Parental Education and the Family Care Plan in 2024

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Disclosures

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

Objectives

- Understand the history of the Family Care Plan (Plan of Safe Care) in Vermont
- Review changes at UVM Medical Center to decrease bias in drug testing of pregnant people and infants as well as breastfeeding
- Identify resources to support conversations and empower families

Questions

I've never heard of the plan of safe care

I don't know VT policies around substance use in pregnancy

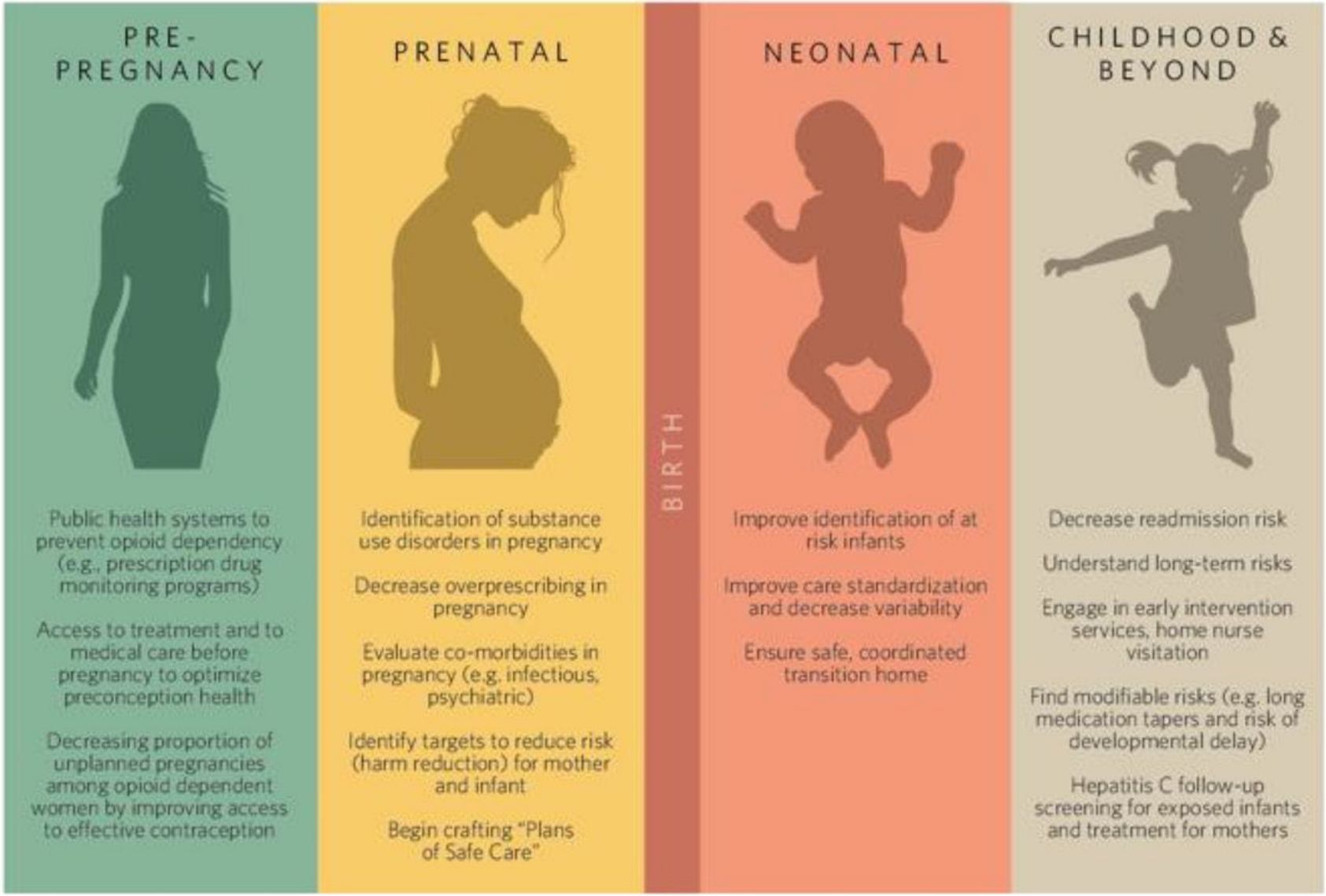
I don't know what to do with a plan of safe care

How common is substance use in pregnancy anyway?

I don't know where to get more information

Vermont Family Care Plan (Plan of Safe Care)

Support Families Across the Continuum of Care



(Patrick. *Pediatrics*, 2020)

CAPTA/CARA and the Plan of Safe Care

CAPTA: Child Abuse Prevention and Treatment Act, is federal legislation that provides funds to states to mitigate child abuse and neglect.

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:

1. Identify infants affected by substance abuse, withdrawal or Fetal Alcohol Spectrum Disorder
2. Health care providers notify child protective services
3. Develop a Plan of Safe Care (POSC)
4. State child protective services agency report data to Children's Bureau annually

Vermont Goals for the Plan of Safe Care

- Continue to support pregnant people who are currently engaged or seeking treatment for substance use disorders, avoid legislation that may appear punitive.
- 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 including nurse home visitors.
- Encourage communication with the infant's primary care provider to strengthen family centered care.

Requirement 1: Identify Newborns

Prenatal exposure

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

Identification after birth of infant

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

Requirement 2: Notify CPS

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

Vermont defined two separate pathways:

DCF Report	CAPTA Notification
Child safety concerns	No child safety concerns
Call DCF centralized intake with identifying information	Transmit de-identified data set to DCF
DCF develops Plan of Safe Care with family and relevant providers	Hospital staff develops Plan of Safe Care with family and transmits to PCP

VT specific Pathway: DCF report vs. notification

DCF Report: identified call to intake hotline

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

CAPTA Notification: de-identified tracking form

- Appropriate use of prescribed medications:
  - Medications for Opioid Use disorder (MOUD) aka Medications for Addiction Treatment (MAT)
  - Opioids for pain
  - Benzodiazepines for anxiety
- Use of cannabis during pregnancy (after 1st trimester)

Requirement 3: Develop a POSC

The Vermont POSC is:

- 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.

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

Vermont POSC (continued)

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

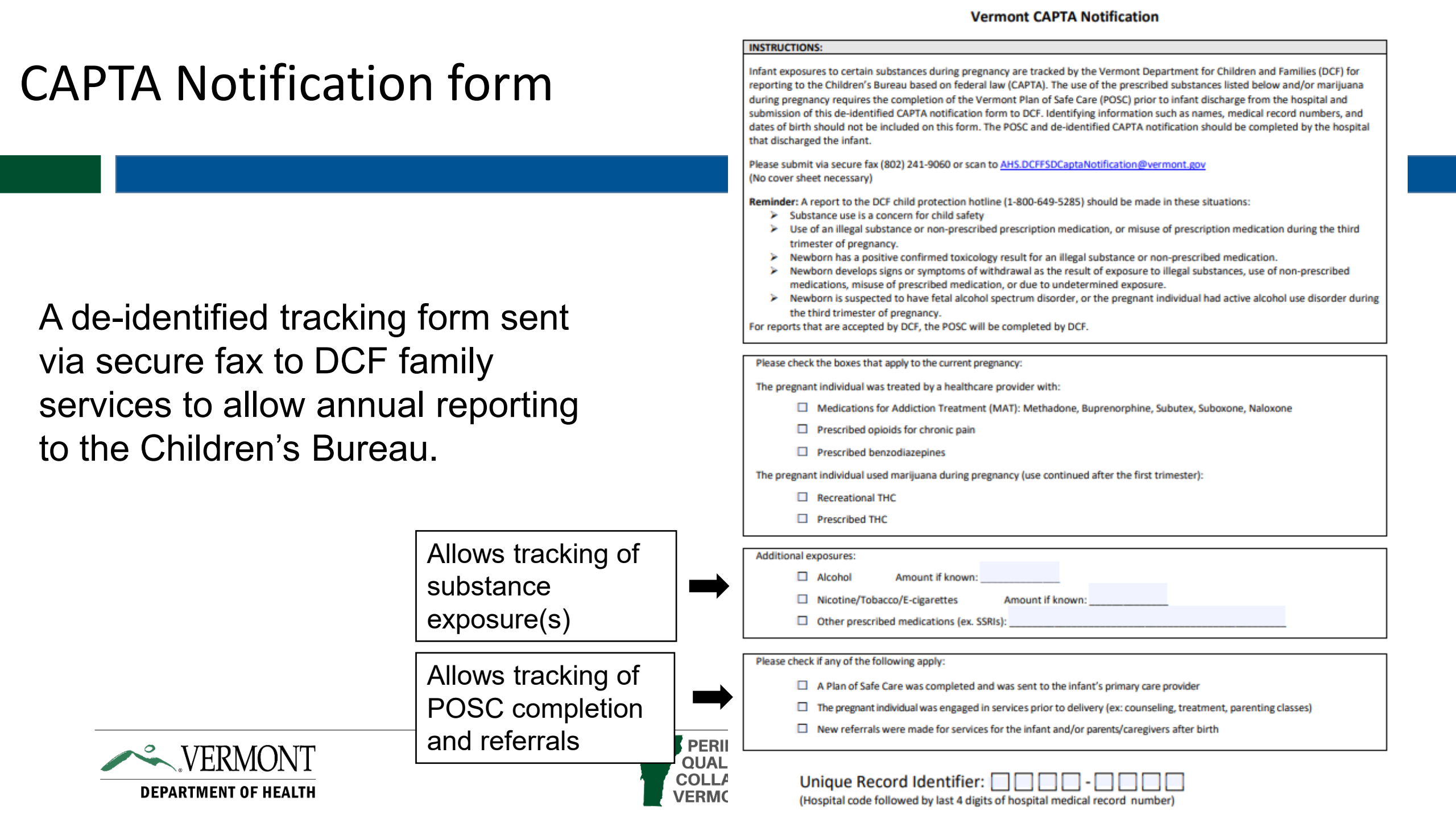
PARENT/CAREGIVER PARTICIPATION
I participated in the development of this Plan of Safe Care, have received a copy, and understand it will be shared with my baby's primary care provider. **Parent/Caregiver Signature:** _____ **Date:** _____ ☐ Parent/caregiver declined participation

CAPTA Notification form

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)

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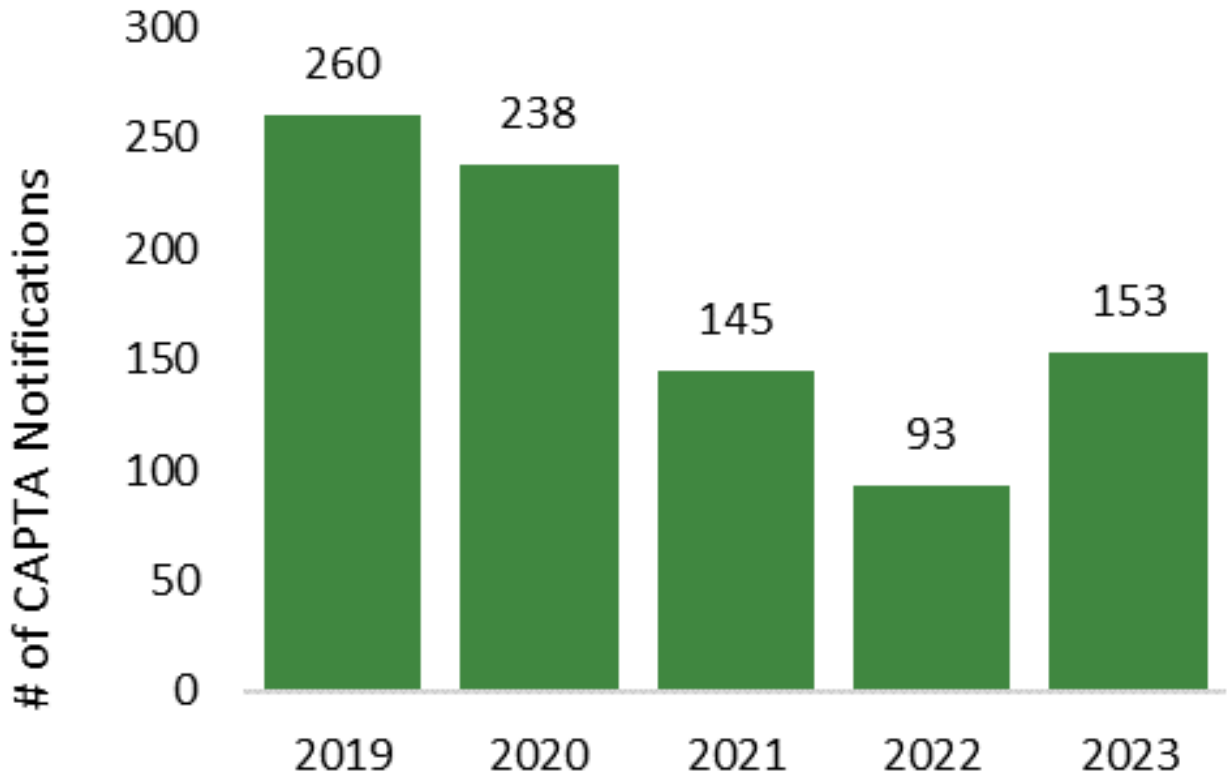
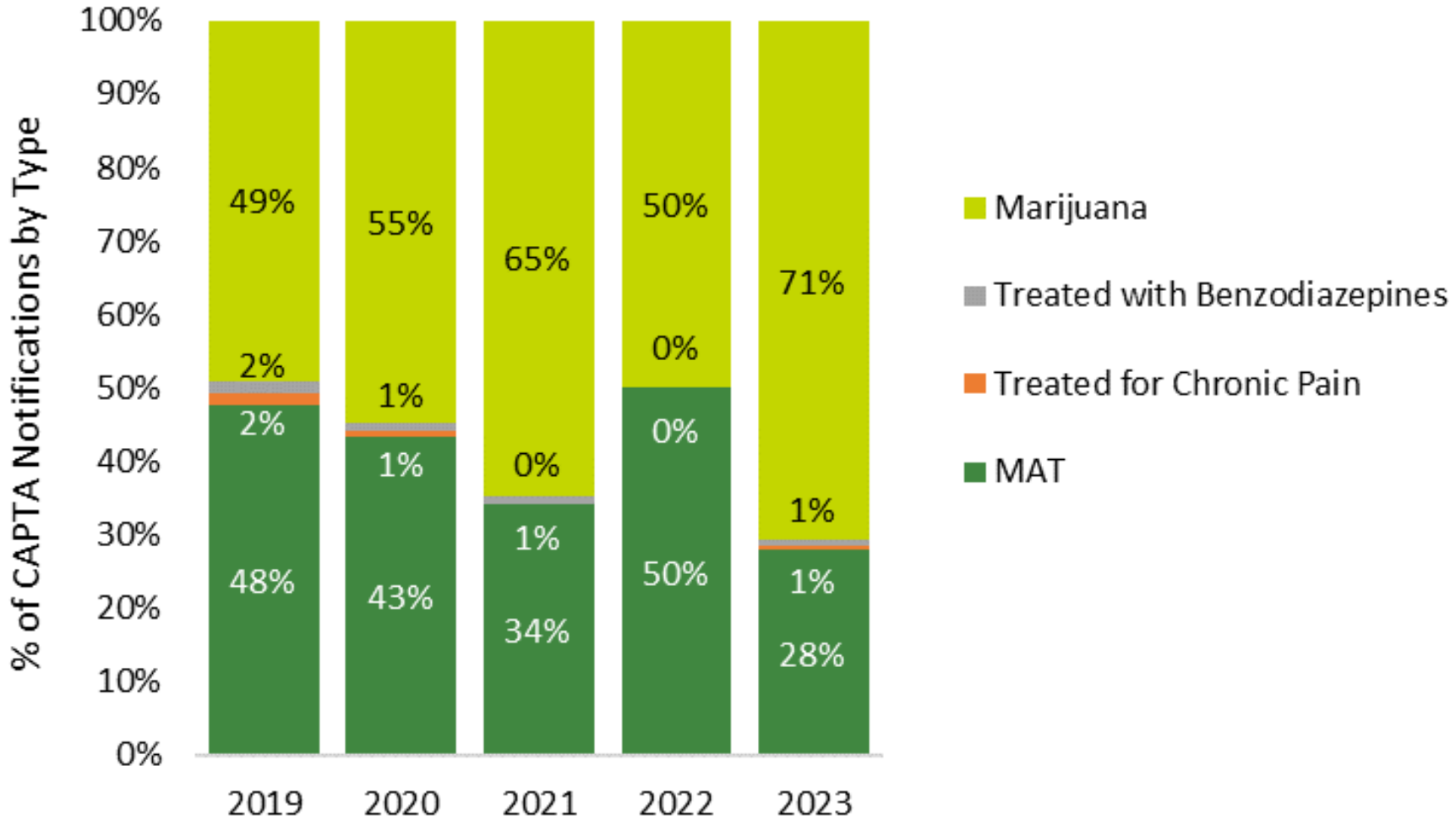
Requirement 4: Data Reporting

- Aggregate data collected from de-identified CAPTA notifications
  - # of substance exposed infants
  - # of infants with POSC developed
  - # mothers already engaged in services
  - # of infants for whom a referral was made for appropriate services
- Sent in annual CAPTA report to the Children's Bureau



CAPTA notification indication by year



VT POSC: What happens after discharge?

- Infant's PCP office should help follow-up on any new referrals made for the infant (home visits, CIS, etc)

- The family should be encouraged to follow-up on new referrals made for caregivers in conjunction with their PCP or other providers

VT POSC 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

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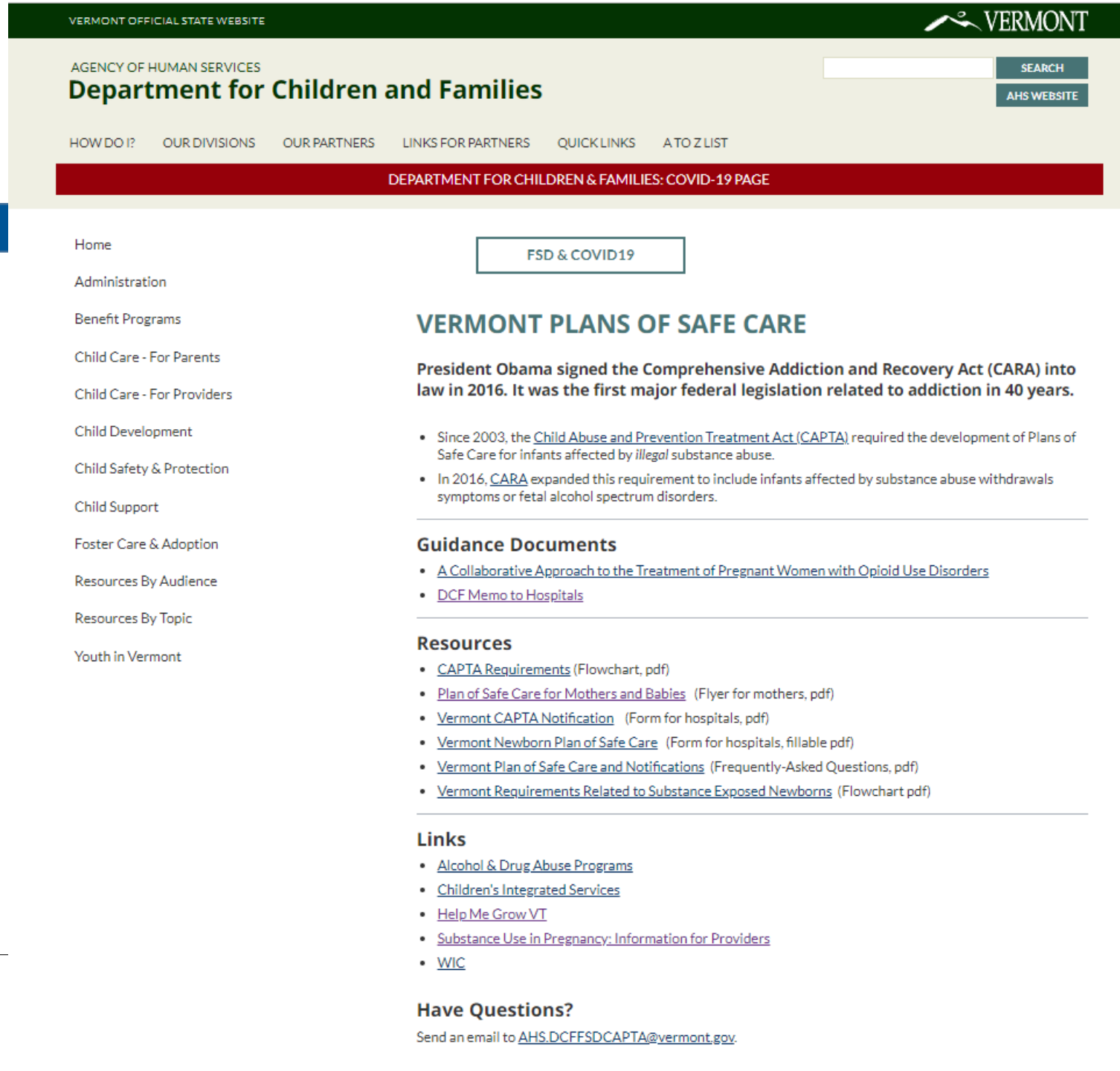

Frequently Asked Questions: Vermont Newborn Plan of Safe Care

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

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

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

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

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

Give a copy of the "Vermont Plan of Safe Care for Families" handout to the family to review.

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

Q: Who completes the POSC?

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

Q: When is the POSC completed?

In Vermont, birth hospital staff must complete a POSC after birth for newborns exposed to prescribed medications (MAT, opioids, or benzodiazepines) or marijuana (after the first trimester). Ideally the POSC should be started prenatally and must be completed prior to hospital discharge.
*Note: If a DCF report has been made and an assessment is opened, DCF will complete the POSC.

Q: Who should receive a copy of the POSC?

The completed POSC should be sent to the infant's primary care provider at hospital discharge to facilitate communication and follow-up of new referrals. It should be stored in the infant's medical record and the family should also receive a copy that they may choose to share with other providers.
*Note: the completed POSC forms should not be shared with DCF.

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

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

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FAQs: Vermont POSC (continued)

Q: What about other drug or alcohol use during pregnancy? Is a POSC required?
A POSC should be completed prior to hospital discharge for newborns exposed to prescribed medications (MAT, opioids, or benzodiazepines) or marijuana (after the first trimester). In other situations, a DCF report may be indicated and if accepted DCF would complete the POSC.

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

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

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

A Vermont POSC should be completed prior to hospital discharge for all infants born in Vermont if there are no child safety concerns and the substance exposure consists of prescribed medications (MAT, opioids, or benzodiazepines) or marijuana (after the first trimester). The completed POSC is sent to the infant's primary care provider, regardless of the state they practice. In addition, a de-identified Vermont CAPTA notification form should be sent to Vermont DCF for tracking.
*Note: If an assessment has been opened by Vermont DCF or the child protective services agency in the state of residence, that office will complete the POSC as part of the infant discharge planning process.

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

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

Q: Can hospitals make modifications to the POSC form?

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

Q: Where can hospital staff find the POSC form?

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

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

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

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Decreasing bias at UVM Medical Center

National Survey on Drug Use and Health 2022

Substance use in past 30 days in pregnant women

- Alcohol- 12%
- Cannabis- 8.2%
- Tobacco or vaping- 8.2%
- Illicit drug use (not cannabis)- 3.6%
- Stimulants- 1%
- Opioids- 0.71%

Based on data from 71,369 completed interviews from 2022 NSDUH respondents aged 12 or older.

https://datatools.samhsa.gov/nsduh/2022/nsduh-2022-ds0001/variable-list

Substance use in pregnant Vermonters

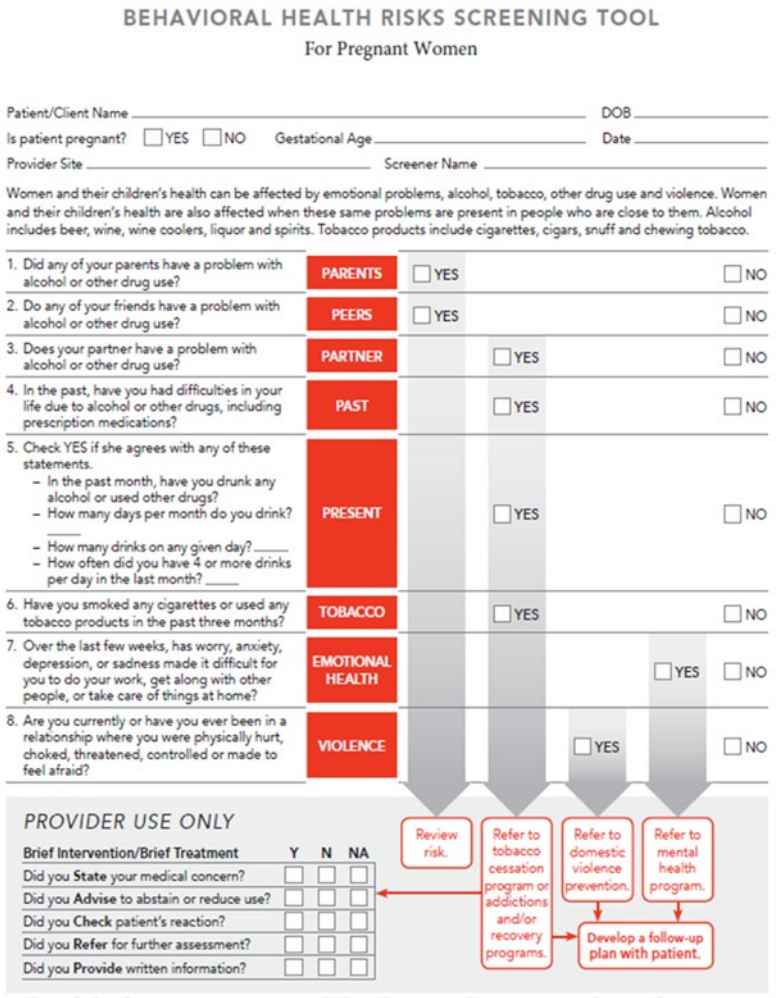
Pregnancy Risk Assessment Management System (PRAMS) 2020

Substance	Used During Pregnancy	Used in 3 months prior to Pregnancy
Cigarettes	11%	19%
E-cigarettes	3%	8%
Alcohol	11%	71%
Cannabis	11%	22%
Drug use other than cannabis	3%	3%
Medication for Opioid Use Disorder (MOUD/MAT)	5%	4%

https://www.healthvermont.gov/sites/default/files/documents/pdf/HSI-stats-PRAMS-2020-Highlights.pdf

Substance Use in Pregnancy

- Substance use during pregnancy is common and Vermont has some of the highest rates
- Universal screening with a validated tool can identify substance use (and use disorders)
- Screening and brief intervention techniques are recommended to counsel and to refer those individuals' meeting criteria for substance use disorder for appropriate treatment (SBIRT)



BEHAVIORAL HEALTH RISKS SCREENING TOOL

For Pregnant Women

Patient/Client Name _____ DOB _____

Is patient pregnant? ☐YES ☐NO Gestational Age _____ Date _____

Provider Site _____ Screener Name _____

Women and their children's health can be affected by emotional problems, alcohol, tobacco, other drug use and violence. Women and their children's health are also affected when these same problems are present in people who are close to them. Alcohol includes beer, wine, wine coolers, liquor and spirits. Tobacco products include cigarettes, cigars, snuff and chewing tobacco.

1. Did any of your parents have a problem with alcohol or other drug use?	PARENTS	☐YES			☐NO
2. Do any of your friends have a problem with alcohol or other drug use?	PEERS	☐YES			☐NO
3. Does your partner have a problem with alcohol or other drug use?	PARTNER		☐YES		☐NO
4. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	PAST		☐YES		☐NO
5. Check YES if she agrees with any of these statements. – In the past month, have you drunk any alcohol or used other drugs? – How many days per month do you drink? ____ – How many drinks on any given day? ____ – How often did you have 4 or more drinks per day in the last month? ____	PRESENT		☐YES		☐NO
6. Have you smoked any cigarettes or used any tobacco products in the past three months?	TOBACCO		☐YES		☐NO
7. Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with other people, or take care of things at home?	EMOTIONAL HEALTH			☐YES	☐NO
8. Are you currently or have you ever been in a relationship where you were physically hurt, choked, threatened, controlled or made to feel afraid?	VIOLENCE		☐YES		☐NO

PROVIDER USE ONLY

Brief Intervention/Brief Treatment	Y	N	NA
Did you **State** your medical concern?	☐	☐	☐
Did you **Advise** to abstain or reduce use?	☐	☐	☐
Did you **Check** patient's reaction?	☐	☐	☐
Did you **Refer** for further assessment?	☐	☐	☐
Did you **Provide** written information?	☐	☐	☐

Review risk.

Refer to tobacco cessation program or addictions and/or recovery programs.

Refer to domestic violence prevention.

Refer to mental health program.

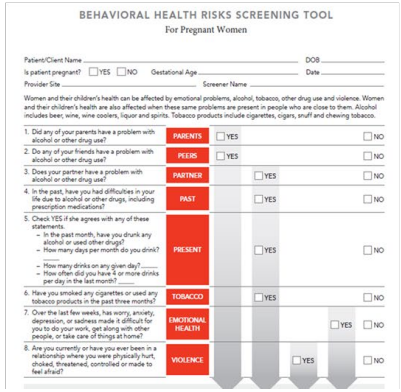
Develop a follow-up plan with patient.

ASAM American Society of Addiction Medicine

Public Policy Statement on Substance Use and Substance Use Disorder Among Pregnant and Postpartum People

The official position of the American Society of Addiction Medicine and the American College of Obstetricians and Gynecologists is that all (pregnant people) should be screened using a validated screening tool, and not biochemical measures.

Substance Use Screening ≠ **Drug Testing**


BEHAVIORAL HEALTH RISKS SCREENING TOOL
For Pregnant Women

Patient/Client Name _____ DOB _____
Is patient pregnant? ☐YES ☐NO Gestational Age _____ Date _____
Provider Site _____ Screener Name _____

Women and their children's health can be affected by emotional problems, alcohol, tobacco, other drug use and violence. Women and their children's health are also affected when these same problems are present in people who are close to them. Alcohol includes beer, wine, wine coolers, liquor and spirits. Tobacco products include cigarettes, cigars, snuff and chewing tobacco.

1. Did any of your parents have a problem with alcohol or other drug use?	PARENTS	☐YES			☐NO
2. Do any of your friends have a problem with alcohol or other drug use?	PEERS	☐YES			☐NO
3. Does your partner have a problem with alcohol or other drug use?	PARTNER		☐YES		☐NO
4. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	PAST		☐YES		☐NO
5. Check YES if she agrees with any of these statements. – In the past month, have you drunk any alcohol or used other drugs? – How many days per month do you drink? _____ – How many drinks on any given day? _____ – How often did you have 4 or more drinks per day in the last month? _____	PRESENT		☐YES		☐NO
6. Have you smoked any cigarettes or used any tobacco products in the past three months?	TOBACCO		☐YES		☐NO
7. Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with other people, or take care of things at home?	EMOTIONAL HEALTH			☐YES	☐NO
8. Are you currently or have you ever been in a relationship where you were physically hurt, choked, threatened, controlled or made to feel afraid?	VIOLENCE			☐YES	☐NO

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PERINATAL QUALITY COLLABORATIVE VERMONT

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Universal umbilical cord hold

- Eliminates maternal testing bias as testing will only be ordered if infant shows signs of withdrawal.
- Reduces urgency in determining if testing is indicated at time of birth as testing can be ordered for unexpected withdrawal signs up to 5 days after birth.
- Easy to collect and available from all deliveries (unlike urine and meconium)
- Faster and more reliable as confirmatory testing is included which reduces false positives seen in urine samples.
- Turnaround of about 2 days (meconium can takes up to 4+ days)

Maternal Testing

When MAY testing be indicated:

- Pregnant individual received less than 1 prenatal visit.
- Pregnant individual presents with unexplained signs/symptoms of intoxication or withdrawal.

Limitations of urine drug testing:

- Positive results do not diagnose substance use disorder, or its severity.
- Negative results do not exclude sporadic use.
- Must know what the test you ordered screens for:
  - Many opioid screens do not detect synthetic opioids and fentanyl.
- All unexpected positives require confirmatory testing:
  - False-positive results are common and can have severe consequences.

Process for testing when indicated:

- Obtain informed verbal consent from the pregnant individual
- Document in the EHR reason for medical necessity.
- Order urine drug screen
- Specific urine confirmatory testing must be ordered for unexpected positives.

Infant Testing

When MAY testing be indicated:

- Infant with unexplained signs/symptoms concerning for substance withdrawal.
- If maternal testing was indicated and not able to be performed.

Process for testing when indicated:

- Obtain informed verbal consent from a parent/guardian
- Document in the EHR reason for medical necessity.
- Order umbilical cord drug screen. If urgent results needed, consider also sending infant urine
- Continue routine care and monitoring while awaiting results.

Cord storage vs. umbilical cord testing

Storage

- Consent is NOT required for cord collection and storage.
- Collection from every delivery, held in lab then discarded after 5 days.
- Families with questions should be directed to the Umbilical Cord Storage Parent Handout.

Testing

- Informed verbal consent from a parent/guardian is required after discussion of risks and benefits of testing.
- Medical necessity of testing and parental consent is documented in the EHR.
- UVM lab sends sample of cord held at birth to Champlain Toxicology lab for drug testing.

Umbilical Testing Consent FAQ's

- What if a parent is unable to provide consent and testing impacts clinical management?
  - If results impact clinical care now (urgent) document this in the medical record and obtain testing without consent.
  - If results may impact care later such as breastfeeding guidance (not urgent) defer testing until consent can be obtained.
- What if a parent declines testing despite counseling on its medical necessity?
  - Document this clearly in the medical record.
- What if NOT performing clinically indicated testing puts an infant at risk of harm?
  - Infant medical team (provider/SW) should consult with DCF/CPS.

UVMMC Breastfeeding Guideline

Purpose: To provide guidance for breastfeeding in birth parents who have recently used non-prescribed substances based on updated recommendations from the Academy of Breastfeeding Medicine.

UVMMC Breastfeeding Recommendations

1. Breastfeeding should be supported for most infants
2. Breastfeeding is encouraged for infants during the first hour
3. Individualized planning for breastfeeding after the “Golden Hour” should be developed in partnership with the family and their care team
4. Birth parents should be supported in expressing milk to establish milk production.
5. Universal lactation consults are recommended
6. Education about substance exposure through breastmilk should be provided to all families.

Communicate & Educate: Supporting and Empowering Families

Umbilical Cord Storage: Parent education

- Storage of a small piece of the umbilical cord from every delivery in the lab
- Cord is discarded after 5 days.
- Sample available if infant develops unexpected signs and symptoms after birth and testing is needed.
- Allows discussion about testing with parents, rather than having to make a rapid decision at the time of birth.

UVM Health Network: Umbilical Cord Storage Parent Handout

What is universal umbilical cord storage?

Universal cord storage is the practice of taking a small piece of the umbilical cord from every delivery and holding it in the lab. Storing a piece of cord from every delivery ensures a sample will be available if additional testing is indicated. This allows consideration of the full clinical picture and discussion about testing with parents, rather than having to make a rapid decision at the time of birth on whether or not to obtain a sample.

Why store umbilical cords?

Umbilical cords provide a non-invasive method of testing if your baby develops concerning or unexpected signs and symptoms in the first few days of life. Cords are easy to collect and are available from both vaginal and c-section births. Similar to the placenta which is stored after birth for 24hr, a small piece of the cord will now be stored in the lab. All cords are discarded after 5 days.

How is the umbilical cord collected?

After cord clamping and delivery of the placenta is completed, a small section of the umbilical cord (3-5 inches) will be cut and cleaned by nursing staff. This segment will be placed in a specimen container, labeled, and sent to the lab for storage. The remaining cord will be discarded after birth.

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UVM Medical Center: Substance Use & Breastmilk Feeding

The following information applies to the use of **non-prescribed substances**. Providing breastmilk is generally supported when prescription medications are used as directed by a healthcare provider including medications for opioid use disorder, benzodiazepines for anxiety, stimulants for ADHD, and opioids for chronic pain.
Many medications and substances pass easily into breastmilk, including those listed below. If you have specific questions, please speak with a healthcare provider.
If you need support decreasing or stopping use of any of these substances, talk to a healthcare provider. There are options for treatment that are safe when breastfeeding.

Substance	Infant Effects	Recommendations
Alcohol Examples: wine, beer, spirits/liquor 	• Decreases amount of milk in a feed. • Changes taste of milk. • Infants may feed poorly, be fussier, and be sleepier.	• Alcohol passes into breastmilk quickly, plan to pump or breastfeed your infant before you drink alcohol. • Wait 2 hours for each alcohol serving before providing milk to the baby. ○ 1 serving is 5 ounces wine, 12 ounces beer, 1.5 ounces of 80 proof spirits.
Tobacco (Nicotine) Examples: cigarettes, vaping, e-cigs, packets, chewing tobacco 	• Lowers milk supply. • Changes the nutrients in milk. • Exposes baby to chemicals and heavy metals. • Increases the risk of viral infections and breathing problems such as asthma in babies.	• Stopping or decreasing use is recommended. • If you cannot stop, continue to give your milk as the benefits of breastmilk likely outweigh the risk of nicotine exposure. • Avoid smoking or vaping around your baby, as breathing secondhand smoke increases the risk of sudden infant death syndrome (SIDS). • After smoking, change your shirt and wash your hands to prevent the baby from breathing in chemicals from your clothing.
Cannabis Examples: smoked/vaped cannabis (marijuana, weed, pot); THC containing oils, dabs, and edibles. 	• THC concentrates in fat cells including in the breast and passes into milk. • Infants can have fatigue, feeding problems, poor weight gain, and low tone. • There may be effects on infant development.	• Stopping or decreasing use is recommended. • If you cannot stop, continue to give your milk as the benefits of breastmilk likely outweigh the risk of cannabis/THC exposure. • Avoid smoking around your baby, as breathing secondhand smoke increases the risk of sudden infant death syndrome (SIDS).
Opioids Example medications: oxycodone, codeine, methadone, buprenorphine. Example drugs: heroin, fentanyl.	• Infants can be very sleepy, have poor feeding, breathe more slowly, pause their breathing (apnea), be cold or become constipated. • Codeine is associated with infant overdose.	• With non-prescribed opioid medication or drug use, do not breastfeed or give expressed milk to your baby for at least 24-48 hours. • The amount of time you will need to pump and dump your milk depends on which medication or drug you used, talk to a healthcare provider to determine when it is safe to return to breastfeeding or giving expressed milk.
Stimulants Example medications: amphetamine, dextroamphetamine. Example drugs: speed, ectasy, bath salts, cocaine, methamphetamine	• Effects on infants are different for each substance but can include vomiting, diarrhea, feeding problems, weight loss, difficulty sleeping, irritability and seizures.	• With non-prescribed stimulant medication or drug use, do not breastfeed or give expressed milk to your baby for at least 24-48 hours. • The amount of time you will need to pump and dump your milk depends on which medication or drug you used, talk to a healthcare provider to determine when it is safe to return to breastfeeding or giving expressed milk.
Benzodiazepines Examples: diazepam, lorazepam, clonazepam	• Infants can be very sleepy and have poor feeding and impaired weight gain. • Long acting benzodiazepines such as diazepam and alprazolam are more likely to cause infant symptoms.	• With non-prescribed benzodiazepine use, do not breastfeed or give expressed milk to your baby for at least 48 hours. • The amount of time you will need to pump and dump your milk depends on which medication you used, talk to a healthcare provider to determine when it is safe to return to breastfeeding or giving expressed milk.

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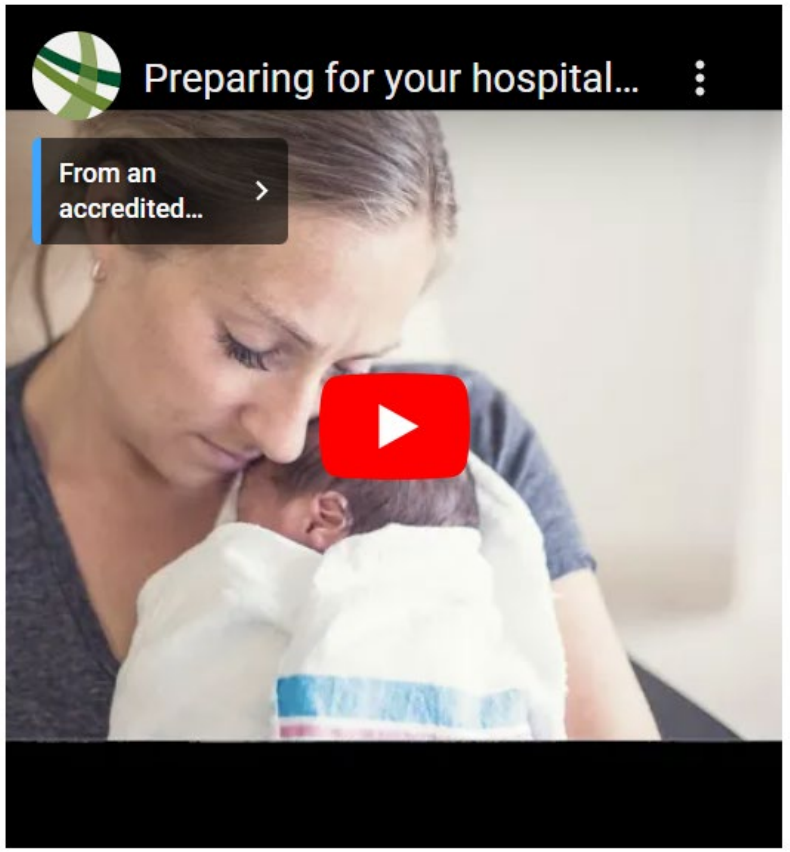
Parent Preparation Video

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



Our Care Notebook

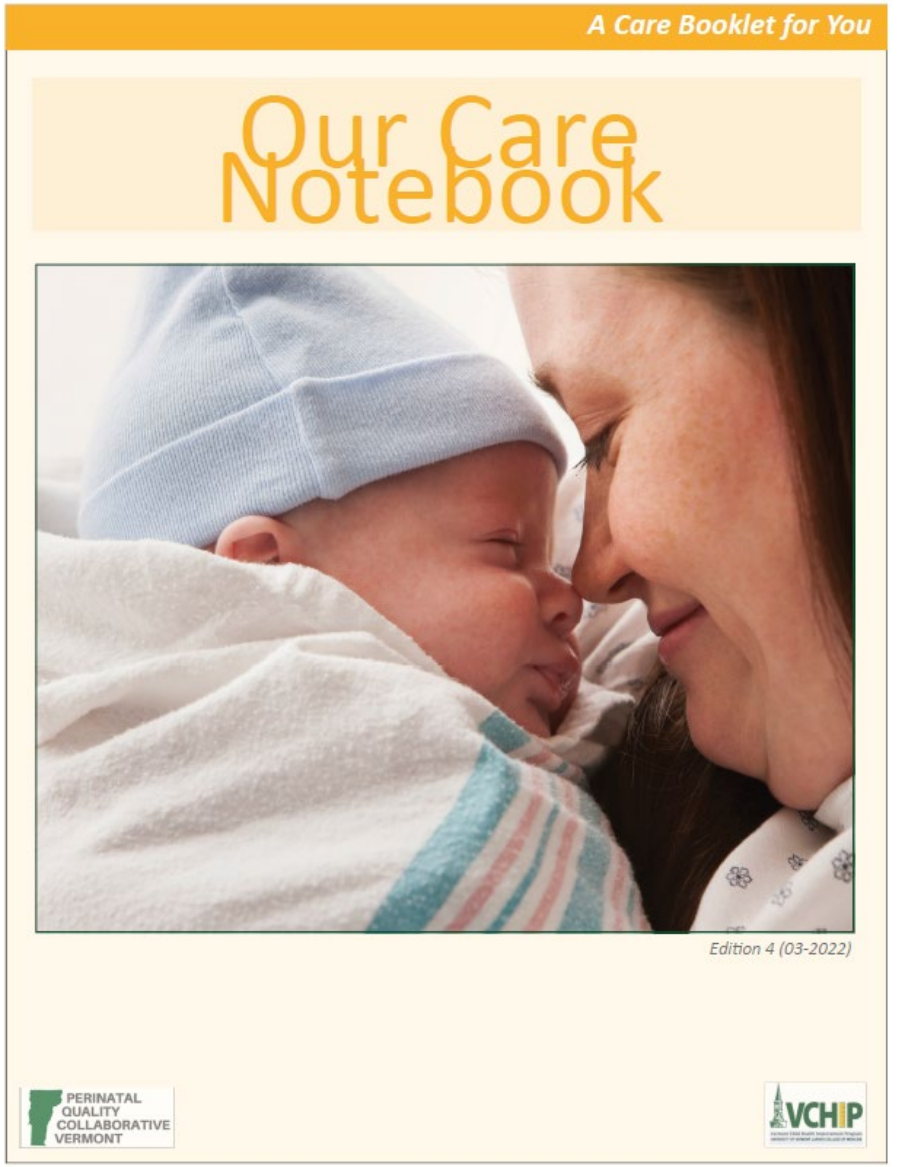
Fully updated in 2022!

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



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During Your Hospital Stay

Eat, Sleep, Console (ESC) Care Tool

The ESC care tool is a family centered approach to monitor for neonatal abstinence syndrome/ neonatal opioid withdrawal syndrome (NAS/NOWS) due to opioid use during pregnancy.

❖ Principles of ESC:

- To manage symptoms of opioid withdrawal through non-pharmacologic treatment provided by parents or caregivers.
- To reserve medication for those infants who are unable to eat, sleep, or console due to opioid withdrawal symptoms despite maximal non-pharmacologic treatment.

❖ Non-pharmacologic treatment: parents/caregivers are the best therapy for their baby!

- Rooming-in with the baby as much as possible
- Skin-to-skin when caregivers are awake
- Swaddle/Cuddle infant
- Calm room: lights low, volume quiet
- Rhythmic movement
- Encourage breastfeeding
- Feed at early hunger cues
- Sucking: offer finger or pacifier if infant still needs to suck after a feed
- Limit visitors: no more than 1-2 at a time

❖ What is monitored on the ESC care tool?

Eating: Does the infant have poor eating due to opioid withdrawal symptoms (NAS/NOWS)?
Mark yes if infant:

- takes more than 10min to coordinate feeding
- cannot sustain breastfeeding for 10min or take an age-appropriate volume bottle feeding

Sleeping: Did the infant sleep less than 1 hour after feeding due to opioid withdrawal symptoms (NAS/NOWS)?
Mark yes if: Poor sleep is related to opioid withdrawal symptoms (fussiness, restlessness, increased startle, or tremors).

Consoling: Is the infant unable to be consoled within 10 minutes due to opioid withdrawal symptoms (NAS/NOWS)?
Mark yes if infant is unable to console within 10 minutes due to opioid withdrawal symptoms despite consoling support.

Our Care Notebook contains family centered information:

During Pregnancy
During Your Hospital Stay
After Hospital Discharge
Resources

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Vermont Plan of Safe Care: Family Handout

https://dcf.vermont.gov/fsd/partners/posc

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.

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One More Conversation Campaign

Patient educational materials reviewed and revised by healthcare providers on:

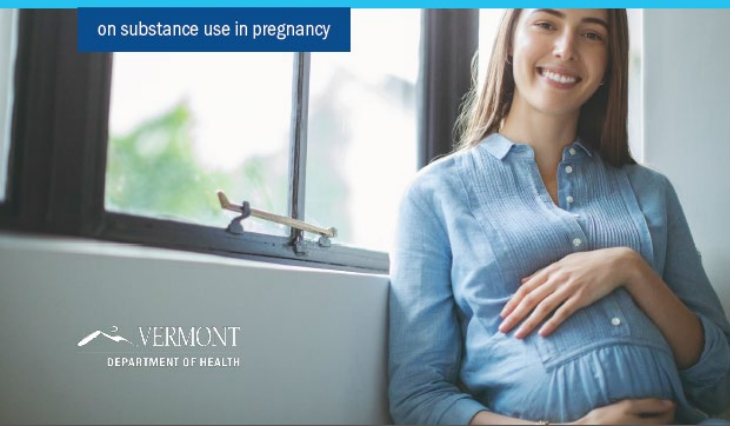
- Alcohol
- Cannabis
- Opioids
- Tobacco

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

Tips and tools for

THE 9+ MONTH CONVERSATION

on substance use in pregnancy



WHAT'S THIS ALL ABOUT?

Recent research shows the prevalence of substance use in pregnancy is higher in Vermont than other, similar states. To help the healthcare professionals working to reduce those numbers, the Vermont Department of Health has created the One More Conversation Can Make the Difference campaign to encourage open, ongoing dialogue between professionals and their patients.

TIPS

Suggestions on how and when to talk substance use in pregnancy.

Make the conversation part of every visit or, at least, of every mental-health check in.
Remind patients about safe and effective treatments that improve pregnancy outcomes.
Take the stigma out of the conversation with open-ended, nonjudgmental language.
"We ask this of everyone." "Just checking in on this again." "Do you have any questions about substance use?" "Is there anything we can do to work on it?" "How do you feel about substance use?" "Is it okay to discuss the risks?"
Meet patients where they are in their relationship to substances to help build trust.
Look for the reason behind the use before jumping to negative outcomes.
Help them understand addiction is a treatable disease, not a character flaw.
When information is limited (e.g. marijuana) use questions or admission as an opportunity to discuss other substances.
Encourage the idea that there is "No Known Safe Amount" of substance use for a healthy pregnancy.
Empower patients to learn more with One More Conversation Can Make the Difference patient materials and webpage.
Try to tap into the patient's support system (especially when language barriers exist)
Share this information with other providers to help create one voice across Vermont.

TOOLS

Help encourage your patients to continue the conversation.

KEEP THE CONVERSATION GOING OUTSIDE THE OFFICE
with digitally shareable information.
Download Substance-Specific Fact Sheets

START THE CONVERSATION EARLY
with printable or email-able intake and discharge packet inserts.
Download Inserts/Rack Cards

TEXT OR TELL
patients about this easy to remember patient-centric page.

1MORECONVERSATION.COM

ENCOURAGE PATIENTS TO THINK ABOUT DISCUSSING SUBSTANCE USE BEFORE THEIR APPOINTMENT
with in-office digital screens.
Download Digital Screen Ads

OTHER RESOURCES

Curated list of the latest information on substance use in pregnancy for easy access.

General Links & Research

Evidenced-based Screening Tool
A valuable resource that includes several evidence-based screening tools and other pertinent information.

JSI Research Report
2019 Report on Vermont Healthcare Provider's and Patient's Knowledge, Perceptions, and Attitudes of Substance Use and Pregnancy.

Vermont Pregnancy Risk and Management System (PRAMS) Report
provides data about pregnancy and the first few months after birth to help identify groups of women and infants at high risk for health problems.

Alcohol

NOFAS
Prevention organization focused on raising awareness as well as supporting families with FAS.

SAMHSA.gov Addressing FASD
Interventions for pregnant women and methods of Identification for people living with FASD.

CDC Choices Curriculum
A program for women about choosing healthy behaviors.

Tobacco

Vermont 802Quits
Incentives for counseling calls, custom quit plans, free text support, and nicotine replacement therapies with Rx.

CDC Perinatal Tobacco Risk
Understanding the Health Effects of Smoking and Secondhand Smoke on Pregnancies.

ACOG Tobacco Use and Women's Health
Epidemiology, Forms of Tobacco, Health Effects, Role of the Obstetrician, and Medications.

Cannabis

Maternal cannabis use in pregnancy and child neurodevelopmental outcomes
A 2020 study on the connection between maternal cannabis use and autism.

CDC Marijuana in Pregnancy
The potential health effects during pregnancy and breastfeeding – using marijuana in pregnancy.

NIH Marijuana Safety in Pregnancy or Breastfeeding
Statistics, the endocannabinoid system, health effects, the role of poly-drug use, perception of safety and recommendations.

Opioids

Alliance for Innovation in Maternal Health
Multidisciplinary groups of experts compile best practices around maternal health conditions and strategies.

SAMHSA.gov
Collaborative approach to the treatment of pregnant women with Opioid Abuse disorders.

SAMHSA Fact Sheet
Dos and don'ts, things to know and expect, and treatment.

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Let's have a conversation about

OPIOIDS DURING PREGNANCY

and beyond

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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.

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one more conversation
can make the difference

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

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Support families

- 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 (POSC) prior to discharge
    - In VT DCF does not get involved unless there are child safety concerns- MOUD or THC use alone do NOT trigger involvement

Take home points

- Pregnant people should be supported in decreasing or stopping their use of nicotine, alcohol, cannabis and other substances without judgement.
- Individuals with substance use disorder should be connected to appropriate treatment providers.
- Medications for opioid use disorder is the best treatment for OUD in pregnancy and is SAFE for the pregnant person and infant.
- Vermont's interpretation of federal laws is different than other states and aims to encourage people to engage in treatment.
- Resources are available for both yourself and your patients.

Next Steps

- Collect feedback from hospitals and community agencies on strengths and areas for improvement on the POSC workflow and documentation
- Update all Vermont materials to Family Care Plan language to decrease stigma
- Continue partnerships for DCF to improve shared expectations, language and processes for care planning
- Expand focus to include other substances

Questions???

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