HEALTHY START INITIATIVE: ELIMINATING DISPARITIES IN PERINATAL HEALTH

MY REPRODUCTIVE LIFE PLAN

My Long Term Goal:

_____I do not plan to have any other children because:

Is it possible I could ever change my mind and want to have children one day? ___Yes ___No

If the answer is yes, what could cause you to change your decision?

I will do the following things to prevent future pregnancies?

Where will you go to get help in preventing future pregnancies?

I have health conditions that will risk my health or the baby’s health if I have more children. _____Yes _____No

My sexual partner and I have discussed my decision. _____Yes _____No ___NA
My sexual partner agrees with my plan. _____Yes ___No ___NA

What will you do if you do become pregnant?

What can your Care Manager do to help you accomplish your reproductive life plan goal?

_________________________________                                 ____________________
Consumer’s Signature                                                  Date

_________________________________
Care Manager Signature                                                  Date
HEALTHY START INITIATIVE: ELIMINATING DISPARITIES IN PERINATAL HEALTH

MY REPRODUCTIVE LIFE PLAN

My Long Term Goal:

_____I do plan to have another child in _____years because:

I have health conditions that I will have to discuss with my medical provider before I get pregnant again.  
____Yes    ____No

My sexual partner and I have discussed my choice.  ____Yes    ____No    ____NA
My sexual partner agrees with my plan.  ____Yes    ____No    ____NA

What will you do to prevent pregnancy until that time?

Where will you go to get help in preventing future pregnancies?

What could keep you from following through with your plan of preventing pregnancy for the next_________years?

What will you do to keep this from happening?

What can your Care Manager do to help you accomplish your reproductive life plan?

_________________________________     Date____________________
Consumer’s Signature

_________________________________     Date____________________
Care Manager’s Signature
Note: This interview process may take more than one session to complete the plan.

1. Make an appointment with the participant and let her/her and partner know what you will be discussing. This allows time for thinking, discussion and decision making without being “under the gun” to make a decision.

2. Ensure there are no distractions when conducting this interview. There should be privacy, quiet and the participant(s) not distracted by caring for her baby.

3. Tell the mother how important it is to have a reproductive life plan.
   a. Pregnancies often occur because there was no prior planning.
   b. An unplanned pregnancy can adversely impact her/their future goals.
   c. Often not a lot of thought is given to all of the things involved in making something happen or keeping something from happening.
   d. Stress the importance of her sexual partner being in involved in the discussion about her reproductive life plan decision. If there is not agreement, things happen that can throw the decision off course, and it is unlikely that she will meet the goal she has set. The Care Manager should offer to facilitate discussions between the participant and her sexual partner if it appears the participant may need this support. If the participant does not currently have a sexual partner, she should mark NA on the form.
   e. The quality of life for her, the baby and the family can be more positive if reproductive planning has occurred.
   f. Ask the participant to tell you some other reasons it is a good idea to have a reproductive plan.

4. Give the participant a copy of the reproductive life plan work sheet to look at while discussing it. The care manager can document the responses of the participant(s) if literacy is an issue. If the participant indicates that she has not arrived at her reproductive decision with the input of her sexual partner OR that the sexual partner does not agree with her decision, STOP completing the document. Ask her to have these discussions with her sexual partner and notify the care manager when she has done so. Complete the entire document.
   If the participant has health conditions that impact her decision about pregnancy, discuss these with her and assist her in identifying a medical home for the discussion of these issues with a health professional.

5. Answer any questions the participant may have and ensure that each question has been asked and answered.

6. Congratulate the participant in making this important decision.

7. Ask if there is anything the Care Manager can do to help the participant stay focused on her goal.

8. Ask the participant to sign and date the plan. The care manager also signs and dates the plan. This lends a sense of commitment to the process.

9. Give the participant the original of the reproductive life plan worksheet.

10. Enter documentation in CTK