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| **Mother of Baby:** | Click here to enter text. |
| **EDD:** | Click here to enter text. |
| **Address:** | Click here to enter text. |
| **Phone:** | Click here to enter text. |
| **Father of Baby:** | Click here to enter text. |
| **Address:** | Click here to enter text. |

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| **Identified key whānau support:** (mother’s main support) – *name, relationship to unborn and contact numbers* | Click here to enter text. |

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| **Identified whānau spokesperson:** (who mother identifies as the whānau member who makes decisions for the whānau) – *name, relationship to unborn and contact numbers* | Click here to enter text. |

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| **Identified Risks:** (social and medical concerns, add as applicable) – *name, relationship to unborn and contact numbers* | * Click here to enter text.
 |

**Professionals involved in developing plan**

| **Person Name** | **Agency** | **Role** | **Contact Details** |
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| Click here to enter text. | LMC/PMCS | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Maternity Social worker | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Clinical Nurse manager | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Oranga Tamariki Social worker | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Oranga Tamariki Supervisor  | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Oranga Tamariki DHB Liaison | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Te Pare ō Toi | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Other DHB/NGO etc | Click here to enter text. | Click here to enter text. |

**Roles And Responsibilities Before Birth**

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| **Oranga Tamariki** |
| **Court orders:** *If applying for s.78 – and this is granted pre-birth – these copies need to be given to the Maternity Staff*Click here to enter text. |
| **Was (mother name/ spokesperson) part of creating this plan? YES** [ ]  **NO** [x] **If not, why not?** Click here to enter text. |
| **Will (Mother’s Name) be informed of the plan? YES** [ ]  **NO** [x]  |
| **Contact/assessment with mother and whānau:** *please provide brief feedback on the discussions had with mother and Whanau about this MASP process either at a hui-a-whanau or FGC agreed plan.*Click here to enter text. |
| **Has mother discussed any cultural/religious/spiritual needs for BODHB to be aware of?** *Is English her first langue, does mother want Te Pou Kokiri inpatient support, does she want the hospital chaplain etc.* Click here to enter text. |
| **Does mother/caregiver have baby essentials ready for discharge from hospital?** *a car seat, bottles, formula, nappies, wipes and basinet / bedding, clothing.*  **YES** [ ]  **NO** [x] **If not who will provide this?** Click here to enter text. |
| **Has (name of mother) identified any other needs the DHB need to be aware of?**Click here to enter text. |
| **Who have Oranga Tamariki identified as unsafe to be present on the ward and why?** *This includes pre-birth, during birth and after birth* Click here to enter text. |

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| **NZ Police** |
| **Have Police identified a person who is legally not to associate with mother?** **YES** [ ]  **NO** [x]  |
| **Name:** Click here to enter text. |
| **Details:** Click here to enter text. |
| **Photo given to Maternity to help identify this person YES** [ ]  **NO** [x]  |
| **Do Police have any other concerns for a person to be in contact either in person or by phone with the mother?** **YES** [ ]  **NO** [x]  |
| **When should staff call police for assistance?** Click here to enter text. |

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| **Whānau/ Family Placement** |
| **Has mother/whanau Identified family placement: YES** [ ]  **NO** [x]  |
| **Names of the identified whānau caregivers:** Click here to enter text. |
| **What is the contingency plan if mother/caregiver change their mind once baby is born?** Click here to enter text. |

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| **Mother Caring For Baby** |
| Brief synopsis of identified strengths and supports in place for Mother/whānau to care for baby. Click here to enter text. |

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| **The Birth Plan**  |

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| **Things to consider if mother is caring for baby** |
| Who is going to support mother during birth?Click here to enter text. |
| Who does mother want to visit after birth?Click here to enter text. |
| Are there any potential risks to staff, how will these be managed?Click here to enter text. |
| Does mother want to breastfeed or bottle feed, any identified concerns?Click here to enter text. |
| Cultural support - Karakia / whenua / tohunga supportClick here to enter text. |
| Religious and spiritual supportsClick here to enter text. |

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| **If mother is not going to care for baby** |
| Who will support mother during birth?Click here to enter text. |
| Who will support mother after birth?Click here to enter text. |
| How long will mother have/ want with her babyClick here to enter text. |
| Does mother want to breastfeed, any identified concerns?Click here to enter text. |
| Where will baby stay if unable to discharge for a few days, *thinking about the impact this has on SCBU if this is a last-minute requirement*Click here to enter text. |
| Who will be the main carer for baby while in hospital? Click here to enter text. |
| What is the plan if mother discharges with baby and there are no legal statutes for the DHB/ police to stop this?Click here to enter text. |
| Cultural support - Karakia / whenua / tohunga supportClick here to enter text. |
| Religious and spiritual supportsClick here to enter text. |

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| **Medical/Mental Health conditions** *be mindful how a medical condition could change the plan* |
| Are there any medical conditions for mother or baby? *Only record if this has an impact on mother or pepi’s wellbeing/safety* **YES** [ ]  **NO** [x] Click here to enter text. |
| What medical needs are required? *Brief outline*Click here to enter text. |
| Is it possible that mother or baby will need to transfer to another hospital?**YES** [ ]  **NO** [x] Click here to enter text. |
| Who will be responsible for passing this MASP on?Click here to enter text. |

**Roles And Responsibilities** *Enter those that are applicable and write NA if not*

*Please note these are our agreed shared expectations of each other.* what actions are to be done, who will do what with timeframes.

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| **Whānau / Family** |
| Tasks* Click here to enter text.
* Click here to enter text.
* Click here to enter text.
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| **NZ Police** |
| Tasks* Click here to enter text.
* Click here to enter text.
* Click here to enter text.
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| **Oranga Tamariki** |
| Tasks* Click here to enter text.
* Click here to enter text.
* Click here to enter text.
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| **BOPDHB Security** |
| Tasks* Click here to enter text.
* Click here to enter text.
* Click here to enter text.
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| **LMC** |
| Tasks* Click here to enter text.
* Click here to enter text.
* Click here to enter text.
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| **Maternity Social Workers** |
| Tasks* Name of person who will create Security Plan: Click here to enter text.
* Click here to enter text.
* Click here to enter text.
* Click here to enter text.
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| **Maternity Unit** |
| Tasks* Notify OT: Click here to enter text.
* Send Social Work Referral electronically: Click here to enter text.
* Click here to enter text.
* Click here to enter text.
* Click here to enter text.
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| **Te Pare ō Toi** |
| Tasks* Click here to enter text.
* Click here to enter text.
* Click here to enter text.
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| **Other Agencies:**  (*write name of agency as applicable*) |
| Tasks* Click here to enter text.
* Click here to enter text.
* Click here to enter text.
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| **Other Agency’s DHB:**  (*write name of agency as applicable*) |
| Tasks* Click here to enter text.
* Click here to enter text.
* Click here to enter text.
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