

## Substance Exposed Newborn

Pregnant women who use alcohol, tobacco or other drugs may increase risks to the health and development of their unborn baby. Some of the complications of prenatal substance exposure include prematurity, low birth weight, symptoms of withdrawal, growth deficiencies and irritability.

Families with substance use may also have co-occurring mental health diagnoses and/or histories of trauma. Positive outcomes require a cross-system and collaborative approach that includes all involved care partners. Families are more likely to make lasting behavioral changes and provide safe and stable care for their children when they participate in and successfully complete programs and services such as:

- Substance Exposed Newborn Safe Environment (SENSE) program
- Problem solving court
- Medication Assisted Treatment (MAT)
- Substance use disorder treatment
- Behavioral health services
- Postpartum medical care for the mother
- Early intervention home visitation
- Arizona Early Intervention Program (AzEIP)
- Consistent and timely pediatric and developmental exams.

## Infant Care Plans

The Comprehensive Addiction and Recovery Act (CARA) amended the Child Abuse Prevention and Treatment Act (CAPTA) to require states to develop plans of safe care in response to prenatal drug exposure. The Infant Care Plan was developed by the state of Arizona in response to CARA and CAPTA.

The Infant Care Plan describes the services and supports that will be provided to address the health and well-being of the infant and the substance use and overall treatment needs of the parent or caregiver. Each plan addresses the following areas:

- Substance use treatment needs of the parents/caregivers
- Medical care for the infant
- Safe sleep practices
- Knowledge of parenting and infant development
- Infant toddler mental health and the mental health of the parent
- Living arrangements in the infant's home
- Child care
- Social connections.

Consistent with good casework practice, the plan should be developed with input from the parents and/or caregivers, as well as any collaborating professional partners and agencies involved in caring for the infant and family.

## Resources:

- **Arizona Department of Health Services / Healthy Babies** - Supportive information on a variety of topics including Safe Sleep, Text4Baby, and helpful resources for a pregnant mother. <https://www.azdhs.gov>
- **AzEIP** – Services and supports for birth to three years of age with disabilities or delays. <https://des.az.gov/services/disabilities/developmental-infant>
- **Birth to Five Helpline** - toll-free helpline for parents, caregivers, and professionals with questions or concerns about young children. 1-877-705-5437
- **Center for Disease Control (CDC)** - Pregnancy and early parenting resources and recommendations. <https://cdc.gov/parents/>
- **DCS Office of Prevention** - to prevent child abuse and neglect by supporting the needs of children and strengthening families. <https://dcs.az.gov/services/office-prevention>
- **GOYFF** - Governor's Office of Youth, Faith and Family. Substance Abuse Treatment Programs within AZ. <http://goyff.az.gov>
- **Postpartum Support International (PSI)** - Postpartum Depression services for mothers. Warm line 888-434-MOMS and <http://psiarizona.org>
- **Strong Families AZ** - Early Intervention Home Visiting Programs for pregnant and newly parenting families. <https://strongfamiliesaz.com>
- **Substance Abuse and Mental Health Services (SAMHSA)** - Locate substance use treatment programs, resources and prevention. <https://www.samhsa.gov/programs-campaigns>
- **Women, Infants and Children (WIC)** - Health and nutrition resources. [www.azdhs.gov/prevention/azwic](http://www.azdhs.gov/prevention/azwic)



# Mandatory Reporting of Substance Exposed Newborns (SEN)

A guide for professionals and the community about the requirements and related information for reporting Substance Exposed Newborns to the Department of Child Safety Child Abuse Hotline.



*"A baby alone does not exist.  
A baby can be understood  
only as part of a relationship."*

- D.W. Winnicott



## Arizona Reporting Requirements

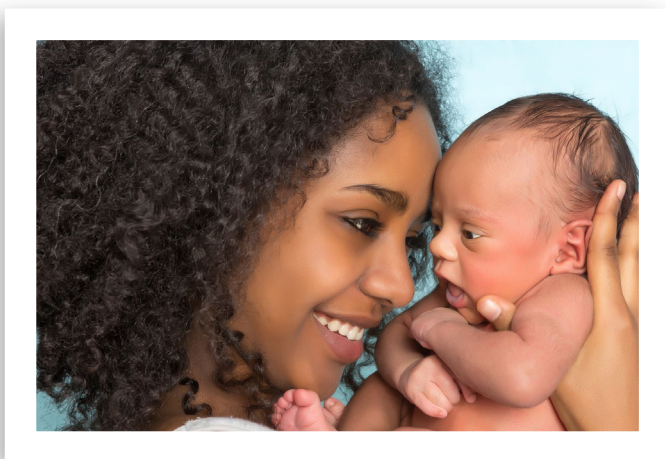
After a routine newborn physical assessment or a positive toxicology screen, a health care professional who reasonably believes that a newborn may be affected by alcohol or drugs must immediately report this information to the Department of Child Safety. DCS may be reached by calling 1-888-SOS-CHILD (1-888-767-2445).

Per Arizona law A.R.S. § 8-201(25)(c), the determination that a newborn was exposed prenatally to a drug or substance (that was not the result of a medical treatment administered to the mother or the newborn infant) shall be based on one or more of the following:

1. Clinical indicators in the prenatal period including maternal and newborn presentation;
2. History of substance use or abuse;
3. Medical history;
4. Results of a toxicology or other laboratory test on the mother or newborn infant; or
5. Diagnosis by a health professional of an infant under one year of age with clinical findings consistent with fetal alcohol syndrome or fetal alcohol effects.

## Calling the Hotline

As a mandated reporter, they will be asked a series of questions to assist the Hotline in making an accurate screening decision. The mandated reporter will be asked about the family composition, how the family can be located, and information about the suspected abuse or neglect. Any missing information should not prevent a mandated reporter from contacting the Hotline. A mandated reporter's information, such as their name, telephone number, and place of employment, is kept confidential.



## Engaging a Mother with Substance Use Disorder

- American College of Obstetrics and Gynecology recommends universal screening of all pregnant mothers for substance use. Early identification and intervention of substance use in pregnancy supports better outcomes. This also recognizes that substance use crosses all socioeconomic and cultural backgrounds.
- Recognize that a pregnant mother who uses substances may have a history of trauma. Engage in a conversation with the mother as early as possible about her own safety and well-being as well as that of the baby she is carrying.
- Speak with the pregnant mother through a trauma-informed lens. This can lead to building trust, creating a safe environment and developing relationships the pregnant mother can navigate within.
- Provide a safe environment that is free of stigma and judgment. This environment can better support the mother moving toward positive behavioral changes, engaging in treatment and services, and continuing her pregnancy in the healthiest way possible.
- Speak with the mother about how to build upon already existing protective factors: parenting knowledge, resilience, social connections, concrete supports, and social and emotional competence. Guide the mother toward resources that can mitigate risks, fill gaps, and improve her health and well-being as well as that of the baby she is carrying and her family.

## DCS response to an SEN report:

### INITIAL RESPONSE

An investigator will gather information concerning the medical and overall condition of the infant and talk to health care professional(s) regarding their observations of the parental responsiveness to the infant, feeding, understanding of the baby's special needs, or any other information to assist in a safety assessment.

### PRESENT DANGER ASSESSMENT

Upon contact with the infant and family, the DCS specialist will determine whether any child (in the home where the abuse or neglect was alleged to occur) is in present danger.

If the infant is determined to be in present danger, an immediate and short term Present Danger Plan is put in to place to manage the safety threat pending further assessment.

### FAMILY FUNCTIONING ASSESSMENT

The purpose of the Family Functioning Assessment is to gather sufficient and relevant information to make an informed decision about whether the infant, and any child in the home, is safe or unsafe. This assessment of child safety begins at the initial contact with the family and continues throughout the investigation.

- In all cases of a SEN, an Infant Care Plan will be developed in order to provide services to both the infant and the parents/ caregivers.
- If the infant is safe, the family may still be offered services to improve or strengthen their protective capacities.
- If the infant or any child in the home is unsafe, a Safety Plan is developed with the family, which includes a determination about the most appropriate level of intervention DCS may take to ensure the safety and well-being of the child. DCS and the family then collaboratively determine what services and supports may lead to positive behavioral changes and improved outcomes for the family.



**ARIZONA**  
**DEPARTMENT**  
*of* **CHILD SAFETY**  
Office of Prevention