



**Perinatal Quality Collaborative Vermont
presents**

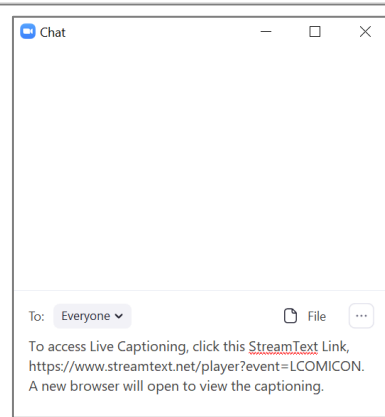
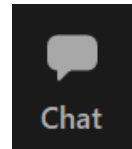
2023 Annual Improving Care for Opioid-Exposed Newborns (ICON) Conference

**Coming Together to Support Infants and Families Affected by
Substance Use in Pregnancy**

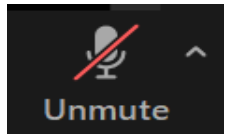
Housekeeping

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.

The logo for VCHIP (Vermont Child Health Improvement Program) features a green outline of the state of Vermont with the letters "VCHIP" in large, bold, green letters. Below it, in smaller text, is "VERMONT CHILD HEALTH IMPROVEMENT PROGRAM" and "The University of Vermont | LARNER COLLEGE OF MEDICINE".

PERINATAL
QUALITY
COLLABORATIVE
VERMONT

April 11, 2023 PQC-VT ICON Statewide Conference Evaluation

Thank you for taking the time to complete this evaluation. We value your feedback and appreciate your input. The survey is anonymous, however if you would like to claim CMEs, you will be asked to provide your name and email address.

Was this activity free of commercial bias?
* must provide value

☐ Yes
☐ No

I have an increased knowledge of the topic after this conference.
* must provide value

☐ Yes
☐ No

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

Welcome & Updates

Michelle Shepard MD, PhD

Assistant Professor of Pediatrics

UVM Larner College of Medicine & UVM Children's Hospital

April 11th, 2022

Disclosures

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



ICON: Improving Care for Opioid-Exposed Newborns

- What we are: Vermont Child Health Improvement Program (VCHIP) quality improvement project and part of the Perinatal Quality Collaborative Vermont
- Focus: to improve the quality of care for opioid-dependent pregnant and parenting people and opioid-exposed newborns in Vermont.
- Who we are: a collaborative team including partners from the Vermont Dept of Health, Dept for Children and Families, UVM Children's Hospital, community birth hospitals and people with lived experience

ICON Initiatives

- Partner with other VCHIP projects in the Perinatal Quality Collaborative (PQC-VT)
- Support hospitals with implementation and technical assistance for the Vermont Plan of Safe Care and CAPTA notifications
- Collect hospital data for quality improvement initiatives
- Provide education for families affected by opioid use disorder

Partnering in PQC-VT

Perinatal Quality Collaborative-Vermont

Mission: Optimizing care and health outcomes in pregnancy and infancy through collaboration and continuous quality improvement.

Goal: The PQC-VT will improve care and health outcomes of pregnant people and infants in Vermont through the following initiatives:

- Set Perinatal health Outcome Priorities
- Provide Outreach and Education
- Advance Quality Improvement Efforts
- Monitor Pregnancy and Newborn Health Outcomes



VCHIP Perinatal Efforts

Quality Improvement
Coaching Activities

Obstetrics and
Neonatal Clinical
Expertise

Perinatal Statistics
Report and statistics
Conferent for Vermont
Community Hospitals

Perinatal Transport
Conferences for
Vermont Community
Hospitals

Education and skilled
Training for Perinatal
Health Care
Professionals

Expertise in Substance
Use Exposure in
Newborns (ICON)

(STAMPP) Perinatal
Mood and Anxiety
Screening and referrals

Maternal Mortality
Review Panel (MMRP)

Data Analytics and
Dissemination

Alliance for Innovation
on Maternal Health
(AIM) Safety Bundles



Supporting the VT POSC

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



What is a Plan of Safe Care (POSC)?

- Document created with the pregnant individual and other involved caregivers, must be completed prior to birth hospital discharge.
- Lists current supports and strengths in addition to areas of needed supports and referrals.
- Shared with parent and the infant's primary care provider after birth
 - NOT shared with DCF unless they are involved for child safety concerns.

A VT POSC is required (along with a de-identified CAPTA notification) for any pregnant person receiving MOUD, using prescribed opioids or benzodiazepines, and/or cannabis

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)

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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: _____
<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?

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:

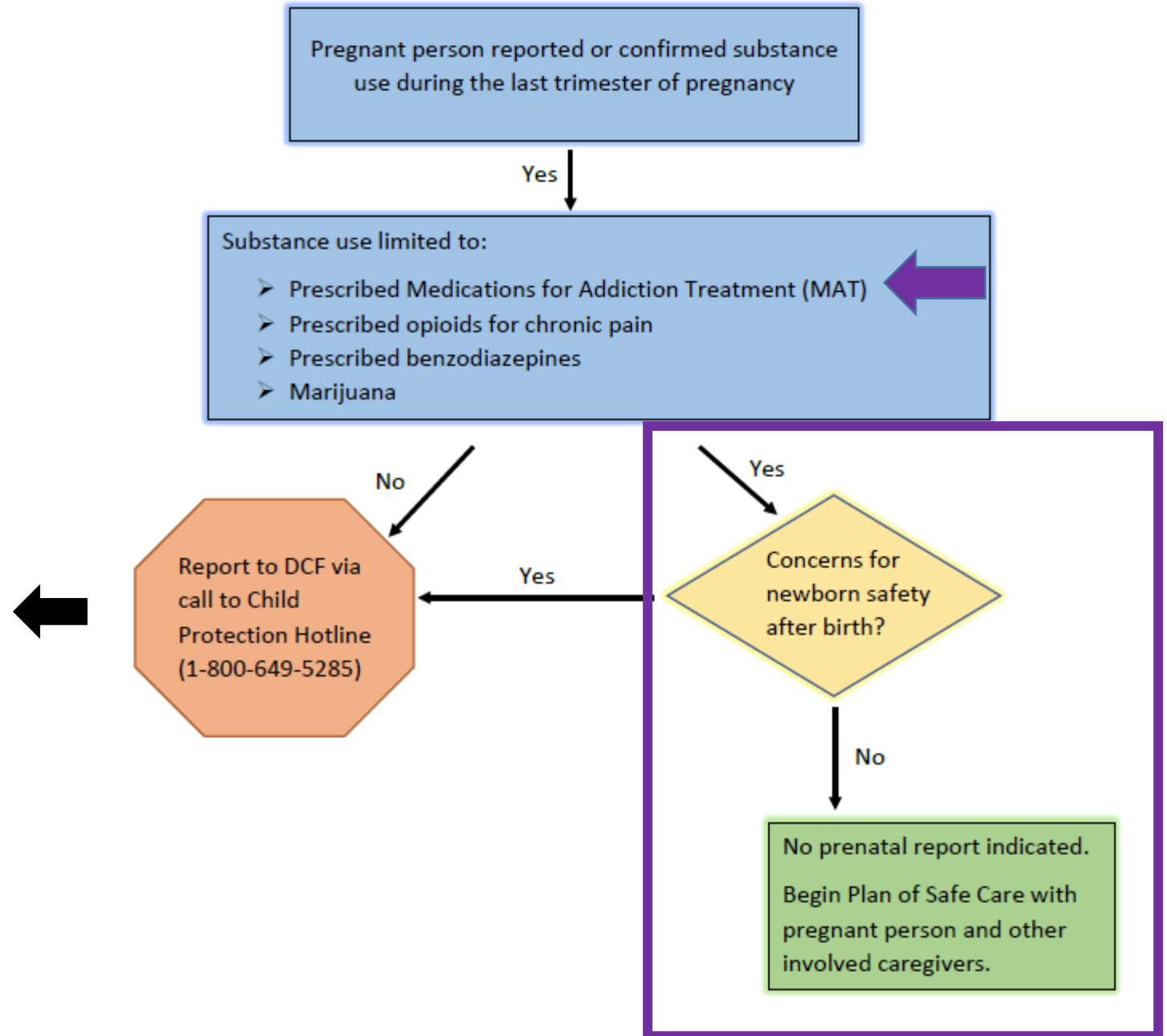
Use of an illegal substance or non-prescribed medication, or misuse of prescription medication during the last trimester of pregnancy.

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 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.

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

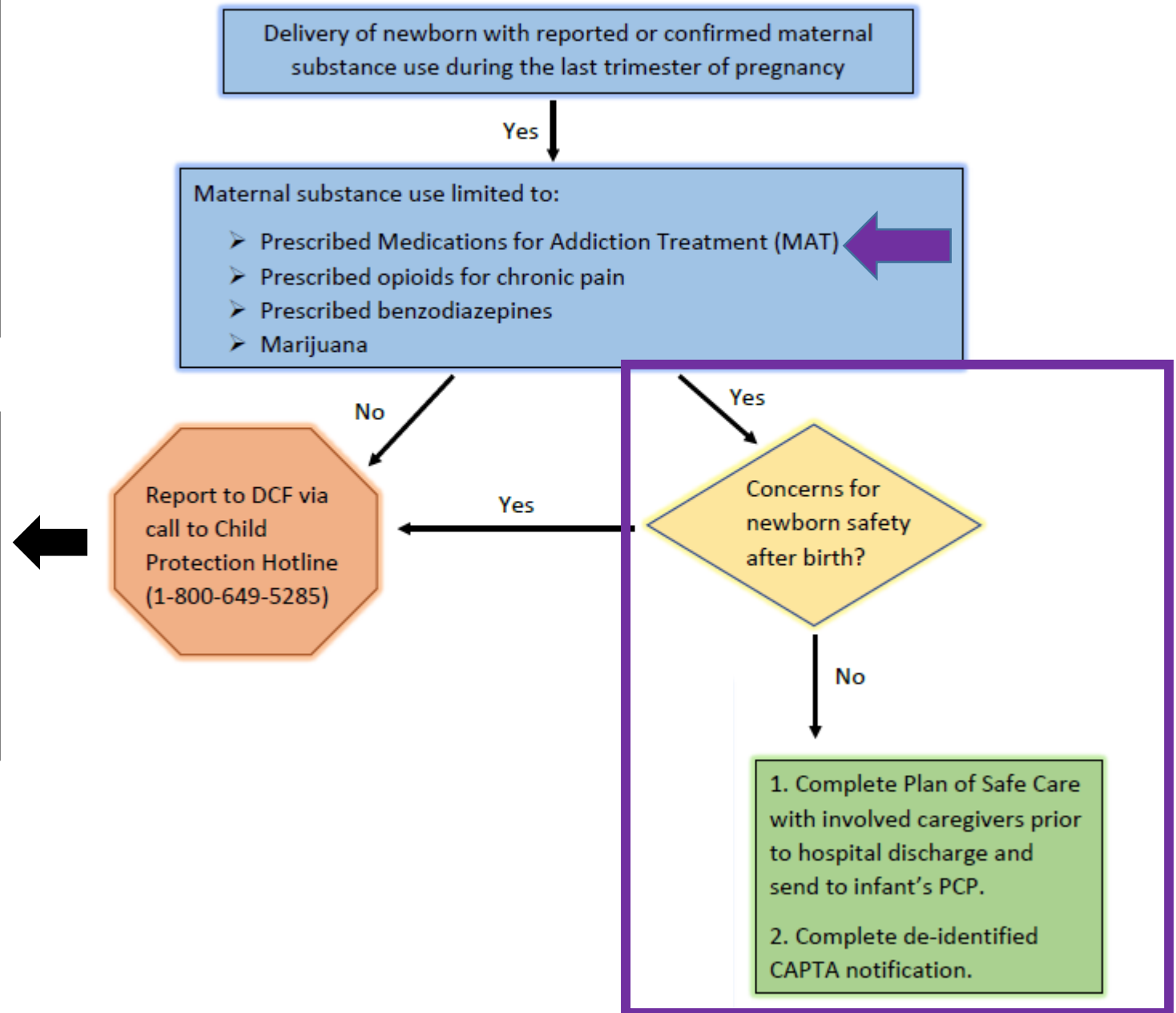
Newborn report acceptance criteria:

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>



Vermont POSC page on the DCF Family Services website:

- POSC form for hospitals
- CAPTA notification form
- Frequently Asked Questions:
- 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

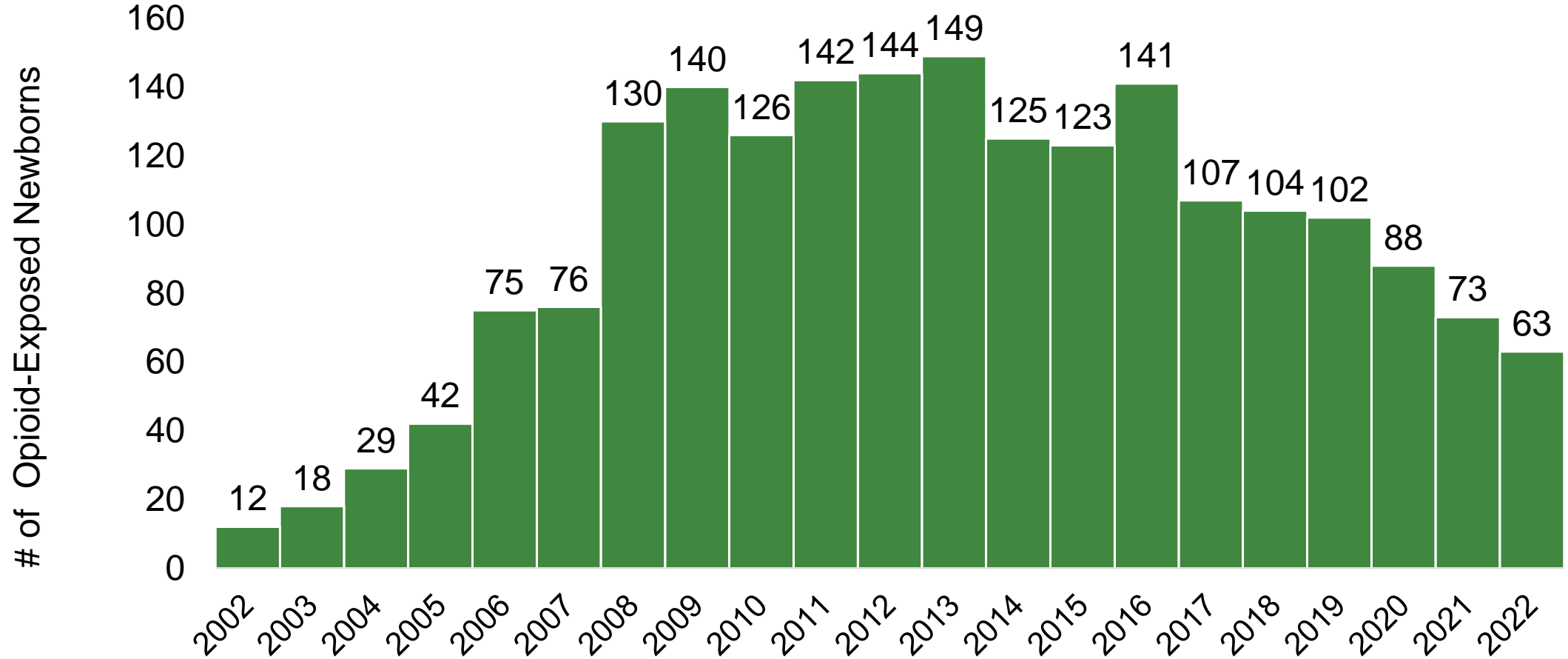
- [Alcohol & Drug Abuse Programs](#)
- [Children's Integrated Services](#)
- [Help Me Grow VT](#)
- [Substance Use in Pregnancy: Information for Providers](#)
- [WIC](#)

Have Questions?

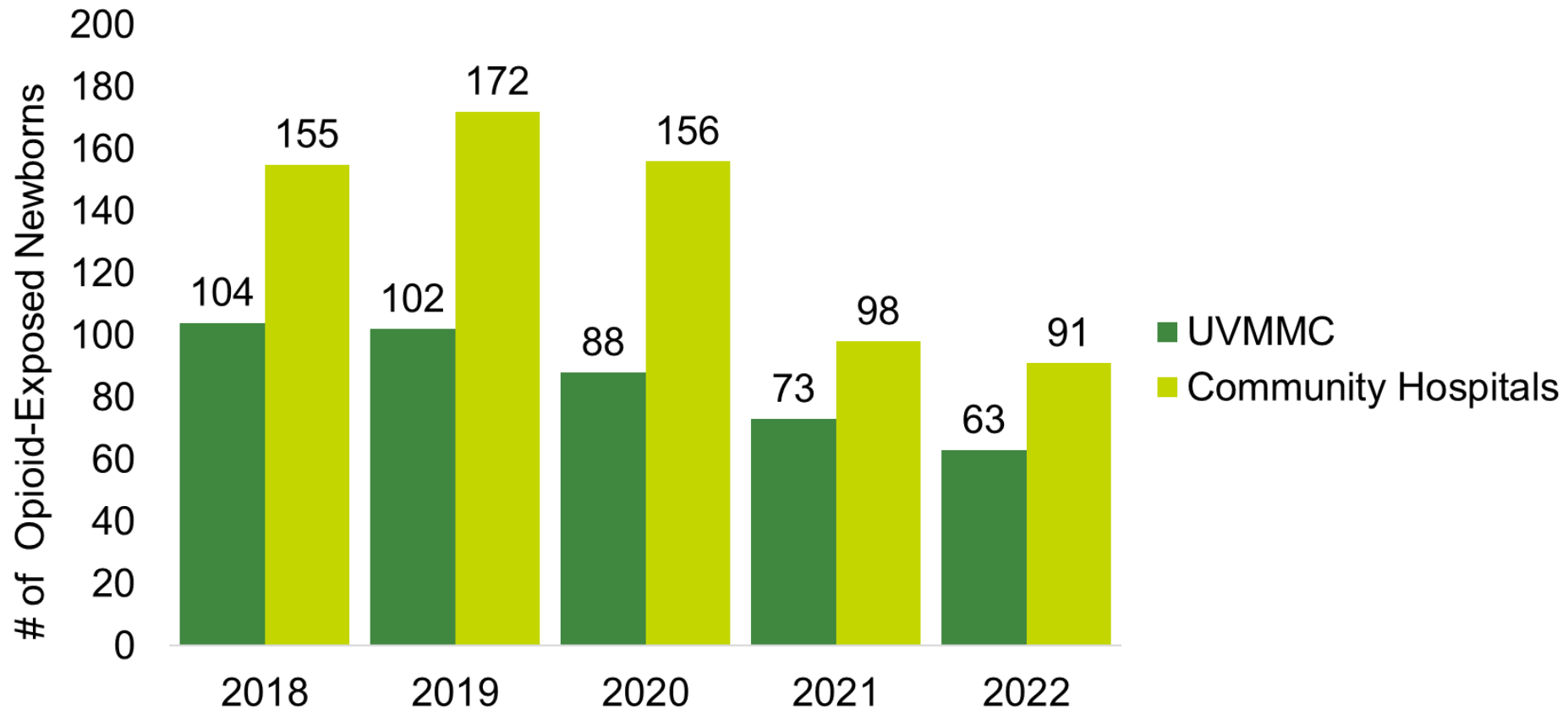
Send an email to AHS.DCFFSDCAPTA@vermont.gov.

Data Collection

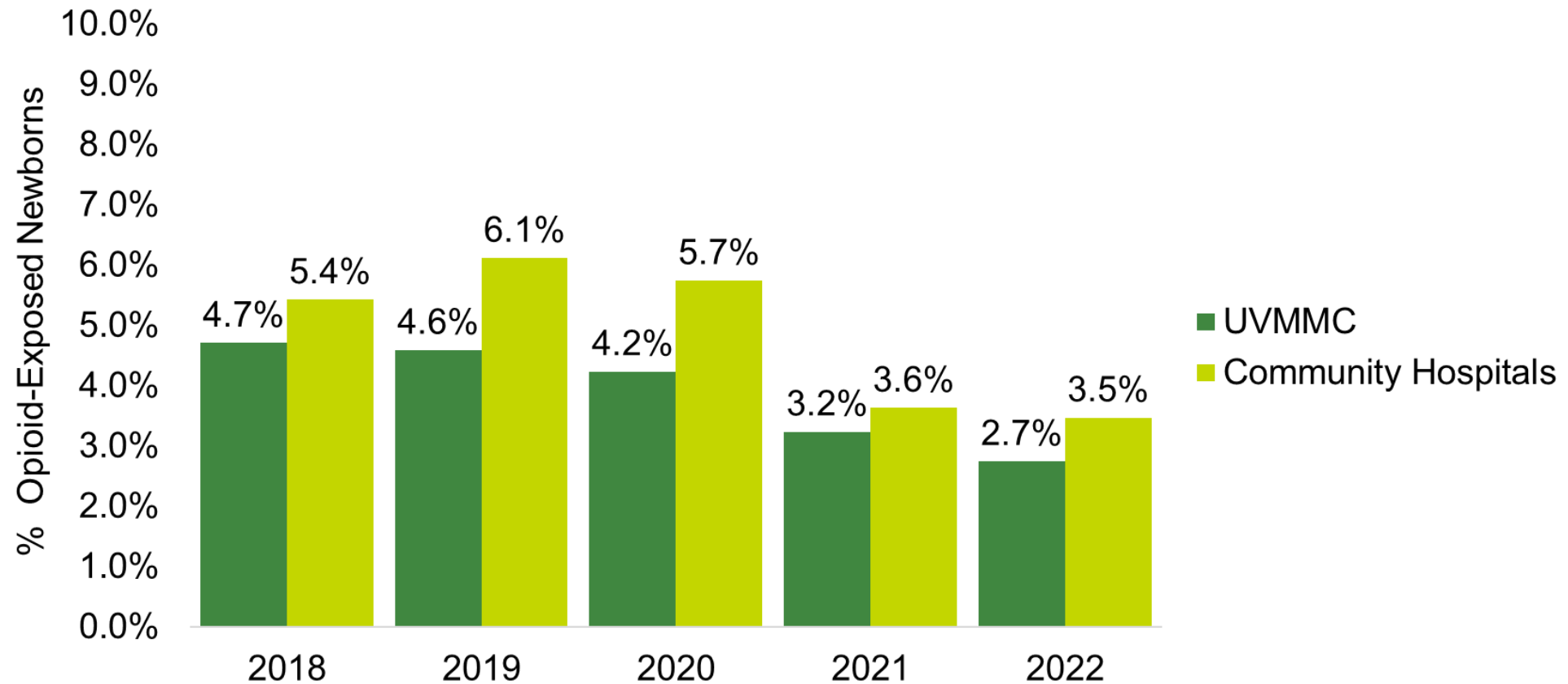
Total Opioid-Exposed Newborns Followed at UVMMMC



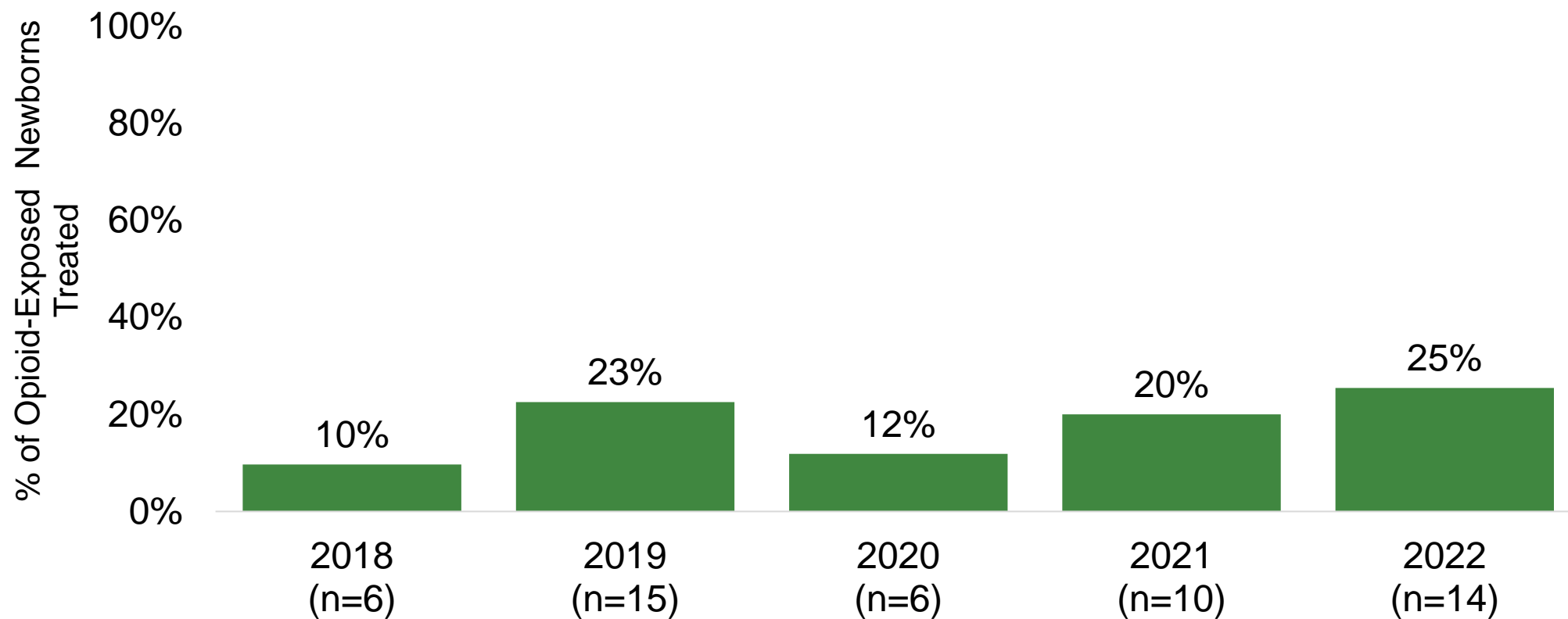
Total # of Opioid-Exposed Newborns Born at VT Hospitals



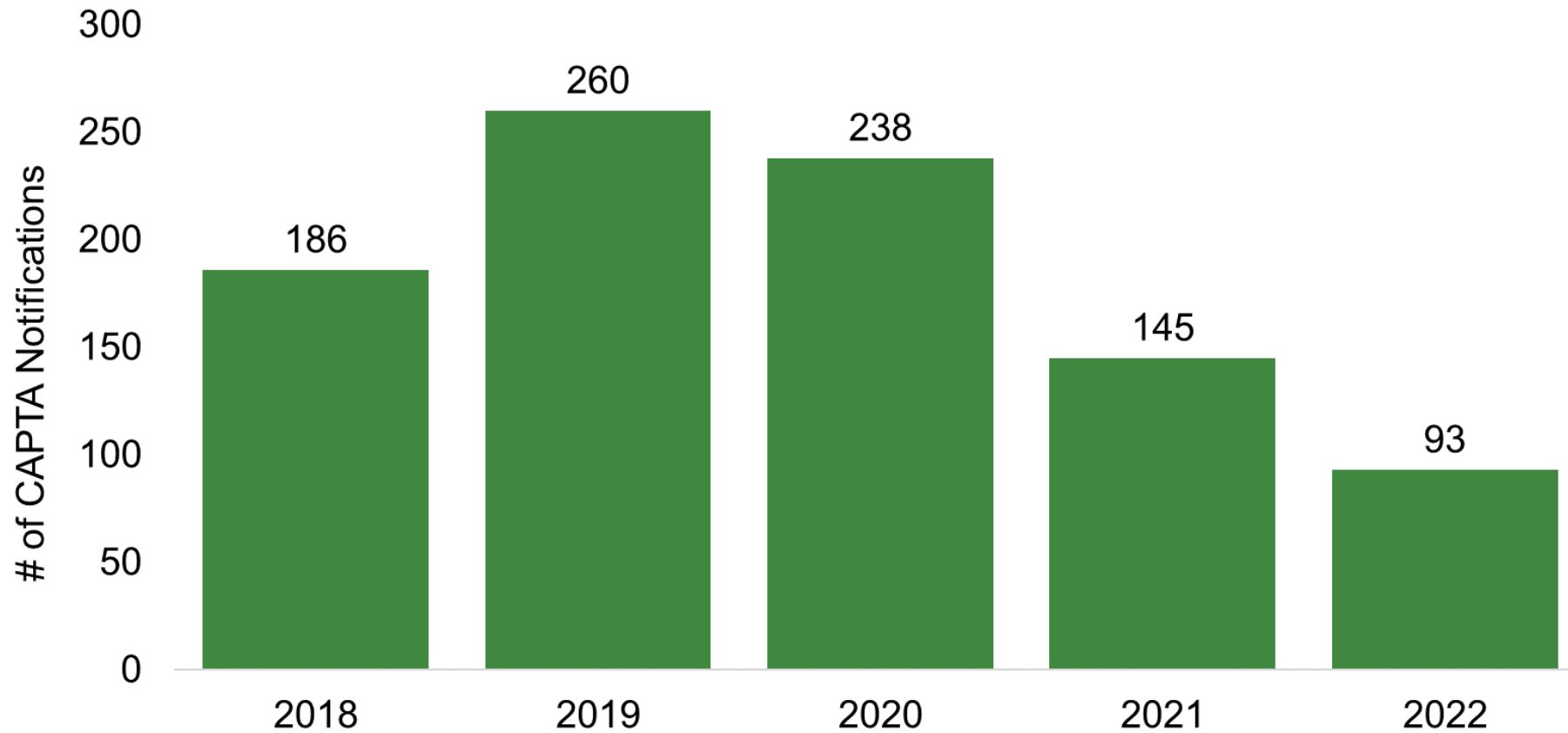
Proportion Opioid-Exposed Newborns of All Live Births at VT Hospitals



Percent of Opioid-Exposed Newborns Receiving Any Pharmacologic Treatment at UVMMC



Total CAPTA Notifications by Year



Improving Parent Preparation

Materials to prepare families for the birth of their infant, hospital stay, and transition home

- Printable: Our Care Notebook
- Video: Preparing for your hospital stay and what to expect after your baby is born

Preparing families

Prenatal Preparation

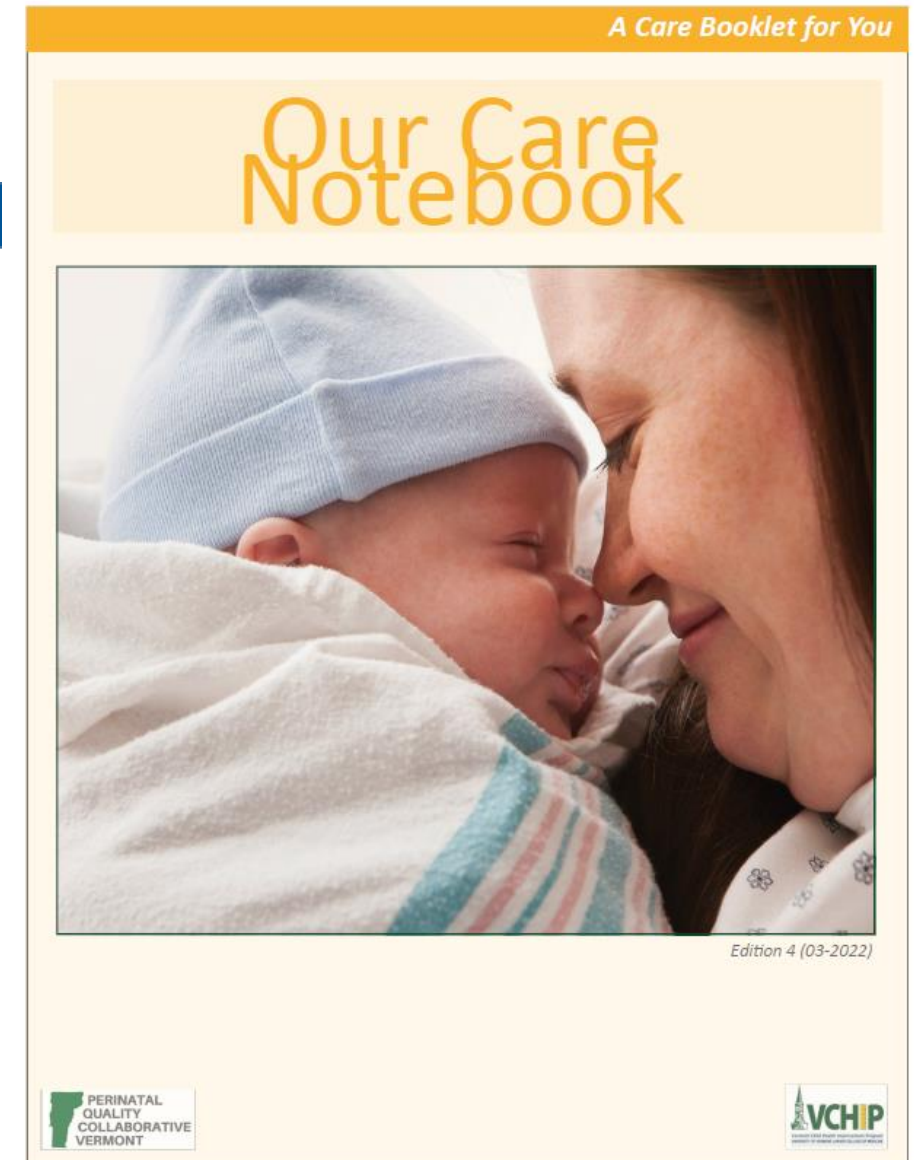
Fully updated in 2022!

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 \(uvm.edu\)](https://www.uvm.edu/icon/)

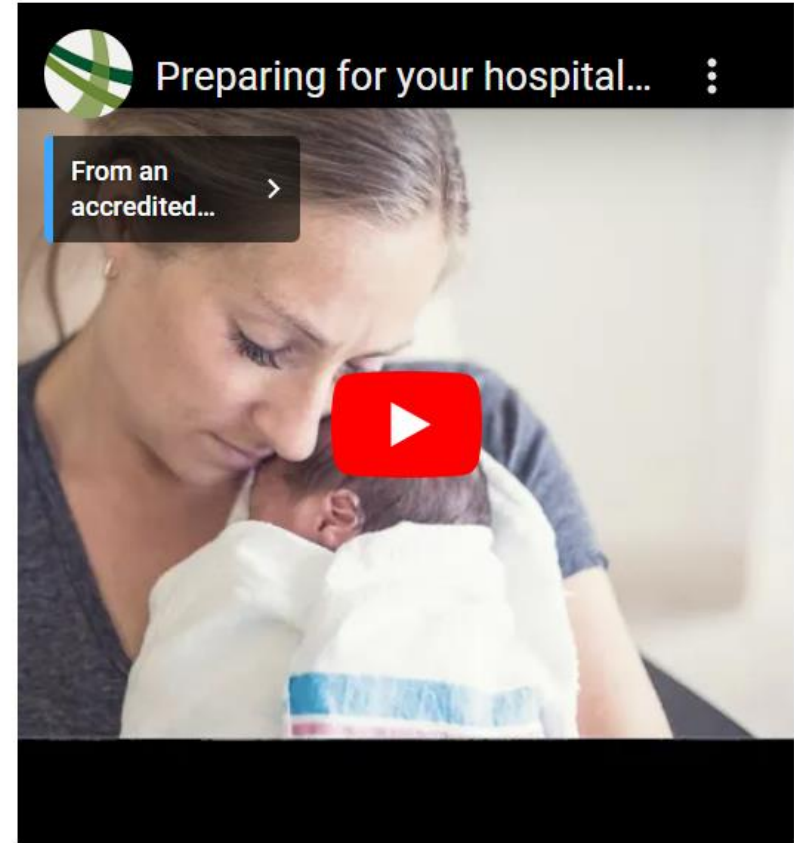
Also available as hard copies:

please email VCHIP.ICON@med.uvm.edu



Parent Preparation Video

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



Vermont Plan of Safe Care: Family Handout

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 Campaign

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



OPIOIDS DURING PREGNANCY

and beyond



PEOPLE WHO ARE PREGNANT, TRYING TO GET PREGNANT OR BREASTFEEDING

are encouraged to not use opioids for the health of their baby. Opioids are often prescribed for pain management and, when not taken as prescribed are highly addictive substances. Before taking opioids, talk to your healthcare professional about the risks, benefits and if you may be or are planning to be pregnant. While this conversation is critical for anyone taking opioids, it's also good to know some of the facts so you can go in well informed. To help, here are some answers to your most common questions. This way you have the latest information about opioids and pregnancy risks to inform that next conversation with your provider.

IS ANY AMOUNT SAFE?

There is no known safe amount of opioid use during pregnancy. Opioids are strong narcotics and use always carries a risk. However, patients prescribed medication or who may have a substance use disorder should always speak with their healthcare professional for the safest way to manage opioid use during pregnancy.

HOW CAN IT AFFECT MY BABY?

Opioid use during pregnancy can cause miscarriages, premature birth, preeclampsia, respiratory depression, low birth weight and neurobehavioral problems. Newborns can also suffer withdrawal symptoms, including hypersensitivity and hyper irritability, tremors, vomiting, respiratory difficulties, poor sleep, and low-grade fevers. Newborns with this neonatal abstinence syndrome (NAS) often require hospitalization and treatment, including medication (usually morphine) as their bodies adapt to being opioid free.

I USED BEFORE I KNEW I WAS PREGNANT, IS THAT A PROBLEM?

If you used opioids in the first weeks of pregnancy, chances are good that no harm was done. But if you're having trouble not using, you should seek help.

WHAT IF THEY WERE PRESCRIBED?

If your doctor has prescribed opioids for pain maintenance and you follow prescription instructions, you shouldn't just stop taking them when you become pregnant. Talk to your healthcare professional to be sure you still need the prescription and any risks associated with stopping.

ARE MAINTENANCE TREATMENT PROGRAMS SAFER?

When combined with prenatal care and a drug treatment program, Methadone and other maintenance programs can improve many of the negative effects associated with opioid addiction and the chances of a healthy birth.

ARE THERE ANY SUGGESTIONS FOR SELF CARE?

With opioids, self care is not recommended. The risks associated with withdrawals is too great for both you and your baby. Seek help from a healthcare professional.

HOW ABOUT BREASTFEEDING?

A person with an opioid substance use disorder who breastfeeds exposes the infant to increased risk to harmful effects, including respiratory depression, lethargy, trouble feeding and withdrawal symptoms such as tremors and high-pitched screaming. However, if medication was prescribed for pain moderation—as in the case of a Caesarian birth or other issue—and is taken exactly as directed, these risks are fairly low. Patients in treatment for opioid use are also encouraged to breastfeed as breastfeeding has shown improved outcomes for infants with NAS.

WILL OPIOIDS BE IN MY BREAST MILK?

Opioids are transferred to a baby through breast milk. This can cause lethargy and respiratory depression. But breastfed infants with NAS have a decreased need for pharmacological treatment and tend to have shorter hospital stays than formula-fed infants with NAS.

WHERE CAN I FIND HELP?

Call 2-1-1, visit VTHelpLink.org or 802.565.LINK (5465) or

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.



PQC-VT ICON Team

Faculty

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