

Trauma Care Plan

My name is _____ and I am a trauma survivor. It can be really difficult living in my body sometimes and you may notice I fight or freeze if I am feeling triggered.

I would like you to know, simply so you can practice trauma informed care anytime you provide care to me.

Please refer me to another care provider if you do not feel like you will be the best care provider for me.

I want you to be aware that I have experience trauma and this will help me feel safe: (check one)

<input type="checkbox"/>	I do not want to talk about it. But It is important for you to know.
<input type="checkbox"/>	I will want to talk about it when I feel safe enough to do so.
<input type="checkbox"/>	I would like you to ask me about it and be open to hearing my experience(s).
<input type="checkbox"/>	<i>(Additional comments):</i>

To help me feel safe throughout my appointments: (check one)

<input type="checkbox"/>	I would prefer a female care provider (OBGYN or Midwife).
<input type="checkbox"/>	I would prefer a male care provider (OBGYN or Midwife).
<input type="checkbox"/>	I am okay with either a female or a male care provider (OBGYN or Midwife)
<input type="checkbox"/>	<i>(Additional comments):</i>

Ways you can support me during our appointments together: (check all that apply to you)

<input type="checkbox"/>	By always referring to me by my name.
<input type="checkbox"/>	Knocking on the door prior to coming in the room and waiting for my reply before entering.
<input type="checkbox"/>	Allowing extra time for questions so I can make a well-informed decision.
<input type="checkbox"/>	Accepting that I will likely bring a support person to appointments.
<input type="checkbox"/>	Explaining to me why I may be sent for routine/additional testing. If they are not needed please allow me the opportunity to decline.
<input type="checkbox"/>	Consistency of my care by you or giving me lots of notice if you will be away (no students please)
<input type="checkbox"/>	Explaining and helping me to understand the reason you will be touching me (GBS swab, fundal height, cervical checks etc), also understanding that I may need time to think before I give consent.
<input type="checkbox"/>	<i>(Additional comments):</i>

Why support during our appointments together is important to me: (check all that apply to you)

<input type="checkbox"/>	This will lessen my anxiety and will make me feel like you care.
<input type="checkbox"/>	I may feel vulnerable if I am undressed.
<input type="checkbox"/>	This allows me to process safely.
<input type="checkbox"/>	When I understand why your touch might be needed, I can reframe that so I am not triggered.
<input type="checkbox"/>	This will decrease my stress and anxiety of the unexpected.
<input type="checkbox"/>	When I understand why it is needed, I can relax and not worry that something is wrong.
<input type="checkbox"/>	This will help me feel safe with you as my care provider and allow me to have a voice.
<input type="checkbox"/>	<i>(Additional comments):</i>

*Please add this form to my prenatal charts so that all of my care providers are aware that I have experience trauma.

Trauma Care Plan guide

How to use this form:

1. This form is for you, the survivor of trauma.
2. It can be used for you to share that you have experienced trauma, at some point in your life.
3. With the Trauma Care Plan, you can inform your care providers that throughout your pregnancy, birth and postpartum you may need some additional care.
4. This can be filled out by you on your own or with a support person helping you. You may put as much or as little information on this form as you are comfortable with.
5. This form is not used as a therapeutic tool but a way for you to bridge the gap in your care.
6. Ask your care provider for a referral to a therapist whom is aware of pregnancy/postpartum related challenges.

For question regarding the use of this form please email down2earthbirth@gmail.com

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