

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 they accurate? Are they helpful? Are they kind?** If you're not sure or have questions, please ask me.



Safety + Trust

Many people 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 www.sbirt.care 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

☐

asthma

☐

Rhesus
negative

☐

group B
strep

☐

hepatitis
A B C

☐

hiv positive

☐

mobility
needs

☐

hearing
impairment

☐

vision
impairment

☐

 glasses

☐

 contact lenses

☐

Labor

Help me have a safe and supported labor:



my support person
is _____



my other children
with be attended
by _____



please allow
me freedom
to move

☐

I want to
wear my
own clothes

☐

I want to
drink water
or chew ice

☐

I'd like to
eat if I can

☐

please limit
vaginal
exams

☐

avoid pitocin
if possible

☐

ask before
swiping my
membrane

☐

limit my
contact with



limit sharing
my health
information

☐

support me if
I experience
feelings of trauma

☐

Delivery

These are my goals for a healthy birth and recovery:



freedom
to move

☐

push with
the urge

☐

vaginal
birth (VBAC)

☐

I hope to stretch,
not tear

☐

episiotomy
if needed

☐

if I need a c-section
offer support

☐

delayed cord
clamping + cutting

☐

early
skin-to-skin

☐

students
may observe

☐

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 help with pain. ☐



Opioids are helpful. ☐



I want to avoid opioids. ☐



I'd like to talk about epidurals. ☐



Offer me lidocaine patches. ☐



Offer ibuprofen + acetaminophen. ☐



Offer hot + cold packs. ☐



Cannabis provides effective, non-opioid pain relief for me. I will bring legally-obtained, safe, sealed, labeled non-smokable products with me. ☐



Please take time to talk to me about pharmacological and non-pharmacological ways to manage pain. Help me find the solutions that are right for me.
I want to learn about :

Couplet Care

Help me bond with my baby after the birth.



care for us together ☐



support skin-to-skin ☐



help us create a soothing space ☐



welcome my support ☐



delay 1st bath ☐



protect our sleep ☐



help me cope with complicated feelings ☐



Keep us together. Separate us only if it is medically-necessary. Then please reunite us as soon as possible. ☐

My Postpartum Pain Management

Please talk to me about:



what to expect ☐
and my options



when opioids may
be appropriate ☐



I'd like to limit the
risks associated
with opioids ☐



effective ☐
over-the-counter
medications



how binders
can help ☐



managing pain ☐
with ice and heat



how my pain ☐
management needs
may be different



CBD or ☐
cannabinoids for
pain management



I have questions
about: _____

My Postpartum Plan

Please talk to me about:



care essentials for ☐
postpartum recovery



birth control ☐
+ sexual health



referrals for ☐
follow-up appointments

My Medication

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



I take ☐
buprenorphine.



I'd like the pharmacy to provide my
medication in-house so I can stay with
my baby after their birth. ☐



I take ☐
methadone.



Please protect my health information.
Do not share information without my
consent, including my medications. ☐



I will need ☐
to visit my clinic.



You can help to reduce stigma by educating
providers and your community about the use of
medications to treat opioid dependence.



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

These are the most important things babies would tell you about NOW 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.

 EAT SLEEP CONSOLE <input type="checkbox"/>	 kangaroo care skin-to-skin <input type="checkbox"/>	 swaddle gently <input type="checkbox"/>
 help us create a quiet space <input type="checkbox"/>	 care for us together <input type="checkbox"/>	 comfort baby at breast <input type="checkbox"/>
 only use sugar water for painful procedures <input type="checkbox"/>	 offer a pacifier <input type="checkbox"/>	 do not offer a pacifier <input type="checkbox"/>
 cuddle my baby if I'm away <input type="checkbox"/>	 medication as needed <input type="checkbox"/>	 admit only if medically-necessary <input type="checkbox"/>

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.



I want to give my baby my colostrum ☐



I want to breastfeed chestfeed ☐



I want to pump ☐



human milk only ☐



formula is ok ☐



let me know if my baby needs extra calories ☐



I want lactation support ☐



please give my baby donated breast milk ☐



offer glucose gel if needed ☐

Before We are Discharged

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



sexual health + birth control ☐



breastfeeding support ☐



referrals for follow-up care ☐



help getting a good breast pump ☐



getting our immunizations ☐



I need information about:

Services + Support

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



nutrition and feeding support ☐



early childhood intervention ☐



paid family leave from work ☐



assistance with transportation ☐



child care assistance ☐



help for postpartum anxiety + depression ☐