

Timeouts May Reduce Unnecessary Child Welfare Reports for Substance Exposed Newborns

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BACKGROUND

- Most child welfare reports on newborns are made due to concerns for substance use in pregnancy.
- In 2023, Black children in San Francisco were 16x more likely to have child welfare investigations than White children.¹
- San Francisco General Hospital (SFGH) Pediatric & Perinatal Equity Taskforce (OBGYNs, pediatricians, family medicine, midwives, nurses, social workers) developed & piloted the timeout – used prior to child welfare referrals – in 2021-22.
- Timeout goals: slow down the decision-making process (a known evidence-based approach to reduce bias) to make a report; decrease unnecessary reports; and increase transparency around child welfare reporting.

Timeout process

- Any care team member can call a timeout.
- Inpatient social worker gathers outpatient & inpatient teams, facilitates timeout, completes timeout form.
- Timeout form includes 1) reason for timeout, 2) team members present, 3) birthing person's strengths and barriers to parenting, 4) birthing person's current support and opportunities for additional support, 5) biases that may contribute to reporting, and 6) whether a child welfare report is made.

METHODS

We reviewed the charts of all birthing parent-newborn dyads who had a timeout at SFGH from 1/2023 to 12/2023.

RESULTS

Table 1: Birth Parent Demographics (N=48)

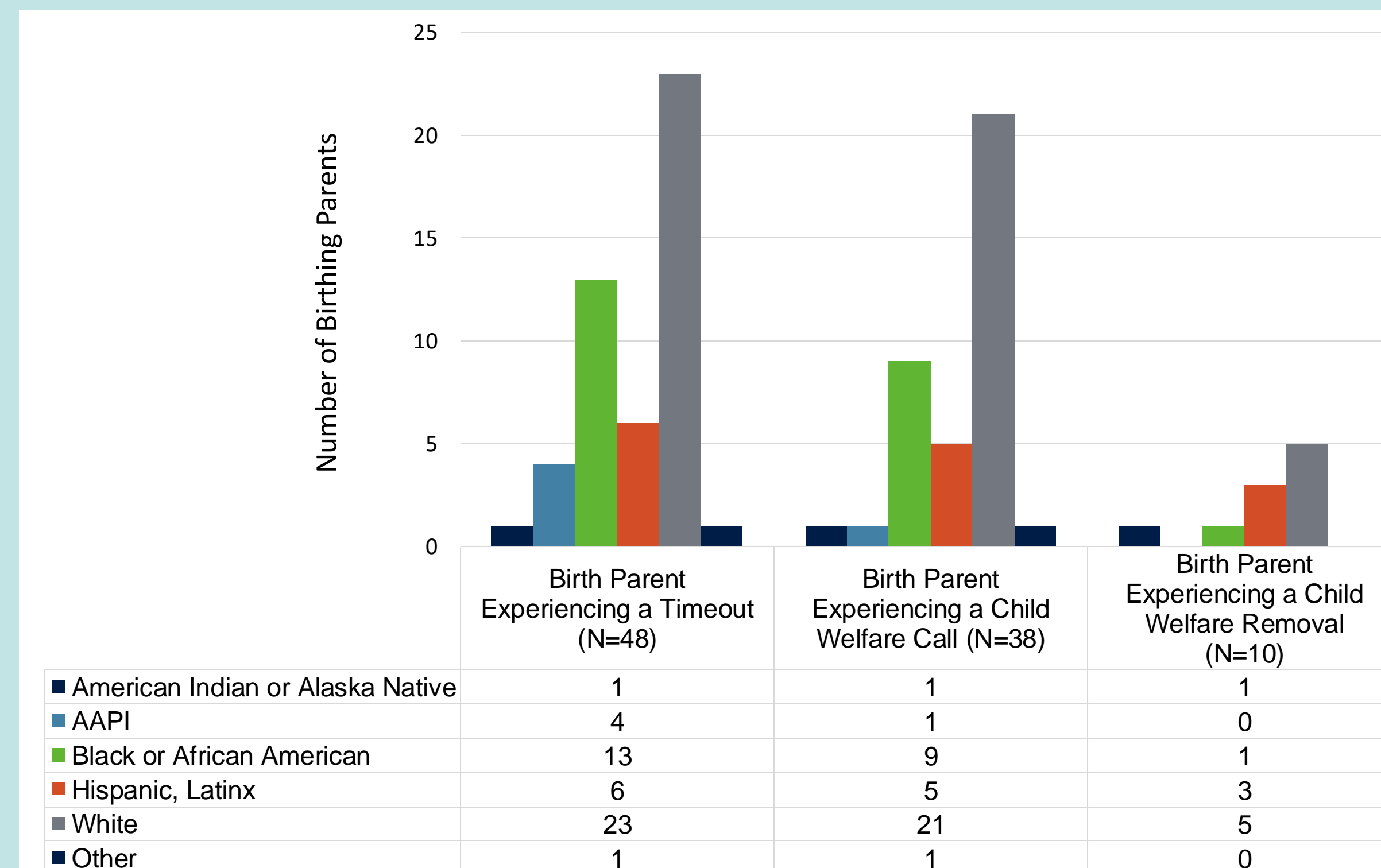
Mean Age, years (range)	32 (21-44)
English as Preferred Language	46 (96%)
Race & Ethnicity:	
American Indian, non-Hispanic	1 (2%)
Asian, non-Hispanic	1(2%)
Black, non-Hispanic	13 (27%)
Hispanic, Latinx	6 (13%)
Native Hawaiian/Pacific Islander	2 (4%)
Other/two or more races	2 (4%)
White, non-Hispanic	23 (48%)

Table 2: Birth Parent Psychosocial Characteristics (N=48)

Substance Use Disorder:	45 (94%)
Opioids	14/45 (31%)
Stimulants	14/45 (31%)
Co-Use	17/45 (38%)
Ongoing Intimate Partner Violence	13 (27%)
Significant Mental Illness*	32 (67%)
Housing Insecurity**	33 (69%)

*Psychosis, bipolar disorder, major depressive disorder, anxiety, etc.
**Unhoused or in a temporary setting (shelter/sofa/etc.)

Figure 1: Birthing Parents Experiencing a Time-out, Child Welfare Call, and Child Welfare Removal by Race/Ethnicity



RESULTS

Table 3: Birthing Parents Experiencing Child Welfare Call and Removal by Year

Year	Births in Family Birth Center	Child Welfare Call	Child Welfare Removal
2019	1062	33/1062 (3%)	17/1062 (2%)
2023	1193	37/1193 (3%)	10/1193 (1%)**

**p=0.09 when compared to 2019

- All 2023 mandated child welfare removals were among birthing parents with documented substance use.

CONCLUSION

- Results suggest that the timeout process did not increase child welfare reports and may have contributed to fewer family separations.
- The timeout process did not seem to magnify inequities and did not privilege White families, as 48% of timeouts were held for White birthing people, 55% of reports were made for White birthing people, and 50% of mandated separation were in White birthing people.
- Small numbers in other racial/ethnic groups limited comparisons, but trends do not suggest obvious emerging inequities.

REFERENCES

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ACKNOWLEDGEMENTS

We appreciate all the team members who helped develop and implement this timeout process, aiming to promote equity in the San Francisco General Family Birth Center, including the UCSF Clinical Microsystems Clerkship Program. Dominika Seidman is funded in part by the Foundation for Opioid Response Efforts (FORE). All other authors have no disclosures.

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