**Maternal Mental Health Birth Plan *(example)***

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| **MATERNAL MENTAL HEALTH PRE-BIRTH PLAN FOR:**  **Name:** \_\_\_\_\_\_\_\_\_\_\_**NHI:** \_\_\_\_\_\_\_\_ **EDD:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date**: \_\_/\_\_\_\_/\_\_\_\_  **KEY CONTACTS:** *(List all* *including contacts details for mental health professionals)*  **Name: Phone:**  **BACKGROUND INFORMATION AND RATIONALE FOR PRE-BIRTH PLAN:**  *Brief social and psychiatric history. Risk of postpartum psychosis.*  **AREAS OF CONCERN:**  **Mental Health**  *Current mental health and what care has been provided. Current medications, planned changes, and safety in pregnancy and breastfeeding.*  **Alcohol and Other Drugs**  *Current and previous use.*  **Medical**  *Current medical conditions (non-mental health).*  **Social Situation**  *Family support – partner, extended family. Child protection services involvement, family violence.*  **Neonatal**  *Any additional monitoring or neonatal input that may be recommended.*  **PRE-BIRTH PLAN**  **ANTENATAL:**  *Details of antenatal care and secondary consultations.*  *Details of psychiatric care.*  **LABOUR/BIRTH:**  *Support persons during labour (who will be present).*  *Details of preferences for labour and birth. Use of PRN medications.*  *Any history of trauma. Previous birth experiences.*  **POSTPARTUM – HOSPITAL:**  *Consider single room/support person staying.*  *Preference to breastfeed/bottle feed.*  *Extended admission for additional support, monitoring of mental health, and establishment of breastfeeding.*  **POSTPARTUM – COMMUNITY:**  *Support and follow-up.*  **In the event that (Name) becomes unable to care for herself or her baby, the following things are to occur:**  **Signs and symptoms that (Name) is becoming unwell:**  **Things that (Name) can do to remain well:** |