

CAPTA/POSC FAQ's for Women

- Is CAPTA a new policy?
 - The Child Abuse Prevention and Treatment Act (CAPTA) was written during the 1970's. Over time, it has changed and now includes more protections for infants and children who might be considered at risk. One recent change to this policy is the notification to DCF when a baby is born who has been prenatally exposed to alcohol or other drugs. This will go into effect on March 15, 2019.
- Will information I share with my doctor or other person be held against me? Will the information be confidential?
 - Confidentiality will remain the same. However, doctors, nurses, and other health care professionals are considered mandated reporters. This means that if they have concerns about the safety of any child, they must submit a report to the Department of Children & Families or DCF. This has not changed.
- What is going to be different?
 - Hospitals are now required to submit a **notification** to DCF when an infant with prenatal substance exposure is born. This may mean you will hear different language than you have before such as *DCF notification, CAPTA* or *Plan of Safe Care*.
- What is the difference between a report and notification?
 - A DCF **report or referral**, sometimes called a 136, occurs when anyone has concerns about the safety of a child. They report their concerns to the DCF hotline. The DCF workers that answer the hotline call will then make a decision of how to respond. This process has always been in place and has not changed.
 - A **notification** to DCF occurs when a newborn baby has been born after being exposed to substances (because the mom used drugs or alcohol during pregnancy) but there are no other concerns about safety. A notification does not contain any identifying information about you or your baby.
- What are the substances of concern? Alcohol? Tobacco? Psychiatric medications?
 - The focus of this policy is around drugs that are misused, or not as your doctor intended, or drugs that are not prescribed and used illegally. You should work with your prescribers to determine if the medications you take are safe to use during pregnancy, and if not, find safe alternatives. Due to the risk of using alcohol while pregnant, doctors will also be monitoring for signs of its use as well. Tobacco is also very dangerous during pregnancy and can negatively impact your baby's health however it is not included in this notification.

- I have a medical marijuana prescription. Will I be reported?
 - If you have a prescription for marijuana it will fall under the notification category unless there are other concerns about child safety or misuse of your prescription.
- I've been told that certain drugs might stay in your system for weeks or months even if you stop using? Will I still be reported if I stopped using substances?
 - It is true that different substances stay in your body for different lengths of time. In order to have a healthy pregnancy it is best not to use any illicit substances or alcohol. If you have stopped using substances and there are no other concerns about how you and your baby are doing, hospital staff will send a notification.
- If I am already involved with DCF, will I automatically be investigated when my baby is born?
 - No, this notification only applies if your baby is born with withdrawal symptoms from or showing signs of exposure to drugs or alcohol.
- What is Medication Assisted Treatment?

Medication-Assisted Treatment (MAT) is the use of FDA- approved medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Commonly used medications to treat opioid use disorder are Methadone, Buprenorphine and Naltrexone. MAT helps to decrease your cravings and urges to use.
- What if I'm on Medication Assisted Treatment?
 - Research tells us that if you use opioids, (Heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin[®]), hydrocodone (Vicodin[®]), codeine, morphine, and many others) medication assisted treatment or MAT is the best course of treatment for both you and your baby. Starting, or continuing, MAT during your pregnancy will help keep the baby from experiencing withdrawal symptoms. Staying on MAT is the safest choice because withdrawal can be dangerous or deadly for your baby.
- Will there be a difference in what happens depending on what MAT I am on?
 - No, the most important thing is that you are stable and getting the treatment and support you need to be stable in your recovery.
- Will I or my child be in jeopardy of DCF involvement because I am on Medication Assisted Treatment?
 - No. Being stable in treatment, including MAT, will be included on your Plan of Safe Care and shows you are committed to your recovery. The hospital will work with your treatment providers, as needed, while you are there to deliver your

baby. It is important to ensure that a Release of Information, or ROI, is on file to allow for this communication.

- How do I start the conversation with my doctor? Counselor? DCF worker?
 - It is important that you are upfront and honest with all your treatment professionals about your history of use and current use especially when you are pregnant. Often times, this information will be important to help develop your care plan. It can be hard to have these conversations but it can be helpful to practice them with someone you trust.
- What is a Plan of Safe Care and how do I get one?
 - A Plan of Safe Care is a document that explains what supports you have in place to help you be the best mom to your baby. It will list all the important people who are part of your care team including your partner, family and friends, your doctor, and other treatment providers. If you're engaged in treatment, ask your providers to work with you to develop a plan before your delivery. It's your plan and can change over time. You may also choose to share it with your OBGYN during a prenatal appointment and/or a supportive partner, family or friend who will be part of your delivery.
- What will happen to my baby/child after delivery?
 - This will be different depending on the hospital you choose to deliver your baby. Some hospitals put infants with prenatal substance exposure into the neonatal intensive care unit, as standard practice, to be monitored by hospital staff and to be given medications to manage withdrawal symptoms. Some hospitals use the "rooming -in" approach where your baby will stay in the room with you and you will provide nurturing and supports for you baby. You can always tour facilities before you deliver and select the one that best matches what you would like to do.
- What is Eat Sleep Console?
 - Newer research shows that babies need their moms! Eat, Sleep, Console is an approach that supports just that. Many times when mom gives the baby extra cuddling, skin to skin contact, and provides a low stimulation environment (low lighting, quiet space, and minimal chaos) babies don't need to be treated with medications to manage withdrawal. It's important that you have conversations with your doctor about what you want post-delivery and ask questions about how hospitals treat infants with prenatal substance exposures.
- Can I breastfeed after delivery if I'm on MAT?
 - Breastfeeding is encouraged for all women unless you have HIV or other contraindications. If you are on MAT breastfeeding is safe. The decision to breastfeed is an important and personal choice. Breastfeeding has been proven

to have many positive effects on infants and it can be especially important for infants with prenatal substance exposures because it creates time for bonding and closeness. It's important that you talk about your desire to breastfeed your child with your doctor if it's important to you.

- Can I receive pain medication during and after the delivery if I am on MAT?
 - Yes, there are many options for pain management and being on MAT does not prevent you from getting help with your pain. It's important that you share with your medical team all the medications you take so they can adjust your dose accordingly. Some people who have a substance use disorder worry that taking pain medications can negatively impact their recovery. This is a personal choice and there's no right or wrong answer for everyone. It's important to talk to your support system about this and make a choice that's comfortable for you.
- What other resources are out there?
 - Mother to Baby: <https://mothertobaby.org/>
 - Preparing for the birth of your baby
 - MAT
 - Breastfeeding
 - Safe Sleep
 - Post-partum Depression
 - Check out Journey's Story at: www.journeyrecoveryproject.com
 - If you have husky: <http://www.ctbhp.com/members-main.html> or 1-877-552-8247 (toll-free)
 - Bed Availability- Residential services in CT: <http://www.ctaddictionservices.com/>
 - Department of Mental Health & Addiction Services: <http://www.ct.gov/dmhas/>
 - Recovery Support Resources:
 - CT Community for Addiction Recovery: <https://ccar.us/>
 - Alcoholics Anonymous: <http://www.aa.org/>
 - Narcotics Anonymous: <https://www.na.org/>
 - <https://www.211ct.org/> or call 211