



Birth Planning Kit

Recovery and Wellness Plan

The **Journey**
Recovery Project

journeyrecoveryproject.com

A soft-focus photograph of a woman with her hair in a bun, holding a baby against her chest. The woman is looking down at the baby with a gentle expression. The background is a plain, light-colored wall with some faint floral decorations.

We're here for you.

This workbook can help you prepare for pregnancy, delivery, and the postpartum period. It is meant to be used with the Journey Recovery Project website (journeyrecoveryproject.com), which has additional videos, worksheets, and information. A counselor or peer recovery coach can help you use this workbook and explore the website. The Journey Recovery Project was created with help from women with experience balancing pregnancy, parenting, and recovery from substance use. Our hope is that these materials help you feel supported, informed, and empowered along your journey. Take good care.

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My Guide | People to Meet During Pregnancy

Many women find out they're pregnant and don't know where to start their journey of becoming a mother. The first step, if you don't already have a medical provider, is to call a birthing hospital in your area. Ask to speak with the Nurse Manager of Obstetrics (or just say "O-B" and they'll connect you). This nurse can help you find a prenatal care provider (a doctor or a midwife) who will meet with you while you are pregnant. This person can help you set up meetings with the other hospital workers who will help during your pregnancy and delivery of your child. We have made a list of people you should meet while you are pregnant. There may be other people who we don't list here, but at least find out who these people are and what they do. That will be a great start to having a healthy pregnancy and delivery.

OBSTETRICIAN (OB) OR MIDWIFE *(or whoever will be delivering your baby)*

- Ask about birth classes in your area.
- Ask what delivery will be like. Ask about your options for delivery, and make sure they know what kind of delivery you want to have.
- Ask what will happen right after birth, and for information about delivery (for example, who can be in the birthing room with you, or whether you can room in with your baby after delivery).

ANESTHESIOLOGIST *(pain management specialist)*

- Talk to this person about the medications you are taking, the type of pain relief you want during labor, and what medications you feel safe taking home with you after delivery.
- You might have to explain your experience with substance use or addiction. If you feel like you're not getting the information or care that you need, tell your OB or ask to see someone else.

LACTATION SPECIALIST *(breastfeeding)*

- This person can help during pregnancy as you are making decisions about whether you want to try breastfeeding. Make sure they know which drugs and medications you are taking.
- Schedule another appointment with this person for the time right after you deliver, so that you have support when you are trying to breastfeed.
- Ask this person for help getting breastfeeding supplies, like a breast pump or nipple guards. These things should be available through your health insurance plan.

○ NEONATOLOGIST/ PEDIATRICIAN (baby doctor)

- This person can explain what happens after a baby is born, how long the baby might be kept in the hospital after birth, and what sorts of things to be on the lookout for, in case the baby experiences symptoms of substance withdrawal.
- Ask for a tour of the mother/baby rooms, or the nursery, or any other place where your baby may stay after birth. It's a good idea to start getting to know the nurses who work there. They will become your teammates pretty soon.
- Ask what the visiting hours and policies are, in case your baby does stay at the hospital longer than you do. Ask if food, a bed, or transportation is offered for parents who want to stay with their babies.

○ HOSPITAL SOCIAL WORKER

- Ask this person about custody: what is the process, and how you can be included, and be prepared. Also ask about discharge planning, and how to get in touch with important resources like Home Visiting, Visiting Nurses, and Early Intervention. (More information on these resources is in Journey Milestone 4: The Early Days.)
- Ask this person for help enrolling in the *Women, Infants, and Children (or WIC)* program, if you aren't already enrolled. WIC can connect you to a breastfeeding peer counselor, help you get a breast pump, and provide you with education, support, and supplemental food and formula.
- When delivery day comes, make sure that you give this person a copy of your **Birth Planning Checklist**, or your Plan of Safe Care. (Look for the **Birth Planning Checklist** and **Birth Planning Kit** on the Journey resources page at <https://journeyrecoveryproject.com/resources/#tip-sheets>.)

It's especially important, when you're meeting with the doctors or professionals at the hospital, to remember that you all want the same thing: a safe delivery and a healthy baby! You don't have any reason to feel guilty or ashamed. It doesn't matter what substances your baby was exposed to while you were pregnant, what matters now is that you team up with your providers and the hospital staff to help your baby enter the world safe and healthy.

OTHER WAYS TO PREPARE FOR BABY:

CHILDCARE

If you have other children at home, who will take care of them while you are in the hospital?

TRANSPORTATION

How will you get to the hospital for prenatal appointments and for delivery? If your baby stays in the hospital past the time you are discharged, how will you get to and from the hospital to visit? When it is time to take your baby home, who will pick you up? Do you have a car seat that is properly installed to pick baby up?

HOUSING

Where will you and baby live? Do you have a safe and sober home to bring baby to? Is there a space in your home for your baby to sleep safely in their own crib with no blankets or toys inside? If you need help finding housing or help getting into residential treatment, you can call the treatment access line at 1-866-705-2807 or find a Family Resource Center in your area by visiting <https://www.frcma.org/locations>.

MENTAL HEALTH PROVIDER

Do you have a counselor or therapist you trust? If not, it's a great idea to connect with one. This person can listen to you and support you through your pregnancy and parenting journey.

BIRTH COACH

Do you have someone who will go to the hospital with you and support you while you give birth? Do they know what you want for your delivery? Do they know how to support your recovery, as well as your journey into motherhood?

PEDIATRICIAN

Do you know which doctor you want your baby to see, once they are discharged from the hospital? Babies should be checked by a pediatrician (or child doctor) just a few days after they leave the hospital, even if they're doing great! It's best to contact a pediatrician before your baby is born to make sure that they are accepting new patients and can see you and your baby after delivery. Some pediatricians can also meet with you during your pregnancy, if you would like more information about your baby's health and development.

OTHER SUPPORTS

Can you connect with a Recovery Coach, a Peer Care Coordinator, or a Community Support Worker? These people are often other mothers with similar experiences, who can walk you through this process, offer support, and help you get to your appointments. Call an outpatient substance use treatment program in your area to see if these supports are available. You can also call your health insurance provider to find a peer support specialist.

My Guide | Prenatal Appointment Tip Sheet

GENERAL PRENATAL QUESTIONS

Below is a list of some of the questions you might want to ask during your prenatal doctor appointments. You don't have to ask all of these questions at a single appointment; you can keep this sheet and fill it out throughout your pregnancy. It can help to take notes at appointments, bring a buddy to help remember what is said, or even ask the doctor if you can record the information on your phone. We have some general questions here, and we have left empty space for you to fill in more of your own questions or information you learn.

- | | |
|---|--|
| <p>1 What screenings do I need?

_____</p> <p>2 Which prenatal vitamins do you recommend?

_____</p> <p>3 Which prenatal classes do you recommend?

_____</p> <p>4 What position should I sleep in?

_____</p> <p>5 What symptoms should I expect, and how can I manage them? What's normal, and what should I call you about?

_____</p> | <p>6 How much weight should I gain? What does that mean per week? Per month?

_____</p> <p>7 What kind of diet should I follow? What should I eat and drink a lot of, and what should I limit or avoid?

_____</p> <p>8 Should I be doing any particular kind of exercise? What kind and amount of exercise is safe?

_____</p> <p>9 Are there any restrictions on sex during my pregnancy?

_____</p> |
|---|--|

10 Which over-the-counter medications are safe and in what amount? Are there any I should avoid?

11 Are the prescription medications I'm currently taking safe? If not, what can I take or do instead? *(If your provider is unsure, ask how to find out. You can ask your doctor to call MCPAP for Moms at 1-855-MOM-MCPAP to learn more about medication use during pregnancy.)*

12 Do I have an increased risk of any complications or conditions?

13 What should I do if I don't feel well? Have cramping? Spotting? Run a fever?

14 When labor begins, at what point should I call you?

15 Tell me my options for delivery. What should I think about when choosing how I want to deliver? Tell me more about inducing labor, C-section delivery, epidural injections, and other pain relief medications.

16 When is a good time to call you with questions? Who should I call if you aren't available? Can I email you if I have questions?

17 If I am having trouble getting to appointments, what should I do? Can you assist with transportation? Does your facility validate parking or provide parking vouchers?

NOTES:

QUESTIONS ABOUT MEDICATIONS AND DRUGS DURING PREGNANCY:

In the list below are some of the questions you might want to ask during your prenatal doctor appointments. You don't have to ask all of these questions at a single appointment; you can keep this sheet and fill it out throughout your pregnancy. It can help to take notes at appointments, bring a buddy to help remember what is said, or even ask the doctor if you can record the information on your phone. We have a few general questions here, and there is space for you to fill in more of your own questions or information you have learned.

Prescribed medications, including those for opioid dependency:

- Do you have a list of all of my medications and dose amounts, including methadone or buprenorphine? If I need to sign a release for you to talk to my prescribing doctors, can you help me get the right form?
-

- Which, if any, of these medications will have an effect on my baby during pregnancy or after birth? What are those effects? *(If your provider is unsure ask how to find out. You may need to speak to a neonatologist, a maternal-fetal medicine doctor, or a different OB or midwife. You can also ask your doctor to call MCPAP for Moms at 1-855-MOM-MCPAP to learn more.)*
-

- What are your hospital's policies when a woman is on these medications? For example, what are the rules around breastfeeding, filing a report for child protective services, things like that? *(If your provider is unsure, ask how to find out. For example, you may need to speak to a hospital social worker, neonatologist, or lactation specialist.)*
-

Alcohol, medications taken without a prescription, street drugs, nicotine, etc:

- "I have been taking these substances." *(Tell your provider everything you are using, including alcohol, nicotine, marijuana, and any over-the-counter supplements.)*
-

- How will this affect my baby during pregnancy and after birth? *(If your provider is unsure, ask how to find out how these substances will affect your baby. You may need to speak to a neonatologist, a maternal-fetal medicine doctor, or a different OB or midwife. You can also ask your doctor to call MCPAP for Moms at 1-855-MOM-MCPAP to learn more.)*
-

- What resources might help me decrease or stop using these substances? *(For example, ask for referrals to or information about detox, treatment, quit smoking programs, recovery supports, counseling, home visits, anxiety management, sleep clinics, or anti-nausea medications.)*
-

- What are your hospital's policies when a pregnant woman has used these substances? For example, what are the rules around breastfeeding, filing a report for child protective services, things like that? *(If your provider is unsure, ask how to find out this information. For example, you may need to speak to a hospital social worker, neonatologist, or lactation specialist.)*
-

ADDITIONAL QUESTIONS:

ASK FOR MORE INFORMATION ABOUT

1 Pain control during labor and delivery

2 Adjusting the dosage of medications during pregnancy and after delivery

3 Urine drug testing or toxicology screening

4 Mandated reporting to child protective services (the Massachusetts Department of Children and Families (DCF))

5 Assessing the baby during pregnancy and after birth for overall health and any symptoms of substance withdrawal

6 Breastfeeding

7 “My family does / does not (circle one) know about my substance use. What will be done with the information I share with you? How will you protect my privacy?”

8 What releases do I need to sign so you can share and receive information about my care?

ASK FOR MORE INFORMATION ABOUT: *(write in your own questions)*

WHAT IS NEONATAL ABSTINENCE SYNDROME?

Neonatal Abstinence Syndrome (NAS) looks similar to medicine or drug withdrawal in adults. It can happen when a baby is born and suddenly cut off from the medicines or drugs in the mother's body. It is actually the way a baby heals from dependence on drugs or medications. It looks uncomfortable, and it can be painful to watch, but it is *temporary: most babies recover completely from NAS by the time they are six months old.*

Many substances, such as alcohol, nicotine, some medicines and other drugs can affect a baby after birth. If a baby was exposed to opioids, they may experience a certain type of NAS called Neonatal Opioid Withdrawal Syndrome (NOWS). Within one to five days, a baby may start to show signs of NOWS. The time it takes for signs to show can depend on how much and what kind of opioid the baby's mother took and for how long.

It's important to remember that a lower dose of methadone or buprenorphine does not mean a lower chance of NOWS.

The chance a baby will show symptoms of withdrawal from opiates has more to do with genetics, metabolism, and whether other substances, such as nicotine or alcohol, were also used. Not all babies show signs of NOWS, but all women who use opioids during pregnancy should prepare to care for a baby with signs of NOWS.

The good news is that NOWS is treatable! The best way to help a baby with NOWS recover quickly is for the mother or another caregiver to be with the baby as much as possible during their first week of life.

WHAT ARE THE SIGNS OF NOWS?

Tremors or shakes

Poor feeding/
sucking

Fever

Vomiting

Crying

Sleep problems

Sneezing

Diarrhea

Frequent yawning

Stuffy nose

Tight muscles

Loose stool (poop)



Human touch is the most important medicine for NOWS.

HERE ARE SOME THINGS YOU CAN DO IN THE HOSPITAL IF YOU HAVE A BABY WHO SHOWS SIGNS OF NOWS:

- 1** Tell your nurse and your baby's doctors about all of the drugs and medications you took during pregnancy. This will help treat your baby.
- 2** Make sure your nurses know if you want to keep your baby's condition private around your family or other visitors. You have a right to protect this information.
- 3** Make sure all of the doctors and nurses know that you want to be involved in the care of your baby. If you need help advocating for yourself, seek out a recovery coach or treatment provider before you deliver to make sure you have the support you need to feel listened to and included in your baby's care.
- 4** If it is possible for you to be present throughout your baby's stay in the hospital, you need to be there. You are the best treatment for your baby: you are the best medicine.

Your doctors, social workers, and treatment providers can help you work things out, like childcare for older children, transportation, and more, so that you can spend as much time as possible with your new baby. If you feel like you can't stay with your baby, for whatever reason, tell someone before you go.

- 5** If your baby stays in the hospital longer than you do, find out if you can room-in, or sleep in the hospital, while your baby is there.

Where can you sleep?

Can you get hospital food, or do you have to bring your own food?

How will you get your medicines?

How can you stay involved with your treatment activities and community while you are in the hospital?

Who can visit you every day, and bring you things you need?

If you need to leave the hospital, who can give you a ride? How will you get around?

6 Ask the nurses about the daily schedule for your baby's care. Find out:

When the nurses change shifts _____

When feedings happen _____

When and who will measure your baby's symptoms _____

The hours that visitors are allowed _____

Who can help care for your baby, and give you a break when you need it? _____

Anything else? _____

7 Ask about breastfeeding:

Tell your nurse all of the substances you are currently using: can you try breastfeeding?

Does your hepatitis or HIV status affect whether or not you can breastfeed?

Who can help you or bring you supplies for breastfeeding?

Will the hospital help you pump your milk, if you plan to breastfeed later on?

8 Ask the nurses if there are any voluntary research studies going on at the hospital. Sometimes there are things to get involved in, but it is important to remember that you have the choice to participate or not. The study could help you access a kind of treatment that you think would be good for you and your baby. If it doesn't, just say 'no, thanks'!

REMEMBER:

Many babies are fussy and cry a lot. In fact, crying is an important way that babies with NAS get better. Remember that if your baby is crying, it doesn't mean that you're doing anything wrong. It's okay for your baby to cry. It's the natural thing for them to do. And if you are able to sit with your baby while they cry, that is a tremendous gift that will help them get better.

THE MOST IMPORTANT TREATMENTS FOR NOWS AND NAS ARE THINGS YOU CAN DO:

- Make your baby comfortable by setting up a routine, limiting visitors, talking softly, and keeping the room quiet and dim. Turn off the TV or radio, turn your phone down or off, and turn down the lights.
- Make soothing sounds to your baby; they already know the sound of your voice.
- Let your baby sleep as long as needed and without being woken up suddenly.
- Hold your baby's skin against your skin.
- Try breastfeeding or suckling.
- Make feeding time quiet and calm, and burp your baby often.
- Learn to spot your baby's "I am upset" signs, whether he or she is yawning, sneezing, shaking, crying, or frowning. Also learn the signs that say your baby is happy, hungry, or relaxed.
- When your baby is upset, stop what you are doing, hold your baby skin-to-skin or gently swaddle him or her in a blanket on your chest. Let your baby calm down before trying anything new, or gently sway or rock your baby.
- Gently and slowly introduce new things to your baby one at a time.
- As your baby becomes calmer for longer periods of time, start checking to see if he or she might like to have the blanket wrapped more loosely or taken off sometimes.
- As you do this work of caring for your baby, check to make sure they are **Eating**, **Sleeping**, and can be **Consoled** or calmed when they are fussy. As they learn how to do these three things, they will begin to heal from NOWS, and be on their way to normal, healthy development.

My Guide | Wellness and Recovery Goals Worksheet

What do you want to do, or have in place, before you give birth?

Your goals can be about treatment, preparing for baby, finding mental health care, housing, or something else. Ask for help setting goals, making a plan to reach these goals, and taking action.

Make copies and use this for all of your recovery goals.

What is my recovery and pregnancy goal? _____

Why is reaching this goal important to me? _____

What do I need to help me meet my goal? _____

What steps do I need to take to reach my goal? _____

When do I want to accomplish this goal by? _____

Names and phone numbers of people who can help me meet my goal:

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Prenatal Care Activities Log

If you want to keep track of all you're doing for your pregnancy, use this chart to stay organized.

Activity (appointment, phone call, hospital tour, other prenatal care activity)	Person or place involved in the activity (doctor, hospital, prenatal class location)

Date	Notes and next steps

Recovery Activities Log

If you want to keep track of all you're doing for your recovery, use this chart to stay organized.

Activity (attend a meeting, meet with a recovery coach, visit a recovery support center, see a therapist, or other recovery activity)	Person or place involved in the activity (treatment program, community organization, etc.)

Date	Notes and next steps

Post-Birth Self-Care Plan

The *post-partum period* is the time after you give birth. The best time to plan for the post-partum period is during pregnancy. Use this worksheet to make sure you have everything in place to take good care of yourself as you leave the hospital after giving birth.

My Physical and Emotional Needs:

Transportation (How will I get to my appointments?)

Medication checkup (What do I do if I feel too sleepy, or if I am in pain?)

Postpartum check-up (When will I see my doctor after birth?)

Food, help with meals

Sleep, finding time for naps

Help with housework or taking care of children

Comfort and advice

Recovery support (help with my sobriety goals)

Help getting out of the house (maybe a walking buddy)

As you plan to go back home after giving birth, think about what you will need for your body (physical) and your feelings or mood (emotional). Make a plan for how you are going to meet each of your needs.

Who is in my life or who can I ask to help me meet this need?	What can I do now to prepare? Can I schedule an appointment now so that I'm ready to meet this need?

You can keep your sleeping baby safe.



On their back, always

- All babies should sleep on their back every time they sleep.
- The back position has reduced SIDS deaths nationwide by more than 50%.



In their own crib, with nothing else

- Babies shouldn't co-sleep with an adult for any reason.
- Your baby should sleep on their back in a safety approved crib, bassinet, or Pack-n-Play that is completely free of toys, blankets, pillows and bumper pads.
- The mattress your baby sleeps on should be firm with a tight-fitting sheet. Adult mattresses in the United States are too soft, and can be dangerous for your baby to sleep on.



Away from smoking of any kind

- Keep your baby's sleeping area and your home smoke-free, including cigarette and marijuana smoke. Second and third-hand smoke can harm your baby.
- Change your clothes and consider taking a shower if you have been exposed to smoking of any kind.

