



Perinatal Quality Collaborative Vermont presents

A Changing Landscape: Post Pandemic Care of Pregnant People and Infants Affected by Opioid Use Disorder

Shara Tarule, APRN, Howard Center Chittenden Clinic

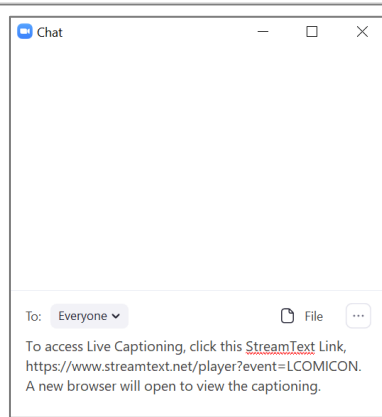
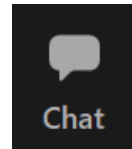
Michelle Shepard, MD, PhD, Associate Professor of Pediatrics, Vermont Child Health
Improvement Program (VCHIP) and University of Vermont Medical Center



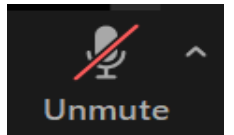
Housekeeping

Use the *Chat* box to ask a question.

To access Live Captioning, click the link provided in the *Chat* box. This will open a new browser to view captioning.



You will automatically be muted when you join the webinar. During the Q&A portion of the presentation, you may wish to *Unmute* to verbally ask your question.



Before leaving the webinar, please complete the evaluation!

A link will be provided in the *Chat* box near the end of the conference.

A screenshot of a survey form titled "February 8, 2023 PQC-VT ICON Statewide Call Evaluation". It includes a thank you message and a list of checkboxes for "What are your credentials?". The list includes BA/BS, DO, EdD, IBCLC, LICs, LPN, MA/MS, MD, NP/APRN, PhD, RN, and Other. A red asterisk indicates that "most provide value".

February 8, 2023 PQC-VT ICON Statewide Call Evaluation

Thank you for attending the statewide call hosted by the Perinatal Quality Collaborative Vermont ICON team titled, **A Changing Landscape: Past Pandemic Care of Pregnant People and Infants Affected by Opioid Use Disorder**, presented by Shara Tarule, NP, Howard Center, Chittenden Clinic and Michelle Sheppard, MD, PhD, Associate Professor of Pediatrics, Vermont Child Health Improvement Program (VCHIP) and University of Vermont Medical Center.

Thank you for taking time to complete the evaluation as we value your feedback!

What are your credentials?

*most provide value

- ☐ BA/BS
- ☐ DO
- ☐ EdD
- ☐ IBCLC
- ☐ LICs
- ☐ LPN
- ☐ MA/MS
- ☐ MD
- ☐ NP/APRN
- ☐ PhD
- ☐ RN
- ☐ Other

If you would like to join our listserv, please send an email to VCHIP.PQCVT@med.uvm.edu.

Disclosures

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



PQC-VT ICON Team

Faculty

- ❖ Michelle Shepard, MD, PhD, Pediatrics, Lead Faculty
- ❖ Molly Rideout, MD, Pediatrics
- ❖ Adrienne Pahl, MD, Neonatology
- ❖ Marjorie Meyer, MD, Obstetrics & MFM

Collaborators

- ❖ Susan White, NP/APRN
- ❖ Bronwyn Kenny, MD

VCHIP

- ❖ Julie Parent, MSW, ICON Project Director
- ❖ Avery Rasmussen, MPH, ICON Data Manager
- ❖ Angela Zinno, MA, ICON Project Coordinator

Parent Advisors

- ❖ Ashlee
- ❖ Heidi
- ❖ Arial

Vermont Department of Health Liaison

- ❖ Ilisa Stalberg, MSS, MLSP, MCH Director

Website: <http://www.med.uvm.edu/vchip/icon>
Email: vchip.pqcvt@med.uvm.edu

Overview

- The care of people with substance use disorders during pregnancy and their infants have changed at the state, hospital and community levels.
- Changes started prior to COVID but were accelerated by the pandemic.

Does anyone CUP?

Are you prescribed medications for chronic conditions?

- Asthma
- GERD
- Diabetes
- High blood pressure
- High cholesterol
- Depression
- Anxiety
- Sleep



MAT and the Pandemic

CHANGES:

- Heroin isn't heroin
 - Fentanyl
 - Xylazine
- 70's-era OTP/Hub regulations updated
- Buprenorphine access increased

Accidental and Undetermined Opioid-Related Fatal Overdoses Among Vermonters

Deaths due to suicide were removed to show deaths more likely associated with misuse and opioid use disorder – the type of death some consider an “overdose.” Preliminary data show 210 accidental and undetermined cause deaths among Vermont residents in 2021.

At this time, the 210 deaths in 2021 represent a 33% increase from the 158 deaths in 2020. The rate of death in 2020 was 25.3 per 100,000 Vermonters. The rate for 2021 is 33.7 fatal overdoses per 100,000 Vermonters – a rate that is statistically different.

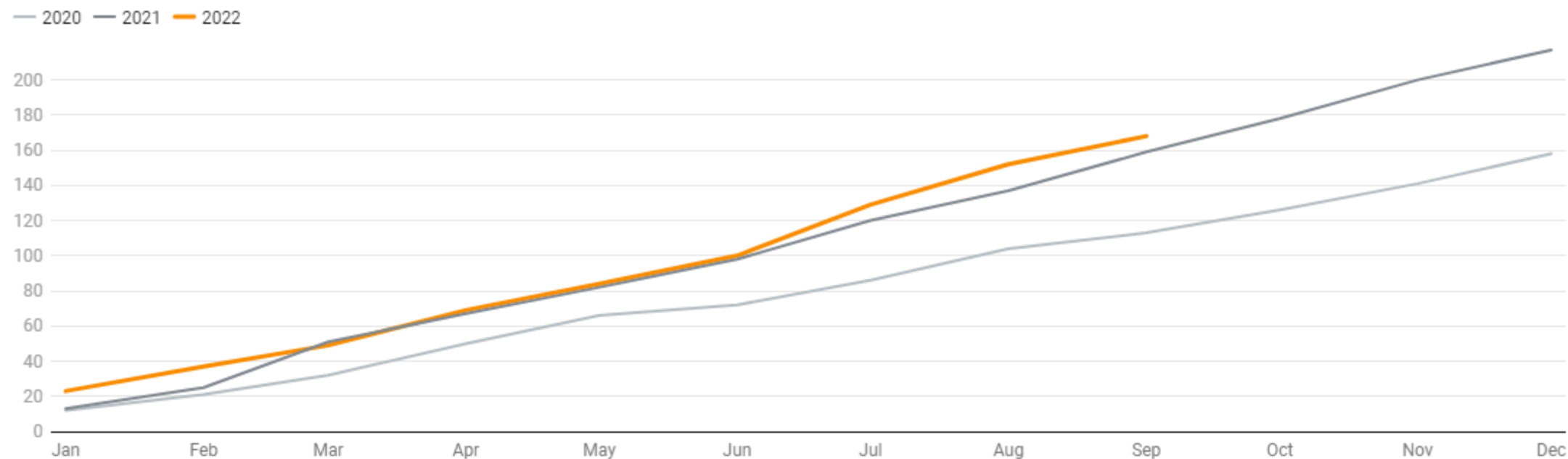
Figure 3: Number of Accidental and Undetermined Opioid-Related Fatal Overdoses Among Vermont Residents



Males comprise 69% of 2021 accidental and undetermined opioid-related fatal overdoses among Vermont residents. Women comprise 31% of these deaths. The average age of death is 41 years (median 40), with over half of these deaths occurring among persons between 30 and 49 years of age (56%). Most accidental and undetermined opioid-related fatal overdoses are among white, non-Hispanic Vermont residents (94%).

2022 opioid overdose deaths among Vermonters

Opioid fatalities, total to date as of September:



Includes prescription opioid-, heroin- and fentanyl-related deaths of Vermont residents. This year's totals are preliminary; the numbers may go up as outstanding death certificates are completed.

[Source: Vermont Department of Health, Center for Disease Prevention and Control](#)

Monthly Opioid Morbidity and Mortality Report

January 17, 2023

Starting in February of 2022, the Health Department was encouraged to see a decrease in the number of overdoses in several months compared to the same time last year, understanding there are many factors that can impact what is happening in our communities. We also recognize that July is traditionally a month we see an increase in overdoses. As noted in this report, in July of 2022 there were 29 overdose deaths in Vermont. In examination of the data, it was identified that xylazine was involved in 41% of overdose deaths in July.

| 2022 | Total Opioid Overdose Deaths | Number of Opioid Overdose Deaths Involving Xylazine | Percent of Opioid Overdose Deaths with Xylazine |
|-----------|------------------------------|---|---|
| January | 24 | 4 | 17% |
| February | 14 | 7 | 50% |
| March | 12 | 4 | 33% |
| April | 20 | 4 | 20% |
| May | 15 | 3 | 20% |
| June | 16 | 4 | 25% |
| July | 29 | 12 | 41% |
| August | 23 | 5 | 22% |
| September | 16 | 5 | 31% |
| October | 21 | 6 | 29% |

Xylazine cannot be detected with fentanyl test strips, and Narcan® (naloxone), a medicine that can reverse an overdose, only works on opioids and does not reverse the impact of xylazine in an overdose emergency. This can mean a higher risk of death. More information about this emerging substance of concern is available in this brief: [Xylazine Involvement in Fatal Opioid Overdoses Among Vermont Residents](#).

The increasing prevalence of xylazine has introduced a new urgency for people to know and understand what they are using, and importantly, that you can't really know for sure what is in illicit drugs. If an overdose is suspected, call 9-1-1 because additional medical assessment will be needed if xylazine is involved. Learn more about the risks of xylazine mixed with opioids, and steps reduce the risk of an opioid overdose at [KnowODVT.com](#).

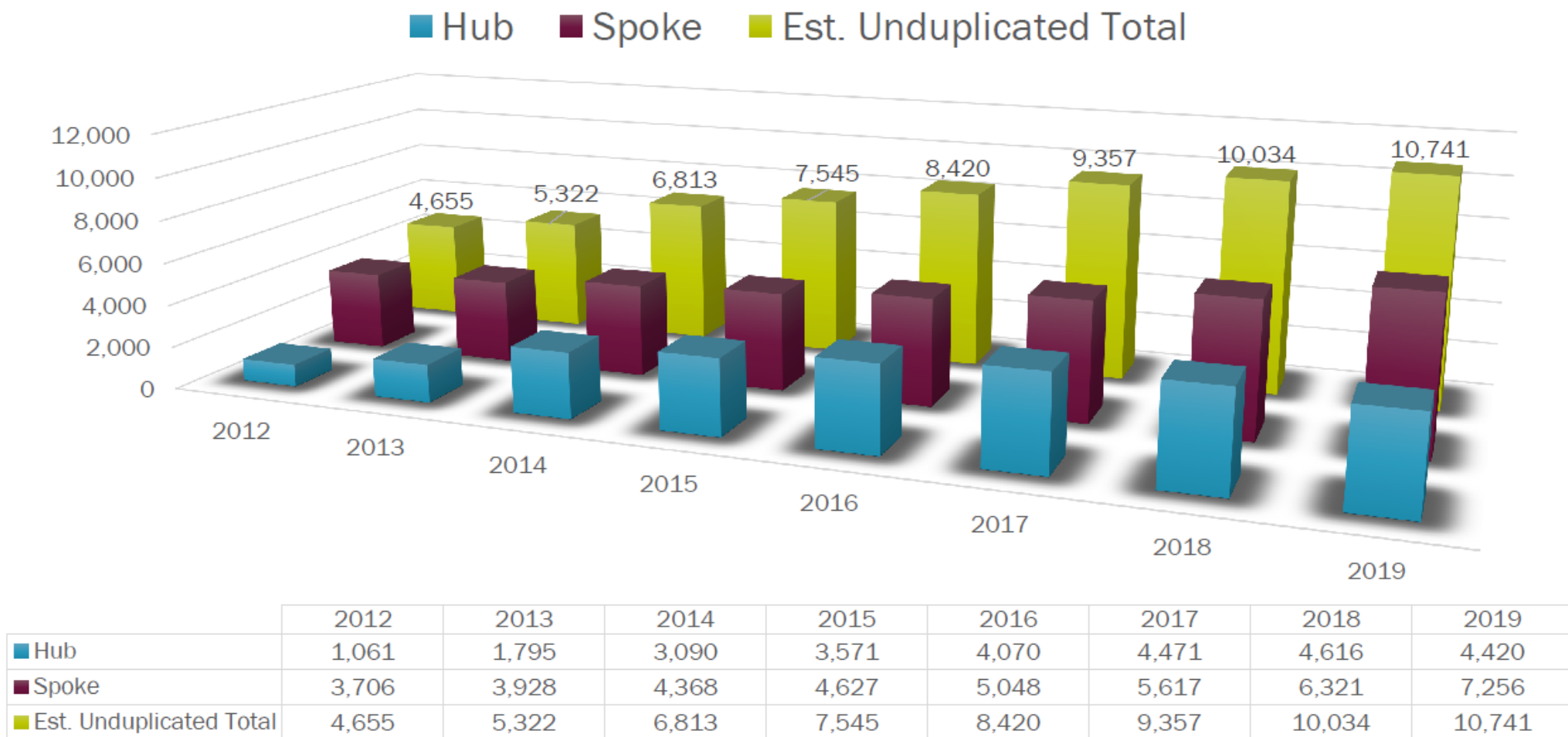
Most opioid-related accidental and undetermined deaths among Vermont residents involve fentanyl.

| 2022 Month of Death | Total Number of Opioid-Related Accidental and Undetermined Manner Deaths | | | | | | |
|-------------------------|--|----------|--------|----------------------------|----------|---------|-----------------|
| | Total* | Fentanyl | Heroin | Rx Opioid (no fentanyl) | Xylazine | Cocaine | Methamphetamine |
| January | 23 | 19 | 0 | 9 | 4 | 8 | 2 |
| February | 14 | 13 | 1 | 2 | 7 | 9 | 1 |
| March | 12 | 11 | 1 | 1 | 4 | 7 | 2 |
| April | 20 | 19 | 4 | 3 | 4 | 11 | 1 |
| May | 15 | 14 | 4 | 1 | 3 | 8 | 0 |
| June | 16 | 16 | 1 | 3 | 4 | 8 | 0 |
| July | 29 | 28 | 2 | 3 | 12 | 14 | 3 |
| August | 23 | 22 | 4 | 8 | 5 | 9 | 4 |
| September | 16 | 15 | 2 | 3 | 5 | 11 | 1 |
| October | | | | | | | |
| November | | | | | | | |
| December | | | | | | | |
| Total Vermont Residents | 168 | 157 | 19 | 33 | 48 | 85 | 14 |
| Vermonters in Vermont | 155 | 145 | 19 | 32 | 47 | 78 | 14 |
| Vermonters Out of State | 13 | 12 | 0 | 1 | 1 | 7 | 0 |
| Non-Vermont Residents | 12 | 11 | 0 | 2 | 1 | 7 | 0 |

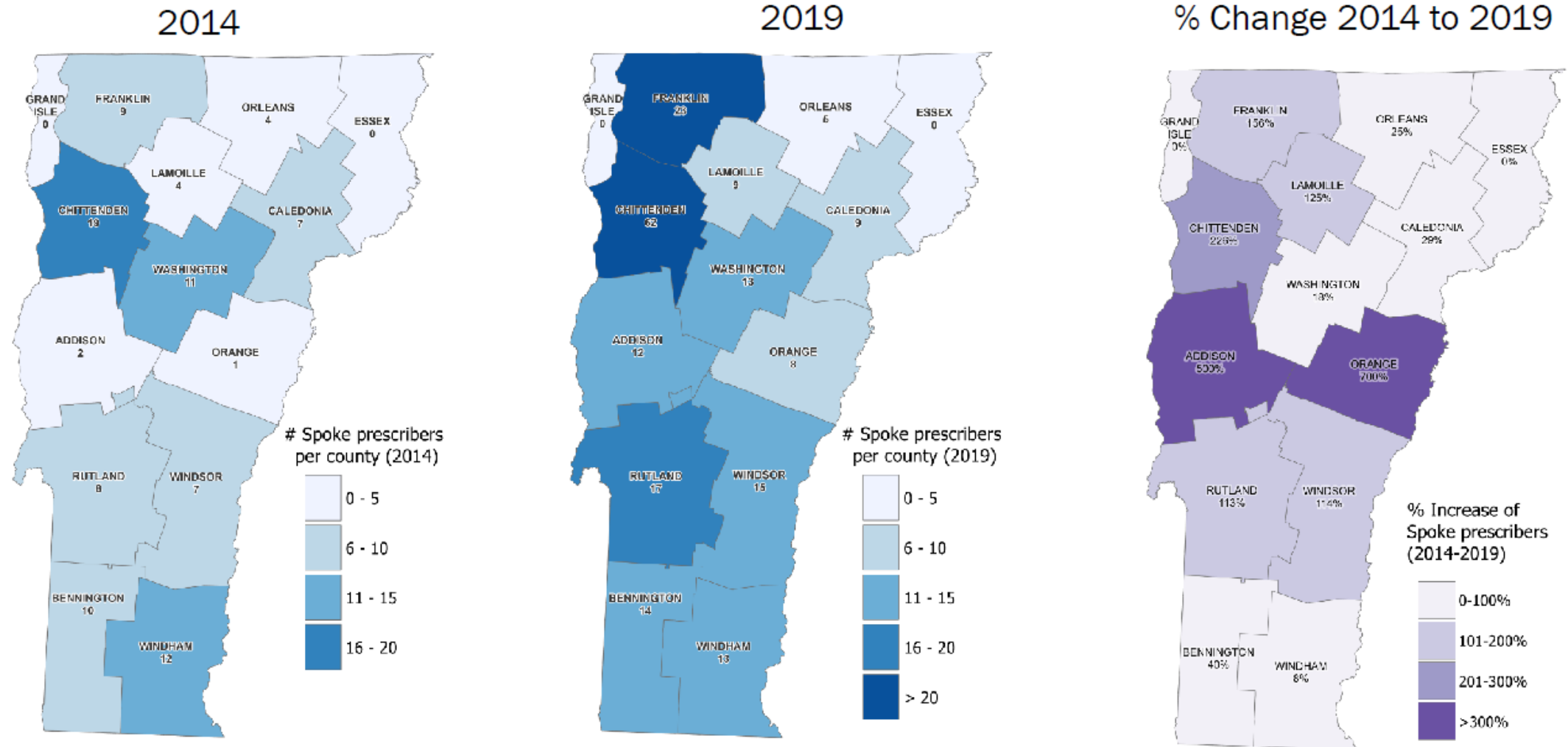
Source: Vermont Vital Statistics. All data from 2022 is considered preliminary.

*Involvement of individual substances is not mutually exclusive.

People Age 18-64 receiving medication assisted treatment for opioid use disorder by year

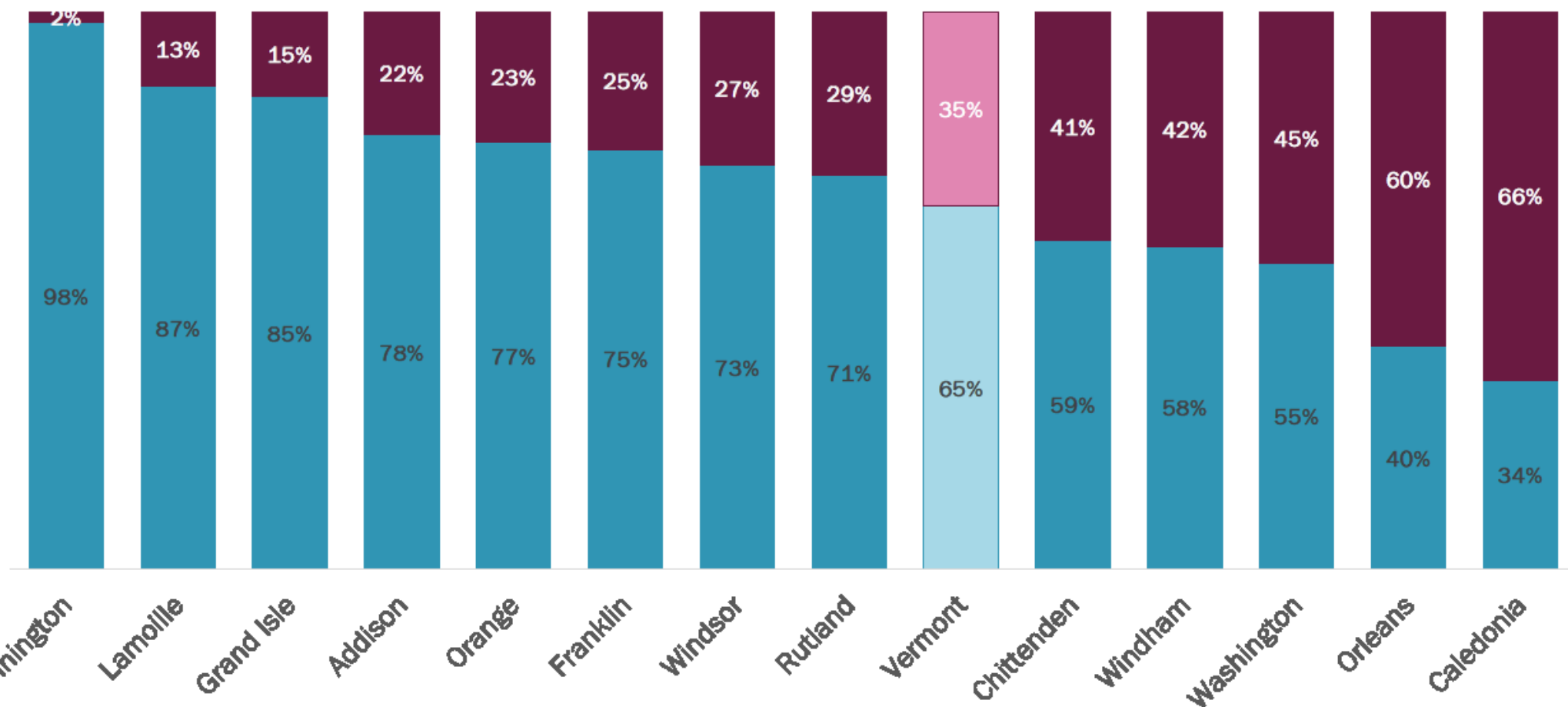


The number of spoke prescribers per county increased significantly in some counties between 2014 and 2019



Percent of people age 18-64 receiving MAT for OUD in hubs vs spokes by county of residence for Q3 2020

■ % Spoke ■ % Hub



Methadone in the Pandemic

- Changes to Take Home (TH) Doses
 - Daily → QOD, Ph 5 → Ph6, Ph6 → Ph13, Ph13 → Ph27
- Limited response to:
 - +UDS, more response to –UDS
 - Lost bottles & wrappers
 - Attendance
- Increased inductions

Post Pandemic MTD Changes

Federal Exceptions ending 11 May 2023

- Time in Treatment Requirement Changes
- Interpretation and Implementation Varies
 - By state
 - Between agencies
- Telehealth options minimal

Post Pandemic Bupe Changes

- Increased access
 - Low-barrier Clinics
 - Telehealth Inductions
 - Virtual-only Prescribers
- Removal of X-Waiver Requirement
 - Change to training required of prescribers
 - No limits on #'s prescribing to

Evolution or Pandemic?

Client Centered Care

- Harm Reduction
 - Ongoing use, discharges, transfers to HLOC
- Trauma Informed
 - Unobserved UDS
- Chronic Conditions

Then and Now...



Medications for Opioid-Use Disorder

Previously

- Most Vermonters received OUD treatment via hubs & spokes
- Fewer “spokes” available, more travel required
- Care received in person with frequent check-ins
- Many pregnant people with OUD cared for at UVM

Now

- Treatment split between H&S, private organizations, and telehealth
- Many more “spokes” providing buprenorphine in communities
- Pandemic rules allow for telehealth and more take homes
- Pregnant people cared for throughout the state

Coordination of prenatal care

Previously

- UVM MC COGS clinic provided Ob and MOUD care to many and provided assistance to other clinics
- In person meetings with Neomed clinic provider to prepare for infant birth and review Care Notebook
- Many opted into ChARM team case review and coordination

Now

- More Ob care occurring in communities throughout the state
- Ob care and MOUD often provided independently without release to share information
- Neomed consults occur after infant birth only IF received medication
- Fewer opting into ChARM team

Monitoring for Opioid Withdrawal Symptoms

Previously

- Most infants born at or transferred to UVMMC or Dartmouth for monitoring and medication treatment if needed
- Finnegan/Mother tool used to “score” withdrawal symptoms and determine need for treatment

Now

- Fewer infants cared for at UVMMC as many community birth hospitals now providing monitoring and some providing morphine treatment
- Eat, Sleep, Console Care tool used to monitor for clinically significant signs of withdrawal

Treatment of Opioid Withdrawal Symptoms

Previously

- Infants requiring medication treatment at UVMMC transferred to NICU for methadone
- Infants stabilized on methadone and discharged home to complete extended outpatient wean

Now

- Focus on optimizing non-pharmacologic interventions first
- Infants needing medication receive methadone in NICU (Nursery soon!)
- Just-in-time dosing allows 1-3 doses of methadone as needed
- Infants requiring longer courses are stabilized and weaned inpatient

Follow-up of infants after hospital discharge

Previously

- All infants born at UVMMC with prenatal opioid exposure received follow-up via the Neonatal-Perinatal Medicine (NeoMed) clinic in addition to their primary care providers

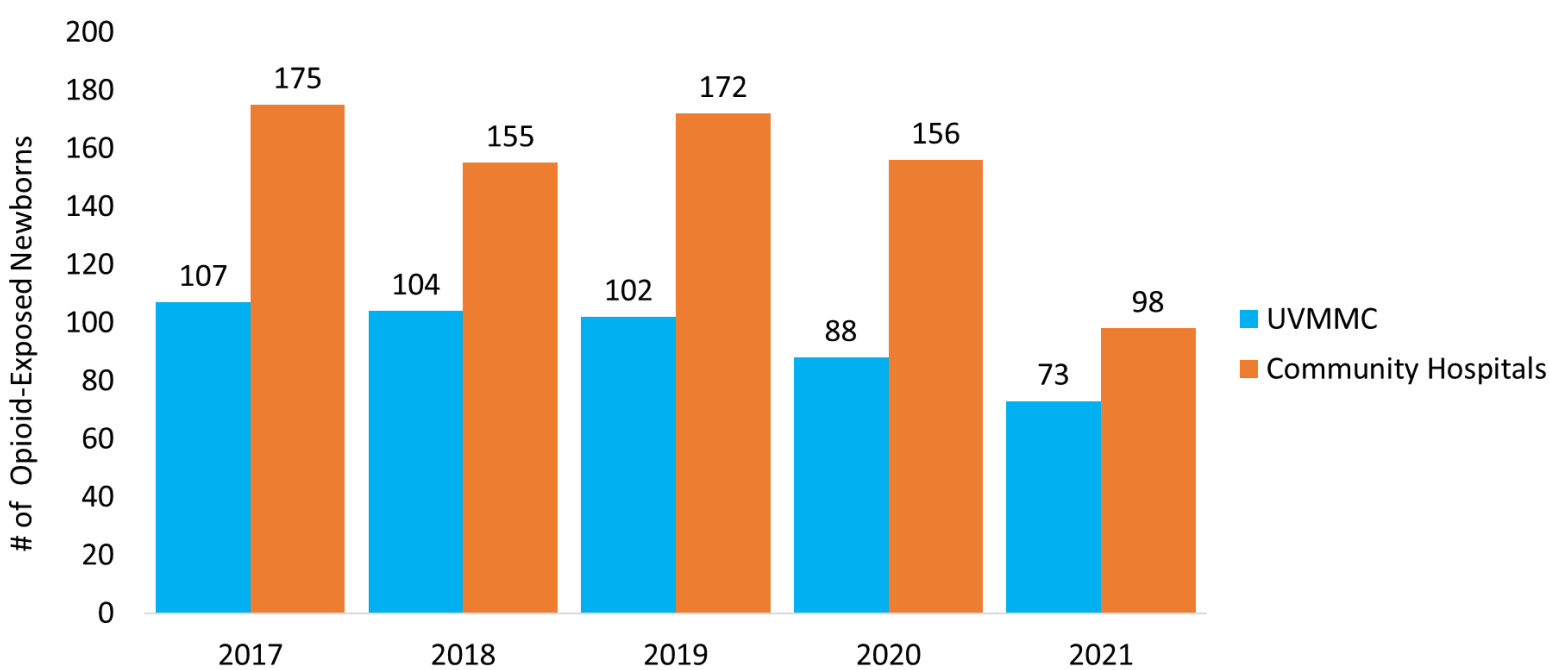
Now

- Only infants requiring methadone treatment are followed at NeoMed
- Primary care providers responsible for developmental follow-up and initiate referrals to CIS or other services as indicated

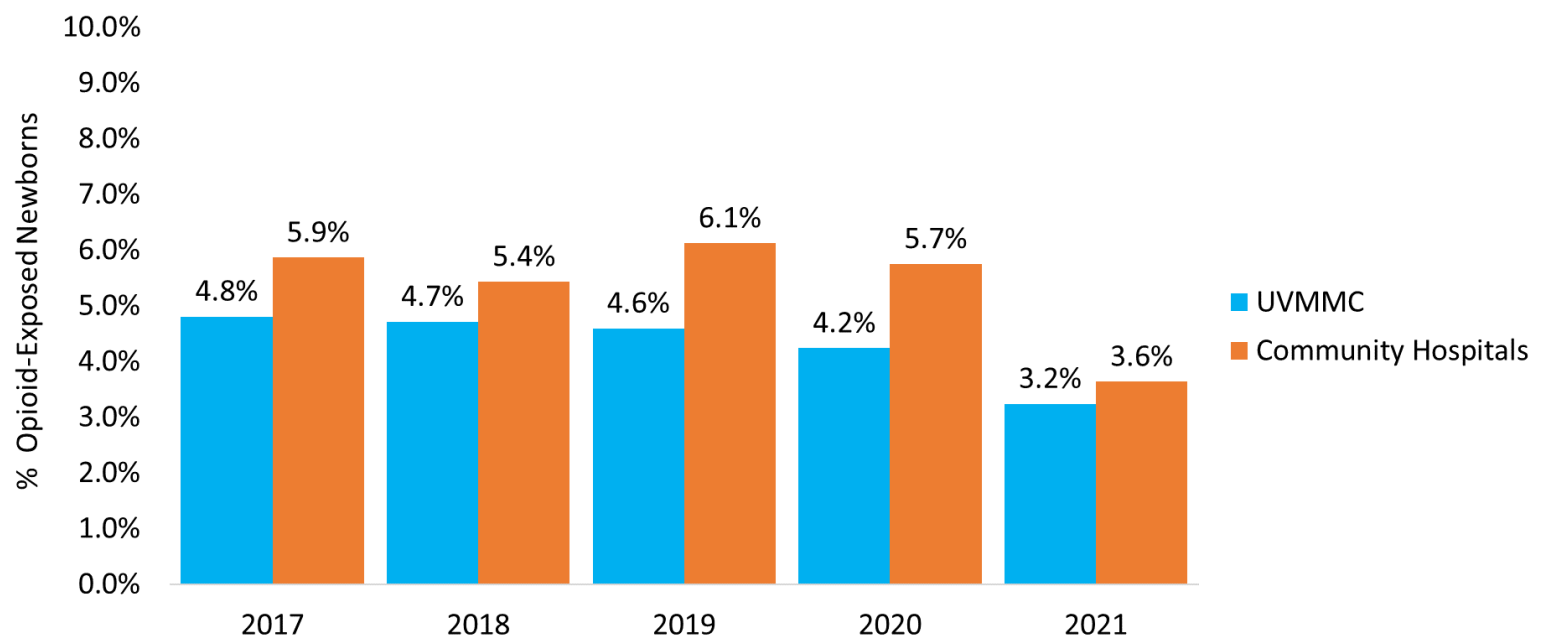
What can the data tell us?



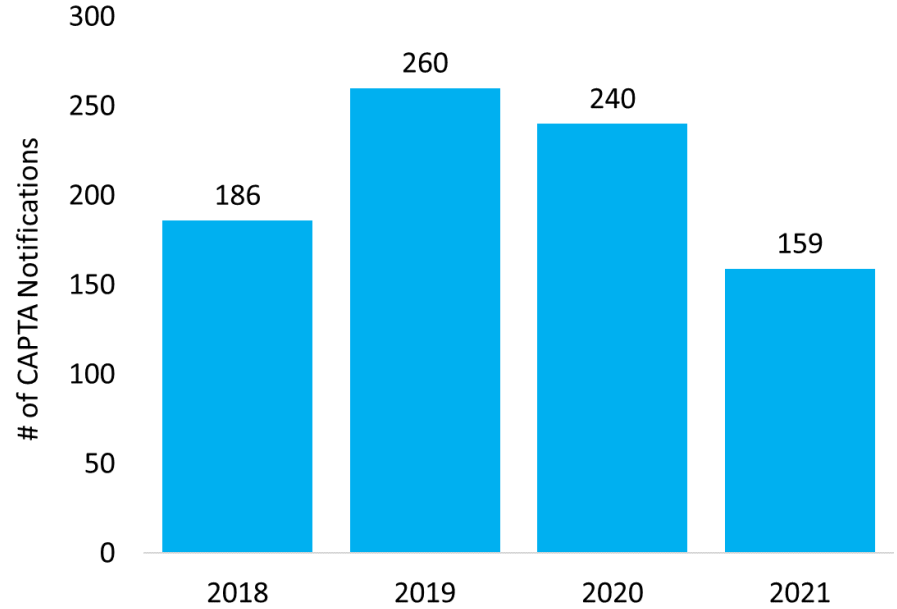
Number of Opioid Exposed Newborns born per year



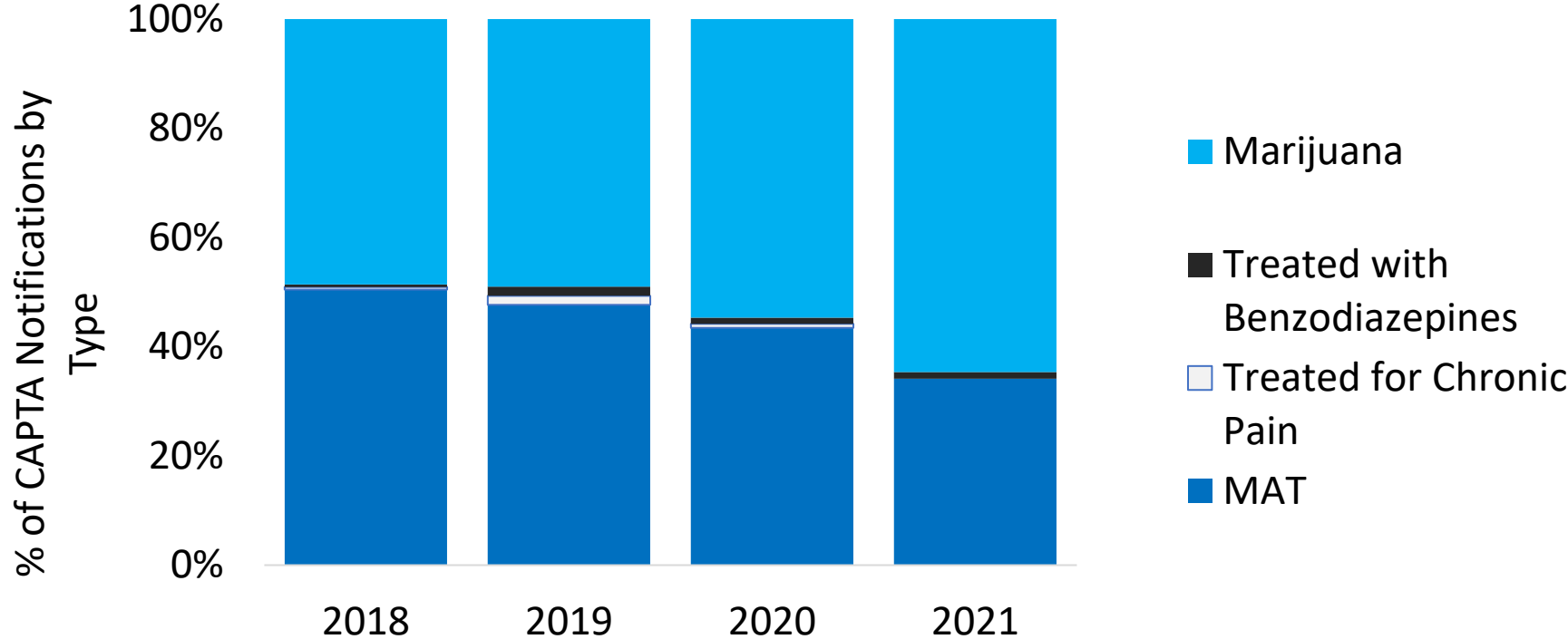
Proportion of Opioid Exposed Newborns of all live births



Total number of CAPTA notifications



% CAPTA notifications by year



What hasn't changed

- Pregnant people with SUD should be:
 - Encouraged to participate in local empaneled teams for case review and coordination of services
 - Advised on benefits of signing releases so OB and MOUD providers can coordinate to provide best care
 - Offered referrals for visiting nurse services during pregnancy to continue after the infant is born
 - Educated on what to expect in the hospital after the baby is born including completion of the Family Care Plan prior to discharge

Clear communication is key

- Know Vermont's CARA/CAPTA policies regarding when DCF reports are recommended and when a Family Care Plan (Plan of Safe Care) should be developed
- Use available resources to provide additional information to families

Federal legislation

- CAPTA: Child Abuse Prevention and Treatment Act
- CARA: Comprehensive Addiction and Recovery Act, 2016 amendment
- Goal: To address the needs of infants affected by substance abuse, withdrawal or Fetal Alcohol Spectrum Disorder.
- CARA Requirements:
 - Identify infants affected by substance abuse, withdrawal or Fetal Alcohol Spectrum Disorder
 - Health care providers notify child protective services
 - Develop a Family Care Plan (Plan of Safe Care)
 - State child protective services agency report data to Children's Bureau annually
- Each state had to develop its own pathway
 - The initial VT POSC and notification pathway started in 2018, updated in 2021

Vermont Specific Pathway

DCF Report (identified call to intake hotline)

- Use of illegal substances during 3rd trimester of pregnancy
- Use of non-prescribed or misuse of prescribed prescription meds in 3rd trimester
- Suspected Fetal Alcohol Spectrum Disorder after birth

CAPTA Notification (de-identified tracking form)

- Medications for Opioid Use disorder (MOUD/MAT)
- Prescribed opioids for pain
- Prescribed benzodiazepines
- Use of cannabis during pregnancy (after 1st trimester)

VT Prenatal Report Criteria for Substance Use During Pregnancy

Prenatal reports:

Since January 2007, VT DCF is able to accept a report and open an assessment during pregnancy within 30 days of the estimated delivery date

Prenatal report acceptance criteria:

Use of an illegal substance or non-prescribed medication, or misuse of prescription medication during the last trimester of pregnancy.

And/or:

Concern for infant's health or safety related to ANY substance use (with the goal to address the safety concerns prior to birth).

Pregnant person reported or confirmed substance use during the last trimester of pregnancy

Yes

Substance use limited to:

- Prescribed Medications for Addiction Treatment (MAT)
- Prescribed opioids for chronic pain
- Prescribed benzodiazepines
- Marijuana

No

Report to DCF via
call to Child
Protection Hotline
(1-800-649-5285)

Yes

Yes

Concerns for
newborn safety
after birth?

No

No prenatal report indicated.
Begin Plan of Safe Care with
pregnant person and other
involved caregivers.

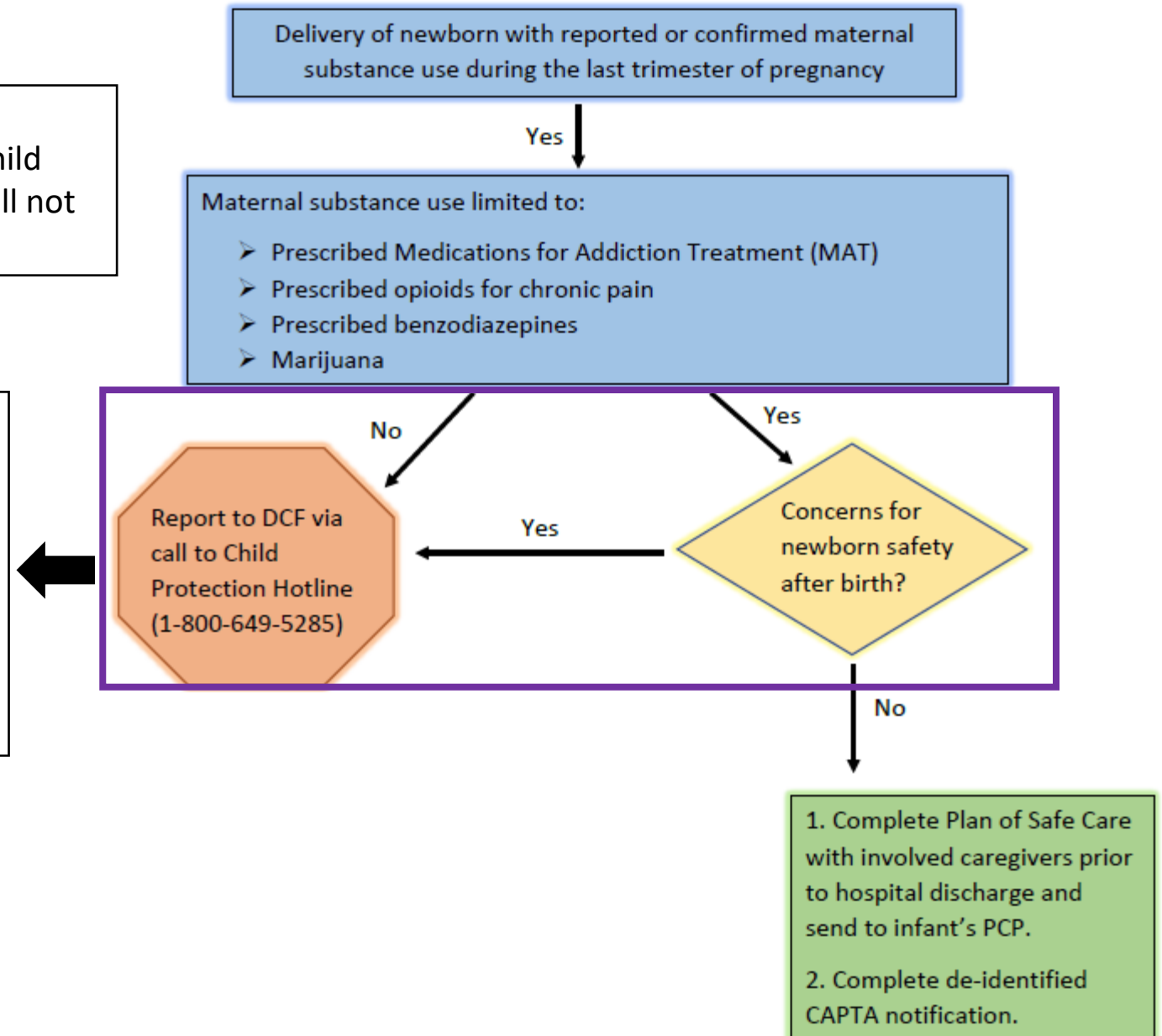
VT Report Criteria for Newborns Affected by Substance Use During Pregnancy

DCF policy on marijuana use:

Effective November 1, 2017, if there are no other child safety concerns, marijuana use during pregnancy will not be accepted as a report.

Newborn report acceptance criteria:

1. Positive toxicology screen or diagnosis of Neonatal Abstinence Syndrome related to maternal use of illegal substances or non-prescribed medication.
2. Diagnosis of Fetal Alcohol Spectrum Disorder.



Flowchart available on the DCF POSC Website:
<https://dcf.vermont.gov/fsd/partners/POSC>

Family Care Plan

- Formally called the Plan of Safe Care (POSC)- updated CAPTA 2022
- Document created with the pregnant individual and other involved caregivers, ideally started during pregnancy and completed prior to birth hospital discharge.
- Lists current supports and strengths in addition to areas of needed supports and referrals.
- Shared with the infant's primary care provider after birth and given to the caregiver, but it is NOT shared with DCF.

Vermont Newborn Plan of Safe Care (POSC)

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)

| |
|--|
| |
| |
| |
| |

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

| |
|--|
| |
| |
| |

TRACKING

| | | |
|---|---|---|
| Date POSC initiated: _____ | Date(s) Revised: _____ | Date Completed: _____ |
| <input type="checkbox"/> Sent to infant's PCP | <input type="checkbox"/> Copy in infant's chart | <input type="checkbox"/> Copy given to family <input type="checkbox"/> CAPTA notification completed |

What is a CAPTA Notification?

De-identified tracking form sent via secure fax/email to DCF family services to allow annual reporting to the Children's Bureau.

- Allows tracking of notification criteria
- Allows tracking of POSC completion and referrals

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)

Resources

Plan of Safe Care Website:

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

<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.

Educating and Supporting Families

- MOUD is the best treatment for OUD in pregnancy and is SAFE for mom and baby. Stopping puts both at risk.
- Parents with additional substance use disorders including alcohol and stimulants should be connected to treatment providers
- Involve families in understanding if/when a DCF report would be required rather than a CAPTA notification (avoid surprises)
 - In VT DCF does not get involved unless there are child safety concerns- MOUD or THC use alone do NOT trigger involvement
- Connect families with Peer Recovery Coaches!!

To be updated in 2023 to Family Care Plan

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?

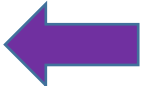
- ❖ The use of prescribed MAT, opioids, or benzodiazepines as directed by a health care provider and/or marijuana use during pregnancy are not reported to DCF when there are no child safety concerns.
- ❖ The federal government requires states to track the number of babies exposed to substances. In Vermont, 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.

One More Conversation

Patient educational materials reviewed and revised by healthcare providers on:







- Alcohol
- Cannabis
- Opioids 
- Tobacco

<https://www.healthvermont.gov/family/pregnancy/substance-use-pregnancy>



One More Conversation **Can** Make The Difference

PROVIDER TOOL KIT RESOURCES

-  Tips for the 9+ month conversation
-  Vermont PRAMS Report
-  Patient fact sheets
-  Promotional rack cards for intake packets
-  Office waiting room screens
-  Promotional web banners for your website

<https://www.healthvermont.gov/family/pregnancy/substance-use-pregnancy-information-providers>



Let's have a conversation about



OPIOID USE DURING PREGNANCY

and beyond



PEOPLE WHO ARE PREGNANT, TRYING TO GET PREGNANT OR BREASTFEEDING

are encouraged not to use opioids for the health of their baby. Opioids include both prescription pain medications such as oxycodone, Percocet®, and morphine; and illicit drugs such as heroin and fentanyl. Opioid pain medications may be prescribed for severe or chronic pain but unfortunately can be highly addictive. If you are pregnant or planning to become pregnant talk to your health care provider about the risks, benefits, and other options for pain control before taking opioids. **While nothing beats an open conversation with your health care provider, here are some facts about the risks of opioid use during pregnancy to help inform that next conversation.**

IS ANY AMOUNT SAFE?

Illicit opioids like heroin and fentanyl are never recommended during pregnancy and pose significant risks to both pregnant people and their babies. If you are using illicit opioids, please talk to your health care provider about starting treatment with Methadone or Buprenorphine as these are safe alternatives during pregnancy. Prescription opioid pain medications are strong narcotics and their use also carries a risk. Speak with your health care provider and together you can decide the safest way to manage pain during pregnancy.

HOW CAN OPIOID USE AFFECT MY BABY?

The use of illicit or opioid pain medications during pregnancy have both been linked to health problems for the pregnant person and baby, including overdose. Babies can be born too early, have poor growth, or be stillborn. For the best chance for a healthy pregnancy, talk to your health care provider about opioid management options to reduce the negative effects for you or the baby.

About half of infants whose mothers use opioids during pregnancy develop symptoms of withdrawal after birth. This is called neonatal abstinence syndrome (NAS). Symptoms can range from fussiness and tight muscles to poor sleep and problems feeding. Babies are monitored for several days in the hospital after birth and supported until any symptoms improve. Most babies have mild or moderate symptoms that resolve without treatment, a few babies will need medication to treat symptoms of NAS.

I USED OPIOIDS BEFORE I KNEW I WAS PREGNANT, WHAT SHOULD I DO?

By stopping use when you found out you were pregnant, the negative effects on the developing baby will be lessened. If you continue use opioids regularly during pregnancy, please talk with a health care provider about supports for managing or stopping use.

WHAT IF THEY WERE PRESCRIBED?

If you take prescription opioid pain medications, talk to your health care provider about your prescription before stopping. You can discuss any risks associated with continuing the prescription and talk about other alternatives.

WHAT IF THEY WERE NOT PRESCRIBED?

If you are using illicit opioids or opioid pain medications without a prescription, talk to a health care provider about safe methods to stop or decrease use. Do not suddenly stop taking opioids as there are significant risks associated with opioid withdrawal for both you and your baby. The best thing you can do is to talk to your health care provider to help understand your reasons for use and find both support and treatment to ensure your pregnancy is as healthy as possible.

ARE MAINTENANCE TREATMENT PROGRAMS SAFER?

When combined with prenatal care and a treatment program, medications for addiction treatment (MAT) such as Methadone and Buprenorphine can lead to a healthier pregnancy. Engaging in a maintenance program can also connect you to community resources and peer recovery supports.

WHAT ABOUT BREASTFEEDING?

Breastfeeding is good for babies and is encouraged whenever it is safe. As opioids can pass through breastmilk to the baby causing sleepiness, slowed breathing and feeding problems, it is important to take opioid pain medications only when needed and exactly as prescribed. Breastfeeding is not recommended when there is continued use of illicit or non-prescribed opioids as the side effects on the baby can be much more severe. Pregnant people who are engaged in maintenance treatment including MAT are encouraged to breastfeed as only small amounts pass into breastmilk and it can help lessen symptoms of withdrawal for your baby after birth.

WHERE CAN I GET HELP?

If you continue to use opioids even when you don't want to or know you shouldn't or have tried to quit but can't, you may benefit from formal support to stop using. There are counselors, peer recovery coaches, and 12 step programs that may give you the support you need to stop. VTHelpLink.org has information about treatment options. Your health care provider is another resource to help find a care method that works for you.

WHERE CAN I FIND MORE INFORMATION?

Visit VTHelpLink.org, call 802.565.LINK (5465) or talk to your health care provider.

For more information, there's no better resource than your health care provider. Remember, they're not there to judge. They're there to help you have the healthiest pregnancy possible by keeping the conversation going.



Vermont Child Health Improvement Program

COLLEGE OF
MEDICINE

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Improving Care for Opioid-exposed Newborns (ICON)



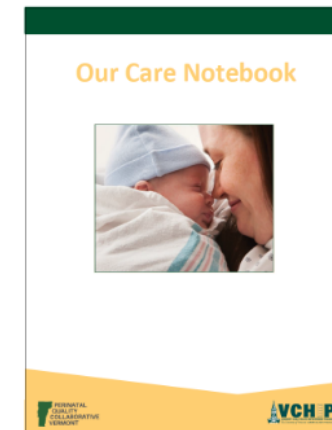
The ICON project partners with the Vermont Department of Health and The University of Vermont Children's Hospital to improve health outcomes for opioid-exposed newborns. Improved health outcomes are achieved by provision of educational sessions on up-to-date recommendations and guidelines to health care professionals who provide care for opioid-dependent pregnant women and their infants.

The project also maintains a maternal and newborn population-focused database for tracking process and outcome measures.

This data is used to identify gaps in care and systems related resources; the project addresses these gaps through quality improvement initiatives, focused on enhanced care processes and systems' changes. Review the objectives [here](#).

NEW Resources

[Our Care Notebook](#)



Our focus: to improve the quality of care for opioid-dependent pregnant and parenting people and opioid-exposed newborns in Vermont.

A collaborative team including partners from Vermont Dept of Health, Dept for Children and Families, UVM Children's Hospital, community birth hospitals and partner organizations

Improving Parent Preparation

Our Care Notebook



NEW in 2022- Fully updated
Our Care Notebook!

Available on the ICON website:

[Improving Care for Opioid-exposed
Newborns \(ICON\) | College of Medicine |
University of Vermont \(uvm.edu\)](https://www.med.uvm.edu/vchip/icon)

Website: <https://www.med.uvm.edu/vchip/icon>

Email: VCHIP.ICON@med.uvm.edu

Healthy Families make Healthy Babies

- MOUD for parents should be continued and a transition plan from OB to primary care or other providers should be discussed
- Treating co-occurring substance use disorders including alcohol and stimulants strengthens families
- Referrals to Visiting Nurses and Children's Integrated Services help support families and infants in healthy growth and development

Recovery Supports

- Perspectives of recovery coaches providing support to families in our community
 - Parents in Recover Program at Turning Point Centers
 - Lund Alumni Group

Questions???

