

5 Ways to Improve Care Using Plans of Safe Care

Federal law requires that infants affected by substance misuse, withdrawal, or fetal alcohol spectrum disorder receive a Plan of Safe Care that supports their families as well

Implement Universal Screening

According to the American College of Obstetricians and Gynecologists, obtaining prenatal care and being able to speak openly with a physician about drug problems helps improve birth outcomes.¹

Healthcare providers can:

- Identify infants at risk of substance exposure early by verbally screening every person of birthing age with an evidence-based tool as a routine part of care
- Implement a prenatal POSC to ensure the infant's safety and address the needs of the child and family

¹American College of Obstetricians and Gynecologists. (2022). *Substance use disorder in pregnancy*. Retrieved from <https://www.acog.org/advocacy/policy-priorities/substance-use-disorder-in-pregnancy>



Take a Family-Centered Approach

Parents and children live within the context of a larger family system and families exist within the context of their community and culture. A family-centered approach provides:

- The opportunity for the mother/infant dyad to stay together, including during substance use disorder treatment
- The inclusion of services that support mutually therapeutic early attachment for infant and mother, as well as other caregivers, when the dyad are separated
- A comprehensive array of clinical treatment and supports that meet the needs of each member of the family including grandparents and other caregivers, not just the individual requesting care
- Culturally responsive and gender-specific services that serve the family



Disrupt Stigma

When developing a POSC, practitioners can help reduce the stigma and bias associated with substance use by:

- Using a strengths-based perspective and focusing on what is going well
- Honoring the individual's role as a parent and the child's attachment to the parent
- Making mindful language choices using person-first, strengths based language, and recognizing words have power
- Person-first language shows that a person "has a problem that can be treated" rather than "is a problem." For example, instead of "addict," say "person with a substance use disorder."



Responding to parents with empathy can help them engage in the work of recovery and maintain connection with their children, support systems, and community.

Plan for Transitions/Discharge Planning

The birth event is an opportune time to ensure families are referred to essential services to provide ongoing support. To learn how to talk about a POSC with a family, click [HERE](#). All of the following family-centered services should be included in the POSC:

- Developmental screening and assessment including early intervention services
- Substance use disorder treatment services
- Medical services needed to meet the ongoing health needs of the newborn, family, and caregiver
- Wraparound support programs to address social determinants of health, parenting, and other needs, such as home visiting or public health nursing programs



Advance Equity and Inclusion

Some strategies to move toward inclusivity:

- Recognize substance use disorder as a chronic disease and brain disorder, and reflect this understanding in language, responses, and policies.
- Debunk common myths such as "medication-assisted treatment is substituting one drug for another."
- Understand and value data on accessing culturally appropriate treatment and recovery.
- Integrate peers and recovery support specialists into service delivery and work with families.

