

Prenatal Drug Exposure: What Parents Need to Know

by Deborah Borchers, M.D.

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It's prudent to make the assumption that any child for whom an adoption plan is made—whether a domestic or international placement, independently or through an agency—is at risk for the effects of prenatal substance abuse. Although this might sound very frightening, research shows, in fact, that almost all children will do well in a loving, stimulating home.

Although medical professionals frequently request testing of a newborn's urine to determine exposure to drugs, these screens have little predictive value. They reveal exposure to drugs only in the 72 hours before the test and thus give no information about exposure earlier during pregnancy.

Prenatal exposure to drugs, alcohol, or tobacco, may have only mild short-term consequences, but the consequences may also be more long-term. Unfortunately, there is no way to predict with certainty the impact of prenatal substance abuse upon a child at the time of the child's adoption.

Looking Out for Symptoms

Children exposed to drugs, alcohol, and tobacco prenatally may exhibit a range of symptoms. (Fetal Alcohol Syndrome and related diagnoses will be discussed in a separate article.) Prenatal drug and alcohol exposure increases the risk that a child will be born prior to due date and have low birth weight (less than five pounds at full term). Many newborns exposed to illegal substances experience symptoms of withdrawal, including tremors, irritability, and difficulty sleeping. Sleep problems may include the persistence of frequent nighttime awakenings until four to six months of age.

Feeding difficulties may arise, too. Many children with prenatal drug exposure require a prolonged feeding time and may be easily distracted during feedings. These symptoms may persist through the first year of life yet show no correlation with long-term impairments.

Adoptive and foster parents may also observe small motor coordination and balance problems or delays in language development. Although "typical" children start to discriminate between caregivers and strangers at six to 12 months of age, this too may be delayed. Larger motor skills, including sitting, crawling, and walking, are not usually affected. Parents whose children exhibit these symptoms should not necessarily assume that the sole cause is prenatal drug exposure, as other factors may play a role.

Longer-term Considerations

Little is documented about the long-term effects of exposure to illegal substances during pregnancy. As children enter school, parents and teachers may observe that earlier delays continue, and parents may seek educational assistance for their child.

Are these children at greater risk for becoming drug abusers themselves? Again, the medical literature does not yet hold the answers. One thing is certain: There is risk of a "self-fulfilling prophecy." Parents and professionals should discuss drug abuse with adolescents without suggesting that the child is more likely to abuse drugs because his or her birthparent did so. As an adolescent develops his own identity, such expectations may, in fact, increase his interest in exploring illegal substances rather than curtail the behavior. In open adoptions, adoptive parents will need to promote abstinence but not suggest criticism of the birthparents.

Maximizing Your Child's Potential

What can parents and professionals do to maximize the potential of children exposed to illegal drugs prior to birth?

- Remember that not every child will be affected in the same way, and there is no way to predict what a child's impairments will be.
- Do not assume that nothing can be done. Research shows that almost all children will do well when placed in loving and stimulating homes. Anticipation of concern will affect how a child will do long-term. Parents who proactively identify their children's needs early on and get the help they need will find that their children thrive.
- Children who show developmental delays should be referred for educational interventions through the federal Early Intervention program (for infants through the third birthday) or through local school systems (for children three and older). Programs are often available at little or no cost for children who qualify. Referrals for speech therapy, occupational therapy, or physical therapy may make sense.
- Mental health professionals can help parents cope with difficult behavior in their children. Specific assistance should be given to help children develop secure attachments with caregivers.
- Parents of infants with feeding, sleeping, and irritability problems may need support or respite care to prevent burnout.
- Although the effects of drug exposure are different for each child, all children do better when families and professionals work together to meet the challenges.

Prenatal Substance Exposure -- Beliefs vs. Research

The Evan B. Donaldson Adoption Institute

Early negative findings on cocaine-exposed newborns engendered widespread media and public perceptions of a causal link between poor mothers' substance use and serious problems in their offspring. Despite later research questioning the prevalence of the problems and implicating other environmental and economic factors, these mothers were stigmatized and criminalized . . .

Lyons and Rittner 1998

Belief #1

The drug epidemic will result in a host of "cocaine/crack babies" and other highly disabled newborns whose prenatally induced impairments will interfere with social and academic functioning and constitute as immense social burden.

Research Findings

The effects of drug exposure on infant behavior and subsequent development represent a subtle and complicated process which must take into account various aspects of the child's prenatal exposure, the child's own biological vulnerability, and various other environmental factors.

Barth 1991

Beckwith 1990

Tyler 1992

Quinton et al. 1992

Belief #2

Prenatal exposure to psychoactive substances is always associated with negative outcomes.

Research Findings

The effects reported in infants who are exposed in utero to substances cross a wide range: from severe [neurological damage and growth retardation] to normal developmental outcomes. The factors affecting developmental outcomes include:

- genetic vulnerability
- drug type
- exposure history
- maternal health and medical history
- access to medical care
- caregiving factors
- family environment
- social environment [ex.family's socioeconomic level]

A number of studies have shown that the interaction pattern between mother and child as well as other social factors appear to have more effect on some outcomes for children than does prenatal exposure to specific drugs. There are, however, certain types of developmental effects that are associated with prenatal alcohol and drug exposure to certain substances.

Myers et al. 1992

Barth 1991

Belief #3

The prenatal environment, not the postnatal environment, is the primary determinant of a child's health and development.

Research Findings

The outcomes for children of drug-using parents depend on the dynamic interaction of the child and the social environment. Postnatal factors bear on the ability of the newborn prenatally exposed to drugs to recover; recovery of functioning is facilitated by a favorable care taking environment.

Factors related to mother's prenatal and postnatal status:

- Medical problems: mothers who misuse drugs are less likely to have prenatal care and suffer from a number of medical problems
- Co-morbidity: presence of associated mental health and social problems [histories of childhood physical and sexual abuse, physical abuse during adulthood; depression and associated problems]
- Environmental factors in the home associated with developmental outcomes:
- Environmental factors, such as family violence, can be as significant in determining the child's health and developmental outcome as the prenatal substance exposure.
- Environmental factors, such as a nurturing and appropriately stimulating environment, can promote the child's health and development.