

# CRACK BABIES IN INFANCY (Part I)

Photostory by Ken Kobre



Exposed to the drug in the womb and born addicted to crack cocaine, this child experiences severe withdrawal symptoms. Conservative estimates suggest that at least 11 percent of all newborns in the United States today were exposed in the womb to one or more illicit drugs. The number is even higher in urban areas. Birth and hospitalization of a normal newborn cost approximately \$2,000. Birth and hospital care of a crack exposed neonate, with round-the-clock nursing, monitors, blood and urine tests, high-tech equipment and social service evaluations, costs \$11,000. Who pays the bill? The government, since crack-addicted mothers are unlikely to carry insurance.

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The San Francisco police department makes 10,000 drug arrests a year. The majority involve cocaine in rock form-crack. To inhale the crack, users put a piece in the white rock on the short pipe and smoke it. When a pregnant woman takes a hit of crack cocaine, the fetus loses sufficient blood and air - and suffocates briefly. For the mother, the drug's euphoric effect lasts only about 20 minutes. For the growing fetus, the cocaine stays in its system for

more than two weeks. In the womb, the child is often re-exposed because the cocaine does not pass through the placenta to the mother but remains in the amniotic fluid surrounding the baby.

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Prenatally drug -exposed newborns cry more frequently than unexposed babies. This 'at-risk' baby suffering though moderate to severe withdrawal, was hard to console. Typically, these children, when held, tend to arch their backs, pull away and cry until they exhaust themselves. Experts note that these behaviors interfere with child-parent bonding. "The worst problem in working with these babies is that they have the jitters," says Nancy Shatz, a San Francisco General nurse who works extensively with prenatally drug-exposed newborns. "They cry because they are in pain and suffering," she observes. "They don't even like to be touched."

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Bathing is one of the few ways nurses have found to comfort drug-exposed newborns. Soap and warm water soothe the frantic babies. The bath also removes the sweat that envelops them as they go through withdrawal.

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Following the bath, the infants are wrapped tightly in blankets so that when they cry their arms won't flail about and cause the babies to re-stimulate themselves. Short-staffed, nurses place the babies on mechanical rocking beds. The large cylinders on either side of the baby assure that the infant won't slide as the bed tilts back and forth.

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Danny B, one day old, is a crack addict. Swaddled in his soft hospital blankets, he spends each moment of his new life struggling through painful drug withdrawal. Delivered prematurely at San Francisco General Hospital, Danny suffers from low birth weight and smaller-than-normal head size. He rubs his face against the sheets in his isolette until the end of his nose is red and chapped. He furls his brow and continually yawns, sneezes and cries. Danny's high, shrill cry is different from that of other babies in the nursery. "The cry is high-pitched, and sounds so urgent," explains Liza Fernandez, acting head nurse at San Francisco General Hospital's nursery. "Drug-exposed children cry louder and more often than normal newborns."

[Crack Babies Grow Up \(Part II\)](#)

