NH AIM/ERASE Monthly Webinar

April 10, 2025
Welcome!

- We will begin shortly
- Reminder, we will be recording this session
- Your line will be muted upon entering. Please enter comments or questions in the chat
- Maddie Bridge & Emily Brayton will monitor the chat box and call on you to unmute yourself
- If you have trouble connecting, please email **Madalynne.M.Bridge@hitchcock.org**

To Receive CME/CNE Credit for Today's Session
Text: 833-884-3375
Enter Activity Code: 148179
Need help?
clpd.support@hitchcock.org
The above CE information is ONLY for live attendance. CE will be available for later viewing via a link shared after the webinar.

REMINDERS:
Please feel free to share the recording with colleagues and those you feel would benefit if they are unable to attend @ **www.NNEPQIN.org:** Educational Offerings | NNEPQIN

We HIGHLY value your input. Please be sure to **complete the evaluation** that Maggie Coleman will send to you immediately following the webinar. It takes less than 5 minutes to complete.

Patient perspectives on supports and services: What's needed and what works

Today's Agenda

- AIM Bundle Updates: Maddie Bridge
- Patient perspectives on supports and services: What's needed and what works
  - Sanam Roder-DeWan MD, DrPH, Associate Professor of Community and Family Medicine, Dartmouth Health
  - Kailene Jones MPH, Photovoice Community Project Manager, North Country Maternity Network Patient Advocate
  - Cheri Bryer, Senior Perinatal Peer Support Coordinator and Educator, NHPQC
- Q&A
- Announcements
- Please note: Today's speakers have nothing to disclose.

4/15/2025

New Hampshire Perinatal Quality Collaborative

NH PQC

This presentation is applicable to all pregnant and parenting patients.

A quality improvement initiative to support best practices that make birth safer, improve maternal health outcomes and save lives.

CDC works with MMRCs to improve review processes that inform recommendations for preventing future deaths.

https://saferbirth.org/

https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/index.html

Critical Collaborations: NNEPQIN/NHPQC, ERASE and AIM

Alliance for Innovation on Maternal Health moves established guidelines into practice with a standard approach to improve safety in care

Perinatal Quality Collaboratives mobilize state or multi-state networks to implement clinical quality improvement efforts and improve care for mothers and babies

Maternal Mortality Review Committees conduct detailed reviews for complete and comprehensive data on maternal deaths to prioritize statewide prevention efforts

Created from a Centers for Disease Control, Division of Reproductive Health source

Critical Collaborations: NNEPQIN/NHPQC, ERASE and AIM

Engage with DCYF to share the Community Voice/Photo Voice and Emotional Journey Mapping

AIM Bundle Updates

Perinatal Mental Health Conditions

Rebecca Casey, APRN – Case Consultation and Education Opportunities for all AIM Participants

- **Weekly open office hours on Mondays from 12:45-1:45pm virtually**.
  - Bring specific case management questions (no PHI), typical challenges, or come hear what other sites are encountering.
  - Case management question from 3/31: Pregnant patient's depression and anxiety medication options
- **Becca is also able to hold tailored lunch and learn, education, and discussion sessions for your team**.
  - Postpartum depression, psychosis, and medication management, "What do I do when Zoloft fails?"

Rebecca Casey, APRN – Case Consultation and Education Opportunities for all AIM Participants

- **April 21, 2025** special session on PTSD Clinical Management with Q&A opportunity. Please join through weekly open office hour Webex link.

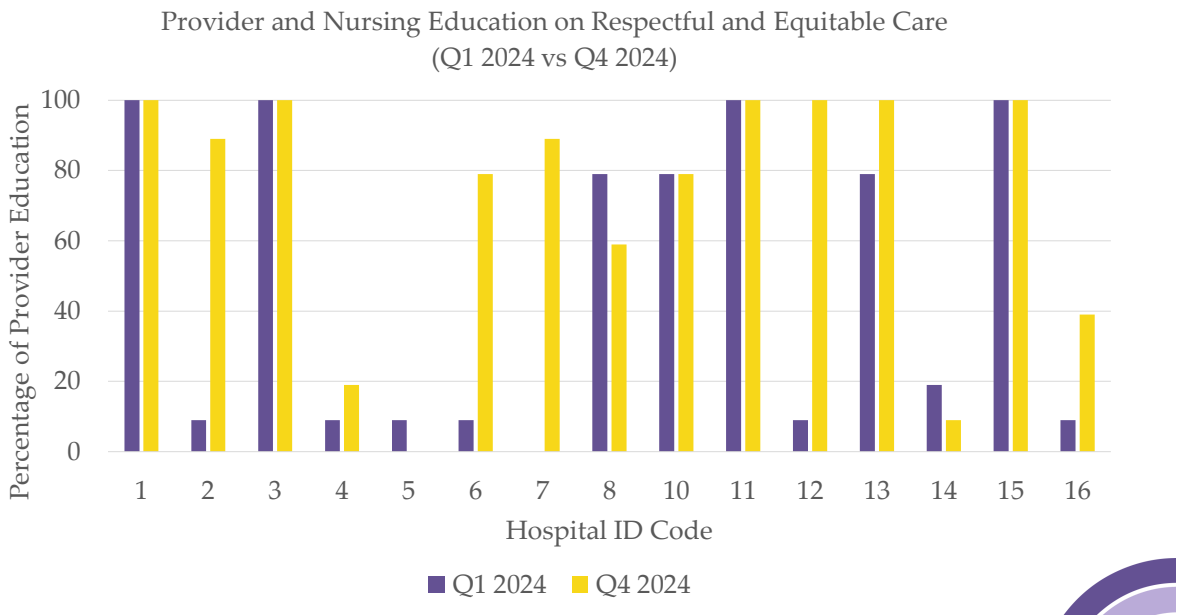
Please contact Maddie Bridge at Madalynne.M.Bridge@hitchcock.org if you would be interested in scheduling a tailored learning session or want office hours Webex calendar invite!

4/15/2025 New Hampshire Perinatal Quality Collaborative

"Toxic" Film Screening for Respectful and Equitable Care Education Measure

- "Toxic" is a short film (~25 minutes) about a day-in-the-life of a pregnant Black woman, and the racism and injustices that she faces.
- We can provide film screenings for your team with a facilitated group discussion (CE is available)
- Click HERE for the film website and trailer
- "The facilitated discussion after the film was enlightening and respectful." – Recent participant

Please contact Maddie Bridge at Madalynne.M.Bridge@hitchcock.org if you are interested in scheduling a session for your group.



Sanam Roder-DeWan MD, DrPH
Associate Professor of Community and Family Medicine, Dartmouth Health
Kailene Jones MPH, Photovoice Community Project Manager, North Country Maternity Network Patient Advocate
Cheri Bryer, Senior Perinatal Peer Support Coordinator and Educator, NHPQC

Patient perspectives on supports and services: What's needed and what works

Presenters: Dr. Sanam Roder-DeWan, Principal Investigator
Kailene Jones, MPH- Community Research & Engagement Manager
Cheri Bryer, Senior Perinatal Peer Support Educator/Coordinator

The participant-researchers (named)

Casandra Mercer
Ashley Shaw
Jessie Ingerson
Katy-Lynn
Jaimie Hawkins
Katherine Kenyi
Suzanna Crowner
Victoria Kennett
Chantelle Bartlett
Ashley Arnold
Tiffany Sweatt
Maylynda Emerson
Brittany Leighton
Rose Toner
Brianna L.
Brandi Ash
Lisa Coloumbe
April Arnold
5 Anonymous

The project team

Sanam Roder-DeWan, Principal Investigator
Kailene Jones, Community Research & Engagement Manager
Riley Carbone, Research Assistant
Cheri Bryer, facilitator
Daisy Goodman, Co- Investigator
Julie Bosak, Co-Investigator

With thanks to:
Lindsay McClure Miller (participatory photography)
Scott McClure Miller (participatory photography)
Terri Lewinson, MSW (photovoice methods)

Agenda

- Photovoice methods
- Access to Maternity Care
- Experiences with DCYF as mothers with SUD

1.

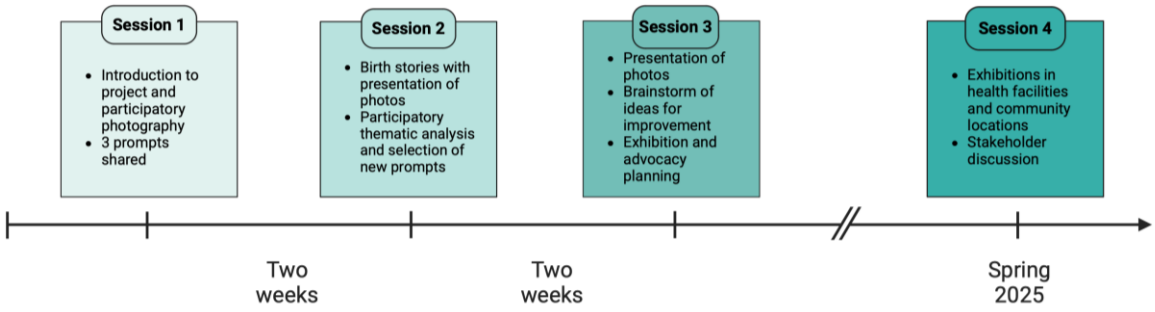
2.

Photovoice Methods

Photovoice

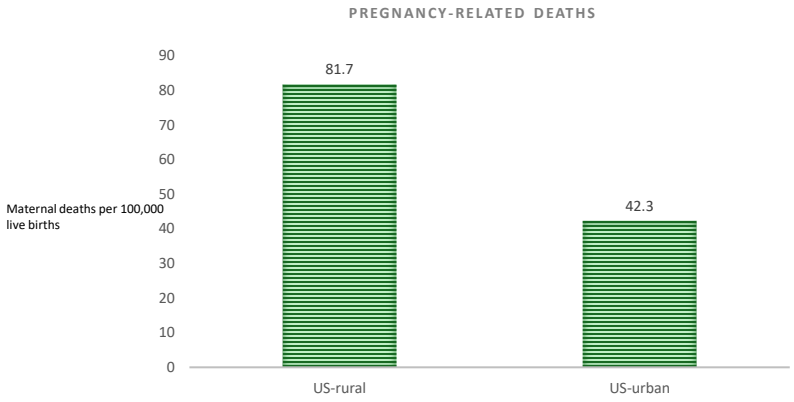
- Developed by Caroline Wang and Mary Ann Burris – 1990s
- Goals of photovoice
  1. To enable people to record and reflect their community's strengths and concerns
  2. To promote critical dialogue and knowledge about important community issues through large and small group discussion of photograph
  3. To reach policymakers

Wang, C., & Burris, M. A. (1997). Photovoice: Concept, Methodology, and Use for Participatory Needs Assessment. *Health Education & Behavior*
Wang, C., Burris, M. A., & Ping, X. Y. (1996). Chinese village women as visual anthropologists: A participatory approach to reaching policymakers. *Social Science & Medicine*



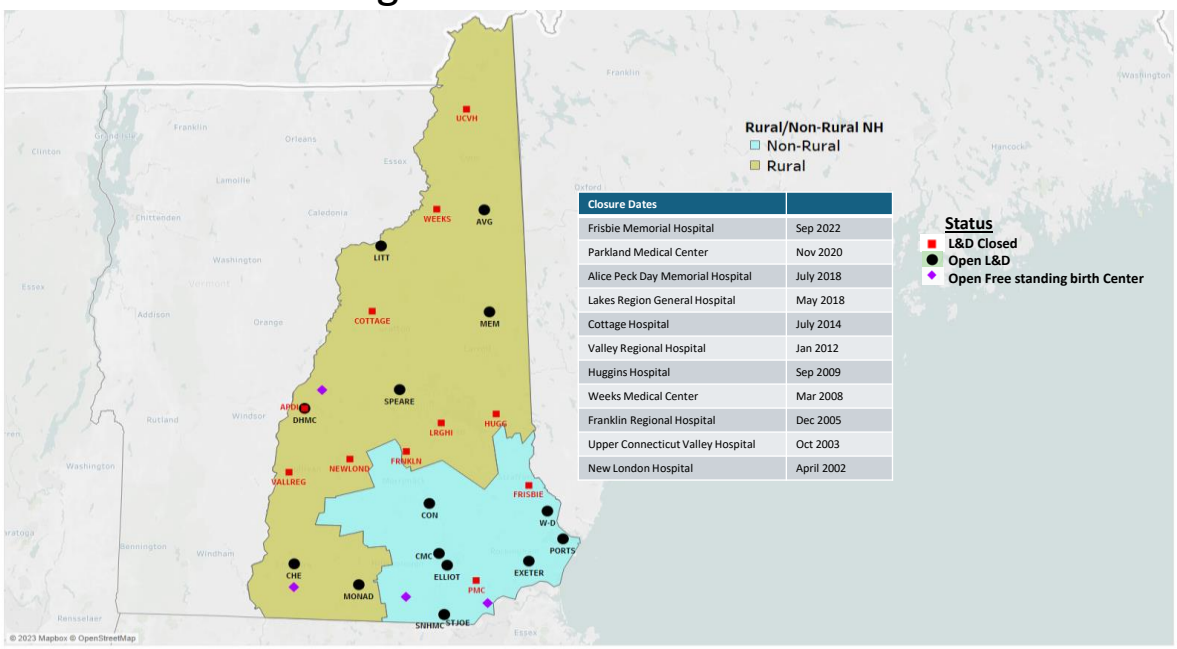
Access to maternity care

August 2024 – February 2025



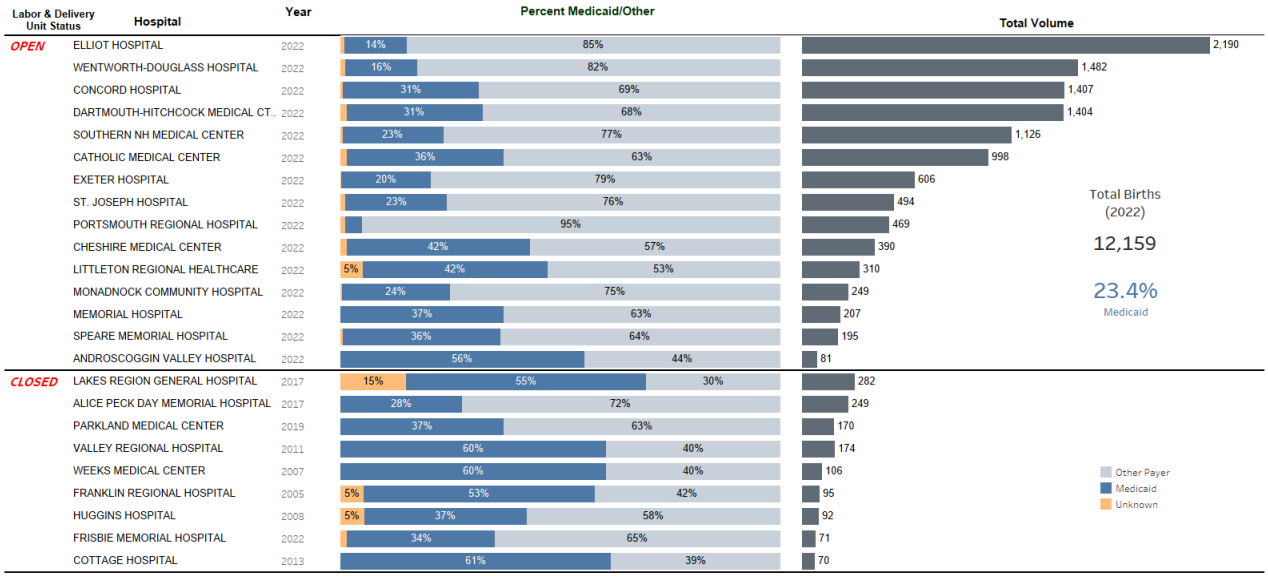
Harrington KA, Cameron NA, Culler K, Grobman WA, Khan SS. Rural-Urban Disparities in Adverse Maternal Outcomes in the United States, 2016-2019. Am J Public Health. 2023

11 of 26 NH birthing units have closed



Closure Dates	
Frisbie Memorial Hospital	Sep 2022
Parkland Medical Center	Nov 2020
Alice Peck Day Memorial Hospital	July 2018
Lakes Region General Hospital	May 2018
Cottage Hospital	July 2014
Valley Regional Hospital	Jan 2012
Huggins Hospital	Sep 2009
Weeks Medical Center	Mar 2008
Franklin Regional Hospital	Dec 2005
Upper Connecticut Valley Hospital	Oct 2003
New London Hospital	April 2002

Closings disproportionately impact poor communities

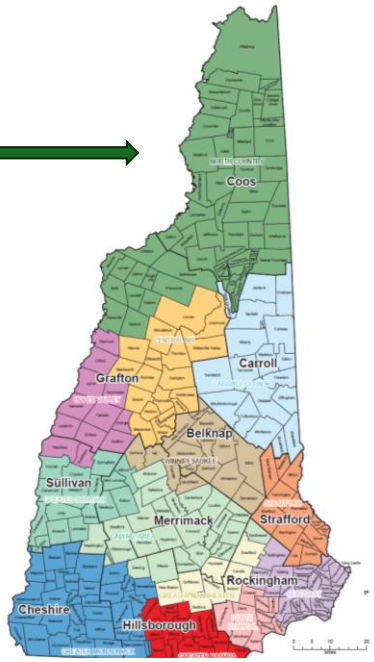


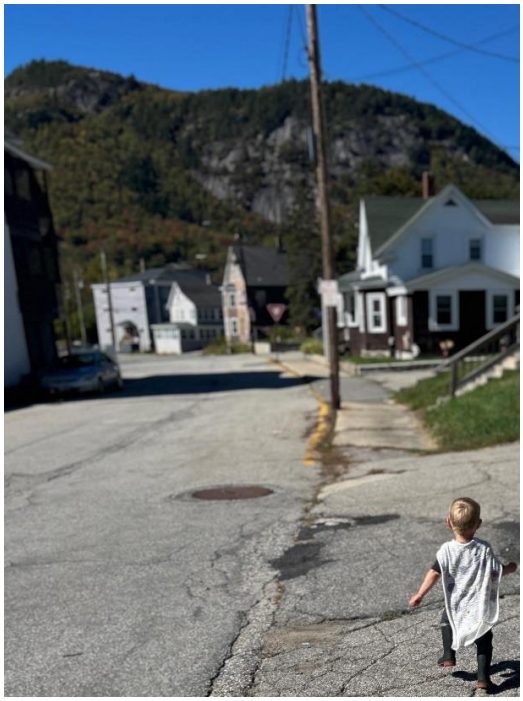
Study questions

1. Describe the experience of people and providers impacted by poor access to maternity care in New Hampshire
2. Co-create strategies to mitigate the impact of maternity care access challenges for people in the state

Sample

- **Study Setting:** North Country of New Hampshire
- **Sample Size: 17**; study groups in Gorham, NH (n=5) and Littleton, NH (n=7). Colebrook-Virtual (n=5).
- **Eligibility:**
  1. Resident of, or accessing care in, the North Country of New Hampshire
  2. Currently pregnant or have been pregnant in the last five years; and
  3. Experienced poor access to maternity care.





It's like I have to be superwoman in a world I know nothing about
-Cassandra Mercer

Theme: Self-advocating for preferred maternity care

Through the storm of grief and loss and through the process of having our rainbow baby, we were seen and reassured with love and support in honoring our daughter's memory and ensuring our son made it safely.
-Jessie Ingerson

Theme: Feeling supported in the North Country

" A woman when she is in travail hath sorrow, because her hour is come: but as soon as she is delivered of the child, she remembereth no more the anguish, for joy that a man is born into the world."
John 16:21
-Ashley Shaw

"No one was home but the queen but lots swarming about it." **– Jamie Hawkins**

"This has been a structure that has been around even before I was born and has held many memories and is strong."
-**Katy-Lynn Dubay**

I love you so much.
-Ashley Shaw

Obstruction of choice:
To find support of choice in birth after cesarean, I had to de-rail, go off the tracks of the usual course and leave the North Country. The path to avoid a planned cesarean was time consuming, expensive and stressful.

Theme: Balancing quality and access

For everything there is a season

Everything changes. The women of the North Country have changed, and our needs have changed along with us. We need services to adapt to how the demographic of this region is now. Many of us are transplants from other regions. We don't have generations of family and community here to draw on for support. Many of us go through pregnancy, birth and motherhood feeling alone, isolated, and written off. Our providers should not assume that we already have the support we need at home. It's time for the services that many of us so desperately seek to move out of the cities and head to the North Country.

-Katherine Kenyi

Theme: Feeling unheard

"Do not stop." They said, "Keep going." Unavailable supports and services kept me in a sickening cycle peering into the mirror of despair.

-Lisa Coulombe

Theme: Mismatch between needs and services

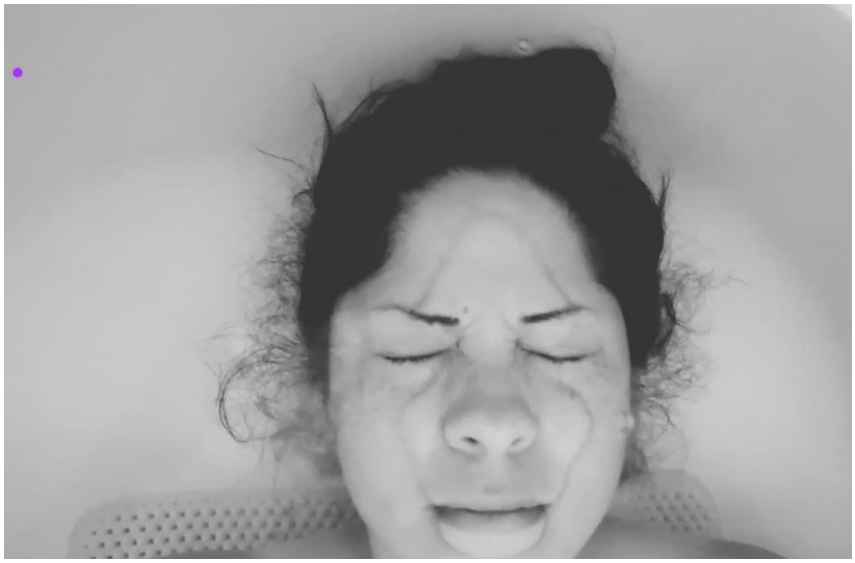
"Do You See What I See" –
Medical Gaslighting

I was told it's a normal part of pregnancy. The struggle was real yet no matter how many times I brought my concerns I was ignored, dismissed, or patronized. Pain became so bad that daily life was a battlefield of mobility and pain assumed to go away after giving birth only got worse.
-Rose Toner

Theme: Feeling unheard

Services that were available, which I found out after my planned cesarean, [were] a 4 hour round trip from where I lived. Travel that would have had to be made every single day. I was never offered the options and information was not disclosed. Withholding services that could have been available to me, I was slipping through the cracks. I needed to be valued and cared for as a member of the community. Judgments and bias allowed for no entry into groups for pregnant women.
-Lisa Coulombe

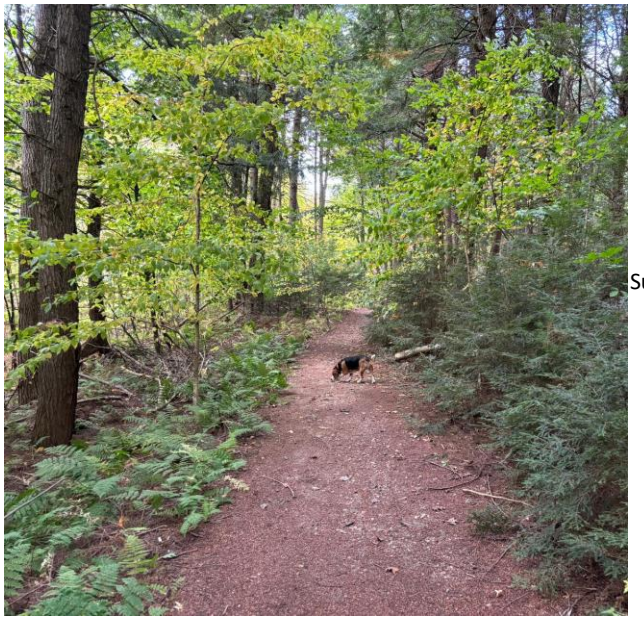
Theme: Mismatch between needs and services



Exhausted and overwhelmed, a mother in the North Country struggles to find solace in the midst of prenatal and postnatal care challenges.

Rose Toner

Theme: Challenge of accessing maternity care in the North Country



Support can come from unanticipated sources and experiences

-Brandi Ash

Theme: Feeling supported in the North Country

Through the colorful journey of motherhood, I was left pondering. Not really knowing what to do next. Not moving forward, no progression, stuck, all alone, and with no guidance.

Lisa Coloumbe

Theme: isolation

Early morning trip
for
my glucose test

Brianna Lareau

Theme: Challenges accessing maternity care in the North Country

"I am a fruitful vine. I bear fruit in my season. My bloom gives way to the fruit. Through love's surrender I become more than I was."
-Katherine Kenyi

"Hope Springs Eternal"

Getting pregnant was easy for me, however, keeping them was a different story. Between the years of 2020-2022, I experienced grief, fear, anxiety, anger, and pain - feelings too common for many women struggling with miscarriage/infertility. After four miscarriages, two D&C's, a million labs, hysteroscopies, an Asherman Syndrome diagnosis, uterine scar removal, surgical complications, prescriptions, and invasive scans, I was pregnant for the fifth time.

I struggled with anxiety during the entirety of my pregnancy, however, God was always with me, holding my hand - along with the amazing doctors I had. Although I had been through what seemed like hell, I am an incredibly stubborn woman and held on to the hope in my heart that I would have a living child. And with that hope, I was able to welcome my beautiful daughter to the world on April 13th, 2023.

I would go on to have a fifth miscarriage in 2024, but again, hope will be bringing us another rainbow early summer of 2025.

"I will not cause pain without allowing something new to be born", said the Lord. -Isaiah 66:9"

Maylynda Emerson

"Safe Travels"

New England winters can be quite treacherous, but, when you have to make appointments, there's no other option than to buckle up, say your prayers, and head out in the storm.

Maylynda Emerson

"Staying with the In-Laws"

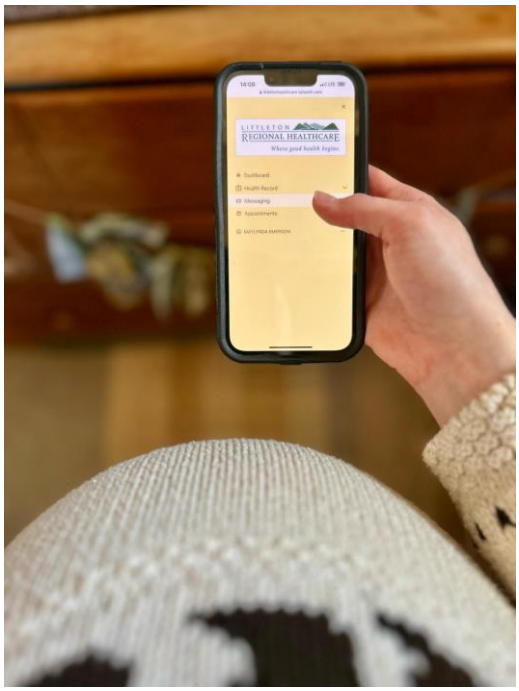
Because my husband and I lived a good 45 minutes from the hospital, my FIL and his girlfriend kindly offered to let us stay at their home with them, a short 5 minutes to LRH. This was a great option for us, however, we did have to uproot our lives to go and stay with them for a little bit to ensure we would make it to the hospital safely and within a short amount of time.

Maylynda Emerson

"Everybody knows everybody"

Being within a rural area, it's difficult going somewhere without running into someone you know. That applies everywhere, including healthcare. Privacy is a large sacrifice many of us rural women deal with because it seems personal life/health can't escape family and friends, especially with them being the attending nurse for the evening. Not to say it's all bad, but it would be nice to separate yourself sometimes.

Maylynda Emerson



"Patient Portal aka My Saving Grace."

Dealing with anxiety during pregnancy is extremely overwhelming. Making phone calls to my OB would often help, however, they're not always available. The messaging application through their patient portal is a book marked tab for me - a great alternative.

The amazing, Heather Watkins, whom I am eternally grateful for, always responds back to any questions and concerns ASAP. Having that "hotline", has helped me tremendously throughout all my pregnancies.

Maylynda Emerson

"I've got you babe."

The support I had and received from my family during my pregnancy and postpartum came from multiple generations. It truly takes a village to get through the experience. I was so grateful to have support from both my side and my husband's.

Victoria Kennett

"Taking the time to travel."

Victoria Kennett

Ceremony in nature, raw and real.

Giving birth in the woods of northern Vermont was a ritualistic experience. The blood of birth combined with the blooms of life give a full circle feeling.

Suzanna Crowner

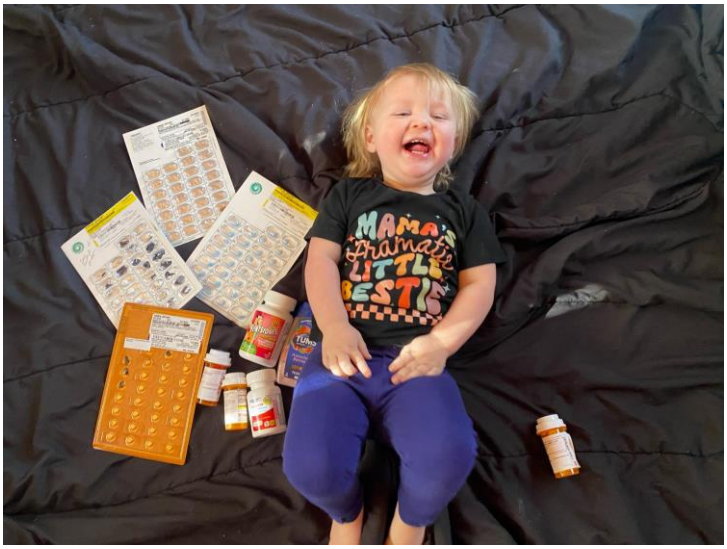
Friendships nurturing the transition. I am a flower blooming.

Suzanna Crowner

Tiny life finds a way

When deciding to have a home birth in our tiny house we had some decisions to make. I wanted a birth tub, unfortunately my midwife's tub didn't fit in our tiny house. My husband built us a deck for the tub instead of me having to forego a desire for water birth.

Suzanna Crowner



<u>There is always a light at the end of the darkness.</u>

Being a mom, we never put ourselves first it's always our children, our significant others. We tend to put ourselves on the back burner, even when we are what keeps our families going. in 2023 pregnant with Delilah, I finally took a step back and decided to put myself FIRST, if I did not put myself first and admit I needed help, I would NOT be here today. As women we want to think we are fine, we don't have the time to have something "wrong" we have littles relying on us, spouses needing us, and being pulled every which way. From January 4th,2023 putting myself first and foremost I gave in to having hope and now have over 2 years sober. Thankful I am present and able to be mentally and physically present for everyone.

-Brittany Leighton

"Out of my mind, out of time, how do I put all this behind just to get sidelined"

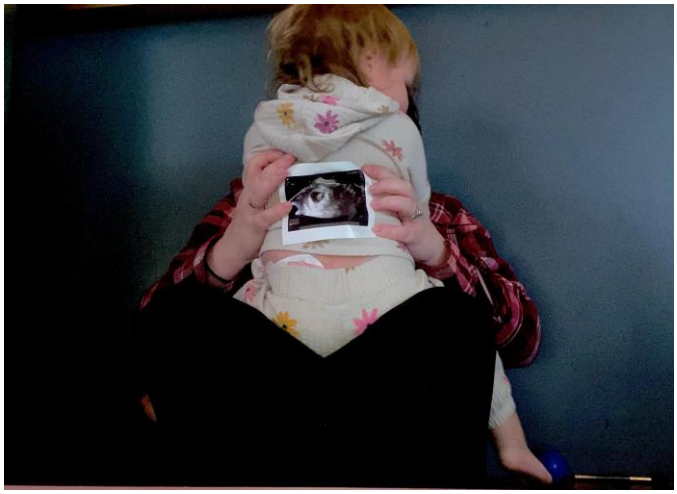
Brittany Leighton

Home. Family

"and just like that home wasn't a place to go, it was two people waiting to be together."

Growing up we always knew that our home was meant to be a safe space. In 2023 I was stuck with a difficult choice of finishing rehab or coming home to have our daughter. I never had my father growing up and the rehab wanted my husband and I to do one week on, one week off. I knew that was not what I wanted. So, I went against medical advice (ama) and made the decision to come home to my family that was 4 hours away at the time. Today I am grateful I listened to my gut instincts and came home.

-Brittany Leighton



"From me and you, to you, me and your new lifelong best friend "

Brittany Leighton

Weighing the risks

As the due date for my second child approached, I was presented with the option to schedule an induction. My first delivery, three years prior and also in the dead of winter, lasted roughly four hours from the start of contractions to the time my daughter arrived.

We had traveled to the hospital in the middle of the night through six inches of snow. The typical 40-minute drive alongside the chilly Androscoggin River and 13 miles of woods with scarce cell service, took over an hour that evening. After arriving to the hospital at 1am, we became a family of three shortly after 2am, leaving barely enough time for our OB to arrive.

Despite this experience, I was quick to dismiss the option for an induction the second time around, hoping to naturally progress into labor when it was time. Further appointments with discussions around induction, learning what to do if the baby is born in the vehicle and the ongoing worry for my safety and whether my husband would make it to the hospital for our child's birth led me to rethink my stance. We scheduled our induction date soon after.

Tiffany Sweatt

Precious time

Tiffany Sweatt

Adventure awaits…

Tiffany Sweatt

Creating a ripple effect…

The impact one small rock can make, even thrown by a tiny hand, is astounding. For as long as I can remember I've wanted to make a bigger difference in the world. I am so proud and honored to help give voice to the burdens many face during the journey into and throughout every stage of motherhood. I know this work will create the metaphoric ripples you see in the pond I'm raising my last baby on in the heart of Coos County. The impact this photovoice work will have is just beginning. The vulnerability and passion mothers brought to this project is admirable. I am blessed beyond words to have the opportunity to help create a safe space for people from all walks of life to share experiences and make change, by simply throwing one powerful idea out into a room and watching it spread across the surface of our conscience, in awe, as it transforms along the way. Together we can change the world.

-Kailene Jones

60

Access to Maternity Care: Five Key Themes

Participants-researchers…

1. **Make compromises and find creative solutions while making decisions about maternity care by balancing quality and access,**
2. **Experience a mismatch between needs/preferences and services available,**
3. **Feel unheard and actively advocate for their preferred maternity care,**
4. **Experience isolation especially in the postpartum period and during pregnancy loss, and;**
5. **Thriving in motherhood and building resilience even in the face of challenges**

Access to maternity care: Challenges

Participant-researchers…

- feel unheard and disregarded;
- feel a lack of empathy and support for pregnancy loss in the community but supported by providers;
- experience communication gaps between service providers;
- experience a mismatch between needs and service;

Access to maternity care: Challenges

Participant-researchers…

- feel they must actively self-advocate to receive their preferred maternity care, often looking outside the North Country and its facilities for solutions;
- wish providers understood that birth is not only clinical; it can be healing or traumatic;
- spend significant time and money planning and accessing maternity care

Access to maternity care: Strengths

Participant researchers…

- look to nature for strength and healing;
- find support in their families and communities;
- experience resilience by addressing access challenges
- use clinical sources and social media to self-educate and self-advocate
- use creativity and resourcefulness to deal with access challenges
- make sacrifices to receive quality care (privacy, type of care, living arrangement etc.)

What has worked – need more of this!

- Support groups (Prenatal & Post-partum, Pregnancy loss)
- Group Visits (Prenatal & Post-partum)
- Doula/CHW Program
- In-home prenatal and postpartum visits (WIC VT and independent midwives)
- Private messages with hospital staff (especially when relationship-based)
- Breastfeeding Support Options
  - WOMB connects mothers to independently practicing and retired lactation consultants
- Good shared decision-making on elective induction for geographic risk
- Early-head start
- Pregnancy loss support by providers

What needs work

- Communication: provider-provider, provider-patient, provider-community resources
- Sharing of community resources
- Smooth referral between clinical and social service providers
- Provider education
  - Shared decision-making and harm reduction
  - Focus on strength rather than risk
- Language used around AMA (geriatric pregnancy)
- Greater variety of ways to access resources for rural families (telehealth, zoom)
- Coordinated scheduling for mother-baby visits or access to family medicine
- Anesthesiology Regulations pertaining to C-section/VBAC options
- Benefit cliff "not qualified" but still need help
- Stigma of accessing resources (opt-out referrals)
- Isolation of people with SUD and increase access and integration with pregnancy groups and resources

Experiences with DCYF as mothers with SUD

December 2024 – March 2025

Substance Exposed infants and DCYF

According to New Hampshire's 2020-2024 Child and Family Services Plan, DCYF data shows 280-480 cases of substance exposed infants reported to their central intake annually.

source: Microsoft Word - NH DCYF 2020 - 2024 Child and Family Services Plan 9-30-19 [dhhs.nh.gov]

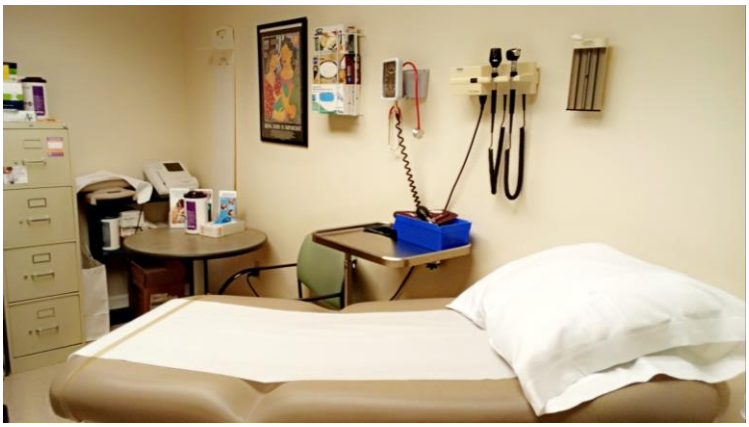
Maternal Mortality in NH and child protective services

Between 2018-2022 child protective services involvement was one of the top five socio-stressors present in cases on pregnancy related deaths.

Source: 2023-annual-nh-report-on-maternal-mortality.pdf

Sample

- **Study Setting:** New Hampshire
- **Sample Size: 3**
- **Eligibility:**
  1. Resident of, or accessing care in New Hampshire
  2. Currently pregnant or have been pregnant in the last five years
  3. Struggles with Substance Use Disorder (SUD); and
  4. Experienced DCYF engagement

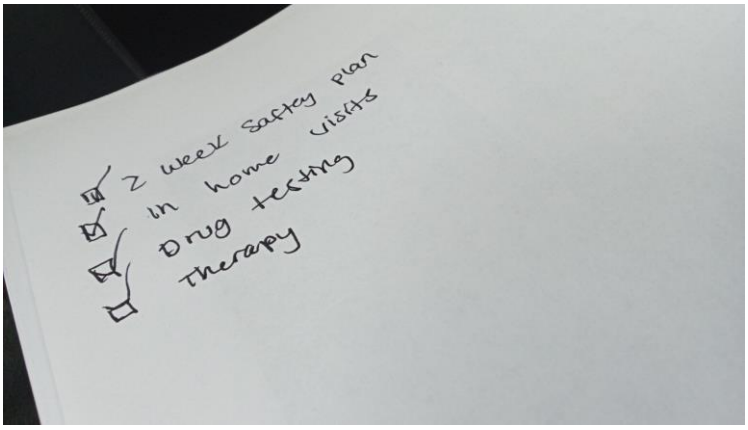


A vacant beginning

In the first six months of my pregnancy, I didn't get any prenatal care due to my active addiction and my fear of what they (doctors and DCYF) would think.

To an “eyes open” start

Seeing my baby for the first time made it all real. I knew in my heart and soul that I needed to make a change and was more than willing to embrace it.



A game plan to help me become more steady

DCYF granted me the chance and opportunity to better my life and learn to live drug free using their safety plan contract.

Happy baby boy at home where he belongs

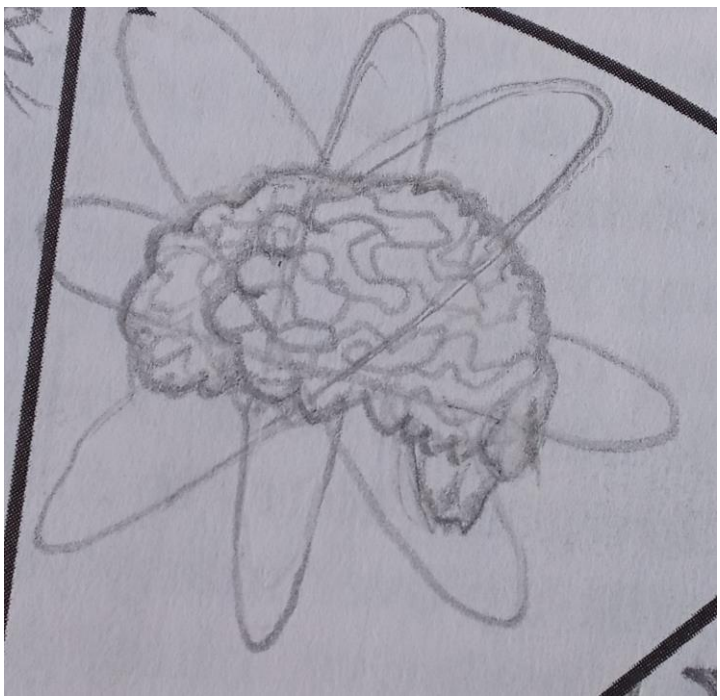
Thankful for DCYF seeing the good in me and allowing me to dive right into motherhood and form an unbreakable bond (no period of separation).

The heart to give me a chance to change through groups and programming

They helped me connect with the resource I need to take care of my self and become the person I need to be.

Time to change and grow

I needed their (DCYF's) willingness and patience to allow me to grow. Which they granted and supported each step of the way.



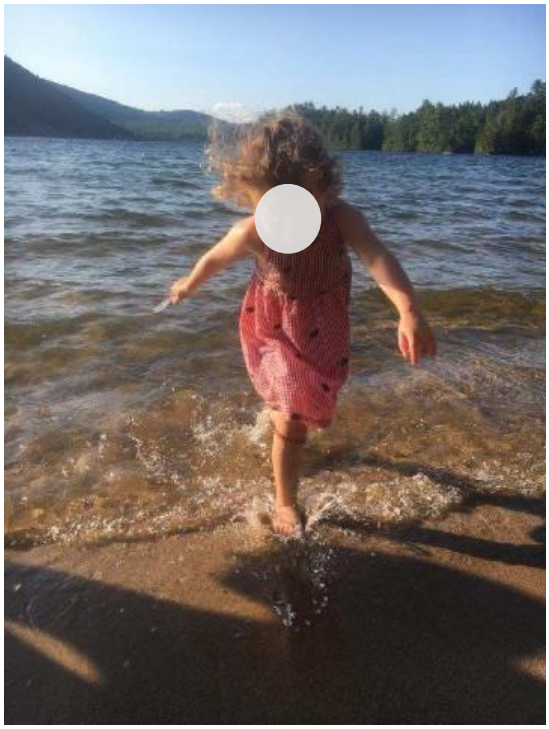
Even though it was tough emotionally

The tough choice was the right choice and I needed that push to begin on the right path. It was hard in the beginning, but it was the best possible path for my son's long-term happiness.

Together we would find a place of our own

Having my son with me would allow me to find housing quicker. Not being separated and having him with me motivated me more to get it done.

I worked very hard trying to fight to get my children back and DCYF did not give me any support. They just kept scaring me telling me the foster parents were fighting to keep my daughter, no matter what I did right. It shouldn't have been like that. I should have had another chance. I was in treatment at Dartmouth, got income, my own place, sober, and they still never gave me a chance ever again.



I would like to be with my children who deserve to have their real mother in their life.

It’s scary dealing with DCYF. They need to support mothers more, especially when they are taking my children from me. Also, if family is willing to take children over foster home, they should go right to family first not just thrown in foster care without their real family, their blood.

Ater losing my children from hospital, I went home to [an] empty house. After losing my children, I can't even describe the pain and all the emotion I felt. It's the worst thing a mother could ever go through, especially when I really was not a bad mom. I loved my children; I just struggled with addiction for a little bit. I needed more support from others. It made my addiction worse after I lost my children, but then after a couple moth I got up and fought hard, got sober, and that still wasn't enough for DCYF.

If DCYF gave my children back, I would love to be at [the] ocean having fun, being happy with my children. I wish I has this with them more than you know. I wish they gave me a chance and helped me fight to get my children back. DCYF should be more concerned with helping the mother and children to be reunited again.

I needed help—more support to help me get better, not to be so scary. Try to help me get reunited back with my children.

I ended up getting my own apartment after I lost my children for my children. I was sober and [DCYF] still had nothing nice to say. They were still fighting to keep my babies from me, said it was too late which was wrong. I had visits every week with them. No matter what I did right, [DCYF] never wanted to give me a chance to be the mother they deserved.

My son was born July 16, 2022. He swallowed his first poop making it hard for him to breathe because of the meconium which made it so he had to be in the ICU.

Born to my active addiction, I lost many years of it to grief or darkness or a wound that wouldn't close. I was pregnant and too scared to get help because of the fear I had of DCYF taking my baby. Which in the end my fear happened. DCYF focused so much on what I did wrong in my pregnancy instead of helping me get better or be reunited with my son.

I went home without my baby haunted by time. DCYF telling me that I can no longer even visit with my son. I was robbed of my time. I remember looking at the clock and feeling like time was going too slow to see my child. I had a whole lot of empty promises from DCYF telling me I can visit with my son which never ever happened. DCYF could not have cared less about how much time passed for my child and me.

I got help, went to rehab with the hope this would help me get to my son again. DCYF refused to still give me visits. They never called me, never met with me. I reached out so much, begging for visits as I was just ignored. Through paperwork of a 6 months early pregnancy hearing taking time away from me to get better to be with my child.

DCYF portrayed me as I abandoned my son, which was not the case. I feel both my son and I were mistreated through the whole process as well as being lied to on many instances. If DCYF had supported us and listened to me, I could have had a life with my son. DCYF lied not only to me but the courts. They portrayed my whole case in a way that they knew would keep my son and I from being reunited again.

If DCYF wanted to really help families, I feel honesty is huge. I can't be with my son today due to the lack of support of being reunited with my son and the lies they would tell.

Themes from Patient Stories

- Women avoid prenatal care due to fears of child removal negatively impacting health outcomes and their chances of successfully maintaining custody
- Recognize need for DCYF involvement at times, but still show kindness and believe in the mother
- Longer term policy changes that would be more supportive and increase likelihood of success:
- Sustain support services for the mother when she looses custody- this is when she needs it the most
- Lengthen timeframe for final parental rights decision in cases of addiction

DCYF: Quotes

“So afraid of her being snuck away from me.”

“So scared of losing her even while doing everything right.”

“With him I was too scared to go because I knew I was using….I knew I was going to lose him, but I didn’t think it would be forever.”

“I admit to doing wrong.”

“I think they pick and choose who they want to help.”

“How can you do this to somebody?”

“Breaks my heart that I can’t ever hug and kiss him.”

“They tell you don’t stop using heroin”

“Relapsed right after I went to court-felt I had nothing to live for.”

“Had all beautiful brand-new stuff”

“Judge only listens to DCYF-ended up having him adopted at 6 months.”

DCYF: Quotes

“Did all the steps I was supposed to do. They were planning to never give my baby back.”

“They didn’t work with me at all.”

“Have not been able to see her, no photos.”

“My experience was short-they (DCYF) gave me a chance.”

“Felt like I needed to keep doing the right thing.”

“I needed that little push.”

“Didn’t get prenatal care-wasn’t real until I had him…I used up until the day before he was born.”

“I still have more time before I have him.”

“Under a microscope.”

“I thought by telling on myself…”
{they would give me a chance to be a mother.}

Conclusions

The avoidance of prenatal care:

Starting the Family Care Plan in the prenatal time increases the chances of maintaining custody and having a support system in place

Clear continued work on stigma

Addiction is a disease of the brain not the heart

"It has nothing to do with the love we have for our children"

THANK YOU!

- Q & A
- To contact the project team

Next Month:

- The next NH AIM/ERASE Monthly Webinar will be Thursday May 8, 2025 at noon.
- **Team debrief after an unexpected event: Supporting team and patient well-being**

Announcements

- NH Breastfeeding Taskforce – Annual Breastfeeding Conference on June 9, 2025 from 7:30am-4:30pm. Virtual and in-person options available. Registration opens on EventBrite in April
- Maternal Health Summit on May 1 at Grappone Conference Center in Concord
- Spring NNEPQIN Virtual Conference – Thursday June 12, 2025, registration details to come.

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The above CE information is ONLY for live attendance. CE will be available for later viewing via a link shared after the webinar.

Important Links

- Becca Casey Monday Open Office Hours (12:45-1:45pm) Webex Link HERE

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