**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:**  |