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### **Cocaine Babies: Hooked at Birth**

**BILL BAROL with LINDA R. PROUT in Miami,**  
**KAREN FITZGERALD in New York, SUSAN**  
**KATZ in Los Angeles, PATRICIA KING in**  
**Chicago and bureau reports**

#### **HIGHLIGHT:**

### **Bleak beginnings for the children of addicts**

Guillermo, a newborn at Broward General Medical Center in Ft. Lauderdale, has spent his whole short life crying. He is jittery and goes into spasms when he is touched. His eyes don't focus. He can't stick out his tongue, or suck. Born a week ago to a cocaine addict, Guillermo is described by his doctors as an addict himself. Nearby, a baby named Paul lies motionless in an incubator, feeding tubes riddling his tiny body. He needs a respirator to breathe and a daily spinal tap to relieve fluid buildup on his brain. Only one month old, he has already suffered two strokes.

Guillermo and Paul are two heirs of America's deadly romance with cocaine. There are many more, and over the last couple of years their numbers have risen sharply. In 1984, for example, Dr. Xylina Bean of Martin Luther King Jr. General Hospital in Los Angeles saw just 10 newborns with traces of cocaine in their urine; last year that number rose to almost 100. By May of this year King had logged 180 babies born with cocaine in their systems. It was just 2 1/2 years ago that the Perinatal Center for Chemical Dependence at Chicago's Northwestern Memorial Hospital began to see mothers with cocaine habits; today cocaine is a problem in a majority of the center's cases. In the last year the approximate number of drug-addicted mothers seen at New York's Bronx-Lebanon Hospital Center has risen from 70 to 150; the number of cocaine users in that group has jumped from 25 to 75 percent.

Over all, although doctors are certain that the number of cocaine-affected babies is rising, it's difficult to pin down exactly how many there are. For one thing, mothers who abuse cocaine frequently use it in tandem with other drugs -- heroin, PCP or alcohol -- and the effects of those drugs are difficult to separate from the effects of cocaine. Although it's crucial that they do so, mothers may not

always volunteer information of their addiction to their doctors, before birth or after. Babies who are born addicted to cocaine manifest the addiction in ways that are often similar to the behavior of healthy babies, such as crankiness and crying. "They may sleep a lot, but all babies sleep a lot," says Bean. "Basically you have to have a high level of suspicion, from the history of the mother, in order to identify them."

Another difficulty: because the problem is so new, there's not yet been much research. Studies at Thomas Jefferson University Hospital in Philadelphia and Chicago's Northwestern Memorial indicate that cocaine abuse places women at increased risk for miscarriage -- cocaine can cause hypertension, which may in turn cause the placenta to separate from the wall of the uterus -- and puts babies at greater risk of sudden infant death syndrome. The Philadelphia research also notes that babies born to coke addicts are smaller and lighter and score lower on the Apgar test that measures overall health immediately after birth. In general, doctors are still learning about the effects of cocaine on babies before and after birth. "It's a new problem, but a very real one," says Dr. Arnold Mackles, a neonatologist at St. Mary's Hospital in West Palm Beach. "We are only now realizing how serious this could be."

Warm blankets: There are different kinds of health problems from which cocaine-affected babies can suffer. Some show no symptoms at all. Others are born suffering symptoms of withdrawal. Two or three such babies are born each day at Miami's Jackson Memorial. There is some disagreement among doctors about whether these babies are technically "addicted" to the drug, but many report similar conclusions about its effect. "Their emotions are right on the edge," says Dr. Ira Chasnoff of Northwestern University Medical School. They can be screaming and inconsolable one moment and then fall asleep the next. Because cocaine addiction involves less a physical withdrawal problem than a psychological one, coke babies can't be weaned with a substitute drug the way heroin-affected babies are. All doctors can do is swaddle the babies in warm blankets, which gives them a sense of security and prevents them from thrashing around and hurting themselves. That done, the doctors wait, and watch. Withdrawal can take up to a month. Some physicians sedate the infants with Valium, Thorazine or phenobarbital. "I don't know which is worse," Jackson Memorial's Dr. Richard Beach says resignedly, "the addiction or the phenobarbital."

There's not much mothers can do either. And in at least one facility for drug-affected babies there are signs that the mothers themselves are an increasing threat. Harlem's Hale House recently rewrote its policy to demand that mothers make appointments to see their babies at a location outside the house. The reason is crack. "This crack bunch is rowdy and want to fight," says founder Clara Hale, known to all as "Mother". Adds social worker Jackie Edmond, "We can't let those mothers in the home. They'll attack you." Mother Hale adds that in 17 years she had never seen a baby die in her house -- not until six months ago, when two babies of crack addicts were admitted and died the next day. Even Jesse Grant,

the handyman at the house, says he's noticed a change in babies admitted lately. "They're so frail," he says. "It looks like they're starving inside."

There are also more catastrophic effects that cocaine abuse may cause for newborns. Some of those effects are apparent at birth. Dr. Brian Udell of Broward General Medical Center has documented a high incidence of strokes and respiratory problems in cocaine-affected babies. "It amazes me," he says. "A woman will not even take an aspirin because she is afraid it could harm her baby, but she will snort a few lines of cocaine and think it will have no effect." Although premature births have not been indicated as a major risk in most of the studies conducted so far, some doctors are convinced that cocaine causes them. "The real danger of cocaine use is the risk of having a premature birth rather than having an 'addicted baby,'" says Dr. Ivan Frantz, director of the neonatal intensive-care unit at New England Medical Center in Boston, running down a ghastly catalog of things that can go wrong. "The lungs are the last things to develop, so premature babies have a huge risk of lung disease. And the brain is not fully developed at this stage, so there is often a high risk of bleeding into the brain."

Long term: And there may be additional serious effects over the long term; but since the phenomenon is new and doctors have yet to track coke babies over a long period, doctors can only guess at the scope of those problems. Dr. Elizabeth Brown, director of neonatology at Boston City Hospital, warns that smaller head size can lead to neurological impairment. Chicago's Chasnoff suggests that cocaine babies be watched closely for difficulties in language skills. And social workers suggest that the long-term problems of coke babies may only begin in the hospital. If they are put up for adoption, they may have trouble finding homes. If they are sent back to their mothers, they are in grave danger of being neglected or abused. "We're seeing a much more unraveled, disheveled sector of society," says Dr. Steve Kandall, chief of neonatology at Beth Israel Hospital in New York. "These are not ideal women for bonding and interacting with babies."

In fact, in Michigan, California and Massachusetts, babies born to coke addicts are technically victims of child abuse already. Not that the law makes much difference to the mothers. "I was sniffing cocaine, shooting it and freebasing it," says Electra, a 31-year-old Massachusetts woman who had her baby seven years ago. The little girl, Gemma, is now jittery and tense. "The doctors are pretty sure she's like this because I used cocaine," Electra says. "She has bad dreams all the time and she's real nervous. She's in therapy now." At that, Gemma is one of the lucky ones. Electra is in a treatment program now and working toward getting her high-school diploma so she can get a job and Gemma can come live with her. "I made a big mistake," she says, "and I want people to know that you shouldn't do this to your child. You've just got to get yourself together and get help or you and your child are going to suffer."