



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

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Dear Healthcare Provider;

The New Hampshire Department of Health and Human Services, Division for Children, Youth, and Families (DCYF) and Division of Public Health Services (DPHS) seeks to inform healthcare providers that federal¹ and state² law now require the development of a Plan of Safe Care (POSC) for all infants born “affected by” substance exposure, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder. The purpose of a POSC is to reinforce existing supports and coordinate referrals to new services to help infants and families stay safe and connected when they leave the hospital.

The POSC is a supportive, forward-looking document. Every attempt should be made to develop the document collaboratively with the mother, who must receive the POSC upon discharge from the hospital. While POSCs are required for infants affected by substance exposure, withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder, providers are also encouraged to develop POSCs with all new mothers. A POSC Template Form is available for provider use. The Template Form was created by the Perinatal Substance Exposure Task Force of the NH Governor’s Commission on Alcohol and Other Drugs with input from medical, legal, child welfare and public health professionals and was piloted at several hospitals. Please see: <https://nhcenterforexcellence.org/governors-commission/perinatal-substance-exposure-task-force/plans-of-safe-care-posc/>

The POSC must be given to the mother upon discharge from the hospital (or birth center) after the infant’s birth. In addition, the POSC should go to the infant’s primary care provider along with the infant’s other medical records. We recommend that providers encourage the mother to share the POSC with the people, professionals and organizations from whom she receives support. This includes current and new services or supports as well as the mother and infant’s primary care providers. Healthcare providers in the community should be aware of these plans, discuss them with the families they serve, and take an active role in encouraging families to connect with all the supports they need.

The POSC is only shared with DCYF when a mandatory report of child abuse and/or neglect is made. Each provider will need to determine whether a report is warranted. Infants with prenatal exposure due to prescribed medication under a clinician’s direction AND without any child safety concerns do not need to be reported to DCYF. Information will be collected from the birth certificate worksheet by the DPHS, de-identified, aggregated, and shared with DCYF and the Federal Administration for Children Youth and Families, Children’s Bureau on an annual basis to meet Federal notification requirements. The data shared with DCYF and Federal partners for notification requirements does not contain personally identifiable information.

¹ 42 U.S.C. 5106a(b)2(B).

² RSA 132:10-e and f; SB 549 (2018).

Statewide efforts to reduce the stigma associated with Substance Use Disorder (SUD) focus on encouraging pregnant individuals to seek prenatal care and SUD treatment as early in the pregnancy as possible. The hope is that early screening, identification, and treatment of SUD during pregnancy, and linkage to supports and services for infants and caregivers after birth will help support families in treatment and recovery.

Thank you for the excellent medical care you provide and for your commitment to ensuring a healthy and safe start for some of our state's most vulnerable families. Enclosed with this letter is a sample POSC Form, and responses to frequently asked questions developed by the Perinatal Substance Exposure Task Force of the NH Governor's Commission on Alcohol and Other Drugs.



Joseph Ribsam, Director
Division for Children, Youth, and Families

Sincerely,



Lisa Morris, Director
Division of Public Health Services