

Updates on Opioid-Exposed Newborn Care in Vermont

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Disclosures

We have no relevant financial relationships to disclose or conflicts of interest to resolve.



Objectives

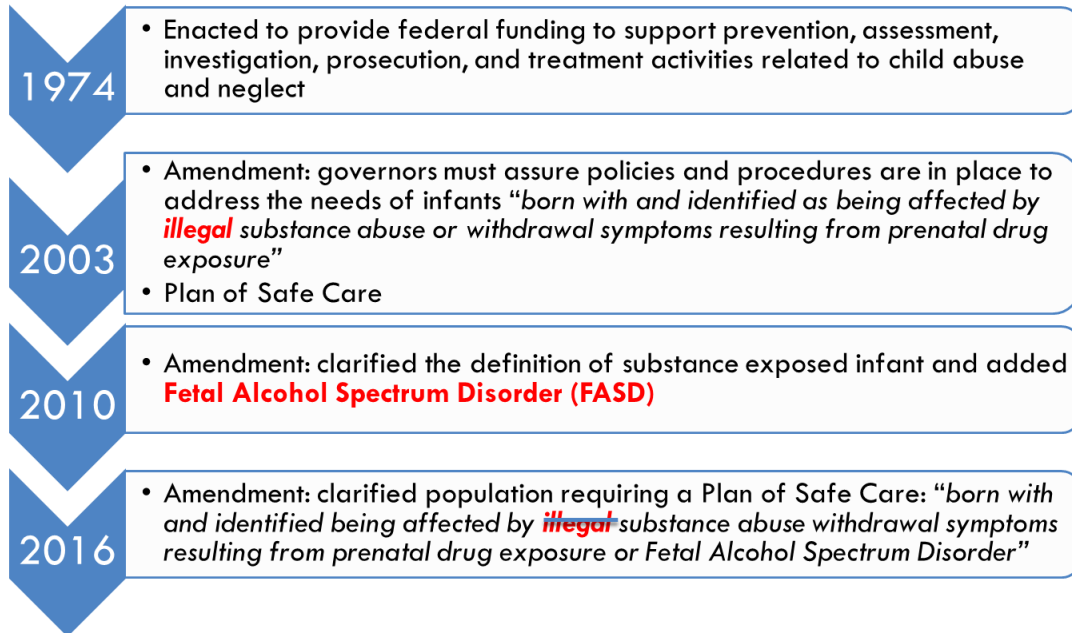
1. Review indications for Plan of Safe Care and CAPTA notifications for substance use during pregnancy.
2. Describe updates to the Vermont Plan of Safe Care and CAPTA notification form.
3. Review data on Opioid Exposed Newborns born in Vermont Hospitals

Goal of the POSC- decrease silos and improve communication to support families



Review of Federal Legislation

CAPTA- Child Abuse Prevention and Treatment Act



Goal: To address the needs of infants affected by substance abuse, withdrawal or Fetal Alcohol Spectrum Disorder.

CARA- Comprehensive Addiction and Recovery Act

Requirements:

1. Identify infants affected by substance abuse, withdrawal or Fetal Alcohol Spectrum Disorder
2. Health care providers notify child protective services
3. Develop a Plan of Safe Care (POSC)
4. State child protective services agency report data to Children’s Bureau annually
 - affected infants born
 - infants that had a POSC developed
 - infants for whom a referral was made for appropriate services

Identify Substance-exposed Newborns

Prenatal exposure

- Identified via conversations or on prenatal screening (reported use)
- Use of medications during pregnancy prescribed by healthcare providers

Identification after birth of infant

- Clinical signs/symptoms of substance exposure or withdrawal (Neonatal abstinence syndrome)
- Constellation of physical findings or symptoms after birth (Fetal Alcohol Syndrome Disorder)

Notify CPS: Vermont Procedure

States instructed to set up their own definitions and systems- some opted for CPS involvement in all cases of substance use in pregnancy...

Vermont defined two separate pathways:

CAPTA (DCF) Notification

- Infant exposed to prescribed MAT, prescribed medications or THC
- NO child safety concerns
- De-identified CAPTA notification form sent to DCF Family Services Division
- Plan of Safe Care completed prior to hospital discharge

DCF Report

- Infant exposed to illicit substances or non-prescribed medications
- ANY child safety concerns
- Identified DCF report made by calling DCF central intake
- If report accepted/opened, DCF develops discharge plan and POSC

VT Specific Procedures: DCF reports

Prenatal Report

- Made up to 30 days prior to due date
- Pregnant individual used substances in the 3rd trimester:
 - Illegal substance (ex. heroin, fentanyl, cocaine, methamphetamine)
 - Non-prescribed medication use (ex. opioids, benzos, amphetamines, or street MAT)
 - Misuse of prescribed medications
- Or substance use is serious threat to child health/safety (ex. excess alcohol, marijuana causing sedation)

Newborn Report

- Made after infant birth
- Infant with confirmed positive toxicology for:
 - Illegal substance
 - Non-prescribed medication
- Infant with signs and symptoms of withdrawal (NOWS/NAS) due to illegal substance or non-prescribed medication exposure
- Infant with suspected fetal alcohol syndrome disorder

Vermont CAPTA Notification *(Revised 1.8.18)*

Please do not include patient identifiers

Please check the box next to the following criteria, if applicable:

- Mother is engaged in medication-assisted treatment with methadone or buprenorphine
- Mother is being treated with opioids for chronic pain by a provider
- Mother is being treated with benzodiazepines by a provider
- Mother used marijuana during pregnancy

Allowed tracking
of substance
exposure

Please check if any of the following are applicable:

- Plan of Safe Care was completed and will be provided to infant's PCP for ongoing monitoring
- Mother was engaged in services prior to delivery (ex: counseling, treatment, parenting classes)
- Additional referrals were made for services at the time of delivery for the infant and/or mother/caregivers

Allowed tracking
of POSC
completion and
referrals

Unique hospital identifier: - (Hospital code followed by last 4 digits of hospital medical record number)

Fax Number: (802) 241-9060 or scan to AHS.DCFESDCaptaNotification@vermont.gov (No cover sheet necessary)

2021 Revision

Update 2021: POSC and CAPTA notification for marijuana use continuing into the 3rd trimester

Vermont CAPTA Notification

INSTRUCTIONS:

Infant exposures to certain substances during pregnancy are tracked by the Vermont Department for Children and Families (DCF) for reporting to the Children's Bureau based on federal law (CAPTA). The use of the prescribed substances listed below and/or marijuana during pregnancy requires the completion of the Vermont Plan of Safe Care (POSC) prior to infant discharge from the hospital and submission of this de-identified CAPTA notification form to DCF. Identifying information such as names, medical record numbers, and dates of birth should not be included on this form. The POSC and de-identified CAPTA notification should be completed by the hospital that discharged the infant.

Please submit via secure fax (802) 241-9060 or scan to AHS.DCFFSDCaptaNotification@vermont.gov
(No cover sheet necessary)

Reminder: A report to the DCF child protection hotline (1-800-649-5285) should be made in these situations:

- Substance use is a concern for child safety
- Use of an illegal substance or non-prescribed prescription medication, or misuse of prescription medication during the third trimester of pregnancy.
- Newborn has a positive confirmed toxicology result for an illegal substance or non-prescribed medication.
- Newborn develops signs or symptoms of withdrawal as the result of exposure to illegal substances, use of non-prescribed medications, misuse of prescribed medication, or due to undetermined exposure.
- Newborn is suspected to have fetal alcohol spectrum disorder, or the pregnant individual had active alcohol use disorder during the third trimester of pregnancy.

For reports that are accepted by DCF, the POSC will be completed by DCF.

Please check the boxes that apply to the current pregnancy:

The pregnant individual was treated by a healthcare provider with:

- Medications for Addiction Treatment (MAT): Methadone, Buprenorphine, Subutex, Suboxone, Naloxone
- Prescribed opioids for chronic pain
- Prescribed benzodiazepines

The pregnant individual used marijuana during pregnancy (use continued after the first trimester):

- Recreational THC
- Prescribed THC

Additional exposures:

- Alcohol Amount if known: _____
- Nicotine/Tobacco/E-cigarettes Amount if known: _____
- Other prescribed medications (ex. SSRIs): _____

Please check if any of the following apply:

- A Plan of Safe Care was completed and was sent to the infant's primary care provider
- The pregnant individual was engaged in services prior to delivery (ex: counseling, treatment, parenting classes)
- New referrals were made for services for the infant and/or parents/caregivers after birth

Unique Record Identifier: -

(Hospital code followed by last 4 digits of hospital medical record number)

Develop a Plan of Safe Care: VT process

Requirement: a POSC will be developed for all infant's affected by substance abuse or withdrawal symptoms

Goal: to address the needs of both the infant and the affected caregiver

Each state tasked to develop it's own pathway and documentation

- Some States wrote legislation, others with informal policies or protocols
- Vermont CAPTA workgroup convened in 2017 to develop state specific policies
- VT focus: to implement the new CAPTA requirements in a way that would continue to attract pregnant opioid-dependent women into treatment and not create unintentional barriers

Vermont POSC: 2017 edition

Vermont Newborn Plan of Safe Care (Revised 11/10/17)

Name of infant: _____ DOB: _____ Admission date: _____ Discharge date: _____
 Infant's PCP: _____

Household members:

Name	Age	Relationship to infant	Name	Age	Relationship to infant

Identified supports:

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Check box(es) next to applicable criteria:

Methadone / Buprenorphine	<input type="checkbox"/>
Prescribed opioids for chronic pain	<input type="checkbox"/>
Prescribed benzodiazepines	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>

Additional exposures:

Nicotine/tobacco	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>
Other	<input type="checkbox"/>
Other	<input type="checkbox"/>

Comments:

Check box(es) for all applicable services and new referrals for infant and mother/caregivers:

	Discussed	Current	New Referral	Organization	Contact person (if applicable)
Medication Assisted Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Mental Health Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Substance Abuse Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12 Step Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Recovery Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Smoking Cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Parenting Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Home visiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Children's Integrated Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Housing Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Financial Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Safe Sleep Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Post-discharge Family Strengths and Goals (Eg: breastfeeding, housing, smoking cessation, parenting, recovery)

Comments:

Signature of parent /caregiver: _____

Signature of staff: _____

2021 updates:

- Added instructions
- Included areas for family supports and strengths
- Updated and added community supports
- More streamlined appearance to facilitate completion and integration into the hospital EHR if desired
- Now available as a **fillable form** on the updated DCF POSC website

INSTRUCTIONS

The Plan of Safe Care should be developed with the pregnant individual and other involved caregivers prenatally and completed after the infant is born. The goal of the POSC is to ensure infants and families are connected to supportive services in their communities. The completed POSC should be sent to the infant's primary care provider at hospital discharge to facilitate communication and follow-up of new referrals. It should be scanned into the infant's medical record and the family should also receive a copy.

POSC INDICATION

MAT Prescribed Opioids Prescribed Benzodiazepines Marijuana use (prescribed or recreational after 1st trimester)

DEMOGRAPHIC INFORMATION

Name of Parent:	Parent's DOB:	EDD:
Name of Infant:	Infant's DOB:	Infant discharge date:
Infant's primary care provider & contact information:		

HOUSEHOLD MEMBERS

Name	Relationship to Infant	Age	Name	Relationship to Infant	Age

CURRENT SUPPORTS (include emergency childcare contact and other support people)

Name	Role	Contact information

STRENGTHS AND GOALS (ex: recovery, housing, parenting, smoking cessation, breastfeeding)

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SERVICES, SUPPORTS, and REFERRALS

Infant Supports		
	Contact information	Status
Nurse home visiting (Home Health & Hospice, VNA , Children's Integrated Services Strong Families Vermont)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Children's Integrated Services: Early Intervention		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Help Me Grow	Phone: 2-1-1 extension 6 or Online: https://helpmegrowvt.org/form/referral-form	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Pediatric specialist referral (NeoMed clinic)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable

Vermont POSC (continued)

Caregiver Supports		
	Contact information	Status
Medications for Addiction Treatment (MAT)	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Mental Health Counseling	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Substance Use Counseling	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Community Empaneled Team (ex. ChARM)	**	<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Recovery Supports (ex. Recovery coaching, 12-step group)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Case Management		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Smoking Cessation		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Parenting Supports		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Financial Supports (WIC, Fuel, Reach Up)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Housing Supports		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Childcare Resources (Children's Integrated Services: Specialized Child Care)		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Transportation		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Legal Assistance		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable
Other		<input type="checkbox"/> Currently Receiving <input type="checkbox"/> Discussed <input type="checkbox"/> New referral placed <input type="checkbox"/> Not applicable

**confidentiality must be protected, parent/caregiver may choose to disclose contact information or leave blank

PARENT/CAREGIVER PARTICIPATION

I participated in the development of this Plan of Safe Care, have received a copy, and understand it will be shared with my baby's primary care provider.

Parent/Caregiver Signature: _____ Date: _____ Parent/caregiver declined participation

Staff Signature: _____ Date: _____

NOTES/FOLLOW-UP NEEDED

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TRACKING

Date POSC initiated: _____ Date(s) Revised: _____ Date Completed: _____

Sent to infant's PCP Copy in infant's chart Copy given to family CAPTA notification completed

Data Collection & Reporting in VT

Reported data:

- # of substance exposed infants
- # of infants with plan of safe care developed
- # mothers already engaged in services
- # of infants for whom a referral was made for appropriate services

How data is collected is up to the State to determine

- Vermont opted to use the CAPTA notification form in combination with DCF reports

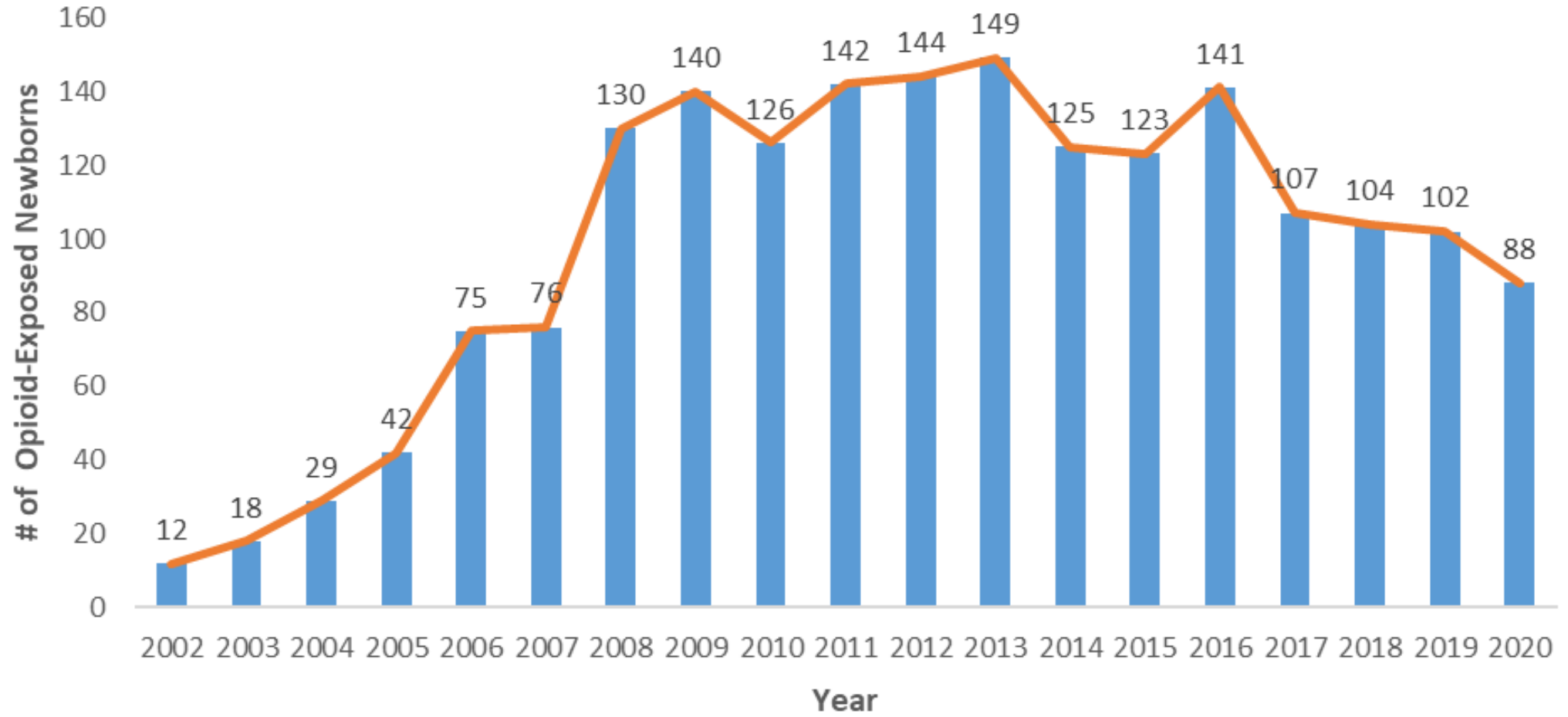
We Met the Federal Requirements, Now What?

- ✓ Identify infants affected by substance abuse, withdrawal or Fetal Alcohol Spectrum Disorder: individual reports, lab results, clinician diagnosis
- ✓ Health care providers notify child protective services: DCF reports and CAPTA notifications
- ✓ Develop a Plan of Safe Care (POSC)
- ✓ State child protective services agency report data to Children's Bureau annually

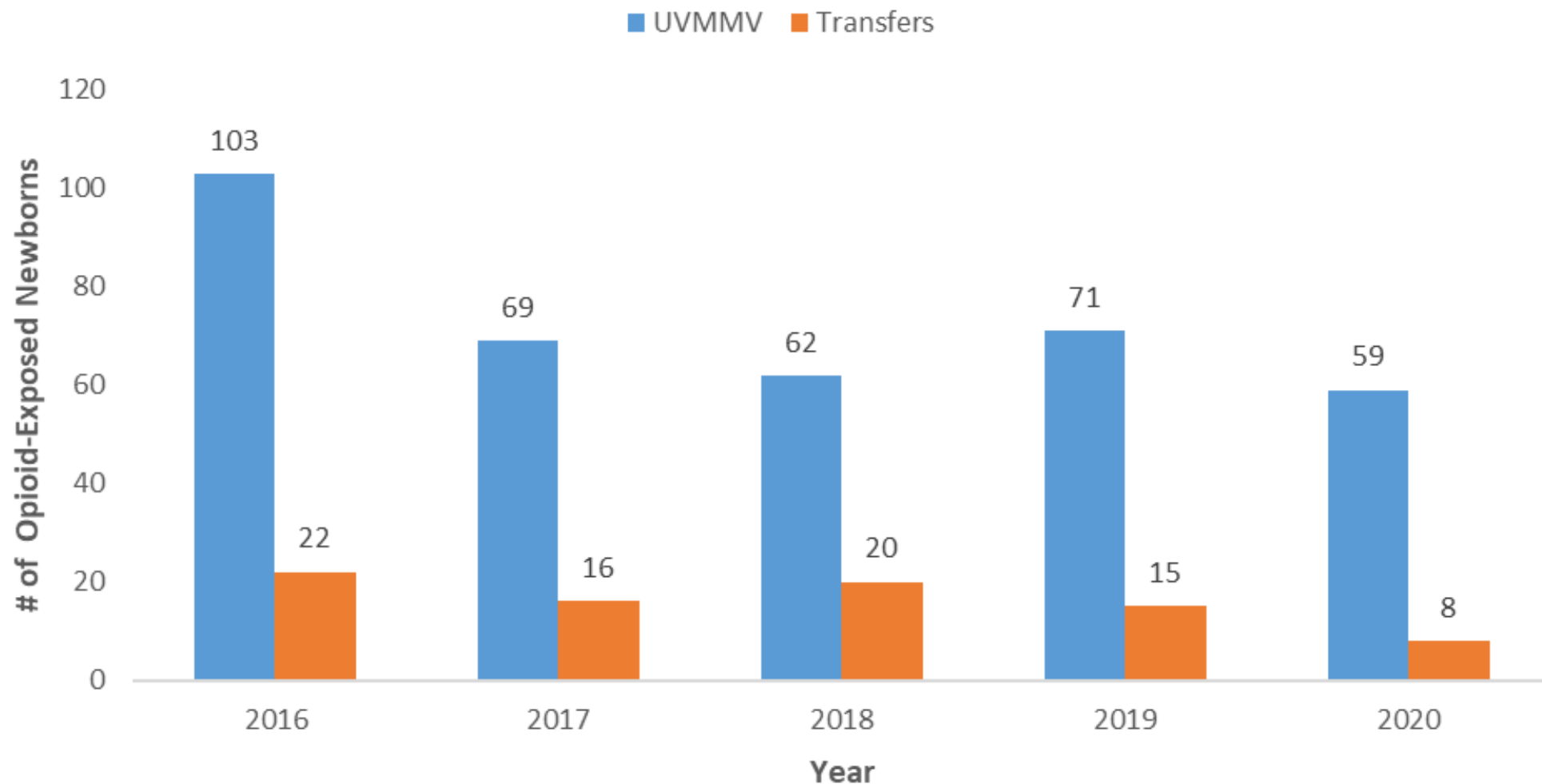
Time for some quality improvement- show me the DATA!



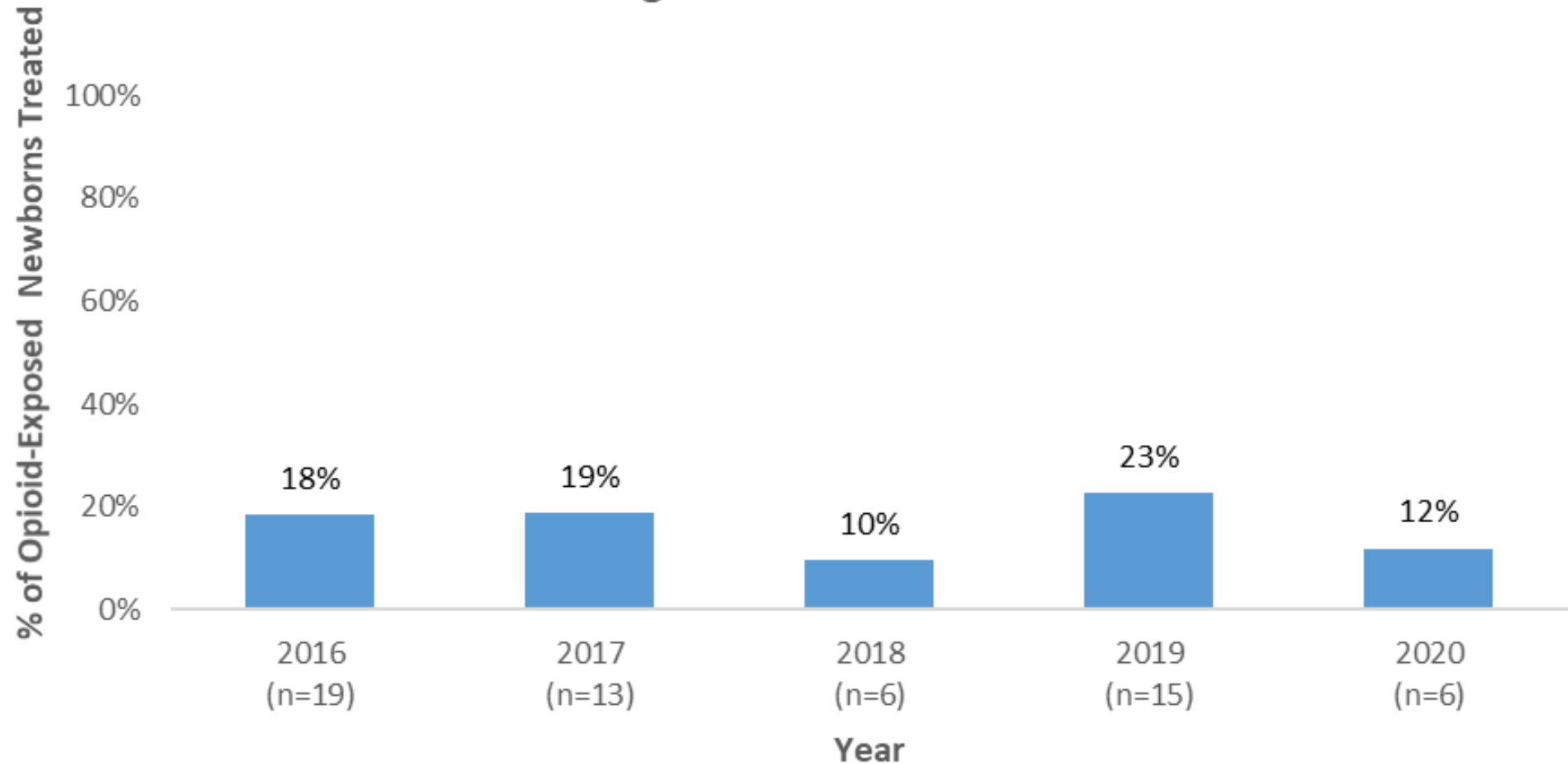
Total of Opioid-Exposed Newborns (OEN) Followed at UVMMMC



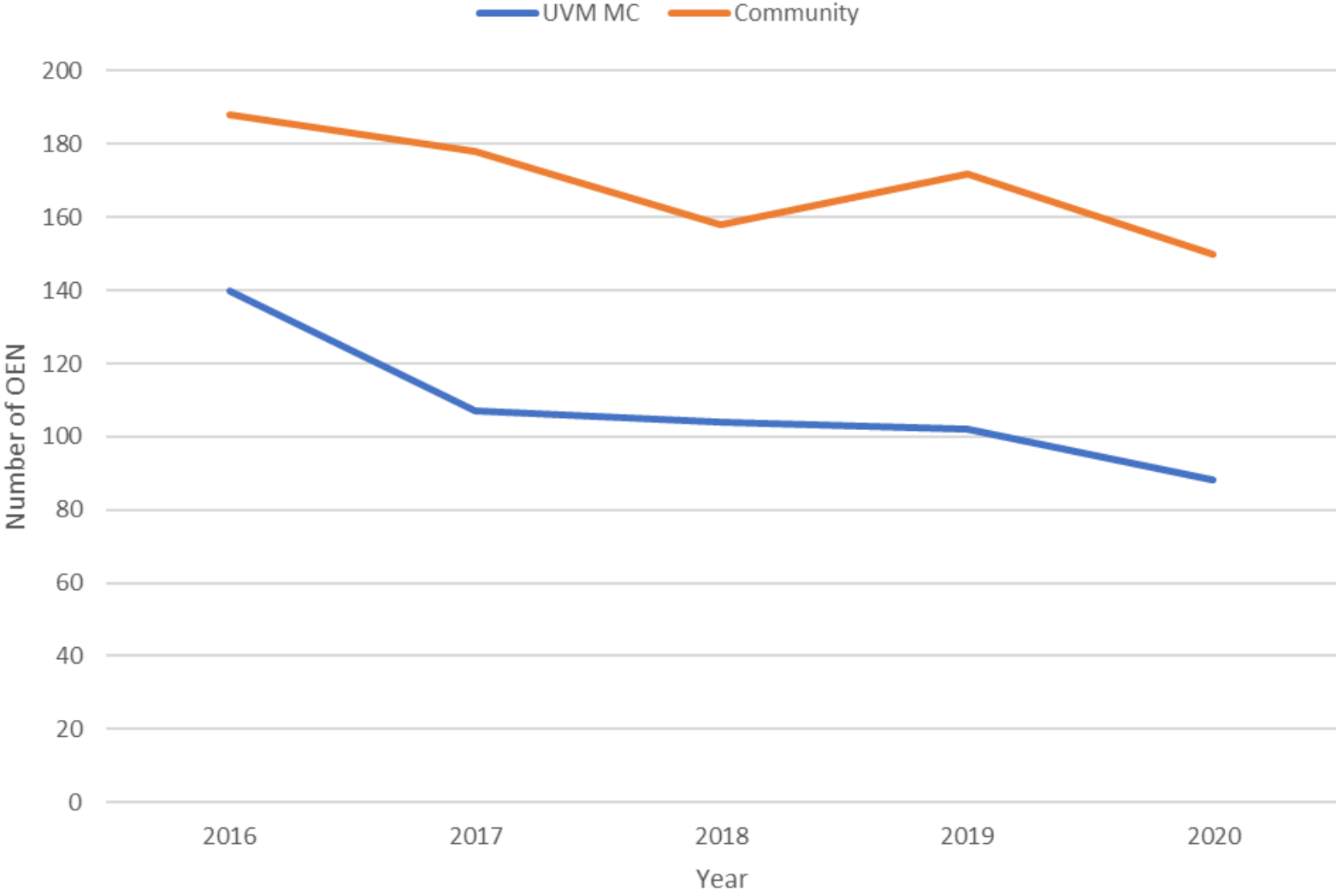
Total of Opioid-Exposed Newborns (OEN) Followed at UVMMMC



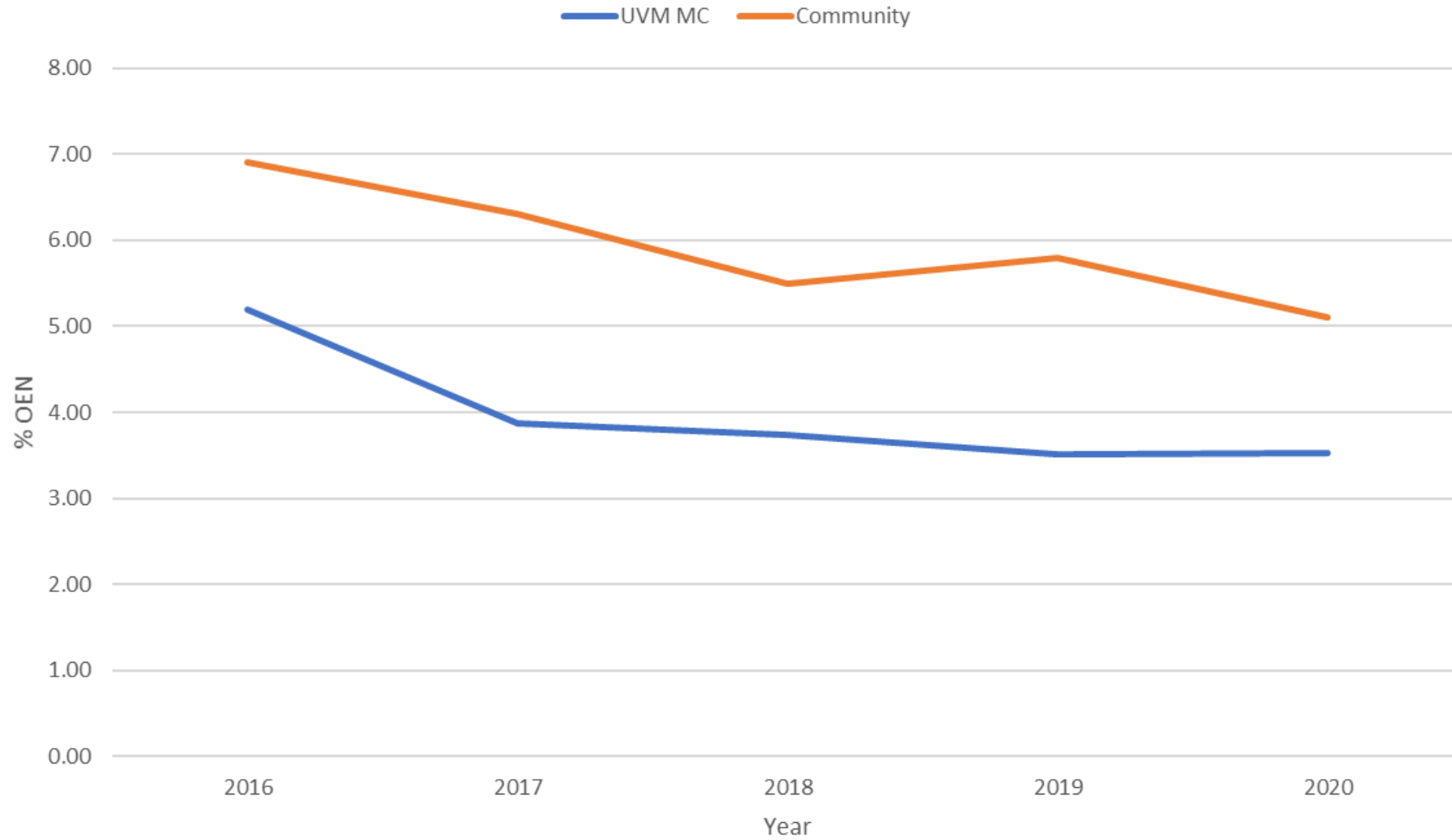
Percent of Opioid-Exposed Newborns (OEN) Receiving Any Pharmacologic Treatment at UVMHC



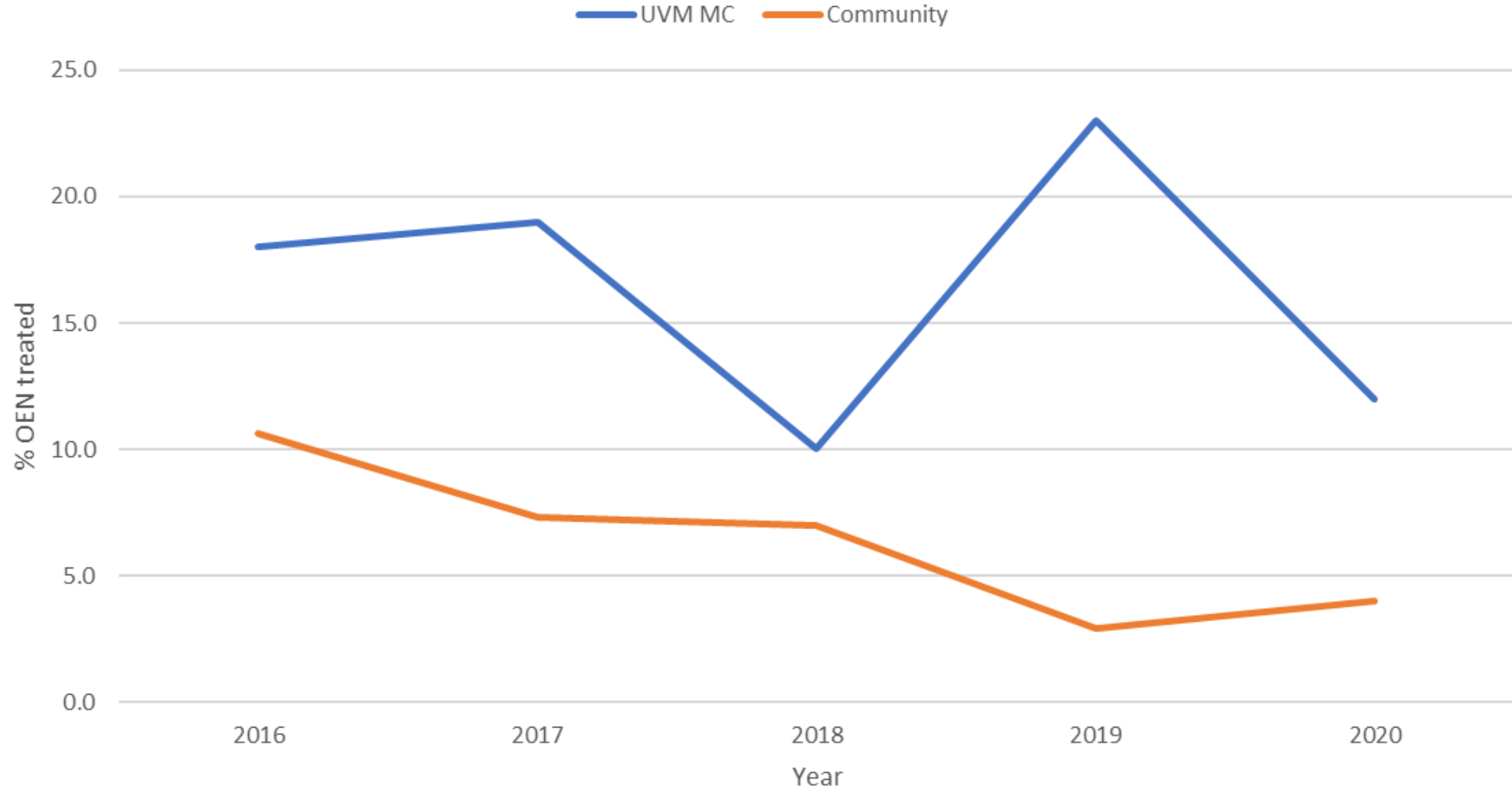
Total Number of OEN born at VT hospitals



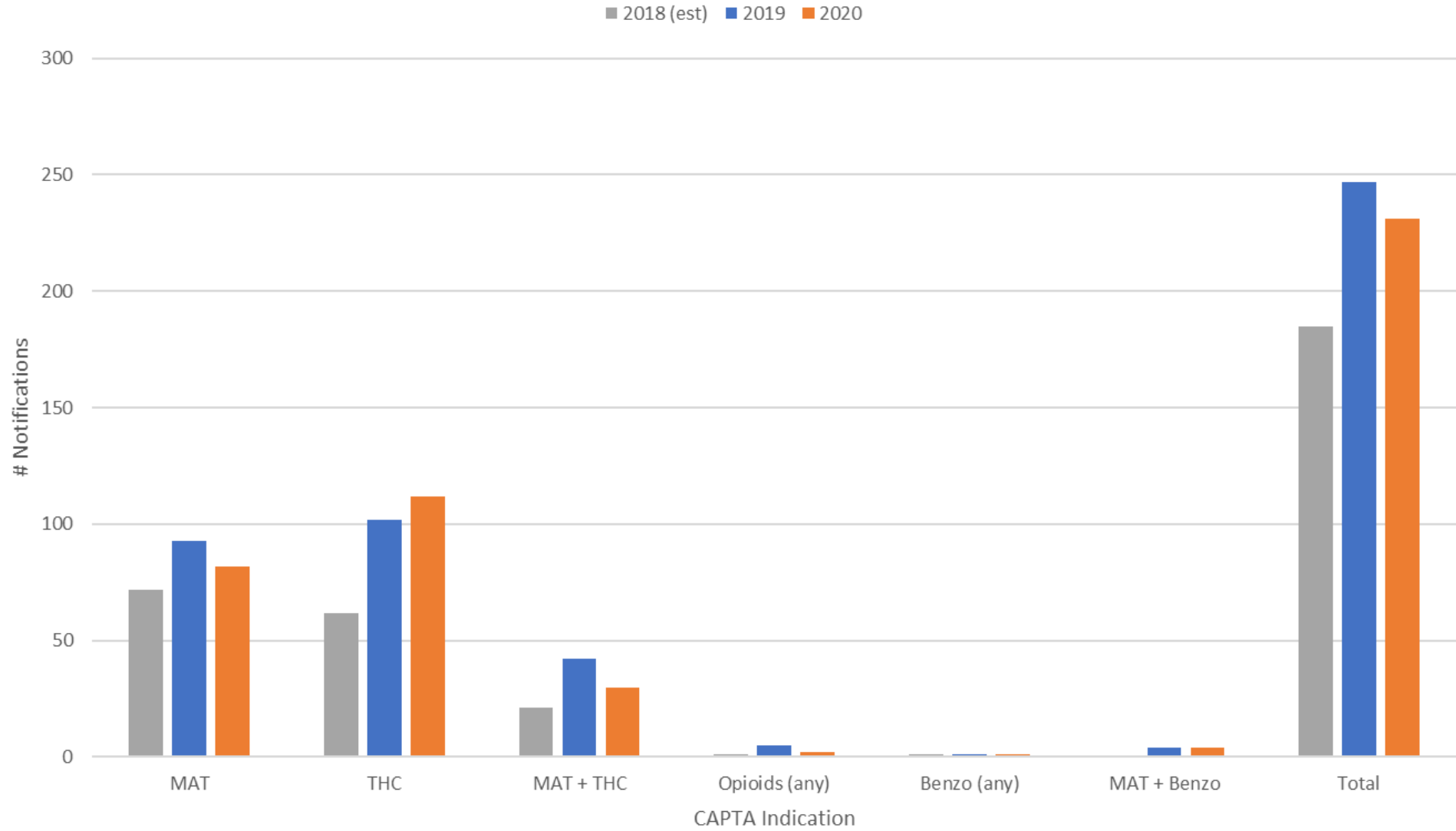
Proportion OEN of all births in VT hospitals

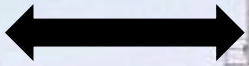


Proportion of OEN treated with medications for NAS



CAPTA Notifications by Year



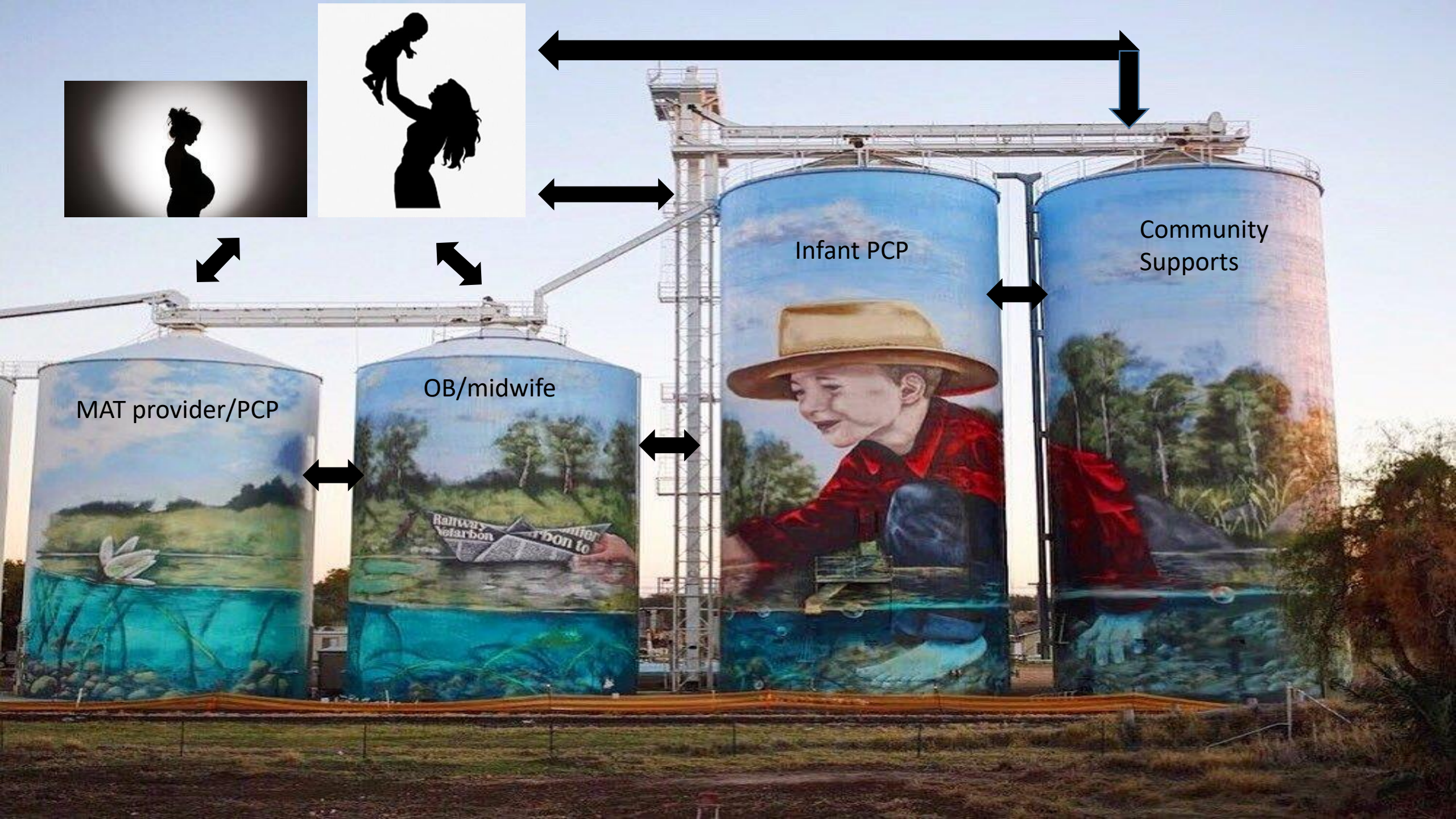


MAT provider/PCP

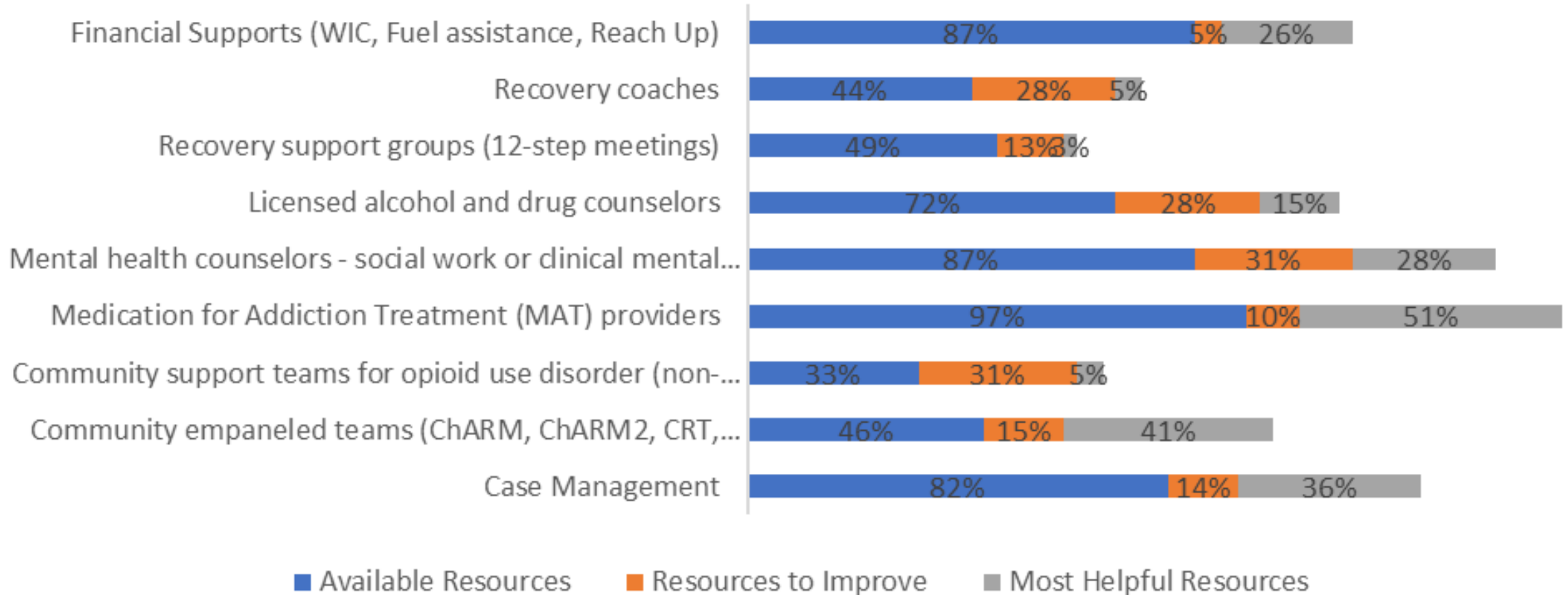
OB/midwife

Infant PCP

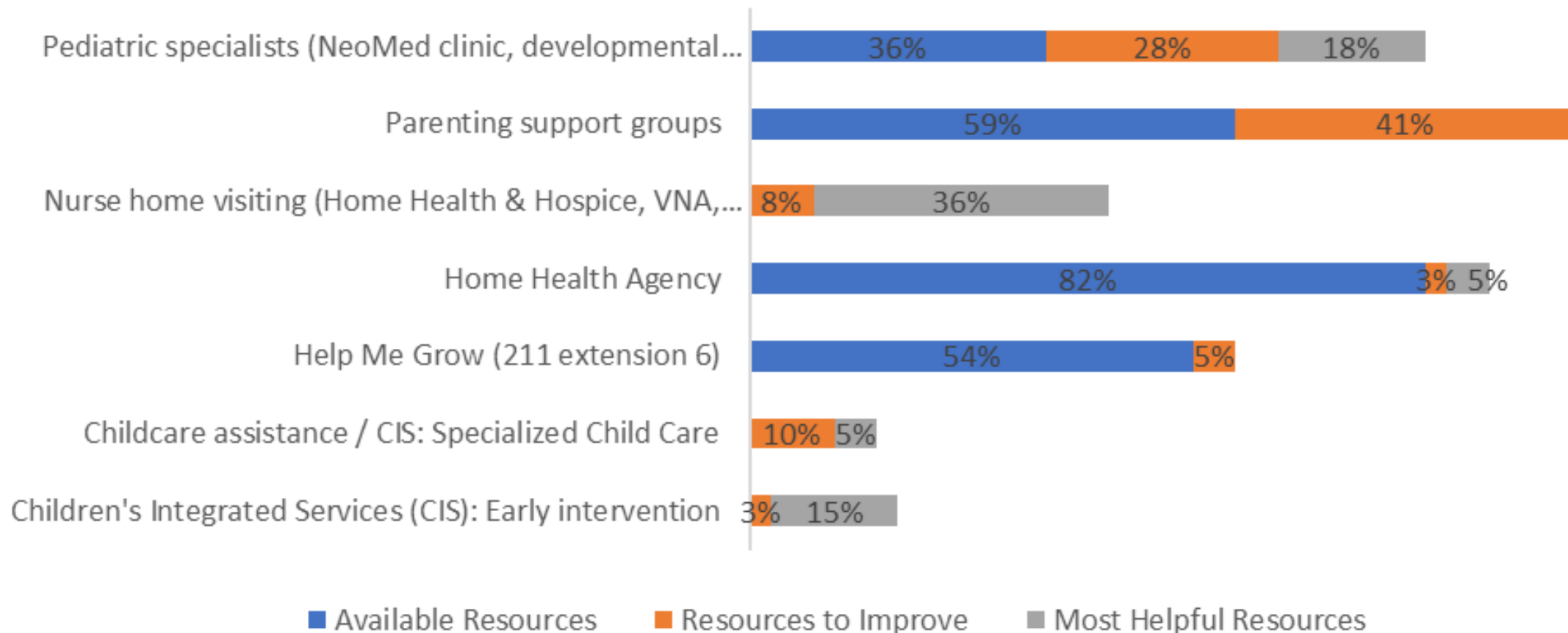
Community Supports



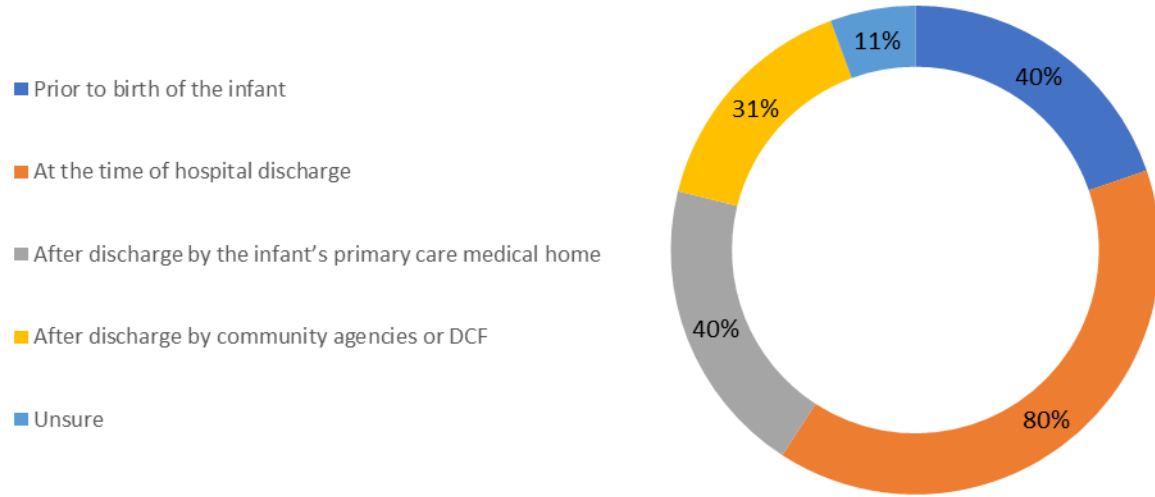
Pre-Birth Services and Support for Opioid-Exposed Newborns and Their Families



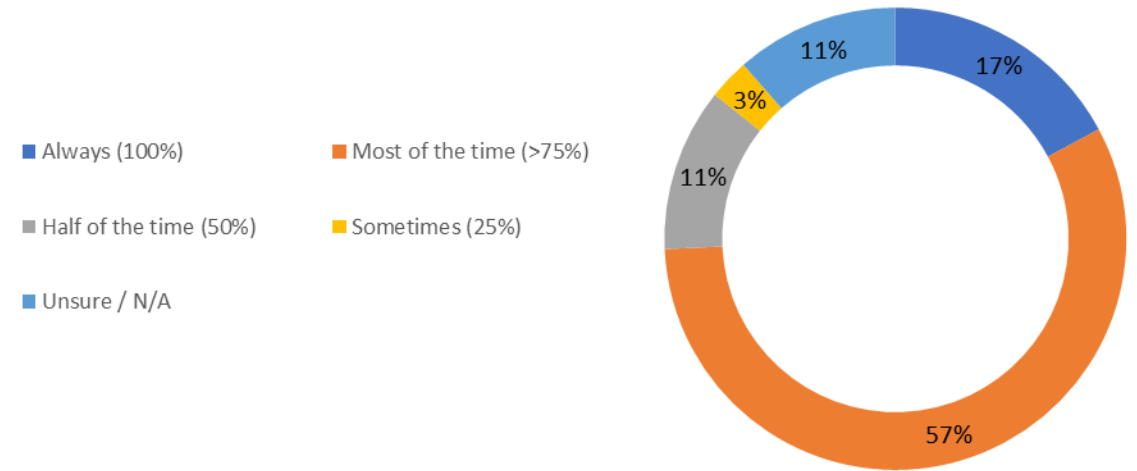
After-Birth Services and Support for Opioid-Exposed Newborns and Their Families



When Nurse Home Visits Referrals are Made



How Often Nurse Home Visits Referrals are Made



Visit the NEW POSC page on the DCF Family Services website:

Recently Updated!

- POSC form for hospitals
- CAPTA notification form
- Frequently Asked Questions:
 - CAPTA notification
 - Vermont POSC
 - THC use in pregnancy
- POSC handout for families

CAPTA related questions: AHS.DCFFSDCAPTA@vermont.gov
DCF POSC Website: <https://dcf.vermont.gov/fsd/partners/POSC>

VERMONT OFFICIAL STATE WEBSITE

AGENCY OF HUMAN SERVICES
Department for Children and Families

SEARCH
AHS WEBSITE

HOW DO I? OUR DIVISIONS OUR PARTNERS LINKS FOR PARTNERS QUICK LINKS A TO Z LIST

DEPARTMENT FOR CHILDREN & FAMILIES: COVID-19 PAGE

Home
Administration
Benefit Programs
Child Care - For Parents
Child Care - For Providers
Child Development
Child Safety & Protection
Child Support
Foster Care & Adoption
Resources By Audience
Resources By Topic
Youth in Vermont

FSD & COVID19

VERMONT PLANS OF SAFE CARE

President Obama signed the Comprehensive Addiction and Recovery Act (CARA) into law in 2016. It was the first major federal legislation related to addiction in 40 years.

- Since 2003, the [Child Abuse and Prevention Treatment Act \(CAPTA\)](#) required the development of Plans of Safe Care for infants affected by *illegal* substance abuse.
- In 2016, [CARA](#) expanded this requirement to include infants affected by substance abuse withdrawals symptoms or fetal alcohol spectrum disorders.

Guidance Documents

- [A Collaborative Approach to the Treatment of Pregnant Women with Opioid Use Disorders](#)
- [DCF Memo to Hospitals](#)

Resources

- [CAPTA Requirements](#) (Flowchart, pdf)
- [Plan of Safe Care for Mothers and Babies](#) (Flyer for mothers, pdf)
- [Vermont CAPTA Notification](#) (Form for hospitals, pdf)
- [Vermont Newborn Plan of Safe Care](#) (Form for hospitals, fillable pdf)
- [Vermont Plan of Safe Care and Notifications](#) (Frequently-Asked Questions, pdf)
- [Vermont Requirements Related to Substance Exposed Newborns](#) (Flowchart pdf)

Links

- [Alcohol & Drug Abuse Programs](#)
- [Children's Integrated Services](#)
- [Help Me Grow VT](#)
- [Substance Use in Pregnancy: Information for Providers](#)
- [WIC](#)

Have Questions?

Send an email to AHS.DCFFSDCAPTA@vermont.gov.

Frequently Asked Questions: Vermont CAPTA Notifications

Q: What is the purpose of the CAPTA notification?

Under the federal Child Abuse Prevention and Treatment Act (CAPTA), each state must provide the Children's Bureau with certain data regarding substance-exposed newborns. In Vermont the de-identified CAPTA notification form was developed to allow the Vermont Department for Children and Families (DCF) to compile de-identified data for this annual reporting.

Q: What is the difference between a DCF report and a CAPTA notification?

- A report to DCF is made by calling the child protection hotline, which includes identifying information to allow investigation into whether an assessment should be opened.
- A notification is made via secure fax or email and does not contain any identifying information as they are used for reporting purposes only.

Q: In what situations is a CAPTA notification made based on substance use during pregnancy?

When there are no child safety concerns, a notification is required if a pregnant individual:

- Was treated by a healthcare provider with any of the following: medications for addiction treatment (MAT), prescribed opioids for chronic pain, or prescribed benzodiazepines.
- And/or used prescribed or recreational marijuana after the first trimester.

Q: Who is responsible for making CAPTA notifications?

In Vermont, birth hospital staff complete CAPTA notifications. Each birth hospital should develop a protocol and work-flow for completing and sending CAPTA notification forms to DCF in a timely fashion.

Q: Should hospitals inform the family they are sending a CAPTA notification to DCF?

Hospital staff should be transparent and should emphasize that the notification does not contain any identifying information. Give a copy of the "Vermont Plan of Safe Care for Families" handout to the family to review.

Q: When should CAPTA notifications be made?

Notifications must be made after the infant is born, submitted at hospital discharge.

Q: How do hospitals submit a CAPTA notification?

Hospital staff can either fax the notification form to (802) 241-9060 or email a scanned copy to: AHS.DCFSDCaptaNotification@vermont.gov An electronic system is currently under development.

Updated for 2021!

*Contains details about the differences between CAPTA notifications and DCF reports

Q: What is the purpose of the Plan of Safe Care (POSC)?

Under the federal Child Abuse Prevention and Treatment Act (CAPTA), a POSC should be developed for all infants exposed to substances during pregnancy. Each state had to create their own POSC document and process for completion. In Vermont, the goal of the POSC is to ensure that substance exposed infants and their families are connected to appropriate resources and services in their communities.

Q: In what situations is a POSC required based on substance use during pregnancy?

In Vermont, a POSC is required for infants when the pregnant individual:

- Was treated by a healthcare provider with any of the following: medications for addiction treatment (MAT), prescribed opioids for chronic pain, or prescribed benzodiazepines.
- And/or used prescribed or recreational marijuana after the first trimester.

Give a copy of the "[Vermont Plan of Safe Care for Families](#)" handout to the family to review.

In addition, a Vermont CAPTA notification should be completed. See "[Frequently Asked Questions: Vermont CAPTA Notifications](#)" for more details.

Q: Who completes the POSC?

The POSC should be developed with the pregnant individual and other involved caregivers. Ideally the POSC should be started prenatally at the obstetric/midwifery office or by MAT providers. The POSC would then be shared with the birth hospital staff for completion after the infant is born. Each birth hospital should identify a work-flow for POSC completion. This includes identifying care managers, social work, and/or nursing staff who will work with families to review and complete the POSC.

Q: When is the POSC completed?

In Vermont, birth hospital staff must complete a POSC after birth for newborns exposed to prescribed medications (MAT, opioids, or benzodiazepines) or marijuana (after the first trimester). Ideally the POSC should be started prenatally and must be completed prior to hospital discharge.

*Note: If a DCF report has been made and an assessment is opened, DCF will complete the POSC.

Q: Who should receive a copy of the POSC?

The completed POSC should be sent to the infant's primary care provider at hospital discharge to facilitate communication and follow-up of new referrals. It should be stored in the infant's medical record and the family should also receive a copy that they may choose to share with other providers.

*Note: the completed POSC forms should not be shared with DCF.

Q: What if the pregnant individual/caretakers decline to participate in POSC development?

The goal is to involve families in the POSC process; however, they may decline. In these instances, hospital staff should complete the POSC with available information and share it with the infant's primary care provider at discharge. The refusal to develop a POSC does not warrant a DCF child protection report if no child safety concerns are present.

Q: What about other drug or alcohol use during pregnancy? Is a POSC required?

A POSC should be completed prior to hospital discharge for newborns exposed to prescribed medications (MAT, opioids, or benzodiazepines) or marijuana (after the first trimester). In other situations, a DCF report may be indicated and if accepted DCF would complete the POSC.

The following situations meet DCF's report acceptance criteria for substance use during pregnancy:

- A pregnant individual reports (or a healthcare provider certifies) the use of an illegal substance, use of non-prescribed prescription medication, or misuse of prescription medication during the last trimester of pregnancy.
- Concern that the pregnant individual's substance use constitutes a significant threat to an infant's health or safety (with the goal to address the safety concerns prior to birth).
- A newborn has a positive confirmed toxicology result (urine, meconium or cord) for an illegal substance or non-prescribed medication.
- A newborn develops signs or symptoms of withdrawal (neonatal abstinence syndrome) as the result of exposure to an illegal substance, use of non-prescribed medications, misuse of prescribed medication, or due to undetermined exposure.
- A newborn is suspected to have fetal alcohol spectrum disorder (FASD), or the pregnant individual had active alcohol use disorder during the last trimester of pregnancy.

Q: What if a pregnant individual resides in another state but delivers in Vermont?

A Vermont POSC should be completed prior to hospital discharge for all infants born in Vermont if there are no child safety concerns and the substance exposure consists of prescribed medications (MAT, opioids, or benzodiazepines) or marijuana (after the first trimester). The completed POSC is sent to the infant's primary care provider, regardless of the state they practice. In addition, a de-identified Vermont CAPTA notification form should be sent to Vermont DCF for tracking.

*Note: If an assessment has been opened by Vermont DCF or the child protective services agency in the state of residence, that office will complete the POSC as part of the infant discharge planning process.

Q: What if a newborn is transferred to another hospital, who is responsible for completing the POSC?

The hospital discharging the infant is responsible for the completing the POSC.

Q: Can hospitals make modifications to the POSC form?

Hospitals can make modifications to the Plan of Safe Care template as long as no content is removed. In addition, hospitals may choose to incorporate the POSC into their electronic health record system.

Q: Where can hospital staff find the POSC form?

The DCF Family Services Division website has the most updated version of the POSC and supporting documents. <https://dcf.vermont.gov/fsd/partners/POSC>

Q: Who can hospital staff contact if they have questions?

Questions can be emailed to AHS.DCFFSDCAPTA@vermont.gov or call 802-760-0476 and ask to speak with DCF's Policy and Planning Manager.

Q: When should healthcare providers ask pregnant individuals about marijuana use?

Conversations about substance use including marijuana, alcohol, tobacco, and other drugs should occur at every prenatal visit in an open, non-judgmental fashion.

Q: How should healthcare providers ask about marijuana use?

Prenatal providers should develop a work-flow for universal screening of pregnant individuals for substance use using questionnaires or verbally. Results should be documented to allow follow-up at subsequent visits. For more information and resources, visit the Vermont Department of Health's One More Conversation campaign website: <https://www.healthvermont.gov/family/pregnancy/substance-use-pregnancy-information-providers>

Q: What should I do if a pregnant individual discloses marijuana or other substance use?

First, thank them for their honesty. Then ask about reasons for using and whether they have interest in cutting back or stopping use. Discuss any concerns they have around effects on their baby and provide both verbal and written information about the impact of substance use on development. Consider referring for substance use counseling or treatment if indicated.

Q: How are infants affected by marijuana use during pregnancy and breastfeeding?

Current data suggests marijuana use during pregnancy may impact fetal growth and development. Some studies also show long-term effects on attention and behaviors in school age children exposed to marijuana during pregnancy. Tetrahydrocannabinol (THC), the active ingredient in marijuana is concentrated in fat cells, easily passing into breastmilk and may cause sedation, poor feeding and problems with weight gain of infants who are breastfed.

Q: Marijuana use is legal in Vermont, what about federal laws regarding marijuana use in pregnancy?

Under federal law, each state must provide the Children's Bureau with certain data regarding substance-exposed newborns. In addition, this legislation states a Plan of Safe Care (POSC) should be developed for all infants exposed to substances during pregnancy. Each state created their own process, in Vermont the de-identified Child Abuse Prevention and Treatment Act (CAPTA) notification form was developed. Please see "[Frequently Asked Questions: Vermont Plan of Safe Care](#)" and "[Frequently Asked Questions: Vermont CAPTA Notifications](#)" for more information.

Q: When is a Plan of Safe Care (POSC) and CAPTA notification required?

When there are no child safety concerns, a POSC and CAPTA notification form is required if a pregnant individual:

- Was treated by a healthcare provider with any of the following: medications for addiction treatment (MAT), prescribed opioids for chronic pain, or prescribed benzodiazepines.
- And/or used prescribed or recreational marijuana after the first trimester.

Q: What if a pregnant individual stopped using marijuana after discovering they are pregnant?

If a pregnant individual stops using marijuana in the first trimester a POSC and CAPTA notification are not required. If use continues into the second or third trimester of pregnancy a POSC and CAPTA notification should be completed.

Q: In what situations is a DCF report made based on substance use during pregnancy?

The following situations meet Vermont's report acceptance criteria:

- A pregnant individual reports (or a healthcare provider certifies) the use of an illegal substance, use of non-prescribed prescription medication, or misuse of prescription medication during the last trimester of pregnancy.
- Concern that the pregnant individual's substance use constitutes a significant threat to an infant's health or safety (with the goal to address the safety concerns prior to birth).
- A newborn has a positive confirmed toxicology result (urine, meconium or cord) for an illegal substance or non-prescribed medication.
- A newborn develops signs or symptoms of withdrawal (neonatal abstinence syndrome) as the result of exposure to an illegal substance, use of non-prescribed medications, misuse of prescribed medication, or due to undetermined exposure.
- A newborn is suspected to have fetal alcohol spectrum disorder, or the pregnant individual had active alcohol use disorder during the last trimester of pregnancy.

Q: Why isn't the use of marijuana during pregnancy a DCF report?

Effective November 1, 2017, DCF no longer accepts reports where the sole concern is regarding marijuana use during pregnancy. While some studies have suggested that prenatal exposure to marijuana may be harmful, there is lack of sufficient evidence to warrant a child protection intervention.

Q: What if hospital staff believe a pregnant individual's use of marijuana is impacting their ability to safely parent their newborn?

A report to DCF should be made via the child protection hotline at 1-800-649-5285 in any situation where there is a concern for infant safety.

Q: Where can prenatal providers go for more information and educational materials on marijuana use during pregnancy?

- The Vermont Department of Health Substance Use in Pregnancy Information for Providers: One More Conversation <https://www.healthvermont.gov/family/pregnancy/substance-use-pregnancy-information-providers>
- Centers for Disease Control and Prevention: <https://www.cdc.gov/marijuana/factsheets/pregnancy.htm>

Q: Where can hospital staff find the POSC and CAPTA notification forms?

The DCF Family Services Division website has the most updated version of these forms and supporting documents. <https://dcf.vermont.gov/fsd/partners/POSC>

Q: Who can hospital staff contact if they have questions?

Questions can be emailed to AHS.DCFSDCAPTA@vermont.gov or call 802-760-0476 and ask to speak with DCF's Policy and Planning Manager.

Vermont POSC Parent Handout- revised for 2021

Vermont Plan of Safe Care for Families

What is a Plan of Safe Care?

The Plan of Safe Care is a document created with your help listing current supports and strengths your family has and any new community resources or referrals you may need after your baby is born. This plan will help your family and the infant's primary care provider communicate and be sure you have all the supports and services you need.

Who needs a Plan of Safe Care?

In Vermont, a Plan of Safe Care is developed when certain prescription medications or substances are used during pregnancy including:

- Prescribed medications for addiction treatment (MAT)
- Prescribed opioids for chronic pain
- Prescribed benzodiazepines
- Prescribed or recreational marijuana use continuing after the first trimester

What will be in your plan?

- Information about your current supports and services
- Information about new resources or referrals placed after the baby is born.
Examples include: home health/nurse home visiting, parenting and recovery supports, financial or housing supports, and medical or developmental referrals.

Who keeps the plan?

You'll get a copy and one will be sent to your baby's primary care provider. A copy will also be stored in your baby's medical record.

Will the hospital provide information about me or my newborn to DCF?

- ❖ The use of prescribed MAT, opioids, or benzodiazepines as directed by a health care provider and/or marijuana use during pregnancy are not reported to DCF when there are no child safety concerns.
- ❖ The federal government requires states to track the number of babies exposed to substances. In Vermont, a de-identified notification form was made. This form has no names, birth dates, or other identifying information and is sent to the Family Services Division for tracking purposes only.
- ❖ A report containing information is made to the Vermont Department for Children and Families (DCF) only if:
 - There are concerns for your infant's safety.
 - There was use of illegal substances, non-prescribed medications, or misuse of prescribed medications during the third trimester of pregnancy (reported, found on screening tests, or infant has withdrawal)
 - Your baby is suspected of having Fetal Alcohol Spectrum Disorder or there was active alcohol use disorder in the third trimester of pregnancy.

Where can I get more information?

Talk to your obstetrical care provider if you have any questions about the Plan of Safe Care.

Summary: What happens after birth?

Birth hospital staff

- Help monitor for signs and symptoms of opioid withdrawal (neonatal abstinence syndrome)
- Support families in caring for their infant
- Encourage and assist with breastfeeding
- Complete the Plan of Safe Care before discharge to send to the infant's PCP**
- Send a de-identified CAPTA notification to DCF for annual reporting to the Children's Bureau**

**Assuming no child safety concerns- if concerns are present a DCF intake is completed and they complete a POSC

Goals Moving Forward

1. Reinforce community partnerships:

- Connect MAT providers, OB/midwifery practices and pediatric/family practice offices
- Increase participation in county based multidisciplinary teams
- Encourage parents to schedule a prenatal meet and greet visit with the baby's primary care provider

2. Provide education:

- Current survey to Vermont providers to identify gaps in resources and need for further education around the POSC

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