



A Program of the  
American Academy of Pediatrics

# Substance Use During Pregnancy and Plans of Safe Care (POSC): Implications for Pediatricians, Mothers, and Infants

## ANSWERS TO QUESTIONS FREQUENTLY ASKED BY PEDIATRICIANS

Opioid use in pregnancy is increasingly common, with an associated increase in infants exposed to opioids. This critical issue demands a public health approach grounded in science. The American Academy of Pediatrics (AAP) policy statement, *A Public Health Response to Opioid Use in Pregnancy*, (Patrick SW, Schiff DM et al. *Pediatrics*, 2017) recommends that the treatment of pregnant women with substance use disorder requires a coordinated, evidence-based, public health approach (<http://bit.ly/PolicyAAP>). The AAP reaffirms its position that punitive measures taken toward pregnant women are not in the best interest of the health of the mother-infant dyad.

Pediatricians and other providers work with families affected by opioid use during pregnancy. They play a key role in assuring infants and their families receive individualized care within a family-centered system of services. This has generated interest among pediatricians and other providers to understand the 2003 Child Abuse Prevention and Treatment Act's (CAPTA) provisions around Plans of Safe Care (POSC).

### What is a Plan of Safe Care (POSC)?

A POSC is a component of CAPTA that requires various entities, including medical and clinical staff, delivery hospitals, and public health agencies, to collaborate, develop, update, implement, and monitor recovery and care plans for infants and family members affected by substance use during pregnancy. To receive funds under CAPTA, states must meet numerous requirements, including intra- and inter-agency collaborations of multidisciplinary teams for a POSC.

These requirements support a public health approach to addressing familial risk and needs related to maternal substance use and care of exposed infants and are not intended to advance justice system involvement. Within the context of the POSC, *safety* refers to both mothers and infants.

### Who develops a POSC?

The federal law does not designate which state agency leads the planning and implementation of a POSC, or the level of authority among agencies involved. Each state is charged with developing, updating, implementing, and monitoring plans of safe care. Technical assistance is available through Children and Family Futures (<http://bit.ly/childrenff>) and the National Center on Substance Abuse and Child Welfare ([http://bit.ly/ta\\_ncsacw](http://bit.ly/ta_ncsacw)).



## What do you need to know about the POSC?

The CAPTA specifically states that a POSC is not a definitive finding of child abuse and neglect. A POSC is established as a means to assure that the infant and family member affected by substance use have priority in accessing appropriate treatment services.

The POSC offers mechanisms through which child protective services can pursue a differential response according to the specific needs of the family. All parties involved in the implementation can tailor their approach to family engagement, treatment, recovery, and support.

While the text of the federal law uses the terms *referring*, *notifying*, and *reporting* interchangeably, the intention is to promote the need for an appropriate, individualized response for each family that is non-punitive. However, states retain ultimate legal authority to define substance use during pregnancy as a form of abuse/neglect. Therefore, it is important for pediatricians to know and understand their states' applicable policies, processes, and expectations. Key components of each state's policy on substance use during pregnancy are summarized by the Guttmacher Institute (<http://bit.ly/gttmchr>).

In ideal circumstances, a POSC presents an opportunity for pediatricians and other providers to support the implementation of high-quality systems that address the needs of families affected by substance use. When optimally implemented, a POSC will address:

- ▶ Differential family assessment for strengths and needs essential to maintaining the mother-infant dyad.
- ▶ Family engagement and facilitation of substance use treatment and follow up care for pregnant and parenting women and their infants.
- ▶ Coordination of family-focused services (eg, home visiting, housing, nutrition, early intervention programs).
- ▶ Collaboration with state agencies to assure individualized treatment and follow up plans.

This federal law calls for adequate education and training of all multidisciplinary stakeholders involved in the protocols for a POSC implementation. Appropriate long-term strategies to address the mental health needs of the mother-infant dyad are also included.

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## What can you do to be helpful to your patients and their families?

- ▶ Pediatricians and other providers can help ensure fidelity to the intent of the law by educating colleagues and office staff, as well as child welfare colleagues, that the goal of the POSC is to increase access to care and treatment for infants and families affected by substance use, and not simply to add substance use during pregnancy as an indication of abuse/neglect.
- ▶ Pediatricians and other providers should be aware of related policies and practices in their states and understand whether a POSC referral or notification is linked to automatic investigation for abuse or neglect.
- ▶ Pediatricians and other providers can advocate for their patients and promote family-centered empathetic approaches that keep mothers and infants together when safely possible.

- ▶ Pediatricians and other providers can educate health care professionals and state agency staff on the positive health outcomes that result from evidence-based care that is provided in a patient- and family-centered medical home.
- ▶ Pediatricians and other providers can use clinical and professional judgement when practicing screening, brief intervention, and referral to treatment (commonly known as SBIRT); approach family members with empathy and encourage appropriate treatment and recovery (<http://bit.ly/AAP-SBIRT>).

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For additional resources on addressing families affected by opioid use during pregnancy, visit [aap.org/opioid](http://aap.org/opioid).

