Vermont Mandated Reporting

In the Perinatal Space

Guidance for
Health Care Professionals

2026

Content List

Purpose

With increasing rates of pregnant people presenting for delivery with minimal prenatal care, it's time to take a look at potential barriers. Research and patient testimony speak to the fear of being reported to child protective services as a barrier to engaging in prenatal care and substance use treatment programs. Evidence also shows early and consistent prenatal care is beneficial to both the pregnant patient and fetus, especially when substance use is a factor.

This educational material was created to help clarify the responsibilities of health care professionals as mandated reporters in Vermont. This material provides reporting guidance specific to perinatal substance use and newborn exposure. While each situation requires an individualized approach, these materials can help determine if a report to the Department for Children and Families - Family Services Division (DCF/FSD) Child Abuse Hotline is required. The criteria for FSD to accept a report is in a completely separate section of the statutes and speaks to internal processes within FSD.

This is not meant to discourage making a report for child safety concerns, as it is the joint role of mandated reporters and DCF/FSD to keep infants and children safe. Instead this is to provide clarity on the responsibilities mandated reporters in Vermont have, as well encouraging a pause in the process. Reporting based on biases, cultural or social differences or "this is what we've always done" is not helping our patients and families.

PAUSE Strategy

Consider using the PAUSE acronym when you are unsure if you suspect child abuse or neglect.

If you reasonably suspect child abuse or neglect you must report within 24 hours, even if using the PAUSE approach.

The PAUSE acronym is utilized in the Mandated Reporter Training created by the Vermont Child Welfare Training Partnership in collaboration with Family Services Division and other partners. All Mandated Reporters in Vermont can access this training.

To Access the Training
Click HERE

A Look at State Law

Vermont State Law and DCF/FSD Policies provide distinct and separate guidance.

VT Mandated Reporter List

- Vermont law dictates mandated reporting responsibility for specific roles

- Within Vermont Statutes, Title 33, Chapter 49 addresses child welfare services. Mandated reporting requirements, definitions of child abuse and neglect, and procedures for investigations and assessments are articulated within Chapter 49. DCF/FSD policies provide guidance on how those statutory requirements are interpreted and implemented in practice, including screening and acceptance criteria.

Review VT Law Here

A look at State Law

Q What are the Vermont Laws for obtaining toxicology (drug) testing when there is known or suspected substance use in pregnancy or following delivery?

A

- A toxicology (urine drug) test on a pregnant or postpartum person with a history of substance use is **NOT** required by law. If toxicology testing is needed for medical care, providers should discuss the risks and benefits of testing with the patient and get informed consent prior to sending any test.
- Toxicology testing (urine, meconium, or cord) on a newborn is **NOT** required by law. Informed parental consent should be obtained if testing is required for a medical reason.
- Substance use in pregnancy or positive toxicology testing of a birthing person or newborn does **NOT** require a mandatory report to be made.

Prior to the birth, the law does not require a report but DCF policy would allow DCF to accept a report for a family assessment.

Neonatal Toxicology Article

A look at State Law

Q Does making a report to DCF/FSD help families affected by substance use access community supports?

A Not necessarily. The primary role of DCF/FSD is to keep children safe from abuse and neglect. Although FSD staff do connect families with resources who are engaged with them through an assessment or open case, they are not a community referral source. The purpose is to intervene when there is child abuse or neglect.

Making a report to DCF/FSD through the Child Abuse Hotline is NOT an effective way to help families if the only concern is to connect families to community resources or supports for mental health, substance use, housing, transportation or other needs. Other community agencies (HelpMeGrow, 2-1-1, VT HelpLink) are better equipped to connect families to local resources they need to address many of the issues currently triggering reporting.

A look at State Law

Vermont law includes a Risk of Harm Statute covering substance use.

The criteria in this statute specifically refer to:

- The presence of the child in relation to methamphetamine production
- Child access to dangerous substances
- Lack of supervision or care due to substance use of the parent
- A single egregious act that has caused the child to be at significant risk of serious physical harm

Title 33 Chapter 49 Section 4912

These criteria are relevant after birth, but not during pregnancy. No current law mandates reporting during pregnancy. It is best practice to provide the pregnant patient with education, referrals, treatment, and resources to address their substance use.

Documentation

Documentation ≠ Reporting to DCF

Transparency is crucial...

Documentation remains a key component of clinical care. Health care providers should document any concerns in the medical record in an appropriate way, with the goal of collaborative information sharing. Documentation addressing all areas of health (including social drivers) support families across the care continuum. Transparency with families is important. Speaking to families about concerns and providing resources is a good first step. A report can be made and rationale discussed with parent(s); this discussion can be omitted if there is concern for immediate child safety.

In the perinatal space, collaboration between the obstetric provider, mental/behavioral health provider, substance use treatment provider, community partners such as home health & recovery coaches, and the pediatric provider is essential in supporting families. The Family Care Plan is one patient centered tool to connect clinical and community providers.

True or false

I have to report....

Substance use in the third trimester or last 30 days of pregnancy.

FALSE

Reporting a patient for substance use during pregnancy is not required by Vermont law. This practice was originally intended to enable FSD staff to identify and support pregnant people access coordinated services and create plans for safer parenting prior to delivery, decreasing emergency custody cases. Making a report prior to birth without the patient's knowledge and consent could violate HIPAA by disclosing protected health information.

True or false

I have to report....

A positive drug test on either birth parent or newborn at time of birth hospitalization

FALSE

Substance use in pregnancy (newborn with substance exposure) alone does not indicate the need for a DCF/FSD report in Vermont, other concerns must also exist. The presence of child safety concerns in addition to ongoing parental substance use meets reporting criteria.
FSD will accept reports based on substance use alone per their policies, but there is not a mandate in reporting substance use without the reasonable suspicion of harm.

I have no real suspicion of abuse or neglect but I could lose my license if I don't make a defensive report

FALSE

Prosecution of mandated reporters for failing to make a report is exceptionally rare in any state. Vermont law does not criminalize substance use in pregnancy.

True or false

I have to report....

When a family has a Family Care Plan (Plan of Safe Care) or a CAPTA Notification

FALSE

The Family Care Plan is a tool to assist families in receiving & organizing their referrals and community connections during pregnancy to be better prepared for the arrival of their baby. This is not based in Vermont law.

Federal law requires each State send the aggregate number of newborns exposed to substances during pregnancy each year to calculate funding received through CAPTA. Vermont uses the de-identified CAPTA Notification e-form to collect this information.

Click to learn more VT FCP and CAPTA Reporting Process

Case Study Examples

The purpose of the case studies are to read them as they are presented and without making any assumptions, decide if you would make a report based on mandated reporting law or pause to learn more about the situation before making a decision to make a report.

Case Example #1

Setting:
Prenatal Clinic

Your patient at 36 weeks gestation discloses to you that they have been using alcohol throughout pregnancy.

PAUSE

Action Items:

- Thank the patient for sharing with you. Provide a brief intervention, education, and initiate or refer to treatment. Provide specific ways to access treatment.
- Provide the patient with reassurance that you can provide support and resources.
- By Vermont law, you are not required to make a report to DCF/FSD based on reported substance use in the third trimester.

Case Study Examples

Case Example #2

Setting:
Labor & Delivery Unit

Your patient arrives in active labor with no prenatal care and marks on their arms.

Action Items:

- Provide a paper based or verbal screening tool for substance use disorder.
- A urine drug screen (toxicology testing) **is not** required by law or recommended unless it informs medical decision-making for the patient or newborn and you have the patient's informed consent.
- Provide appropriate interventions and treatment options for any disclosed or positive screening for substance use disorder.
- If treatment for opioid use disorder is warranted and desired by the patient, initiate treatment per hospital protocols.
- MOUD can be initiated in inpatient units or Emergency departments for pregnant and postpartum people.
- Communicate findings with newborn's care provider.
- Unless active safety concerns with the newborn occur during the hospitalization, this case would not meet criteria for making a DCF/FSD report.

Case Study Examples

Case Example #3

Setting: Postpartum/Newborn Nursery

Your patient is two days postpartum and has left the unit 6 times in the past 8 hours. They have a recent history of active opioid use and have not been engaging in prenatal care or other types of recovery treatment. Multiple times they have returned to the unit unable to have a conversation with you without nodding off, is slurring words, and have not initiated any newborn care without multiple reminders and assistance.

Action Items:

- Gather the multi-disciplinary team including OB and Pediatric Providers, Nursing, and Social Work to discuss concerns.
- Have a conversation with the patient to express concerns and offer screening/treatment options.
- Be transparent in that there are safety concerns around possible substance use and impact on care for the newborn. Share that a DCF/FSD report will be made based on these safety concerns and the role of the healthcare provider as a Mandated Reporter.
- Provide reassurance that there are treatment options available and the team will support them in accessing substance use treatment.

Substance Use AND...

Substance use alone is not indicative of a mandated report during pregnancy or following the birth WITHOUT the presence of other factors that suggest risk of harm to the newborn.

There are many protective factors that can be put into place to support keeping newborns with their parents. Protective factors include a safe/sober caretaker, supportive network of family/friends, engagement in community resources such as Nurse Home Visiting, Recovery Coaches, and substance use treatment programs. Connecting pregnant individuals with these resources as soon as possible during pregnancy is essential to the health and wellbeing of the family. Wrapping the postpartum patient with these resources, regardless of their parenting status, is imperative. Utilize the Vermont Family Care Plan as a care planning tool.

There are other risk factors that also contribute to the risk of harm of the newborn and should be included in your assessment to make a report to the FSD hotline. These risk factors include: interpersonal violence, mental health concerns, active drug use, and the behaviors observed (or not observed) related to newborn care-taking. All of these factors should be discussed with the newborn's medical provider and considered when plans are created for making a report and following-up post hospital discharge.

Take Home Message

*Substance use in pregnancy is not illegal nor defined as child abuse in Vermont.

*Birthing people should be supported in disclosing substance use during pregnancy so they can receive the supports they need and desire.

*Substance use in pregnancy without safety concerns does not require a DCF/FSD report. Concerns about newborn safety that can not be addressed during the hospital stay and supported after discharge should be reported.

*Toxicology testing should only be used if it changes clinical management and informed consent has been obtained from the birth parent.

*If concerns are noted, connect families with the identified services and determine a follow-up plan. If safety concerns are reasonably expected it is your responsibility to make a DCF hotline report.

Resources

Learn More

UVMMC Grand Rounds 10/14/25 - Presented by Dr. Mishka Terplan
"Birth, Drugs, and Pregnancy Criminalization: History and Praxis"

Recording Link: Click HERE
Passcode: Pdd1W.cy

Doing Right By Birth - Educational Modules and Webinars focused on anti-bias and child welfare reporting training for health care professionals.

Website: Learn More Here

Substance Use in Pregnancy - Vermont Dept. of Health Resources
One More Conversation Materials, Updated CAPTA Notification Process, Revised Family Care Plan

Website: Learn More Here

Academy of Perinatal Harm Reduction -
Free resources for Patients & Providers on goal setting, legal matters, pain management, birth planning

Website: Learn More Here

References

If When How Lawyering for Reproductive Justice:
"Prenatal Drug Exposure: CAPTA Reporting Requirements for Medical Professionals"

Vermont Laws

- Reporting Child Abuse Definitions - CLICK HERE
- Mandated Reporter List - CLICK HERE

*See page 5 for QR codes

Department for Children & Families - Family Service Division
Mandated Reporting in Vermont - CLICK HERE
FSD Laws/Rules - CLICK HERE

Need to Make A Report?
Call DCF/FSD Hotline: 1-800-649-5285

These materials were created in collaboration with:

Vermont AIM
ALLIANCE FOR INNOVATION ON MATERNAL HEALTH

PERINATAL QUALITY COLLABORATIVE VERMONT

VERMONT
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