



Improving the Care of Infants and Children Exposed to Prenatal Opioids in a Community Health Care Setting

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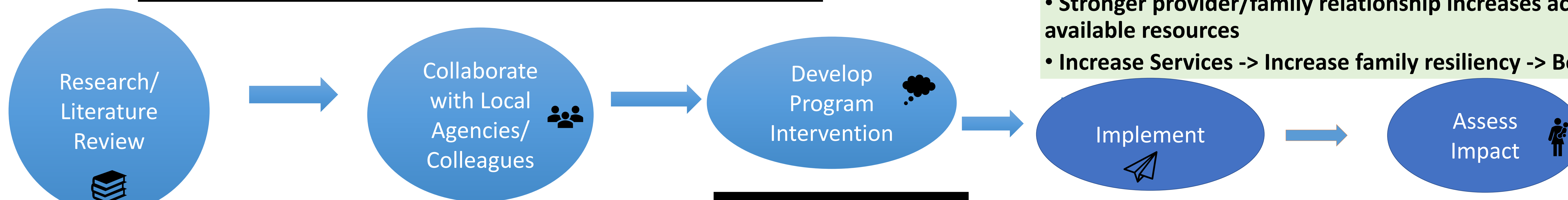
Background

- New Hampshire has experienced an opioid epidemic over the past several years which has impacted pregnant and parenting mothers
- Nationally there has been a five-fold increase in the number of children born with prenatal opioid exposure (POE) over the past 10 years
- Lamprey Health Care (LHC) is a Federally Qualified Health Center with 3 locations (Newmarket, Raymond, Nashua).
- LHC has recently started a co-located model of treatment for pregnant women with opioid use disorder (OUD)
- There is a lack of data driven guidelines for the optimal care of infants and children with POE after discharge from the hospital
- Large review studies have indicated that POE is associated with neuro-cognitive and physical development delays which are apparent at 6 months and persist through adolescence
- Children with POE warrant ongoing follow up and intervention as needed.
- The goal of this project was to research current models for the optimal care of infants and children born to women with OUD, explore policies of other health centers/states in regards to care of children with POE, develop guidelines that could be used at LHC, and implement these changes within our care model and electronic medical record (EMR).

Findings from Research and Collaboration

- Data suggests that measures to improve family resiliency have the potential to positively impact developmental outcomes for children with POE.
- Models have been developed in some states to help support families with SUD, many of these involve collaborative efforts with DCYF with goal of decreasing out of home placement.
- In New Hampshire, maternal OUD alone does not automatically lead to enrollment in home supports through DCYF
- POE does not automatically qualify a child for early supports and services (ESS)
- Professionals at area agencies report that even when children with POE are referred to ESS, families often decline these services
- Educators who work within local districts report that kids with POE enter into preschool or school programs with need for intensive services which have not been addressed.
- Nationally there is evidence of improved outcomes for children and families served by home visiting programs
- Healthy Families Visiting program and Greater Seacoast Community Health home visiting are elective, evidence-based home visiting programs available to families
- Home visiting programs have potential to build family resiliency, improve child safety, and provide linkage to services for children such as early intervention
- Sober Parenting classes are another resource in our community with the potential to strengthen families and impact children with POE.
- Small Steps, Big Changes (developed at BMC) is a technology-based app that provides support to moms during first 6 months of a child's life and may enhance provider/family communication

Project Overview



Take Home Points

- Home visiting improves parent-child attachment and service connection
- Stronger provider/family relationship increases access and utilization of available resources
- Increase Services -> Increase family resiliency -> Better outcomes for children



Program Intervention

To engage pregnant women with OUD with home visiting services during their pregnancy and at least through the child's first year of life.

Next Steps

- Add an outcome measure that would be relevant to follow for children who receive the intervention of home visiting
- Integrate referral to home visiting into our EMR
- Apply for grant in order to engage patients in Small Steps, Big Changes curriculum
- Consider role of Infant and Early Childhood Mental Health consultant