


“CHILD NEGLECT: the medical team contribution”



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**DISCLOSURE:**

- EXPERT WITNESS
  - DEFENSE
  - PROSECUTION

**OBJECTIVES:**

- REVIEW DEFINITION AND CAUSES OF NEGLECT
- DEVELOP CARE PLAN FOR NEGLECT
- CREATE PASSION FOR NEGLECT CARE!!!

- NEGLECT:
  - BORING; NOT EXCITING
  - TAKES TOO MUCH TIME
  - LITTLE REIMBURSEMENT


- “THE NEGLECT OF NEGLECT”
- “IT’S ONLY NEGLECT”

- MULTIPL STUDIES SUPPORT THAT NEGLECT CHILDREN HAVE WORSE OUTCOMES THAN PA OR SA VICTIMS IN AREAS OF COGNITIVE, DEVELOPMENTAL, PSYCHOSOCIAL AND PHYSICAL.


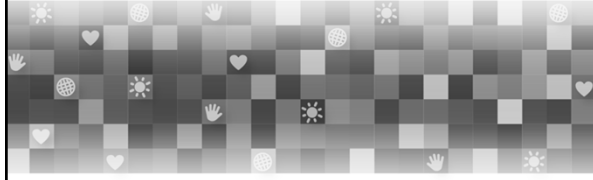
**MY GOAL TODAY:**

**HIGHEST RISK POPULATION OF CHILDREN**

**WITH THE GREATEST CHANCE OF IMPROVEMENT IN CARE!**




**DEFINITIONS AND STATS**




**TYPES OF NEGLECT**

1. Physical neglect; includes:
  - a. Nutritional
  - b. Clothing (example, lack of shoes or winter coat)
  - c. Shelter
  - d. Hygiene
2. Emotional
3. Medical
4. Supervisional
5. Educational
6. Dental
7. Exposure to violence and crime (drug dealing, domestic violence, etc.)
8. Other neglect




**CHALLENGES OF NEGLECT:**

- WHO CAUSES IT?
  - CAREGIVER
    - RESPONSIBLE FOR CHILD'S NEEDS
    - WHAT IS "adequate"




**NEGLECT:**

- ACT OF OMMISION
- ACT OF OMMISION AND HARM/RISK OF HARM



- Chronic nature VS single episode
- Definition varies by professional; no gold standard
- Often seen in "spectrum" view



## NEGLECT:

- BLAME
- SHADES OF GREY
- CONTINUUM OF CARE
  - BEST-----GROSS NEGLIGENCE



## •NEGLECT

- THE DEFINITION USED BY THE EVALUATOR, WILL BE SHAPED BY THEIR PROFESSIONAL TRAINING, AND EXPERIENCE (AND THAT CAN VARY SIGNIFICANTLY WITHIN THE PROFESSION)
- DEFINITION WILL VARY DEPENDING ON THE TYPE, SEVERITY, CHRONICITY, AND AGE/DEVELOPMENTAL LEVEL OF CHILD



## BIGGEST MISTAKE:

- NEGLECT = PROSECUTION
- NEGLECT = REMOVAL OF CHILD



## WHO CAUSES IT:

- CPS
  - SUBJECT TO "INTERPETATION"
  - REAL HARM OR NOT??
- MEDICAL
  - TRYING TO BE "ND/MN NICE"
  - WORRIED ABOUT "PT-RELATIONSHIP"
  - POOR UNDERSTANDING OF DEFINITION



## RISK OF MULTIPLE CM

- CHILD DEVELOPMENT 1998 69(4)
- 65% OF NEGLECT VICTIMS HAD EXPERIENCED >1 TYPE OF MALTREATMENT
- 45% OF NEGLECT VICTIMS HAD EXPERIENCED >3 TYPE OF MALTREATMENT




## ETIOLOGY:

- There is no single cause of child neglect
- Developmental-ecological theory posits that multiple and interactive factors at the individual, familial, community, and social levels contribute
- NOT A MORAL ISSUE!




### NOT STRAIGHT FORWARD

- Caregiver's reasoning
- Potential dangers in the home
  - DOG, FIRE
- Child's access to caregiver
- Other children involved
- Failure to provide with resources versus without resources



### Not Straight Forward!

- Length of time/time of day
- Child have mental or physical limits
- Caregiver have mental or physical limits




### RISK FACTORS:

- COMMUNITY
  - VIOLENCE
  - CULTURAL
  - POVERTY
- SOCIETY
  - SERVICES AVAILABLE TO ALL
- CHILD
  - LOW BIRTH WT/PREMIE
  - CHRONIC DISABILITY
  - MENTAL HEALTH




### WHO CAUSES NEGLECT:

- SOCIETAL NEGLECT
  - FUNDING FOR CARE (MEDICAID)
  - LIMITED MENTAL HEALTH CARE
    - 38-44% receiving psyc care
  - LIMITED NUTRITIONAL CARE
  - DENTAL CARE
- INADEQUATE SERVICES, POLICIES AND PROGRAMS




### COMMUNITY CONTRIBUTION

- LIMITED RESOURCES
  - EDUCATION
  - CULTURAL SUPPORT
  - MENTAL HEALTH
- LIMITED HEALTH CARE ACCESS
  - TRAVEL TO RECEIVE CARE
  - MEDICAL NEEDS CHILD




### RISK FACTORS:

- CAREGIVERS
  - 50-77% DV EXPOSED CHILDREN-CM
  - MENTAL HEALTH/DISABILITY
  - LIMITED FUNCTION
  - SINGLE PARENT
  - NO FAMILY/CULTURAL SUPPORT
  - NO + FATHER RELATION




### CAREGIVER FACTORS:

- SUD (74%)
- CAREGIVER VICTIM OF NEGLECT
- EGOCENTRISM
- KNOWLEDGE OF SKILLS AND NEEDS
- COPING SKILLS; EGO; LOSS OF CONTROL




### CAREGIVER BARRIERS:

- TRANSPORTATION
- LANGUAGE
- CULTURAL
- TRUST (PREVIOUS CPS HISTORY)



### CAREGIVER BARRIERS:


- FINANCIAL (POVERTY)
- GEOGRAPHIC
- COMMUNITY RESOURCES
- "SUPPORT" (family, cultural, other)



### WHY CAREGIVERS REFUSE?


- CULTURAL
- POVERTY
- FAMILY CHAOS
- LACK OF AWARENESS
- CHILD'S ATTITUDE (ADOLESCENT)
- CAREGIVER IMPAIRMENT
- CAREGIVER'S BELIEFS
- LACK OF TRUST
- OTHER

Helps us understand the reason they don't report and helps us understand how to gain cooperation




### FATHER'S ROLE:

- MERE PRESENCE; NOT FACTOR
- INVOLVEMENT = INFLUENCES
- FINANCIALLY CONTRIBUTING
- "SATISFIED" WITH PARENTING
- NURTURING
- BETTER COGNITIVE AND LANGUAGE!




### FATHER'S ROLE:

- EMOTIONAL SUPPORT TO MOTHER
- FATHER'S ROLE CAN BE FILLED
- GREATER INVOLVEMENT WAS SEEN TO REDUCE NEGLECT RATES
- DOESN'T HAVE TO BE BIO FATHER



## CHILD RISK FACTORS:

- RISKS:
  - CHILDREN BORN PREMATURELY
  - DISABLED CHILDREN (3.8 x)
  - ADOLESCENTS
  - CHILDREN IN CARE
  - RUNAWAYS
  - MINORITY
  - CHILD WITH MEDICAL NEEDS




## MINORITY RISK


- NOT NECESSARILY MORE NEGLECT CAUSED BY MINORITY CAREGIVERS

BUT.....

- MORE MINORITY CHILDREN ARE INVOLVED IN REPORTS FOR NEGLECT
- MAY REFLECT: LANGUAGE, COMMUNICATION
- LIMITED COMMUNITY RESOURCES




- Neglect
- Citation: Cent. Code §§ 50-25.1-02; 27-20-02
- 'Neglected child' means a deprived child as defined in chapter 27-20.
- 'Deprived child' means a child who:
  - is without proper parental care or control, subsistence, education, or other care or control necessary for the child's physical, mental, or emotional health or morals; and the deprivation is not due primarily to the lack of financial means of the child's parents, guardian, or other custodian
- Has been placed for care or adoption in violation of law
- is without proper parental care, control, education, or other care and control necessary for the child's well-being because of the physical, mental, emotional, or other illness or disability of the child's parent or parents; and such lack of care is not due to a willful act of commission or act of omission by the child's parents, and care is requested by a parent
- is in need of treatment and whose parents, guardian, or other custodian have refused to participate in treatment as ordered by the juvenile court
- is present in an environment that subjects the child to exposure to a controlled substance or drug paraphernalia




## NORTH DAKOTA LAW:

- NEGLECT:
  - Neglect includes inadequate supervision, inadequate physical environment, nutrition, clothing and hygiene, medical or educational neglect or psychological maltreatment.




## NORTH DAKOTA NEGLECT

- INADEQUATE SUPERVISION:
  - Inadequate supervision is based on the premise that ultimately, the safety, care, well being, and behavior of dependent children is the parent's responsibility, whether they are present to personally supervise or not. Parents are responsible to arrange for appropriate childcare in their absence. Children eight years of age or under should be supervised at all times by an adult or responsible caregiver. Children at age twelve can act as caregivers; however, it is recommended they complete an approved childcare training course. Children under 15 should not be left overnight without adequate adult supervision.



## NORTH DAKOTA LAW:

- INADEQUATE PHYSICAL ENVIRONMENT:
  - Inadequate physical environment is present when conditions such as broken glass, spoiled food, feces, drugs accessible to a child, inadequate sewage disposal, inadequate or unsafe heat, accessible chemicals or other dangerous conditions are present in the home. These conditions present risk of harm to children. The surroundings of the home (neighborhood) are also considered.
- INADEQUATE NUTRITION:
  - Inadequate Nutrition is present when a child is not provided adequate nutrition and nourishment.



### NORTH DAKOTA NEGLECT:

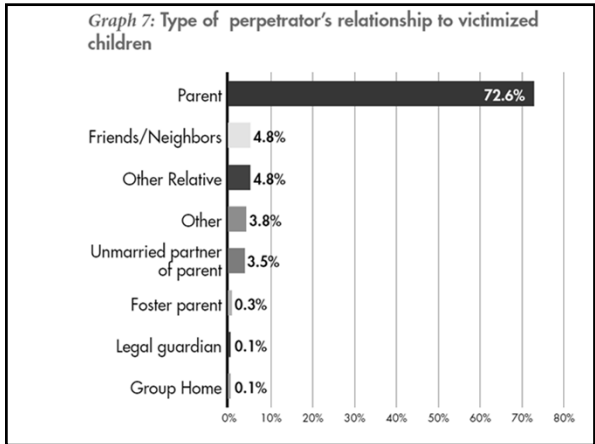
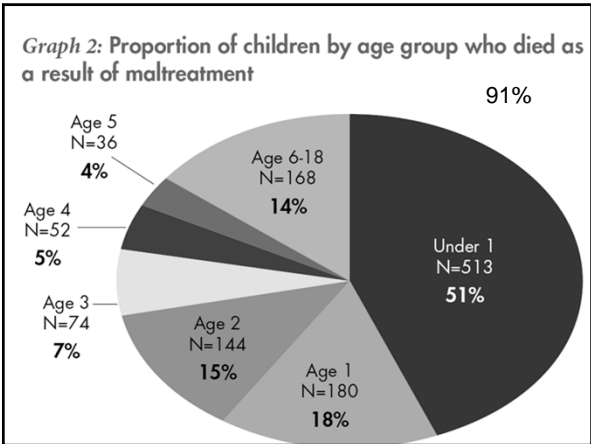
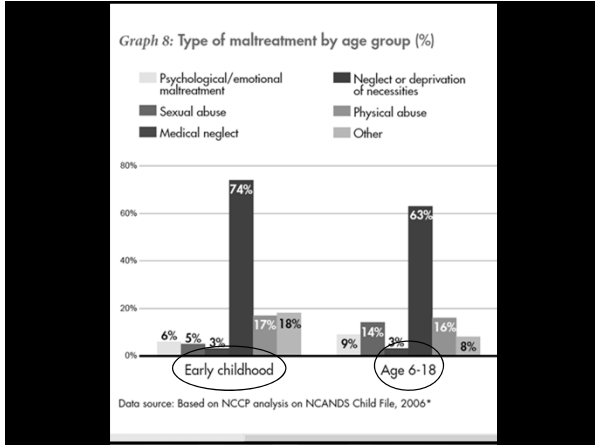
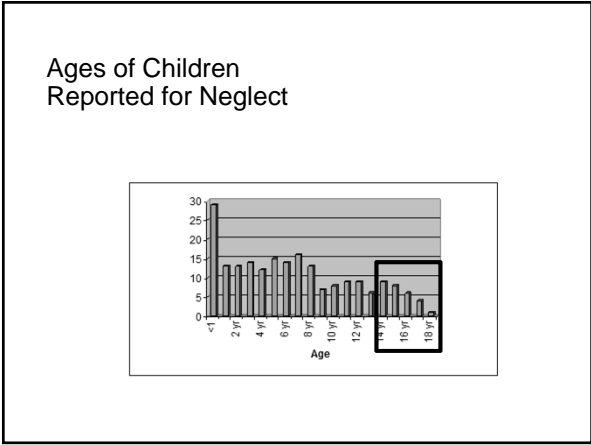
- **INADEQUATE CLOTHING AND HYGIENE:**
  - Neglect is considered when there is failure to provide clothing adequate for the weather.
  - when lack of cleanliness causes the child to be offensive to others or ostracized
  - because of body odor.
- **MEDICAL NEGLIGENCE:**
  - Medical neglect is present when parents fail to seek medical or dental treatment for
  - health problems or conditions, which if left untreated, could present danger to the child.
- **EDUCATIONAL NEGLIGENCE:**
  - Educational neglect is the failure to make arrangements and/or provide for a child's
  - education; whether it is public schooling, private schooling or home schooling.

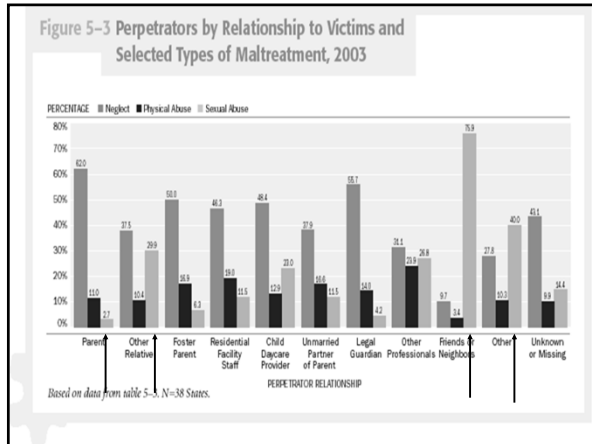
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### TRIBAL GUIDELINES:

- be subject to the care, guardianship and control of the Court as hereinafter provided. For the purpose of this Code the phrase "dependent child" or "neglected child" shall mean any child who is a Tribal charge, or any orphan; any child deserted by both its parents, which orphan or deserted child has no suitable home or abode; any child of any infirm, indigent, or incompetent person; any child of any person who is supported in whole or in part by public charity; any child having no suitable home or abode who has no proper or parental care or guardianship, or who has a home, which, by reason of neglect, cruelty, or depravity on the part of its parents, guardian, or any person in whose care it may be, is an unfit place for such child; any child having vicious, corrupt, or immoral parents or who is in the custody of vicious, corrupt or immoral influences; any child whose father, mother, or guardian is a habitual drunkard or a person of notorious or scandalous conduct or a reputed thief or prostitute or habitual idler, or who habitually permits it to frequent places for the purposes of begging or securing alms, or to frequent the company or consort with reputed thieves or prostitutes with or without such mother, father, or guardian, or who by any other act, example, or by vicious training depraves the morals of such child; any child employed to lead blind persons in the streets or highways for the purpose of begging; any child playing instruments of music or singing in public or other places where liquor is sold or served, or on the street or public highways; any child of any person confined in a penal or charitable institution; or any child in the possession of any person not the parent or lawful guardian thereof or next of kin of such child.

Mayo Clinic Children's Center





**Who Reports Suspected Neglect**

	Number	Percent
Police/Fire/Rescue	31	15.1%
School employees	29	14.1%
Anonymous	28	13.7%
Medical personnel	22	10.7%
Neighbors	14	6.8%
Counselors/Therapists	14	6.8%
Other family members	13	6.3%
DCYF personnel	11	5.3%
Parents	9	4.4%
Community services	8	3.9%
Friends of family	8	3.9%
Judge	5	2.4%
Day care/Babysitters	3	1.5%
Landlords	3	1.5%
Employer/Co-worker	2	1.0%
Significant other	2	1.0%
Child himself	2	1.0%

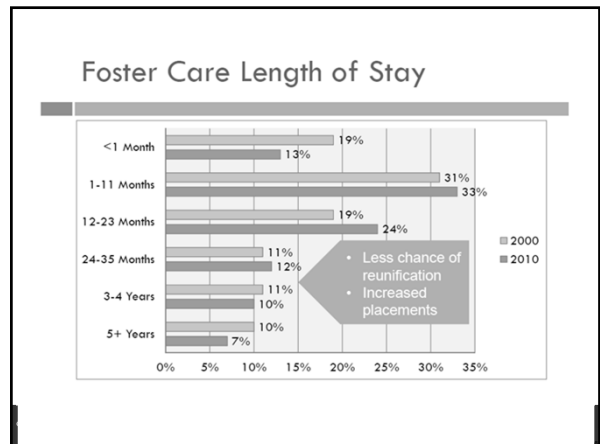
**BARRIERS TO REPORT:**

- Lack of knowledge/training
- Negative experience with CPS (frustration)
- Change in relation with family of patient
- Fear of courtroom testimony
- Definition difficulties
- Unaware of mandated reporting laws
- Want to be SD "nice"
- Spectrum of neglect

**STATISTICS:**

- CHILD MALTREATMENT: 60-75%
- CM DEATHS (1600/YR): 74%

**FOSTER CHILD = NEGLECT**



**RECIDIVISM:**

- 20-30% OF FOSTER CARE CHILDREN RETURN TO FOSTER CARE
  - Recurrent trauma of removal
  - New foster home
  - New medical care
  - New mental health care
  - Make new records

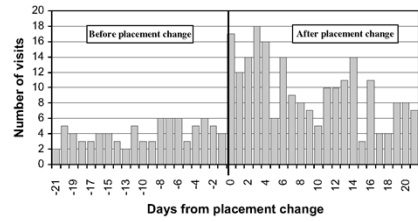
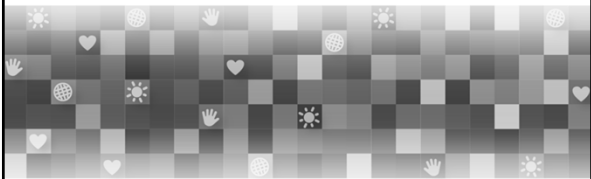


Fig. 2. Timing of emergency department visits that occurred within 21 days of entry into foster care or after placement changes for 2358 children entering foster care in Philadelphia from 1993 to 1996. (From Rubin D, Alessandrini E, Feudtner C, Localio A, Hadley T. Placement changes and emergency department visits in the first year of foster care. Pediatrics 2004;114(3):e354-60; with permission.)



**EFFECTS: ARE THERE ANY?**



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**USA EXPENSE:**

- 104 BILLION ANNUAL
- LONG TERM CARE NEEDED
- OTHER COSTS: JUDICIAL, RESIDENTIAL



**BRAIN DEVELOPMENT:**

- FIRST 3-4 YEARS
  - PERSONALITY TRAITS
  - LEARNING PROCESSES
  - EMOTIONS
  - COPING WITH STRESS
- ATTACHMENT
  - REQUIRES RELATION WITH ADULT WHO IS CONSISTENTLY NURTURING, PROTECTIVE, AND PROVIDES SENSE OF TRUST/SECURITY




**BRAIN DEVELOPMENT:**

- Infancy and early childhood:
  - Foundation for
    - trust
    - self-esteem
    - conscious and empathy developed
    - problem solving
    - focused learning
    - impulse control




## ACE

- ADVERSE EVENT EXPOSURES
  
- HIGH RISK TEENS
  
- ADULT MENTAL HEALTH PROBLEMS
  
- ADULT MEDICAL PROBLEMS




## EFFECTS KEY POINT:

- IMMEDIATE RESULTS
  
- RELATIVE SHORT TIME RESULTS
  
- DELAYED EFFECTS




## ACE: EFFECTS LATER

- ASTHMA
- COPD
- DIABETES
- INFLAMMATORY DISORDERS
- HEART DISEASE
- IMMUNE DISORDERS
- HYPERTENSION




## CONSEQUENCES:

- Appropriate neural pathways require an environment with stimulation
- Pathways not stimulated, decrease!
- Brain assumes: day to day survival mode
- Some areas (brain) underdeveloped
- Some areas always on guard (flight/fight)
- Child needs predictable, constant, affectionate care
- 
- Every system in body
- Social, behavioral, developmental, physical




## EFFECTS:

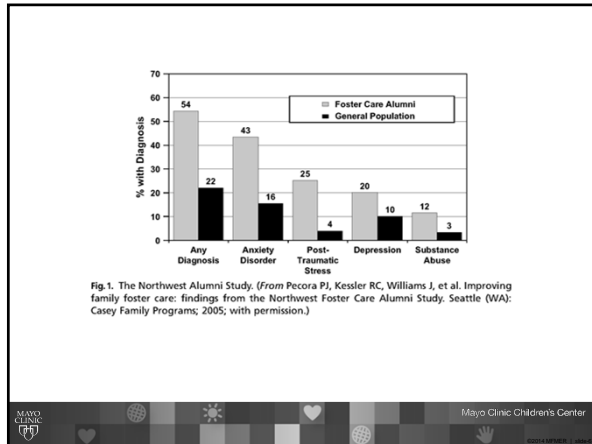
- PHYSICAL:
  - GROWTH
    - Neuroimaging: corpus callosum
  - DENTAL
  - CHRONIC HEALTH CONDITIONS
  - INJURIES NOT CARED FOR
  - DEATH



## EFFECTS:

- PSYCHOSOCIAL:
  - INCREASED RISK OF
    - BEHAVIORAL
    - DEVELOPMENTAL
    - EMOTIONAL
  
  - LESS SELF-CONFIDENCE
  - AGGRESSIVE; WITHDRAWN
  - HIGH RISK BEHAVIORS
  - SUICIDE RISK





### MIXED NEGLECT:

- EMOTIONAL NEGLECT CAN OCCUR WHEN PHYSICAL NEEDS ARE MET
- PHYSICAL NEGLECT ALWAYS HAS SOME EMOTIONAL IMPACT ON VICTIM
- BLURRING BETWEEN: EMOTIONAL NEGLECT AND EMOTIONAL ABUSE AND EMOTIONAL IMPACT

### POTENTIAL EFFECTS:

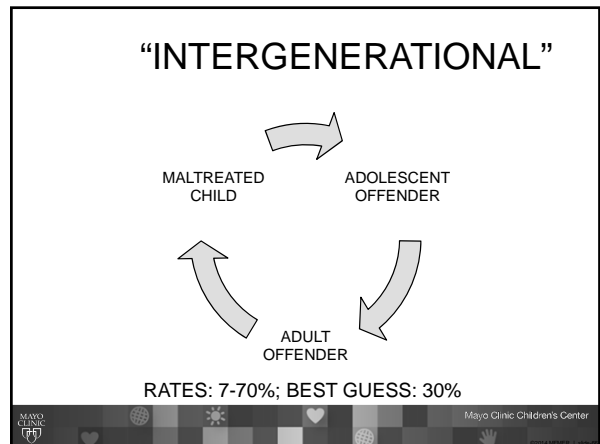
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- Some areas (brain) UNDERDEVELOPED
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### EFFECTS OF NEGLECT

- DIFFICULTY IN FORMING ATTACHMENTS
- DIFFICULTY IN FORMING RELATIONSHIPS
- INCREASED SUBSTANCE ABUSE
- PARENTING SKILL DIFFICULTIES


### INTER-GENERATIONAL NATURE

- MOTHER'S WITH REPORTED VICTIMIZATION OF PHYSICAL ABUSE:
  - INCREASED INSENSITIVITY TO CHILD'S EMOTIONS
  - LACK OF ATTUNEMENT TO INFANT EMOTIONAL CUES




### SCHOOL EFFECTS

- SOCIALLY WITHDRAWN
- INATTENTIVE
- CONGNITIVELY UNDERACHIEVING
- ADHD, ODD, ADD, "ALPHABET SOUP"



### LEARNING EFFECTS:

- INCREASED ABSENTISM
- LOWER GRADES; FAIL TO GRADUATE
- POORER ACADEMICALLY
- POORER FUTURE JOBS




### FOSTER HOME PLACEMENT

20% visual/hearing problems

13% obese  
25% overweight  
07% underweight } 45%


23% abnormal developmental evaluation  
50% required dental services

"FREQUENT FLYERS"




### FOSTER CHILD = NEGLECT

- >50% mental health services needed
- 15% suicide ideation
- 7% homicidal ideation
- 40% have major medical diagnosis


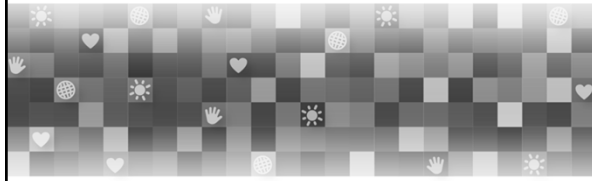


### HEALTH TRACKS VISITS

12% = routine care



### INTRAUTERINE DRUG EXPOSURE



## NICOTINE

- NOT GOING TO DISCUSS
- MUST KEEP IN MIND AS COFACTOR



## SUSPECTED NICOTINE EFFECT

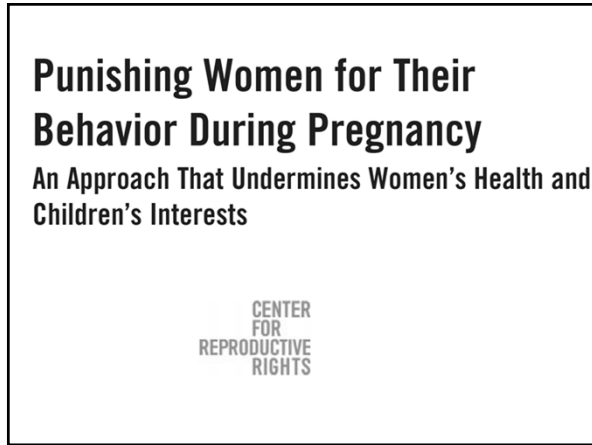
- COGNITIVE DEFICITS
- ADHD
- CONDUCT DISORDER
- CRIMINALITY
- POOR EDUCATION ACHIEVEMENT
- HEAVY USE: LOWER IQ



## Punishing Women for Their Behavior During Pregnancy

An Approach That Undermines Women's Health and Children's Interests

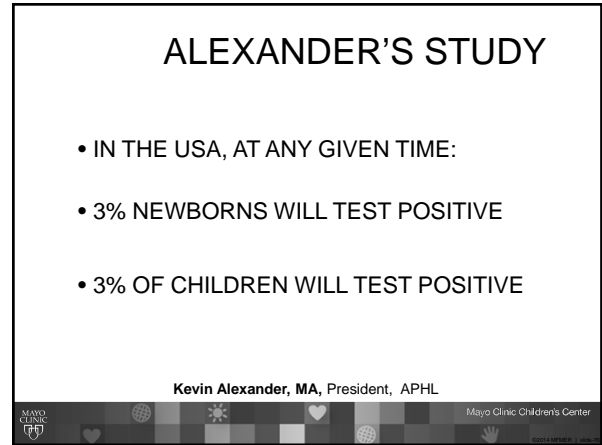
CENTER FOR REPRODUCTIVE RIGHTS



## ALEXANDER'S STUDY

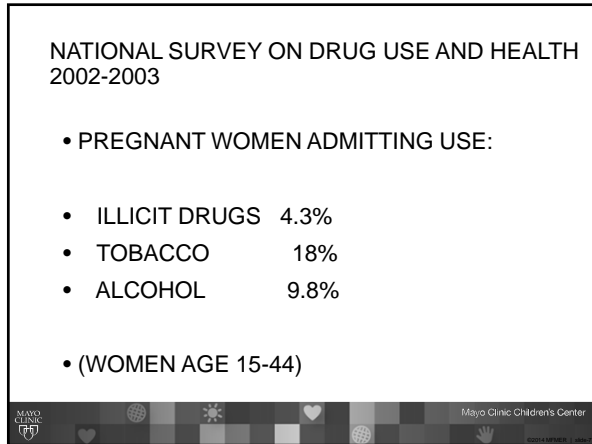
- IN THE USA, AT ANY GIVEN TIME:
- 3% NEWBORNS WILL TEST POSITIVE
- 3% OF CHILDREN WILL TEST POSITIVE

Kevin Alexander, MA, President, APHL



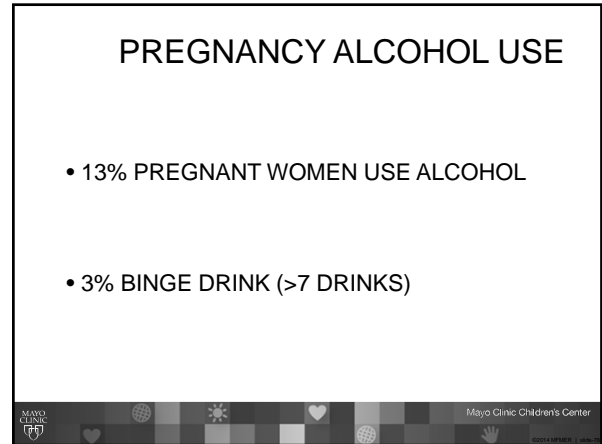
## NATIONAL SURVEY ON DRUG USE AND HEALTH 2002-2003

- PREGNANT WOMEN ADMITTING USE:
- ILLICIT DRUGS 4.3%
- TOBACCO 18%
- ALCOHOL 9.8%
- (WOMEN AGE 15-44)



## PREGNANCY ALCOHOL USE

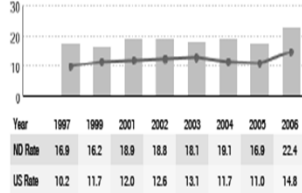
- 13% PREGNANT WOMEN USE ALCOHOL
- 3% BINGE DRINK (>7 DRINKS)



## 22.4% AGES 18-44

### Binge Alcohol Use

Percent of women ages 18-44



- In North Dakota in 2006, 22.4% of women ages 18-44 reported binge drinking in the past month, compared to 14.8% overall in the U.S.
- Drinking alcohol during pregnancy particularly binge drinking can cause birth defects and mental retardation.

## ALCOHOL USE

- 6.93% MALES--ALCOHOLISM
- 2.55% FEMALES—ALCOHOLISM
- GREATEST RISK: 18-44 YEARS OLD
- CHILD BEARING YEARS: 13-50

## METH USE:

- SAMHSA, 2004
  - 12 million people age 12+ have used meth at least once.
  - 1.4 million used in the last year.
  - 600,000 used in the last month.

## DRUG USE IN PREGNANCY:

- ESTIMATED AT 5.1%
- BUT SPECIFIC AGE GROUP USE:
  - 15-17 16.2%
  - 18-25 7.4%
  - 26-44 1.9%

SIDE NOTE: CIGARETTE SMOKING FOR THE 15-17 YEAR OLD WAS ACTUALLY HIGHER FOR PREGNANT GROUP (22.7 VS 13.4)

## DRUG EFFECTS ON FETUS:

- DIRECT
  - TERATOGENIC
  - SUBTLE EFFECTS
- INDIRECT
  - DRUG MAY HAVE EFFECT ON MOTHER
    - BLOOD PRESSURE
    - ANOREXIA
    - MENTAL HEALTH CHANGES

## FETUS DEVELOPMENT:

- EMBRYONAL PERIOD <10 WEEKS
  - PERIOD OF DIFFERENTIATION
  - INCREASED SUSCEPTIBILITY :
    - Drugs, infection, nutrition, radiation, other
- FETAL PERIOD 11-26 WEEKS

### TERATOGENICITY:

- TIMING
  - < 8 WKS: ORGANOGENESIS
  - > 8 WKS: GENITOURINARY DEVELOPMENT
  - CNS THROUGHOUT PREGNANCY
- DRUG SPECIFIC



### PLACENTAL FACTORS:

- PLACENTA PROVIDES NUTRIENTS TO DEVELOPING FETUS
- PLACENTA MUST HAVE GOOD VASCULAR SYSTEM TO OPERATE WELL
- AFFECTING PLACENTA BLOOD FLOW:
  - COCAINE / SUBSTANCE ABUSE
  - NICOTINE
  - TRAUMA (DV or other)
  - MATERNAL AGE (>40)
  - MEDICAL (hypertension, other)



### DRUG FACTORS:

- |                |                  |
|----------------|------------------|
| • DRUG         | CHRONICITY       |
| • LAST USE     | DRUG METABOLITES |
| • GENETIC RISK | EXPOSURE WINDOW  |
| • OTHER DRUGS  | DURATION USED    |
| • NUTRITION    | MEDICAL          |
| • OTHER        |                  |

KEY POINT: STATISTICAL ASSOCIATION BETWEEN EXPOSURE AND REPRODUCTIVE OUTCOME DOES NOT NECESSARILY PROVE CAUSALITY!!!



### DRUG EFFECT THEORY:

- MOST FREQUENT MANIFESTATIONS OF INJURY TO THE DEVELOPING CNS DOES NOT RESULT IN MALFORMATIONS, BUT RATHER IN FUNCTIONAL ABNORMALITIES THAT ARE NOT DETECTABLE AT BIRTH!



### NEONATAL STRESS:

- DV
- DRUG EXPOSURE (illegal, prescribed, OTC)
- IUGR AND LOW BIRTH WEIGHT
- PRETERM LABOR/DELIVERY
- WAR EXPOSURE: schizophrenia occurrence
- ALLOSTATIC LOAD: prolonged exposure to chronic stress



### DRUG USE EVALUATION:

- HISTORY
  - SELF-REPORT
  - PRENATAL CARE OR CPS HISTORY
  - PROBLEMS WITH ACCURACY AND RECALL
- BIOLOGIC SPECIMEN



## NAS

- Occurs with sudden discontinuation of medications used during pregnancy
- Mechanism not completely understood
- Finnegan scoring (+/-)
- 2-11% have seizures
- HR, RR, muscle tone, response impaired
- Poor feed, hyperthermia (false sepsis eval)
- Irritability, agitation: no bonding



## Feb. 2006 National Teleconference: "Infants Exposed Prenatally to Meth" R. Shah, MD

- Common Symptoms in Infants Perinatally Exposed to Drugs:
  - Hypertonicity
  - Tremors
  - Irritability/Excessive crying
  - Poor self regulation of feeding (34% meth vs 9% cocaine)
  - Poor self regulation of sleep/wake cycle (40-50%)
  - Trunkal muscle weakness (20%)
  - Medical complications



## NEUROBEHAVIOR

- SOFT SIGNS MUST BE LOOKED FOR
- 
- DUE TO DEPLETION OF NEUROTRANSMITTERS AND RECEPTORS:
  - ATTENTION
  - ACTIVITY LEVEL
  - REGULATION OF ANXIETY
  - OTHER EMOTIONAL STATES



## OTHER STUDIES:

- LEARNING AND BEHAVIOR PROBLEMS IN SCHOOL AGED CHILDREN SIMILAR FOR EXPOSURE IN UTER TO DRUG USE AND CHILDREN WITH NO IN UTER EXPOSURE, BUT LIVING IN HOMES WHERE CAREGIVERS ARE DRUG DEPENDENT.
- CHILD RAISED IN HEROIN DEPENDENT MOTHER HOME HAD IMPAIRED MATH, READING, VERBAL SKILLS; SIMILAR CHILD PLACED IN FOSTER CARE HAD NORMAL INTELLECTUAL AND LEARNING ABILITIES



## BEST RESULTS:

- EVEN WITH HEAVY DRUG USE DURING PREGNANCY, BEST OUTCOMES ON CHILD WERE NOTED WHEN CHILD WAS IN A NURTURING, STIMULATING AND SUPPORTIVE HOME (FOSTER CARE)



## MA AND COCAINE:

- BOTH ARE SYMPATHOMIMETICS
- MA HAS LONGER HALF-LIFE
- BOTH CAN CAUSE VASOCONSTRICTIVE EFFECT: uterine-placental blood flow decrease and fetal hypoxia
- MA: blocks reuptake of dopamine and neurotransmitters AND increases release of dopamine and norepinephrine
- MA: ? POTENTIAL MORE NEUROTOXIC?



## Drug abuse and pregnancy

- Plessinger. 1998, OB/GYN Clinics of North America. Continued:
  - Most common complications:
    - 53 women who used meth thru out pregnancy:
      - Maternal HTN
      - Maternal tachycardia
      - Maternal proteinuria
      - Prematurity
      - Premature labor
      - Placental hemorrhages



## Drug ingestion: prenatal

- Meth passes through the placenta to the fetus, this can cause:
  - Elevated fetal BP.
  - Increased fetal HR.
  - Fetal cardiac arrhythmias.
- Birth outcomes improve if mother stops using for last 1-3 months of pregnancy.



## NEONATE METH EXPOSURE:

- IDEAL study, Lester et al, 2005
  - (N=80)
    - Small for gestational age
    - Initially under-aroused
    - Then over-aroused
      - React easily to stress.
- Otherwise, effects of meth are "unintrepetable" at this time due to confounders of alcohol, tobacco, multi-drug use.



## MA MEDICAL COMPLICATIONS:

- HYPERTENSION
- ARRYTHMIAS
- SEIZURES
- HYPERThERMIA
- INSOMNIA (chronic use)
- DENTAL DISEASE (infections, malnutrition)
- CONFUSION
- VIOLENT BEHAVIOR
- MEMORY LOSS (chronic use)



## MA (potential) EFFECTS:

- IDEAL STUDY:
  - SGA
  - SHORT HEIGHT (TILL AGE 6)
  - LOW AROUSAL
  - POOR QUALITY MOVEMENT
  - INCREASED STRESS SIGNS (newborn)
- SWEDISH STUDY:
  - INCREASED DROWSINESS-newborn
  - BEHAVIOR PROBLEMS-adolescents




## FASD:

- NO SAFE AMOUNT OF ALCOHOL DURING PREGNANCY
- 40% OF EXPOSED FETUS
- 4% HAVE PHYSICAL SIGNS IN FIRST 1-2YR\*\*\*\*




### MA BIRTH DEFECTS:

- CARDIOVASCULAR DEFECT
- INTESTINAL DEFECTS
- CNS DEFECTS
- ORAL CLEFT DEFECTS
- LIMB DEFECTS



### COCAINE EFFECTS:

- NEWBORN / INFANT:
  - LOW BIRTH WEIGHT AND IUGR
  - FETAL BRAIN GROWTH IMPAIRMENT
  - POOR FEEDING
  - SLEEP DISTURBANCE
  - EXCESSIVE TREMOR
  - HYPERTONIA
  - HYPERREFLEXIA




### THC:

14-27% OF PREGNANT WOMEN REPORT USE

NO TERATOGENICITY KNOWN


METABOLITE ACTIVE BUT DOES NOT CROSS PLACENTA; THC DOES

THC CONCENTRATIONS LOWER THAN MOTHER'S BLOOD LEVELS




### THC EFFECTS:

- EFFECTS DUE ? TO (mechanism unknown):
  - Effect on developing biological systems
  - Altered placental blood flow
  - Altered maternal behaviors
  - Prolonged exposure: up to 30 days
- EFFECTS:
  - Smoking gives 5X CO (compared to cigarette)
  - IUGR (proportionate)
  - 5X risk of FAS facial features




### THC

- IMPAIRED EXECUTIVE FUNCTIONS
- INCREASED HYPERACTIVITY
- INATTENTIVE
- IMPULSIVITY
- DOESN'T AFFECT IQ
- CONDUCT DISORDER, DEPRESSION
- WORSENS WITH TIME (OLDER)



### COCAINE EFFECTS:

- MICROCEPHALY
- GENITOURINARY ABNORMALITIES
- BRAIN AND EYE MALFORMATIONS
- LIMB DEFORMITIES
- INTESTINAL ATRESIA
- SINGLE CARDIAC VENTRICLE
- NEONATAL STROKES
- NAS



### COCAINE PREGNANCY RISKS

- PREMATURE DELIVERY
- DECREASED BIRTH WEIGHT
- WITH COCAINE USE, MOM'S HAD A 49x RISK OF USING OTHER DRUGS ALSO!
- DECREASED PRENATAL VISITS
- INCREASED RISK STI'S



### NEWBORN AND COCAINE

- INCREASED CNS AND NAS SYMPTOMS
- THIS REFLECTS TOXICITY, NOT WITHDRAWAL
- NO EVIDENCE TO SUPPORT SIDS INCREASE



### COCAINE EFFECTS:

- BRAIN AREAS FOR ATTENTION AND EXECUTIVE FUNCTION APPEAR MORE SENSITIVE TO COCAINE
- INSULTS DURING NEUROGENESIS MAY HAVE MORE IMPACT THAN ON FULLY DEVELOPED SYSTEMS



### OPIOIDS:

- PREVALANCE: 4 PER 1000 DELIVERIES
- RELAPSE RATES HIGH
- WITHDRAWAL DURING PREGNANCY IS NOT A DESIRED OUTCOME
- AVOID: RECURRENT INTOXICATION AND WITHDRAWAL CYCLES
  - RISK OF:
    - PLACENTAL INSUFFICIENCY
    - PRETERM DELIVERY
    - IUGR



### OPIATE EFFECTS:

- SOME SUGGESTION OF POORER PERFORMANCE:
  - CONGITIVE SKILLS
  - PERCEPTUAL, QUANTITATIVE AND MEMORY SUBSCALES (McCarthy SCALES)
- HOWEVER SAMPLE SIZES SMALL!



### MA AND BREASTFEEDING:

- INHIBITS PROLACTIC RELEASE
- MA CONCENTRATION IN BREAST MILK IS 2.8 TO 7.5 TIMES HIGHER THAN IN MATERNAL PLASMA
- INFANTS MAY DEMONSTRATE:
  - INCREASED CRYING, IRRITABILITY AND AGGITATION
  - THIS MAY, IN TURN, PUT THE INFANT AT INCREASED RISK OF PHYSICAL ABUSE



### CHILD ABUSE POINTS:

- EXPOSURE OF FETUS TO DRUGS IS CONSISTENT WITH NEGLECT; HOWEVER NOT OFTEN CHARGED OUT
- INITIAL APPROACH IS EDUCATION OF MOTHER
  - DRUG EFFECTS
    - WITH PREGNANCY
    - POTENTIAL LONG TERM
    - ON HER
- ADDICTION
- OFFER SERVICES



### CARE PLAN:

- CLOSE FOLLOW-UP
  - SUBTLE CHANGES
  - LATER CHANGES
  - DELAYS
  - RISKS OF NEGLECT RECURRING
  - SUPPORT



### TESTING MATERIALS

- HAIR
  - NAILS
  - SWEAT
  - VERNIX CASEOSUM
  - SEMEN
  - BLOOD
  - MECONIUM
- BREAST MILK
  - URINE
  - UMBILICAL CORD
  - STOOL
  - VITREOUS HUMOR



### NEWBORN TESTING

- MECONIUM – 2<sup>ND</sup> AND 3<sup>RD</sup> TRIMESTER EXPOSURE
- VERNIX
- NAILS
- HAIR – THIRD TRIMESTER EXPOSURE
- UMBILICAL BLOOD
- UMBILICAL CORD
- URINE



### WINDOWS FOR TESTING:

SUBSTANCE	BLOOD	SALIVA	SWEAT	URINE	HAIR
	D	A	AT		
Alcohol	12 hrs	6-12 hrs	unkno	6-24 hrs (5 days with EIC)	n/a
Amphetamine	12 hrs	3 days	unkno	1-4 days	up to 90 days
Barbiturates	unkno	unkno	unkno	1-21 days	unknown
Benzodiazepine	unkno	unkno	unkno	1-42 days	unknown
Cannabis (single use)	unkno	12-24 hrs	unkno	2-3 days	up to 90 days
Cannabis (habitual use)	2 weeks	12-24 hrs	unkno	up to 12 wks	up to 90 days
Cocaine	unkno	1 day	unkno	4-5 days	up to 90 days
Codine/Morphine	unkno	12-36 hrs	unkno	2-4 days	up to 90 days
Heroin	unkno	unkno	unkno	2-4 days	up to 90 days
Methamphetamine	unkno	unkno	unkno	2-4 days	up to 90 days
PCP	unkno	unkno	unkno	3-5 days	up to 90 days
	unkno	3 days	unkno	3-7 days	up to 90 days




### UMBILICAL CORD

- ACCESS AT DELIVERY
- CORRELATES WELL WITH MECONIUM
- MECONIUM STILL “GOLD STANDARD”




## TESTING

- SENSITIVITY
- SPECIFICITY
- SCREENING TEST: ↑ SENS ↓ SPECIFICITY
- CONFIRMATION TEST: ↑ SPECIFICITY
- GC/MS: ↑ SENS ↑ SPECIFICITY



## FALSE NEGATIVE:


- HAIR, MECONIUM, URINE
  - MAY HAVE A FALSE NEGATIVE TEST FOR UP TO 20% OF TESTING DONE!



## CHOICE OF TESTING?

- EASE OF COLLECTION
- WINDOW WANTED
- RISKS OF ADULTERATION (even in older child)
- ? NEED OF TWO TYPES OF TESTING TO COMPLIMENT/CONFIRM


For Sci Int 2005;150:175-80



## IMMUNOASSAYS


- USED TO LOOK FOR PARENT DRUG AND/OR METABOLITE OF DRUG
- TESTS "CLASS" OF DRUGS
- SCREENING TEST; PRESUMPTIVE POSITIVE
- TESTS POSITIVE FOR CUTOFF LEVEL OR HIGHER VALUES\*\*\*

Curr Prob Peds 1999;Feb:43-56  
J Perina Neonat Nur 2001;14(4):61-82  
Clin Chem Lab Med 2004;42(11):1265-72



## IMMUNOASSAY LIMITS


- CROSS REACTIONS: FALSE POSITIVE
- FALSE NEGATIVES
- CLASS VERSUS CERTAIN DRUG
- REQUIRES CONFIRMATORY TESTING



## CONFIRMATORY TESTS

- GC/MS
- CONFIRMATORY TEST
- QUANTITATIVE
- LARGE GROUP OF DRUGS AVAILABLE
- MUST BE ON SAME SPECIMEN
- TESTS FOR PARENT DRUG AND/OR METABOLITE

Ana Bioanal Chem 2009;395(8):2547-57



### AMPHETAMINE FALSE POSITIVE TEST CAUSES:

**FALSE POSITIVES #**  
**Substances or Conditions which can cause false positives**  
**In Urine Tests**

Ephedrine, pseudoephedrine, propylphedrine, phenylephrine, or desoxyephedrine (Nyquil, Contact, Sudafed, Allerest, Tavist-D, Dimetapp, etc)  
 Phenegan-D, Robitussin Cold and Flu, Vicks Nyquil  
 Over-the-counter diet aids with phenylpropanolamine (Dexatrim, Accutrim)  
 Over-the-counter nasal sprays (Vicks inhaler, Afrin)  
 Asthma medications (Marax, Bronkaid tablets, Primatine Tablets)  
 Prescription medications (Adderall, Amfepramone, Cathne, Etafediabe, Morazone, ...phendimetrazine, phenmetrazine, benzphetamine, fenfluramine, dexfenfluramine, ...dexendfluramine, Redux, mephentermine, Mesocarb, methoxyphenamine, phentermine, amineptine, Pholedrine, hydroxymethamphetamine, Dexedrine, amifepramone, clobenzorex, fenproporex, mefenorex, fenelylline, Didrex, dextroamphetamine, methphenidate, Ritalin, ...pemoline, Cylert, selegiline, Deprenyl, Eldepryl, Famprofazone)  
 Kidney infection, kidney disease  
 Liver disease, diabetes

### THC FALSE POSITIVE TEST CAUSES:

**FALSE POSITIVES #**  
**Substances or Conditions which can cause false positive**

Ibuprofen: (Advil, Nuprin, Motrin, Excedrin IB etc)  
 Naproxen (Aleve)  
 Ketoprofen (Orudis KT)  
 Promethazine (Phenergan, Promethegan)  
 Pantoprazole (Protonix)  
 Riboflavin (B2, Hempseed Oil)  
 Kidney infection (Kidney disease, diabetes) Liver Disease  
 Dronabinol (Marinol)

### NURSERY BABY WASHES!!!

### TESTING POINTS:

- SCREEN IS SIMPLY THAT
- CONFIRM TESTING IS TRUE POSITIVE
- NEGATIVE TEST:
  - DOES NOT MEAN WASN'T USED
  - MAY BE BELOW THRESHOLD
  - MAY BE TIMED AND OUT OF SYSTEM
  - MAY NOT REFLECT THAT DRUG
    - SEMI-SYNTHETIC NARCOTICS

### TEAM TO UNDERSTAND:

- INGEST CODIENE: + CODIENE; + MORPHINE
- IF: - CODIENE / + MORPHINE = CONCERNING
- IF: + CODIENE / -MORPHINE = OK
- ON MORPHINE: - CODIENE; + MORPHINE
- ON HEROIN: +CODIENE; +MORPHINE; +HEROIN
- LOTS OF CODIENE: + HYDROCODONE
- TEEN ON HYDROCODONE FOR PAIN MED; NEGATIVE "DRUGS OF ABUSE" SCREEN
- MOTHER USES THC EARLIER AND RECEIVES MORPHINE DURING LABOR:
  - POSITIVE MECHONIUM FOR MORPHINE
  - POSITIVE MECHONIUM FOR THC


# GROWTH NEGLECT

### THRIVE DEFINITION:

- REQUIRES:
  - NUTRITION
  - AFFECTION
  - STIMULATION
  - CONSISTENCY!!


### CNS CHANGES:

- INFANT BRAIN IS MOST VULNERABLE DURING 24-47 WKS OF AGE. PLASTICITY HAS BEST CHANCE IF NUTRITIONAL PROBLEM IS CORRECTED BEFORE 1 YEAR OF AGE!
- RAPID GROWING BRAIN IS MORE SUSCEPTABLE TO NUTRIENT DEF.



### Child's Nutrition:

- Infant/child has 3X caloric intake compared to adult
- If intake is inadequate, protein and energy stores are mobilized and used. At same time energy expenditure is reduced; this is seen with decreased activity and growth.




### NUTRITIONAL NEGLECT:

- MALNUTRITION
- FAILURE TO THRIVE
- OBESITY




### GROWTH DISTURBANCES:

- COMMON IN FOSTER CHILDREN
- 10-15% HAD FTT OR GROWTH PROBLEM
- 18% OF ADOLESCENTS WERE OBESE
- (40-50% OF CHILDREN IN FOSTER CARE HAVE MAJOR MEDICAL PROBLEMS)



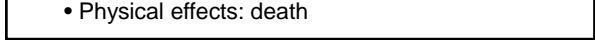
### NORMAL WT GAINS:

• 0-3 MOS	26-31g/d
• 3-6 MOS	17-18g/d
• 6-9 MOS	12-13g/d
• 9-12 MOS	9g/d
• 1-3 YRS	7-9g/d




### GROWTH CONSEQUENCES:

- Attachment disorders
- Difficulty in discriminating other's emotion
- Avoidance in peer relationships
- Long term relationship difficulties
- Cognitive-behavior Effects
- BAD WIRING
- Organ failure
- Poor growth
- Physical effects: death




### FTT DEFINITION:

- IT IS PROBLEM; NOT A DIAGNOSIS
- A CHANGE IN GROWTH AFTER STABLE PATTERN IS ATTAINED
- A FAILURE TO GAIN WT APPROPRIATELY
- IF SEVERE: HT AND HC FALL OFF




### FTT DEFINED(MEDICAL):

- WEIGHT < 5%
- GROWTH CROSSES 2 MAJOR LINES
- WT/HT OR HT/AGE <10%
- "SEVERE": WT < 60% OF EXPECTED WT
- Medical Emergency: wt <70% of predicted wt
- BMI: NO value in children < 2




### CAUSES OF FTT:

- Inadequate energy intake
- Inadequate nutrient absorption
- Increased energy requirements
- Defective utilization




### NUTRITION NEGLECT:

USUALLY MULTIFACTORIAL




### Inadequate Nutritional Intake

- Normal growth parameters
- Decel in wt; then decel in ht
- Lastly see decel in hc
- As stunting develops will see wt/ht return to normal range (false normal)



### Inadequate Caloric Intake

- Incorrect formula preparation
- Unsuitable feeding habits (fad foods)
- Behavior problems affecting eating
- Poverty or food shortages
- Neglect
- Disturbed parent-child relationship
- Mechanical feeding difficulties



### Inadequate Absorption

- Celiac disease
- Cystic Fibrosis
- Cows mild protein allergy
- Vitamin or mineral deficiency
- Biliary atresia or liver disease
- Short gut syndrome



### Increased Metabolism

- Hyperthyroidism
- Chronic infection
- Malignancy
- Renal disease
- Hypoxemia (lung or heart disease)



### Defective Utilization

- Genetic abnormalities
- Congenital infections
- Metabolic disorders



### FTT RISK FACTORS:

- PREMATUREITY
- DEVELOPMENTAL DELAY
- CONGENITAL ABNORMALITY(CLEFT)
- INTRAUTERINE DRUG EXPOSURE
- LEAD POISONING
- POVERTY
- ANEMIA



### FTT RISK FACTORS:

- MEDICAL CONDITION
- SOCIAL ISOLIZATION
- HEALTH AND NUTRITIONAL BELIEFS
- LIFE STRESSORS
- POOR PARENTING SKILLS
- DISORGANIZED FEEDING TECHNIQUES
- SUBSTANCE ABUSE
- DV/OTHER ABUSE



### MEASUREMENT CHARTS:

- USE THE CORRECT ONE!
- CONSISTENT METHOD OF MEASURING
- Charts are sex specific
- Apply to all races/nationalities
- Need to do "growth trajectory"--multiple dates



### HISTORY:

- VERY COMPLICATED
- MUST BE COMPLETE
- NON-JUDGEMENTAL
- APPLYS TO ALL NUTRITIONAL NEGLECT



### HISTORY

- FAMILY MEDICAL HISTORY
- PRENATAL CARE/PLANNING
- L&D; NEWBORN NURSERY
- WELL CHILD CARE
- ALL NURSING NOTES
- PAST MEDICAL HISTORY
- DIETARY HISTORY
- SOCIAL HISTORY
- CULTURAL BELIEFS



### HISTORY:

#### WELL CHILD HISTORY:

- IMMUNIZATIONS
- ACCIDENTS
- SURGERY
- CHRONIC MEDICAL PROBLEMS
- ALLERGIES
- CURRENT MEDS



### WELL CHILD DIET:

- DIET (BIRTH TO PRESENT)
- FORMULA AND IT'S PREPARATION
- FEEDING LOCATION
- FEEDING ENVIRONMENT (QUIET?)
- INFANT RESPONSE TO FEEDING
- OTHER SITES (DAYCARE, ETC)
- PARENT PERCEPTION OF GROWTH
- WHO FEEDS



### WELL CHILD DIET:

- GRAZING ?
- CHILD'S PREFERENCES
- WHAT IS IN THE REFRIDGERATOR
- CULTURAL PREFERENCES/RESTRICTIONS
- DIFFERENT AT EACH CARE SITE



### DELIVERY/NEWBORN:

- L&D; APGARS; ADMIT/DISCHARGE WT
- NEWBORN FEEDING
- BONDING/INTERRUPTIONS (SICK INFANT)
- MEDICAL PROBLEMS
- TESTING DONE
- CONGENITAL SCREEN
- NURSING NOTES ON FEEDS/INTERACTIONS OF CAREGIVERS



### SOCIAL HISTORY

- BIOLOGICAL PARENTS STATUS
- WHO LIVES IN HOME
- ONE HOME OR MORE
- SITTERS; DAYCARES
- CPS HISTORY
- LE HISTORY
- PETS
- CAREGIVER VIEW OF "GROWTH"



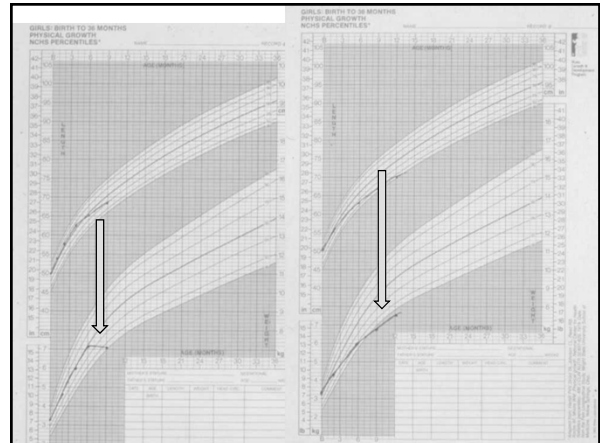
### DEVELOPMENT HISTORY

- TODDLER >1 Y/O
- Independence with self feeding skills
- Control over food choices
- Snacks introduced
- Change from "on demand" to timed meals
  
- INFANT: development history



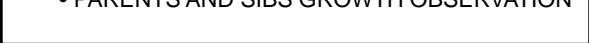
### SPECIFIC GROWTH CHARTS:

- IUGR
- PREMATURE INFANTS
- GENETIC SHORT STATURE
- DOWN'S SYNDROME



### EXAM

- COMPLETE PHYSICAL
- DEVELOPMENTAL EVALUATION
- FAT STORE CALIBRATION
- FEEDING OBSERVATION
- PARENTS AND SIBS GROWTH OBSERVATION



### MULTI-TEAMED EVAL:

- OT/PT
- SPEECH
- NUTRITION
- PUBLIC HEALTH NURSE
- MEDICAL CONSULTANTS
- MENTAL HEALTH
- PRIMARY CARE PROVIDER



### LAB:

- < 1% OF LABS WILL BE OF HELP
- CONSIDER: cbc, ua, uc, lytes, bun, cr, chem panel, HIV, Tb, stool studies, lead level, Vit D
- Phosphorous, magnesium, Thyroid, crp, liver enzymes, prealbumin
- Other's as indicated



### BONE AGE STUDIES

- Guided by history/exam
- Growth Arrest lines/Harris Lines: here horizontal lines demonstrate stress times; they are non-specific
- Bone Age used when wt/ht is good



### CARE PLAN:

- ORGANIC, NON-ORGANIC, BOTH
- BARRIERS (cultural, financial, other)
- SAFETY
- PARENTS BUY-IN



### CARE PLAN:

- UNCOMMON TO HOSPITALIZE
- and it is not uncommon , even with good hospital care, to see some weight loss while in hospital!
- Need 4-9 mos of accelerated growth to restore the wt/ht



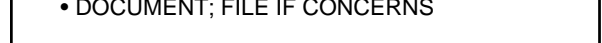
### REFEEDING SYNDROME:

- With starvation you see decrease metabolic process. This results in decreased growth.
- To compensate the body uses endogenous stores of glycogen, fat, proteins
- With rapid feeding: the homeostasis that the body (in starvation) has attained, is lost. You may see electrolyte changes (abnormal)



### CARE PLAN:

- CLOSE FOLLOWUP
- COORDINATION WITH OTHER AGENCIES
- SET GROWTH PARAMETERS
- ASSIST PARENT IN SUCCEEDING
- DOCUMENT; FILE IF CONCERNS



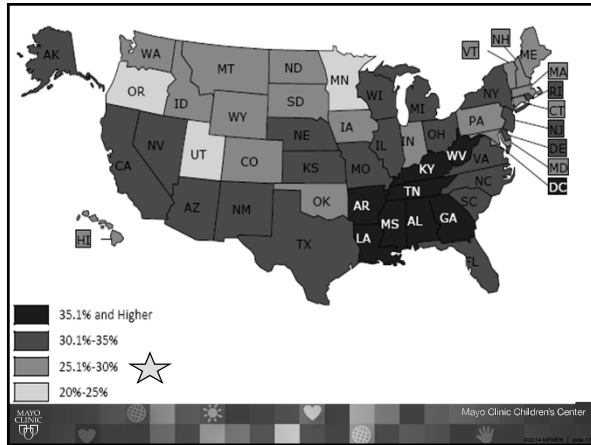
## OBESITY:

- WORLD EPIDEMIC
  - 43 MILLION CHILDREN “overweight”
- PREDICTIVE OF ADULT OBESITY
- OBESITY IN USA:
  - 35.7% US ADULTS
  - 16.9% AGE 2-19
  - 9.7% TODDLERS



## OBESITY EPIDEMIOLOGY:

- MULTIPLE STUDIES:
  - 1976-2000 2X increase for 6-11 y/o
  - 3X increase for 12-17 y/o
- 15% of all 15 y/o in USA are obese!
- 4% of all children



## OBESITY:

- RISK FACTORS:
  - LOW INCOME
  - LOWER EDUCATION
  - LIMITED ACCESS (grocery stores)
  - FOOD PRICES
  - PARENT
  - SCHOOL
  - HOME LIFE (CHAOS)



## OBESITY:

- OBESE CHILD
  - SEDENTARY
  - POOR COMPLIANCE
  - LOW DIET QUALITY
- WITH TIME TYPE 2 = PERMANENT WITH THE DEATH OF PANCREATIC BETA CELL DEATH



## WT DEFINITION:

- BMI 85-94% OVERWEIGHT
- BMI 95-98% OBESE
- BMI >99% SEVERE OBESITY



### RISKS OF OBESITY:

- CVS
- SLEEP APNEA
- JOINT
- INSULIN INSENSITIVITY/DIABETES
- BULLYING
- MENTAL HEALTH
- HYPERTENSION
- OTHER



### BMI

- Correlates well with direct measures of body fatness within a population
- Is an indirect test for total adiposity
- Obesity defined as BMI >95%
- Overweight as BMI >85% but < 95%
- Severe Obesity as BMI > 99%



### < 2 year old WT evaluation:

- Can't use BMI
- Here use weight for height
  - if > 95% for Wt/Ht = obese
- Remember that a large head can alter the Wt/Ht numbers.



### LAB TESTING:

- SGOT, SGPT
- FASTING GLUCOSE
- FASTING LIPID PROFILE
- OTHER (TSH, etc)



### OBESITY—IS IT NEGLECT?



### Obesity risk categories:

- TABLE 1 Childhood Obesity Categories
  - Category Description
  - 1 Obese children who have no comorbid conditions
  - 2 Obese children who have comorbid conditions that predict serious harm but are reversible in adulthood
  - 3 Obese children who have comorbid conditions that predict serious harm and are not reversible in adulthood
  - 4 Obese children who have comorbid conditions that constitute serious imminent harm in childhood
- Peds 2009 123(1)

### GOALS FOR OVERWEIGHT CHILD

- BE REALISTIC—“LESS OBESE; MORE HEALTHY”
- EDUCATION OF CHILD
- EDUCATION AND BUY-IN BY CAREGIVER
- IMPROVE OTHER FACTORS (poverty, sedentary)

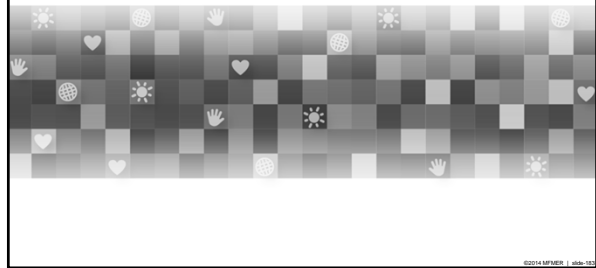


### FOLLOW-UP:

- MONTHLY HT, WT AND BMI
- PATIENT VISIT Q 2MOS
- APPROPRIATE TESTING
  - SLEEP STUDY, ETC
  -
- CONSIDER REFERRAL
  - SURGEON



### MEDICAL NEGLECT



### MEDICAL NEGLECT DEFINITION

- Failure to provide prescribed medical care or treatment or failure to seek appropriate medical care, in a timely manner.
- Failure to follow provider's instructions
- INCREASING NUMBERS OF CASES



### MEDICAL NEGLECT DEFINED:

- “NON-ADHERANCE:
  - NOT “BLAMING” TERM
  - CARE OR EVAL STARTED; HARM
  - DIABETIC CARE VS RECHECK FOR OM
- DELAY OR FAILURE TO OBTAIN CARE
  - CARE NEEDED BUT NOT OBTAINED OR DELAY; HARM
  - AVERAGE PERSON; REASONABLE EXPECTATION TO RESPOND




MEDICAL NEGLECT IS NOT  
MEDICAL CHILD ABUSE!




**MEDICAL NEGLECT:**

- 1.9% OF CM FATALITIES




**EXAMPLES OF MEDICAL NEGLECT:**

- FAILURE TO OBTAIN LABS WHILE ON POTENTIALLY HARMFUL MEDICATIONS
- REFUSAL TO TREAT PARENT DIABETIC TEEN
- REFUSE LIFESAVING MEDICATION/TREATMENT
- NOT: REFUSAL OF IMMUNIZATIONS




**MEDICAL NEGLECT:**

- QUESTIONS TO CONSIDER:
  - WAS DELAY SIGNIFICANT?
  - PARENT UNDERSTAND "NEED"
    - 6 week old pyloric stenosis
    - Parent with disability/mental health




**MEDICAL NEGLECT:**

- HARM OR RISK OF HARM PRESENT DUE TO LACK OF CARE
- HEALTH CARE OFFERED HAS SIGNIFICANT BENEFIT TO CHILD
- BENEFIT > MORBIDITY
- CAN SHOW HEALTH CARE IS AVAILABLE AND NOT USED
- CAREGIVER UNDERSTANDS ADVICE GIVEN




**MEDICAL NEGLECT PLAN**

- IDENTIFY KEY PEOPLE
  - WHO IS THE MAIN PROVIDER DIRECTING CARE?
- CLOSE MONITORING
- OPEN COMMUNICATION OF CPS/MEDICAL
- TIMELY EXAMS
- PHOTOS AND CHART REVIEW FOR CPS



**DOCUMENTATION:**

- SPECIFIC OUTLINE OF CARE, MEDS, WHEN TO BE CONCERNED, ETC
- DOCUMENT CAREGIVER UNDERSTANDS THIS CARE PLAN
- DOCUMENT CAREGIVER "AGREES" TO THE CARE PLAN



### DOCUMENTATION EXAMPLE:

- **WRONG:** labs in two weeks; see me in 4 weeks; take meds as directed; call if problems
- **RIGHT:** cbc, lft's in 2 weeks for monitoring of liver and bone marrow problems; follow up with me in 4 wks for review of medications, labs and exam; if temp > 101.0 occurs family is to call immediately; if weight does not increase by 25gms daily, over any 2 days, public health nurse will call. Parents understand this care plan and agree to it.



### OTHER NEGLECT



### DENTAL NEGLECT:

- AAPD
- 1:5 (LOW INCOME) GET DENTAL SEALANTS
- >40% Am Hispanic 6-8 y/o untreated decay
- 87% Am Indian 6-14 y/o untreated decay
- "single most common, and preventable, chronic childhood disease"



### DENTAL NEGLECT:

- **PRESCHOOL:**
  - 49% HAD CAVATIES
  - <10% ADEQUATE TREATMENT
  - 8.6% (k) HAD "URGENT CARE NEED"



### DENTAL NEGLECT

- PAIN
- INFECTIONS
- ASPIRATION OF BROKEN TOOTH
- MALNUTRITION
- SELF ESTEEM
- OTHER




### RELIGIOUS NEGLECT:

- RELIGIOUS MOTIVATED
- ANY TYPE OF NEGLECT



**RELIGIOUS NEGLECT:**


- 39 states and D of Columbia:
  - Child is not deemed abused or neglected merely because he/she is receiving treatment by spiritual means.....
- AAP POSITION
  - Safe from harm...basis fundamental right of every child.....



**RELIGIOUS NEGLECT?**


Religious beliefs:

- Jehovah's Witnesses don't allow blood transfusions.
- Christian Scientists: 172 child fatalities 1975-1995 due to withholding of standard medical care
- Larger morbidity due to religious beliefs




**RELIGIOUS NEGLECT:**

- BROSS CRITERIA:
  - Treatment refused must have substantial benefit over alternative
  - Serious risk/harm without treatment
  - High quality of life with treatment
  - If teen, he/she must consent




**EMOTIONAL NEGLECT**

- FAILURE TO PROVIDE ADEQUET AFFECTON OR NURTURANCE
- FAILING TO PROVIDE PSYCHOLOGICAL SUPPORT



**EMOTIONAL NEGLECT EFFECT**

- COGNITIVE AND ACADEMIC DELAYS
- SOCIAL WITHDRAWAL; LIMITED PEER INTERACTIONS
- DEPRESSION; ANXIETY



**SIGNS OF EMOTIONAL NEGLECT**

- INCONSOLABLE
- EXCESSIVE TANTRUMS
- PASSIVITY OR LISTLESSNESS; LACK OF EYE CONTACT
- ALTERED SLEEP PATTERNS
- FEEDING OR DIGESTION PROBLEMS
- SELF-SOOTHING HABITS: ROCKING, CHEWING, HEAD BANGING, REPATATIVE BEHAVIORS



## EMOTIONAL NEGLECT

- IF CHILD DOES NOT HAVE RELATIONSHIP WITH AT LEAST ONE CAREGIVER WHO CAN ACCURATELY READ AND INTERPRET THE INFANT'S CUES AND RESPOND IN A SENSITIVE OR CARING WAY MOST OF THE TIME



## PUTTING IT TOGETHER



## KEY POINT:

- DEFINE THE NEGLECT
  - SINGLE EPISODE/BAD CHOICE
  - RECURRING EPISODES/LIMITED PARENT SKILL
  - RECURRENT EPISODES/CHOOSING BAD
  - SINGLE ACT THAT IS HIGH RISK FOR CHILD



## ASSESSMENT FOR NEGLECT:

- MULTIDISCIPLINARY TEAM
- VERBAL CHILD: INTERVIEW
- HARM: POTENTIAL, REAL
- PATTERN OF NEGLECT



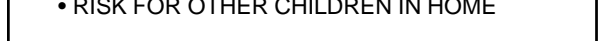
## PHOTOS OF HOME

- IDENTIFY RISKS
  - DRUGS, KNIVES, CIGARETTES, FECES
- OFFER CARE PLAN



## ASSESSMENT FOR NEGLECT:

- SAFETY: RISK; IMMINENT
- FACTORS CONTRIBUTING TO NEGLECT
- STRENGTHS OF FAMILY
- PREVIOUS ATTEMPTS
- RISK FOR OTHER CHILDREN IN HOME



## “COMPLEX”

- REMEMBER:

IT'S HOW THE CHILD AND SOCIETY PERCEIVE THE PARENT'S BEHAVIOR (CALLING SOMETHING NEGLECT)

- NOT

HOW THE PARENT BELIEVES THEY ARE BEHAVING TOWARDS THEIR CHILD



## FOSTER PARENTS

- LIMITED TRAINING
- “EXPECTATIONS” FOR CHILD
- LIMITED EXPERIENCE WITH “CHALLENGED” CHILD
- “WIRED DIFFERENT”



## NOT STRAIGHT FORWARD

- Caregiver's reasoning
- Potential dangers in the home
  - DOG, FIRE
- Child's access to caregiver
- Other children involved
- Failure to provide with resources versus without resources



## Not Straight Forward!

- Length of time/time of day
- Child have mental or physical limits
- Caregiver have mental or physical limits



## CULTURAL CHALLENGES

- DIFFERENT STANDARDS
- DIFFERENT EXPECTATIONS
- CULTURE DEFINES “GENERALLY ACCEPTED PRINCIPLES OF CHILD REARING AND CARE”
- WHAT ACTS CONSTITUTE ABUSE AND NEGLECT




## TREATMENT:

- ESTABLISH MEDICAL HOME
- ESTABLISH DENTAL HOME
- COMPLETE HEALTH SCREENING
- COMPREHENSIVE MEDICAL EXAM
- ABILITY TO CLOSELY MONITOR
- MULTIDISCIPLINE APPROACH
- HOSPITALIZATION UNCOMMON
- MEDICAL PASSPORT




## MEDICAL PASSPORT

- PURPOSE:
  - COMPLETE EXAM/ACUTE PROBLEMS
  - ESTABLISH PRIMARY CARE CONNECTION
  - ASSIST IN REFERRALS (DIETARY, EI, ETC)
  - FAMILY COURT
  - RECORDS TO CARRY THROUGH ADULTHOOD
  - CONTINUITY OF CARE; AGE OUT!




## MEDICAL PASSPORT

- COLLECTION OF ALL HISTORY
- PHYSICAL EXAM: HEAD TO TOES
- DEVELOPMENTAL EXAM
- DENTAL EXAM



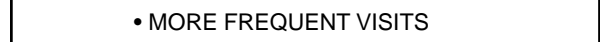
## MEDICAL PASSPORT

• MENTAL HEALTH	DEVELOPMENTAL
• NUTRITION	PAST HX SUMMARY
• IMMUNIZATIONS	FAMILY MED HX
• CONTAGIOUS/ACUTE PROBLEMS	
• HEARING/VISION TESTING	CHRONIC MEDICAL HX
• DENTAL	OTHER




## PREVENTION

- SCREENING
- OBSERVATION
- MORE "EYES" ON CHILD
- BOTH PARENTS AT VISITS
- MORE FREQUENT VISITS




### IMPRESSION/PLAN: (SPELL IT OUT!!!)

- 1) DENTAL:dental exam normal today; dental home established. Daily hygiene practiced
- 2) victim of neglect: physical exam shows no residua of neglect or abuse today. A normal exam does not rule out prior neglect. Neglect and abuse ACE studies show potential risk for mental and medical health now and many years down the road. This child is at potential risk based on the history provided.....



### On EPIC "snapshot page"

- Under section diagnosis:
  - "victim of neglect"
  - And it stays there.....




### NEGLECT CARE:

- LISTEN TO PARENTS
- UNDERSTAND BARRIERS
- EXPLAIN TO PARENTS
- INVOLVE COMMUNITY MEMBERS
- CONTRACTS
- BE REALISTIC (chemo's long term risks)
- DOCUMENT!!!
- REPORT WHEN FAILURE OCCURS


- INCREMENTAL INTRUSION



### FOSTER PARENTS:


LIMITED MENTAL HEALTH TRAINING

LIMITED TRAUMA TRAINING


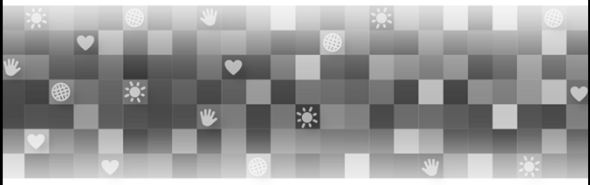


### GOAL:

- REUNIFICATION
- SAFE ENVIRONMENT
- TERP IF INDICATED



### SUMMARY



### NEGLECT:

- MOST COMMON FORM OF CM
- EARLIER CARE; BETTER RESULTS
- IF YOU SEE IT, IDENTIFY AND TREAT IT!
- IT'S NOT ABOUT PROSECUTION

