



# **How the ROPC is Addressing The Two Generational Impact of Substance Use Disorders**

**Presented by  
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# Maternity Care Coalition: Born in 1980 Fighting to Save the Babies with ROPC in 2018!

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The Pittsburgh Press  
**OPINION**

## Too many babies dying

By JoAnne Fischer  
and Richard Weishaupt

The happiest moment in the life of many adults is the birth of a child. Think then of the misery and sadness that comes from the loss of a child at birth or during the first year of life. Yet, right here in Pennsylvania such tragedies occur all too often, especially in communities afflicted by poverty, where inadequate medical care is commonplace.

In the next five years, thousands of babies will die in Pennsylvania, thousands more will be handicapped for life.

Pennsylvania has a higher rate of infant mortality than even poverty-stricken Third World countries as politically diverse as Costa Rica and Cuba.

We can and must do better. Pennsylvania's 1984 infant mortality rate was 10.6 per thousand births, for non-whites, among whom poverty is more prevalent, the rate is 21.3. Worse yet, while Pennsylvania has been making some progress on the overall rate, the infant mortality rate for the minority population is actually going up.

Pittsburgh has the highest black infant mortality rate of any city in the nation.

One of the key factors related to infant mortality is low birth weight. 1500 grams or less. Low birth-weight babies are 20 times more likely to have permanently disabling conditions such as retardation, cerebral palsy, epilepsy, vision and hearing impairments and learning disabilities.

Two-thirds of all low birth-weight infants will require extended hospital care or in-home, high-tech care during the first year of life.

Philadelphia's percentage of low birth-weight babies is one of the country's highest, only five of the 27 largest cities in the country have a higher percentage. Here again we see a dichotomy between black and white children: 87 percent of all Pennsylvania babies had a low birth weight but 14 percent of black babies had a low birth weight in 1984.

Although the problem is extremely serious in the black community, the problem is not confined to the big cities.



Jim Conaway/The Pittsburgh Press

### Maternity care agenda

Women's Agenda, a statewide organization lobbying for women and children in Harrisburg, in conjunction with the Maternity Care Coalition of Greater Philadelphia, is urging adoption of this maternity care program:

- An expanded Maternal and Infant Care program that will provide free prenatal care for all poor and near-poor Pennsylvania women.
- A state supplement to expand the special food program for pregnant women (known as WIC) to every eligible woman. Currently this program provides milk, eggs, cheese and juice to only 32 percent of low income pregnant women in need.
- A substantially increased effort to prevent teenage pregnancy, while infant mortality is a problem that affects women all ages, pregnant teens are especially at risk.
- A comprehensive program covering in-hospital maternity services (labor, delivery and hospitalization) for the uninsured. Not knowing how they will pay for their hospital stays is one of the strongest factors in keeping women away from early enrollment in prenatal care. Stalling care late greatly increases the chances of incurring a much larger bill for emergency delivery or a low birth weight baby.

Infant mortality is also a problem in such diverse counties as Clearfield, Dauphin, Elk, Erie, Juniata, Montrose, Somerset and Washington.

Unlike many social problems that are easy to recognize but difficult or controversial to solve, we know what works to reduce infant mortality.

Simply put, infant mortality rates and low birth-weight figures can be improved by providing high quality

prenatal care to pregnant women in the first trimester of their pregnancies.

Studies show that early enrollment in prenatal care, coupled with supplemental food programs and labor and delivery care is effective in reducing infant mortality among all women, regardless of their economic situation.

How, then, do we ensure that more women will participate in programs

# SAVING THE BABIES

*Philadelphia's infant-mortality rate is one of the very worst in the nation. A few good people are trying to change that.*

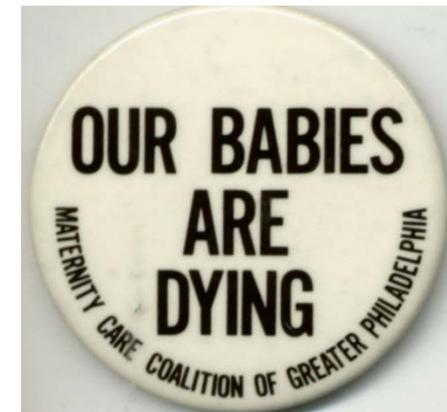
Photography by STEPHEN SHAMES  
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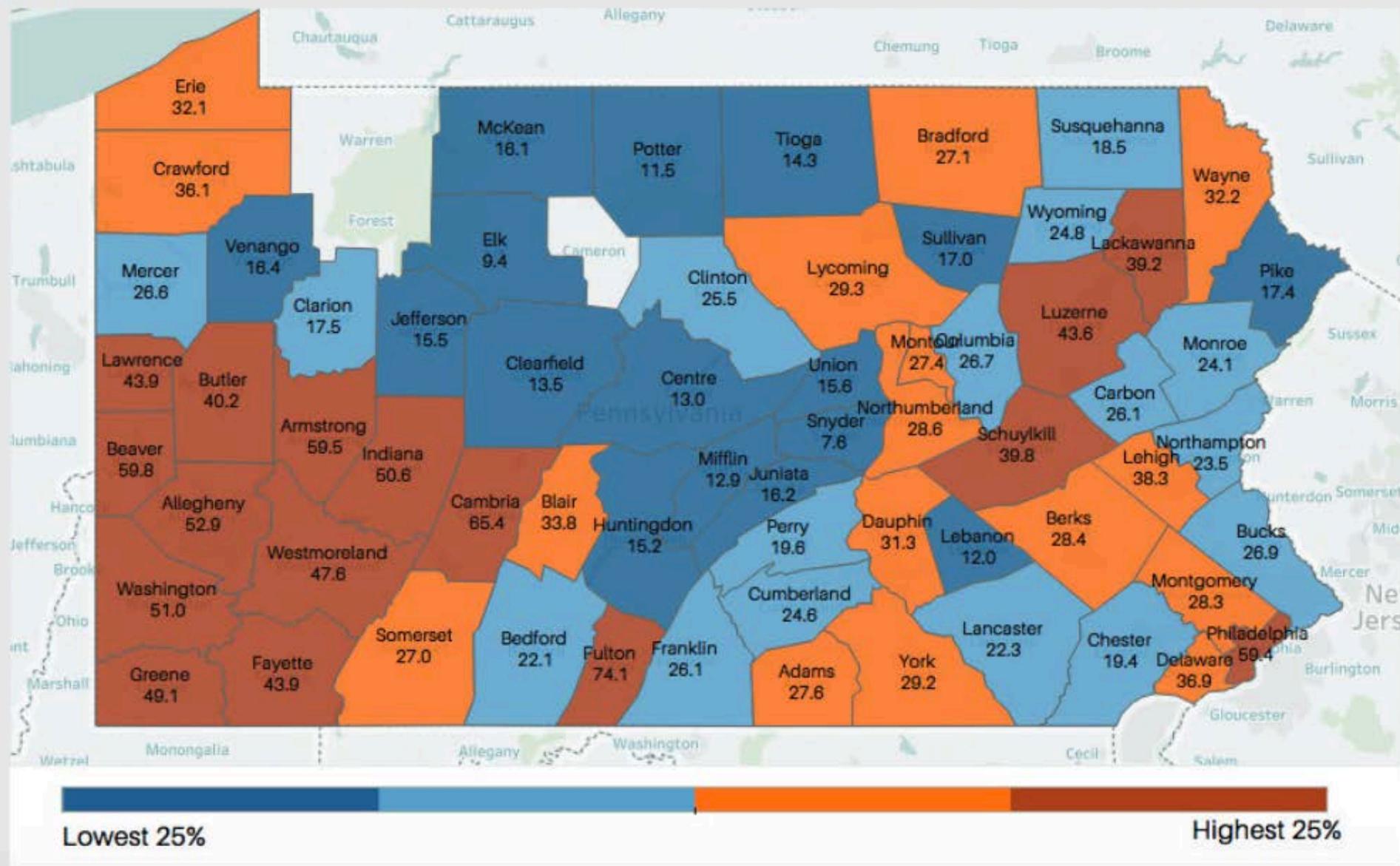
# Infant Starves to Death at Home Days After Parents Fatally OD on Heroin at the Same Time



Baby Summer Chambers died Dec. 19, 2016

Babies usually don't die of NAS they die of abuse and neglect when they go home!

(U) Figure 2: Rate of Drug-Related Overdose Deaths per 100,000 people in Pennsylvania Counties, 2016



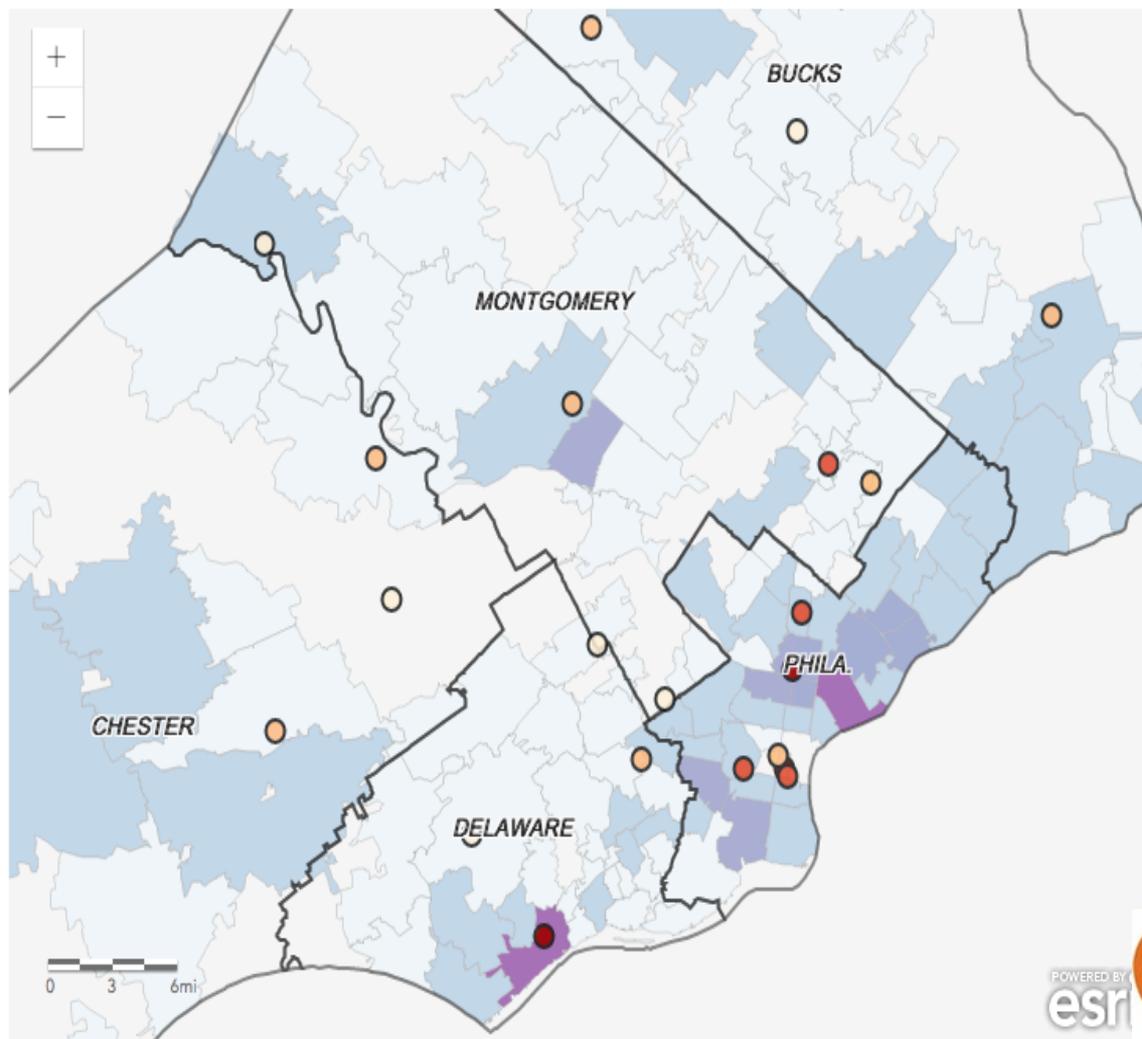
# Why the ROPC is Critical in Driving Systems Change

## Snap Shot for Drug Exposed Babies in 2016 in South Eastern PA

Drug-exposed babies in 2016, by zip code



Drug-exposed births by hospital in 2016

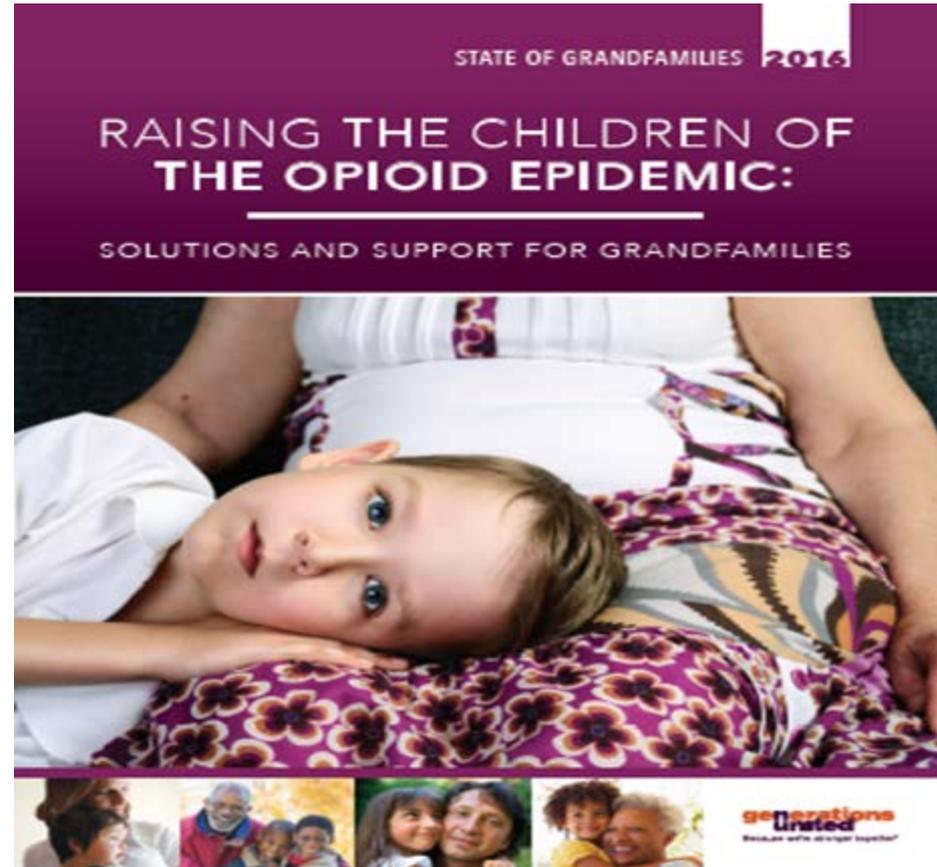


SOURCE: Pennsylvania Health Care Cost Containment Council; Inquirer/Daily News analysis by DYLAN PURCELL

# Two Generational Impact Quickly Becoming the Three Generational Impact

!

- ❑ Nationally 437,500 are in Foster Care & 25% parental drug use
- ❑ PA 16,000 children in Foster Care with 55% taken because of parental drug use
- ❑ Majority of family placement from CYS is grandparent care

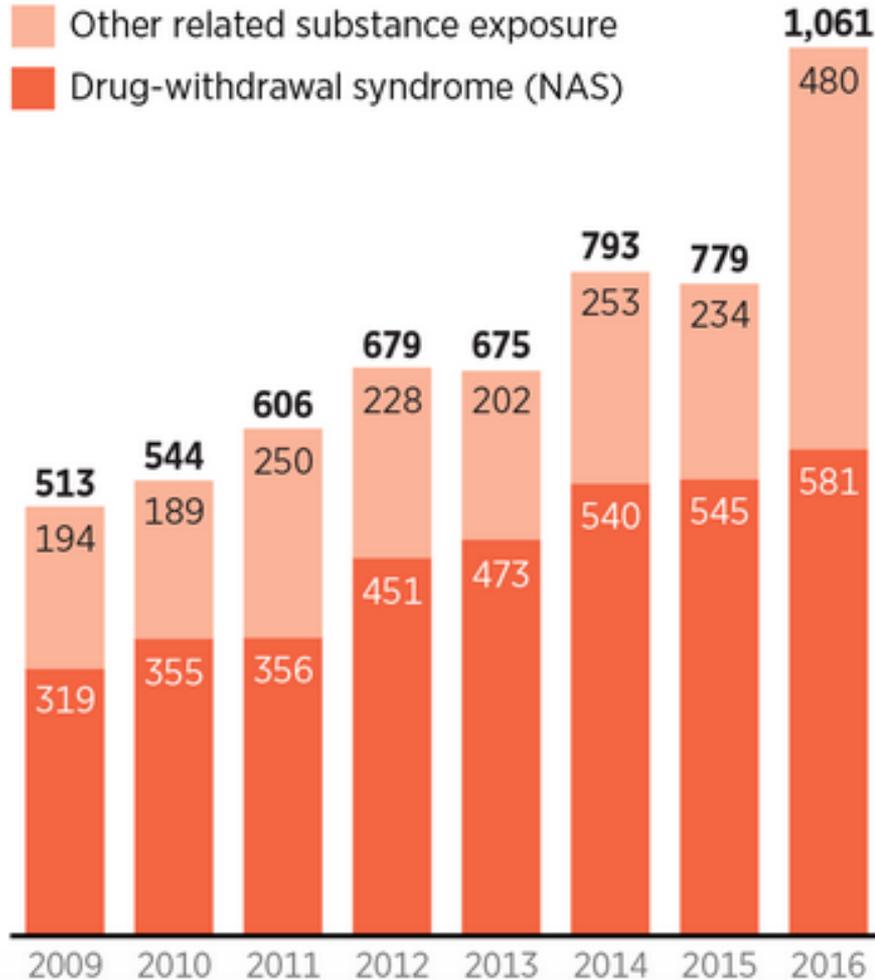


# ROPC Reviewing the Perinatal Impact of Substance Use Disorder

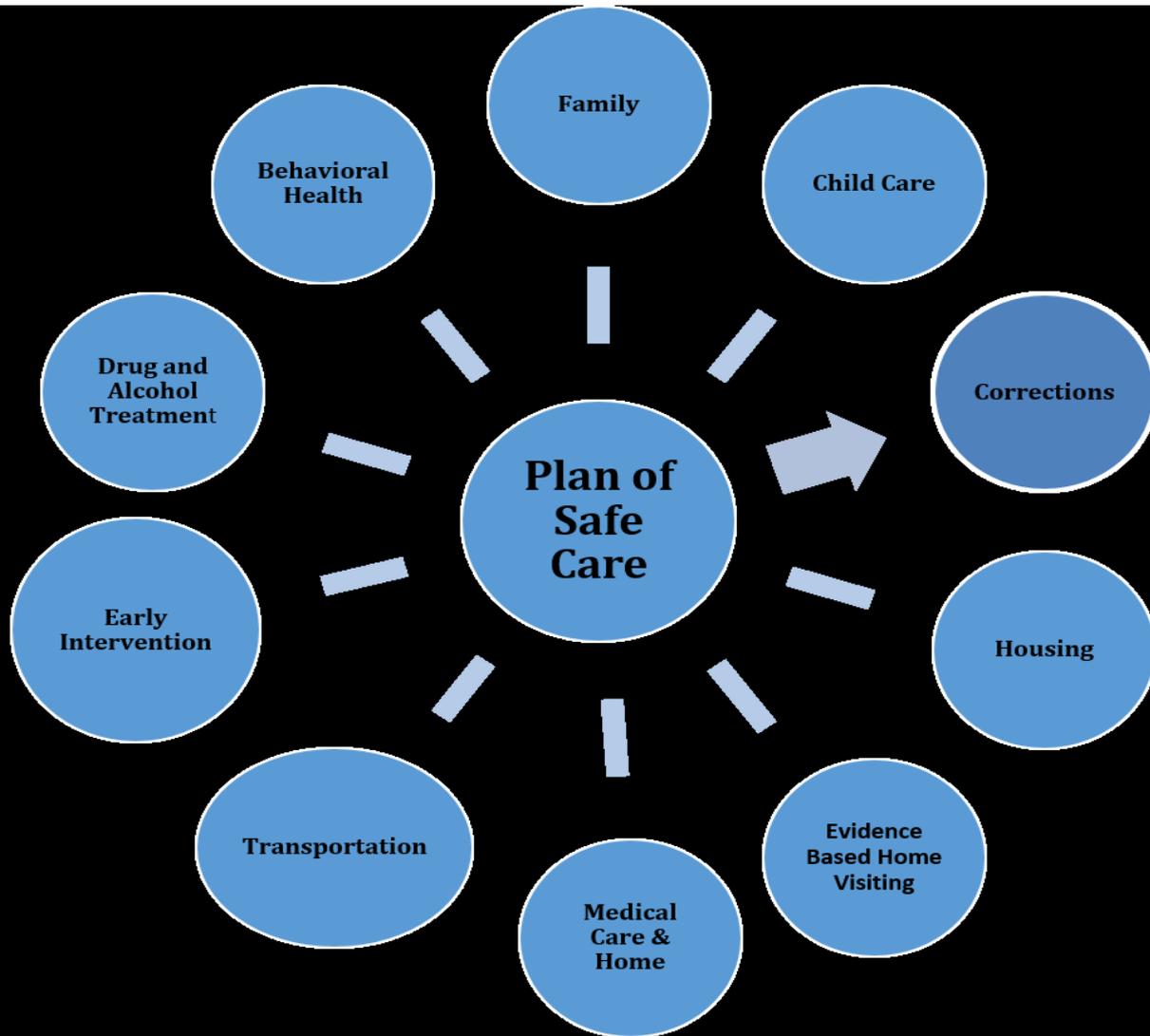
- ❑ 2012 PA Child Fatalities and near fatalities 105
- ❑ 2017 PA Child Fatalities & near fatalities 243
- ❑ 81 % Children under 3
- ❑ 2017 SE. Region Pa had 30 Child Fatalities 49 Near Fatalities

## Surge in Drug-Exposed Babies

The number of babies born in Philadelphia and its suburban counties who were treated for drug withdrawal (NAS) or had other signs of drug exposure.



# Critical Pieces: Plan of Safe Care



# ROPC Breaking Down Silos & Building Processes for Solutions!

