

JOURNEY

guides

Birth Planning Checklist

Sometimes, when a child is born with substances in their system, the hospital or another provider may contact the Massachusetts Department of Children and Families (DCF). When a report is received, a DCF social worker will contact you to learn more about your family and to decide if any help is needed.

This can feel like a scary time. Working with DCF can help you feel 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 will be a helpful part of your work with DCF. They will also want to speak with your treatment providers and other people who have been a part of your recovery, so signing Releases of Information is important.

Remember, everyone wants the same thing: for your baby to be safe and healthy and well. You can talk to your DCF social worker about your strengths and needs and what supports might be helpful to you and your children.

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 phone numbers) | <input type="checkbox"/> Certificates of treatment graduation |
| <input type="checkbox"/> Contact information for a backup caregiver for your baby, or the second parent | <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"/> Contact information for all medical and treatment providers, and signed consent forms (to allow your substance use treatment providers and your DCF social worker to speak with each other) | <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"/> _____ |