Plan of Safe Care for Mothers and Babies

If you used certain prescription medications or substances while you were pregnant, the hospital staff caring for your baby will help you with a Plan of Safe Care.

This includes the following medications/substances:

- Prescribed opioids for chronic pain
- Prescribed methadone or buprenorphine
- Prescribed benzodiazepines
- Marijuana (prescribed or recreational)

What will be in your plan?

Your plan will:

- Explain how to keep your baby healthy. This could include supports such as financial help, child care and health care services.
- Connect you to resources. This could include public benefits, support groups, well-baby visits and information.

Who keeps the plan?

You’ll get a copy and one will be given to your baby’s primary care provider.

Will the hospital provide information about me or my newborn to DCF?

No, the federal government requires states to track the number of babies exposed to substances. Hospital staff fax basic information to DCF when a baby is born including what substance they were exposed to; but, it will NOT include any identifying information (e.g., name or date of birth) about you or your baby.
**Will the hospital call the Department of Children and Families (DCF) to make a report?**

Hospital staff are required to make a report to DCF *only* when there are child safety concerns such as:

- the use of *illegal* substances, except marijuana, during the last trimester of your pregnancy
- the use of *non-prescribed* substances or *misuse* of prescription medication during the last trimester of your pregnancy
- your baby has a positive toxicology screen for illegal substances or prescription medication that were not prescribed to you by a physician, with the exception of marijuana
- your baby requires treatment for Neonatal Abstinence Syndrome (NAS) as a result of your use of *illegal* or *non-prescribed* substances or *misuse* of prescription medication
- your baby has Fetal Alcohol Spectrum Disorder
- there are concerns that your baby has been harmed or is at risk of being harmed
Vermont Newborn Plan of Safe Care (Revised 11/10/17)

Name of infant: __________________________ DOB: ___________ Admission date: ___________ Discharge date: ___________

Infant’s PCP: __________________________

Household members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to infant</th>
<th>Name</th>
<th>Age</th>
<th>Relationship to infant</th>
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Identified supports:

[ ]

Check box(es) next to applicable criteria:

- Methadone / Buprenorphine
- Prescribed opioids for chronic pain
- Prescribed benzodiazepines
- Marijuana

Comments:

[ ]

Additional exposures:

- Nicotine/tobacco
- Alcohol
- Other
- Other

Check box(es) for all applicable services and new referrals for infant and mother/caregivers:

<table>
<thead>
<tr>
<th>Service/Support</th>
<th>Discussed</th>
<th>Current</th>
<th>New Referral</th>
<th>Organization</th>
<th>Contact person (if applicable)</th>
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<tbody>
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<td>Medication Assisted Treatment</td>
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<td>Mental Health Counseling</td>
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<td>Substance Abuse Counseling</td>
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<td>12 Step Group</td>
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<td>Recovery Supports</td>
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<td>Smoking Cessation</td>
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<td>Safe Sleep Plan</td>
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<td>Other</td>
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Post-discharge Family Strengths and Goals (Eg: breastfeeding, housing, smoking cessation, parenting, recovery)

[ ]

Comments:

Signature of parent /caregiver: __________________________ Signature of staff: __________________________

Please fax copy to infant’s PCP and file in infant’s chart; proceed to CAPTA Notification
Please check the box next to the following criteria, if applicable:

- Mother is engaged in medication-assisted treatment with methadone or buprenorphine
- Mother is being treated with opioids for chronic pain by a provider
- Mother is being treated with benzodiazepines by a provider
- Mother used marijuana during pregnancy

Please check if any of the following are applicable:

- Plan of Safe Care was completed and will be provided to infant’s PCP for ongoing monitoring
- Mother was engaged in services prior to delivery (ex: counseling, treatment, parenting classes)
- Additional referrals were made for services at the time of delivery for the infant and/or mother/caregivers

Unique hospital identifier: □□□□□□ - □□□□□□ (Hospital code followed by last 4 digits of hospital medical record number)

Fax Number: (802) 241-9060 or scan to AHS.DCFFSDCaptaNotification@vermont.gov (No cover sheet necessary)

Vermont Hospital Codes

University of Vermont Medical Center          UVM
Brattleboro Memorial Hospital                BMH
Copley Hospital                               CH
Central Vermont Medical Center               CVMC
Gifford Medical Center                       GMC
North Country Hospital                        NCH
Northeastern Vermont Regional Hospital            NVRH
Northwestern Medical Center                   NMC
Porter Medical Center                         PMC
Rutland Regional Medical Center               RRMRC
Springfield Hospital                          SH
Southwestern Vermont Medical Center           SVMC