**Part 3:**

The incidence of neonatal drug withdrawal in West Virginia is among the highest in the nation. The crisis inspired a pilot program that weans the newborns off drugs and teaches mothers how to care for them.

CHARLESTON, West Virginia – This story has a chance of ending happily. But it begins last fall in a mangy downtown apartment as Katy Yeager, seven months pregnant, stares at a syringe and the crumpled foil that holds $40 worth of heroin. Yeager, 24, had been clean since leaving jail eight months earlier. Initially, she was elated to be pregnant. But then the baby’s father, a former coal miner she’d met in rehab, was sent back to prison. She faced raising the baby alone. Her final trimester was filled with insomnia, nausea and anxiety. She hated the job required by her probation – eight hours a day on her feet as a waitress at a Shoney’s restaurant. And she was desperate for money to buy a crib and diapers. “I just wanted to escape from myself,” Yeager recalled, “basically the loneliness, the anger and uncertainty of everything.” Getting high is easy in Charleston, a city at the center of Appalachia’s epidemic of opioid addiction. On that fall day last year, two months before her baby was due, Yeager poured powdered heroin into a spoon, added water and held a lighter beneath it until the drug liquefied. She filled the syringe and found a vein on the palm of her hand. In seconds, all her worries vanished.

After about a week, Yeager decided to stop using. But this “slip up,” as she describes it, presented a dilemma: Two friends who quit cold turkey had gone into premature labor. With heroin still in their bodies, the state seized their babies. Fearing this, she obtained a legal prescription for Subutex, a drug used to treat opiate addiction. In mid-December 2014, Yeager went into premature labor anyway. Her baby, Kennedy Jade Yeager, faced a harrowing first few months. Born hooked on the drugs her mother had been taking, Kennedy began an agonized withdrawal. Federal law requires states to have plans to identify and protect babies like Kennedy, not just during their hospital stays but after they are sent home with their mothers. Most states fail to comply, Reuters found, leaving at risk thousands of children born drug-dependent each year.

West Virginia is an exception. Along with the District of Columbia, it’s one of no more than nine states that insist doctors report every case to child protection workers – not necessarily to remove babies, officials say, but to keep them safe while helping their mothers. A memo issued early last year by the state’s Department of Health and Human Services explains why each case must be monitored. It refers to a “rash” of child fatalities involving babies whose mothers had been using drugs that were legally prescribed to them. The memo tells social service and child welfare workers that “it is often impossible to know” whether a mother is “actively involved in a treatment program or if the parent is abusing the prescribed drugs … and unable to properly care for a newborn.”

That’s why the state says it wants to assess all cases in which a child tests positive for drugs. “All newborns are extremely vulnerable,” the memo says, “as 100% of their livelihood is dependent upon their caregivers.”

It’s that reality that inspired a charity in nearby Huntington to create a program designed to do more than simply wean newborns off drugs. Health care and social workers also train mothers fighting their own addictions to care for the difficult babies. Experts say only a handful of similar programs exist nationwide. At the hospital, Yeager was among the first to be offered entry into West Virginia’s pilot program, which began in October 2014. To enroll, she had to sign Kennedy over to state custody. If both baby and mother successfully completed the program, the social worker promised, Yeager would get Kennedy back.

Nationally, nearly 7 out of every 1,000 babies born in 2013 were diagnosed with Neonatal Abstinence Syndrome, a consequence of drug dependence among newborns, according to a Reuters analysis of federal data. In West Virginia, the rate is about five times higher – 37 of every 1,000 babies. At Cabell Huntington Hospital, where Kennedy was born, 108 of every 1,000 babies born in 2013 were diagnosed with Neonatal Abstinence Syndrome. Last year, the rate at Cabell Huntington increased to 139 out of 1,000. The pace hasn’t slowed this year, nurses said. In one 24-hour period last month, six babies were born in drug withdrawal. On average, the hospital handles eight births a day, which includes both healthy and sick infants. The problem first became acute at Cabell Huntington in 2011, doctors said. By then, newborns withdrawing from drugs occupied two-thirds of the neonatal intensive care unit, which has 36 beds. That left little room for newborns with life-threatening conditions unrelated to a mother’s drug use. “We are the large regional hospital in a three-hour radius, and we were turning down sick and needy babies from other hospitals,” said Sean Loudin, the neonatologist who treated Kennedy.

In 2012, the hospital created a second neonatal unit just for babies going through withdrawal. Those 16 spots soon filled, too. The kernel of a solution came when two veteran neonatal nurses, Murray and Rhonda Edmunds, explained to a hospital volunteer that the babies would heal faster if they lived off-site, somewhere far from buzzing machines and bright lights, and where mothers could learn parenting skills. The volunteer, local activist Mary Calhoun Brown, got to work. “Lots of friends at church go on overseas missions, and no disrespect to them, but we have a crisis right here at home,” Brown said. Her first call was to Evan Jenkins, then a state senator and now a U.S. Congressman. The nurses developed a medical plan. Jenkins devised ways to navigate state, Medicaid and insurance bureaucracies. Brown founded a charity to manage the facility and raised startup funds from coal industry foundations. A podiatrist’s widow donated her husband’s vacant office building. Lily’s Place opened last fall with a mission to treat newborns and mothers in a nonjudgmental fashion. Soon, babies began arriving.

Yeager knew the dangers opiates pose. At least five high school friends had overdosed and died. Two women she knew had been jailed shortly after giving birth, one for accidentally smothering and killing her child while in a drugged stupor. Yeager also understood how difficult motherhood can be. Seven years earlier, while in high school, she’d given birth to a girl. Yeager said she did not get high during that pregnancy, but when her child was a toddler, she began abusing prescription painkillers. Yeager became homeless and transferred guardianship of the child to the father’s parents. She didn’t want to lose another baby.  She was already on probation for a crime: Stoned on Xanax and methamphetamine in March 2012, Yeager had helped two men rob an elderly man of $200. Police caught the three hapless addicts hours later. Yeager pleaded guilty and was sentenced to two years’ probation in spring 2013. Within months she tested positive for morphine and marijuana, skipped probation meetings and fled to Ohio. She was arrested in late 2013 and jailed until early 2014, when she began rehab and went to live in the apartment for female addicts in Charleston.

During recovery sessions nearby, she met Donnie Gooding, a former coal miner who had just served a short jail term for manufacturing meth. He was nine years older and cocksure. She loved his tattoos – he had the word LUNATIC stenciled across his neck – and the passion with which he pursued her. Soon, she became pregnant. For a while the couple dreamed of a sober future with a healthy baby. But by late summer 2014, Gooding violated probation and was sent back to prison. That’s when Yeager relapsed and then started on Subutex. A short while later, during her eighth month of pregnancy, Yeager decided to visit her grandparents in Barboursville, about an hour away. Their house happened to be a few miles from Cabell Huntington Hospital and Lily’s Place. Yeager went into labor during the visit, and her grandfather rushed her to Cabell Huntington. Kennedy was born there on Dec. 19, 2014, four weeks premature. She weighed just 4 pounds, 6 ounces. On a chart, a nurse rated Kennedy generally healthy but noted that she seemed hyperactive and jittery, the first hints of withdrawal. “Even in your darkest, deepest imagination, you can’t imagine their agony. You think you might know what one of these tremoring and screaming babies sounds and looks like, but it’s nothing like a colicky baby. We have some who scream as if their limbs are being ripped off.”

About half of the babies born to mothers who take opiates during pregnancy begin life the way Kennedy did. While she was in the womb, Kennedy’s brain had been stimulated by drugs for months. But at birth, when the umbilical cord was cut, the opiate supply suddenly stopped, creating a chemical imbalance and abnormal behavior. Babies like Kennedy arrive in the world irritable and hyperactive, making them far more difficult to keep calm than typical newborns. The tiniest noises can trigger inconsolable wailing. They are frightened easily, often by their own movements, even extending a leg. They can suffer involuntarily spasms and fits of yawning and sneezing. Feeding can be a struggle. Unable to focus, the babies often choke or cough after a few sips of formula or breast milk. The sensation can panic them. Kennedy, typical of newborns in withdrawal, suffered from explosive diarrhea. Painful rashes followed.

Two days after birth, Kennedy was transferred to Cabell Huntington’s special neonatal unit for babies in withdrawal. Yeager was discharged. “It didn’t really hit me until I got home and she wasn’t with me,” Yeager recalled. “Then I had all the guilt and regret. I’m a terrible mother. Why would I do this?” Kennedy began a withdrawal protocol – decreasing micro-doses of methadone, a heroin-replacement drug – that lasted five weeks. When Yeager visited the hospital, she found it hard to keep Kennedy calm, in part because the infant shared a room with two other wailing, drug-dependent babies. A few days later, Yeager was approached by Angela Davis, a Lily’s Place social worker. Davis invited her to put the baby in the new facility. “She explained that it was just like a hospital but Kennedy would get her own room,” Yeager recalled. The offer included requirements for mother as well: Yeager would have to visit Kennedy six times a week, help the nurses care for her baby, take parenting classes, meet regularly with the social worker, and attend her own addiction recovery sessions. Most important, she needed to learn her newborn’s “stress cues” and how to address them. Yeager promised to do everything.

Kennedy’s condition was charted with a widely used medical scale to tally the frequency, length and severity of symptoms – high-pitched cries, tremors, sweating, poor sleep. A score of 8 or higher means a baby’s condition is considered severe. After two weeks at the hospital, Kennedy was transferred to Lily’s Place. On her first day there, her average score was 7. Within days, her score climbed to 10. At times it hit 17. Kennedy continued to sweat and cry excessively. Every few days, she shook with tremors. Kennedy’s average score did not drop below 8 until her third week at Lily’s Place. Although doctors took the baby off methadone, they warned Yeager that Kennedy’s withdrawal would continue for months. On Kennedy’s final day at Lily’s Place – she was 5 weeks old – Yeager was shown a video prepared by Loudin, the neonatologist. “You are not taking home a completely normal newborn infant,” the doctor said in the video. “You have to recognize your baby is going to have bad days. At these times it is vital for you to keep yourself calm and not do anything that can harm the baby. Please, if you find yourself frustrated, the safest thing you can do is put your baby in a car seat, put it on the floor and walk away for a few minutes and collect yourself. Do not shake your baby. Do not abuse your baby.” For Yeager, her grandparents’ home in Barboursville, a village near Huntington, had long been a refuge. She spent years growing up there and was welcomed back in her early 20s, even after she repeatedly stole from them and a boyfriend once assaulted her grandfather. The grandparents agreed to drive Yeager to recovery meetings and pediatrician appointments. But they insisted that Yeager would have to care for Kennedy 99 percent of the time. During the first few weeks at their home, Kennedy’s tremors continued. Often, she was cranky. Yeager said she did her best to calm Kennedy, applying tips from Lily’s Place, such as swaddling the baby snugly and darkening the room. “It was stressful … I’d be lying if I said I didn’t think about getting high,” she said. “But then I realized how far I had come and where I wanted to go, and that if I did that, Kennedy could be sent to a foster home, and anything could happen to her there.” Yeager’s own recovery appeared to accelerate late this summer, after Gooding was released from prison. They married, and she began taking college courses online. Gooding got a steady construction job and helped Yeager pay off fines so she could get a learner’s permit to drive. Recently, the couple rented a tiny apartment near Yeager’s grandparents. She takes a prescription drug to help her resist her heroin cravings. Both say they are off illegal drugs. In September, Yeager took Gooding’s last name. In October, their baby did, too.

Since Lily’s Place opened late last year, 66 babies have been weaned off drugs there. The fates of their mothers vary. Social worker Davis estimated that 80 percent were doing well on the day their baby was discharged; they were either off drugs completely or in recovery as part of a doctor-ordered prescription protocol. Two have overdosed and died. But all 66 babies are alive. This fall, Kennedy hit milestones for normal infants of her age: By 8 months, she could sit up, crawl and hold things in her hands. Her weight climbed to 19 pounds. She started pulling herself upright while balancing on the side of a couch or chair, a precursor to her first steps. And she began to smile in elevators and restaurants, no longer frightened by noise and bright light.

**Infant deaths prompt changes at methadone clinic**

BRADENTON, Florida – Connie Shingledecker, a major with the Manatee County Sheriff’s Office here, was investigating the deaths of children in Florida when she noticed a disturbing pattern. During a six-month period in 2012, four babies had died in the care of mothers with histories of drug abuse. In each case, their babies had been born dependent on drugs. And in each case, the new mothers were trying to kick their opioid addictions by taking methadone, dispensed by a clinic in a local strip mall. At the time, only about 50 new mothers were visiting the methadone clinic. Shingledecker, a member of a statewide panel that reviews deaths related to child abuse, knew that four infants dying in such a short period represented an extraordinarily high rate.  Shingledecker called the director of the local methadone clinic. It is run by Operation PAR, a non-profit agency serving recovering addicts in five counties. Although the clinic drug-tested mothers to ensure they hadn’t relapsed, Shingledecker learned that the facility wasn’t telling authorities about any illegal drug use those tests showed, even though she said state law required that those results be reported. “We were assuming they were going to call us, but we were wrong,” Shingledecker said.

Nancy Hamilton, chief executive officer of Operation PAR, said she agreed to meet with Shingledecker, but with some trepidation.

Methadone clinics have typically been regarded as safe havens for people trying to control their addictions. And doctors say they are sometimes reluctant to refer drug-dependent mothers and newborns to authorities. They don’t want to report women who seem to be doing their best to overcome addictions to heroin or painkillers. “It’s a little tough to report the moms when they’re following doctors’ orders,” said Matthew Grossman, a doctor at Yale-New Haven Children’s Hospital. The Florida cases Shingledecker spotted were somewhat different. Although the women were part of a methadone program, their drug tests also showed they were using illicit drugs. Shingledecker insisted that Operation PAR follow the state law on mandatory reporting. It requires everybody – particularly health professionals and social workers – to call child protection services if they have reason to suspect a child may be neglected or abused. Parental drug abuse may be considered a form of neglect. “I told them, ‘Listen, how could you not want to be on the side of saving babies’ lives?’” Shingledecker said. “‘We want to prevent future deaths. We’re not trying to catch your clients using additional drugs so we can prosecute.’” Operation PAR’s Hamilton said she agreed. “We came up with something good,” Hamilton said. The plan, she said, was “to focus on at-risk pregnant women.” That meant women who tested positive for illicit substances in their third trimester of pregnancy or who had open cases with child protection services. The at-risk women would be drug-tested two extra times per week. Positive results would be reported to the sheriff immediately. Since 2013, all 48 new mothers who fit the criteria and use the Operation PAR facility have agreed to the conditions. All 48 of their babies are alive.

**About the series**

Reporter Duff Wilson reviewed more than 50,000 pages of documents and interviewed more than 300 people to assess the impact of opioids on newborns. The documents included about 5,800 child fatality reports and tens of thousands of additional pages of medical records and other documents obtained through more than 200 public records requests. To obtain those documents, Reuters began filing Freedom of Information Act requests in 2014 with federal, state, county and city agencies. Reporters Wilson and John Shiffman interviewed mothers in seven states – including three mothers who are currently in prison – as well as doctors, nurses, social workers, drug counselors, prosecutors, defense lawyers, academics, child protection workers, lawmakers and relatives of people struggling with addiction.

To track the dramatic increase in babies born drug-dependent, Reuters analyzed hospital patient discharge data kept by the federal Agency for Healthcare Research and Quality. The news agency surveyed each state and the District of Columbia to assess policies and performance on two key parts of federal law – mandatory reporting of drug-withdrawing newborns and the disclosure of child fatality review reports.

To determine whether a child’s death may have been related to the mother’s drug use, Reuters looked at cases since 2010 in which a newborn was diagnosed as dependent on drugs or the mother was found to be using opioids during pregnancy. Then reporters examined whether the deaths of those children, each of whom had been released from the hospital, could have been prevented.

The 110 examples that Reuters found fit the definition of “preventable death” used by most states. It is contained in a glossary of terms to help officials identify and report such cases to the National Fetal, Infant and Child Death Review Center, a government-funded non-profit group. According to the definition, “A child’s death is considered to be preventable if an individual or the community could reasonably have done something that would have changed the circumstances that led to the child’s death.”

Tracing the circumstances of a child’s death back to the conditions at birth is often difficult, said Theresa Covington, a presidential appointee and director of the national center. The 110 cases that Reuters identified, Covington said, likely represent the “tip of the iceberg.”

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