Health
Murrumbidgee
Local Health District

Facility:

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____/_____/_____	M.O.
ADDRESS	
LOCATION/WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

SAFE START PERINATAL SUPPORT PLAN

Instructions for Use - This form is to be completed by the nominated Key Worker for the woman/family, in consultation with the Safe Start team.

Person to contact: EDB: / /

Treating Team	Name	Availability	Contact Details
GP			
Obstetrician			
Psychiatrist			
Neonatal Paediatrician			
Midwife			
Mental Health Worker			
Drug and Alcohol Worker			
Child and Family Health Nurse			
Counsellor			
Other			

Nominated Key Worker:

In a Mental Health Emergency call Accessline 1800 800 944

Current Issues:

Current Treatment/Medication:

1.

2.

3.

MU060.042

SAFE START PERINATAL SUPPORT PLAN

MU060.042

Holes Punched as per AS2828.1:2012

BINDING MARGIN - NO WRITING

MU566354 CW14042020

Health
Murrumbidgee
Local Health District

Facility:

SAFE START PERINATAL SUPPORT PLAN

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ /_____ /_____	M.O.
ADDRESS	
LOCATION/WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Plan for Birth:

Plan for post birth (Monitor symptoms, breastfeeding etc):

Early warning signs:

1.

2.

3.

Plan for discharge/referrals:

Social supports:

Special requests (e.g. people not to visit):

Plan completed by: Signature:

Designation: Date: / /

Plan distributed to:

☐ Woman's hand held record eg. 'yellow card'
☐ Maternity Unit
☐ Antenatal Record
☐ Social worker/Counsellor
☐ Community Mental Health
☐ Community Drug & Alcohol
☐ Inpatient Mental Health Facility
☐ MHECS (Mental Health Emergency Care Service)
☐ Child and Family Health
☐ Other relevant Maternity Unit
☐ Other

NO WRITING