



HHS Public Access

Author manuscript

Addiction. Author manuscript; available in PMC 2021 September 01.

Published in final edited form as:

Addiction. 2020 September ; 115(9): 1786–1787. doi:10.1111/add.15028.

Rooming-in and loss of child custody: Key factors in maternal overdose risk

Lindsay Mackay, MD, CCFP [BCCSU International Collaborative Addiction Medicine Research Fellow],

UBC Department of Family Practice Clinical Instructor, 315-133 East 8th Ave, Vancouver, BC, Canada V5T 1R8,indsay

Sarah Ickowicz, MD, FRCPC [Post-doctoral Clinical and Research Fellow],

BC Centre on Substance Use, Division of Addiction Medicine, St Paul's Hospital, 1045 Howe St Suite 400, Vancouver, BC, Canada V6Z 2A9

Kanna Hayashi, PhD,

Faculty of Health Sciences, Simon Fraser University, BC Centre on Substance Use, 1045 Howe St Suite 400, Vancouver, BC, Canada V6Z 2A9

Ron Abrahams, MD FCFP M.S.C. [(senior author)]

Family physician Vancouver, Consultant Physician Sheway program, Consulting Physician Provincial Perinatal Addiction Service, 115-3195 Granville St, Vancouver, BC, Canada V6H 3K2

Addiction recently published a research report on maternal and infant characteristics associated with maternal opioid overdose in the year following delivery¹. We commend and support Nielsen et al. for drawing attention to the increased risk of maternal overdose in the first year post-partum and associated risk factors. We believe that two major potential risk factors for overdose were overlooked in the aforementioned study: lack of rooming-in and loss of child custody. The authors mention shame and stigma associated with neonatal withdrawal and loss of child custody as possible contributors to post-partum overdose. We believe these factors have a profound impact on maternal and neonatal outcomes, and have the potential to independently affect overdose risk.

We provide integrated care in Vancouver, Canada at Sheway, an interdisciplinary outpatient program specializing in the care of mothers and their families who use substances, and at Fir Square, the peripartum unit at British Columbia Women's Hospital that practices rooming in and supports women to parent. In our clinical experience, giving mothers the opportunity to room-in and parent their baby is a powerful motivator to engage in treatment for substance use that is putting them at high risk for overdose.

Rooming-in, the practice of caring for mother and newborn together in the same room immediately from birth, is supported as standard practice by JAMA Pediatrics and the Canadian Pediatric Association for newborns of substance-using women^{2,3}. Rooming-in is

lindsay.mackay@alumni.ubc.ca.

Conflict of interest declaration: None

well supported by the literature and is associated with decreased severity and duration of neonatal abstinence syndrome (NAS), decreased NICU admissions, shorter hospital stays, increased likelihood of breastfeeding during the hospital stay, decrease in loss of child custody, and no increase in readmission rates or hospital adverse events⁴⁻⁸. A population-based cohort study of 13,577 mothers in Canada and England found that mothers who had babies with NAS had an all-cause mortality rate 11–12 times greater than the control group in 10 years following delivery¹⁴. Given that a growing body of literature suggests rooming in can reduce NAS scores, and that higher NAS scores are associated with an increased risk of maternal overdose, we believe rooming in should be considered a critical factor in future analyses looking at risk for maternal overdose¹.

Although more research is needed, studies looking at loss of child custody show increase in the rates of substance use, mental illness, trauma, criminal activity and mortality which further reduces the chance of parenting in the future, fuelling the cycle of addiction and trauma⁹⁻¹³. When a mother loses custody of her baby, she is at high risk of relapse given the trauma of that experience and loss of the chance to be a parent. This is why we believe that loss of child custody could be independently associated with overdose.

It is critical that perinatal addiction research considers the potential profound impact of rooming in and child custody so that there is evidence to support the necessary health system changes to keep families together and potentially reduce the risk of maternal overdose and death.

References

1. Nielsen T, Bernson D, Terplan M, et al. Maternal and infant characteristics associated with maternal opioid overdose in the year following delivery. *Addiction*. 11 2019. doi:10.1111/add.14825
2. Lacaze-Masmonteil T, O'Flaherty P. Managing infants born to mothers who have used opioids during pregnancy. *Paediatr Child Heal*. 2018;23(3):220–226. doi:10.1093/pch/pxx199
3. MacMillan KDL, Rendon CP, Verma K, Riblet N, Washer DB, Volpe Holmes A. Association of rooming-in with outcomes for neonatal abstinence syndrome: A systematic review and meta-analysis. *JAMA Pediatr*. 2018;172(4):345–351. doi:10.1001/jamapediatrics.2017.5195 [PubMed: 29404599]
4. Abrahams RR, Kelly SA, Payne S, Thiessen PN, Mackintosh J, Janssen PA. Rooming-in compared with standard care for newborns of mothers using methadone or heroin. *Can Fam Physician*. 2007;53(10):1722–1730. doi:53/10/1722[pii] [PubMed: 17934036]
5. Abrahams RR, MacKay-Dunn MH, Nevmerjitskaia V, MacRae GS, Payne SP, Hodgson ZG. An evaluation of rooming-in among substance-exposed newborns in British Columbia. *J Obstet Gynaecol Can*. 2010;32(9):866–871. [PubMed: 21050520]
6. Hodgson ZG, Abrahams RR. A rooming-in program to mitigate the need to treat for opiate withdrawal in the newborn. *J Obstet Gynaecol Canada*. 2012;34(5):475–481. <http://www.ncbi.nlm.nih.gov/pubmed/22555142>.
7. Holmes AV, Atwood EC, Whalen B, et al. Rooming-In to Treat Neonatal Abstinence Syndrome: Improved Family-Centered Care at Lower Cost. *Pediatrics*. 2016;137(6). doi:10.1542/peds.2015-2929
8. Newman A, Davies GA, Dow K, et al. Rooming-in care for infants of opioid-dependent mothers: Implementation and evaluation at a tertiary care hospital. *Can Fam Physician*. 2015;61(12):e555–e561. [PubMed: 27035006]

9. Harp KLH, Oser CB. A longitudinal analysis of the impact of child custody loss on drug use and crime among a sample of African American mothers. *Child Abus Negl.* 2018;77(5 2017):1–12. doi:10.1016/j.chiabu.2017.12.017
10. Wall-Wieler E, Roos LL, Bolton J, Brownell M, Nickel N, Chateau D. Maternal Mental Health after Custody Loss and Death of a Child: A Retrospective Cohort Study Using Linkable Administrative Data. *Can J Psychiatry.* 2018;63(5):322–328. doi:10.1177/0706743717738494 [PubMed: 29082774]
11. Wall-Wieler E, Roos LL, Nickel NC, Chateau D, Brownell M. Mortality Among Mothers Whose Children Were Taken Into Care by Child Protection Services: A Discordant Sibling Analysis. *Am J Epidemiol.* 2018;187(6):1182–1188. doi:10.1093/aje/kwy062 [PubMed: 29617918]
12. Kenny KS, Ranville F, Green SL, et al. Family Separation and Maternal Self-rated Health: Evidence from a Prospective Cohort of Marginalized Mothers in a Canadian Setting. *Matern Child Health J.* 2019;23(9):1232–1239. doi:10.1007/s10995-019-02762-z [PubMed: 31222596]
13. Kenny KS, Barrington C, Green SL. “I felt for a long time like everything beautiful in me had been taken out”: Women’s suffering, remembering, and survival following the loss of child custody. *Int J Drug Policy.* 2015;26(11):1158–1166. doi:10.1016/j.drugpo.2015.05.024 [PubMed: 26194783]
14. Guttman A, Blackburn R, Amartey A, et al. Long-term mortality in mothers of infants with neonatal abstinence syndrome: A population-based parallel-cohort study in England and Ontario, Canada. *PLoS Med.* 2019;16(11):e1002974. doi:10.1371/journal.pmed.1002974 [PubMed: 31770382]