

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.

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.DCFSDCAPTA@vermont.gov or call 802-760-0476 and ask to speak with DCF's Policy and Planning Manager.