



National Center on  
Substance Abuse  
and Child Welfare

# Infants and Families Affected by Prenatal Substance Exposure

FIVE POINTS OF FAMILY INTERVENTION

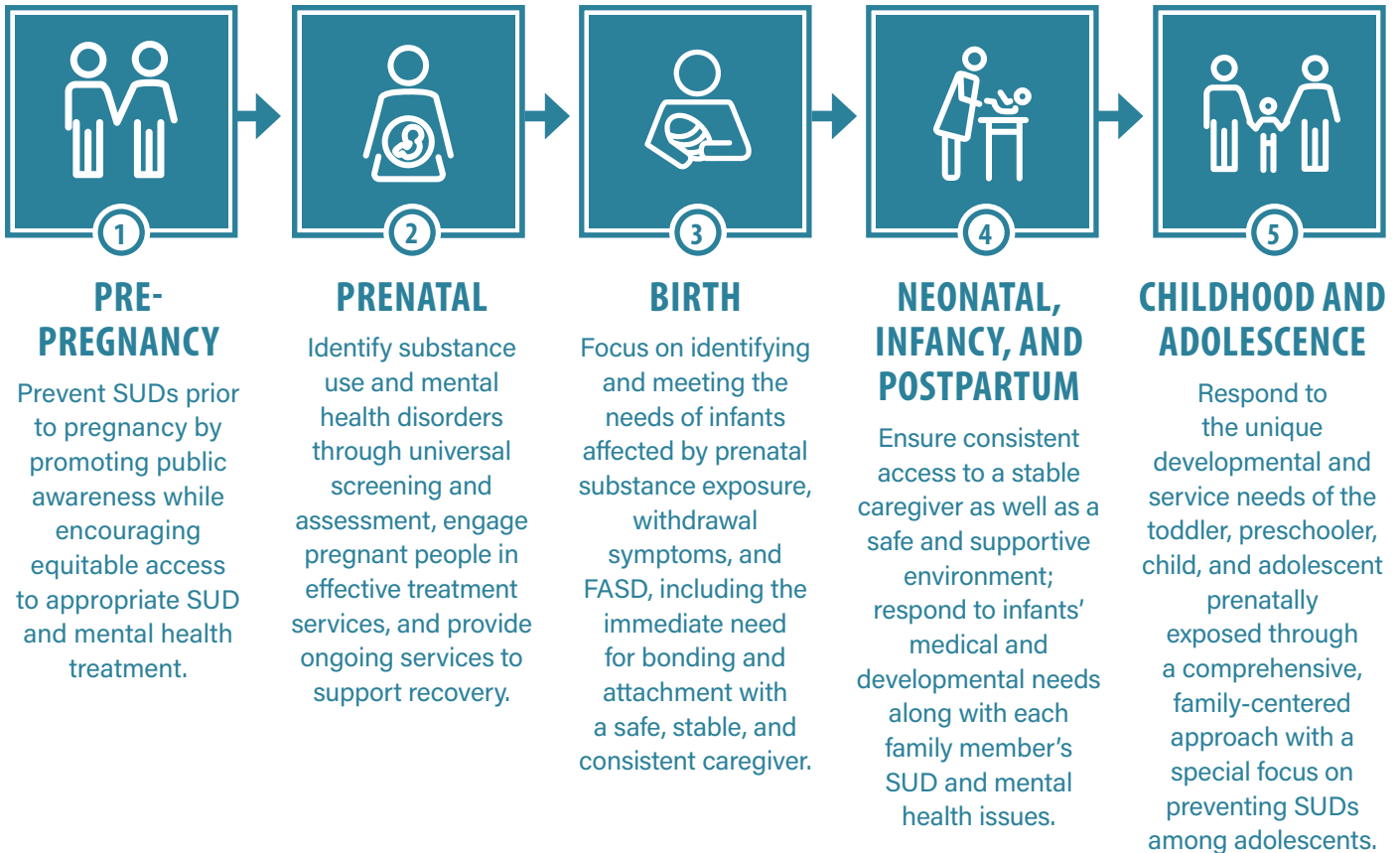


**Improving outcomes for infants with prenatal substance exposure including fetal alcohol spectrum disorder (FASD), requires a consideration of the family system in which they develop, grow, and thrive.** *The Five Points of Family Intervention*<sup>1</sup> are key periods in time when comprehensive cross-system efforts can help prevent prenatal substance exposure, respond to the needs of pregnant and parenting people\* with substance use and mental health disorders, and their affected children and family members. Individuals with substance use disorders (SUDs) may also experience co-occurring mental health disorders in the postpartum period. A coordinated system of care across the five intervention points helps to ensure connection with services as early as possible.

This summary identifies policy and practice strategies at each intervention point that child welfare, SUD treatment, health care, family courts, and other community agencies can use to strengthen interagency collaboration and provide effective services. No single organization can respond to these issues, but communities would benefit from: 1) understanding the policy and practice options, and 2) setting priorities based on the needs of their jurisdiction.

\*This document uses the term “people” to be inclusive of women, nonbinary, transgender or non-conforming individuals experiencing pregnancy or in a parenting role.

## Five Points of Family Intervention



<sup>1</sup> The *Five Points* emerged from a multiyear review and analysis of existing policies and practices in 10 states regarding prenatal exposure to alcohol and other drugs. In 2009, the Substance Abuse and Mental Health Services Administration (SAMHSA) published the results in [Substance Exposed Infants: State Responses to the Problem](#).

## Guiding Practice Principles



### Multiple Intervention Opportunities

Substance use is not always identified during pregnancy, and substance exposure is not always identified at birth. An approach that considers all stages of development remains critical and improves outcomes. Prevention and early intervention points can ensure comprehensive care that improves outcomes for pregnant people, infants, children, and their family members.



### Cross-System Collaboration

Working across agencies at each of the five points remains crucial to coordinating services and providing comprehensive care. Collaboratives should include local cultural leaders and community representatives who serve historically marginalized and underserved groups as well as individuals with lived experience.



### Family-Centered Approach

A family-centered approach to prenatal substance exposure ensures providers can assess the needs of each family member and resolve them in a coordinated way. In addition to providing access to SUD and mental health services, parents receive support in their parenting roles, while services adapt to the changes parents experience after the arrival of an infant—and throughout a child's development. Children receive services to prevent and remediate any social, emotional, and developmental challenges or trauma they may experience. Services include access to concrete supports such as housing, child care, education, and employment.



### Reducing Disproportionality and Disparities and Ensuring Equitable Access to Services

Reducing disproportional representation of racial and other key groups in child welfare, SUD treatment, and court systems requires an intentional focus. Disparities in service access and outcomes also call for specific efforts to: 1) combat bias and racism, 2) promote equity in access to services, and 3) improve outcomes for all families. Implementing universal SUD and mental health screening practices minimizes biases that might otherwise cause families of diverse racial and ethnic backgrounds—or those in other historically underserved groups—to receive screening at disproportionate rates. Agencies can implement hiring and training practices to ensure a culturally diverse and competent workforce. Providers can offer culturally responsive services adapted to families' experiences of racial injustice, historical trauma, and cultural and linguistic needs. Organizations can infuse cultural awareness, responsiveness, and understanding throughout the process.



### Inclusion of Family Participation and Persons with Lived Expertise

Persons with lived expertise should participate as experts and partners in the development of practice and policy protocols. Family members should be engaged in identifying their own strengths, needs, and goals. Collaborative teams can host family team meetings to ensure all key participants understand and support both the treatment and child welfare goals. Support by persons with lived expertise enhances a family's engagement into treatment and other services while promoting a trusted relationship with an ally who has shared life experience.



# Policy and Practice Strategies

Agencies can consider the following actions to develop a supportive community that meet the comprehensive needs of infants and parents affected by prenatal substance exposure:



## 1. PRE-PREGNANCY

- ▶ Use public health campaigns to educate on the risks of substance use and the effects of misusing prescription medications.
- ▶ Ensure family and community members are trained to use overdose reversal medications and naloxone is widely available.
- ▶ Educate people on the risks of substance use during pregnancy including the risk of overdose.
- ▶ Offer strategies for preventing unintended pregnancies, including information on how to access birth control methods and services.
- ▶ Screen all patients for substance use and mental health disorders using evidence-based tools during annual visits or checkups.
- ▶ Create relationships and communication protocols with accessible, culturally responsive, and trauma-informed SUD/mental health treatment providers.
- ▶ Ensure access to timely and appropriate SUD and mental health treatment, including medication-assisted treatment (MAT), medications for opioid use disorders (MOUD), and medications for alcohol use disorder (MAUD) as indicated; ensure referrals occur through a supported transfer between service providers, and establish pathways for sharing information regarding treatment progress with informed consent.
- ▶ Give priority access to SUD treatment for people who use intravenously.
- ▶ Educate providers on the links between intimate partner violence, substance misuse, and unintended pregnancy.



## 2. PRENATAL

- ▶ Use prescription monitoring services along with standardized prescribing practices to gauge potential misuse or abuse of prescription drugs.
- ▶ Educate pregnant people on the potential effects of substance use on an infant, including neonatal abstinence syndrome (NAS) and FASD.
- ▶ Educate pregnant people on the role of child welfare and the potential involvement if their infant is born affected by prenatal substance exposure.
- ▶ Educate collaborative team members on the efficacy of prescribing MAT for pregnant people.

- ▶ Implement a prenatal Plan of Safe Care<sup>2</sup> (POSC) with expectant parents and their families with input from health care, SUD treatment, and other partners, including child welfare services as needed. While not required until birth, engaging pregnant people to create POSC during pregnancy: 1) empowers them to direct and coordinate their care, 2) provides a self-advocacy resource they can use when interacting with multiple systems and agencies, and 3) promotes positive birth outcomes.
- ▶ Promote use of enhanced prenatal support services (e.g., doulas from diverse cultural groups) to promote equitable access to quality prenatal care and reduce the risk of maternal/infant complications and mortality for families with diverse racial and ethnic backgrounds.
- ▶ Universally screen pregnant people for substance use and mental health disorders using Screening, Brief Intervention, and Referral to Treatment (SBIRT) and evidence-based screening tools at each trimester as a part of routine prenatal care.
- ▶ Give priority access to SUD treatment for pregnant people regardless of funding source or payor.<sup>3</sup>
- ▶ Ensure relationships with SUD and mental health treatment providers who provide accessible, trauma-informed, culturally, and gender-responsive treatment (including MAT) to pregnant people as indicated; ensure referrals occur through a supported transfer and inform all referral sources of the outcome.
- ▶ Coordinate SUD and mental health treatment (including MAT) with health care, home visiting, and other community services.
- ▶ Ensure providers use evidence-based assessment tools to identify appropriate levels of care and services.
- ▶ Share information related to SUD and mental health treatment, including treatment progress, challenges, and medication changes directly with the mother and—with her informed consent—the providers coordinating family care.
- ▶ Support and prepare pregnant people for delivery, pain management, and potential NAS responses while including this information in the collaborative plan of safe care.
- ▶ Develop information sharing protocols to be used at the time of birth with the hospital and child welfare services to: 1) inform the response to a notification of an affected infant, and 2) prevent separation of the parent/infant dyad to the greatest extent possible.



### 3. BIRTH

- ▶ Develop consensus definitions of infants “affected by substance use” and other tools to identify infants requiring POSC.
- ▶ Partner with child protective services (CPS), community providers, and public health to develop POSC supports for infants affected by prenatal substance exposure. Ensure supports exist for infants even when there are not immediate child safety concerns.
- ▶ Create clear guidelines for child welfare responses to infants with prenatal substance exposure; educate health care, SUD/mental health treatment, child welfare, and other community partners about these guidelines, as well as their use and implementation roles.

<sup>2</sup> Some jurisdictions use the term “Family Care Plan” in lieu of “Plan of Safe Care.” These terms are used interchangeably throughout this document.

<sup>3</sup> States using the Substance Abuse Prevention and Treatment Block Grant are required to prioritize vulnerable populations, including pregnant/parenting women and intravenous drug users.

- ▶ Create clear protocols for health care providers to notify child protective service systems of the identification of infants as required by the Child Abuse Prevention and Treatment Act (CAPTA).<sup>4</sup>
- ▶ Train hospital staff on best practices when working with pregnant people with SUDs. Ensure training includes information about the effects of professional bias on the outcomes of pregnant people and their infants.
- ▶ Develop a POSC using a collaborative approach with the parent, their medical team, SUD treatment provider, mental health provider, the infant’s medical team, early childhood care/development providers, and other providers as needed.
- ▶ Ensure POSC include child welfare partners; coordinate information sharing with child welfare.
- ▶ Administer universal verbal screening for SUDs to all pregnant people at delivery; develop clear, non-biased guidelines on the use of toxicology testing for parent and infants.
- ▶ Assess and treat infants with suspected prenatal substance exposure using evidence-based approaches, including both nonpharmacological therapies in the hospital (e.g., eat, sleep, and console; swaddling; skin-to-skin contact; quiet and dimly lit environment; rooming in with mothers) and pharmacological therapies as needed (e.g., morphine, methadone).
- ▶ Ensure hospital protocols connect the family to a pediatrician **before** discharge; obtain informed consent to share information between maternal and infant health care providers about identified prenatal substance exposure.
- ▶ Inform parents of the notification and share what to expect from child welfare’s response.
- ▶ Ensure hospital discharge plans include maternal substance use and mental health referrals as indicated, including home visiting services and pediatric care. Hospitals should also work with parents to determine MAT dosage changes as needed.
- ▶ Ensure hospital assessments screen for safety issues in the home environment and parenting skills capacity.
- ▶ Coordinate parents SUD and mental health treatment.
- ▶ Educate parents and family members on the potential for overdose. Ensure family and community members are trained to use overdose reversal medications and naloxone.
- ▶ Offer parents and other caregivers information on what to expect after delivery and how to support the infant.
- ▶ Share information on SUD and mental health treatment with health care providers after receiving appropriate consent.
- ▶ Ensure child welfare, SUD/mental health treatment professionals, and the courts receive copies of discharge plans and use the information to develop, implement, or oversee POSC—after executed informed consent.
- ▶ Use peer support specialists to engage parents in substance use treatment and help navigate the multiple service systems supporting families.

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4 CAPTA section 106(b)(2)(B)(ii) states that the state must “submit an assurance in the form of a certification by the Governor of the State that the State has in effect and is enforcing a state law, or has in effect and is operating a statewide program, relating to child abuse and neglect that includes...(ii) policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a FASD including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to- (I) establish a definition under Federal law of what constitutes child abuse or neglect; or (II) require prosecution for any illegal action.”



## 4. NEONATAL, INFANCY, AND POSTPARTUM

- ▶ Provide ongoing training across social service systems on evidence-based and best-practice approaches to working with parents with substance use and mental health disorders (as well as infants with prenatal substance exposure); ensure education covers: 1) the disproportionate health disparities on communities of color, and 2) the stigma and bias that affect health outcomes.
- ▶ Support monitoring of POSC through information sharing protocols between the hospital, OB/GYNs, pediatricians, SUD/mental health treatment, and other supportive service providers to ensure infants and mothers remain safe and receive appropriate care.
- ▶ Engage with community agencies to provide targeted prevention services and support to infants and their families.
- ▶ Develop a shared understanding of safety and risk factors for child abuse and neglect; ensure providers understand when a report of maltreatment is required.
- ▶ Protect infants from abuse and neglect by sharing relevant information with CPS professionals who can use their expertise to assess, investigate, and respond to infants experiencing maltreatment.
- ▶ Create protocols to ensure child welfare safety plans consider mothers' recovery status; ongoing treatment (including MAT); health care; as well as infants' medical, developmental, and safety needs.
- ▶ Ensure priority access to SUD treatment services for parents with infants. Educate parents on the potential for overdose and ensure family members have access to naloxone. Ensure the family is trained to use naloxone.
- ▶ Ensure parents receive proactive assistance through engagement and retention strategies, case management/home visiting, peer support, and referral to evidence-based parenting classes/high-quality child care services to increase parenting capacity and concrete supports.
- ▶ Connect parents with peer support from persons with lived experience of SUD recovery and involvement with child welfare; ensure peers have sufficient training.
- ▶ Train hospital staff on best practices when working with parents with SUDs; ensure the training includes information about the effects of professional bias on the outcomes.
- ▶ Ensure parents receive accessible referrals for their infants' regular developmental screenings, early intervention services, and enrollment in high-quality child care that can assess the unique needs of infants with prenatal substance exposure.
- ▶ Provide individuals information on avoiding unintended pregnancies, including how to use and access various prevention methods.



## 5. CHILDHOOD AND ADOLESCENCE

- ▶ Educate parents and caregivers on: 1) the effects of substance use and mental health disorders on the child, 2) how to recognize substance use and mental health issues with their children and adolescents, and 3) identifying appropriate accessible support services.
- ▶ Monitor progress in coordinated care plans and provide referrals to appropriate services, including health care, education, SUD/mental health treatment, and child welfare.
- ▶ Use pediatric, “well-woman,” and SUD/mental health treatment visits as opportunities to screen for the needs of the child and parent, such as home visitation, parenting education, developmental screening/intervention, substance use prevention/treatment, child maltreatment/safety concerns, and other concrete supports.
- ▶ Work collaboratively with child welfare to ensure the safety and well-being of children by sharing information—with appropriate consent—on the parent’s SUD and mental health treatment successes and challenges.
- ▶ Coordinate care to allow for frequent family time (visitation) if children are in out-of-home care; help parents maintain engagement and ensure providers report any concerns regarding child maltreatment.
- ▶ Complete routine developmental screenings to identify children in need of services due (potentially) to prenatal substance exposure; provide appropriate referrals for specialized care.
- ▶ Connect with child care and educational providers to assess cognitive, behavioral, and social-emotional concerns while implementing appropriate interventions.
- ▶ Share information after obtaining informed consent with education, health care, and mental health providers to ensure appropriate support and intervention exist for children and adolescents prenatally exposed.
- ▶ Educate early childhood care providers, developmental intervention providers, home visitors, and educators on the unique needs of children affected by prenatal substance exposure, effective strategies for helping parents with SUDs (and those in recovery), and the effects of racial disparities and disproportionality—as well as stigma and bias—on family outcomes.
- ▶ Ensure priority enrollment policies for high-quality child care and access to educational supports (Individualized Educational Plans and 504s) include children with prenatal substance exposure and FASDs.
- ▶ Integrate parenting education and support services into SUD/mental health treatment, pediatric care, and adult health care settings.
- ▶ Ensure kinship caregivers receive supports, education and access to services to best serve their families. Provide appropriate interventions to kinship families during reunification to maintain family relationships.
- ▶ Use SBIRT approach to screen adolescents for SUDs and mental health challenges; make relevant referrals; provide ongoing care coordination to ensure families access referrals.



## Common Barriers and Key Considerations

Many states have implemented policy and practice strategies across the *Five Points of Family Intervention* to strengthen interagency collaboration and improve outcomes. Understanding common barriers and key considerations helps communities avoid obstacles and use effective methods to enhance their work.

### COMMON BARRIERS

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**Stigma related to pregnant people with substance use and mental health disorders—as well as MAT—harms effective system development and equitable access to SUD treatment. Stigma also worsens existing disparities in treatment services and outcomes for diverse families, the LGBTQ community, individuals living in poverty, and other underserved groups.**

**Gaps in data and information systems weaken the ability of service systems to identify children and families as they move from agency to agency.**

**Inequitable access to culturally responsive and evidence-informed services for pregnant and parenting people with substance use and mental health disorders, including MAT, can lead to disparate health outcomes.**

**State protocols for developing POSCs continue to evolve. These ongoing changes can make interagency collaboration difficult.**

### KEY CONSIDERATIONS

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Communities should explore differences in values and perceptions as a part of the collaborative process, promote education about substance use/mental health disorders and MAT, and use non-stigmatizing language when referring to this population.

Communities can develop state policies and procedures to determine whether families access and benefit from the array of available services. Understanding baseline and establishing performance measures will demonstrate what works well and for whom. Collaboratives can also examine data by race, ethnicity, gender, and other key demographics to measure disparate health outcomes.

A system of care approach builds partnerships to create a broad, integrated service array with sufficient capacity and diversity of services to meet the multiple needs of pregnant and parenting people and each family member affected by prenatal substance exposure.

As states and communities adapt and modify their policies and procedures for implementing POSC, stakeholders and partners need to remain engaged and adaptable in their collaborative planning efforts.

## Related Resources

### [\*POSC Learning Modules\*](#)

A five-part series on POSC for infants born with—and identified as affected by—substance abuse or withdrawal symptoms resulting from prenatal substance exposure, FASD, or their affected family or caregiver. The series helps state, Tribal, and local collaborative partners improve their systems and services. This series provides states and communities with considerations for implementing POSC to support the safety and well-being of families in their jurisdictions.

### [\*Tribal Family Wellness Plan Learning Modules\*](#)

A four-part series supporting Tribal agencies that serve families within their Tribe, as well as urban providers serving families from many different Tribal nations. Goals include reducing the effects of substance abuse on pregnant and parenting families, improving systems and services to reduce prenatal substance exposure, preventing the separation of families, and supporting family wellness. Developed collaboratively with the Tribal Law and Policy Institute.

### [\*A Collaborative Approach to the Treatment of Pregnant and Postpartum Women with Opioid Use Disorders and their Infants, Families, and Caregivers\*](#)

Examines the extent of opioid use by pregnant women and its effects on infants. Provides evidence-based recommendations for treatment approaches from leading professional organizations and an in-depth case study. Offers guidance tools to help facilitate a careful, in-depth analysis of a community's current policies, practices, resources, and training needs related to working with pregnant women with opioid use disorders.

### [\*How States Serve Infants and their Families Affected by Prenatal Substance Exposure\*](#)

Highlights states' approaches to serving infants and families affected by prenatal substance exposure. Stems from NCSACW's review of states' Annual Progress and Services Reports pertaining to CAPTA section 503 "Infant POSC," and years of practice-based experience providing technical assistance to support systems-level policy efforts and practice-level innovations to improve outcomes.

### [\*On the Ground: How States are Addressing POSC for Infants with Prenatal Substance Exposure and their Families\*](#)

Provides on-the-ground examples from states and Tribes implementing comprehensive approaches to POSC. These concrete examples can help states and agencies consider practice and policy system changes to best serve these families in their own communities.

### [\*Disrupting Stigma: How Understanding, Empathy, and Connection Can Improve Outcomes for Families Affected by Substance Use and Mental Disorders\*](#)

Supports cross-system collaborative teams in their work to reduce stigma in interactions, expectations, and policies affecting families. Provides several strategies, including how to intentionally use language to: 1) fight stigma, and 2) facilitate engagement with parents and family members affected by SUDs.

### **Key Considerations for Applying an Equity Lens to Collaborative Practice**

Helps collaborative teams determine how existing policies contribute to disproportionality and disparate outcomes for families while providing guidance for improving equitable access and outcomes. Also serves as a companion to the [\*Comprehensive Framework to Improve Outcomes for Families Affected by SUDs and Child Welfare Involvement\*](#).

### **Disproportionalities and Disparities in Child Welfare: A Supplement to Understanding SUD, Treatment, and Family Recovery: A Guide for Child Welfare Professionals**

A companion resource to the [\*Online Tutorial for Child Welfare Professionals\*](#). Guides child welfare supervisors and staff in their efforts to: 1) initiate discussions to understand the link between disproportionalities, disparities, and the child welfare system; 2) recognize disproportionalities and disparities when working with families affected by SUD; and 3) implement strategies to increase engagement with families and reduce inequities.

### **Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and their Infants**

Provides comprehensive guidance for optimal management of pregnant and parenting women with OUDs. Helps health care professionals and patients determine the most clinically appropriate action for a particular situation and informs individualized treatment decisions.

### **A Framework for Intervention for Infants with Prenatal Exposure and Their Families (webinar)**

Introduces the *Five Point Framework* that identifies points of intervention for comprehensive reform to prevent prenatal substance exposure.

## Contact us for more information



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