Joint Committee Hearing

S.9

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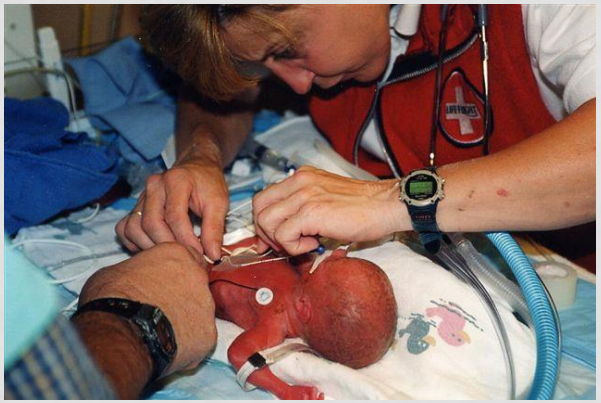
BACKGROUND

- Medical Director of the Neonatal Medical Follow up Clinic at UVM Children's Hospital
- Work closely with the Obstetric Clinic at UVMC, Marjorie Meyer, MD
- Since 2000 we have followed (data entered 1/29/15):
  - 1228 babies exposed to opiates
  - 1209 pregnancies
  - 968 mothers
- Participate in ChARM meetings as described by Sally Borden
- Our overarching goal is to enhance child health and safety and to protect children from abuse and neglect

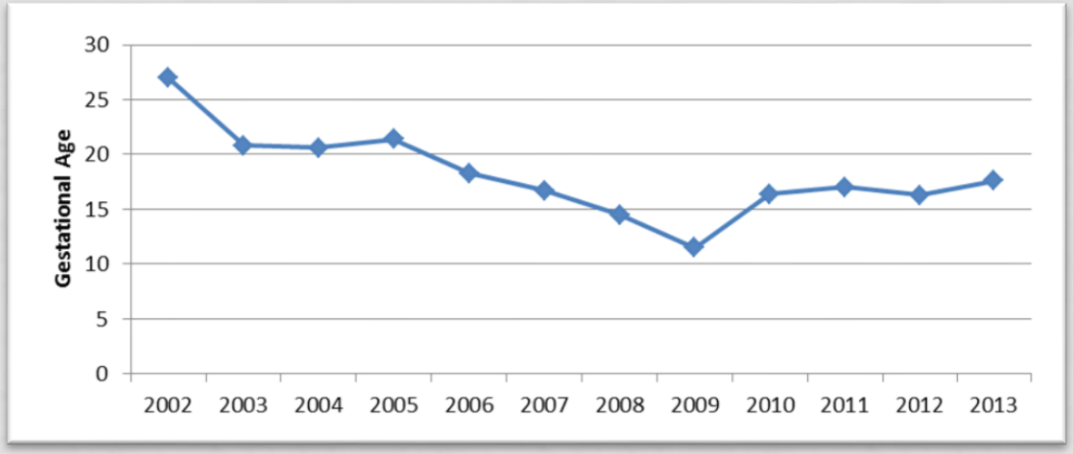
Active heroin use in pregnant woman: Risk to the fetus

- Death
- Asphyxia
- Prematurity
- Low Birth weight
  - Neonatal withdrawal is not associated with adverse outcome and is not difficult to treat

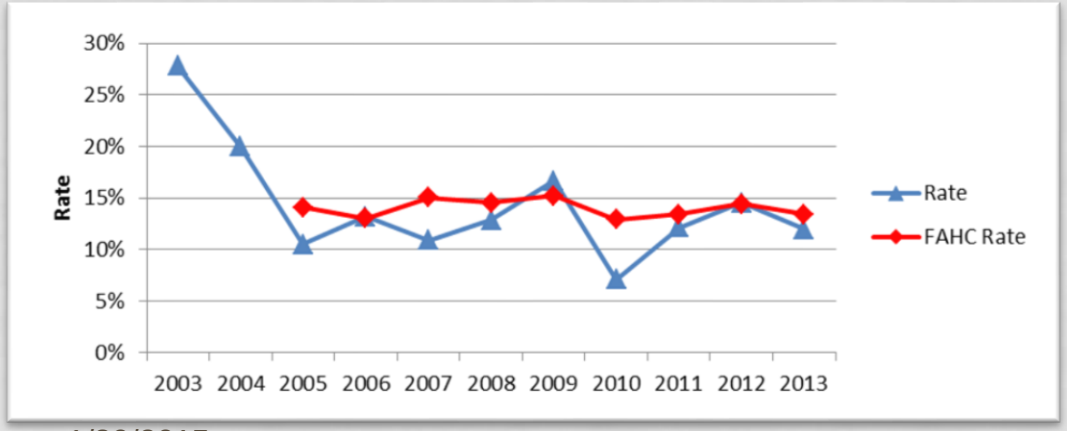


A successful program for treating opiate-dependent pregnant women and their babies requires women to engage in medication assisted treatment either before conception or as early as possible in the pregnancy in order to achieve the best outcomes for the baby.

FAHC / UVMC experience in treating women earlier in their pregnancy



Since the beginning of the program women have presented earlier for treatment



The rate of premature birth in these women has decreased to the FAHC rate

Vermont Children's Hospital:
Bayley III Composite Scores at 7-14 months (N=155)

	Cognitive	Language	Motor
Mean	108.4	105.8	104.3
Percentile Rank	67.4	63.7	63.3

DEATHS < 2 YR
1,228 *INFANTS (2000 – January 29, 2015)*

#	Month/Year of Death	Age @ Death	Cause of Death
1	05/2004	5 days	Shared sleeping
2	04/2006	4 months	SIDS
3	12/2008	6 months	MVA
4	01/2009	4 months	Shared sleeping
5	11/2009	5 months	Shared sleeping
6	03/2010	5 months	Hypoplastic Left Heart Syndrome
7	12/2010	6 weeks	Shared sleeping
8	05/2012	8 months	MVA
9	08/2013	3 months	Shared sleeping
10	09/2013	2 months	Shared sleeping
11	09/2013	19 days	Shared sleeping
12	11/2013	1 day	Extreme prematurity

04/2014: Death @ 14 months, due to non-accidental trauma

IS A PARENT WHO HAS THE DISEASE OF ADDICTION UNFIT TO CARE FOR A CHILD?

- A parent who has come forward to seek help and is actively engaged in treatment IS fit to care for a child. Over 80% of the children we follow are in loving homes with their parents, receiving good care – many of these parents are helping other addicts.
- A parent who is actively using, is not interested in treatment – may not be able to parent safely

"EXPOSURE TO…"

- Does this mean in-utero exposure, postnatal exposure or both?
- How large an area does this exposure need to be? Is it limited to the household, the extended family and friends?
- However exposure is defined, it is a large leap from "exposure" to child abuse and neglect, although we can all agree that exposure to a meth lab presents a real risk to children; what about a parent who is using illegally acquired buprenorphine?
- Tobacco smoke exposure remains a significant health hazard for children
- Alcohol can have devastating effects on the fetus and can cause life-long disability
- The wording "causes a child to suffer…from exposure to…" can be interpreted in various ways.

"KNOWS OR REASONABLY SHOULD HAVE KNOWN"

- The word "reasonably" is ambiguous to me
- "Failure to protect" and "reasonably should have known" causes severe anxiety in health care providers and other agencies who provide care to these families – it has a profoundly negative effect on the doctor-patient relationship. This is a relationship we have worked so hard to improve in order to bring these women into treatment
- In our clinic alone, we see approximately 18 opiate-exposed children a week - if the language does not change – I predict we will be calling DCF on at least half of those visits, even where we believe there is no risk of harm to the child

THE UNINTENDED CONSEQUENCES OF S.9 IN IT'S CURRENT STATE

- Women will be afraid to come forward for treatment during pregnancy where they may face criminal charges
  - Approximately 40% of these women have other children in their care and therefore, they may be charged with "failure to protect"
- Therefore women will remain in hiding, using so that they can take care of their other children and get to work, trying to stop using repeatedly, continuing criminal activity to fund their use, leading to further shame, frustration and helplessness…
- There will be an increase in premature births (with the associated mortality and morbidities), they will not have the support that will help them get into recovery AND – These children will be subject to more neglect and abuse.
- So, if our goal is to keep children safe and healthy – how can we meet it if we are discouraging their parents to seek help for their disease?

The baby’s health and safety depends upon the mother’s health