Prenatal Exposure: Working with Schools

If your child has prenatal exposure (PE) to opioids or other drugs, he or she is at higher risk for some developmental delays and emotional dysregulation. Whether or not you choose to share your child’s birth history, asking your child’s teachers the right questions opens the door for identifying problems and collaborating on solutions. If you and your child’s teachers are noticing any of the symptoms below, talk to your pediatrician.

Sensory Struggles
Many kids with PE struggle with sensory. Some are sensory seeks, and others can’t tolerate certain textures (food/clothing) or sounds.
- Does your child cover their ears?
- Does your child refuse to eat or touch something?

Evaluation needed? See an occupational therapist (OT)

Anxiety
Kids with PE are more likely to struggle with anxiety, especially as they get older.
- Does your child seem overly worried?
- Does your child bite your nails or pick/fidget more than most?
- Does your child always say their stomach hurts?

Evaluation needed? See a psychologist or developmental pediatrician (DP)

Impulse Control
It’s common for both younger & older children with PE to struggle with impulse control.
- Does your child do things and not know why?
- Is your child legitimately sorry and yet does it again?
- Does your child have outbursts or respond aggressively when upset?

Evaluation needed? See an OT or a developmental pediatrician.

ADHD
Multiple studies have confirmed higher instances of inattention in kids with prenatal exposure.
- Does your child have trouble focusing?
- Does your child seem to have too much energy or an inability to sit still?

Evaluation needed? See a developmental pediatrician or psychologist.

Motor Skills
Many kids with PE have fine and gross motor delays.
GROSS:
- Does your child seem overly clumsy—always tripping or falling?
- Does your child get more tired than they should going a short distance?
FINE:
- Is your child’s writing appropriate for their age?
- Can your child cut in straight lines?

Evaluation needed? See an OT (fine) or physical therapist (gross).

Frustration Regulation
Every child has tantrums, but the duration and frequency separate typical tantrums from a child who needs supports.
- How often does your child have meltdowns?
- How long do they last?
- Does your child destroy things or hurt themselves when upset?
- Does your child struggle completing tasks that are difficult?

Evaluation needed? See an OT or DP

What to Do:
Ask teachers if they’ve noticed deficits (see specifics above). If they have, talk to your pediatrician about a referral for an evaluation, & ask the teacher to keep track of how often it is interfering with their education.
- If there is evidence a deficit is negatively affecting their education, it is appropriate to ask the school for an evaluation to see if your child qualifies for an IEP.
- If your child has a medical diagnosis (including ADHD or anxiety), they may qualify for a 504 even if they don’t qualify for an IEP.
- A 504 provides accommodations (such as extended time on tests/assignments or breaks during class) whereas an IEP provides specially-designed instruction (almost like tutoring in areas where your child needs help) in addition to accommodations.

Speech & Auditory Processing
Many young children with PE have speech delays.
- Do people struggle to understand what your child is saying?
- Does your child struggle following conversations?
- Can your child effectively communicate their needs?
- Does your child mix up tenses (talking about past vs. present)?

Evaluation needed? See a speech therapist.