

Alaska Dispatch News

Alaska News

How hospitals are treating babies caught in the crosshairs of Alaska's opioid crisis

✎ Author: Hope Miller ⌚ Updated: May 18, 2016 📅 Published May 8, 2016

A troubling side effect of Alaska's spike in opioid abuse is getting increased attention from health care officials: drug-dependent babies who go through withdrawal in the first days of their lives.

In Anchorage and elsewhere, hospitals are adapting in an effort to better treat these newborns. In late 2014, Alaska Regional Hospital opened a four-bed facility specifically for babies exposed to addictive medications and drugs like heroin while in the womb.

"If ever there was an innocent being, it has to be a baby," said William Trawick, a neonatal nurse practitioner who works for Alaska Neonatology Associates Inc. and led the effort to create the specialized unit at Alaska Regional. "They don't deserve anything like this. They can't understand this."

And at Providence Alaska Medical Center, there are plans in place for a similar setup. In the meantime, the hospital has sought quiet, dimly lit spaces to monitor babies going through withdrawal -- the antithesis of the bright, noisy neonatal intensive care units that were standard in the past.

Rise in prenatal opioid use

Prenatal exposure to opioids is on the rise nationwide, and Alaska is no exception to the trend. As a result, babies can be born with neonatal abstinence syndrome, or NAS. The withdrawal can be horrific for the infants and the long-term effects aren't well understood, Trawick said.

Symptoms can vary, including but not limited to fever, trouble sleeping, slow weight gain, diarrhea and excessive crying. Seizures are less common but "ominous," Trawick says.

"I was really shocked at how little we knew in terms of the number of babies that were affected by it," he said of when he started his self-motivated "crash education" on babies with NAS. "And then even looking at how little we knew, how many babies that there were."

Since Alaska Regional's Neonatal Abstinence Evaluation Support and Treatment, or NEST, program started in October 2014, 33 babies "who have experienced significant withdrawal" stayed in one of the NEST rooms as of

early April.

From 2014 to 2015, 97 babies admitted to Providence's NICU had NAS, staff say.

"It's a big topic of discussion," said Dr. Mary-Alice Johnson, the NICU medical director at Providence. "Everybody is concerned about the fact that we're seeing more moms exposed and therefore more babies suffering from neonatal abstinence syndrome."

Statewide, the NAS rate saw a fivefold increase from 2001 to 2012 -- "from less than one to more than five for every 1,000 live births," according to a February bulletin from the state Department of Health and Social Services. Cases were pulled from Medicaid claims and a hospital discharge database. Incidence rates were highest in Anchorage and Southeast Alaska, according to hospital discharge data.

[Juneau's heroin heartbreak]

Treating these babies can be expensive, too. From 2001 to 2012, the average hospital stay for a NAS baby was 16 days with an average hospitalization charge of \$88,869, the DHSS said. Medicaid foots the bill for many of the NAS cases.

Specialized care

Alaska Regional's NEST unit is touted as a one-of-a-kind facility for NAS treatment in Alaska. Alaska Regional was the primary funder, but the hospital did get a \$75,000 grant from the Alaska Mental Health Trust Authority to get the unit up and running, said Alaska Regional spokeswoman Kjerstin Lastufka.

Sound-dampening ceiling tiles and dim lighting decrease stimulation for the baby. Rocking chairs in the rooms and sleeping accommodations for parents are for baby-parent bonding.

"We're trying to be a little less institutional," Trawick said. A mobile with pink and blue birds hung from a crib near where he stood in one of the NEST rooms during an early April interview. "We try to make it look a little more peaceful and baby-like."

The staff-to-patient ratio is also a key component, said Dianne Gillis, director of women's and children's services at Alaska Regional. A baby with NAS may have her own dedicated nurse, providing almost instant availability should the infant need anything.

"You can't tell these babies, 'Wait a minute,'" Gillis said.

At Providence, staff have identified a couple of large private rooms that could be adapted to house babies with NAS and allow mothers to be near their children 24/7. A business plan has already been written up and it's received support, said Sharon Liska, clinical nurse specialist at Providence.

[She died in the Anchorage jail detoxing from heroin. Her family wants answers]

"We've identified work that needs to be done as far as keeping that family unit together," she said. "And part of a special-care nursery we're working on right now is an outreach to the NAS families."

Heroin is one of the most common drugs Providence and Regional see that causes NAS. Methadone, Subutex and other prescription medications -- obtained legally and illegally -- also crop up.

"Neonatal abstinence syndrome looks the same regardless of the avenue that that opiate got to the kid," said Johnson, noting that some newborns may have painkillers in their system if they underwent surgery.

Hospitals everywhere are grappling with how best to treat babies with NAS. Trawick said he and others recently got back from a trip to Canada where they learned about varying approaches to NAS.

There is an effort to standardize some protocols. Providence, Alaska Regional and four other hospitals in Alaska have a "Center of Excellence in NAS Education and Care" designation through the Vermont Oxford Network, according to Providence spokesman Mike Canfield.

There's also a scoring sheet that quantifies the severity of NAS, but Trawick says it may be overvalued. Pharmacological care, such as morphine, can be used, but Trawick says the fewer drugs prescribed the better. Swaddling, rocking and subdued physical contact between mother and baby shouldn't be overlooked.

Involving the family

At the two Anchorage hospitals, staff say shaming the mothers is never OK. The goal is to promote bonding between mother and child and educate the parents.

"You cannot lose sight of the fact that they are human beings and they just had a baby," Trawick said. "And to anyone else, that's a great experience and should be a happy time for them. But for them, it's a very complicated time."

Hospitals are required to report positive drug screens of mothers and children to the Office of Children's Services. What OCS does after that isn't something hospitals control. But a positive screen doesn't necessarily mean a child will be whisked away from the mother.

"The goal is to keep the mom with the baby as much as possible," said Graeme Hopewell, clinical nurse educator at Providence.

Johnson, the NICU medical director at Providence, says a lack of resources for mothers looking to get clean exacerbates Alaska's opioid problem. Recently, the state's two inpatient detox centers suspended new admissions because of changes in federal regulations. The Ernie Turner Center in Anchorage and the Gateway to Recovery Center in Fairbanks have since said they will change their procedures to start admitting new patients for opiate detox.

"Moms come in here and they reach out, they want help and they are put on a waitlist for the whole pregnancy," Johnson said. "The providers before us, the providers after us is a huge component to the success of these families."

About this Author

Hope Miller

Comments