



# West Virginia Perinatal Partnership 2009

*Committee to Improve the Statewide Perinatal System*

*A project of the West Virginia Community Voices, Inc.  
Funded by the Claude Worthington Benedum Foundation*

## **Report for the Select Committee on Youth, Juveniles, Other Issues July 16, 2009 – Committee on Drug Use During Pregnancy**

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### **DESCRIPTION OF PROBLEM**

In 2006, the West Virginia Perinatal Partnership conducted and published a *Key Informant Survey* of perinatal providers. The purpose of the survey was to identify perinatal provider's perceptions and experiences regarding the major factors affecting the State's poor newborn outcomes. The increased use of illicit and legal drugs and alcohol among pregnant women was reported as a major factor by 50% of the providers responding.

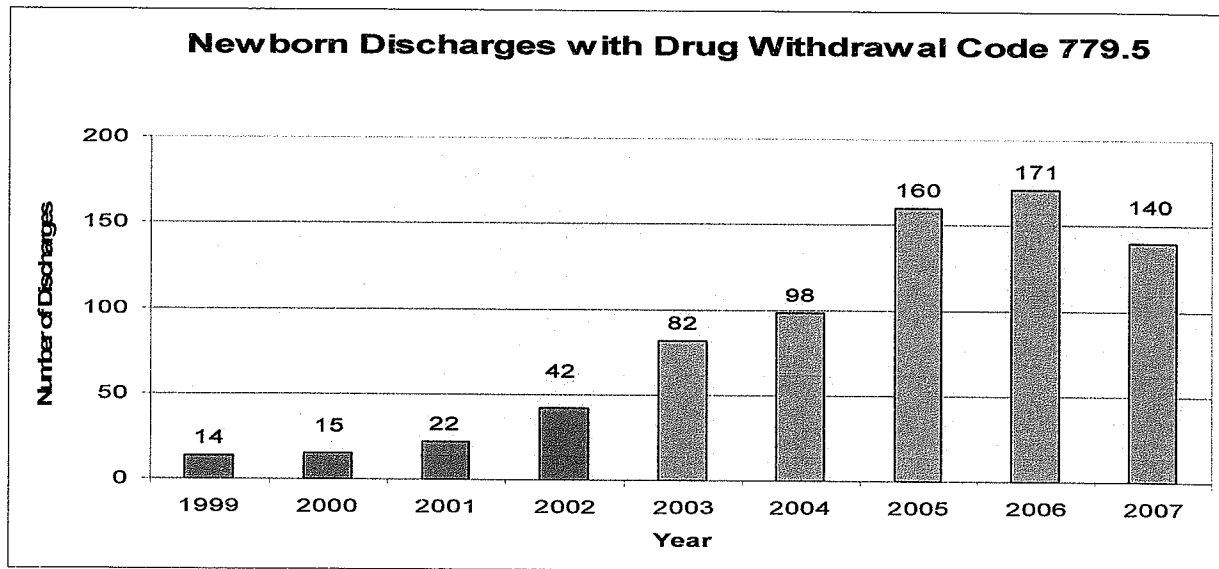
Information regarding the usage of legal and illegal addictive substances by West Virginia pregnant women has been difficult to identify. The following sources of data were utilized by the WV Perinatal Partnership to help define the problem.

### **PERINATAL PARTNERSHIP'S WEST VIRGINIA STUDIES**

1. The WV Department of Health and Human Resources, Bureau for Behavioral Health, Division of Alcohol and Drug Abuse, Programs for Women and Women with Children gives priority to serving pregnant women and women with children through the funding of four substance abuse treatment programs. The Bureau reported that in Fiscal 2006 there were 373 pregnant women treated for substance abuse, representing 1.6% - 2% of all births that year. Of those treated, 214 were treated at Behavioral Health Centers and 159 at Methadone Clinics. Drug use among pregnant women does not appear to be isolated geographically, but indeed is found across the State.
2. The WV Health Care Authority (WV HCA) provided the Partnership with a review of patient hospital discharge data related to maternal and newborn treatment for drug use. Twenty-six of the 31 birthing hospitals in West Virginia reported at least one case of drug/alcohol treatment of a pregnant woman coming in for birth. This would further lead us to believe that the use of drugs during pregnancy is not a geographic anomaly, but spread across the State. Many rural maternity providers indicate they screen women with drug use as high risk and refer them for care with a specialist. CAMC reported the highest number treated at 87 over were Cabell Huntington at 41, City Hospital and WVU Hospitals at 28 each, Bluefield Regional and Thomas Hospital each at 17, Logan Regional at 14, Ohio Valley Medical Center at 13, Welch Community at 11, and Raleigh General

and Weirton Medical each at 10. All of the remaining birthing hospitals reported fewer than 10.

3. A review by the WV HCA of the discharge codes for the number of newborns treated for drug withdrawal was also provided and updated in June 2009. This proved to be a different story from the report on pregnant women delivering. Although the review of the codes cannot be taken as a complete answer regarding drug use among this population, the graph below demonstrates that hospitals have been coding a rapidly increasing number of infants treated for withdrawal. Prior to 2003 fewer codes were reported as withdrawal codes but even then we see that the number of reported cases began increasing around 2002. Since 2003 additional codes have been reported and again we see a significant increase in the number of newborn treated for withdrawal, which doubled from 2003 through 2005. The 2007 data appears to be provisional. Eighty-seven percent of the birthing hospitals reported infants discharged with the code for withdrawal treatments.



4. A survey of OB hospital nurse managers was conducted through a collaboration of Thomas Memorial Hospital, the WV Hospital Association and the WV Perinatal Partnership. The purpose of the survey was to identify the use of common screening and testing protocol, treatment methodologies for newborns, and the most commonly seen drug exposures among neonates. Sixty-eight percent of the nurse managers at hospitals that offer birthing services responded to the survey. The responses to Question 5 are listed below: "What do you perceive to be the most common drug exposure in your neonates?"

<b>Substance</b>	<b>Percent of Nurses Reporting</b>
Methamphetamine	15%
Cocaine	30%
Marijuana	85%
Opiates	35%
Poly substance abuse	5%
Other: Methadone, Cigarettes, Other Barbiturates; Benzos	30%

5. Because so many of the addicted newborns are referred to and treated within the NICUs the Perinatal Partnership commissioned the Center for Business and Economic Research at Marshall University to identify the cost savings we might experience if we are able to reduce the number of babies born addicted. They found that the mean charge for hospital treatment for newborn drug withdrawal syndrome is \$26,075 per infant.

6. The West Virginia Birth Score Office at WVU School of Medicine added a question to the Birth Score Tool in 2007-2008 asking new mother in the hospitals whether they had used any illicit or legal drugs or alcohol during the pregnancy. Of the total WV resident births during that time period, 800 women (5% of births) said they had used an illicit or legal drug or alcohol during the pregnancy.

**How the Perinatal Partnership has addressed Drug Use During Pregnancy**

1. Attempted to identify the prevalence of drug use during pregnancy and in newborns through the above data studies.
2. Conducted a cost analysis of savings per infant by reducing the number of infants needing drug withdrawal treatment.
3. Commissioned for medical-legal research regarding medical provider’s responsibilities and liabilities when caring for addicted pregnant women.
4. Encouraged the passage of a bill calling for a uniform maternal screening tool to be used in WV providing for a method to identify pregnant women using addictive substances early in pregnancy and getting them into treatment.
5. Developed Medical Guidelines for Identifying and Treating Addicted Pregnant Women.
6. Taking the “Guidelines” across the State to educate medical and nursing providers.
7. Developing a “Tool Kit” for in hospital use to identify addicted neonates.
8. Sought funds for the Cord Tissue Study that is planned for 2009: We will identify addictive substances found in the umbilical cords and gain a better understanding of the specific drugs/alcohol used by WV Pregnant women. With this information we will be able to design more effective preventive education and treatment programs. The funds provided by the Office of Maternal Child and Family Health of WVDHHR will allow for testing of 1000 cord tissue samples obtained from 10 hospitals, for 7 addictive substances.

**West Virginia Perinatal Partnership  
Committee on Drug Use During Pregnancy**

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