Infants with Prenatal Substance Exposure and their Families: Five Points of Family Intervention

Improving outcomes for infants with prenatal substance exposure requires consideration of the family system in which they develop, grow, and thrive. The Five Points of Family Intervention are key points in time when comprehensive cross-system efforts can help to prevent prenatal substance exposure, address the needs of pregnant and parenting women with substance use disorders, and respond to the needs of children who are affected.

This summary explains the Five Points of Family Intervention and identifies policy and practice strategies at each intervention point that child welfare, substance use disorder treatment, healthcare, and other community agencies can employ to strengthen inter-agency collaboration and effectively serve these infants and their families.

The Five Points emerged from a multi-year review and analysis of existing policies and practices in 10 states regarding prenatal exposure to alcohol and other drugs. In 2009, the Substance Abuse and Mental Health Services Administration (SAMHSA) published the results in Substance Exposed Infants: State Responses to the Problem. This publication is publicly available and can be accessed here: https://ncsacw.samhsa.gov/files/Substance-Exposed-Infants.

**FIVE POINTS OF FAMILY INTERVENTION**

**PRE-PREGNANCY**
Focus on preventing substance use disorders before a woman 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.

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

**BIRTH**
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.

**NEONATAL, INFANCY & POSTPARTUM**
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.

**CHILDHOOD & ADOLESCENCE**
Focus on identifying and responding to the unique developmental and service needs of the toddler, preschooler, child, and adolescent who was prenatally exposed through a comprehensive family-centered approach.

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GUIDING PRINCIPLES

**Multiple Intervention Opportunities** — Substance use is not always identified prenatally and substance exposure is not always identified at birth, therefore an approach that addresses all stages of development for the child and his or her family is critical. Prevention and early intervention at all intervention points can ensure comprehensive care that improves outcomes for pregnant women, infants, children, and their family members.

**Cross-System Collaboration** — No single agency has the resources to fully address all the needs of families affected by prenatal substance exposure. Collaboration across agencies such as child welfare, substance use disorder treatment, courts, maternal and child health, hospitals, child development, and others is needed at each of the five points of intervention to coordinate services and provide comprehensive care that improves the health and well-being of this population.

**Family-Centered Approach** — When addressing prenatal substance exposure using a family-centered approach, the needs of each family member must be assessed and resolved in a coordinated way. Parents are fully supported in their parenting roles, services are adapted to the changes that parents experience after the arrival of an infant and throughout a child’s development, and there is a focus on improving family members’ knowledge of child development, effective parenting, and trauma responses. Children receive services to remediate any social, emotional, and developmental challenges or trauma they may experience. Services include access to concrete supports such as housing, child care, education, and employment.

COMMON BARRIERS AND KEY CONSIDERATIONS

Dozens of states have implemented policy and practice strategies across the Five Points of Family Intervention to strengthen inter-agency collaboration and improve outcomes for families. Being aware of common barriers and key considerations can help communities avoid obstacles and use effective methods to enhance their work:

**STIGMA RELATED TO PREGNANT WOMEN WITH SUBSTANCE USE DISORDERS AND MEDICATION-ASSISTED TREATMENT IS A BARRIER TO EFFECTIVE SYSTEM DEVELOPMENT AND CLIENT ENGAGEMENT:** Communities can explore differences in values and perceptions as part of the collaborative process, promote education about Medication-Assisted Treatment (MAT), and work to use non-stigmatizing language when referring to this population.

**GAPS IN DATA AND INFORMATION SYSTEMS WEAKEN THE ABILITY OF SERVICE SYSTEMS TO WORK TOGETHER TO IDENTIFY CHILDREN AND FAMILIES AS THEY MOVE FROM AGENCY TO AGENCY:** Communities can develop state policies and procedures to identify if family members are accessing and benefiting from the array of services a community has developed.

**AVAILABILITY OF, AND ACCESS TO, CULTURALLY-RESPONSIVE AND EVIDENCE-INFORMED SERVICES FOR PREGNANT AND PARENTING WOMEN WITH SUBSTANCE USE DISORDERS, INCLUDING MEDICATION-ASSISTED TREATMENT, ARE CRITICAL PARTS OF A COMPREHENSIVE SERVICE ARRAY:** Communities can actively engage local and state agencies to create a system of care approach to serving this population. This approach builds partnerships to create a broad integrated service array with sufficient capacity and diversity of services to meet the multiple needs of each family member affected by prenatal substance exposure.

**EVOLVING PROTOCOLS FOR DEVELOPMENT OF THE PLAN OF SAFE CARE FOR THE INFANT AND PARENT/CAREGIVER MAY MAKE INTER-AGENCY COLLABORATION DIFFICULT:** Communities are developing state and local policies and procedures for notifications to child welfare of infants identified as affected by prenatal substance abuse and for the development and monitoring of Plans of Safe Care. Some of the details in the protocols may be in development phases or may evolve over time requiring stakeholders to adjust and remain flexible in their collaborative planning efforts.
POLICY AND PRACTICE STRATEGIES

The following lists provide strategies that agencies can employ across the Five Points of Family Intervention to develop a supportive community that comprehensively meets the needs of pregnant and parenting women with substance use disorders, infants and children with prenatal substance exposure, and their family members.

PRE-PREGNANCY

- Educate the public on the risks of substance use, the effects of prescription medication misuse (including prescribed opioid medication), and substance use disorders through public health campaigns
- Offer education to women and their partners on the risks of substance use during pregnancy and strategies for preventing unintended pregnancies including information on how to use and access various pregnancy prevention methods
- Screen women for substance use disorders using evidence-based tools during annual visits or check-ups and implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) models for engaging pregnant women in services
- Create relationships with substance use disorder treatment providers to ensure referrals to accessible, gender-responsive, and trauma-informed treatment; refer women to appropriate substance use disorder treatment, including MAT, as indicated; ensure referrals occur through a supported transfer between service providers
- Give priority access to substance use disorder treatment for women who use intravenously
- Use prescription monitoring services in conjunction with standardized prescribing practices to monitor potential overuse or abuse of prescription drugs
- Educate providers on the links between intimate partner violence, substance misuse, and unintended pregnancy

PRENATAL

- Provide education to all collaborative team members on the efficacy of MAT
- Educate pregnant women on the potential effects of prenatal substance use on an infant, including Neonatal Abstinence Syndrome (NAS), as well as the role of child welfare services
- Universally screen pregnant women for substance use disorders, using SBIRT and evidence-based screening tools, at each trimester as a part of routine prenatal care
- Create relationships with substance use disorder treatment providers to ensure appropriate referral sources that provide accessible, gender-responsive, and trauma-informed treatment to pregnant women, including MAT, as indicated; ensure referrals occur through a supported transfer between service providers
- Provide priority access to substance use disorder treatment services for pregnant women; ensure providers use evidence-based assessment tools to identify appropriate levels of care and services
- Coordinate substance use disorder treatment (including MAT) with healthcare, home visiting, and other community services
- Share information related to substance use disorder treatment including treatment progress, challenges, and medication changes directly with the woman and, with her consent, to providers coordinating care for her family
- Develop and implement a Plan of Safe Care for the pregnant woman and her family with input from the woman herself as well as healthcare, substance use disorder treatment, child development, and other partners including child welfare services as needed
- Support and prepare women for delivery, pain management, and potential neonatal abstinence syndrome responses, and include this information in the collaborative Plan of Safe Care
POLICY AND PRACTICE STRATEGIES

BIRTH

• Administer verbal screening for substance use disorders to all women at delivery and develop clear, non-biased guidelines on the use of toxicology testing for mothers and infants

• Create clear guidelines for child welfare responses to infants with prenatal substance exposure and educate healthcare, substance use disorder treatment, child welfare, and other community partners about these guidelines, and implementation roles and responsibilities

• Ensure healthcare providers notify child protective service systems of the identification of infants as required by the Child Abuse Prevention and Treatment Act; inform mothers of the notification and share what to expect from child welfare’s response

• Assess and treat infants with suspected prenatal exposure with evidence-based approaches using both nonpharmacological therapies in the hospital, unless contraindicated (e.g., swaddling, skin-to-skin contact, quiet and dimly lit environment, and encouragement and support for women to breastfeed and room in with infants) and pharmacological therapies as needed (e.g., morphine, methadone); train hospital staff on these approaches and ensure training includes information about the effects of stigma and bias on the outcomes of women and their infants

• Ensure hospital discharge plans address maternal substance use, MAT dosage changes, safety of the home environment, parenting skills, home visitation, and enrollment status in pediatric and child care; coordinate mothers’ substance use disorder treatment entry or reentry, including considerations about insurance funding sources for sufficient lengths of stay before departure from the hospital

• Enhance hospital discharge protocols to ensure connection to a pediatrician before discharge and proper consent is obtained for Obstetricians/Gynecologists (OB/GYN) to share information with neonatologist and/or pediatricians about identified prenatal substance exposure

• Offer mothers, fathers, and other caregivers information on what to expect after delivery and how to support the infant

• With appropriate consent, share information on substance use disorder treatment with healthcare providers

• When necessary and with consent, child welfare, substance use disorder treatment, and the courts receive copies of discharge plans and use the information to develop, implement, or oversee the Plan of Safe Care

• Develop a Plan of Safe Care using a collaborative approach with the mother, her medical team, her substance use disorder treatment provider, her infant’s medical team, early childhood care/development providers, and other providers as needed; ensure that Plans of Safe Care include child welfare partners and coordinate information sharing to child welfare, when appropriate

2CAPTA section 106(b)(2)(B)(ii) states that the state must * submit an assurance in the form of a certification by the Governor of the State that the State has in effect and is enforcing a state law, or has in effect and is operating a statewide program, relating to child abuse and neglect that includes...(ii) policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to- (i) establish a definition under Federal law of what constitutes child abuse or neglect; or (ii) require prosecution for any illegal action

NEONATAL, INFANCY & POSTPARTUM

• Provide ongoing training across social service systems on evidence-based and best-practice approaches to working with parents with substance use disorders and infants with prenatal substance exposure; ensure education includes information about the effects of stigma and bias on the outcomes of women and their infants

• Support monitoring of the Plan of Safe Care through information sharing protocols between the hospital, OB/GYNs, substance use disorder treatment, and other supportive service providers to ensure infants and mothers are safe and receiving appropriate services

• Engage with community agencies to provide targeted prevention services and support to infants and their families

• Protect infants from abuse and neglect by sharing relevant information to child protective services professionals who can use their expertise to assess, investigate, and respond to infants experiencing maltreatment
POLICY AND PRACTICE STRATEGIES

NEONATAL, INFANCY & POSTPARTUM (CONTINUED)

- Create protocols to ensure child welfare safety plans include both a consideration of mothers’ recovery status, ongoing treatment needs (including MAT), and healthcare needs, as well as the infants’ medical, developmental, and safety needs
- Ensure priority access to substance use disorder treatment services for mothers with infants; ensure mothers receive proactive support through engagement strategies, retention strategies, case management/home visiting, and supported referral to evidence-based parenting classes and high-quality child care services to increase parenting capacity and concrete supports
- Encourage increased well-woman visits in the first year postpartum; use pediatric and well-woman visits to screen for postpartum mood disorders, substance use disorders, trauma, and intimate partner violence; provide supports and referral to services related to bonding, attachment, and early parenting as well as concrete supports
- Ensure that mothers receive accessible referrals for their infants’ regular developmental screenings, early intervention services, and enrollment in high-quality child care that can address the unique needs of infants with prenatal exposure
- Provide women information on avoiding unintended pregnancies including information on how to use and access various prevention methods

CHILDHOOD & ADOLESCENCE

- Work with parents and caregivers to ensure they understand the effects of parents’ substance use on the child and help them identify appropriate accessible support services for their children/adolescents
- Monitor progress in coordinated care plans and provide referrals to appropriate services including healthcare, early childhood care and education, substance use disorder treatment, and child welfare services
- Use pediatric, well-woman, and substance use disorder treatment visits as opportunities to screen for needs such as home visitation, parenting education, developmental screening or intervention, substance use prevention or treatment, other concrete supports, and child maltreatment and safety concerns
- Work collaboratively with child welfare to ensure the safety and well-being of children by sharing information, with appropriate consent, on the parent’s substance use disorder and mental health treatment successes and challenges; coordinate care to allow for frequent parenting time (visitation) if children are in out-of-home care, motivate parents to maintain engagement, and ensure providers report any concerns regarding child maltreatment
- Complete routine developmental screenings to identify children in need of services, potentially due to prenatal substance exposure that was undetected at birth, and provide appropriate referrals for specialized care; connect with child care and educational providers to identify and address cognitive, behavioral, and social-emotional concerns and implement appropriate interventions
- With consent, share information with education, healthcare, and mental health providers to ensure appropriate support and intervention is provided for children and adolescents prenatally substance exposed
- Educate early childhood care providers, developmental intervention providers, home visitors, and educators about the unique needs of children affected by prenatal substance exposure, effective strategies for working with parents with substance use disorders and those in recovery, and about the effects of stigma and bias on the outcomes of families.
- Ensure priority enrollment policies for high quality child care and access to educational supports (Individualized Educational Plans and 504s) include children with prenatal substance exposure and Fetal Alcohol Spectrum Disorders
- Integrate parenting education and support services into substance use disorder treatment, pediatric care, and adult healthcare settings
- Screen adolescents for substance use disorders and refer to treatment; provide mental health and trauma screenings and referrals for children and adolescents; work collaboratively with families and service provider staff to ensure follow through of referrals
PLANS OF SAFE CARE LEARNING MODULES:
These modules are a five-part series on Plans of Safe Care (POSC) for infants born with and identified as affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, fetal alcohol spectrum disorder (FASD), or their affected family or caregiver. The series is intended to guide state, tribal, and local collaborative partners in improving their systems and services. This series provides states and communities with considerations for implementing POSC to support the safety and well-being of families in their jurisdictions.

A COLLABORATIVE APPROACH TO THE TREATMENT OF PREGNANT AND POSTPARTUM WOMEN WITH OPIOID USE DISORDERS AND THEIR INFANTS, FAMILIES AND CAREGIVERS:
This report provides an overview of the extent of opioid use by pregnant women and the effects on the infant. It provides evidence-based recommendations for treatment approaches from leading professional organizations and an in-depth case study. It also offers guidance tools to help facilitate a careful, in-depth analysis of a community’s current policies, practices, resources, and training needs as related to working with pregnant women with opioid use disorders.

ON THE GROUND: HOW STATES ARE ADDRESSING PLANS OF SAFE CARE FOR INFANTS WITH PRENATAL SUBSTANCE EXPOSURE AND THEIR FAMILIES
This monograph provides on-the-ground examples from states and tribes that have implemented comprehensive approaches to Plans of Safe Care. These concrete examples can help states and agencies consider practice and policy system changes to best serve these families in their own communities.

CLINICAL GUIDANCE FOR TREATING PREGNANT AND PARENTING WOMEN WITH OPIOID USE DISORDER AND THEIR INFANTS:
This clinical guide provides comprehensive guidance for optimal management of pregnant and parenting women with opioid use disorder and their infants. The Clinical Guide helps healthcare professionals and patients determine the most clinically appropriate action for a particular situation and informs individualized treatment decisions.

A FRAMEWORK FOR INTERVENTION FOR INFANTS WITH PRENATAL EXPOSURE AND THEIR FAMILIES:
This webinar introduces the Five Point Framework, which identifies points of intervention for comprehensive reform to prevent prenatal exposure and respond to the needs of pregnant women, mothers, their families and infants. The Five Points of Family Intervention include pre-pregnancy, prenatal, birth, neonatal, childhood and adolescence.