

Prenatal Engagement and Family Support Working Group – Act 136 (H. 657)

August 27, 2026

In Attendance:

*Statutorily defined designees are highlighted to indicate those who constitute a quorum.

Lauren Higbee, Office of the Child Youth and Family Advocate

Raelyn Maynard, Lived Experience Expert

Aryka Radke, DCF-FSD

Jessica Barquist, Planned Parenthood

Alison Robinson, Recovery Partners Vermont

Cammie Naylor, Vermont Legal Aid

Ilisa Stalberg, Division of Family and Child Health

Kate Bailey, Voices for Vermont's Children

Larry Crist, Vermont Parent Representative Center

Meghan Masterson, Kid Safe Collaborate, Children of Recovering Mothers

Michelle LaLiberte, VT Family Network

Marshall Pahl, Defender General's Office

Lindsay Barron, DCF-FSD

Hannah Marble, DCF-FSD

Agenda:

Introductions

Establish Quorum

Accept Agenda

7-31-26 Meeting Notes (*vote to approve*)

Scope of Group

Prenatal to birth focus – review statute language of “pregnant individuals”

Calendar practice as outlined (attached) - Please ask questions as part of our study of the practice!

Motions

- A member motioned to accept the agenda. The motion was seconded, and the agenda was accepted.
- A member motioned to accept the notes from the July 31 meeting as presented. The motion was seconded, and the notes were accepted.

Questions/Input from the Group's Discussion:

During the review of the scenarios, the group raised the following questions and comments:

- Where did the 30-day acceptance timeframe prior to a pregnant person's due date originate? FSD will look into historical decision-making and rationale for this practice.
- A group member shared that the acceptance timeframe is intended to offer voluntary support and prevention while respecting a pregnant person's autonomy and decision-making.
- Why are reports held throughout an entire pregnancy?
- Is opioid use during pregnancy child abuse?
- What is the Department's jurisdiction to hold reports or take action on reports involving a pregnant person?
- Are there any other reporting processes that involve pending reports?
- What specifically constitutes 'concerning information'?
- Why do reports appear to only target moms?
- Is there any effort to update reports at the time of the 30-day screening?
- A group member shared that they feel, *"not telling someone there on the pregnancy calendar Isn't the best course of action. Only because some moms might possibly turn things around in that time. Or make an effort. Better outcome for everyone involved. There not investigations but its done in secret, until DCF is ready & only DCF."*
- A group member stated that the statute hinges on the word "child" and raised questions about DCF's authority to consider a fetus a child, as well as the potential legal implications of doing so.
- A group member shared that DCF policy cites 33 V.S.A. § 5106. Prior to the Juvenile Proceedings Act, these cases were referred to as "Chapter 55 acceptances."
- Discussion occurred regarding the use of the term "surveillance." Some group members expressed concern that use of the pregnancy calendar constitutes surveillance. The definition of "surveillance" was shared with the group.
- A group member shared *"whole system should be revamped. Dcf & other supports need to focus on building relationships. Keeping families together. As women to women. Mother to mother. Person to person. Instead of a baby cop that threatens them having there newborn. Not to mention the post partum a lot of women go threw at that time. Immediately after birth & navigating motherhood. We need to do better keeping families together. Sometimes people dont like someone & they call. Most the time dcf biggest concern is substance abuse but, there are mothers leaving the hospital that abuse the kids they already have & the baby there bringing home. We are quick to grab babies from new mothers & there being sent home with abusers & pedophiles. That dcf approves for foster parents. & i agree its absolutely surveillance & entrapment."*

- A group member distinguished between a fetus and a child as those terms are statutorily defined.
- A group member commented, "Jurisdiction is really a primary concern. That said, I'd be really interested in hearing from some elements of the provider community that reports, and also interested in hearing from elements of the provider community who reports post birth to better understand what is driving reports of a pregnant woman? and what drives reports after there is a child?"
- A group member noted that there is active litigation involving the pregnancy calendar. Another group member asked what legal question is currently before the Court. It was noted that the litigation is publicly accessible. The group member who raised the question was asked to email the Co-Chair with their specific question.
- Questions were asked about specifics of the scenarios:
 - What is the "pregnancy screen" in ACCESS?
 - What screenings, education, information, and connection to care happen through obstetrician's offices?
- CAPTA was discussed.
- A group member noted that the federal government has been careful to distinguish matters involving infants born with substance exposure.
- FSD shared information surrounding the number of intakes received that were on the pregnancy calendar.
- A group member commented on the multiple layers of review involved in the intake process and questioned the efficiency of the current screening process, particularly given limited resources.
- A group member cited 42 USC 5106a, stating that it very clearly never uses the word "exposed" with regard to substance use. It uses (10 times) "affected by substance abuse."
- Group members commented on the use of the language "concerning information" and questioned what the criteria is.
- Discussion occurred surrounding the focus on a mother's responsibility and ownness as focused on in the reviewed reports and language.
- 1 in 4 women in Vermont have perinatal mood and anxiety disorders was shared in the chat.
- A question was raised as to whether the pregnancy calendar is used to justify additional or continued DCF involvement with a family.
- A question was raised regarding what the Judiciary knows about the practice. Discussion included the use of the term "pregnancy calendar" in affidavits and whether the Court is aware of the practice.
- Discussion occurred regarding whether an individual should be notified when a report is made to the Centralized Intake Unit.

Next Steps:

- A group member will advise on gaps in services and support for pregnant individuals in Vermont.
- The rationale from the Judge's findings specific to Scenario #2 will be gathered by one of the Co-Chairs
- FSD data will be shared at the next meeting.

Additional Information Requested:

- Information from other states regarding their practices, including relevant statistics and outcomes.
- Information regarding racial, economic, and other disparities.
- Research and data regarding the use of "surveillance" practices involving pregnant individuals and associated outcomes.
- One of the Co-Chairs will inquire about available data from the Judiciary.
- When was the pregnancy calendar created, and when was it last revised?
- What is the purpose of the pregnancy calendar, and what is the rationale for its use?

Who is not in the room that we need to hear from?

- Pediatricians
- Obstetricians and other health care providers
- Service providers
- Other members of the provider community who make reports
- Other stakeholders with relevant experience or expertise

Links Shared:

- [Vermont Plans of Safe Care | Department for Children and Families,](#)
- [The Child Abuse Prevention and Treatment Act \(CAPTA\) | The Administration for Children and Families](#)
- [FSD's Women's Caucus Testimony March 2025](#)