

Impact of a Plan of Safe Care Navigator Program on Neonatal-Maternal Separation and Foster Care Placement Among Infants With Prenatal Substance Exposure

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Background:

Pregnant individuals with substance use disorders experience high levels of surveillance by healthcare systems and child welfare agencies, often leading to neonatal-maternal separation. By age 1 year, 75% of infants with prenatal substance exposure have at least one child protective services report, 34% have a substantiation, and 20% experience out-of-home placement.¹ In California, 61.2% were reported to child protective services before age 1 and approximately 30% were placed in foster care.² Neonatal-maternal separation is associated with a 176% increase in autonomic nervous system activity in separated infants and an 82% increased risk of neurodevelopmental disorders in children and adolescents.^{3,4} Furthermore, punitive state policies are associated with 9-12% reductions in postpartum healthcare visits among women with substance use during pregnancy, deterring families from seeking essential care due to fear of custody loss.⁵ The Plan of Safe Care (POSC) is a federally recommended approach that focuses on keeping infants safe and using non-punitive measures to maintain the family unit whenever possible. This is done by connecting parents with substance use treatment with supportive services, however, inconsistent implementation across institutions and lack of longitudinal follow up often limits its effectiveness.^{6,7} To address these gaps, our institution implemented a DCFS sanctioned POSC Navigator Program, in which a trained provider serves as a consistent point of contact for families over a longitudinal period, coordinating medical and social resources for families affected by prenatal substance exposure.

Objective:

Evaluate whether implementation of a POSC Navigator Program is associated with reduced neonatal-maternal separation and reduced neonatal placement into the foster care system.

Methods:

This is a single-center cohort study comparing outcomes pre and post implementation of the POSC navigator program (June 2025–present) using retrospective and prospective data from electronic health records. The study population includes infants with documented in utero exposure to opioids and non-opioid substances (January 2022-present). Our database thus far includes 42 infants of substance-abusing mothers with 15 mothers assigned to navigators. Primary outcome is any neonatal–maternal separation, defined as separation at any point after birth and/or foster care placement during hospitalization or in the outpatient follow up period.

Secondary outcomes include DCFS contact and timing, discharge disposition, NICU admission and length of stay, pharmacologic treatment for neonatal opioid withdrawal syndrome, feeding outcomes, and developmental outcomes. Analyses will include descriptive statistics, pre/post comparisons, and stratified analyses by race/ethnicity, language, insurance status, and housing stability, guided by a health equity framework.

Results:

This study is ongoing. We anticipate that navigator involvement will reduce neonatal–maternal separation and foster care placement, increase discharge home with biological mothers, and mitigate disparities by race/ethnicity, language, and insurance status, without compromising neonatal safety.

Conclusion:

This work evaluates the role of a navigator-based POSC model in reducing unnecessary neonatal-maternal separation while promoting equity and infant safety. Findings will inform institutional policy, support continued program funding, and contribute to broader efforts to advance family-centered, non-punitive approaches to perinatal substance exposure.

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