612, up 33% from 460 notifications in 2017. The majority of notifications (69%) were for prenatal exposure to one substance—with marijuana accounting for almost two-thirds of these cases. Twenty-one percent of notifications involved exposure to two substances; and 10% of cases involved exposure to three or more substances, most commonly some combination of opioids, cocaine, marijuana and methadone. Four hundred infants had a plan of safe care prepared in 2018, and 91% of them remained in the family home. About one-third of mothers were engaged in treatment services at the time of the infant’s birth.



Substance use in pregnancy and postpartum remains a risk factor strongly associated with infant CDR/SDY deaths—especially unsafe sleep deaths—FIMR deaths and maternal deaths. Tables 2 and 3 (next page) present the prevalence of substance use disorder history and associated factors in CDR/SDY infant cases and FIMR cases, respectively. Among FIMR cases, 24% of mothers had current illicit drug use, most often marijuana use. Among MMR cases in 2018, three out of the five mothers had a substance use history and an infant born substance exposed. Overall, since MMR’s inception, 32% of the 34 cases reviewed have involved a mother with a substance use disorder. Several MMR contributing factors and findings in 2018 pertain to substance use history and access to treatment (see MMR section, page 18.)

SEI Committee goals for 2019 include:

- Finalize and publish the Plan of Safe Care Implementation Guide
- Facilitate discussions on adaptation of a universal drug test panel
- Continue to collect and report SEI data to track trends in Delaware and inform opportunities to improve care for infants and their families

There is evidence of progress in 2018 to assess and refer infants. All SEI infant cases reviewed by the CDR/SDY panel did have a referral to a HV program and DFS. Also, the number of FIMR mothers who had no drug testing has decreased to 13% in 2018 from 20% and 31% in earlier years.

Table 2: CDR/SDY infant cases, proportion with substance use history 2016-2018

	2018 (n=16)	2017 (n=16)	2016 (n=31)
Intrauterine drug exposure	38%	19%	13%
Intrauterine tobacco exposure	31%	29%	52%
Intrauterine alcohol exposure	6%	6%	3%
No drug screen done on mother	13%	6%	6%
Infant tested positive for drugs	19%	6%	19%
NAS scoring	13%	0%	22%
DFS notification for SEI	25%	6%	13%
Caregiver's substance use at time of infant death	31%	19%	3%

Table 3: FIMR cases, proportion with substance use history 2016-2018

	2018 (n=45)	2017 (n=81)	2016 (n=84)
Positive drug test: mother	22%	18%	14%
No drug test: mother	13%	20%	31%
Tobacco use (current)	18%	22%	16%
Illicit drug use (current)	24%	11%	10%
Illicit drug use (history)	13%	15%	11%
NAS diagnosis	0%	0%	0%