





Children and Youth Services Review

Volume 127, August 2021, 106089

Trauma-informed, integrated primary care: A medical home model for children with prenatal drug exposure who enter foster care

Hilda Loria ^{a, b}  , Jill McLeigh ^{b, c, d}, Kelsey Craker ^c, Susanna Bird ^b[Show more](#)  Outline |  Share  Cite<https://doi.org/10.1016/j.chilyouth.2021.106089>[Get rights and content](#)

Highlights

- Infants and children with prenatal drug exposure have complex health needs.
- Those who enter foster care have additional health and developmental needs.
- A promising approach is trauma-informed, integrated care within the medical home.
- This involves cross-systems collaboration.
- Collaboration includes healthcare, early childhood, and child welfare professionals.

Abstract

The rise in prenatal or childhood substance exposure diagnoses resulting from parental substance use has led to an increase in the number of children placed in foster care. Meeting the

multifaceted health care needs of children with prenatal drug exposure (PDE) who enter foster care requires significant time, resources, and coordination. In addition to conditions resulting from their experiences of trauma, children in foster care often have unmet health care needs and experience disproportionate rates of adverse physical, mental and developmental health outcomes. This article outlines the barriers to providing comprehensive and high-quality care to this pediatric population and describes a trauma-informed, integrated primary care medical home model as a promising strategy to address these barriers. It concludes with a description of the limitations of the model and considerations in the implementation of trauma-informed, integrated primary care as a healthcare delivery model for children with PDE who enter foster care.

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Keywords

Prenatal drug exposure; Foster care; Integrated primary care; Medical home; Trauma-informed care

Abbreviations

CPS, child protective services; PDE, prenatal drug exposure; NAS, neonatal abstinence syndrome; AAP, American Academy of Pediatrics; PCP(s), primary care provider(s); IPCMH, integrated primary care medical home; BH, behavioral health; ECS, early childhood specialist; ASQ-3, Ages and Stages Questionnaire - 3rd edition; M-CHAT-R, Modified Checklist for Autism in Toddlers, Revised

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