Caring Connections



POSC

PLAN OF SAFE CARE

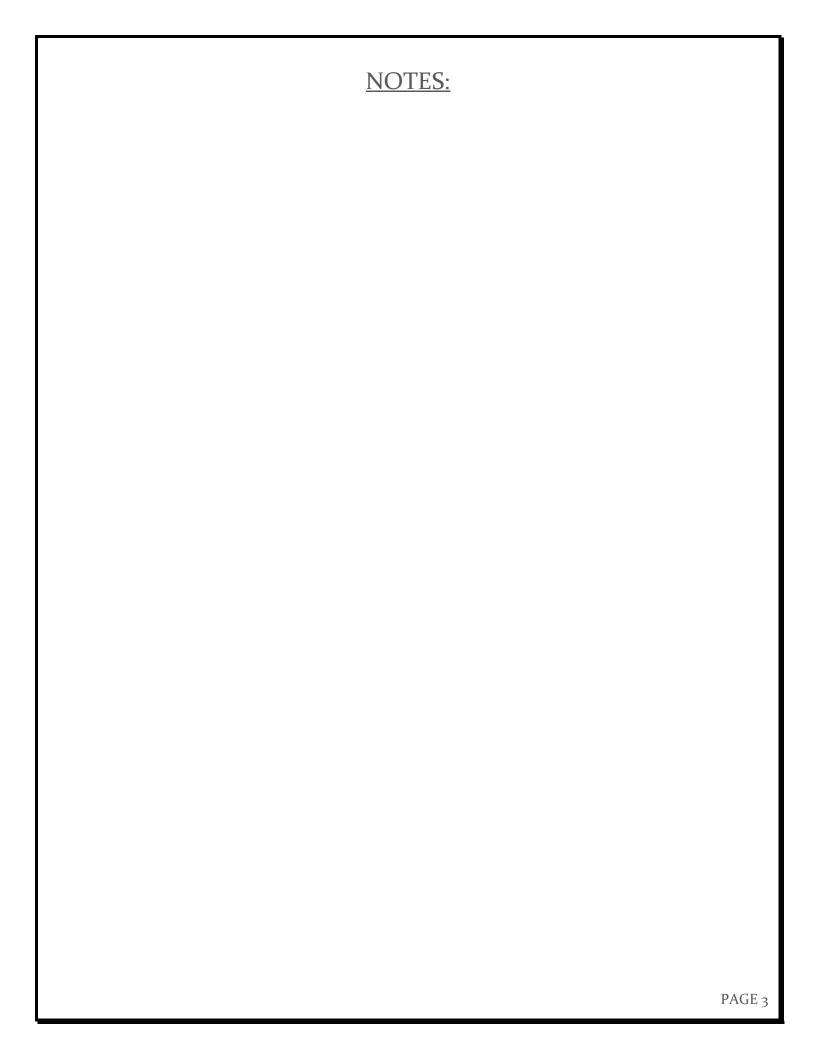
PRENATAL, DELIVERY AND POST NATAL

Purpose: Plan of Safe Care (POSC) – A communication plan that will help you and your support team, coordinate necessary services to prevent possible negative outcomes associated with pre-natal and post-natal substance misuse. This plan includes goals specific to the you, your baby and your family. Dealing with Substance Misuse and/or Mental Health issues is hard enough – but to do this while pregnant requires help. We will be with you through all the stages of your pregnancy, your delivery and your transition home. We know you want the best possible outcomes for your newborn and your family – and we can help get you there.

POSC Prenatal Information

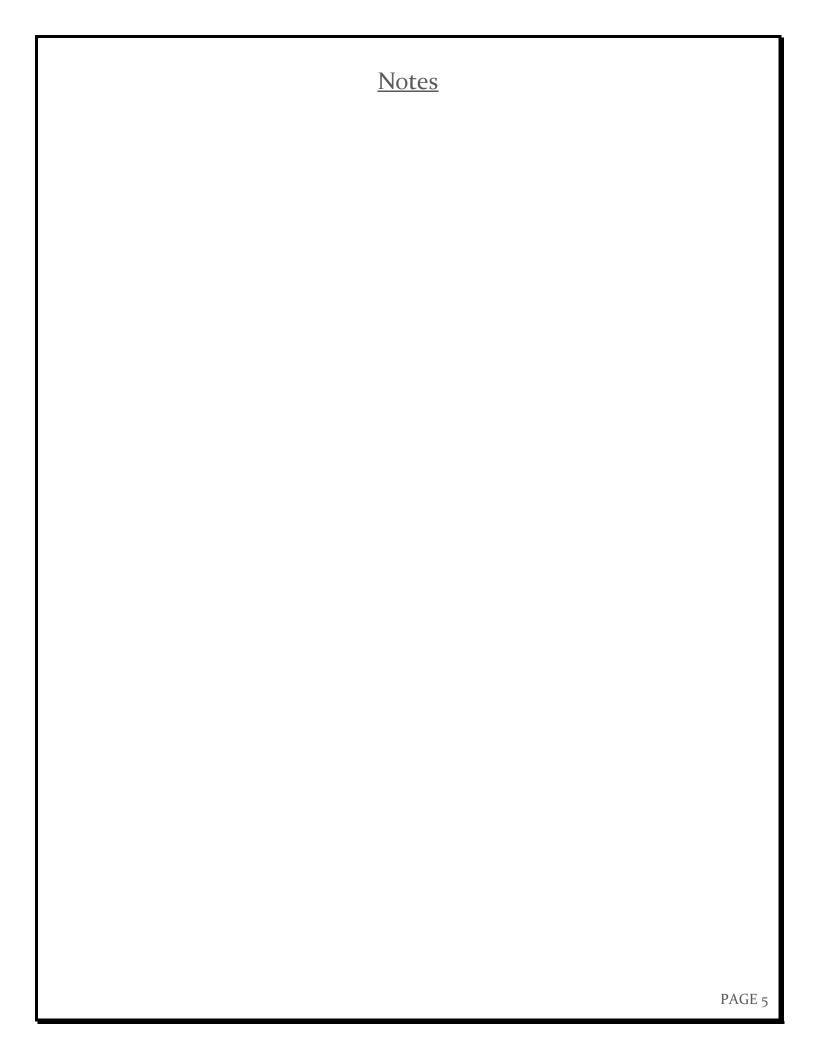
Mother Name:
Father Name:
Is Father willing to participate in POSC? Yes: No:
If no, why not?
are there any other family or support member you want to participate?
Do you have any Transportation needs?
Who is your OB/GYN?
Contact Information?
What Trimester did you start Prenatal Care?
Do you have any medical conditions, and if so, are you currently taking any medications for these conditions? (blood pressure, gestational diabetes ect)
Have you been participating in WIC?
What are the issues that you are most concerned about at this time?
Have you been involved with any treatment agencies in the past? Yes: No: If yes, who and were you're your needs met? If no, why?
Is there anything else you want us to know about you and your situation?:
What are your Strengths?
What are your Weaknesses?

Substance Misuse Treatment Provider involved in your POSC Treatment Provider/Agency: _____ Name of coordinator/case manager: _____ Contact information: Start Date with provider:_____ When are your appointments?_____ Is this a Medication Assisted Treatment? Yes: _____ No:____ If yes, medication and dosage: _____ Has MAT medical staff contacted your OB/GYN to coordinate your care and discuss prescribed medication? Marchman Acts: Yes: No: Objectives of service: Completion date: Completion date: _____ Completion date: _____



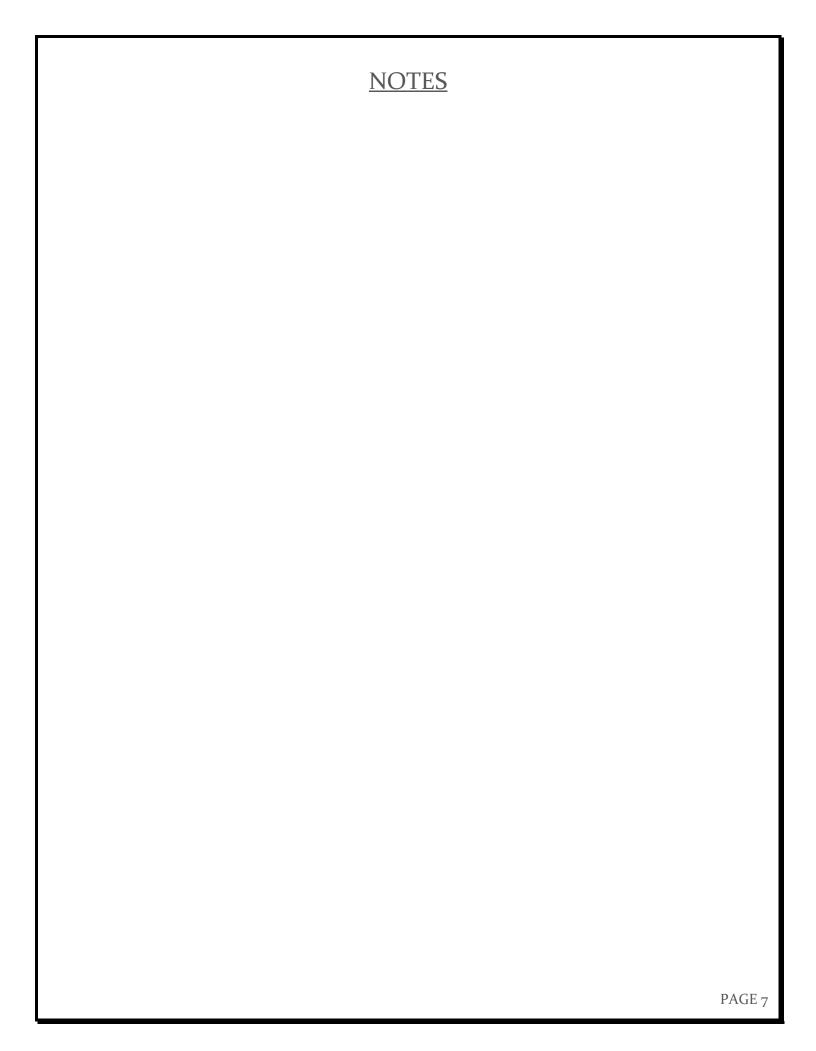
Mental Health Treatment Provider involved in your POSC Treatment Provider/Agency: Name of counselor: Contact information: Start Date with provider: Baker Acts: Yes: No: If yes, Please provide dates and brief description: Were you prescribed medication? If yes, What are your medications and dosage: Has your Mental Health counselor contacted your OB/GYN to coordinate your care and discuss prescribed medication? Objectives of service: Completion date: Completion date: _____

PAGE 4

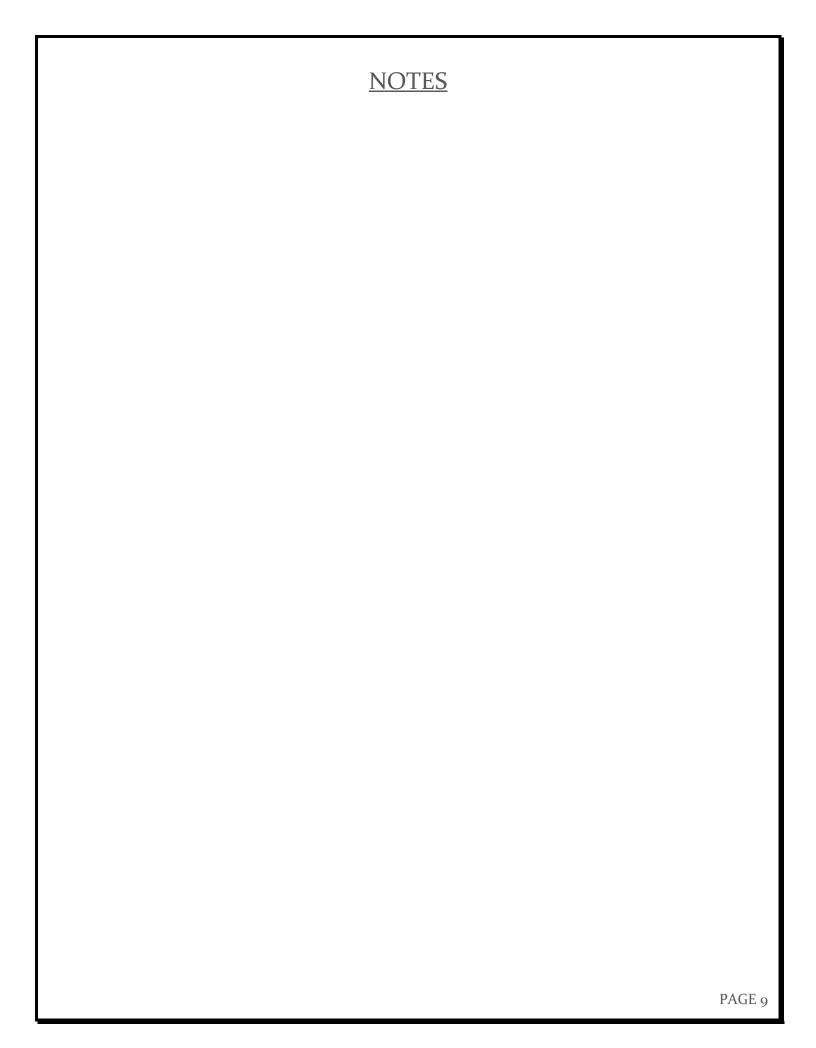


<u>Substance Misuse Care Coordination Service Provider involved in your POSC</u>

In-home service provider agency:	
Name of coordinator/case manager:	_
Contact information:	
Objectives of service:	
1.	
Completion date:	
2	
Completion date:	
3·	
Completion date:	
Resources and information provided to the family:	

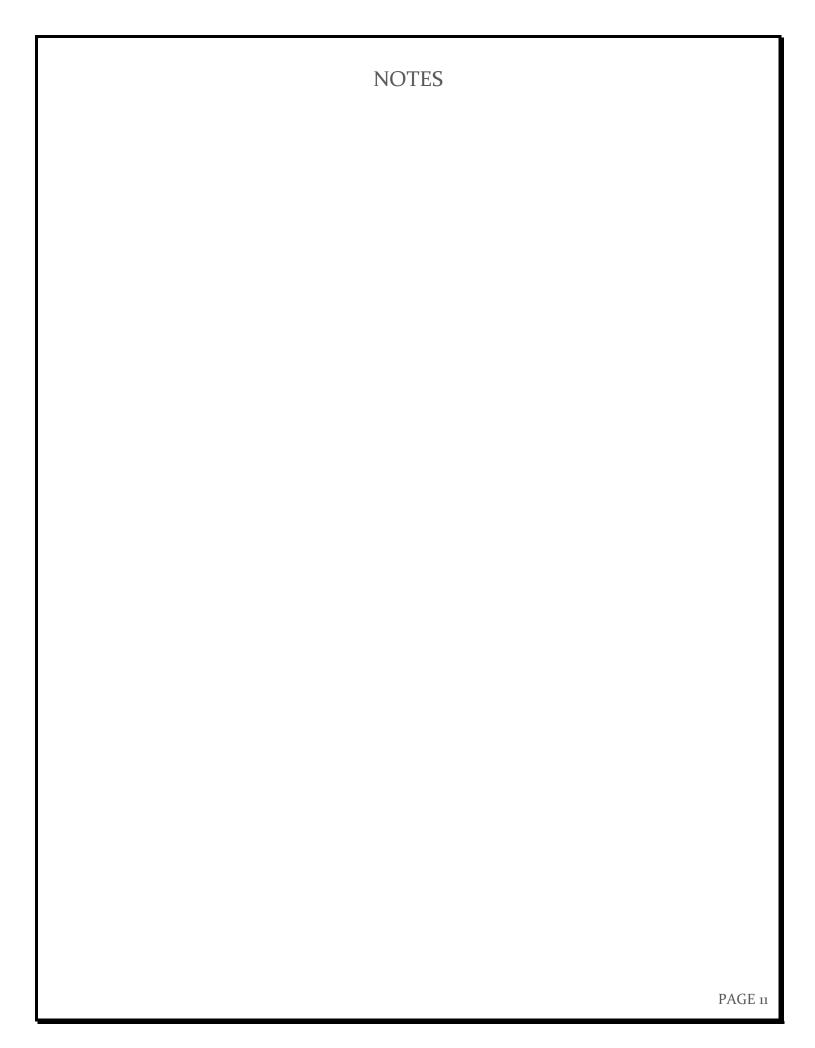


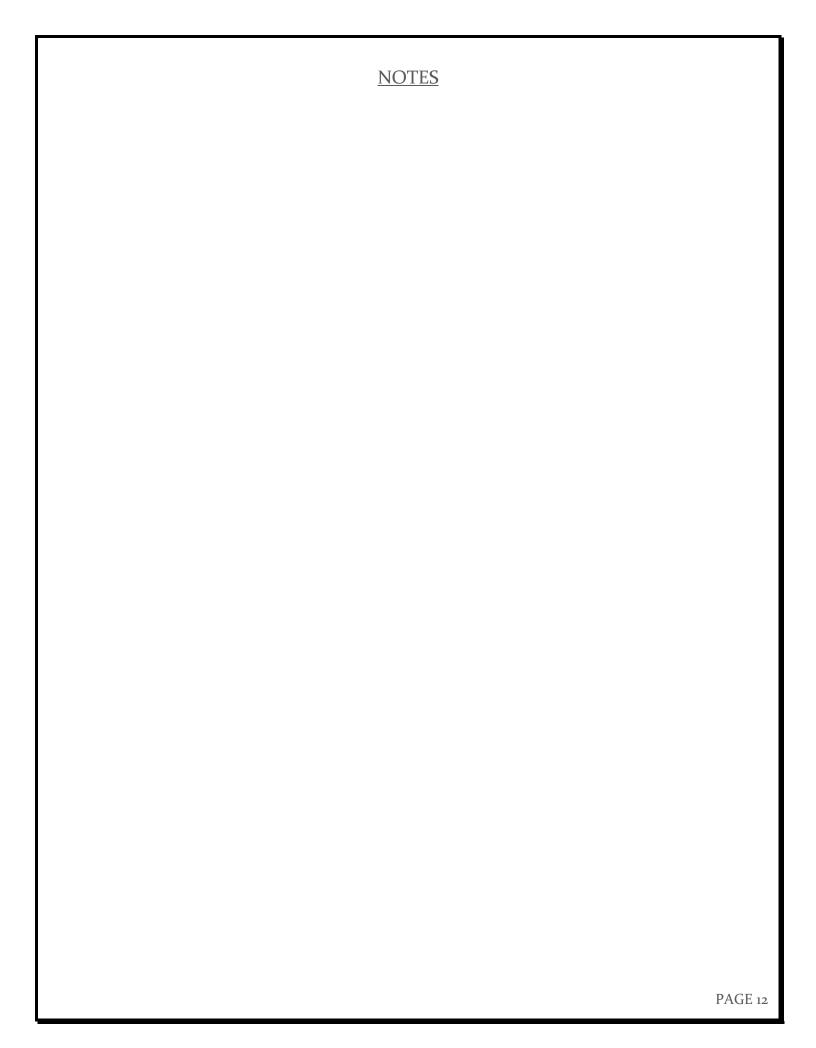
In- Home Service Provider involved in your POSC
In-home provider agency:
Name of coordinator/case manager:
Contact information:
Objectives of service: 1
2. Completion date:
Completion date:
Completion date:
Resources provided to the Family:



POSC Pre -Delivery Information

Do you have transportation to the hospital planned?Name of Hospital where you expect to deliver:
Expected due date:
Who will be a part of your support system when you take the child home and have you discussed a schedule with them, (examples so you can sleep, go to appointments etc.)?
What is your plan to return to Treatment/receive your methadone while in the hospital?
Please list most current medications below (or take a picture of the bottles) to provide hospital staff at intake:
Do you have a car seat for your newborn and did you need to have it checked by a certified car seat Inspector? Yes No Your fire department can inspect for proper installation.
Do you have a safe place for your newborn to sleep? Yes NO Do you have the supplies needed for you and your newborn? Yes No If no, what do you still need?
Do you or your doctor expect your new born to be substance dependent? Yes No If yes, do you have a place to stay (close to hospital) if your newborn is in the NICU? Yes No
Have you been provided a copy of "Signs and Symptoms of Neonatal Abstinence Syndrome (NAS)" What you need to know?
Have you contacted Connect CI&R in your county of record for in home service visits for your newborn after release from NICU? Yes No (If no, Ask the hospital social worker for contact information so that a referral can be made to your local in-home nursing program.)
What are your long-term birth control plans post-delivery? Discuss options with OB/GYN





POSC Delivery

Name of Baby: Length:	Date of Birth:
Name of Hospital where you delivered:	Sex:
Location of NICU - If newborn was transported:	
Name of doctor that delivered newborn:	
Mode of Delivery: Vaginal C-Section	
Pain Medications provided during delivery:	
Drug Screen for Mother: Date: Negative: substances?	
Drug Screen for Newborn: Date: Negative: substance?	Positive, if yes for what
Infant observation – 5 day: Yes No Newborn Symptoms and/or complications and Treatn	
Newborns length of stay:	
Breast Feeding or Bottle Feeding:	
Discharge -Follow - up instructions Newborn:	
CI&R Referral Completed on:/_ /	
1st Pediatric Appointment: Doctor:	Date:
Mothers:	
Mothers:Follow-up appointment: Doctor:	Date
PLACE A COPY OF HOSPITAL POST-NATAL DISCH.	ARGE INSTRUCTIONS FOR YOU

PLACE A COPY OF HOSPITAL POST-NATAL DISCHARGE INSTRUCTIONS FOR YOU AND YOUR NEWBORN IN YOUR POSC FOLDER TO REFER TO AFTER YOU LEAVE THE HOSPITAL

Once You Are Home		
What is your plan for returning to your substance misuse program?:		
Try to develop consistent eating and sleeping routines for the infant- NAS infants may take more time eating or falling asleep than non-opioid exposed infants. Who do you have helping you to care for the infant during the early weeks after you return home?		
Has someone reviewed safe sleep measures with you to ensure your newborn has the safest sleeping environment possible? Yes/No If no – Have your In-Home service provider discuss the latest research and the ABCs of safe sleep.		
Remember!!! It is very possible that the Department of Children and Families will be called if you are participating in an MAT program. This is not meant to be punitive – it is to ensure the safety and well-being of your infant. So Let them know that you are participating in a Plan of Safe Care. Allow them time to review the plan and share with them any other resources you may be involved with. Be proud of your sobriety and Celebrate what you have accomplished during your pregnancy. You and your newborn will benefit from all of your hard work.		

