My Birth Plan

Thank you for being here with me as I deliver my baby. While I'm excited about welcoming my baby into the world, I'm also feeling vulnerable - and maybe even a little scared.



I'm relying on you for safety and support. Here's how you can help:

My name:	pronouns:
My support:	pronouns:
My baby's name:	pronouns:

Privacy

My substance use is a part of my confidential health information. **So please don't share it when it is not directly related to meeting our health care needs**.



Trauma-Informed Care

Most of us have had traumatic events in our lives. And we know that 1 in 4 women have experienced physical or sexual abuse and neglect. That trauma shapes the way we react. What happens during pregnancy, obstetric care, and child birth can bring up powerful emotions - and make it hard to cope. But there are things we can do. **Please help me feel safe and empowered. Ask me what I need. I'll tell you what helps.**



Respectful Language

The words we use are important. They show how we feel and they shape the way we think. Many words people use about substance use and people who use substances are unkind. **Please think about the words you use. Are the accurate? Are they helpful? Are they kind?** If you're not sure or have questions, please ask me.



Safety + Trust

Many people who with a history of substance use have had negative experiences with medical providers. Please understand that we need to build trust. Reject stigma and stereotypes. **Take time to get to know me.**





Informed Consent

Talking about substance use and exposure is an important part of everyone's health care. But it can be risky. Some people use that information to harm parents, babies, and families. Please respect my need to feel safe and reassured we are getting high-quality care.



Please protect our health information. Don't share it with third parties. You may share information with:



If you have questions about my substance use just ASK ME. Use SBIRT: screening + brief intervention + referral to treatment.

Visit the University of Missouri-Kansas City's site <u>www.sbirt.care</u> to learn more.



Explain the purpose and medical necessity of any screenings or tests, including the benefits and the risks. Offer me choices and safe alternatives.

REMEMBER: Signing a general "consent to treat" form is not the same as informed consent.





Ask for my Consent

Talk to me before collecting our urine or blood. Get my informed consent before collecting my baby's urine, blood, meconium, or umbilical blood + tissue.



Test results can be wrong.

Please confirm any positive results with a second test that meets confirmatory standards before making any reports or disclosing any of our health care information.



A positive drug test is not evidence of abuse or neglect. If you are required to share positive test results, find out how to make the notification, who should receive that information, and how that information will be used. Child welfare may not be the appropriate agency to call.

My Health History

Please ask me about my current and past health care needs.

my diagnoses and conditions:
surgeries I've had:
medications I am taking:
medications I stopped taking during pregnancy:
things I've done to have a healthy pregnancy:
my past pregnancies and births:

Special Healthcare Needs

I may need accommodations, interventions, and support for these health conditions:

	diabetes		gestational diabetes		high blood pressure	
	cardiac condition	6	asthma	Rh ⁻	Rhesus negative	
GBS	group B strep	HEP	hepatitis A B C	HIV	hiv positive	
હં	mobility needs	R	hearing impairment		vision impairment	
					C R contac	t lenses

Labor

Help me have a safe and supported labor:





Pain Management

My needs for pain management may be different from other people's. Please learn about any medications I may be taking and understand how they may affect the type of pain relief I need. Higher doses of opioids may be required to appropriately manage my pain.



I want to learn about :

Couplet Care

Help me bond with my baby after the birth.



My Postpartum Pain Management

Please talk to me about:



My Medication

Opioid Agonist Therapy (OAT) + Medication-Assisted Therapy (MAT) are the standard of care.



Neonatal Opioid Withdrawal Syndrome (NOWS) and Neonatal Abstinence Syndrome (NAS)

These are the most important things babies would tell you about NOWS and NAS:

- Use the right words. I am not an addict. Addiction is a set of behaviors babies can't do.
- I was exposed to opioids or other substances. These substances shouldn't lead to stigma.
- I have a temporary and treatable condition. If I need support, try EAT SLEEP CONSOLE.
- My parent may or may not have a substance use disorder. They may be using medication.
- My potential is limitless. My exposure won't determine my outcomes; how you treat me will.

If My Baby's Behavior Shows Signs of Exposure + Withdrawal

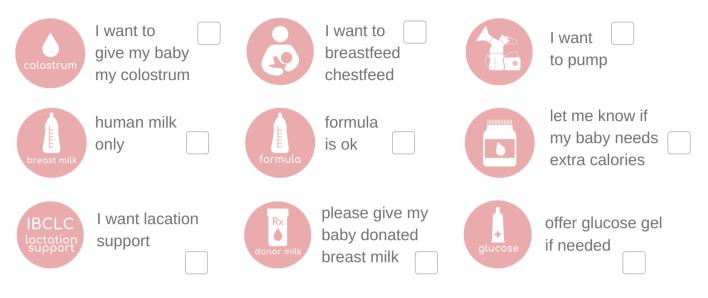
I want to follow the Eat Sleep Console model of care because babies who stay with their parents, breastfeed, and have their sleep protected show fewer signs of withdrawal and have shorter hospital stays. If my baby needs more support than ESC, I'd like to talk about the risks and benefits of pharmacological care (with opioids) and non-pharmacological care (without opioids) before we make a care plan.

NOTE: If you use the Finnegan scale please teach me how to score so we can work together to learn about my baby's cues and what they need.



Feeding My Baby

Help us get off to a healthy start. Breastfeeding-Chestfeeding is recommended for babes who are substance-exposed and when using medication to treat opioid dependence.



Before We are Discharged

I would like to make a plan for the postpartum period and follow-up care. I want to talk about:



Services + Support

I would like information about programs and services that are available in my community.

