

Newborn Risk Assessment For Substance-Affected Newborns

If you know or suspect an infant has been exposed to substances, please complete the following form to assess for additional risk factors posed by the infant/family and whether to refer to Child Protective Services.

LEVEL OF VULNERABILITY AND RISK: N/A=Unable to assess, 1=Low, 2=Moderate, 3=High (refer to reverse of form for guidance)

Newborn Vulnerabilities	Level of Impact of Vulnerabilities	Explanation for Inability to Assess Vulnerabilities (Mandatory)
1. Infant Withdrawal Symptoms		
2. Infant Special Medical and/or Physical Problems		
3. Special Care Needs of Infant		
Parental/Caregivers* Risk Factors	Level of Risk	Explanation for Inability to Assess Risk (Mandatory)
*Parental/Caregivers include FATHERS, second caregivers, and all other supportive adults to the newborn(s)		
4. Drug/Alcohol Use		
5. Drug/Alcohol Treatment History		
6. Prenatal Care		
7. Emotional and Intellectual Abilities		
8. Awareness of Impact of Drug/Alcohol Use on Infant		
9. Responsiveness to Infant Bonding, Parenting Skills		
10. Concrete Supports to Meet Basic Needs		
11. Natural Supports		
12. Other Significant Factors		
Number of Factors Assessed:	TOTAL:	RISK LEVEL:
Newborn Challenges	Observed Challenges Infant is Experiencing	Explanation of Observed Challenges
	Yes	No
Regulation issues; inconsolable crying/screaming, hard to put to sleep		
Communication issues; difficulties in hearing, seeing, face tracking, crying		
Movement coordination issues; difficulties with grasp reflex, sucking, swallowing, stretching, kicking, turning head		

Number of Factors Assessed: Calculate the total number of factors scored with low, moderate, or high risk (do not include factors that were unable to be assessed)

Total: Add the Level of Risk for each Risk Factor scored to obtain the total

Risk Level: Divide the total by the number of factors assessed to determine the average Level of Risk (Total divided by number of factors assessed)

- Range = 1-1.9: No call to DCFS for further assessment is warranted
- Range = 2-3: Call to DCFS for further assessment

Report Made to Child Protective Services (CPS): Yes No

If yes, provide reference number: _____

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Newborn Risk Assessment Matrix			
<i>Newborn Vulnerabilities</i>			
Factor	Low Risk	Moderate Risk	High Risk
1. Infant Withdrawal Symptoms	Withdrawal symptoms not apparent	Mild tremors, mild hypertonia, mild irritability, slight lethargy	Vomiting, watery stools, fever, sleeps less than 2 hours after feeding, marked tremors, high pitched cry, seizures, lethargic, on medications for drug withdrawal
2. Infant Special Medical and/or Physical Problems	No apparent medical or physical problems	Minor medical or physical problems which do not significantly affect infant's vital life functions or physical & intellectual development; low birth weight, small for gestational age	Any pre-term infant (born at/or before 36 weeks), physical or medical problem which significantly impacts vital life functions (e.g. apnea, seizure disorders, low APGAR, respiratory distress, congenital defects)
3. Special Care Needs of Infant	Routine pediatric visits, no special equipment or medication	Monthly pediatric care visits, no medicine or special equipment	Requires 2 or more monthly pediatric visits, special equipment or medications
<i>Safety and Risk Assessment</i>			
4. Drug/Alcohol Use	Not currently using any drugs/alcohol	Occasional or moderate use; 1-2 times per week or weekend use	Use more than 2 times per week
5. Drug/Alcohol Treatment History	Tx not required or current enrollment in substance abuse treatment program, remains in program & considered compliant	Prior enrollment in a substance abuse treatment program.	Tx recommended, but no prior enrollment in a substance abuse treatment program.
6. Prenatal Care (based on knowledge of pregnancy)	Sought early prenatal care and consistent with prenatal follow-up	Sought prenatal care in 2nd trimester or inconsistent with prenatal follow-up	Did not seek prenatal care until 3rd trimester, no prenatal care; noncompliance with medical treatment
7. Emotional and Intellectual Abilities	Appears to be competent in parental role with realistic expectations of the child (Expresses positive feelings about having a child)	Exhibit mild intellectual limitations which would not significantly impact ability to care for child (Shows little or no joy around having a child)	Poor perception of reality; poor judgment, significant health problems, exhibits significant limitations in ability to care for the child
8. Awareness of Impact of Drug/Alcohol Use on Infant	Receptive to professional education and advice; demonstrates reasonable awareness of impact of substance use on child	Demonstrates some awareness of impact of substance use on child; acknowledges symptoms, but may deny severity	Demonstrates minimal to no awareness of impact of substance use on child; denies symptoms
9. Responsiveness to Infant Bonding, Parenting Skills	Parent is responsive to infant's needs & exhibits appropriate knowledge of infant care	Parent is responsive with moderate prompting & exhibits some knowledge of infant care; parent receptive to education	Parent may provide appropriate physical care but is unresponsive to infant's needs (i.e. lack of response to crying of infant); poor eye contact; infrequent visits; inappropriate expectations and criticism of the child
10. Concrete Supports to Meet Basic Needs	Meets their basic needs for food, clothing, housing, and transportation as well as know how and where to obtain services	Recently referred/enrolled in services/programs to meet their basic needs	In need of basic supports, but is not engaged in programs or seeking services; refuses to participate in supportive programs
11. Natural Supports	Parent(s) have supportive individuals in their life that they can access to help with the care of infant, access resources, or support in time of crisis	Parent(s) can identify supportive individuals who they can ask to help with the care of infant, help parent access resources or support parent in time of crisis	Parent is isolated, cannot identify individuals who are supportive of the parent(s), refuses offers of support despite an identified need

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Newborn Challenges		
No		Yes
Difficult to soothe; inconsolable crying, screaming, hard to put to sleep	Can be soothed with typical parental support	Needs more support than usual or may need professional intervention
Difficulty communicating – hearing, face tracking, crying	Can communicate as expected	Needs more support than usual but is beginning to communicate needs to parent or may need professional intervention
Movement coordination issues; difficulties with grasp reflex, sucking, swallowing, stretching, kicking, turning head	Can move as expected	Needs more support than usual but is beginning to coordinate movement or may need professional intervention