**Part 2:**

 A diagnosis of neonatal withdrawal comes at a critical moment, when child welfare workers can intervene and make a difference. Too often, they have failed to help a mother struggling with addiction – and save the life of her newborn.

Jennifer Lacey Frazier recently completed drug treatment and parenting classes. The help came too late to save her daughter, Jacey.

In December 2011, Frazier gave birth to Jacey at a hospital in Charlotte, North Carolina. The baby inherited her mother’s blue eyes – and Frazier’s dependency on drugs. Jacey spent two weeks suffering through withdrawal, a result of the methadone Frazier took during pregnancy to control an addiction to prescription painkillers. Federal law calls on states to require hospitals to report newborns hooked on drugs to child protection services. Records show the North Carolina hospital did precisely that. It alerted child welfare authorities just across the border in nearby York County, South Carolina, where Frazier had been living with her mother.

But the 2003 law has a second, distinct provision – one that many states have failed to embrace, putting thousands of newborns in jeopardy each year, a Reuters investigation has found. That provision calls on state child protection authorities to immediately assess all cases of drug-dependent newborns. Social workers are then supposed to develop “a plan of safe care” for every infant who is either “affected by illegal substance abuse” or experiencing symptoms of drug withdrawal. York County took no such action, documents and interviews show. Instead, a hospital social worker wrote in Frazier’s medical records that the county child protection agency “will not be following up with infant.”

The reason: South Carolina has a state law that conflicts with the federal provisions. It says that child protection authorities don’t have to investigate cases of drug-dependent newborns if their mothers were using drugs prescribed by a doctor. Frazier had a prescription for methadone. Six months later, after Frazier moved to Florida with her daughter and Jacey’s father, the girl was dead – the victim of a lethal dose of methadone Frazier mistakenly gave her. “I wish social services had been at my home investigating, talking to me, checking on Jacey,” Frazier wrote to Reuters last month in a letter from prison. “I didn’t just slip through the cracks in the system; I fell through the canyon into hell.”

Reuters identified 110 cases since 2010 in which children died preventable deaths after being sent home from the hospital to families ill-equipped to keep them safe. In each of those cases, Reuters found evidence of a mother’s use of opioid drugs during her pregnancy. In some instances, hospitals failed to alert authorities to infants born dependent on drugs, despite a federal law that was intended to ensure each such case be reported to child welfare workers. Social service agencies are falling short, too. Of the 110 deaths Reuters uncovered, 74 other cases appear similar to Jacey’s: Child protection authorities were alerted by the hospital to a drug-dependent newborn, but social workers either chose not to pursue the case or failed to adequately respond.

In many of the fatal cases identified by Reuters, child protection workers conducted cursory investigations, or none at all. Sometimes, authorities created safety plans, but parents simply ignored them. In other instances, such as Jacey’s case, social workers followed less stringent state policies, which don’t require intervention if mothers are using drugs that are prescribed, typically to treat addictions.

**What went wrong**

Reuters identified 110 cases since 2010 of babies and toddlers whose mothers used opioids during pregnancy and who later died preventable deaths. Here are some ways that authorities failed to ensure their safety:

* [SLOW RESPONSE](http://www.reuters.com/investigates/special-report/baby-opioids/#sidebar-vignette-what-salmen)
* [POOR SAFETY PLAN](http://www.reuters.com/investigates/special-report/baby-opioids/#sidebar-vignette-what-drummond)
* [MISSED WARNINGS](http://www.reuters.com/investigates/special-report/baby-opioids/#sidebar-vignette-what-varner)

Although Ryder spent his first weeks of life in drug withdrawal, the hospital did not notify child protection workers before releasing him to his mother, a state spokeswoman said. What followed is documented in a redacted copy of the Sacramento County child protective services file and a prosecutor’s statement: In his third month, relatives found Ryder lethargic and somnolent in his bassinet, his mother in a daze nearby. In the emergency room, the boy tested positive for methadone. A social worker swiftly composed a safety assessment for Ryder and his mother, but a supervisor took three months to approve it, records show. The day that plan was approved, the supervisor approved a second assessment, declaring the baby at low risk. Seven weeks later, Ryder died of a drug overdose. His mother, Sarah Stephens, is serving a 12-year sentence for voluntary manslaughter.

* Reuters identified 25 other children since 2010 born exposed to drugs and who died preventable deaths after child protection services either responded slowly to their predicaments or never were notified. As detailed in a state death review: Tyler was born to a mother who was taking methadone. He spent his first six weeks suffering through drug withdrawal at the hospital. His mother did not visit him often, but late one night, staffers found Tyler choking in his hospital room, his parents asleep beside him, the death review says. His mother seemed confused about her surroundings. “This does cause some concerns as to their ability to adequately care for the child upon discharge,” a child protection worker wrote. Nonetheless, Tyler was sent home with his parents, without any child welfare services. In May 2010, he drowned in a backyard pool after leaving the house through a back door while his mother chatted with her father and a family friend, the death review concluded. The state ruled that his death was the result of inadequate supervision; no charges were filed.
* Reuters identified 74 other children since 2010 born exposed to drugs and who died preventable deaths after child protection services did not meet federal guidelines for a prompt, thorough investigation and a safety plan. Niccolo Varner spent two months in the hospital suffering withdrawal from his mother’s heroin addiction. The Delaware County Children and Youth agency was notified when the mother, Christina Rivero, had come to the hospital complaining of stomach pain without realizing she was pregnant. The agency later wrote a barebones safety plan to send Niccolo home: The child’s father was not to let Rivero be alone with the baby. “The family began to stabilize,” according to a summary report. The case was closed in May 2012. Two months later, Niccolo died from heroin intoxication. The agency hadn’t realized Rivero was using again. Her public defender, Joseph D’Alonzo, said oversight had “faded away.” Rivero pleaded guilty to involuntary manslaughter and was sentenced to three to six years in prison. Trish Cofiell, county spokeswoman, said caseworkers are being trained in better ways to keep an eye on drug-using parents.
* Reuters identified 32 other children since 2010 born exposed to drugs who died preventable deaths after they were sent to homes in which their caretakers had already come to the attention of child protection services. “The fact that the mother is in treatment is a good thing,” said former U.S. Representative Jim Greenwood, a Republican from Pennsylvania who championed the 2003 federal law. “But that doesn’t prove that she has a place to live that’s safe. It doesn’t prove that she knows how to parent. It doesn’t prove that there isn’t a violent, other drug user in the home. It doesn’t say anything about the baby’s situation. And this is all about protecting the baby.” The cases exemplify the wide disparities in oversight afforded to drug-exposed children across America, levels of vigilance that vary dramatically among the 50 states and even within the states themselves. “In some areas, we had babies positive for marijuana removed from home, and in other places, kids tested positive for methamphetamine and they weren’t removed,” said Lisa Smith, director of the Oklahoma Commission on Children and Youth. “Depends on what part of the state you’re in.”

Reuters found dozens of situations in which infants were released from hospitals into unsafe homes where family members used heroin, methadone or prescription painkillers, according to records from social workers, coroners and police. Some of the newborns died at the hands of drug-abusing parents, even though hospitals had alerted child protection agencies. One of the most disturbing deaths took place in Oklahoma. On Nov. 4, 2010, Maggie May Trammel died when she was just 10 days old. Mother Lyndsey Fiddler, high on a variety of drugs including opioids, accidentally put her baby in a washing machine with a load of laundry. Then Fiddler passed out. Maggie May was found dead “after the wash cycle was completed,” a state review of her death shows. Fiddler is now serving a 15-year sentence for manslaughter and child neglect. “If only we could have gotten the baby somewhere safe when it was first born,” said Kevin Ickleberry, the police detective who arrested Fiddler. Before Maggie May died, the Washington County office of the state Department of Human Services had received five reports about Fiddler. Each alleged neglect or abuse related to drug use. One of those reports came the day Maggie May was born. But child welfare workers concluded Maggie May and two older siblings were safe and that Fiddler “was willing to work on parenting services,” a state report said.

The case sparked outrage and efforts by the Oklahoma to improve its child protection system. The Oklahoma Commission on Children and Youth, an independent oversight agency, began reviewing why the state’s social service system was failing. The commission examined 10 cases in which babies had been reported to child welfare authorities for exposure to drugs in families with a history of neglect or abuse. Only five of the cases had been investigated. Two were quickly dismissed by a child-abuse hotline worker as not appropriate for protection services. In three of the cases, parenting classes were recommended. Eight of the 10 babies later died of neglect or abuse “on average within 6.5 months of their birth,” the commission concluded. Contributing factors, the panel said, were lack of treatment for mothers and inconsistent reporting by hospitals. At one meeting, the commission’s chairman at the time, Bart Bouse, asked the state social services chief: “Does it take a pickup load of dead babies before we decide to act?”

In 2012, the state legislature passed a law requiring authorities to investigate any case in which a “drug-endangered” child is reported to the Department of Human Services. A second panel of experts reported in 2013 that too many newborns and drug-using mothers were sent home together without safety monitoring. “Sometimes there was a tendency to ignore drug abuse in the home because the ‘medications were prescribed,’” the report said. Today, Oklahoma has a protocol based on the 2003 federal law.

“We’ve made great strides,” said commission director Smith, but “there’s still a lot of work to be done.”

Some of the cases Reuters examined show the challenges social workers face even as they try to do right by the child. Although each of the 110 deaths that the news agency identified was preventable, even some of the mothers who killed their children say social workers were vigilant. “I’m not sure that anyone could have helped prevent my son Liam’s tragic death,” his mother, Amanda McKenzie, wrote last month in a letter she sent Reuters from prison. Her son drowned when McKenzie fell asleep with him in the bathtub. When Liam McKenzie was born in March 2013, the hospital alerted social workers in Newport, Kentucky, about his mother’s extensive drug use. But neither Liam nor McKenzie tested positive for drugs, state records show, and the case was quickly closed. About four months later, social service workers logged another report – from who is unclear – alleging that baby Liam was in danger because his mother was using heroin. Social service workers went to McKenzie’s house four times in a week before they found her at home on Aug. 2, 2013. In a report, they wrote that the home was “clean and free of clutter” and that mother and child had “formed a positive bond with one another.” But they told McKenzie that, because of the allegations, they were putting in place a “safety plan” that included random drug screenings. Later that day, McKenzie submitted to a drug test; it came back clean.

In the next two weeks, child protection records show, social workers attempted to reach McKenzie and couldn’t. They left voicemails and told her she needed to be drug tested again. There is no record that McKenzie responded. Social workers twice visited her house but got no answer. Eight days after their last attempt to visit, baby Liam drowned when McKenzie fell asleep in the bathtub with him. In an interview with Reuters, McKenzie said she had been taking prescription methadone, an opioid used to treat addiction, at the time of Liam’s death. She said she started using it because she had recently relapsed and wanted to stop snorting heroin and abusing painkillers. But the methadone, she said, was more powerful than she expected. “It’s 10 times stronger than any pill I ever took,” McKenzie said. Today, McKenzie is serving a five-year prison sentence after pleading guilty to reckless homicide.

Jennifer Frazier, now 32, told authorities she confused the antibiotics she was giving to newborn daughter Jacey with the methadone Frazier was taking to kick an addiction to painkillers. A pre-sentence report found that Frazier was “extremely remorseful” and that the mix-up in medications was “not intentional.” Even so, Frazier was sentenced to 15 years in prison in 2013 after pleading guilty to aggravated manslaughter of a child. In a prison interview, Frazier admitted that, at the time, she was glad that she didn’t have to deal with child protection authorities. “That would be one more thing on my plate,” she said. Since entering prison, she has taken parenting classes and has gone through drug treatment. If she had been forced to take those classes earlier – and if the state had threatened to take Jacey away – it might have saved her daughter’s life, she said.

Authorities never intervened, and more than 1,400 pages of hospital records reviewed by Reuters show why: Under South Carolina state law, authorities were not obligated to investigate further because Frazier was on prescribed medication, not illicit drugs. Although the difference in the type of drugs Frazier was taking proved central in how social services handled the referral, the federal law makes no such distinction between illicit and prescribed drugs. It requires safety plans for all newborns with symptoms of drug withdrawal. These plans can include home nursing, substance-abuse counseling, housing and employment help, and a threat to remove the child if the parents don’t follow the guidelines.

Medical records show that Frazier provided a sanitized version of her drug history to the hospital. She claimed that she became addicted to pain pills after a car accident more than a year before Jacey was born. She told nurses that, six weeks before giving birth to Jacey, she switched to the prescribed methadone on her doctor’s advice because it was safer for the baby. Records from the methadone clinic, however, show Frazier had been battling addiction much longer than she let on. According to those records, Frazier, then 28 years old, had used cocaine since she was 14, crystal methamphetamine from ages 16 to 19, cocaine and crack from age 24, and the powerful painkiller Percocet since a back injury in the car accident. That accident had taken place and the addiction had started at least six years earlier – not one, as she had told the hospital. She admitted to that clinic she had been a frequent customer at “pill mills.” There is no indication in hospital records that doctors, nurses or state social workers ever looked closely at Frazier’s background of drug use before letting her take Jacey home. In one notation, hospital social worker Catherine Hall wrote that the county’s child protection service wouldn’t stand in the way of Jacey’s discharge from the hospital if the newborn were healthy enough in a few days. York County’s Department of Social Services, Hall wrote, “can follow up with infant and mother at their home if needed.”

**A newborn’s withdrawal**

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Social services declined to open an investigation because of Frazier’s valid methadone prescription, hospital documents show. Frazier and Jacey later moved to Florida. Reached by Reuters, Hall declined to comment. The county’s social worker, Becky Mann, referred questions to the South Carolina Department of Social Services. Department spokeswoman Karen Wingo said that unless there were other signs of abuse or neglect, the state would not typically accept a case if the baby’s drug exposure was from “medical treatment for the mother.” Several times during her hospital stay, the records show, Frazier herself raised the issue of “dealing with infant withdrawal.” For almost two weeks, Jacey had been given smaller and smaller doses of morphine to help ease her shaking, clenching, wailing and other symptoms of opioid withdrawal. Hospital records included this notation: “Home Health RN visits will begin after discharge.” They didn’t, Frazier said. On New Year’s Eve 2011, the hospital determined that Jacey – now 25 days old – was well enough to leave. The discharge note also said Frazier was going to be referred to a service program called BabyNet. That never happened, Frazier said. “They sent her home, and that was basically it,” she said. Citing patient privacy, a spokesman for Carolinas HealthCare System, where Frazier gave birth, and a spokesman for BabyNet declined to comment. Frazier takes responsibility for Jacey’s death – “I messed up,” she said. Only later, she said, did she realize just how much help she needed. “If I was that social worker, I’d be knocking the door down, because I see what can happen,” Frazier said. “They need to find us, and they need to help.”

DEVILS LAKE, North Dakota – Two days after giving birth in the summer of 2014, Reanne Pederson left a hospital with her baby boy Avery and a prescription for 20 hydrocodone pills to treat pain. A day later, Pederson was prescribed another 15 pills. That night, she crushed and snorted a hydrocodone, boosting its narcotic effect. High, she breastfed Avery and then fell asleep on top of him, suffocating the newborn. Efforts to revive him failed, and he was pronounced dead on June 14, 2014 – five days after he was born.

“I’ll regret it forever,” she said in an interview here, in her hometown of Devils Lake. Now 32, Pederson pleaded guilty to negligent homicide in the death. She said she spent 100 days in jail and another 180 days in two drug treatment centers. She admits to snorting hydrocodone late in her pregnancy and smoking methamphetamine the day before Avery was born. But the police detective who investigated the baby’s death also faults those who treated Pederson at the place where Avery was born, Essentia Hospital in Fargo, North Dakota. Hospital records reviewed by Reuters indicate that the hospital appears to have made little effort to scrutinize mother or child. Although a labor and delivery nurse caught Pederson in a lie about having a doctor’s approval for one drug, no one at the hospital checked a state prescription database. It would have revealed Pederson’s extensive use of addictive drugs during her pregnancy, records show. Medical records also described Avery as “jittery,” a possible symptom of a condition called Neonatal Abstinence Syndrome. But the hospital never tested the newborn or his mother for drugs, the records show. Neither test was required.

Almost a decade ago, a survey done by the U.S. Department of Health and Human Services highlighted how rarely hospitals test children for drug exposure. “Nearly all states test infants for other health conditions like human immunodeficiency virus (HIV) and phenylketonuria (PKU), which, in reality, impact far fewer children than prenatal exposure to alcohol and illicit drugs,” according to a report about the survey. The survey was done in 2005-2006, when the U.S. painkiller epidemic hadn’t reached nearly the proportions it has today. In 2013, the number of newborns diagnosed with Neonatal Abstinence Syndrome had grown dramatically from what it was a decade before, swelling to 27,000, a review of federal data show. Unless they test for drugs, hospitals may never realize a newborn is dependent on opioids. That’s because most infants delivered vaginally are discharged with their mothers just 48 hours after they are born, while some babies won’t begin exhibiting withdrawal symptoms until later – 48 to 72 hours after birth.

Derek Cruff, the police detective who investigated Avery’s death, said the hospital had more than enough evidence to test the child and mother for drugs. Not only had the baby been born premature, he said, but Pederson also had tried to persuade a nurse to give her drugs that a doctor had not authorized. Both are signs that a mother may be struggling with addiction. “Why their protocol wasn’t followed, ask them,” Cruff said of the hospital. Citing privacy laws, the hospital won’t comment on Avery Pederson except to say that it did follow its procedures. A spokeswoman for the hospital told Reuters that the doctors who treated Pederson also would not comment. LuWanna Lawrence, spokeswoman for the North Dakota Department of Human Services, said the state could have provided services for the mother if it had been notified about the case. It also would have assessed the situation without accusing Pederson of neglect or abuse, Lawrence said.

Pederson said her addiction to opioids began with a doctor’s prescription for painkillers. The pills were meant to help treat jaw pain, but she said she began to crush and snort them. When Pederson got pregnant, she vowed to stop once she could hear the baby’s heartbeat at the doctor’s office. “I was in denial,” she said. Doctors continued to prescribe the drugs, according to Pederson and her medical records. James Volk, chief medical officer for Sanford Health in Fargo, another hospital Pederson visited, said she came to the emergency room three times in a 17-day period when she was more than seven months pregnant. Each time, she complained of dental pain and was given 10 to 15 hydrocodone pills. “It was not an unusual presentation or an unusual treatment,” Volk said. If Pederson had come in a fourth time, however, Volk said she would have been put on a “care plan” that would have prompted doctors to more critically assess her situation before providing the drugs. After Avery was born, records show, a doctor at Essentia noticed the baby was “jittery.” So did Pederson’s friend Robbie Lee, who visited the hospital. He later told police that he “could visibly see the baby shaking.” Although Avery was given morphine to combat “pain” and “agitation,” a hospital pediatrician diagnosed Avery’s discomfort as related to his mother’s pack-a-day smoking habit and her use of Prozac, records show. A notation in the file dismissed without explanation the need for a drug test or an assessment for withdrawal. Days later, Avery was dead.

WILKESBORO, North Carolina – Procedures for protecting drug-exposed babies are haphazard in North Carolina. In the case of Caleb Joe Tipton, who died at 4 months of age, authorities failed to check even basic facts about the baby’s life and death. A 2009 report by a child fatality review panel partially blamed a local hospital for not having sounded the alarm on the boy’s mother when Caleb was born. “There was no report or notification to the Wilkes County Department of Social Services when the newborn tested positive at birth for marijuana and opiates by the Wilkes Regional Medical Center,” the report said. Authorities pledged to work with the medical center to correct the problem, it added. But when Reuters recently asked Wilkes Regional Medical Center about that report, hospital vice president Tammy Love said Caleb wasn’t even born there. The hospital had never been asked about the baby’s birth until Reuters called, she said. In fact, Reuters determined that Caleb was born at a different hospital in an adjoining county, an account confirmed by the child’s birth certificate.

Kevin Kelley, North Carolina’s chief of child welfare, ordered state and county officials to review and correct the report. He could not explain the mistake, or why the state promised to work with the hospital but failed to follow through. “We’ve never had this problem before,” he said. North Carolina hasn’t adopted federal standards that all cases of drug-dependent newborns should be reported to child protection authorities. In some situations, hospitals alert social services. In others, they do not. Hospital data analyzed by Reuters show the number of newborns in North Carolina diagnosed with drug withdrawal has nearly doubled from 404 in 2009 – the year the report was written – to 796 in 2012. Despite the increase, the state’s Division of Social Services acknowledged that it cannot say how many of those cases have been reported. That’s because the child protection service lumps such cases in a broad category of reports involving drugs and children, including teenagers. James Jones, a doctor and an expert on newborn drug withdrawal at Levine Children’s Hospital in Charlotte, said only about half of the drug-dependent babies diagnosed there are reported to the state. “It just depends on how the mom is doing with her addiction and how appropriate she is with her baby,” he said.

In the Caleb Tipton case, Caleb’s mother, Hollie Harrald, had been abusing painkillers for years, she said in an interview with Reuters. Harrald said she moved to a women’s shelter and stopped taking drugs a few months before Caleb was born. She said social service agencies in two counties had been monitoring her before closing their cases. The fatality report faults social workers for an “insufficient level of contact with the family.” Caleb suffocated when he became tangled in a plastic trash bag on the floor of the trailer home where his parents lived. The baby’s father, Eric Ray Tipton, admitted to police that he used cocaine that night. According to the authorities, the parents had crushed Xanax, an anti-anxiety medication, and fed it to Caleb. Harrald told Reuters she couldn’t remember whether that was true. Tipton could not be located for comment. Harrald and Tipton were both convicted of involuntary manslaughter. State records show each served at least a year in prison.

Source: http://www.reuters.com/investigates/special-report/baby-opioids/