

Perinatal Substance Use in Vermont

September 2026

Key Points

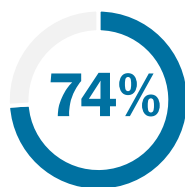
- Substance use is the leading cause of death for birthing people in Vermont.
- Birthing people frequently do not tell their providers, or even their families, about their substance use, so giving everyone resources is essential.
- What helps most is providing care that is respectful, free of judgment, and built on trust.

This brief draws on multiple sources of data to provide a snapshot of the current state of maternal substance use in Vermont.

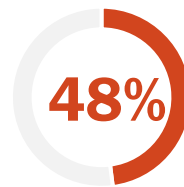
If you need help accessing or understanding this information, please contact AHS.VDHFCPCAPTA@vermont.gov.

What does maternal death look like in Vermont?

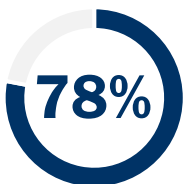
Between 2012 and 2024...



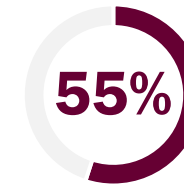
of perinatal deaths occurred in the **postpartum period**



of reviewed deaths were directly caused by **accidental overdose or a heart infection (endocarditis) from injecting drugs**



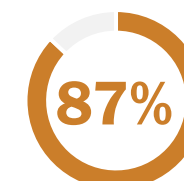
of postpartum deaths occurred **43 days to 1 year** after pregnancy



of reviewed deaths listed **substance use as a factor in the death**



Poverty and intimate partner violence play a bigger role in deaths during and after pregnancy



of perinatal deaths occurred among **people living in rural areas**

Sources: the [2023 Pregnancy Risk Assessment Monitoring System \(PRAMS\)](#), the [2026 Maternal Mortality Review Panel \(MMRP\)](#), [CAPTA/Family Care Plan](#) surveillance, and the [2026 Maternal Health Innovation \(MHI\) qualitative study of Vermonters with lived experience](#).



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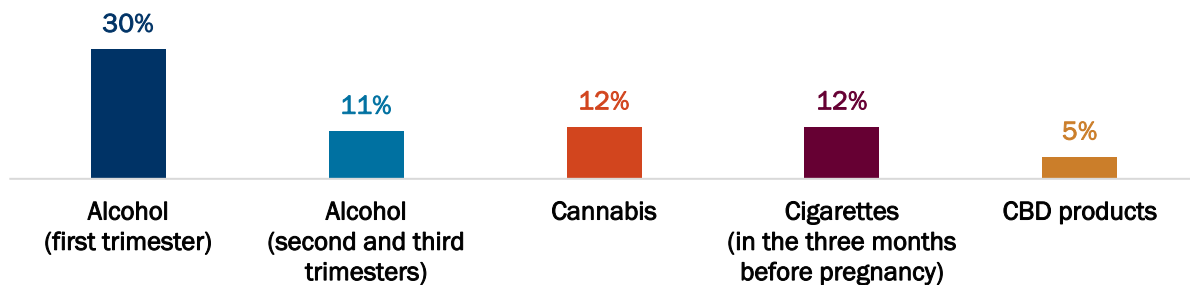


The [2026 Maternal Mortality Review Panel](#) recommendations include:

- Giving every new parent naloxone toolkits when they leave the hospital
- Having all birthing hospitals use the same set of best practices for patients who use substances
- Training health care and community workers on treating patients without bias or judgment
- More help connecting families to health care, social services, and recovery programs
- Providing OB clinic care coordination and access to nurse home visiting and doula support for all

How common is substance use in pregnancy?

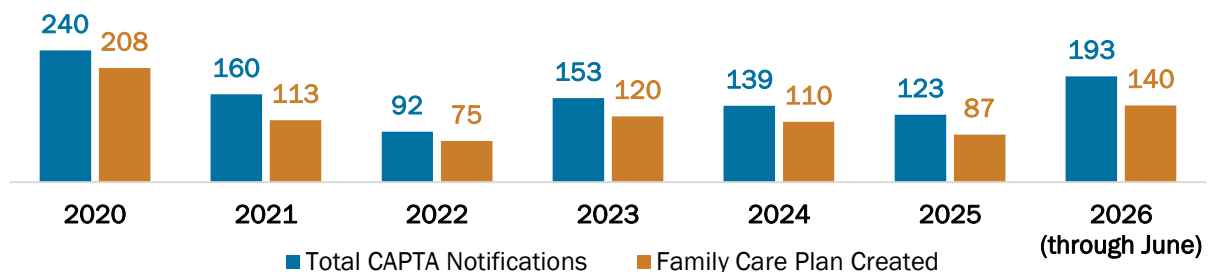
Percentage of women who report using substances in pregnancy, 2023 Vermont births



Vermonters who have given birth report inconsistent counseling about substance use from their obstetrical providers.

How are we doing with care planning when substance use is known?

CAPTA Notifications and Family Care Plans Created 2020–2026



CAPTA are de-identified data with no names from the time of delivery, and Family Care Plans replace the prior Plan of Safe Care as a care planning document to support families when substance use is known. Numbers may be higher in 2026 because reports are now made online and training was updated.

What helps?



Providers who reach out and talk with patients without judgment



Personal introductions to providers, and flexible options like video visits and take-home medicine



Access to medications for opioid use disorder and practical help like rides, housing and case managers



Peer support from people who have lived experience

What gets in the way?



Unstable housing, transportation, and child care



Being shamed or punished by systems like child welfare, jails, and prisons



Emergency rooms handle withdrawal during pregnancy differently



Not enough grief support after losing a baby or custody of a child

How do the study findings echo some MMRP recommendations?



A clear, year-long care plan that brings together addiction medicine, mental health care, help with basic needs, and home visits



The same plan in every emergency room for treating withdrawal



More support from peers and doulas



Anti-shackling protections in jails and prisons

How the Family and Child Health Division is responding:

Initiative	Details
Perinatal Quality Collaborative-Vermont	Partnership to improve care during and after pregnancy.
<u>Maternal Health Innovation (MHI)</u>	Project to build the statewide plan and better data systems for maternal health.
<u>Bidirectional Learning for Improved Support and Services (BLISS)</u>	Training helps perinatal community providers learn more about substance use during and after pregnancy.
<u>Alliance for Innovation on Maternal Health (AIM)</u>	Helps birthing hospitals use proven approaches to care.
<u>Children and Recovering Mothers (CHARM)/Community Response</u>	Connects cross-system clinical, child welfare, home visiting, and recovery supports.
<u>Recovering Loudly</u>	Lund project with shared stories of moms in recovery.
<u>Strong Families Vermont Home Visiting</u>	Provides free, convenient, flexible visits with a nurse or family support professional through pregnancy and up until the child turns age 5.
<u>CAPTA and Family Care Plan</u>	Both systems were updated for improved planning and family support.
Community Based Doula Program	Provides doula support in four Vermont regions.



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