

# New York State Hospitals and Birthing Facilities CAPTA Data Survey for Newborns Affected by Substance Use

## Delivery of Newborn

**Newborn EXPOSED to Substance Use**  
**No symptoms of withdrawal**

- If POSC exists, **obtain consent** to incorporate into medical record and discharge instructions
- If there is no POSC or POSC does not include newborn, initiate warm linkage with community provider to develop POSC

**Do not include newborn in HERDS Survey**

**Who can develop a POSC in collaboration with a new parent?**

- Case Manager
- Community Health Worker (CHW)
- Credentialed Alcoholism and Substance Abuse Counselor (CASAC)
- Discharge Planner
- Doula
- Family Member/Friend/Support Person
- Home Visitor
- Licensed Mental Health Provider
- Midwife
- Ob/Gyn
- Opioid Treatment Provider
- Primary Care Provider
- Social Worker
- Substance Use Provider

**Newborn AFFECTED by Substance Use**

- has withdrawal symptoms and positive toxicology screen **OR**
- is diagnosed with Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS) **OR**
- is diagnosed with a Fetal Alcohol Spectrum Disorder (FASD)

**Count newborn in answer to Question #1 on HERDS Survey**

**If POSC exists, **obtain consent** to incorporate into medical record and discharge instructions**

**If there is no POSC or POSC does not include newborn, initiate warm linkage with community provider to develop POSC**

**Count newborn in answer to Question #2 on HERDS Survey**

**Count newborn in answer to Question #3 on HERDS Survey**

**The existence or development of a POSC does not require a report to child protective services. Substance use alone, whether disclosed through development of a POSC, self-report, screening, toxicology, medical record note, or newborn symptoms is not evidence of child maltreatment.**

**If a provider has safety concerns about a newborn independent of the POSC, that provider should continue to follow policies and procedures related to Mandatory Reporting requirements.**