



JOURNEY

Birth Planning Checklist

Sometimes, when a child is born with substances in their system, the Department of Children and Families (DCF) checks in with the family to make sure there is a safe and stable home for the child. This can feel like a scary time, but if you share information with DCF, they may have an easier time making a decision and you may feel more included in the process.

This Birth Planning Checklist will help you create a packet of records and documents you can use to show all the work you've done to prepare to be a mother in recovery.

This packet contains a lot of the information that DCF will be looking for. They may also want to speak with your providers and other people who have been a part of your recovery, so

signing a Release of Information form is important. Remember, everyone wants the same thing: for your baby to be safe and healthy and well. The information you share with DCF, even if it isn't perfect, might help you get services, supports, and things you need to parent successfully.

You may not have some of the things on this list. You may have other things you want to include. That's okay. This packet looks different for everyone.

Make two copies of your packet: one for you, and one for the Hospital Social Worker to share with DCF. Ask your substance use treatment provider, recovery support person, or prenatal care provider to help you collect these documents and put them into a folder or envelope.

My Birth Planning Checklist

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| <input type="checkbox"/> Cover sheet (name and contact information) | <input type="checkbox"/> A list of hospital tours and/or birth classes that you attended |
| <input type="checkbox"/> Emergency contacts names and numbers | <input type="checkbox"/> Certificates of treatment graduation |
| <input type="checkbox"/> Contact information for the secondary caregiver for your baby | <input type="checkbox"/> Information about your partner or the second parent of the infant, especially if this person is also in treatment/recovery (contact information, record of sobriety or treatment) |
| <input type="checkbox"/> Signed consent forms (between DCF and your medical providers; mental health / substance use treatment providers; prenatal care providers; birthing hospital; etc.) | <input type="checkbox"/> Your relapse prevention plan for after delivery (your plan to stay with your baby while he/she is in the hospital, your plan for housing for you and your baby, etc.) |
| <input type="checkbox"/> Drug screen results | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Support letter from your substance use provider (describing your treatment and progress) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Support letter from your mental health providers, recovery support people, or other people who know you well (religious/faith leaders, sponsor, Early Intervention worker) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Records of prenatal care visits | <input type="checkbox"/> _____ |