

Babies in withdrawal on the rise In month, 19% exposed to drugs, alcohol in-utero

BY BRANDY BRUBAKER The Dominion Post

"It's not good to come into this world and the first thing you know is pain and suffering," said Dr. Joseph Li, chief of pediatrics at Mon General Hospital.

Local doctors are seeing more and more babies born with the harrowing symptoms of drug withdrawal. They cry like screeching cats and have short and fitful sleep. They're jittery, patchy, gray and sickly looking. They sweat and run high temperatures. They yawn and sneeze frequently. They always seem hungry, but won't eat. Their breathing is fast and they vomit or have diarrhea.

A West Virginia Perinatal Partnership study of babies born in eight state hospitals, including WVU Hospitals, during a one-month period in 2009 found that 19 percent of the babies — nearly one in five — had been exposed in-utero to drugs or alcohol. Thirteen percent of babies born at WVU Hospitals that month tested positive for drugs and 4 percent tested positive for alcohol.

Program Director Nancy Tolliver said these cases represent mothers who have frequently abused drugs and alcohol during pregnancy, not the mother who has a few glasses of wine, for example, before she realizes she's pregnant.

Statewide, the highest number of babies had been exposed to marijuana before birth, followed by opiates, alcohol, benzodiazapines and methadone.

Dr. Mark Polak, chief of the neonatology section at WVU Hospitals, said, at any given time, they have at least one baby who is being monitored for signs of withdrawal or is being treated for abstinence symptoms. Each year, 1,500 babies are born at WVU Hospitals.

Although Polak didn't have statistics, using the one-in-five estimate, that would be about 300 babies per year born with drug or alcohol exposure. Polak said national statistics he has read suggest 4 to 20 percent of newborns have been exposed to drugs or alcohol. Those figures don't include tobacco.

Li said Mon General monitors about one baby a week for pre-birth exposure. About 30 to 40 percent of those babies turn out to be in actual withdrawal.

"It's certainly becoming more and more of a problem," Li said. "We are more aware and are watching more."

Polak agreed.

"Just five years ago, either we weren't looking as closely or we weren't seeing that surge like the rest of the country had been for years and years," he said. "It's gone from [where] we'd see it here maybe once a month to it's almost a daily occurrence."

Polak said they use a numeric system to identify babies who might be in withdrawal. Each symptom is scored. A perfect baby will receive between zero and three points. When a baby gets in the eight-to-12-point range, they need to be monitored. Babies who consistently score in the mid-teens might need a narcotic to wean them off the drug they were exposed to. Healthy babies typically stay in the hospital for 48 hours before they are discharged. Babies in withdrawal might have to stay two to three weeks, Polak said.

According to the Perinatal Partnership study, treatment for a newborn with neonatal abstinence syndrome (NAS) costs about \$36,000, while a healthy baby's stay would cost about \$2,000.

Polak said most mothers will admit they've used drugs or alcohol during pregnancy. They don't routinely test all newborns for drug or alcohol exposure, but are considering the idea.

Drug and alcohol use during pregnancy can cause underweight babies, as well as premature deliveries. Polak said the long-term effects of exposure are unknown, but many of the babies go on to lead normal lives.

"Babies are remarkable creatures. I don't think we give them enough credit in terms of their strength to overcome," Polak said. "The baby's healing ability is so remarkable. I'm always optimistic. We do what we need to do and don't condemn babies to a life of being abnormal."