

Name:	 	 	
Date: _	 		

Reproductive Life Planning Worksheet

Creating a Reproductive Life Plan that works for you today, tomorrow, and throughout your reproductive years will help you prepare for expected, and unexpected, life changes. Today, having children may or may not be in your plan. Whichever the right path is for you, reproductive life planning encompasses all aspects of your health, wellbeing, and life choices. Setting specific, personalized goals for your future, and understanding the steps you need to take to achieve them, can help you feel more in control of what your future holds!

Let's start by answering a few questions:									
1. Today, I am (circle how you would describe yourself)									
single in a relationship married	d or in a committed partnership casually dating								
In the next year, I would like to be (circle one)									
single in a relationship married	d or in a committed partnership casually dating								
2. I am currently <u>employed / unemployed / a student</u> . In the future, I would like to have a circle how you would describe yourself job or career in									
job or career in field / area / career path 3. In the future, I would like to have a total of children. This means that I plan to have more children than I have today.									
4. If I do have multiple children, I would like them to be spaced years apart. 5. My top three goals for the next year are: 1									
Pregnancy Planning / Prevention Based on your answers above, create a realistic plan to achieve or prevent pregnancy over the next year. I will share my pregnancy intentions with my partner, if I have one. I will use the following contraceptive technique to prevent unplanned or unexpected pregnancies. Implant or IUD Depo-Provera contraceptive shot Birth control pills, patch or NuvaRing Internal or External Condoms Diaphragm or cervical cap Spermicidal gel, cream, foam, suppository, or sponge Other: I am planning a pregnancy in the next year.	Planning meals and snacks ahead of time reduces the need to stop for snacks, fast food, or extra trips to the grocery store. I will make a list before taking a trip to the store, making sure I don't over-buy, while stocking up on things my family and I need to stay healthy and well. I will plan meals for breakfast, lunch and dinner that are nutritious and balanced with vegetables and fruits, protein, fiber, and grains. I will drink glasses of water per day to stay hydrated, and reduce my consumption of sugary sodas, teas, energy drinks, and juices.								

Movement & Activity

Incorporating regular movement into your daily routine can be a simple way to increase your activity levels without much effort, leaving you feeling more energized. Some examples may include taking the stairs instead of the elevator, parking further from the entrance to the grocery store or work, walking for 15 minutes during lunch or after work, or stretching before bedtime.

Write down three ways you know you could increase movement throughout your day:

Exercising with a friend can be a fun and motivational way to increase your daily activity. Write down the name of a friend you could ask to join you:

Stress Management & Mental Health

Reducing stress and engaging in self-care are critical for your overall health and wellbeing. Though stress from school, work, or parenting is often unavoidable, finding time to do something you enjoy can help you work through and release stress.

What are three things that cause you stress?

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What are three things you are confident you can do to reduce your stress and improve your mental health?

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2.				

Having a support person or group to talk to about your mental health can be helpful when working on stress management. Write down the name of a person or group of

people you trust and would feel comfortable talking to:

Want more information or resources about mental health? Visit: https://www.womenshealth.gov/mental-health/good-mental-health

Existing Health Conditions

Conditions such as diabetes, asthma, autoimmune disorders, cancer, or heart disease should be carefully managed throughout your lifetime, and especially if you are planning a pregnancy. Make a plan to ensure you are in control of your health:

- ☐ Schedule an appointment with your provider to discuss a plan to manage your existing health conditions, or determine your risk for developing a chronic condition
- Learn more about your condition, including long-term symptoms and lifestyle considerations
- Make lifestyle changes, when possible, to limit the progression or burden of your condition
- ☐ Find a support person or group:
 - Name of Person or Group:

Vitamins, Supplements, & Folic Acid

Prenatal vitamins that contain 400 micrograms (mcgs) of folic acid are highly recommended for people who could become pregnant, even if they are not planning a pregnancy. Folic acid can prevent birth defects related to the brain, spine, and spinal cord, and can safely be taken prior to pregnancy. Folic acid and folate, its naturally occurring form, can be found in foods such as spinach, fortified breakfast cereals, kidney beans, eggs, and peanuts.

Make a plan to take the recommended dose of folic acid, or consume foods rich in folate:

- ☐ I will find and take a prenatal vitamin or supplement with the recommended dose of folic acid.
- ☐ I will set a reminder to take my vitamin, and keep the bottle in a place that will help me remember.
- ☐ I will incorporate foods rich in folate and folic acid into my diet.

Healthy Weight

Achieving and maintaining a healthy weight is important for overall health. Being underweight or overweight can both have long-term effects on health status, and can influence maternal health outcomes. Every body is different, and a healthy weight is unique to each person. Create a plan to ensure you are at a healthy weight:

- ☐ I will talk with my provider to determine what a healthy weight would be for me.
- I will follow the plans I created for Healthy Eating and Movement & Activity to help achieve a healthy weight.
- ☐ I will adapt my Healthy Eating and Movement & Activity plans based on my provider's advice.

Alcohol, Tobacco, & Other Drugs

Alcohol, tobacco, and other drug use can have negative consequences on overall, long-term health. While drinking alcohol occasionally and responsibly outside of pregnancy is often acceptable, frequent and heavy alcohol use can lead to high blood pressure, heart disease, stroke, liver disease, and alcohol dependency. Using tobacco products at any time can increase one's likelihood for developing cancer, type 2 diabetes, and cardiovascular disease. Illegal drugs, or prescription or other drugs that are being used improperly, can have dangerous and life threatening consequences. Additionally, alcohol and drug use can influence mental health, as well as pregnancy outcomes. Abstaining from alcohol, tobacco, and other drugs is the most effective way of preventing these health consequences. However, quitting or limiting your use can be challenging.

Making a plan to reduce use or exposure to these substances can be a useful tool, helping you stay to accountable.

- ☐ I plan to reduce my weekly intake of alcohol from _____ drinks to _____ drinks.
- If I am using tobacco, I will seek professional help and support for quitting. My appointment is on
- ☐ If I am using other drugs, I will seek professional help and support for quitting. My appointment is on
- If I find out I am pregnant, I will stop drinking, smoking, or using other drugs immediately, and find support if I need help.
- If I need more information, I can find it at these and other reliable resources:
 - o https://smokefree.gov/tips
 - https://www.samhsa.gov/find-help/nationalhelpline

Partner & Domestic Abuse

Abuse can look different in each situation. It can be emotional, mental, physical, financial, or sexual in nature, and can be difficult to identify. However, it is never justified. Take immediate steps if you feel you or your child are experiencing abuse.

- ☐ I will talk to my provider about my experiences.
- ☐ I will talk to my counselor or therapist about my experiences.
- ☐ I will remove my child from the source of the abuse and seek professional help for them.
- ☐ If I need further support, I will call the Domestic Violence Hotline at 1-800-799-SAFE (7233) or 1-800-787-3224.

 Additionally, I can text "START" to 88788.

Environmental & Other Considerations

Protecting your overall health by preventing exposure to harmful chemicals or substances, receiving required or suggested vaccinations or shots, learning about your family's health history, and getting regular check-ups with your provider. Family history can often predict one's risk for illness, while vaccinations can help protect us from preventable diseases. Make a plan to protect your health:

- ☐ I will avoid exposure to harmful chemicals, a list of which I can find here:
 - https://www.atsdr.cdc.gov/spl/index.html
- ☐ I will talk with my provider about any shots or vaccinations I might need, or should consider having.
- ☐ I will talk to my family about their health histories, and share what I find with my provider.
- ☐ I will schedule regular, annual or bi-annual, check-ups with my primary care provider, and any specialist I see to manage my health conditions.

Questions?

It is perfectly normal to have questions about any topic in this worksheet. Although it can seem complicated, you can be in control of managing your health conditions, planning when or when not to have children, achieving a healthy weight through nutritious eating and regular movement, and planning the life you want for yourself. Write down any questions you may have in the space below, and talk them through with your provider, counselor, partner, or trusted support person.

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