

# CREATING BETTER BEGINNINGS:

## *Loretta Finnegan, M.D., HU '64*

One evening, Loretta Finnegan was called to the nursery at Philadelphia General Hospital to stabilize a newborn who was having difficulty breathing. She also observed that the infant was shaking. “I began to evaluate the baby for such diagnoses as infection or low calcium and sugar,” she says. “Then I recalled something that one of my professors said during my residency: ‘If you see a baby shake, always check the mother’s arms for tracks. Her baby might be going through heroin withdrawal.’”

Dr. Finnegan dutifully sought out the mother on the ward, but was told by the nursing staff that she’d left the hospital to get a fix. “It was an eye-opener for me,” recalls Finnegan. “I had had five children, and I couldn’t imagine leaving the hospital two hours after delivering, especially since this mother had a 2-pound baby in distress in the nursery.”

That one experience changed Finnegan’s entire career plan. Until then, she was pleased with having reached her goal of being the director of an intensive care nursery. Her new trajectory led her into groundbreaking drug abuse research, including the creation of the Finnegan Neonatal Abstinence Score, which is used worldwide to guide the treatment of infants exposed to opiates during pregnancy. She also developed a prototype clinic for the holistic care of pregnant drug-dependent women and their babies.

When Finnegan began practicing neonatology at PGH in 1969, drug abuse during pregnancy was just beginning to be seen in Philadelphia. Little was known of neonatal abstinence syndrome or how to treat affected newborns. “Women were only 20 percent of the total drug-using population,” says Finnegan. “Pregnant women who were addicted tended to avoid prenatal care





because they feared being arrested and having their babies taken away from them.”

Finnegan and her colleagues saw an ever-greater influx of babies and mothers affected by addictive disease at PGH. In collaboration with the hospital’s obstetrician and social worker, they received a federal grant from the National Institute on Drug Abuse and subsequent grants from the state and city governments to establish innovative treatment and research activities for high-risk expectant mothers. The Family Center, as the clinic was called, provided multidisciplinary care in a nurturing, non-punitive environment.

“Our research showed that mothers and babies did better with comprehensive services,” explains Finnegan. “The

incidence of premature delivery in the overall prenatal population at PGH was 15 percent. In untreated heroin-addicted women, it was 48 percent. With methadone treatment and comprehensive services, we were able to bring the prematurity rate down to just 18 percent – close to our general population.”

In 1976, the year before the closure of PGH, Finnegan accepted a position as associate director of nurseries and associate professor of pediatrics and psychiatry at Jefferson Medical College of Thomas Jefferson University. The Family Center was also relocated to Jefferson, where it still exists today.

Finnegan’s career aspirations began when she was just a child in Burlington, New Jersey. When she was 7 years old, she was stricken with appendicitis and

had surgery at Hahnemann Hospital. “I actually asked to have my appendix returned to me,” she says. “I was a very curious child. I would also dissect road kill.” Despite encouragement to become a teacher or a nurse, she held tight to her dream of becoming a doctor – a dream that was supported by her long-time family physician, Matthew Hale, a 1922 graduate of Hahnemann.

“Dr. Hale was very proud of me,” says Finnegan. “My father, on the other hand, never quite understood my academic medical career and said that I worked too hard, since I was involved in so much teaching, research, and travel. He saved a plot of land next to our family home and waited patiently for me to open a medical practice there,” she recalls. “Eventually, he came to understand that it wasn’t going to happen, since I was so engrossed in my academic career.”

In 1990, after 20 years of directing the Family Center and traveling to 46 states and 30 foreign countries to share her knowledge about perinatal addiction, Finnegan joined the U.S. Department of Health & Human Services as

associate director of the Office of Treatment Improvement and associate director for medical and clinical affairs at the Office for Substance Abuse Prevention.

It was during this time that the federal government recognized that women were not adequately represented in clinical trials and made women’s health research a priority. Finnegan held a succession of related appointments, becoming senior adviser on women’s issues at the National Institute on Drug Abuse in 1992, director of the Women’s Health Initiative in the Office of the Director of the National Institutes of Health in 1994, and medical adviser to the director of the Office of Research on Women’s Health (in the Office of the Director of NIH) from 1997 to 2006.

Although she missed the patient care and investigative activity, Finnegan was dedicated to acting as an advocate for women, mothers, and babies and participating in the development of priorities of the federal government regarding women and children. “As director of the Women’s Health Initiative, I was able to influence

women's health research in a landmark study that has been beneficial to women of this generation and the next," she says. "This was a different phase of my life, and one during which I could contribute as much, if not more than before."

During the course of her career, Finnegan has observed increasing interest, dedication, and progress in the care of drug-exposed newborns and the field of neonatology. "In the '70s and '80s there were only about a half dozen physicians in the U.S. studying babies born to addicted mothers," she recalls. "In researching a book that I completed in 2012 on drug abuse during pregnancy and effects upon the newborn and child, I found numerous publications from all over the world on the subject. While the interest has escalated, so has the problem. A recent study showed that in the U.S., there is a baby affected by neonatal abstinence born every hour. At the same time, we've seen huge advances in the care of low-birth-weight babies and reductions in infant mortality. A 2-pound baby is a big baby today."

Despite her remarkable career

achievements, Finnegan considers her five children to be her greatest legacy. Mark, Matthew (HU '88), Michael, Maureen (HU '90), and Martin have established careers in medicine, finance, and law, and made Finnegan a grandmother of 15.

"Being the mother of five gave me the compassion I needed to help less fortunate women and their children," she says. "I always envisioned a magnificent future for my children, but was so concerned about the babies affected by drug exposure. I frequently think of the hundreds of children whose mothers were in my treatment program. I only hope that our services and the knowledge we gleaned from our research in perinatal addiction made some difference in their lives."

Currently, Finnegan is involved in consulting on issues related to maternal drug dependence and neonatal effects, and continues to lecture on these subjects nationally and internationally. She is on the boards of many organizations, and is president of the board of directors of the Drexel University College of Medicine Alumni Association. ■