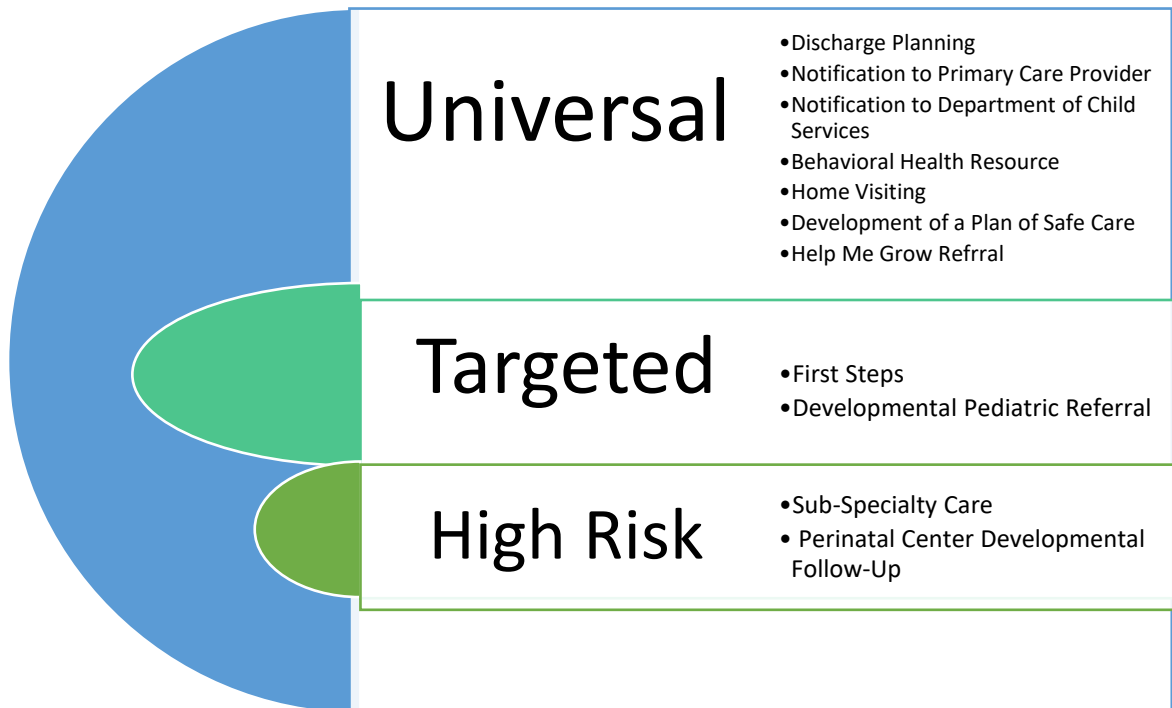


RESOURCES AND SUPPORTS NEEDED



- Children affected by prenatal substance use are at risk for many co-morbidities throughout childhood including feeding difficulties, failure to thrive, hypertonicity, developmental delay, strabismus, and behavior concerns. 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. This guidance document provides an overview of steps that should be taken when preparing for the discharge of each infant who has tested positive for substance exposure.
- The document includes discharge components in three levels:
 - Universal: the discharge plan for all infants who have been exposed should include the identified topics;
 - Targeted: the discharge plan includes everything in the universal component and adds additional services for infants with greater exposure or additional concerns; and
 - High Risk: These are infants with an NAS diagnosis that will need sub-specialty care and must be followed by the Perinatal Center Developmental Follow-up program according to 410 IAC 39-8-7.

Universal Supports

Appropriate discharge planning must occur prior to the release of the infant and parent to ensure that all needed resources and supports are in place when leaving the hospital. A *Discharge Readiness Checklist* (insert weblink) has been developed to standardize care and expectations for all substance exposed newborns. Issues include:

- Status of Cord Screening:
 - Have the confirmatory results been received? What were the findings? If the results have not been received prior to discharge, how and to whom will the results be conveyed?
- Department of Child Services Notification:
 - Notification of the local office of the Department of Child Services if indicated for a positive drug screen for illicit substances or for other concerns as required by IC 31-33-5.
- Home Health Nursing Follow-up:
 - Ideally, all substance exposed children should have an individualized plan of safe care developed at their medical home with a home visiting community health worker. A home health nurse can provide information and support in the home after discharge. For Medicaid enrolled infants, home health nursing visits (up to 30 days) can be ordered prior to discharge with no prior authorization required. Has a home health agency been contacted?
- Help Me Grow:
 - In counties where available, the Help Me Grow program provides a centralized resource to identify community services and supports needed by infants and their families and provides developmental screening and information.
<https://www.in.gov/laboroflove/files/Help%20me%20Grow%20Map%202019.pdf>
- Primary Medical Provider information:
 - A *Pediatric Primary Care Provider Letter* has been developed to provide basic information for the individual/clinic that will be providing ongoing care to the infant.
<https://www.in.gov/laboroflove/files/Infant%20Primary%20Care%20Provider%20Letter.pdf>
- Feeding and Safety:
 - Determining what the infant's feeding plan is and identifying resources to support the family's decision. Families affected by substance use are also at risk for numerous social complications, including maternal depression, housing instability, domestic violence exposure, and hunger. Some families will require

the support of the Department of Child Services to ensure a safe home environment. In addition, caregivers should be informed of and have access to behavioral health services.

- Caregiver Handouts: Educational materials in Spanish and English have been developed to provide family-friendly information for caregivers of infants exposed prenatally to substance use.
 - English: <https://www.in.gov/laboroflove/files/Newborn%20Withdrawal%20-%20Going%20Home.pdf>
 - Spanish: <https://www.in.gov/laboroflove/files/Newborn%20Withdrawal%20-%20Going%20Home%20Spanish.pdf>

Two additional documents focus on infants exposed to alcohol.

- English: <https://www.in.gov/laboroflove/files/Alcohol%20Exposure%20-%20Going%20Home.pdf> and
- Spanish: <https://www.in.gov/laboroflove/files/Alcohol%20ExposureGoing%20Home%20Spanish.pdf>
- Department of Child Services (DCS) has developed a letter for families that explains the process that will be used when the infant has been referred to DCS. <https://www.in.gov/laboroflove/files/DCS%20Patient%20Handout.pdf>
DCS has also developed a letter that should be provided to the ongoing primary care provider informing them of the steps DCS will use to investigate the case. <https://www.in.gov/laboroflove/files/DCS%20Process%20Overview%20for%20Medical%20Providers.pdf>

Targeted Supports

Some infants may need additional support beyond those provided to all infants exposed to substance use. If children are not meeting their developmental milestones or have other developmental concerns, First Steps evaluation should be initiated with referral to a developmental pediatrician if needed. <https://www.in.gov/fssa/ddrs/4819.htm>

High Risk Supports

Infants with an NAS diagnosis may need additional subspecialty care. Special circumstances such as hearing loss, visual concerns or perinatal transmission of Hepatitis C may require access to additional specialized services. Infants with an NAS diagnosis must

be followed by the Perinatal Center Developmental Follow-up program according to 410 IAC 39-8-7.

Each child and family are different; therefore, hospital discharge planners and primary care providers should be thoughtful about what services are necessary to support the infant and family.