

Almost 1,000 Maine babies exposed to drugs in womb

Eight percent of all babies born in Maine during the last fiscal year entered the world affected by drugs. That's nearly 1,000 infants exposed to drugs in the womb, the highest number on record and a more than fivefold increase since 2006. Those numbers reflect instances where health care providers reported to the state that they had reasonable cause to suspect:

- The infant was affected by illegal substance abuse.
- The infant showed withdrawal symptoms resulting from prenatal drug exposure (either illicit or prescribed, including mothers on methadone treatment for opioid addiction).
- Fetal alcohol spectrum disorders. With all the focus on heroin and narcotic painkillers, let's not forget that alcohol use during pregnancy is the leading known cause of preventable birth defects. In 2012, 13 percent of pregnant women in Maine had consumed alcohol in the month before the survey and 3 percent reported binge drinking, according to the Maine Department of Health and Human Services.

If anyone's innocent in Maine's drug crisis, it's those babies.

Medical providers are careful to note these babies aren't "drug-addicted." Addiction involves a pattern of behavior that infants are incapable of, including seeking a high, they say.

The state is responding by hosting a conference later this month. Maine DHHS will convene a Substance Use and Pregnancy Conference on Sept. 30 in Portland to discuss the effects of prenatal substance use, how to prevent it, and ways to support families.

"We have to get a handle on the drug epidemic ravaging our young people in Maine," Gov. Paul LePage said in a Friday news release announcing the conference. "The damage it's doing to our babies and children is the worst symptom of this scourge."

Dr. Mark Publicker, an addiction medicine specialist who practiced at the Mercy Recovery Center in Westbrook until its recent closure, will be the keynote speaker. He's well qualified, as a former president of the Northern New England Society of Addiction Medicine and editor-in-chief of the American Society of Addiction Medicine magazine, among other relevant experience.

But he's an interesting pick, considering he has openly criticized LePage administration policies, including a failed bid to end MaineCare funding for methadone treatment and a crackdown on the prescribing of narcotic painkillers through the health insurance program.

Publicker doesn't provide medical care to drug-affected babies, but he's likely treated some of their mothers and fathers for addiction during his 30 years in the field.

DHHS encourages clinicians, counselors, support services representatives and other treatment providers from around the state to attend the conference. Those attendees will receive a certificate upon completion.

The conference will be held at the Seasons Event and Conference Center in Portland, with registration beginning at 7:30 a.m. The registration fee is \$30. For information, email Nikki Busmanis at Nikki.busmanis@maine.gov or call 287-2816.



JACKIE FARWELL

Religion

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terminating her pregnancy and instead gave her false hope that the fetus could be saved. Ultimately, she contracted an infection and miscarried.

Wilson said judges must tread especially carefully in situations such as Mann's, which are not acute emergencies.

"If it's not an emergency, why should you wash out the religious character of that hospital?" she said. "You want a diversity of providers so people who have different values can actually find providers who match those values."

Mann says it's not that simple.

The Flushing, Michigan, social worker was diagnosed a decade ago with two pilocytic astrocytomas, benign brain tumors that can cause blindness or paralysis, among other problems. She underwent emergency surgery to get one removed and has been getting regular care and monitoring to ensure that the other tumor remains harmless, she said.

When she became pregnant three years ago, hers was treated as a high-risk pregnancy. The tumor required that she deliver via Caesarean section while fully anesthetized, rather than under partial anesthesia that numbs the lower body, which is more common.

When she became pregnant with her third child, a girl, she and her husband were elated, she said. But a maternal-fetal-medicine specialist told them earlier this spring that Mann should undergo tubal ligation to ensure that this would be her last child.

"You know, it's never easy to hear that. But I have accepted it," said Mann, who has two other children. "I talked it over with my husband. We want me to be around. That's the biggest thing."

Mann had heard that Genesys had changed their policies last year and that the tubal ligation would have to be specially requested. Indeed, an Oct. 1, 2014, memo to staff, provided to The Washington Post by the ACLU, said the hospital would halt all planned sterilizations to "strengthen our alignment with the Catholic

Ethical and Religious Directives."

The hospital had indicated it would make some exceptions to the policy for medical reasons, so Mann requested one in May. But early this month, her doctor informed her that the hospital had said no.

The family is in the process of finding a new hospital and doctor while the ACLU presses their case. Being forced to change physicians and hospitals at this late stage in the pregnancy is frustrating and stressful, she said.

Hospital administrators have suggested that she go through with the birth at Genesys and then get the tubal ligation at a later date at a different hospital. But another surgery weeks after a Caesarean could be just as harmful to her health as another pregnancy, her doctor has said.

"The feeling of the unknown is stressful and disheartening," said Mann, whose mother and grandmother were staunch Catholics and who herself identifies as a Christian. "But I have the support of my husband and my doctor, so I can't let it affect me too much."

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