

Perinatal Meth-Exposed Children

A Practical Intervention Guide
Presented by
Rizwan Z. Shah, M.D., FAAP

National Conference on Women, Addiction and Recovery:
News You Can Use
July 2006

POINTS TO PONDER - I

- Not all meth-exposed children are symptomatic
- Severity of symptoms varies, dependent upon:
 1. Drugs of exposure
 2. Amount of exposure
 3. Additional developmental risks
 4. Protective factors

POINTS TO PONDER - II

- Similar symptoms are shared by variety of drugs of exposure, as well as other medical conditions
- Long term effects OR Short term symptoms
- Drug withdrawal symptoms OR neurotoxic effects

PROBLEMS AND SOLUTIONS - 1

FIRST FOUR WEEKS OF LIFE

- Feeding problems due to small size, prematurity; sucking/swallowing dysfunction
- Organization of sleep/awake cycle
- Response to environmental stimuli

PROBLEMS AND SOLUTIONS - 2

FEEDING INTERVENTIONS

- Improve intake: NG feeds, gastrostomy
- Add caloric value: concentrated or special formulated formula feedings
- Improve oral motor function: positioning, nipple design change, use pacifier

PROBLEMS AND SOLUTIONS - 3

ORGANIZATION OF SLEEP/AWAKE CYCLE

- Dealing with excessive lethargy/depressed infant
- Educate care giver about development of sleep regulation
- Designated area for sleep
- Establish bedtime routines

PROBLEMS AND SOLUTIONS - 4

RESPONSE TO STIMULI

- Recognize signs of stress in infants
- Let the infant lead you in determining when enough is enough
- Practice consolability sequence
- Help infant calm down by daily infant massage

PROBLEMS AND SOLUTIONS - 5

FOUR WEEKS TO FOUR MONTHS

- Sucking/swallowing dysfunction management
- Provide three S's of infant mental health: Stability, Security, Safety
- Address sensory integration dysfunction
- Developmental surveillance exam

PROBLEMS AND SOLUTIONS - 6

FOUR WEEKS TO FOUR MONTHS

- Occupational/physical therapy, if indicated
- Speech and OT intervention for oral motor dysfunction
- Passive range of motion exercises, if needed
- Continue infant massage
- Encourage floor play

PROBLEMS AND SOLUTIONS - 7

SIX TO TWELVE MONTHS

- Developmental surveillance
- Early intervention service referral, if not done earlier
- Address food texture issues
- Sensory integration therapy, if indicated
- Attachment/interaction assessment
- Introduce to reading together

PROBLEMS AND SOLUTIONS - 8

ONE TO TWO YEARS

- Introduce to sign language
- Understanding normal behavior
- Provide safe environment
- Management of power and control, temper tantrums, feeding issues
- Special needs assessment

PROBLEMS AND SOLUTIONS - 9

TWO TO FOUR YEARS

- Developmental surveillance
- Language development and disorder
- Early Head Start enrollment
- Speech, occupational and physical therapy, if needed
- Training for task completion and focused attention at age three

PROBLEMS AND SOLUTIONS - 10

FIVE TO EIGHT YEARS

- Screening for Attention Deficit Disorder
- School readiness assessment
- Address behavioral issues: anger control, disruptive behavior, attachment disorder, depression
- Full neuro-psych evaluation for diagnosis and treatment of academic/mental health issues

PRINCIPLES OF MEDICATION

- Determine correct diagnosis
- Choose well tried, simple medical regimen
- Start with lowest effective dosage
- Keep track of medication changes
- Avoid amphetamine-based drugs
- Never use medication alone - combine with behavioral therapy
- Consider impact of home environment

The views expressed in written conference materials or publications and by speakers and moderators at Department of Health and Human Services-sponsored conferences do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.