

Tough START

Babies exposed to drugs while in the womb face plenty of medical challenges. But compassionate hospital- and community-based programs are giving both mother and child a chance to get their lives on track.

Last year, more than 900 babies were born at Beebe Healthcare in Lewes. In most cases, those births were times of celebration. The mothers got flowers and balloons, and visiting relatives brought with them blankets and tiny outfits in pink or blue.

But for a few of those births, it was a different story. Babies of mothers struggling with addiction to opioids, including heroin, came into the world with no great fanfare. “We rarely see anyone bring gifts to those babies and mothers,” says Bridget Buckaloo, executive director of women’s health services for Beebe. “Those mothers are very isolated.”

Amy’s Story }

Amy’s story of drug abuse begins like so many others — with an injury and a prescription for painkillers.

(*Delaware Beach Life* is withholding Amy’s last name, as well as the names of her children and their father, at her request.)

“I was 23 years old

and had gone out dancing,” she says. “My knee just went out. I was a server at the time, and you can’t wait tables with a bum knee. So I went to the doctor.”

The doctor withdrew fluid from her knee and prescribed an opioid painkiller. By the time she was 25, she was an addict. And two years later, while still an active abuser of prescription opioids, she became pregnant with her first child.

“That was really scary,” she recalls. “I realized the seriousness of what I was doing when I became pregnant, and I knew that I had to find a means to keep my child safe.”

Amy enrolled in a Georgetown methadone treatment program through Kent Sussex Counseling Services, a process that was made simpler by the fact that she was pregnant. Her daughter was born in 2010 at Beebe Healthcare; after exhibiting symptoms of drug withdrawal, the baby was treated for neonatal abstinence syndrome. The newborn’s hospital stay lasted 17 days.

Amy continued with Kent Sussex Counseling for six months, and then relapsed, she says. She was an active user for a year and a half, and then went back into treatment at Addiction Medical Solutions of Delaware near Rehoboth Beach.

Her second child was born in September 2015. A son, he also developed symptoms of NAS. Other medical issues, unrelated to his mother’s drug use, meant that he needed care beyond what Beebe could offer. He was transferred to Bayhealth Kent General in Dover, where he stayed for six weeks.

Today, both children are doing well, Amy says. Her daughter is in kindergarten and is already reading. Her son, despite his rough start, is “phenomenal.”

Amy is still a client at AMS of Delaware and is the manager of a store in the Long Neck area. She and her children’s father, who is Amy’s fiancé and also a client at AMS, talk about the day when they can be weaned off methadone. “It’s still definitely a struggle,” she says. “But I’m in a much better place as far as being clean and wanting to be completely clean.”

She urges anyone suffering from addiction to seek treatment. “There is help out there,” she says. “If someone had told me when I was 27 that I would be where I am today, I wouldn’t have believed it.”

Amy will have no more children. But she enjoys her daughter and son — “They are a part of my saving grace,” she says — and is happy that, before they were born, she sought treatment for her addiction.

“When our son was born, my fiancé said that our children were going to have to pay for our sins,” Amy recalls. “That was a hard pill to swallow. I could dwell on that — on the fact that I put my children through so much. Or I can find comfort in the fact that in the end, I did the responsible thing.” ■





Angela's Story

The last time that Angela Bare used heroin was the day before her daughter was born. Even though she was in a methadone treatment program, she still needed the street drug to get her through the night.

“I could feel that I was going into detox, and that meant that the baby was going into detox too,” says the Gumboro woman. “I knew that there is a greater chance of infant death with detox, and I didn’t want to lose her. That was the hardest decision I ever had to make, to inject heroin into my body knowing that it was going to my baby. I hated that decision.”

Grace Bare was born at Nanticoke Memorial Hospital in Seaford in February 2015. After showing signs of neonatal abstinence syndrome, she was started on a drug withdrawal program. She was in the hospital for two weeks.

Now, Grace is doing well. She is walking, something she started at 10 months, and is starting to say a few words.

And Bare, 33, hasn’t used heroin since her child’s birth. She is a client at Kent Sussex Counseling Services in Georgetown and is talking with her counselor about being weaned off methadone. “It is my intention not to be in treatment for the rest of my life,” she says.

Bare’s addiction started when she was 29, with a prescription for opioid painkillers. When the pills became too expensive, she turned to cheaper heroin. She learned that she was carrying a child “at the worst time of my life” and entered the treatment program when she was five months pregnant.

Angela says that watching Grace go through withdrawal was very difficult: “Knowing what it was and that it was something that I caused tore me up inside. I wouldn’t wish that on my worst enemy.”

She credits Grace for spurring her to make needed life changes. “She was a blessing from up above and I thank God every day that I had her. If not for her, I don’t know where I’d be. I’d probably still be using.”

And she says that she is not ashamed of anything that she did.

“I did wrong, I understand that. But I did the responsible thing for Grace. If I can help somebody understand addiction, or if I can help another mother who is going through what I went through, I’m all for it.” ■



At Beebe, the number
of babies diagnosed
with neonatal
abstinence syndrome
has nearly tripled
since 2013, to an
average of more than
four per month.



Beebe is trying to end that isolation and give these moms and babies the best start possible. But in the face of rising numbers of substance-exposed babies, the health care facility views this problem as something the entire community must address together.

Buckaloo explains: “It really does take a village to raise a child. I think that we all have a stake in this. These mothers and babies are so vulnerable and we all need to be aware of what’s going on.”

Since 2013, Beebe has seen nearly a three-fold increase in the number of newborns whose mothers either used opioids — including the street drug heroin as well as painkillers such as oxycodone — during pregnancy or who were in a methadone treatment program to battle an addiction to opioids. (See “Methadone vs. Heroin” on page 66.) Nearly all of these babies end up being diagnosed with neonatal abstinence syndrome (NAS) and have to spend days, sometimes weeks, in the hospital.

The small amount of research that’s been done suggests that children who had NAS develop at the same rate as those born without NAS. But the road for mothers can still be a rough one.

It’s not easy taking care of a newborn, let alone one who had NAS and who still may exhibit symptoms of withdrawal. For a woman struggling with her own addiction, along with the problems that often accompany that, including alienation from her family, it’s even harder.

“There are some very sad stories that we hear,” says Terry Hess, one of seven neonatal nurse practitioners at Beebe. “But no matter what has happened before, there’s no reason that we can’t do our best to get everybody in as good a situation as possible.”

Rising numbers

Opioids are drugs that act on receptors in the brain to produce morphine-like effects, relieving pain and often causing feelings of euphoria. Heroin and prescription opioid painkillers, both with their roots in the opium poppy, are chemically very similar. And abuse of them is a nationwide problem.

According to studies by the Center for Behavioral Health Statistics and

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Treatment

At Beebe, all mothers are screened for drug use.

Starting at 2 hours of age, babies whose mothers were using drugs are checked regularly for symptoms of neonatal abstinence syndrome. Those symptoms are similar to what an adult drug addict who is suddenly cut off from his supply would experience, says neonatal nurse practitioner Terry Hess: tremors, fever, rapid heartbeat and convulsions. Left alone, the babies could have seizures and even die, she adds.

It's unusual, says Bridget Buckaloo, executive director of women's health services for Beebe Healthcare, for an opioid-exposed baby not to require treatment.

Treated babies are given a solution of morphine syrup by mouth. The doses are based on the child's weight and are very small to begin with, Hess says: “the minimum dose that gets the best reaction.” They are given every four hours in increasing amounts until the infant's withdrawal symptoms start to diminish, or are “captured.”

Once the symptoms are under control, the baby then has to be weaned from the morphine. Doses are gradually decreased in 10 percent increments, and the child is monitored continuously to make sure the symptoms don't recur.

“When the morphine is down to zero, we still keep the baby for 48 hours to make sure the symptoms don't return,” Buckaloo says. When that period is over, the newborn is discharged.

Hess is one of seven neonatal nurse practitioners at Beebe. She says that the babies in their care get excellent treatment and that nurses often form attachments to them as well as to the mothers.

“We work to establish rapport with the moms and try to help them,” she says. As for the infants, “we watch them grow and we watch them succeed. We really do love them.” ■

Quality (2014) and the Substance Abuse and Mental Health Services (2015), 914,000 people reported using heroin in 2014, a 145-percent increase since 2007.

The same studies found that in 2014, 10.3 million people reported using prescription opioid painkillers “nonmedically”: either taking pills that were not prescribed for them or taking them not to treat an ailment but instead for the feeling that they caused. These pills include Percocet (a combination of oxycodone and acetaminophen), oxycodone, OxyContin (a long-acting form of oxycodone) and buprenorphine (brand names: Suboxone and Subutex).

The First State is not exempt from this trend. In 2014, the last year for which statistics are available, Delaware had 189 overdose deaths, ranking it 10th in the nation per capita.

That same year, nearly 10,000 adults were admitted to the state's public drug abuse treatment sys-

tem. A third of those used primarily heroin.

And as society goes, so go its children. According to the National Institute on Drug Abuse, every 25 minutes in the United States a baby is born suffering from neonatal abstinence syndrome. The average length of hospital stay for these infants is 16.9 days, compared to 2.1 days for a typical newborn.

NAS numbers at Beebe started going up around 2011, Buckaloo says. In 2013, the hospital treated 19 babies with the syndrome. The next year, the number climbed to 34. And last year, the hospital treated 53 NAS infants. That rate, about 4.4 per month, is holding steady so far this year.

Babies in Delaware who are diagnosed with NAS undergo a regimen of treatment that generally follows evidence-based guidelines that were finalized in late 2014 as part of a statewide collaborative effort. (See “Treatment” on page 62.) In some

‘Addict’

A Misapplied Term

Bridget Buckaloo strongly objects to babies with neonatal abstinence syndrome being referred to as “addicted.”

“I hate it when people say, ‘those addicted babies,’” says the executive director of women's health services for Beebe Healthcare. The newborns “are substance-exposed and that is how we are referring to them, legally and clinically.”

Buckaloo says that addiction is the result of choices that people have made, but “these babies did not choose anything. They were not capable of deciding on behaviors that resulted in addiction.”

Gumboro resident Angela Bare, who gave birth to an NAS baby last year, agrees.

“These babies aren't addicts,” she says. “We mothers are the addicts. We did this to them.” ■



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To the Rescue

As soon as Georgetown business-woman Bobbi Schroeder learned about infants with neonatal abstinence syndrome, they had her attention.

"These babies have no voice," she says. "They are fragile newborns whose mothers are either drug addicts or in methadone treatment programs, and that really struck me. Then God spoke to my heart and said, 'There's a need. Why not you?'"

Schroeder is in the process of applying for grants to open a residential facility, the Celebrating New Life Center, for women struggling with addiction, as well as for their newborns.

Already, she has found a potential building, on Route 113 near Ellendale. It could open as soon as August.

"This thing has just steamrolled," Schroeder says. "I'll say, 'We need this,' and then that exact thing just comes along. As things keep going forward, I think it's a sign that I'm on the right track."

Celebrating New Life will be able to house eight mothers, each of whom can stay for up to three months. The facility will be staffed 24 hours a day and will provide meals. A state-sponsored bus that provides transportation to treatment centers and doctor's appointments will stop at the center; Schroeder says that as things progress and the center is able to purchase a vehicle, it may be able to offer additional transportation.

The mothers will have to be enrolled in a methadone treatment program and continue that regimen as required. They will also have to be referred to the facility by a hospital.

Schroeder isn't worried that things won't work out. "When God puts something in your heart, He follows through," she says.

Also inspired to help NAS babies and their mothers are Court Appointed Special Advocates. These volunteers are charged with supporting children who are in the court system because they are abused or neglected. Lauren Brueckner, coordinator for CASA in

Sussex County, says that her group becomes involved with NAS babies when the state Division of Family Services gains custody of an infant. After her volunteers noticed the increased numbers of NAS babies at Beebe, they contacted the hospital to see if there was any way they could help.

Volunteers were invited to attend a meeting of the Beebe support group for mothers of NAS babies. "It became very clear that the moms have some significant needs," Brueckner notes.

In March, a Sussex CASA friends group formed a foster grandparent program, Good Friends, through which volunteers support mothers of affected babies. Tasks range from regular check-ins with the mothers and entertaining the babies to give moms some free time, to help with parenting skills, budgeting, healthy eating and putting together resumes and preparing for job interviews.

"The idea behind the program is that it helps to provide the mother and her family with some steady support in the community and gives her someone to call when she needs a helping hand or wants to hear a friendly voice," Brueckner says. "What do I do if I have a question? I call my mom or ask someone else in my family. But often, these women have no family support."

Bridget Buckaloo, executive director of women's health services at Beebe, says, "I think that some of these mothers would definitely be receptive to the help and support. That is something that they have not had much of in their lives. And it may be what they need to keep them on a positive trajectory. The bottom line is, these mothers and babies need a safety net."

Good Friends is open to everyone. For details, email friendsofsussexcasa@gmail.com.

To help out with the Celebrating New Life Center, call Bobbi Schroeder at 236-4496. ■

hospitals, those affected are kept in a neonatal intensive care unit, or NICU for short. But at Beebe, the mother and baby room is together. "The evidence shows that if you keep the mother engaged in the care of the newborn, the baby is at a decreased risk for abuse and neglect once it's discharged to home," Buckaloo says.

A mother who rooms with her baby is encouraged to help the nurses monitor how the newborn is doing. She also learns how to soothe her crying infant by offering a pacifier, swaddling, gently rocking and walking around with the child, and by keeping the room quiet and dimly lit. "Being calm is really big around here," Buckaloo says. "A calm mother equals a calm baby."

Mothers who are in a treatment program are also encouraged to breastfeed. In addition to all of the traditional good reasons for doing so, trace amounts of methadone are in the breastmilk and help to calm the baby, Buckaloo explains.

Through all of this, the mothers are learning parenting tips they can use after taking their babies home.

One mom, whose daughter was born at Beebe last April (and whose name is being withheld by *Delaware Beach Life* at her request), has high praise for the care she and her baby got there. "The nurses were great," she says. "They were well-educated and taught me a lot about taking care of my baby. And they weren't judgmental. They were all caring and understanding."

"These moms have really been through a lot," says Ann Regacho, a Beebe social worker and case manager who works with the NAS babies and their mothers. "Most of them are terrified, like scared little girls, and we are putting so many expectations on them, to take care of the baby and of themselves. So every little thing they do, they get praise. We are continually building them up. And usually, after a while, I see a little improvement. I've had mothers tell me that for the first time, they see what it is they need to do."

Keeping a close watch

Whether an NAS baby goes home with his mom or is placed in foster care is a decision made by the Delaware Division of Family Services. Beebe contacts that agency as soon as a mother-to-be tests positive for opioid use.

The hospital also re-contacts DFS if it

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Methadone VS. Heroin

The cycle of opioid abuse, unpredictable doses and withdrawal can be fatal for a developing fetus. According to the Delaware Healthy Mother and Infant Consortium, which developed the state's standard of care for babies with neonatal abstinence syndrome, using drugs and then stopping them can lead to oxygen deprivation and insufficient blood flow to the placenta, as well as premature birth and insufficient weight gain.

Methadone is a synthetic opioid that is used in drug detoxification programs. It eliminates symptoms of opioid withdrawal and reduces cravings for the drug. While pregnant women who are given methadone will likely have babies who have to be treated for neonatal abstinence syndrome, the drug is safer for the fetus than if the mom abuses heroin or prescription painkillers, the consortium says.

Bridget Buckaloo, executive director of women's health services for Beebe Healthcare, says that most of the women who give birth at Beebe to NAS babies are already in a treatment program. "Somehow, they got the message that that's the right thing to do," she says. "And we champion that decision."

There are three methadone treatment centers in coastal Sussex County: Addiction Medical Solutions of Delaware, Rehoboth Beach; Connections Community Support Programs, Millsboro; and Kent Sussex Counseling Services, Georgetown.

If a mother is in treatment, on the day she gives birth Beebe contacts the treatment center to get information it needs to provide the woman's care while she is a patient. As for those who are not in treatment, "we work to get them there," Buckaloo says. "We have built relationships with the treatment centers, so we can usually get them in a program pretty quickly." ■

sees anything that might indicate a problem: a mom who is erratic in her visits, for example, or not engaged in the care of her baby.

Federal law says that communication with a local child protective agency is required after the birth of a baby "affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure." Also required is the development of a plan of safe care. In January, following a year in which there were three infant deaths related to heroin in Sussex County, a statewide committee made recommendations that would clarify when to initiate the state's protocol for releasing high-risk babies from a hospital. Those new guidelines would make it clear that hospitals should contact DFS if parents show "significant noncompliance" with the care of the baby, or if they are using drugs and are not in a treatment program. DFS would also be contacted if the newborn's stay exceeds 30 days, or when hospital staff is afraid that the required care at home will be beyond the ability of the caregiver.

If DFS determines that there is substantial risk, it opens an investigation, looking at the mother's past drug use, as well as the father's, and determining whether the mother has a safe plan in place for caring for the infant. If the agency determines that the baby will be in danger if allowed to go home, it looks for other options, such as a family member who can provide safe care.

Mothers who take their babies home are required by the hospital to have already arranged a follow-up appointment with a pediatrician or primary care provider. The doctor knows of the baby's diagnosis and is encouraged to contact DFS if the mother doesn't keep the appointment.

Social worker Regacho calls the mothers the day after they leave Beebe; she also tells them that they can contact her with any concerns.

Also, as part of Beebe's discharge plan, a skilled nurse visits the mothers and babies at home twice a week for two weeks. The mothers are also given information about parenting programs that can build on the skills they learned in the hospital. In addition, the moms are referred to a state program, Child Development Watch, which monitors



Beebe neonatal nurse practitioner Nancy Forsyth comforts a baby that was exposed to opioid drugs in the womb, requiring special care for neonatal abstinence syndrome.

children for developmental delays.

Last year, the hospital started a support group for mothers of NAS babies. Moms who want to can meet once a month and talk with one another as well as with hospital staff about how things are going. Beebe recently received a grant through the March of Dimes to offer incentives to moms who participate in parenting education as part of the support group.

Buckaloo says it's helpful for the mothers to have this network: "I've heard them say that they felt like they were the only one going through this. The support group allows them to validate each other."

The mom whose daughter was born at Beebe last April agrees. She attended the group for several months, until she went to work full-time.

"I was really grateful for the support group," she says. "Women who are in the same situation get together and can talk and relate to each other. It was just awesome." ►

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Beebe Women's Health Case Manager Ann Regacho talks to a mom during a support group meeting for mothers of babies with neonatal abstinence syndrome.

Learning their stories

Beyond the steps that Beebe and the state are taking, Buckaloo has a vision for the future — a vision that involves, as she says, “the village.” Part of it is a better support system for the mothers.

“Most of them have burned their bridges with family and friends,” she notes. “They have job issues, transportation issues — it can be overwhelming in addition to the day-to-day challenges of caring for a newborn. I envision the concept of a ‘sponsor,’ someone who could help them with all that, someone who would provide the support they need.”

The sponsor would “have the mom’s back,” Buckaloo adds, “and would support her and tell her what a great job she’s doing.”

She also dreams that someday, Sussex County will have a residential facility for addicted women and their children, offering such things as job training, transportation, child care

and counseling. “This would enable these women to be independent and to become the parents that they want to be,” she says. “Most of them really want to be good parents.” (See “To the Rescue” sidebar on how those dreams of sponsors and a residential facility may soon come true, on page 64.)

Buckaloo says that each one of these mothers has a story about what led to her addiction, a story that more often than not stirs compassion. “Not one of these women woke up one morning and said, ‘I want to be a drug addict.’ But that story is often what people don’t hear. Judgment and stigma of these women is strong and pervasive” — and that judgment can obscure the fact that these women, in addition to being drug addicts, are also parents.

Regacho says, “We spend some time trying to help them enjoy being new moms and all of the things that go along with that. Everyone tends to overlook that.”

In February 2015, just four months

after starting a drug-treatment program, Angela Bare of Gumboro gave birth to her daughter at Nanticoke Memorial Hospital in Seaford. While members of her family did visit and bring little Grace presents, a woman in a next-door room who was also a drug addict was not so lucky.

“Nobody came to see her,” Bare recalls. “No one brought her anything. Other moms constantly had visitors and there were balloons and gifts. But she and her baby were alone.”

Bare attributes that response to a lack of knowledge about addiction.

“There is a lot of ignorance out there,” she says. “Unless you understand drug addiction, you push addicts away. And that only makes their situation worse.” ■

LYNN R. PARKS is a regular contributor to *Delaware Beach Life*.

NAS Elsewhere

Delaware hospitals other than Beebe are also treating babies with neonatal abstinence syndrome.

Nanticoke Memorial Hospital in Seaford saw 17 NAS babies in 2013, 16 the following year and 17 last year. As at Beebe, the mothers there are encouraged to room with their infants.

Bayhealth, which has hospitals in Milford and Dover, would not say how many NAS newborns it treats. Drug-exposed infants born in both facilities are cared for in the neonatal intensive care unit at Bayhealth Kent General in Dover.

Christiana Hospital in New Castle County opened its continuing care nursery last summer, designed specifically for NAS babies and their mothers.

Dr. David Paul, chairman of pediatrics at Christiana, says that after the mother is discharged from the hospital, she is welcome to room with the baby; during the day, other family members are welcome to visit.

The hospital also started a pilot program in early March through which mothers and infants room together even before the mom is discharged. Currently, there is limited space to accommodate the program. But Paul hopes that, as the benefits of having the mother and child together become more obvious, the hospital will be able to expand the space devoted to the program.

The hospital treated 105 NAS babies in 2010. By 2014, that number had jumped to 173. Final numbers aren’t in for 2015, but Paul expects it to be around 175. ■

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