



Frequently Asked Questions: Babies Can't Wait and Substance-Exposed Infants

What does the Law say?

The Babies Can't Wait (BCW) program is Georgia's Part C Early Intervention Program under the federal Individuals with Disabilities Education Act (IDEA), the same law that governs special education services for children in public school systems. Part C establishes a comprehensive, coordinated, multidisciplinary, interagency system of early intervention supports for infants and toddlers with disabilities from birth to age 3 and their families. In Georgia, the Department of Human Resources (DHR) Division of Public Health administers Babies Can't Wait. The Individuals with Disabilities Education Act was reauthorized and signed into law on December 3, 2004 as the Individuals with Disabilities Education Improvement Act of 2004, Public Law 108-446. The new law includes several new requirements effective July 1, 2005, including that states establish "policies and procedures that require the referral for early intervention services of a child under the age of three who is identified as affected by illegal substance abuse, or withdrawal symptoms resulting from prenatal drug exposure" [Section 637(a)(6)(B)]

The Keeping Children and Families Safe Act of 2003 also added a number of new requirements under the Child Abuse Prevention and Treatment Act (CAPTA), including a requirement that states have policies and procedures requiring health care providers to notify Child Protective Services of "infants born and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure."

How many infants are born each year and identified as affected by illegal substance abuse?

- According to a study conducted by the National Association for Perinatal Addiction Research and Education, an estimated 375,000 newborns per year face serious health hazards due to their mother's prenatal drug use. It has been estimated that 11 to 15% of the babies born in the United States today were exposed in utero to alcohol and/or other illicit drugs (Poulsen, 1991).
- According to the CDC Morbidity and Mortality Weekly Report, the prevalence of any alcohol use among pregnant women was 12.8% in 1999 and 10.1% in 2002.
- The Centers for Disease Control and Prevention (CDC), report that each year between 1,300 and 8,000 babies in the United States are born with fetal alcohol syndrome (FAS), a combination of physical and mental birth defects. FAS occurs in about 6 percent of the babies born to women who are alcoholics or chronic alcohol abusers (March of Dimes, 2002).
- A 1994 collaborative study by the Centers for Disease Control (CDC), DHR, and the March of Dimes in Georgia found that at least 0.5% of all infants had had perinatal exposure to cocaine.
- A 2002 Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health found that more than 3% of women reported using an illicit drug, including cocaine, during pregnancy. This represents tens of thousands of cocaine-exposed babies born every year (NCADI, 2003).

What is the rationale for requiring referrals of these infants? What are the developmental and educational implications for substance-exposed children?

Children born to mothers who drink alcohol or use illegal substances such as cocaine, heroin, marijuana, or methamphetamine while pregnant often exhibit an array of health, developmental, and behavioral deficits that frequently impact educational outcomes and can be lifelong.

Alcohol Exposure

Children born to mothers who drink alcohol while pregnant often are born small and can have difficulties eating, sleeping, and learning. They may also need lifelong medical care. (National Clearinghouse on Alcohol and Drug Information, NCADI 2004).

The outcomes attributable to prenatal alcohol exposure for the children of women whose alcohol consumption averages 7 to 14 drinks per week include deficits in growth, behavior, and neurocognition such as problems in arithmetic, language, memory, visual-spatial abilities, attention, and speed of information processing. The cognitive deficits and behavioral problems resulting from prenatal alcohol exposure are lifelong (U.S. Department of Health & Human Services, 2005).

Prenatal alcohol exposure also can cause a child to be born with Fetal Alcohol Spectrum Disorders, which typically include brain abnormalities, growth retardation, facial malformation and heart, lung, or kidney defects. These children often have lifelong problems, such as mental retardation, learning disabilities, and serious behavioral problems (NCADI, 2004).

Cocaine Exposure

Prenatal cocaine usage commonly results in low birth weight babies. Other problems include damage to the liver and neurological system, reduced fetal length and head circumference, and deformations in the heart, lungs, and genitals. Children prenatally exposed to cocaine are likely to have behavioral problems such as irritability and hyperactivity, impulsiveness, impaired concentration, and low tolerance to frustration. One study reported by the National Clearinghouse on Alcohol and Drug Information found that children exposed to cocaine before birth are twice as likely to have significant mental delays by age 2 and continue to have learning difficulties and an increased need for special education when they reach school age (NCADI, 2003).

Marijuana Exposure

Research has shown that some babies born to women who used marijuana during their pregnancies display altered responses to visual stimuli, increased tremulousness, and a high-pitched cry, which may indicate problems with neurological development. During the preschool years, marijuana-exposed children have been observed to perform sustained attention and memory tasks more poorly than nonexposed children. In the school years, these children are more likely to exhibit deficits in problem-solving skills, memory, and the ability to remain attentive (National Institute on Drug Abuse, 2005).

Heroin Exposure

Heroin abuse during pregnancy and its many associated environmental factors (e.g., lack of prenatal care) have been associated with adverse consequences including low birth weight, an important risk factor for later developmental delay (National Institute on Drug Abuse, 2005).

Methamphetamine Exposure

Fetal exposure to methamphetamine also is a significant problem in the United States. At present, research indicates that methamphetamine abuse during pregnancy may result in prenatal complications, increased rates of premature delivery, and altered neonatal behavioral patterns, such as abnormal reflexes and extreme irritability. Methamphetamine abuse during pregnancy also may be linked to congenital deformities (National Institute on Drug Abuse, 1998).

How quickly should referrals be made to Babies Can't Wait?

IDEA regulations require that referrals of children be made to Babies Can't Wait within two working days after being identified as potentially eligible.

What is the process for making a referral to Babies Can't Wait?

Anyone can refer a child to Babies Can't Wait. Referrals can be made to Babies Can't Wait by calling the Children 1st Coordinator at a local health department at **800-822-2539**, Parent to Parent of Georgia at **800-229-2038** or **770-451-5484**, or by contacting the Babies Can't Wait district program serving the county in which each child lives. A list of the district offices and contact information may be accessed at: <http://health.state.ga.us/pdfs/familyhealth/csncoordinator.2004.pdf>. If a developmental screening has

been completed with a child and family prior to referral, the screening tool results should be forwarded to Babies Can't Wait with referral information.

How will referrals be acknowledged?

Babies Can't Wait policy requires that the Babies Can't Wait program must acknowledge receipt of each referral from the primary referral source (the individual or agency that referred the child to BCW) within three (3) working days of receiving the referral. Written acknowledgement will state the date the referral was received and next steps. Such notification is simply for the purpose of acknowledging receipt of the referral and does not necessarily mean that contact with the family or caregiver has occurred.

What happens after a child is referred to Babies Can't Wait?

Upon receipt of appropriate written consent from a child's parent or legal guardian, Babies Can't Wait will complete an intake visit and an evaluation of each child's development at no cost to families of all income levels. A team of at least two professionals will evaluate each child's development in all areas, including social development, self-help skills, communication and language skills, motor development, and cognitive skills. If a child is exhibiting significant delays in one or more areas of development as determined through the evaluation or if he/she has a confirmed diagnosis that has been specified as resulting in eligibility, he or she will be eligible for Babies Can't Wait. If eligible, the child and his/her family will receive assistance from a service coordinator in developing an Individualized Family Service Plan (IFSP) that includes their goals for the child. The service coordinator also assists in locating supports necessary to assist caregivers to increase their capacity to support and encourage their child's developmental progress related to their IFSP goals. Those supports and services are required, under federal law, to be provided in settings where the child and his or her family would typically spend time, such as home, child care setting, or other community settings. As a child nears his/her third birthday, the service coordinator would assist the family in learning about resources that might be available after the child's third birthday.

What happens is a child is not eligible for Babies Can't Wait?

Children who are determined to be ineligible for Babies Can't Wait, and who were referred to BCW through Children 1st will be referred back to Children 1st. Children 1st may then assist the child and family in linkage/referral to local medical and/or prevention-based programs and services available to meet identified needs.

Where can I find additional resources for technical assistance and training related to working with substance-exposed infants?

The Division of Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD)/Prevention Services and Programs within the Department of Human Resources provides funding for the Maternal Substance Abuse and Child Development (MSA CD) program at Emory University.

MSA CD at Emory University

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What if I have more questions?

Contact your local Babies Can't Wait Early Intervention Coordinator or the State Babies Can't Wait office at 404-657-2726 or toll free 888-651-8224, or visit the Babies Can't Wait webpage:

<http://health.state.ga.us/programs/bcw/>