The Perinatal Quality Collaborative Vermont

presents

Demystifying Nurse Home Visiting: Increasing Acceptance of Prenatal and Postpartum Services

Presented by Katy Leffel, RN BSN, IBCLC, Nurse Program Coordinator, Division of Family and Child Health and reflections from physician champions.

VERMONT DEPARTMENT OF HEALTH

PERINATAL QUALITY COLLABORATIVE VERMONT

VCHIP VERMONT CHILD HEALTH IMPROVEMENT PROGRAM The University of Vermont | LARNER COLLEGE OF MEDICINE

Housekeeping

Chat

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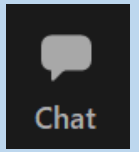
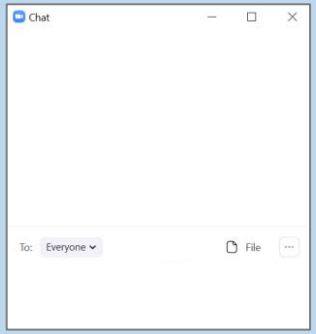
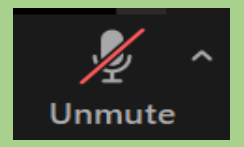




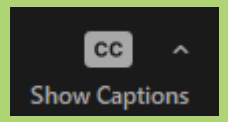
Microphone

You will be muted when you join. If you wish to verbally ask your question during the Q&A portion of the presentation, please unmute your microphone.



Captioning

Click *Show Captions* from your navigation bar to view automated captions.



Evaluation

Before leaving the event, please complete the evaluation by copying and pasting the link provided in the *Chat* into a browser. Thank you!

Disclosures

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

Vermont Nurse Home Visiting Services

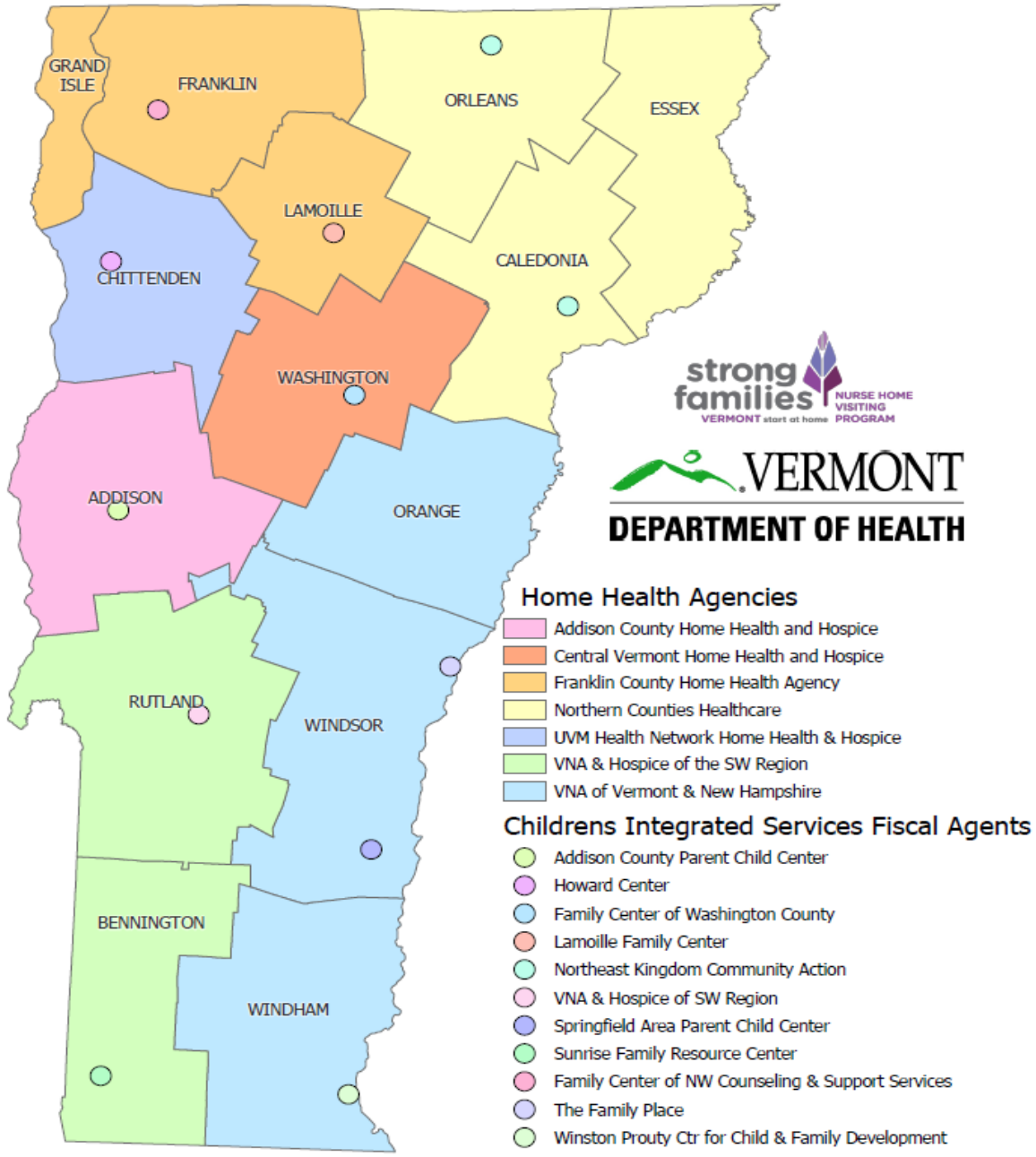
421 Families
Served
Program Year
FY22

3175 Visits
Program Year 22

Nurse Home Visiting Program
Total Program capacity: 375 families

We need your help to boost enrollment!

Vermont Home Health Agency & Children's Integrated Services Locations



Home Visiting Services vs. Home Health Nursing

Home Visiting Referral

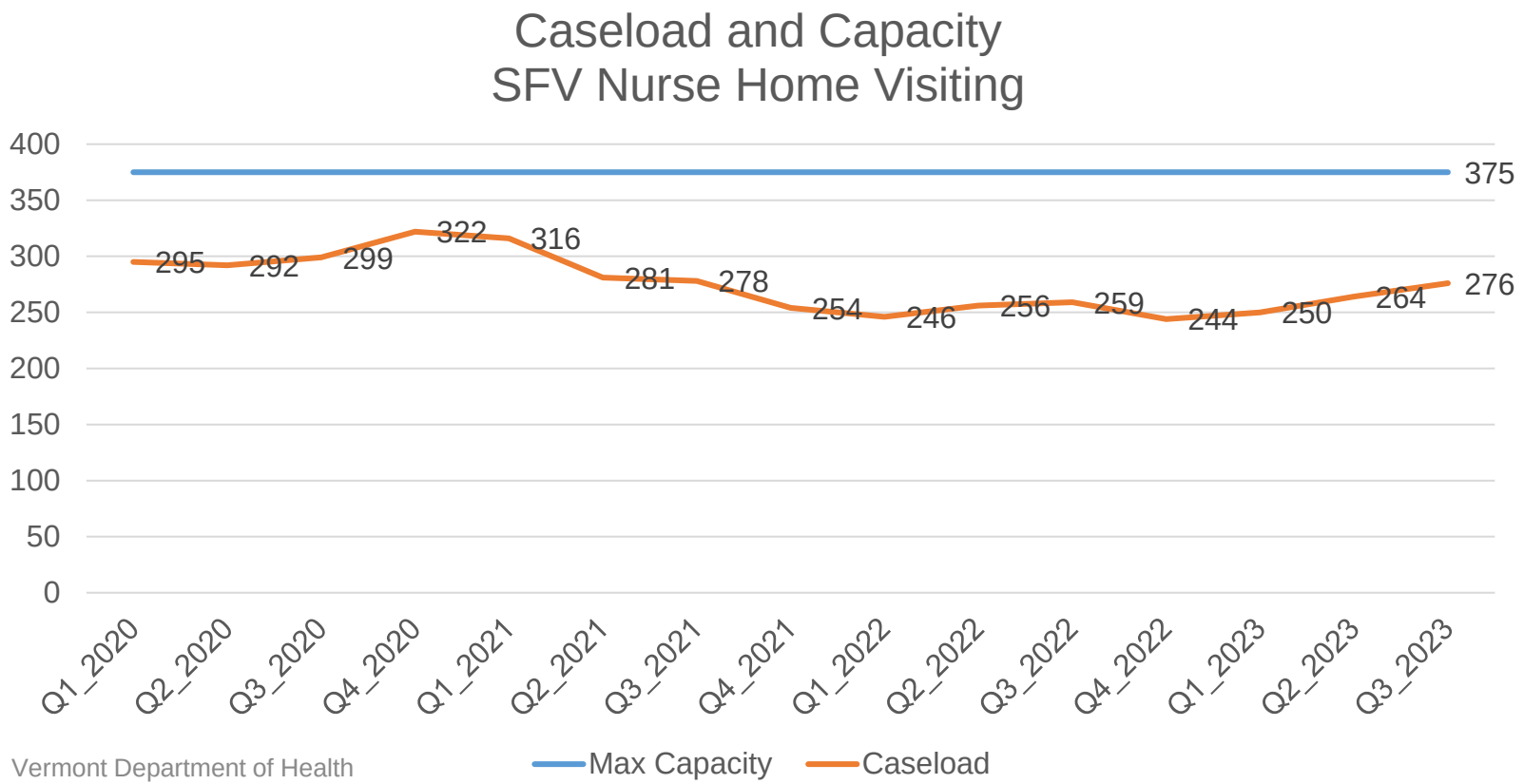
Preventative, supportive service providing a schedule of screenings for mental health, IPV and substance use and case management as well as goal setting and health/ developmental education.

Home Health Medical Nursing Referral

Medically indicated or lactation based skilled nursing referrals. The same agencies provide nurse home visiting services, so a family can have both skilled and preventative nursing services.

Nurse Home Visiting Program Caseload and Capacity

Reporting Period: Q1 2020 – Q3 2023



- Current capacity at 73%
- Expectation that sites have 85% of capacity filled

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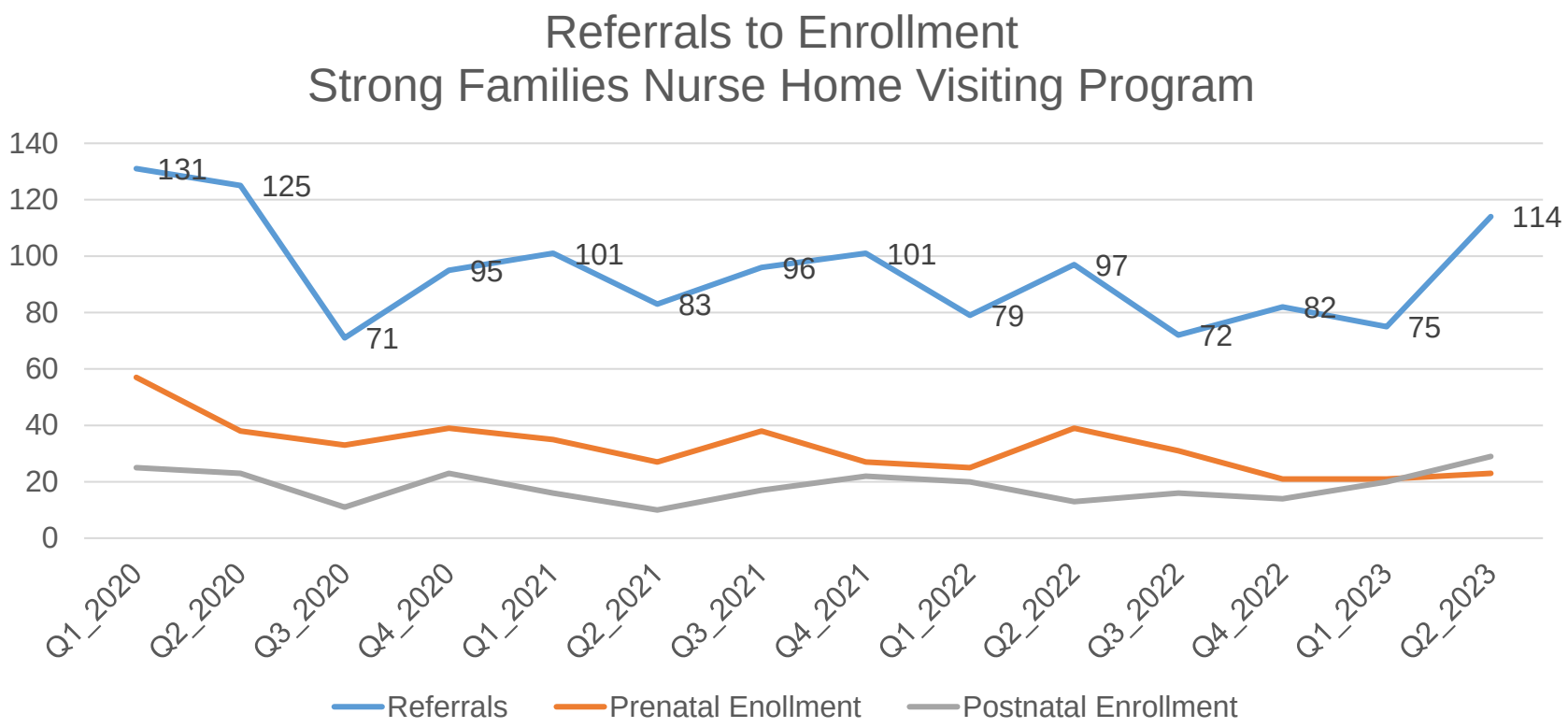
Referrals to Enrollment

Reporting Period: Q1 2020 - Q2 2023



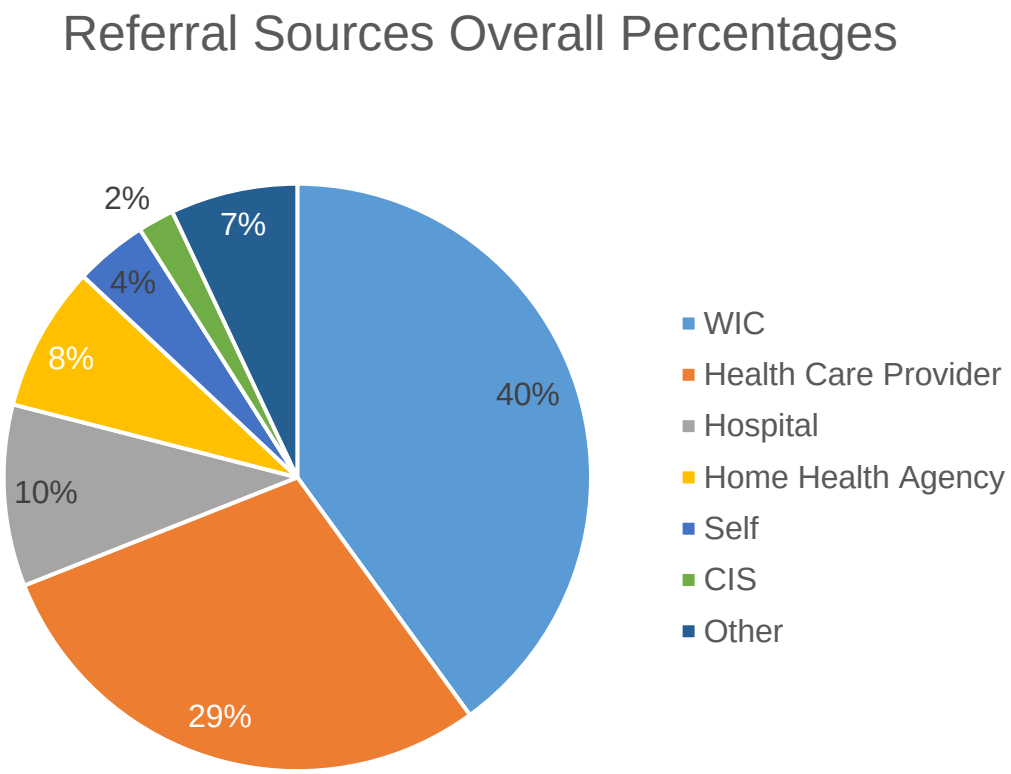
Clarification of Services

- What do we mean by universal services? Universal connection to community supports, not universal home visiting.
- There is something for every family, but the constellation of supports will be unique to every family
- There are known gaps in supports, but every family can access some kind of service – they just need to be referred!

There are gaps in Vermont's system:

- Lactation coverage – both in what benefits are offered by insurance companies and in lack of trained lactation providers in some regions.
- Pregnancy Loss supports are spotty and not financially sustainable at this time
- Access to PMAD trained mental health clinicians

Nurse Home Visiting Program Referral Sources

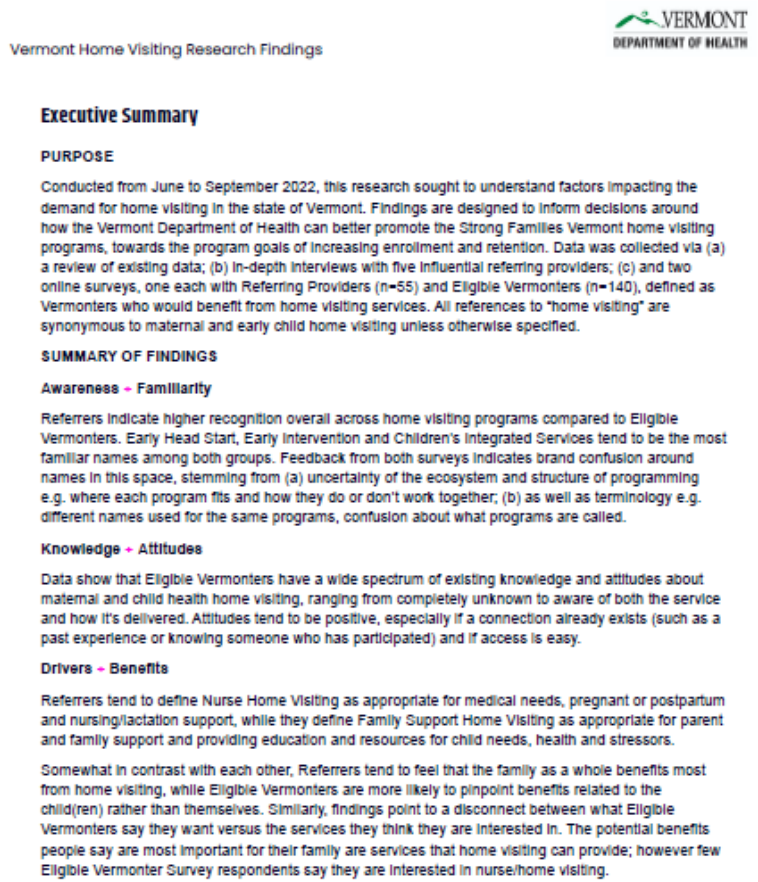


- Data shows overall percentages of referral sources from implementation of program through end of FY Q3.
- “Other” referral sources include: DCF, HMG, school, and others.

Vermont Home Visiting Formative Research Results

Formative Research Approach to Media Campaign:

- Data Collection from 2022/2023
- Survey completed by 55 referring providers
- Survey completed by 140 eligible Vermonters



Vermont Home Visiting Research Findings

VERMONT DEPARTMENT OF HEALTH

Executive Summary

PURPOSE

Conducted from June to September 2022, this research sought to understand factors impacting the demand for home visiting in the state of Vermont. Findings are designed to inform decisions around how the Vermont Department of Health can better promote the Strong Families Vermont home visiting programs, towards the program goals of increasing enrollment and retention. Data was collected via (a) a review of existing data; (b) in-depth interviews with five influential referring providers; (c) and two online surveys, one each with Referring Providers (n=55) and Eligible Vermonters (n=140), defined as Vermonters who would benefit from home visiting services. All references to "home visiting" are synonymous to maternal and early child home visiting unless otherwise specified.

SUMMARY OF FINDINGS

Awareness + Familiarity

Referrers indicate higher recognition overall across home visiting programs compared to Eligible Vermonters. Early Head Start, Early Intervention and Children's Integrated Services tend to be the most familiar names among both groups. Feedback from both surveys indicates brand confusion around names in this space, stemming from (a) uncertainty of the ecosystem and structure of programming e.g. where each program fits and how they do or don't work together; (b) as well as terminology e.g. different names used for the same programs, confusion about what programs are called.

Knowledge + Attitudes

Data show that Eligible Vermonters have a wide spectrum of existing knowledge and attitudes about maternal and child health home visiting, ranging from completely unknown to aware of both the service and how it's delivered. Attitudes tend to be positive, especially if a connection already exists (such as a past experience or knowing someone who has participated) and if access is easy.

Drivers + Benefits

Referrers tend to define Nurse Home Visiting as appropriate for medical needs, pregnant or postpartum and nursing/lactation support, while they define Family Support Home Visiting as appropriate for parent and family support and providing education and resources for child needs, health and stressors.

Somewhat in contrast with each other, Referrers tend to feel that the family as a whole benefits most from home visiting, while Eligible Vermonters are more likely to pinpoint benefits related to the child(ren) rather than themselves. Similarly, findings point to a disconnect between what Eligible Vermonters say they want versus the services they think they are interested in. The potential benefits people say are most important for their family are services that home visiting can provide; however few Eligible Vermonter Survey respondents say they are interested in nurse/home visiting.

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Vermont Home Visiting Formative Research Results

Survey Results from Referring Providers (N=55):

- **Knowledge /Awareness:**
  - Some familiarity among referring providers on home visiting
- **Perceived Barriers to Referring:**
  - Complexity of services system
- **Key Messages when Promoting Home Visiting to Patients:**
  - Convenient, flexible, non-judgmental, free, parenting support; Refer sooner rather than later; Take one step; No bad choice; make a referral; Simpler than it seems; Less emphasis on meeting goals, building support, personal well-being for the whole family.

Vermont Home Visiting Formative Research Results

Survey Results from Eligible Vermonters (N=140):

- **Knowledge /Awareness:**
  - Wide range of knowledge about home visiting
- **Attitudes:**
  - Tend to be positive, especially if a connection already exists such as a past experience or knowing someone who has participated.
  - Perceived as beneficial for their children, not necessarily perceived to help parent/family.

Vermont Home Visiting Formative Research Results

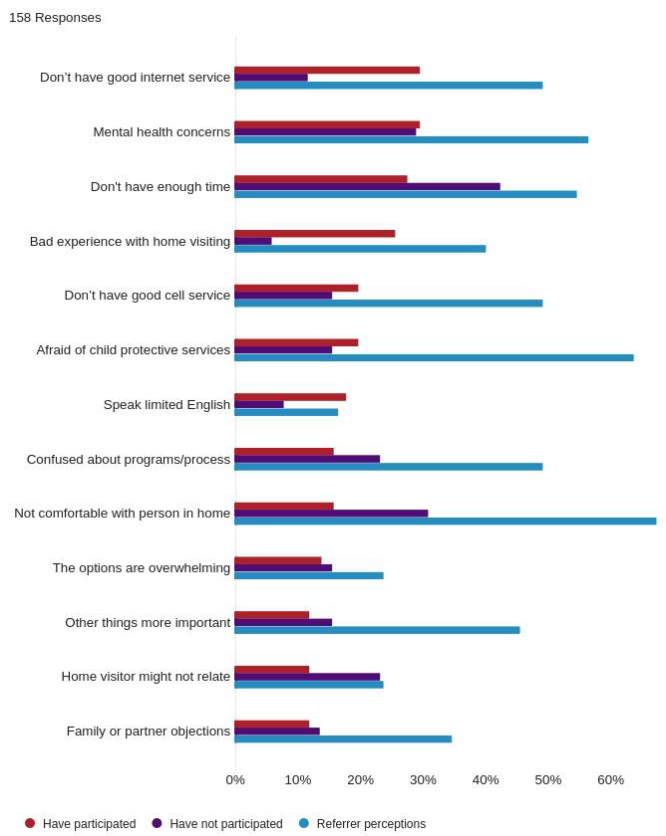
Survey Results from Eligible Vermonters (N=140):

- **Barriers to enrollment:**
  - Discomfort with a person in the home is not as strong of a barrier for those who *have* participated
  - Logistical barriers of – Time. However, when the program comes to them and can address all other bigger picture areas of mental health, economic stressors, those areas makes it parenting easier.
- **Benefits:**
  - Perceived as for their children (vs. the whole family)

Vermont Home Visiting Formative Research Results

Concerns/Barriers to Participating in Home Visiting:

Comparison between Eligible Vermonters who have participated (N=51), Eligible Vermonters who have not participated (N=52) and referrers (N=55)

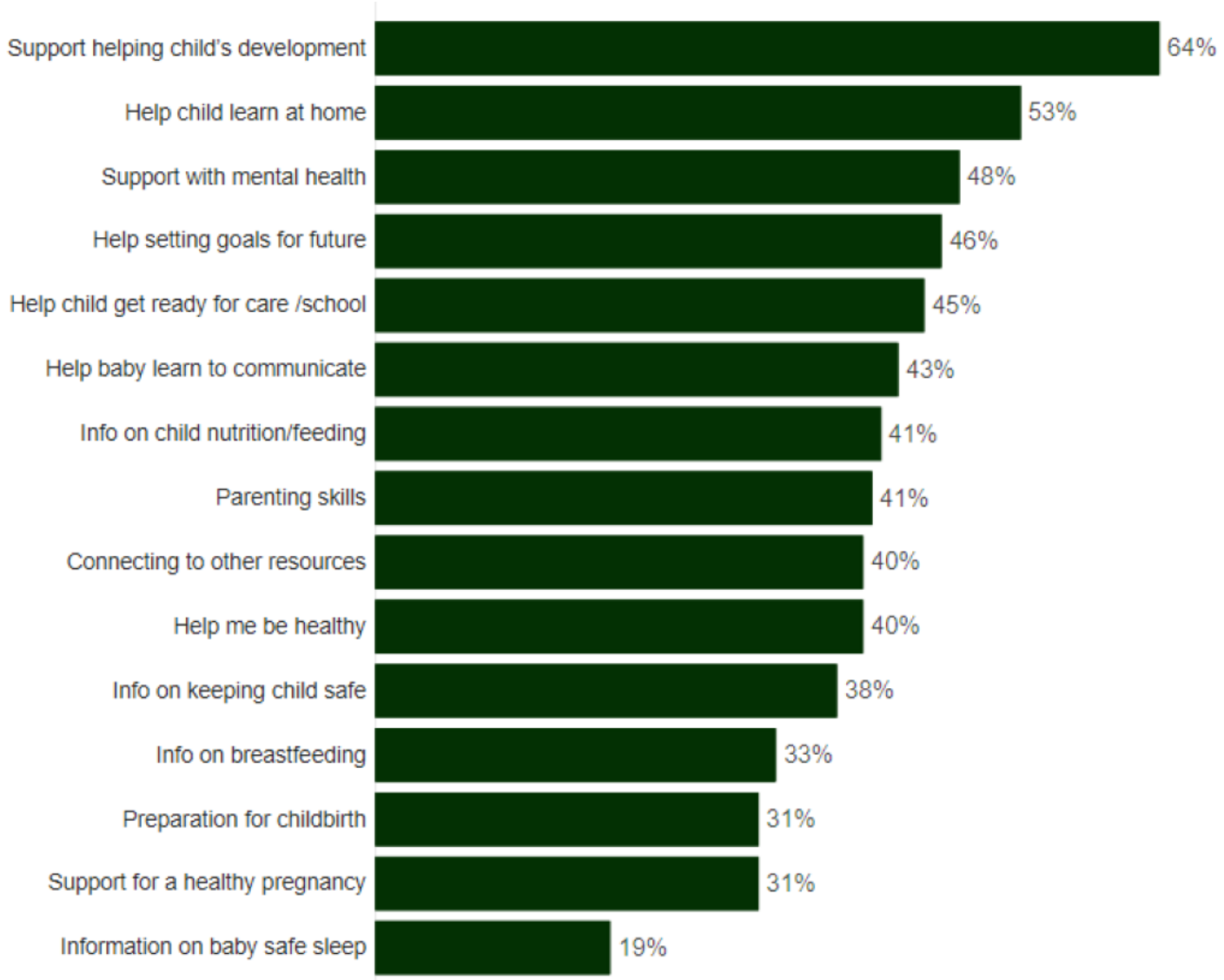


Vermont Home Visiting Formative Research Results

Respondents who have participated identify more strongly with benefits related to the:

- Interpersonal relationship with the visitor and the needs specific to the child(ren) (rather than personal needs).
- These findings indicate that parents or caretakers are looking for care and guidance on care for the baby/children, and not necessarily recognizing taking care of themself as a priority.
- Referrers note, though, that once in the program, “moms do realize it’s as much for them” *(Referrer Interview participant).*

Eligible Vermonter's identified topics of interest



What do providers want?

- Simpler, clearer understanding of programs
- Easy referral pathway and/or referral forms that make sense to them, using language familiar to the clinicians
- Feedback loop on status of referrals

What do home visitors want?

- Universal referrals, not providers deciding who should get a referral. “Everyone can benefit, we miss perinatal people when we decide who ‘needs’ it”
- Let the program experts explain the program to the client – just ask the client if they would like a call from someone to explain services
- Better connections with medical provider offices

What is working well with messaging to providers?

- Simplifying the messaging, using only one name for services
- Understanding the community services are well synced and meets regularly in the community
- Telling the providers what they need to know for their role
- Key data around utilization, show the successes!
- Tips on how to explain programs to clients
- Simplifying referral process
- Outreach as a conversation, not a presentation

What is not working well with messaging to providers?

- Too many acronyms or names is confusing
- Too much programmatic information
- Long presentations and with too much text
- Not addressing concerns about capacity and eligibility limitations

What are some improvement opportunities?

QI Opportunities for Providers:

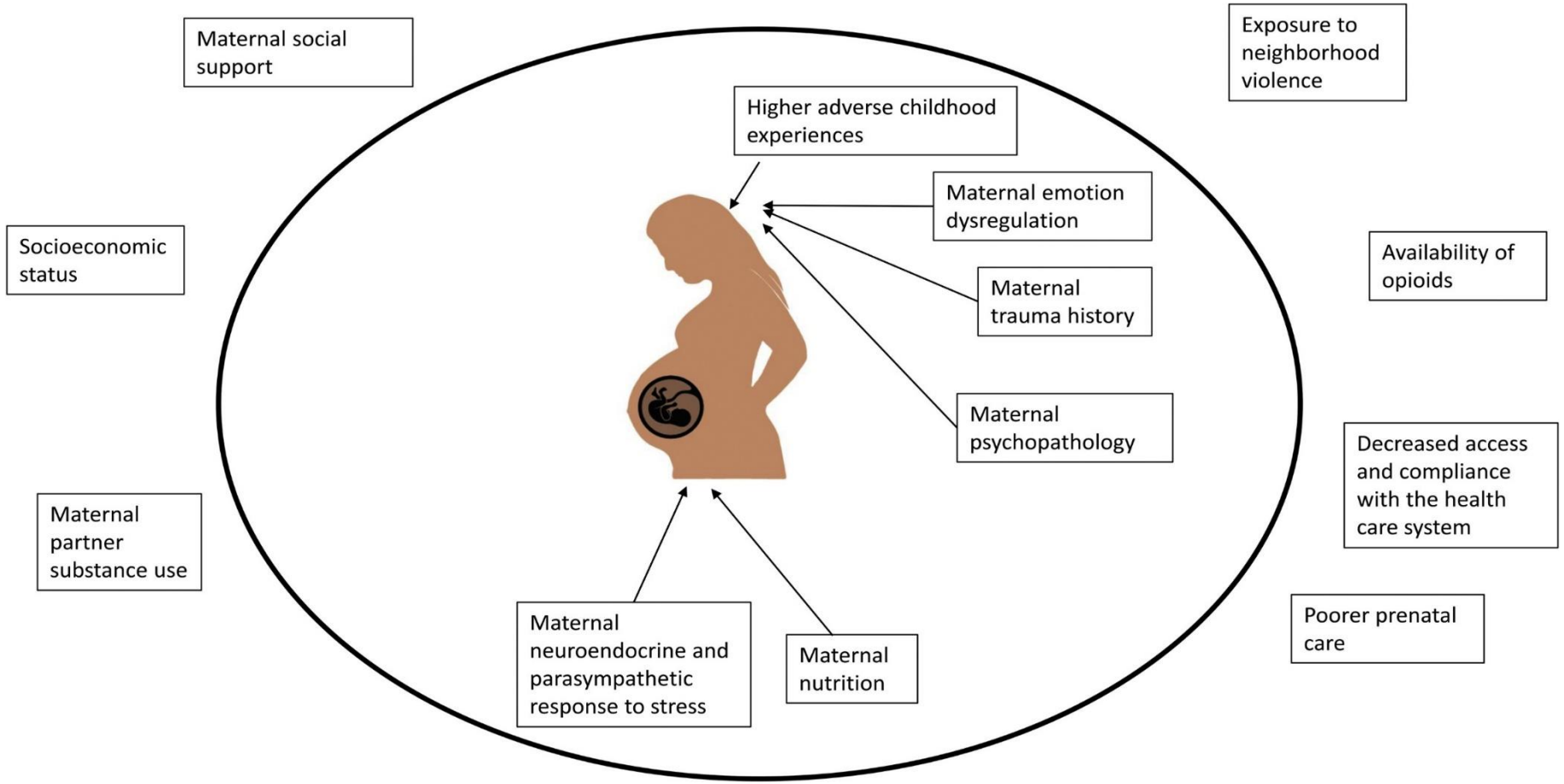
- External motivation for referrals coming from the provider, addressing the importance of having clients be engaged in the process of being referred
- Differences between prenatal vs post partum referrals from providers – often it feels providers are more comfortable with the idea of a medical or lactation referrals post partum than the concept of supportive prenatal referrals
- The message the provider feels this service is helpful, and recommending it – clients listen to their doctor or midwife
- Integrating a specific time frame for offering home visiting. 24 or 16 weeks (especially with multiples or high-risk pregnancies) work especially well from the home visitor's perspective

QI Opportunities for Home Visitors:

- Providing messaging for providers around:
  - Why someone would engage prenatally
  - How to address overwhelmed schedules for clients
  - Integrating or can complimenting OB care with home visiting
  - Supporting OB education/interventions
- Soften the "soft entry" even more
  - "The home visitor can call you and check back in without you needing to enroll"
  - They can keep in touch with referrals over course of pregnancy
  - The client doesn't have to engage right away

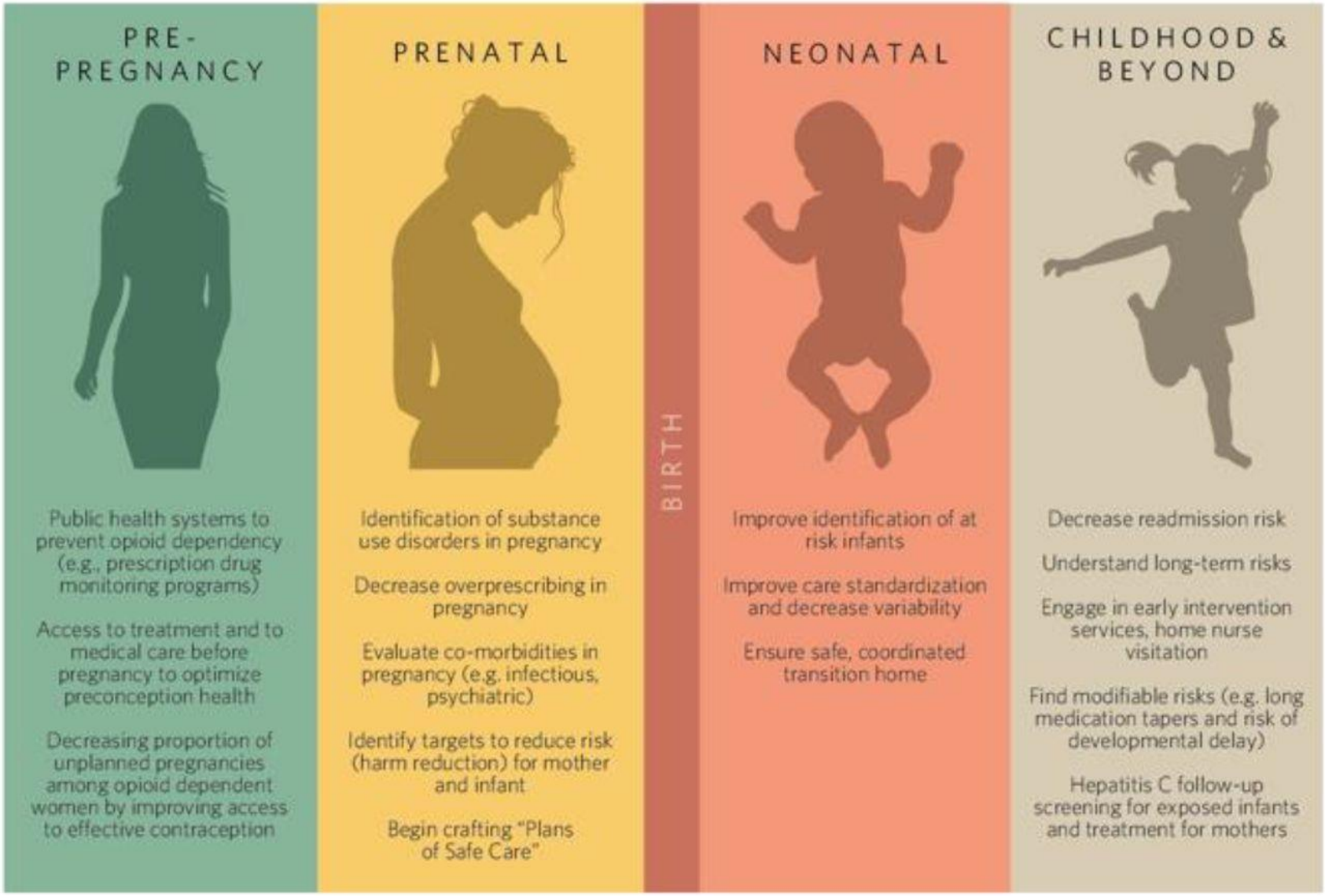
Home Visiting to Improve Care for Opioid Exposed Newborns

Caring for a family in recovery can be complicated



(Conradt, *Neurobiol Stress*, 2018)

Support Families Across the Continuum of Care



(Patrick. *Pediatrics*, 2020)

Outpatient Care and Family Support

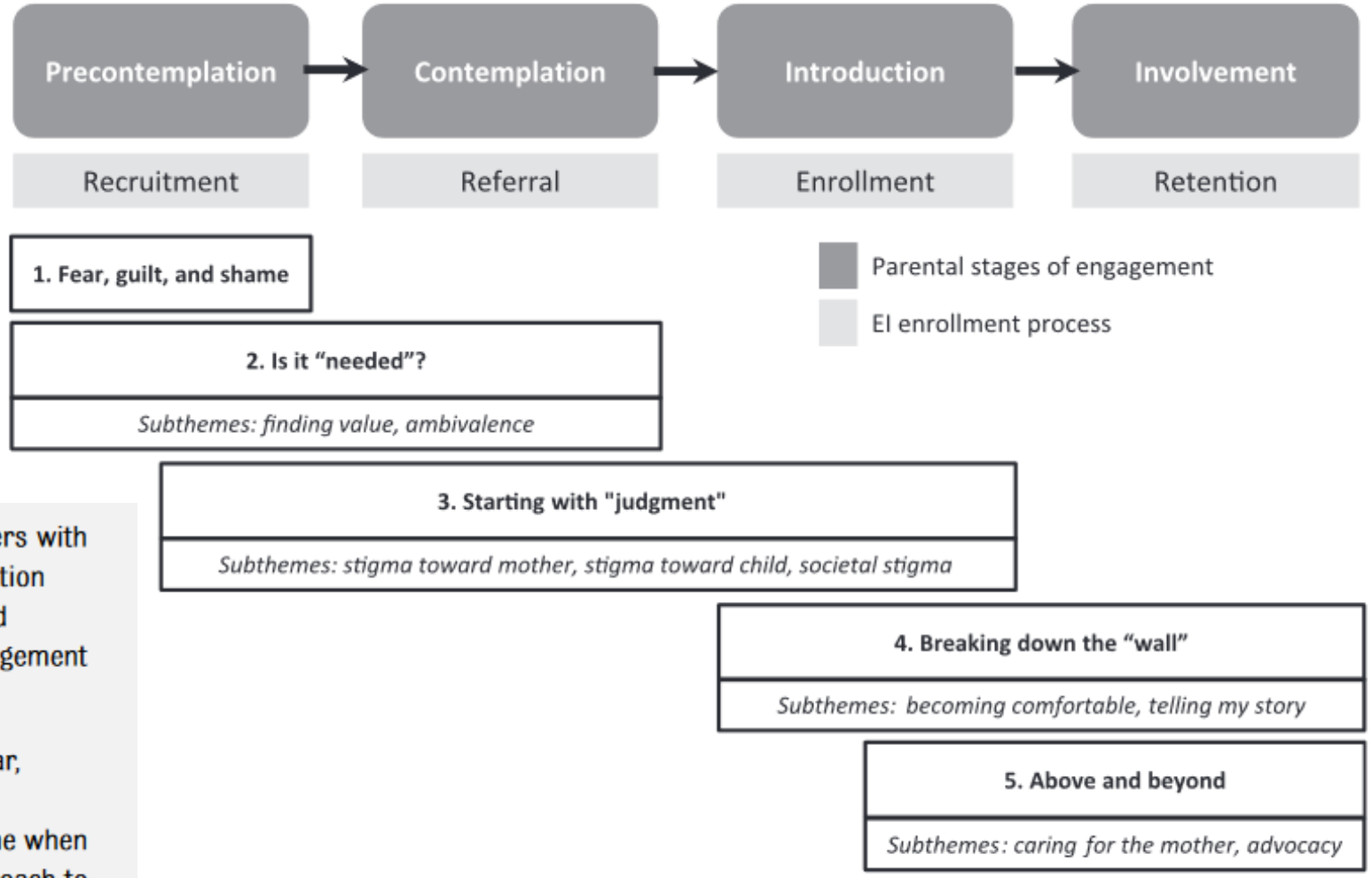
- Plan of Safe Care
- CHARM team
- Standard Education
  - One More Conversation
  - Let's Talk Cannabis
  - Our Care Notebook
- VCHIP Perinatal Quality Collaborative

Continuity of Community Supports (i.e. Home Health, Recovery Team, CHARM)
Standardized Educational Materials Across the Spectrum of Care

Plan of Safe Care

Prenatal Consult

Home Visiting Engagement (EI)



WHAT'S KNOWN ON THIS SUBJECT: Infants born to mothers with opioid use disorders frequently qualify for early intervention (EI) child development services. However, we have limited understanding of the factors that impact maternal EI engagement or the perceptions of EI in this population.

WHAT THIS STUDY ADDS: Mothers experience intense fear, stigma, and perceived judgment that discourage deeper engagement in EI services. These barriers can be overcome when providers take a bigenerational and strengths-based approach to service delivery throughout the engagement process.

(Peacock-Chambers, *Pediatrics*, 2020)

UVMMC Nursery Home Health Quality Improvement Initiative

Global Aim:

- To increase home visiting for newborns who are substance-exposed

Project Aim:

- To increase the rate of home health referrals sent for opioid-exposed newborns on discharge from UVMMC to 90% by July 1, 2024.

Quality Improvement Project Plan

Establish baseline data:

- Review records for infants born in the last year
  - Was a referral placed to home health?
  - When was home health documented in the chart?
  - Is the documentation in the maternal or infant chart?
  - Were birth parents already connected to home visiting?

Next Steps:

- Establish Ideas for Change
- Continue to track measures prospectively to see if changes result in improvement

Measures

- Outcomes: Number of home health referral orders sent for opioid-exposed newborns
- Process: Documentation referencing discussion of home health, surveys about attitudes / process, previously established prenatal home visiting
- Balancing: Time to discuss/document, survey response rates/ time for survey completion

Ideas: Presentation to Family (Universal and Strengths based)

"Would you like a home visiting referral?"

vs

"We recommend a home visiting referral for every family with a new baby leaving the hospital. It can be helpful for your baby by providing support related to development and lactation or connecting you to appropriate services in the community. Overall, it is a great connection to have in place. They will call you to check in and establish a time to connect in person if that is still desired. With your permission, I will place this referral."

Ideas: Referral Process

Patient need:

- Medical Care / Skilled Care → Home Health Referral needed

- Preventative / Supportive
  - Home Visiting
  - Community Services
  - Developmental support

→ Help Me Grow can connect patient to appropriate services in their community

Plans of Safe Care

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

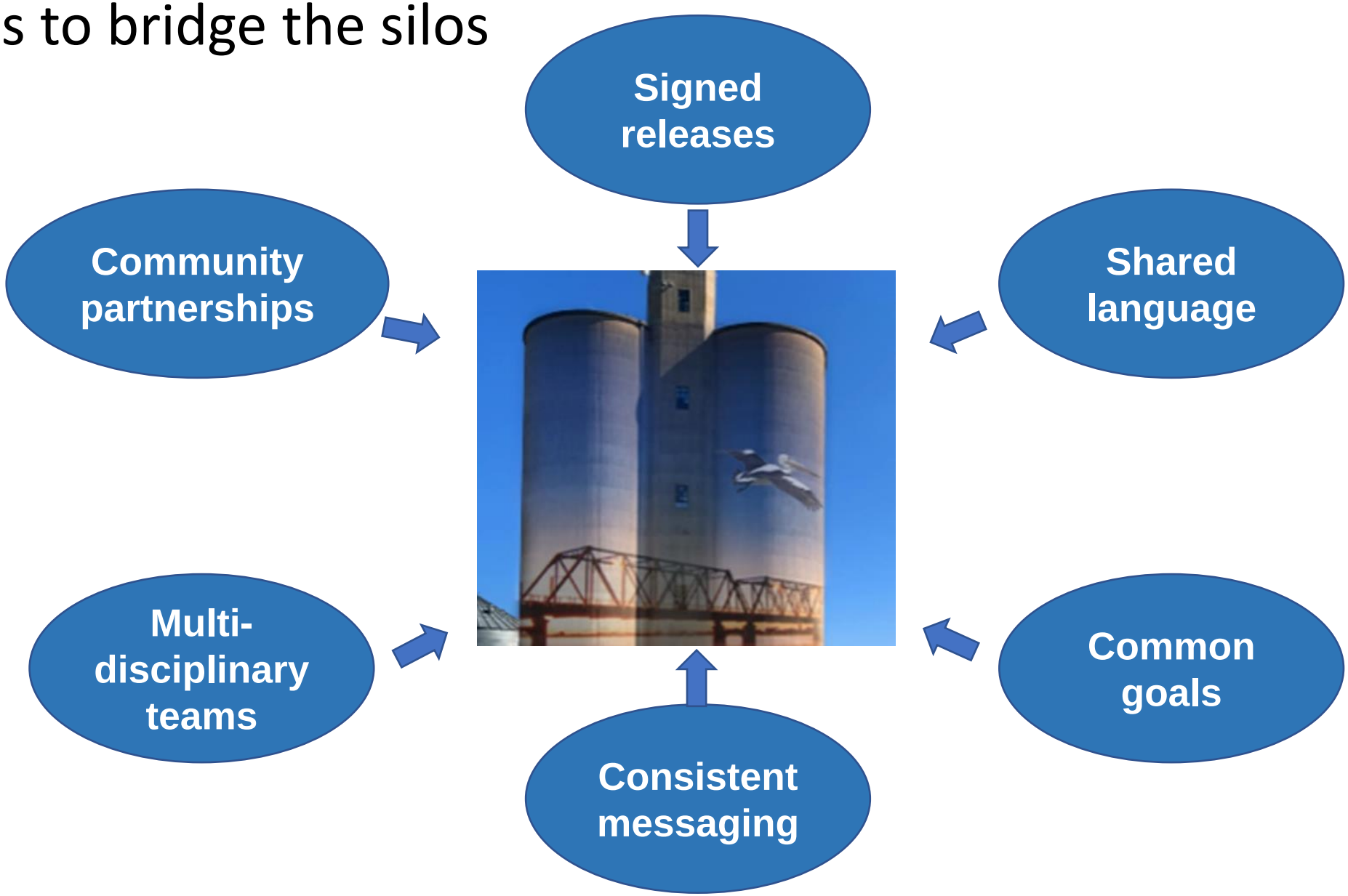
Mother's providers (PCP, MAT)

OB/midwife

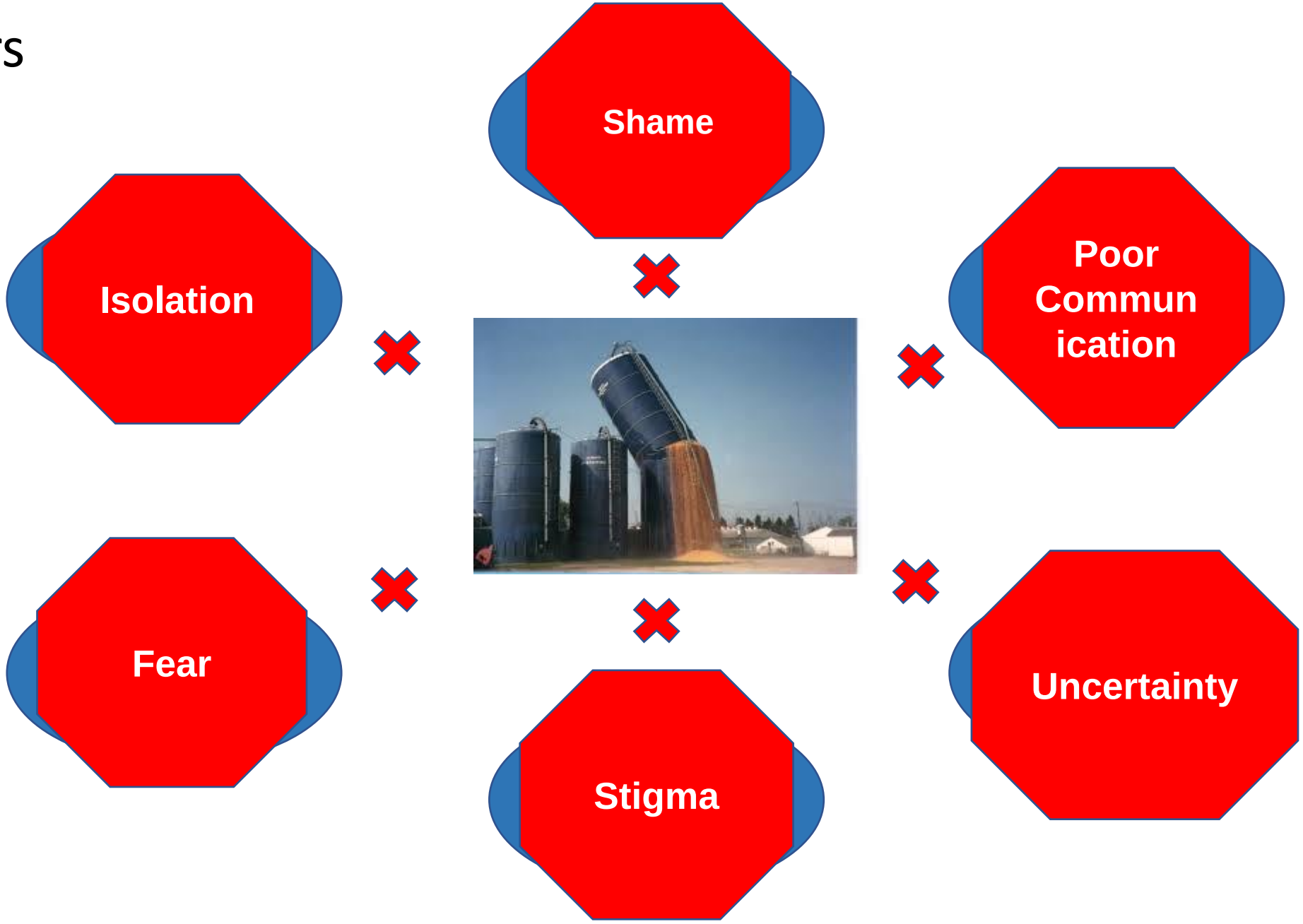
Infant PCP

Community Supports

Strategies to bridge the silos



Barriers


Shame
Isolation
Poor Communication
Fear
Stigma
Uncertainty

Vermont Goals for the Plan of Safe Care

- Continue to support pregnant people who are currently engaged or seeking treatment for substance use disorders.
- Support the existing relationships between the pregnant person and their current providers and supports.
- Facilitate referrals to local community resources for any identified needs for the family after the infant is born.
- Encourage communication with the infant's primary care provider to strengthen family centered care.

What is the VT Plan of Safe Care (POSC)?

- Document created with the pregnant individual and other involved caregivers, must be completed prior to birth hospital discharge.
- Tool for helping families organize their prenatal providers and any new supports they need after their infant is born.
- Given to the parent/caregivers and sent to the infant's primary care provider after birth to facilitate new referral connections
  - Family can choose to share with other supports

POSC: Who, What, & When

- Who is responsible for developing the POSC
  - **Prenatal providers and community partners start the POSC**
  - Hospital staff (nurses, care managers, social work) complete the POSC
- What information is included?
  - Identified supports & strengths
  - Services in place and new referrals placed
- When should the POSC be developed?
  - **Ideally started prenatally**, must be completed by hospital discharge

Who completes the POSC?

Birth Hospital Staff

No DCF report indicated when:

- Infant exposed to prescribed MOUD/MAT, prescribed medications or cannabis AND
- There are no child safety concerns

De-identified CAPTA notification form also completed.

DCF Case Worker

DCF report made prenatally or after birth and accepted when:

- Infant exposed to illegal substances, non-prescribed medications, or misused prescribed medications OR
- There are any child safety concerns

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)		☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Children's Integrated Services: Early Intervention		☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Help Me Grow	Phone: 2-1-1 extension 6 or Online: https://helpmegrowvt.org/form/referral-form	☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable
Pediatric specialist referral (NeoMed clinic)		☐ Currently Receiving ☐ Discussed ☐ New referral placed ☐ Not applicable

Caregiver Supports

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

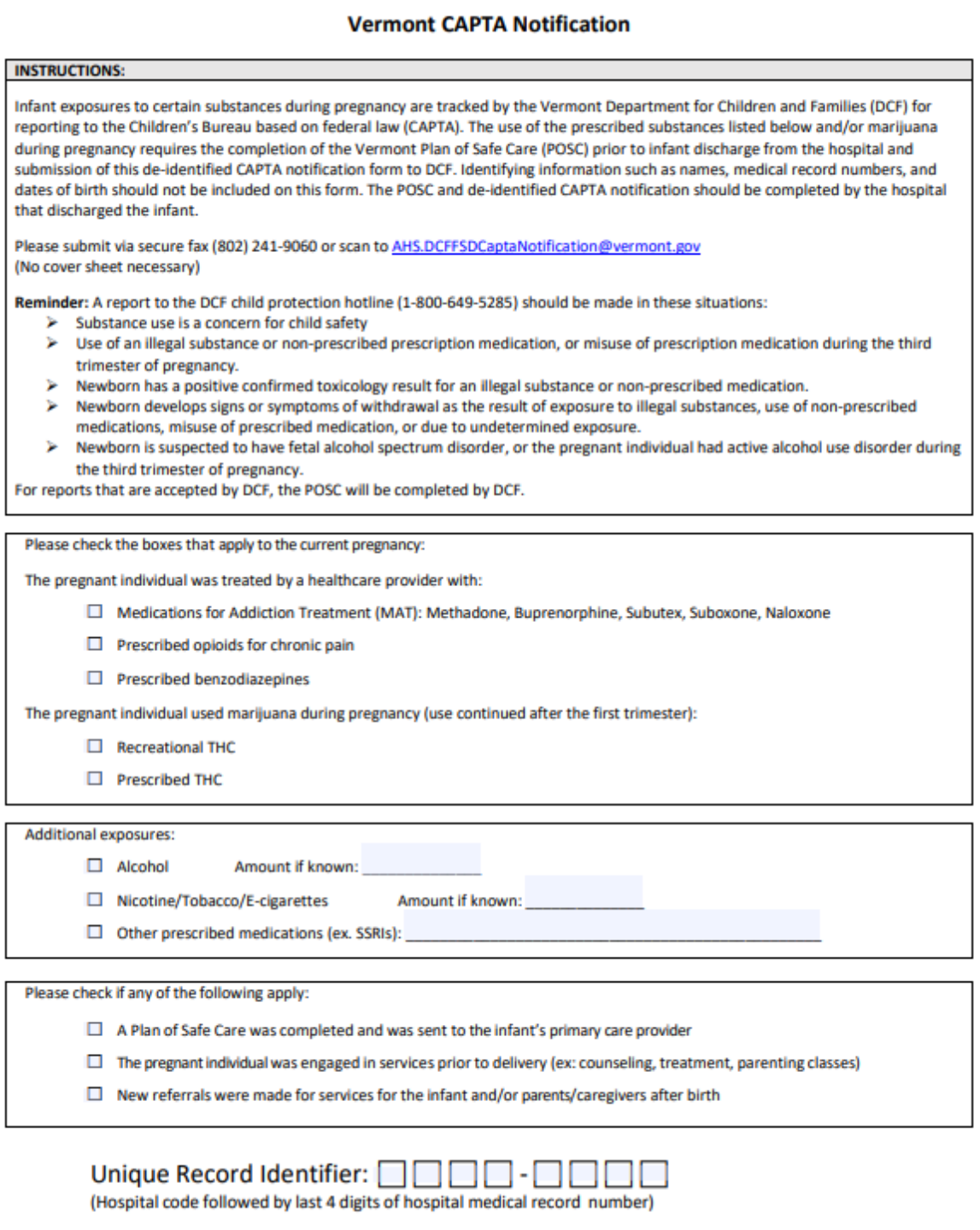
☐ Sent to infant's PCP ☐ Copy in infant's chart ☐ Copy given to family ☐ CAPTA notification completed

What is a CAPTA Notification?

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

Allows tracking of substance exposure(s)

Allows tracking of POSC completion and referrals



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

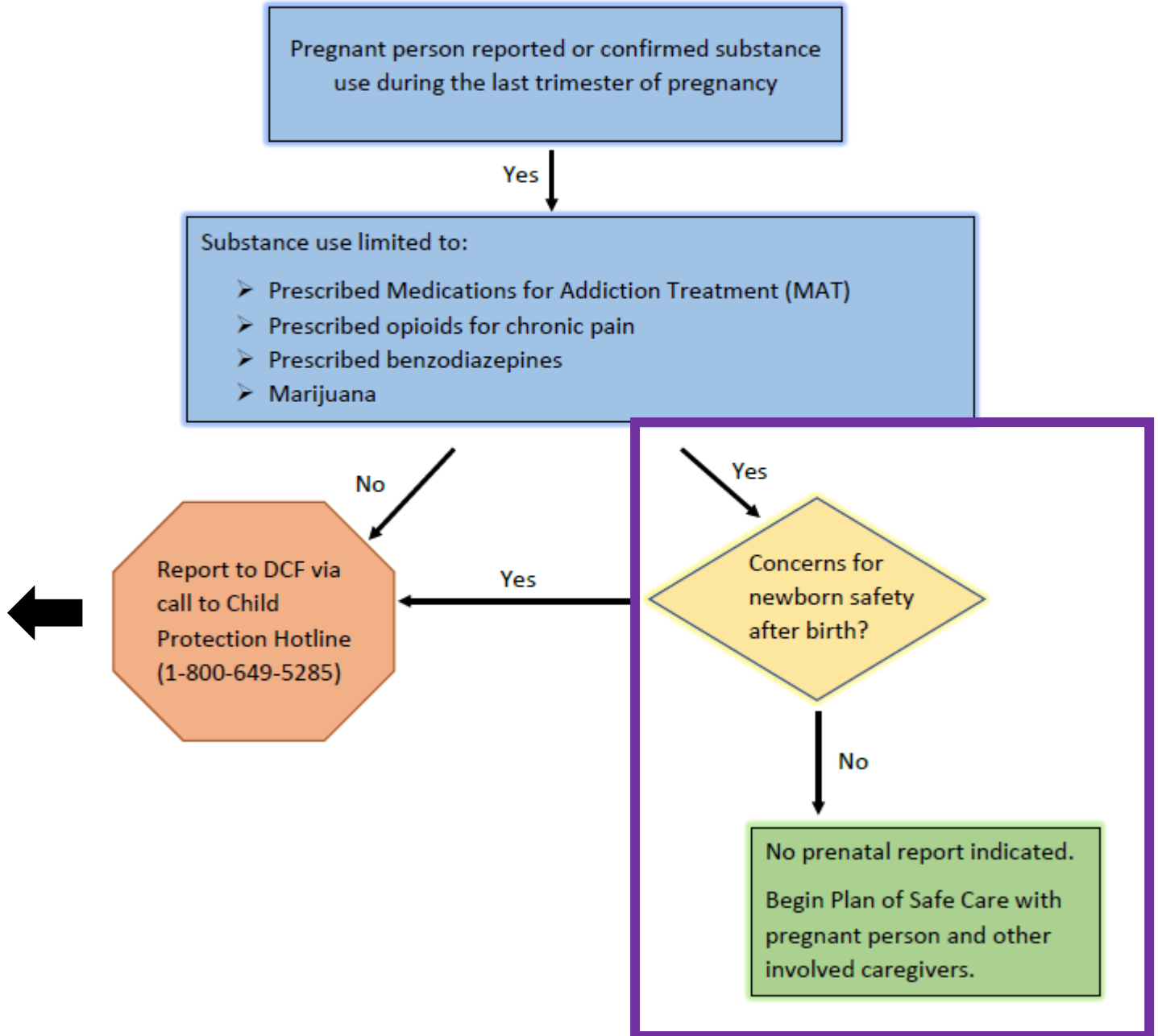
Unique Record Identifier: ☐☐☐☐-☐☐☐☐
(Hospital code followed by last 4 digits of hospital medical record number)

VT Requirements Related to 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).



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

VT Requirements Related to Newborns Exposed to Substances During Pregnancy

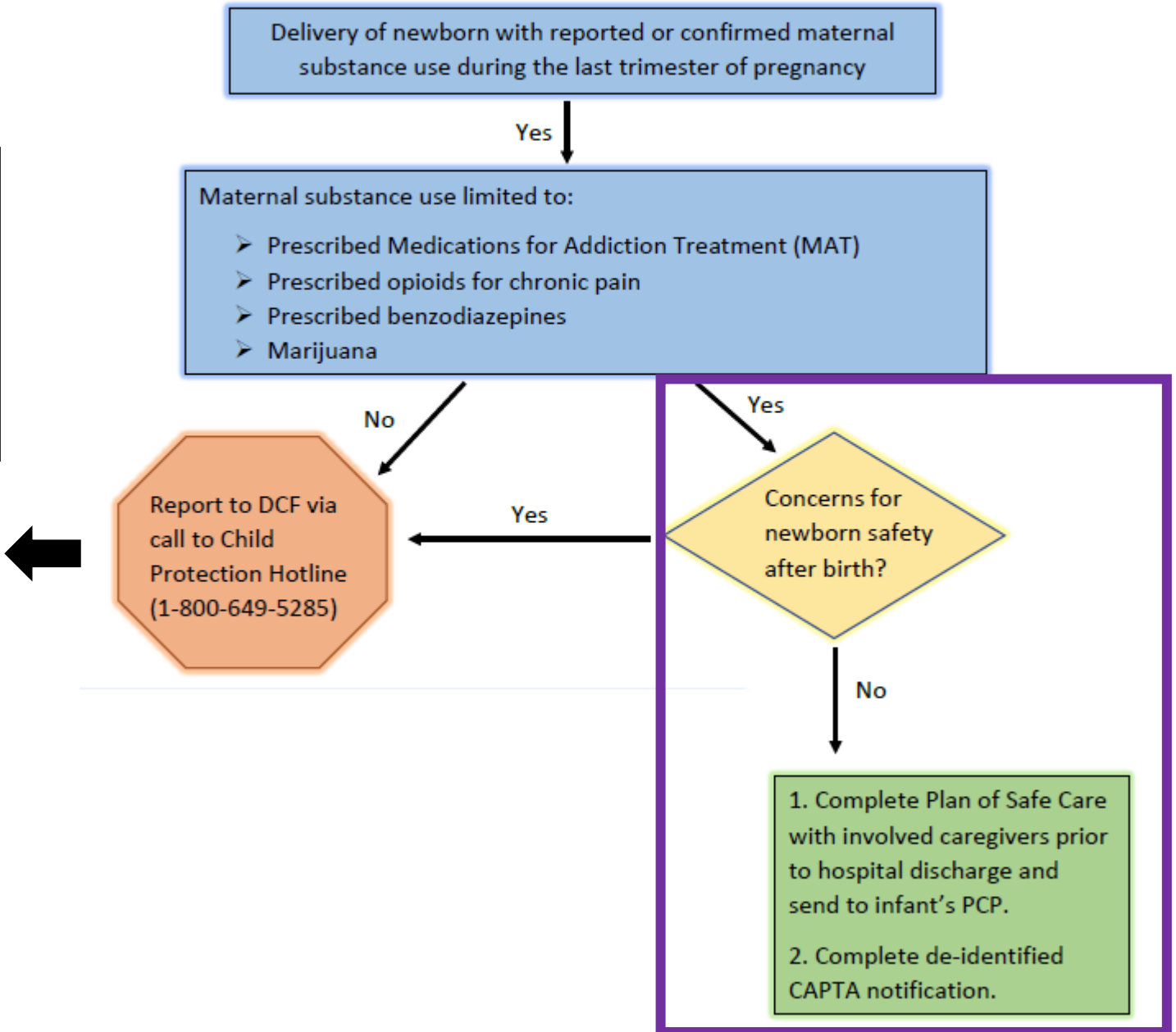
DCF policy on cannabis use:
Effective November 1, 2017, if there are no other child safety concerns, marijuana use during pregnancy will not be accepted as a report.

Update 2021: POSC and CAPTA notification for cannabis use after the 1st trimester

Newborn report acceptance criteria:

Positive toxicology screen or diagnosis of Neonatal Abstinence Syndrome related to maternal use of illegal substances or non-prescribed medication.

Diagnosis of Fetal Alcohol Spectrum Disorder.



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


MAT provider
Community Supports
Pediatrics
OB/midwife

Resources to Support Conversations with Families

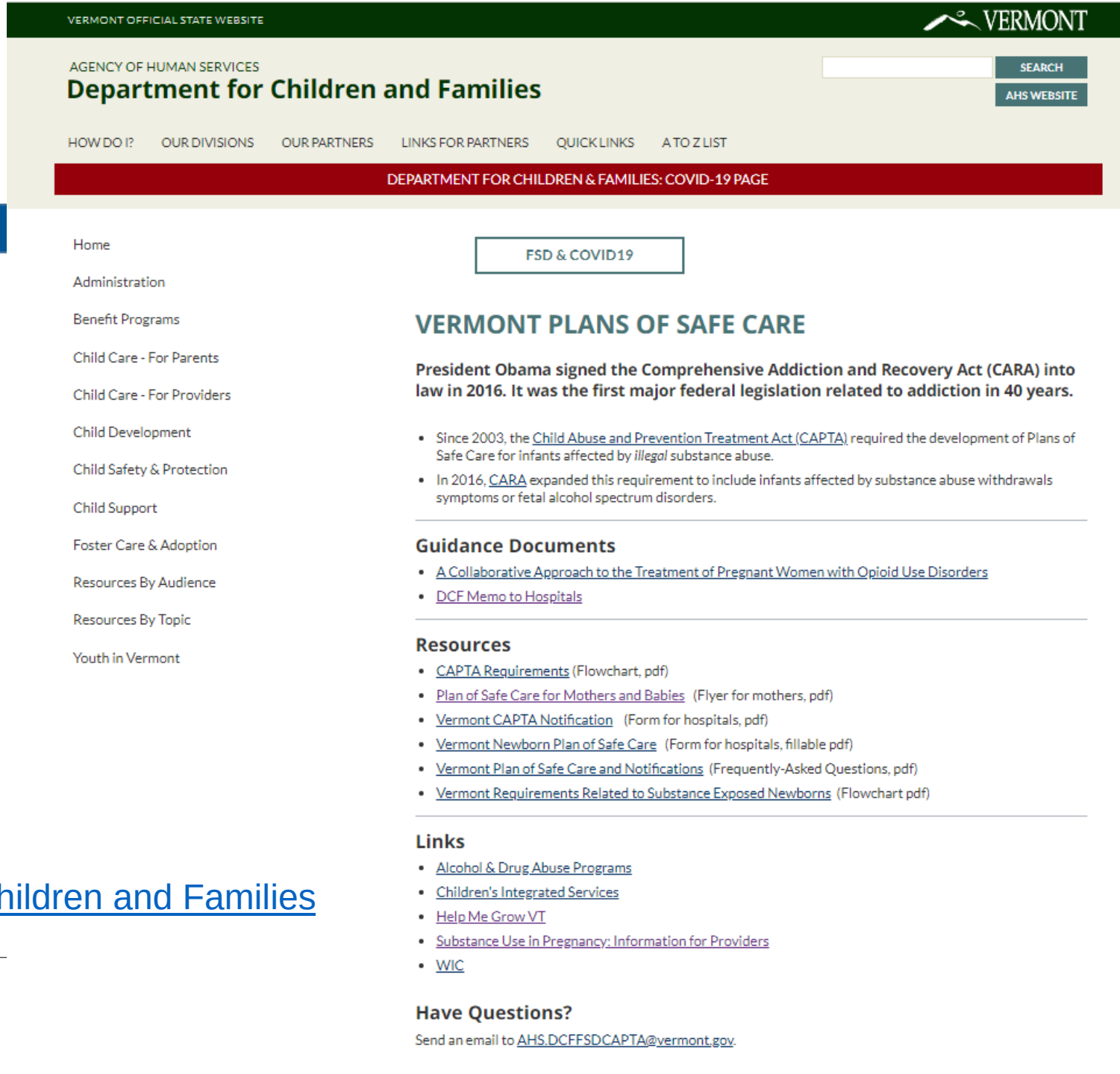
DCF POSC website

Multiple Resources

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

[Vermont Plans of Safe Care | Department for Children and Families]

VERMONT
DEPARTMENT OF HEALTH



VERMONT OFFICIAL STATE WEBSITE

VERMONT

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.

VT POSC Parent Handout

[Vermont Plans of Safe Care | Department for Children and Families](https://dcf.vermont.gov/fsd/partners/posc)
https://dcf.vermont.gov/fsd/partners/posc

VERMONT
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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.

Vermont Resources

VT Helplink
Alcohol & drug support center

Help Me Grow Vermont

YOUR DEVELOPING CHILD | PROVIDERS & EDUCATORS | OUR IMPACT & TEAM | BLOG & RESOURCE LIBRARY

Help Me Grow

Creating strong families so all children reach their greatest potential.

Support Delivered

Mental health resources for expecting and new parents.

One More Conversation

Substance use in pregnancy: Information and support

Strong Families Vermont

Nurse and family support home visiting

VERMONT DEPARTMENT OF HEALTH

PERINATAL QUALITY COLLABORATIVE VERMONT

VCHIP VERMONT CHILD HEALTH IMPROVEMENT PROGRAM
The University of Vermont | LARNER COLLEGE OF MEDICINE

One More Conversation Campaign

Patient educational materials reviewed and revised by healthcare providers on:

- Alcohol
- Cannabis
- Opioids
- Tobacco

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

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

CANNABIS DURING PREGNANCY

and beyond

VERMONT DEPARTMENT OF HEALTH

WHETHER YOU SMOKE, VAPE, DRINK OR EAT IT

if you are pregnant, trying to get pregnant or breastfeeding you're encouraged to not use cannabis for the health of you and your baby. The chemical in cannabis called THC that gives you the feeling of being "high" can be transferred to your baby while you are pregnant or breastfeeding. To some, pot being "natural" (and now legal) mean it's safe. But that's not necessarily true. Any time you introduce chemicals (or other toxins that come from how it's manufactured or how you ingest it), they can be harmful to a baby's development. While nothing beats an open, honest conversation with your healthcare professional, here are some answers to your most common questions, both to give you the truth about cannabis use and pregnancy risks and to inform that next conversation with your provider.

IS ANY AMOUNT SAFE?

There is no known safe amount of cannabis use during pregnancy. Currently, there isn't as much research on the effects of THC during pregnancy as other substances. But that doesn't mean it's safer. Federal classification of Cannabis as a Schedule 1 substance makes research more difficult. But there are some studies that show cannabis use during pregnancy has negative outcomes.

HOW CAN IT AFFECT MY BABY?

Research shows that cannabis can affect a baby's birth weight, making children more prone to health issues–especially in the critical first year of growth. Cannabis use during pregnancy may increase the risk of stillbirth, and THC may also negatively affect a baby's brain development, leading to longer-term behavioral and learning issues. Supporting this, a 2019 study showed a connection between prenatal cannabis use and autism.

I USED CANNABIS BEFORE I KNEW I WAS PREGNANT. WHAT NOW?

Moderate cannabis use before you know you are pregnant is unlikely to cause harm. But, now that you know, it's important to stop. Weeks three through eight are the most sensitive time for causing birth defects.

WHAT ABOUT EDIBLES, VAPING AND OTHER CONCENTRATES?

While edibles, vaping and other concentrates may remove the potentially harmful effects of smoking, THC in your system is still passed from you to your baby. Plus, many of these alternative methods of using cannabis have higher levels of THC, increasing its negative effects.

ISN'T IT A NATURAL SUBSTANCE?

Yes, but so is tobacco. So is opium. And those aren't safe during pregnancy either. Plus, as more states have legalized or decriminalized its use, cannabis has become a big business. With that come newer cultivating methods and higher levels of THC and it isn't clear how these higher strains may increase the negative effects.

WHAT IF I SLIP UP?

It happens. If you do use cannabis while pregnant, the best thing to do is be honest–both with yourself and with your healthcare professional. Together, you can work to understand why and the best course of action to be sure you move forward in the healthiest way possible for both you and your baby.

ARE THERE ANY SUGGESTIONS FOR SELF CARE?

Depending on your reason for using cannabis, there are ways to help you help yourself avoid using while pregnant. Exercise–even just taking a walk–releases endorphins to make you feel better and can help you sleep. OTC medications can help with morning sickness. Meditation reduces stress hormones. Talk to your healthcare professional about these and methods for self care.

HOW ABOUT BREASTFEEDING?

Breastfeeding is important to your baby's health and cannabis use is not recommended. THC is present in breast milk and upwards of 3 percent of the what you get can be transferred to your baby. It seems small, but so are they.

HOW LONG IS THC IN MY BREAST MILK?

Tests have shown THC can be present in breast milk within 20 minutes of consumption and is present at least 24 hours after. THC is stored in fat cells, so it can stay in the body longer than other substances, so pump and dump doesn't really work. Your best option to avoid issues is to not use cannabis while breastfeeding.

WHERE CAN I FIND HELP?

Call 2-1-1, visit VTHelpLink.org or 802.565.LINK (5465) or talk to your healthcare professional.

For more information, there's no better resource than your healthcare professional. Remember, they're not there to judge. They're there to help you have the healthiest pregnancy possible. Keep the conversation going.

VERMONT DEPARTMENT OF HEALTH

one more conversation
can make the difference

Vermont Child Health Improvement Program

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 pregnant people with substance use disorder 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.

Goals & Achievements

Goals:

- Improve quality of prenatal and postnatal care for pregnant people with substance use disorder and their infants.
- Improve availability, access, efficiency, and coordination of care services for pregnant people with substance use disorder.
- Provide support to health care professional who care for opioid-dependent pregnant people and their infants and improve systems for implementation of current guidelines and best practice recommendations for care.

Project Team

Michelle Shepard, MD, PhD, and Lead Faculty

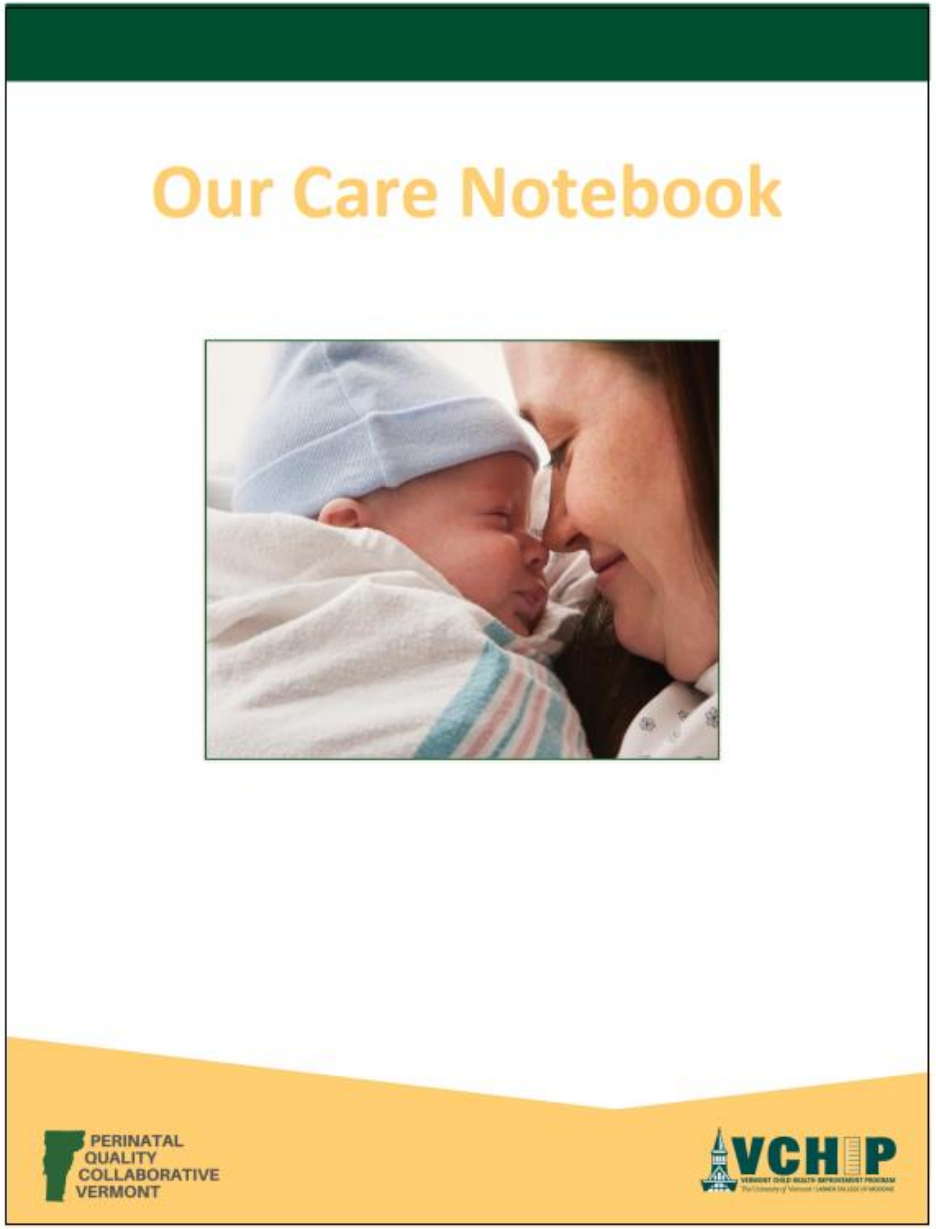
Molly Rideout, MD, Faculty

Adrienne Pahl, MD, Faculty

Julie Parent, MSW, Project Director

Avery Rasmussen, MPH, Data Manager

Angela Zinno, MA, Project Coordinator



Improving Parent Preparation: Our Care Notebook

Fully updated in 2022!

Available for viewing or download on the Improving Care for Opioid Exposed Newborns (ICON) website:

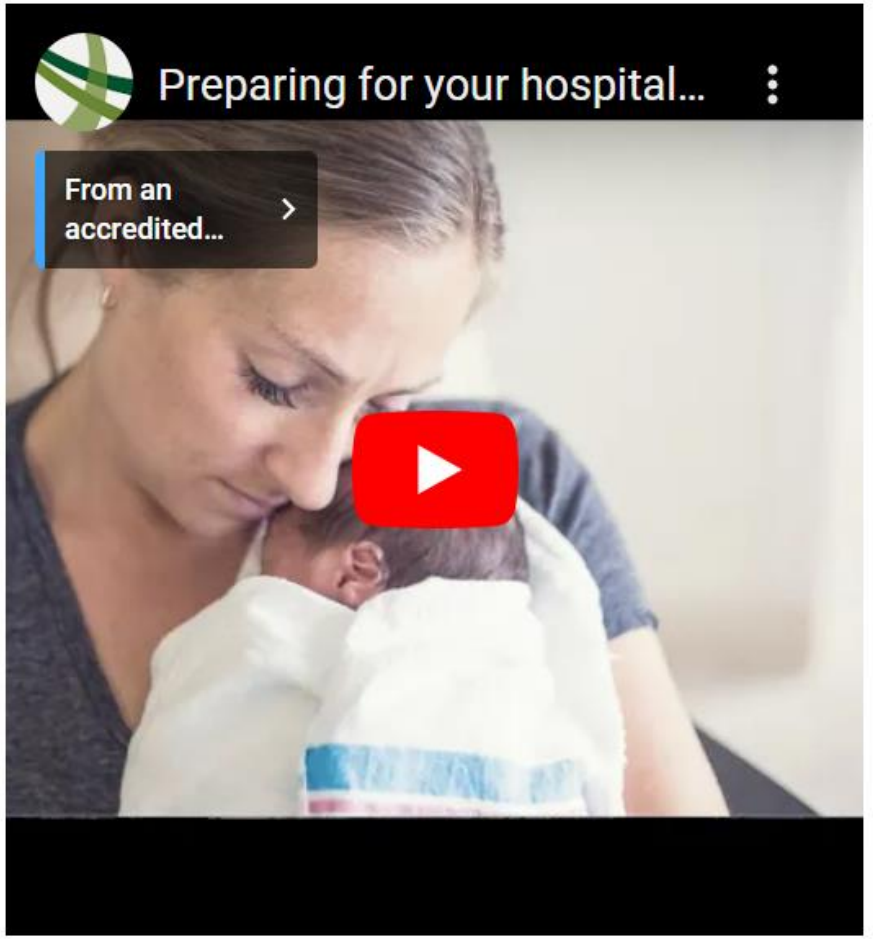
[Improving Care for Opioid-exposed Newborns (ICON) | College of Medicine | University of Vermont (uvm.edu)]

Also available as hard copies:

please email VCHIP.ICON@med.uvm.edu

ICON: Preparing for Your Hospital Stay Video

[Improving Care for Opioid-exposed Newborns (ICON) | College of Medicine | University of Vermont (uvm.edu)]



Support Families During the Process

- 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 Plan of Safe Care prior to discharge

Educate Yourself and Your 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
- Introduce the Plan of Safe Care and the goals to use it as a communication tool and to help families connect to services
- Involve families in understanding if/when a DCF report would be required rather than a CAPTA notification (avoid surprises)
- Connect families with Peer Recovery Coaches!!

FIVE POINTS OF FAMILY INTERVENTION

PRE-PREGNANCY

Focus on preventing substance use disorders before a woman becomes pregnant through promoting public awareness of the effects of substance use (including alcohol and tobacco) during pregnancy and encouraging access to appropriate substance use disorder treatment

PRENATAL

Focus on identifying substance use disorders among pregnant women through screening and assessment, engaging women into effective treatment services, and providing ongoing services to support recovery

BIRTH

Focus on identifying and addressing the needs of infants affected by prenatal substance exposure, withdrawal symptoms, and Fetal Alcohol Spectrum Disorder including the immediate need for bonding and attachment with a safe, stable, consistent caregiver

NEONATAL, INFANCY & POSTPARTUM

Focus on ensuring the infant's safety and responding to the needs of the infant, parent, and family through a comprehensive approach that ensures consistent access to a safe, stable caregiver and a supportive early care environment

CHILDHOOD & ADOLESCENCE

Focus on identifying and responding to the unique developmental and service needs of the toddler, preschooler, child, and adolescent who was prenatally exposed through a comprehensive family-centered approach

Infants with Prenatal Substance Exposure and their Families:
Five Points of Family Intervention

National Center on Substance Abuse and Child Welfare

Questions?

To connect with us or join our listserv, please send us an email, VCHIP.PQCVT@med.uvm.edu.

Evaluation

Please remember to complete the evaluation by using the QR Code or by clicking the link in the chat.

Thank you!