## **NOWS Collaborative Discharge Plan**

This discharge plan should be completed collaboratively with mother or caregiver for **EVERY** newborn affected by opioids prenatally (if possible) and completed by infant discharge. This Collaborative Discharge Plan is to be shared with the infant’s and the mother’s providers and supports.

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| **Mother’s Name:** |  | **Infant’s Name:** |  |
| **Phone Number:** |  | **Medicaid Number:** |  |
| **Medicaid number:** |  |

**Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Current Supports**Use this section to identify current supports e.g. partner/spouse, family/friends, Medications for Opioid Use Disorder (MOUD/MAT), behavioral health counseling/recovery services, spiritual faith/community, recovery community, etc. |
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| **Strengths and Goals**Use this section to identify existing strengths and possible needs in each of these areas. |
| Breastfeeding: |  |
| Family/Household: |  |
| Parenting: |  |
| Housing: |  |
| Smoking Cessation: |  |
| Opioid Use Disorder Treatment and Recovery: |  |
| Other: |  |

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| **Additional Questions About Neonatal Opioid Withdrawal Syndrome** |
| What can I expect at home: |  |
| Strategies to soothe my baby: |  |
| What to do if I am stressed or need a break: |  |

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| **Other Primary Supports | Emergency Childcare** |
| Name: |  | Phone Number:  |  |
| Name: |  | Phone Number:  |  |
| Name: |  | Phone Number: |  |
| Name: |  | Phone Number: |  |

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| **Notes/Additional Support Needed** |
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## **Services, Supports, and New Referrals**

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| **Community Obstetrician Appointment** |
| My Obstetrician’s Name: |  |
| Obstetrician’s Office Phone Number: |  |
| Obstetrician’s Office Address: |  |
| Appointment Date: |  | Appointment Time: |  |

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| **Community Pediatrician Identification & Referral** |
| * Newborn has an appointment scheduled with a community pediatrician for post-discharge follow-up (within 24 – 48 hours after infant discharge)
 | My Newborn’s Pediatrician’s Name: |  |
| Pediatrician’s Office Phone Number: |  |
| Pediatrician’s Office Address: |  |
| Appointment Date: |  | Appointment Time: |  |

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| **Substance Use Treatment and/or Peer Recovery Support Specialist (Referral Completed Before Discharge)** |
| * Patient is actively engaged in treatment program. No referral necessary.
 | Program Name: |  |
| Address and Contact Information: |  |
| Appointment Date: |  | Follow Up Instructions: |  |

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| **Early Intervention (Alabama Early Intervention System) Identification and Referral** |
| * Referral made to Early Intervention for Newborn Developmental Follow-Up completed by newborn discharge.

OR* \*Referral to Early Intervention not applicable at this time.
 | My Local Early Intervention Office Name: |  |
| Office Phone Number: |  |
| Office Location: |  |

**\*If infant does not meet EI referral eligibility criteria by infant discharge, please share this information with the infant’s pediatrician.**

*If you have future questions about your infant’s Early Intervention eligibility, benefits, or local EI services in your area please contact the Alabama Early Intervention System Help Line (800-543-3098). You can also look-up your local office online here:* [*www.rehab.alabama.gov/services/ei*](http://www.rehab.alabama.gov/services/ei)

*The Early Intervention program aims to ensure that families who have infants and toddlers (birth to 36 months old) with diagnosed disabilities, developmental delays, or are at risk for delays receive the necessary resources to support you and help optimize your child’s development. Early Intervention provides these services in the comfort and ease of your living arrangement.*

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| **Additional Appointment (As Applicable)** |
| Provider Name: |  | Provider’s Phone Number: |  |
| Provider’s Office Address: |  |
| Appointment Date: |  | Appointment Time: |  |

## **Additional Community Resources to Optimize Care of Mothers and Newborns**

## **affected by Opioids (As Applicable)**

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| **My Local Peer Recovery Support Organization (As Applicable)** |
| Recovery support can be invaluable to new mothers with substance use disorders. Peer Specialists are individuals in recovery who are available to help you enter treatment, find self-help groups, or simply talk. **24/7 Hotline: 1-844-307-1760** | Name of Office: |
| Main Number: |
| Website: |

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| **My Local WIC Office (As Applicable)** |
| The WIC program strives to improve the health and nutritional well-being for you through supplemental nutritious foods, education and counseling, and screenings and referrals to other health, welfare, and social services. WIC provides these services to pregnant women, breastfeeding women, and infants and children under the age of 5.  | Name of Office: |
| Office Location: |
| Main Number: |
| Website: |

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| **My Local Home Visiting Program (As Applicable)** |
| Home visiting programs promote positive parenting, healthy child grown and development, and prepare young children for school success. Program components include home/personal visits, group connections, screening, and family service planning. | Name of Program:  |
| Main Number: |
| Website: |

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| **My Local Healthy Start Office (As Applicable)** |
| The Healthy Start Initiative seeks to empower women and their families through improved access to quality health care. Services provided include – health care services (i.e. prenatal, postpartum, well-baby, family planning, women’s health), case management (i.e. transportation, child care, housing assistance, job training), parenting skill-building, father support, breastfeeding/nutrition education. | Name of Program:  |
| Main Number: |
| Website: |

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| **My Local Community Mental Health Center (As Applicable)** |
| Mental health centers providing a wide range of services operate throughout the state.**[Wings Across Alabama](https://wingsacrossal.org/) Warmline 1-844-999-4647****SAMHSA helpline** for individuals with mental health or substance use disorders**: 1-800-662-HELP (4357)** | Name of Program:  |
| Main Number: |
| Website: |

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| **My Local Health Department (As Applicable)** |
| Your local health department can be an important resource for services to support you and your infant including WIC, case management, home visiting, family planning, and developmental screenings. | Name of Program:  |
| Main Number: |
| Website: |

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| **My Local Community Health Center (As Applicable)** |
| Your community health center can offer servicesincluding behavioral health care through physicians,physician assistants, nurse practitioners, nursemidwives, clinical psychologists, and clinical socialworkers. | Name of Program:  |
| Main Number: |
| Website: |

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| **My Local Lactation Support (As Applicable)** |
| Lactation support services can include answers to questions and support groups of mothers with shared experience. **The National Breastfeeding Helpline: 800-944-9662.** | Name of Program:  |
| Main Number: |
| Website: |

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| **Other Local Resources (As Applicable)** |
| Other local resources may be available to support you and your child and assist in meeting specific needs. | Name of Program:  |
| Main Number: |
| Website:  |