

New York State Healthcare and Social Service Providers Plans of Safe Care (POSC) for Pregnant Individuals Affected by Substance Use

Prenatal Period

Who can develop a POSC in collaboration with a pregnant person?

- 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

Who should have a POSC?

Pregnant individuals who:

- are diagnosed with a substance use disorder **OR**
- are receiving medication for addiction treatment (MAT) for a substance use disorder **OR**
- are under the care and supervision of a healthcare provider who has prescribed opioids

Consent to include a POSC in EMR or Paper Chart should be obtained from the pregnant person before sharing with other providers.

Delivery of Newborn

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

Newborns showing withdrawal symptoms AND having a positive toxicology screen OR diagnosed with NAS/NOW or FASD will be included in hospitals' monthly de-identified aggregate count of newborns affected by substance use.

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.