NH's Plan of Safe Care Guidance Document

This document provides general guidance about NH's Plan of Safe Care (POSC).[1]

In compliance with federal law, NH law (RSA 132:10-e & 10-f) requires the development of a POSC "[w]hen an infant is born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder." If possible, it is recommended that the POSC be started prenatally and serve as a living document throughout the pregnancy and after birth.

This document was drafted in collaboration with the Perinatal Substance Exposure Task Force of the New Hampshire Governor's Commission on Alcohol and Other Drugs. For more information about Plans of Safe Care, please visit the POSC webpage.

Please submit questions about Plans of Safe Care to this contact form.

General POSC Guidance	
1. What is a Plan of Safe Care? What is its purpose?	A Plan of Safe Care (POSC), developed collaboratively with the mother and other involved caregivers, reinforces existing supports and coordinates referrals to new services to help infants and families stay safe and connected when they leave the hospital.
2. Who needs a POSC?	A POSC must be developed for any infant exposed to drugs and/or alcohol prenatally.[2] One POSC is developed for both the mother and infant. Many providers may decide to develop POSCs with all new mothers and infants.
3. Who develops the POSC? When is it developed?	The POSC is developed by a health care provider and the mother and must be completed after an infant's birth before the mother's discharge. Best practices, however, support developing the POSC prenatally to serve as a living document throughout the pregnancy and after birth.
4. How will the POSC be shared?	The POSC must be given to the mother upon discharge from the hospital or birth center. Best practices for providers include encouraging the mother to share the POSC with the people, professionals and agencies who are currently supporting her, and those who will provide her with the new services or supports she

[1] All providers should consult with their own supervisors and compliance teams for more specific guidance in implementing Plans of Safe Care at their institution.

[2] New Hampshire's Plan of Safe Care development law for the protection of maternity and infancy, effective June 26, 2018, can be found at RSA 132:10-e and 10-f.

	needs to care for herself and her infant, including the mother and infant's other care providers. In addition, best practices include the hospital sharing the POSC with the infant's primary care provider along with the infant's other medical records. The POSC is not shared with DCYF unless a report of child abuse and/or neglect is made. When a provider reports child abuse and/or neglect, the POSC must be shared with DCYF.
5. What is the federal "notification" requirement? How is it different from a mandatory report?	Consistent with federal law, New Hampshire has a process for hospitals to notify officials when an infant is born with and identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder. New Hampshire must then report annually to the federal Children's Bureau the aggregate number of infants born with prenatal drug and/or alcohol exposure for whom a POSC was created and referral(s) provided. New Hampshire's standard for notification and reporting is not the same as for provider mandatory reports of child abuse or neglect. Mandatory reporting is required under NH RSA 169-C:29 whenever anyone has a reason to suspect child abuse or neglect. The fact that an infant is born with prenatal exposure to drugs and/or alcohol does not itself require a mandatory report. So too, the fact that a provider develops a POSC with a mother does not necessarily mean the provider has a reason to suspect child abuse or neglect requiring a mandatory report. Notification and reporting are different processes with different standards.
6. How do providers notify the State about the birth of an infant exposed to drugs and/or alcohol?	Upon the infant's birth, the birthing center or hospital will answer the birth certificate worksheet questions about the infant's substance exposure. New Hampshire will then fulfill its federal data reporting requirements by aggregating data received and submitting de-identified data to the federal Children's Bureau on an annual basis.
7. Are hospitals required to make a mandatory report for all infants exposed prenatally to drugs and/or alcohol?	No. A provider may determine it is not necessary to make a report of child abuse and/or neglect to the Division for Children, Youth & Families (DCYF) even though a POSC is developed for the infant due to the infant's prenatal drug and/or alcohol exposure. For example, an infant exposed prenatally to drugs due to prescribed medication under a clinician's direction AND without any child safety concerns does not need to be reported to DCYF.
8. What happens to the POSC when a report of child abuse and/or neglect is made?	If providers make a report of child abuse and/or neglect, the POSC must be shared with DCYF according to New Hampshire's Plan of Safe Care development law (RSA 132:10-e and 10-f).
9. Does the POSC contain	The POSC does include private health information that identifies the

information protected by state and federal privacy laws?	mother and child and may be protected from disclosure by health and substance use disorder record confidentiality laws. However, the mother is encouraged to share this POSC with her existing and new services and supports, including the mother and infant's primary care providers. In addition, if a report of child abuse and/or neglect is made, the POSC must be shared with DCYF. Otherwise, the POSC should be treated like other patient information and shared consistent with privacy practices.
10. What types of services are included in the POSC?	A POSC may include referrals for both the infant and mother, and father (or other involved caregiver). Referrals for supports and services may include family resource centers, parenting support groups, home visiting, mental health counseling, substance use counseling, peer recovery coaching, medication assisted treatment, and Drug Court, as well as others.
11. What if a mother declines to participate in developing a POSC?	The healthcare provider should attempt to collaboratively develop a POSC with the mother. There will be times a mother will decline to participate. Absent child protection concerns, the refusal to develop a POSC does not itself warrant a mandatory report under NH RSA 169- C:29.