**Dear Pediatric Provider: _____ Fax: _____**

You are receiving this letter on behalf of the Indiana Perinatal Quality Improvement Collaborative and the Indiana Chapter of the American Academy of Pediatrics regarding your upcoming appointment with:

Name: _____ DOB: _____

Check all that apply. This infant was diagnosed with:

- ☐ Neonatal abstinence syndrome [PO96.1]
- ☐ Maternal use of opiates [PO4.14]
- ☐ Maternal use of cocaine [P04.41]
- ☐ Maternal use of amphetamines [P04.16]
- ☐ Other maternal medication [PO4.18]
- ☐ Maternal use of alcohol [PO4.3]
- ☐ Maternal use of cannabis [PO4.81]
- ☐ Maternal use of antidepressants [PO4.15]
- ☐ Maternal use of drugs of addiction [PO4.4]
- ☐ Maternal use of tobacco [PO4.2]

This infant is being discharged home with:

- ☐ Biologic parent(s)
- ☐ Relative placement
- ☐ Kinship placement
- ☐ Foster placement
- ☐ Adoptive family

Caregiver's name(s): _____ Phone: _____

If discharging home with biologic mother, is mother in substance use treatment?

- ☐ Yes, on medication assisted therapy
- ☐ Yes, not on medication assisted therapy
- ☐ No, not in treatment

Contact for mother's medical provider/medical home:

Name(s): _____ Phone: _____

**This infant's feeding plan is: (**Please specify kcal/oz and volume goals at the time of discharge)

- ☐ Breastmilk
- ☐ Breastmilk with formula supplementation
- ☐ Fortified breastmilk
- ☐ Formula:
- ☐ Fortified Formula:

**Birthweight: _____** **Discharge weight: _____**

**Maternal Hepatitis C Status**

☐ Positive ☐ Negative ☐ Unknown ☐ Not Tested

**The following referrals have been made prior to discharge from the hospital:**

☐ Department of Child Services (DCS) notified

Family Case Manager Name: _____ Phone #: _____

☐ Home visiting agency contacted:

Agency Name: _____ Phone #: _____

☐ First Steps referral completed (if indicated at the time of hospital discharge)

☐ Help Me Grow referral completed (if available)

The purpose of this letter is to standardize care and expectations for all substance exposed newborns. These children require initial feeding and growth monitoring followed by thorough developmental, vision, and behavior screening throughout childhood, as well as, frequent and thorough assessments of social determinants of health.

Research has shown that infants diagnosed with NAS are at risk for many comorbidities throughout childhood including feeding difficulties, failure to thrive, hypertonicity, developmental delay, strabismus, and behavior concerns. Please consider early referral to community resources and subspecialty care for these high risk children when indicated.

Families affected by substance use are also at risk for numerous social complications, including maternal depression, housing instability, domestic violence exposure, and hunger. A universal approach to screening for social determinants of health at each well care visit is essential to ensure these children and families benefit from the full use of community resources.

The following page contains a table with best practice recommendations for preventative health screening of substance exposed children, as well as validated tools for social determinants of health screening.

Sincerely,

**Hospital Contact: _____** **Date: _____**

**Phone number: _____**

**Screening Recommendations for Substance Exposed Children**

| Visit | Social Determinants Screening | Maternal Depression Screening | Developmental Surveillance | Developmental Screening Tool (ie. ASQ-SE) | Vision Surveillance Strabismus Screening [2] | Hep C Evaluation | Age-Specific Recommendations |
|---|---|---|---|---|---|---|---|
| **Initial [1]** | X | | | | | | Weight, jaundice check |
| **2 week** | X | | | | | | Growth monitoring |
| **1 month** | X | X | X | | | | Growth monitoring |
| **2 month** | X | X | X | | | | Growth monitoring |
| **4 month** | X | X | X | | | X | Hep C RNA PCR (if indicated) |
| **6 month** | X | X | X | | X | | Evaluate for hypertonicity[3] |
| **9 month** | X | | | X | X | | Auditory evaluation [4] |
| **12 month** | X | | X | | X | | |
| **15 month** | X | | X | | X | | |
| **18 month** | X | | | X | X | X | Hep C Ab, RNA PCR (if indicated) |
| **24 month** | X | | | X | X | | |
| **4-6 year** | X | | X | | X | X | School Readiness Screening [5] |

**[1] First visit should be within 72 hours of discharge from hospital. [2] For any vision concerns or strabismus on exam, refer to Pediatric Ophthalmology. [3] For any hypertonicity on exam after 6 months, refer to First Steps for physical therapy +/- occupational therapy. [4] For infants diagnosed with NAS or those admitted to the NICU. [5] For behavior/development concerns, refer to public school-based services and may refer to Developmental/Behavioral Pediatrics.**

**Additional Recommendations:**

I. Determine whether DCS is involved with the family. Contact DCS if infant misses the newborn appointment or any well-child appointments.

II. Weight and growth should be carefully monitored, especially from birth to 4 months due to the increased risk of failure to thrive and poor growth. Weight gain should average about 20 – 30 grams per day for the first two months of life.

III. Screening for social determinants of health with a validated tool (not just surveillance) at ALL well care visits. Some examples of screening tools include:
    a. Health Leads Screening Toolkit available at https://healthleadsusa.org/solutions/tools/
    b. We Care Survey available at http://pediatrics.aappublications.org/content/pediatrics/suppl/2015/01/02/peds.2014-2888.DCSupplemental/peds.2014-2888SupplementaryData.pdf

Additional resources for screening tools available at AAP's Screening Technical Assistance and Resource (STAR) Center – https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/default.aspx