



SAVING BABY FAITH



SPECIAL REPORT

Faith is only six days old but has a drug habit to kick. Read Ruth Lamperd's extraordinary story of the battle to save a tiny girl born addicted to drugs

FAITH'S STORY: PAGES 20-23

PICTURE: TONY GOUGH

Baby Faith is twitching and jerking. Something is terribly wrong — this beautiful little girl has a drug habit to kick



Faith has been quiet as a lamb, but not any more. Her inconsolable bleats ring out in the hushed nursery. The truth is awful - this tiny baby is hanging out for a fix. RUTH LAMPERD follows the confronting battle of one baby born addicted to drugs and all those working to give her the best start in life

FAITH jittered and cried. Dark smudges circled her eyes. Her scrawny arms and legs pumped the air. She squirmed against the sheets of her humidicrib. Sneezed six, seven, eight in a row.

A shaky sigh. Another yawn. And then the cry began again — the endless kitten-call of a baby hanging out for a fix.

Faith was hooked on methadone and valium. Just like her mum.

She's inherited more than her father's long fingers and her mother's auburn-tinged hair. She had no choice but to go through withdrawal.

People can only imagine what she has suffered. At least she won't remember it.

Today Faith turns zero. She is home with her parents, sleeping in her rocker. Taking her mark at

the start line with other newborns. For Faith, time starts now.

Faith's father swaddled her in his white hoodie the moment she was born, seven weeks and one day before she was due.

She arrived in a rush on her father's birthday. Delivered on the living room carpet of their housing commission home.

She wasn't breathing at first. She hadn't given a whimper.

Mum was crying. Dad was frantic. She turned pink. She was alive, but so frail and so tiny.

Faith wasn't supposed to be here yet. Particularly not *here* in a living room. She needed doctors and machines that beeped.

Everybody knew that without a boost Faith would start life behind her peers. Or she might not make it.

Paramedics knocked at the door minutes after she was born. Ambulance patients don't come much smaller.

Only two days after they delivered her to the Sunshine Hospital's emergency department, Faith's twitches of drug withdrawal started.

She lay in the special care nursery under blue lights and sunshades to treat jaundice common in newborns.

Her legs jerked and quivered. They pulled up against her tummy and kicked randomly. Her arms would fling out as though she was swatting a fly. It wasn't noise that set her off. The place was hushed and dim. Something was going on inside her. But she didn't cry.

The symptoms of drug withdrawal can look less

severe in babies born so premature. Their brains are still making connections, still working out the reflexes and behaviours needed to get attention. To survive.

Margaret, her mother, had taken valium for years. It helped calm her anxiety. She was used to the chemical, but she gave it up for the final four months of her pregnancy. It can do more long-term harm to a baby than methadone.

Valium was still in Faith's body. So when she was born her body reacted.

There was so little of her. A nurse put a pink doll's pinafore on her, halfway through the first week of her life. It was a sweet attempt to make her look like the little girl she was.

She didn't appear well. But preemies, skinny and blotchy, rarely do. Everybody was comfortable with her progress.

The other babies in the nursery — there were 18 in there at one time during the first week of her life — would cry for food then sleep. They wouldn't kick and twitch at nothing as Faith did.

Things were to worsen. The high methadone dose Margaret had taken for her entire pregnancy, had crossed the placenta, through to Faith's body before she was born.

It was stored in her fat cells, it still fed her addiction till it left her body.

But when she was six days old, she hit the wall. Really hard.

MARGARET knows how it feels to be "hanging". Every part of you aches, you feel nauseous, dizzy, weak, stressed, frantic. Like the flu, but 20 times worse.

So on day six, nobody could guess better than her how her baby was feeling.

Every day she walked the

45 minutes from home to hospital, or spent an hour or more riding public transport to go the same distance. She lived 10 minutes' drive away, but she couldn't afford to register the sedan in the carport.

Nurses in the special care nursery were impressed by her dedication. Some babies go for days without seeing their mother.

Nobody knows what's going on at home to keep them away — maybe they've fallen into mental illness, or been physically abused or scored a bad batch of heroin.

Margaret wasn't one of those. But she had been so sure, so hopeful, that Faith might escape the withdrawal pain. Her baby's muscles were so taut that Margaret couldn't straighten out her skinny arms.

They pulled to her chest, which rose and fell in shallow uneven breaths, her hands clenched tightly and under her chin.

Or up beside her head, jammed against her ears as though trying to shut something out or to keep something in.

And she cried. Neither parent could console her. She had been a quiet lamb until then. But now her bleats hung in the calm of the nursery. There were often withdrawing babies in here. Sometimes three or four at once. But on this awful night, Faith cried alone with her mother.

Nurses had watched her carefully. Every few hours they'd completed a checklist, taking note of her vital signs. The Finnegan neonatal score system is a clinical way of showing a baby is suffering from withdrawal.

Faith was bottoming out. It asks for scores out of five and looks at excessive

yawning, sneezing, crying, sleeplessness, fever, poor feeding, vomiting and loose stools. Faith had scored badly enough three successive times to show she was in serious withdrawal.

Someone took Margaret aside. They told her Faith needed treatment. Otherwise she would use up too much energy fighting the withdrawal, she'd lose more weight, she'd be more susceptible to illness, her body wouldn't soak up nutrients from her feeds. And she could convulse — causing irreversible brain injury.

Faith needed morphine. Margaret hesitated.

Addictive drugs to treat addictive drugs? She hoped the doctors knew what they were doing. They did. The science is well-tested.

"I just didn't want her to have more drugs. I took some convincing," Margaret says. "I asked them, 'Are you sure she's really 'hanging'?"

"They were sure. I was crying and scared. She needed help and I didn't want her to suffer."

THAO Lu is Sunshine Hospital's only neonatologist. When Faith was born, the hospital was advertising for a second. Her workload is climbing.

She is used to speaking in hushed tones around babies that need a low stimulation environment to give their brains time and space to grow. Dr Lu knows all the signs of neonatal drug withdrawal, the ways to help babies out the other side.

She explains it clinically. But not even a dedicated professional can be unaffected by the inconsolable squeals of newborns drying out.

"It is challenging. It couldn't not affect me. It's hard for everyone," she

says, after a pause. "Of course it's hard."

The hospital in Melbourne's outer western suburbs has a busy special care nursery and its fair share of complicated stories.

Five to 10 per cent of babies in the nursery are withdrawing from drugs. Not all from opiates. Some from alcohol, prescription drugs and even caffeine.

A nurse told of one pregnant woman who was drinking five cups of strong coffee a day and two bottles of coke. Her baby needed treatment for the jitters for some days after he was delivered.

In the past year, about 30 babies needed treatment for withdrawal at Sunshine Hospital. The Health Department revealed 280 babies last financial year were born in Victorian public hospitals needing treatment for withdrawal from illicit or prescription drugs.

What happens to them is unknown. Statistically, children with drug-taking parents are more likely to be victims of child abuse, to be brought up by foster carers or other family members and they are more likely to suffer mental illness and homelessness.

The figures don't reflect all those who were born in private hospitals. Or those who went undiagnosed because their mothers didn't tell their doctors.

Sunshine Hospital has a good reputation with neonatal drug withdrawal. Women know their babies will be in good hands. The Royal Women's Hospital treats an equivalent number of withdrawing babies.

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“ She was hooked on methadone and valium. Just like her mum. She had no choice but to withdraw. ”



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But the problem doesn't present only in the city's western and inner suburbs.

No hospital is immune. Wherever there are drugs and newborns, it happens.

Mostly substance abusers who are poor go through the public system and are easier to note.

But experts believe there's a hidden middle-income demographic that goes unrecorded. They choose private care to avoid the shame.

And there is great shame. An experienced worker with drug-addicted mothers in the outer southeastern suburbs of Melbourne says society has a lowest-of-the-low list.

"Third lowest is a drug user, second lowest is a woman who uses drugs. And the lowest is a mother with drug addiction. You see this hurting, shamed person underneath, but 'Stuff the world' is often their default position," the midwife who didn't want to be named says.

LITTLE local research is available. But it is accepted that substance abuse rarely takes place in isolation. Most often there is a cocktail of chemicals in the mix — alcohol, prescription drugs, cannabis, nicotine, as well as opiates — which skews any attempt to show clearly the effect of methadone on babies.

University of Melbourne's Dr Menka Tsantefski has

researched substance-using parents and says good nutrition and antenatal care will ensure babies born with opiate addictions have solid prospects. Studies show they are otherwise at no disadvantage to children who are born without an addiction.

It's one of the many surprising misconceptions about drug-addicted babies.

Another is that a doctor or midwife would encourage an expectant mother to go cold turkey. That is dangerous. Baby is likely to die before she's born. Specialists want mothers to find a manageable level of their drug and stick to it.

Another is that opiates cause the most damage to babies.

In fact, the most damaging is alcohol. Foetal alcohol syndrome causes irreversible harm to the child, no matter how much medicine you throw at them as newborns.

The most contentious misconception is that mothers on drugs don't care about their baby. No worker in the field said they'd met a mother who didn't want the best for her baby. The chaos that usually surrounds them — heightened domestic violence, lack of family support and mental illness — mean their capacity to show that care is hamstrung.

Even Margaret, from a difficult past, but a stable present, was having a tough time. Margaret pointed to

her calendar. A family court hearing. Department of Human Services appointment. Meeting with public housing worker. Social worker . . .

Right in the middle, on one square, were scribbled the words "Faith due". There would be no time to

sit back and enjoy the glow of new motherhood.

FAITH didn't need much morphine to take the edge off her methadone withdrawal. She had dropped from 1600g on her first weigh-in after birth to 1470g eight days later. Premmie baby clothes with five-zero sizing were far too big for her.

She was struggling. Babies are resilient creatures. But nurses who saw her worried about her colour. The darkness around her eyes. The way her skin now hung from her limbs, no fat to pad her out.

They were all waiting for the point when she started to look well again.

It didn't take long. Faith's tiny doses of morphine gave her peace. She settled into the pattern of slumber and sleepy wakefulness. Everybody knows babies

grow when they sleep.

She needed all the help she could get. She wouldn't be leaving hospital before she had hit 2300g. Normally, special-care nurses don't like prem babies to go home before reaching 2000g, but they need an extra 300g of confidence before they're

happy to see babies with neonatal withdrawal leave.

Midwife Karyn Smith tells it like it is. No frills. She won't humour a woman who needs to hear the truth laid bare. But she doesn't judge. That's what loses the trust of the expectant mothers, already wary of a professional working for an institution.

"If this is the worst thing that happens to your baby, you'll be lucky," she told a mother distraught at seeing her baby withdraw. "If you go back on the gear you could kill your baby" and to another "If you're taking

drugs, I need to know."

Karyn heads the Sunshine Hospital's Maternity Outreach Support Service clinic. She's been doing it for years and sees women with addictions returning two or three times with children conceived on drugs.

They often cancel appointments. She needs to be flexible enough to see her expectant mothers when they're available. She likes it when they call her to let her know they can't come in. But if they don't, she doesn't chastise them next time they show.

She's seen 65 women since April. She remembers seeing one mum, tough as nails, looking down at her baby, crying, "I'm really sorry I killed you". It touched her. She's constantly telling professionals to hold their judgment.

"Why is a pregnant

“ She won't humour a woman who needs to hear the truth laid bare



Karyn Smith

I don't want people to say 'Oh, she's just a junkie baby'. It's not her fault she was born addicted



woman with an addiction to drugs worse than one with diabetes who won't watch her diet or take insulin? She's not."

"We should treat these women like they're our own daughters. There's a baby and a person at the end of this."

FOUR drug dealers live in Margaret and Faith's western suburbs street. One of them is three doors down.

A year ago Margaret asked state housing officials to move her. They're still trying to grant her wish.

She's been stabbed and shot at in this house. She wanted out before Faith was conceived. Now that she's got a little one, she's getting desperate.

Faith won't be able to ride her trike up and down this street.

People from her past life of crime (she calls them "former associates") know where she lives. She's still waiting for news of a shift to different public housing in a safer area. Anywhere, just not here.

There's nothing fancy inside their house except a small cabinet of pretty ornaments. Figurines of old-fashioned women, remnant pieces of a delicate tea set and porcelain biscuit bowls are set carefully on the shelves. Some of them come from her grandmother.

Margaret was named after her. She was her favourite person in the world. As close to a mother as she had. She used to tell her granddaughter that one day she would change the world.

Margaret was in a high-security prison serving one of her many sentences the last time she saw her grandma. A month before she died.

She sat with the old woman in her nursing home bedroom, two Barwon security officers watching on. It was awkward to pour the teapot with her wrists cuffed together.

Her grandma had a dying wish. She wanted Margaret to stay out of trouble. She knew her granddaughter was smart, savvy and could make something of herself. She was abandoned at 18 months, picked up on a footpath, flipped through the foster care system, physically abused by former partners.

Ten years and several stints in jail later, Grandma Margaret got her wish. Margaret has been out of jail for almost three years. Her partner, Faith's father, has supported her through the transition. He's confident she's not going back to the old ways.

They want Faith to be happy. They don't want kids to pick on her at school for her false start in life.

"I don't want people to say 'Oh, she's just a junkie baby. She'll never come to anything'. It's not her fault she was born addicted. She's gorgeous. She's beautiful," Margaret says.

"It's not her fault she was born like that."

The names of the mother and baby have been changed. The Sunday Herald Sun thanks Sunshine Hospital staff and Faith's family for their co-operation.

“ We should treat these women like they're our own daughters





DAY 1

Faith is born at 9am weighing 1600g. She is fed 7ml of expressed breast milk every three hours via a tube that goes through her nose to her stomach

DAY 2

She receives blue light treatment called phototherapy, which is used for jaundice

DAY 3

Initial mild symptoms of withdrawal from her mother's benzodiazepine use become obvious, causing jerky, random movements in Faith's body

DAY 6

Regular clinical observations show Faith is in severe withdrawal from methadone

DAY 7

Morphine is given every four hours in doses of 0.1mg, equivalent to 0.4mg a kg a day, to reduce the symptoms and to prevent convulsions

DAY 8

Baby Faith has her first bath. By now she is being given 20ml of breastmilk at each feed. Her weight hits its lowest point of 1470g

DAY 14

Faith reaches an important milestone when she weighs in at 1705g - for the first time she weighs more than she did at birth

DAY 16

The naso-gastric tube is removed and Faith starts feeding from a bottle

DAY 13

A high-calorie supplement is added to the breast milk

DAYS 30-32

Mum shares a room with Faith to show she will be able to cope with looking after her baby at home

DAY 32

Faith goes home



