

Born addicted is a tough way to start life

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Imagine struggling with a drug addiction.

It's the withdrawal symptoms that really make life miserable.

Your arms, legs and spine tense up as your cravings swell for a bump of coke or OxyContin. For a few days, you're sluggish and vomiting.

You're cold, yet sweating, and you can't fall asleep.

Then depression sets in. Those who've experienced it tell you it sometimes takes weeks to lift.

Now imagine your addiction is no fault of your own — you were born that way, helpless against the cravings and fits of withdrawal.

For a disproportionate number of babies born in the Ontario's northwest, this scenario isn't imaginary.

In fact, a 2010 study of almost 1,500 births in Thunder Bay found 6 per cent of the babies born between March 2006 and March 2007 showed signs of neonatal abstinence syndrome. NAS is a condition in newborns experiencing withdrawal from addictive drugs such as OxyContin, Percocet, cocaine or methadone.

Babies in the northwest region represent 22 per cent of Ontario's confirmed NAS cases over the same time period — yet just over 1 per cent of the province's total births.

"It is high," says Maureen Vescio, the soft-spoken manager of maternal and newborn care at Thunder Bay Regional Health Sciences Centre. "And it's probably under-reported."

Vescio says many of Thunder Bay's NAS cases involve mothers who are in methadone programs — a good sign, in a sense, since it shows they're trying to get their addictions under control. Nonetheless, she said, it "makes the baby as prone to withdrawal as, say, if the mother was snorting Percs or Oxys."

Drug use among expectant mothers in Thunder Bay isn't the only issue.

The study, published in the Journal of Perinatal and Neonatal Nursing, also

showed 77 per cent of the NAS mothers smoked during pregnancy, while 15 per cent drank alcohol. Overall, about 30 per cent of all women who give birth in Thunder Bay smoke, Vescio says.

In utero substance exposure — to smoking, alcohol or drugs — is linked with several poor birth outcomes, including prematurity, low birth weight, birth defects and low Apgar scores, which assess a baby's ability to tolerate the birthing process and adapt to its new environment.

Low Apgar scores — below 7 on the 10-point scale — are associated with a higher risk of neurological disability and lower cognitive functioning. They're also associated with a higher risk of epilepsy later in life.

At 3.5 per cent, the rate of low Apgar scores in Thunder Bay is nearly three times higher than the provincial average of 1.3 per cent.

On the other end of the scale is Oakville, where just 0.6 per cent of babies fall below 7 on the Apgar scale. In Hamilton, 1.2 per cent of babies have low Apgar scores, while Burlington sits at 1.4 per cent.

A wide variety of community resources helps keep Hamilton's scores near the provincial average, according to Dr. David Price, chair of McMaster's department of family medicine and founding director of the Maternity Centre on James Street South.

The Maternity Centre, for instance, works closely with recent immigrants to get them at least some prenatal care, and it recently opened a methadone clinic to aid expectant mothers coping with addictions.

In Thunder Bay, social and economic conditions are a key contributor to the situation, Vescio admits.

"A fairly high proportion of our mothers who are living in poverty are very irregular accessing prenatal care," she said. "It's not uncommon for us to admit a woman in labour who hasn't been to a doctor, midwife or a nurse practitioner during her pregnancy. At all."

That accounts for some low Apgar scores, Vescio continues, "because automatically when you have no prenatal care or limited prenatal care, it puts you in a high-risk pregnancy category.

"You may have problems with the fetus or with the pregnancy that would normally have been diagnosed early on, but in this case you have a mother showing up on your doorstep who may have an underweight baby or an overweight baby."

With an overweight baby, for instance, there's an increased chance for conditions such as shoulder dystocia — where the shoulders get caught at the moment of birth.

“That can definitely lead to low Apgars,” Vescio says.

The Thunder Bay hospital is also taking steps to minimize substance use — staff members try to educate new mothers during their hospital stay and connect them with a public health nurse who follows up with the women once they've returned home.

On a provincial level, however, there's evidence health-care providers aren't adequately addressing the issue.

According to the Ministry of Health's Reproductive Health Guidance Document, a majority of Canadian physicians and midwives report they do not consistently discuss smoking, alcohol use or addictions with women of child-bearing age.

“Almost half feel unprepared to care for pregnant women who have substance-use problems,” the report says.

For Vescio, it's even more complex in her community, where an influx of First Nations peoples from remote northern communities compounds the problem.

“They want to come here because there are more opportunities, but they also bring with them the addictions they had before. There's also more opportunity to obtain their substance of choice,” she explains.

“It is a challenge for caregivers — nurses, doctors, midwives, everybody — to deal with some of the moms in a non-judgmental manner.”