



Born into suffering: More babies arrive dependent on drugs

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(Photo: Alton Strupp, The Courier-Journal)

LOUISVILLE, Ky. — Shortly after he was born, tremors wracked Leopoldo Bautista's tiny body as he suffered through the pain of drug withdrawal — pain his mother understands.

Samantha Adams is being treated with methadone for a heroin addiction, and she passed the methadone into Leopoldo's system. Sitting vigil with him at Norton Hospital, she tears up as she describes the 10-day-old "going through what I'd been through."

Being born into suffering is becoming ever more common as research shows a continuing surge in drug-dependent infants amid a national epidemic of pain pill and now heroin abuse, with no end in sight.

Admissions of these babies to U.S. neonatal intensive care units nearly quadrupled from 2004 through 2013, from seven to 27 per 1,000 admissions, a recent study in the *New England Journal of*

Medicine found. Meanwhile, the overall incidence nearly doubled in four years nationally, with one affected baby born every 25 minutes by 2012. That's according to Vanderbilt University researchers publishing in the *Journal of Perinatology*, who say the problem accounts for \$1.5 billion a year in health care charges.

Rates are highest in a region encompassing Tennessee, Mississippi, Alabama and Kentucky. In Kentucky, one of the hardest-hit states, hospitalizations for drug-dependent newborns soared 48% in one year, from 955 in 2013 to 1,409 in 2014 — a startling 50-fold rise since 2000, when there were only 28.

"The seemingly never-ending increase every year is so frustrating to see," says Van Ingram, executive director of the Kentucky Office of Drug Control Policy. "It's a horrible thing to spend the first days of your life in agony."

Infants such as Leopoldo cry piercingly and often. They suffer vomiting, diarrhea, feeding difficulties, low-grade fevers, seizures — and even respiratory distress if they're born prematurely. They're extra-sensitive to noise and light, so NICUs must be kept dark and quiet. Treatment includes declining doses of morphine and comfort measures like swaddling and rocking to calm them.

For these babies, the slow withdrawal from drugs is their first experience of the world.



Mother Samantha Adams and her newborn Leopoldo Bautista, 10 days old, spend some quality time together inside the Louisville Norton Healthcare child care center for children experiencing drug withdrawal symptoms. Bautista was born experiencing withdrawals from Methadone, a side effect from his mother's efforts to get clean of heroin and other narcotics prior to his birth. (Photo: Alton Strupp, The Courier-Journal)

EPIDEMIC'S YOUNGEST VICTIMS

Some doctors say growing awareness of the problem, known technically as neonatal abstinence syndrome or NAS, pushes up the numbers — although others argue this is a small factor if it contributes at all.

Veeral Tolia, a MEDNAX neonatologist at Baylor University Medical Center in Dallas and lead author on the *New England Journal* article, says the surge mainly reflects "the current epidemic of opioid drug use and abuse." Each day across the nation, 46 people die from overdoses of prescription painkillers.

While his study couldn't accurately track illicit drugs, doctors say they see more moms struggling with heroin addiction. Federal statistics show drug-poisoning deaths involving heroin nearly quadrupled from 2000 to 2013. Some treatment professionals say addicts are turning to heroin because it's cheaper and easier to get after government crackdowns on prescription drug abuse, although officials say crackdowns are not solely to blame.

Whatever the reason, "heroin is definitely on its way back," says Lori Devlin-Phinney, a neonatologist with University of Louisville Physicians, adding that at UofL Hospital it's "the No. 1 drug that moms are taking."

Adams, 27, of Sellersburg, Ind., says she began using heroin about 3½ years ago, after a bad relationship breakup. Thirteen months ago she sought help at a methadone clinic. But as she got clean, she became pregnant with Leopoldo, her fifth child.

The clinic reduced her methadone dosage from 110 to 70 milligrams, but she knew from treatment center videos that her unborn baby still faced a risk of being born dependent on the drug. Though many doctors consider medication-assisted treatment the best option for pregnant addicts, it can cause NAS and some suspect it's contributing to the rising rates.

Adams' mother, Elizabeth Ashby, says she was relieved her daughter sought treatment but she worried for her grandchild and couldn't believe how many other families were facing the same battle. "Whenever I gave her a ride to the methadone clinic," she says, "I'd see all the pregnant girls getting in line."



New grandmother Elizabeth Ashby, right, checks in with her grandson Leopoldo Bautista, 10 days old, and daughter Samantha Adams inside the Norton Healthcare child care center for children experiencing drug withdrawal symptoms. (Photo: Alton Strupp, The Courier-Journal)

TOO MANY PILLS, NOT ENOUGH TREATMENT

Researchers say steep increases in painkiller prescribing to pregnant women, along with the rest of the population, also drive up NAS rates. According to the U.S. Centers for Disease Control and Prevention, health care providers wrote 259 million prescriptions for painkillers in 2012, enough to give every American adult a bottle of pills.

Ten of the highest-prescribing states were in the region with most NAS — the South.

Stephen Patrick, an assistant professor of pediatrics and health policy at Vanderbilt and lead author on the *Perinatology* study, also led research that found 28% of pregnant Medicaid recipients in Tennessee had filled at least one opioid prescription.

Legitimate use not only raises the risk of NAS, it sometimes leads to abuse.

But drug treatment for pregnant women is sorely lacking. Less than 2,000 of the 11,000 treatment facilities listed by the U.S. Substance Abuse and Mental Health Services Administration include services for pregnant women.

"In many communities," Patrick says, "women are left with very few options."

Shortages can mean delays. Even when treatment centers give pregnant women top priority, just a few days' wait can cause them to turn away, endangering their growing fetuses, says Dawn Forbes, neonatologist at Kosair Children's Hospital in Louisville. "When people hit rock bottom, there's a small window to get them into treatment."

Adams says she's grateful to be in recovery, improving along with her newborn. Doctors are slowly weaning Leopoldo off morphine, and he's doing better than many babies because he was born at term at a healthy 6-pounds-6-ounces weight. Doctors say they expect him to go home sooner than babies did in the past; the average stay at Norton is about three weeks. Like the majority of mothers with NAS babies, Adams has Medicaid to pay the bills.

On this day, she cuddles Leopoldo in her arms, kissing his cheek and caressing his dark hair.

"Here I am loving myself again, and I've got a new life to care for. I feel like I've got a second chance," she says, looking into his scrunched-up face. "The world is so full of surprises and beautiful things ... It's never too late to change."

<http://www.usatoday.com/story/news/nation/2015/07/08/babies-born-dependent-on-drugs-continue-to-rise/29212565/>