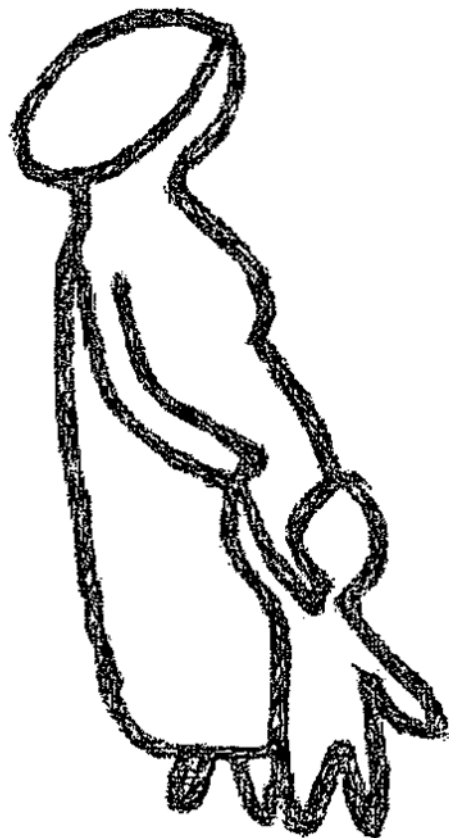


Early Head Start Pregnancy Policy Packet



Prenatal and postnatal health, nutrition, mental health and safety services for Early Head Start sites

Developed by the Early Head Start Maternal Group, Summer of 2013



Early Head Start Pregnancy Packet

Sections

DFSS Services to Pregnant Women in Early Head Start

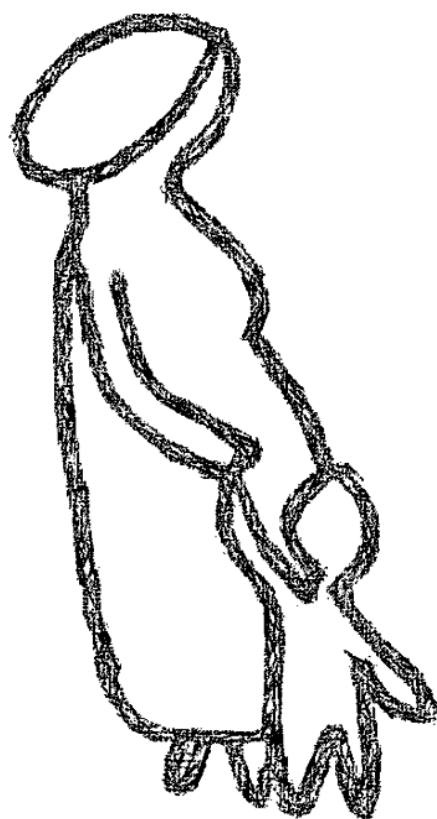
Prenatal Log and Policy

Pregnancy Pathway

Appendix to the Pregnancy Pathway

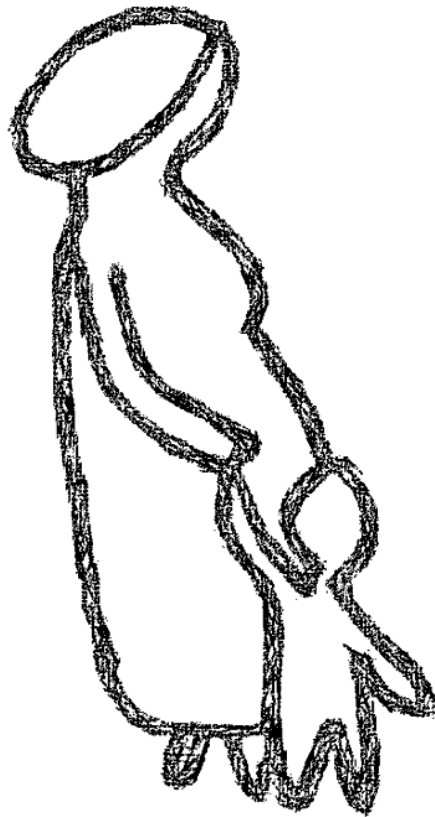
Prenatal and Postnatal+Infant Nurse Assessment

Pregnancy Risk and Authorization Form



Early Head Start Pregnancy Packet

Prenatal Log and Policy



Chicago Department of Family & Support Services

Prenatal Visit Log Policy and Procedure

Performance Standard: 45CFR 1304.40(a) (1) (ii)

(1) Early Head Start grantee and delegate agencies must assist pregnant women to access comprehensive prenatal and postpartum care, through referrals, immediately after enrollment in the program. This care must include:

(ii) Health promotion and treatment, **including medical and dental examinations on a schedule deemed appropriate by the attending health care providers as early in the pregnancy as possible;**

Purpose: To ensure clients attend prenatal visits as recommended by their prenatal provider.

1. At the first visit with the pregnant mother, document the date of the first prenatal healthcare visit on the prenatal visit log form.
2. Explain to the pregnant mother that it is very important for all prenatal appointments required by the pregnancy primary care provider be kept.
3. The prenatal visit log is a document for the Family Support Worker to use to document all appointments recommended by the prenatal provider and kept by pregnant mothers.
4. If a pregnant mother states that she has missed a scheduled prenatal provider appointment, assist the pregnant mother with calling the prenatal provider to schedule another appointment immediately, and document the reason for the missed visit in your case notes. Try to identify the reason for the missed visit and any barriers to health care (transportation, childcare etc...), and assist the pregnant mother with resources and ideas to overcome the barrier to prenatal health care.
5. If a pregnant mother has missed two or more prenatal appointments, discuss the situation with your supervisor to address ways to assist the pregnant mother to become compliant with prenatal care appointments.
6. A pregnant mother's risk status may change at any time during the pregnancy. Appointment frequencies may change at any time during the pregnancy based on the pregnant mother's individual health needs.

Monica Dillon RN, November 8, 2010

Chicago Department of Family & Support Services

Prenatal Care Visit Log

Clients Name: _____ FSW: _____

Due Date: _____ Provider's Name: _____

Week of Pregnancy	Appointment Date (Medical or Dental Visits)	Notes: What happened at the visit? (Sonogram, Non-Stress Tests, etc...)
4 *Every 4 Weeks		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		

Chicago Department of Family & Support Services

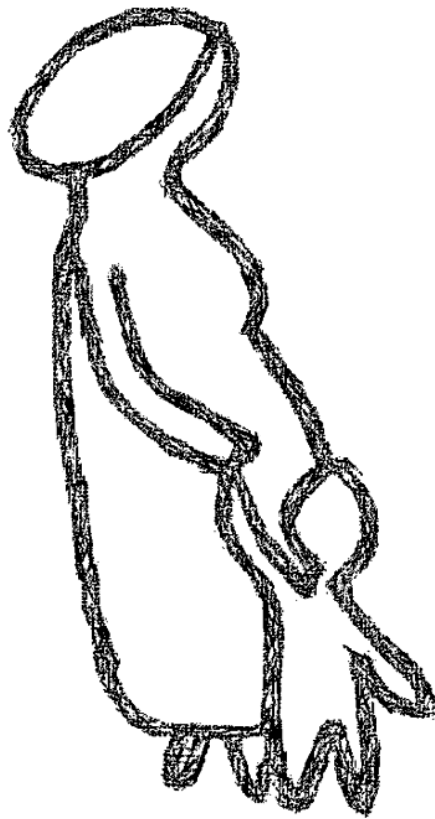
23		
24		
25		
26		
27		
28 *Every 2 to 3 Weeks		
29		
30		
31		
32		
33		
34		
35		
36 *One Visit/Week		
37		
38		
39		
40		
41		
42		

Visit schedules may vary.

* Denotes recommendation for a low risk pregnancy

Early Head Start
Pregnancy Packet

Pregnancy Pathway



Chicago Department of Family & Support Services Pregnancy Pathway

Date Pathway Initiated: _____ Baby's due Date: _____

Client's Name _____ FSW's Name: _____

Trimester when entered the program: _____

1. *Prenatal Care

A. *Health Care Provider:

Name _____

Address _____

Phone Number _____

If client does not have a provider, refer to: *[Insert Community Prenatal Provider, address and phone number listed on your Medical Provider Cooperative Agreement]*

B. *Pregnancy High Risk Assessment: (Use "High Risk" Assessment Form).

A client may become "High Risk" at any time during the pregnancy, labor or delivery.

High Risk at Enrollment: Yes _____ No _____

If the client becomes "high risk" anytime during the pregnancy, labor or delivery, enter the date she became "high risk" here _____

And change her risk status in COPA:

C. *Date of first Prenatal Visit: _____

Start "Prenatal Visit Log" Form

D. Name of Hospital _____

E. Hospital Tour done? Yes _____ No _____

F. Birth Plan done? Yes _____ No _____

G. What to Expect When Your Expecting Date given to client: _____

(To be given during 1st trimester when possible)

H. Other Prenatal Written Resources Given to Client:

Illinois DHS Feeding your Baby (Ap. 1) Tips on Pregnancy: How much should I gain? (Ap. 2)

Weight loss while breastfeeding (Ap. 3) Why prenatal care is important (†BB 18)

Expect at first prenatal visit (†BB 19) My Birth Plan (†BB 88)

Mother's Bottle Guide (Ap. 4) Other materials: _____

Chicago Department of Family & Support Services

Pregnancy Pathway

* Denotes required data for COPA

2. Nutritional Support

A. WIC Referral Date: _____

Indicated for all pregnant women, especially those who:

- have any medical diagnosis (gestational diabetes, hyper emesis Anemia etc...)
- want nutritional counseling
- want to breastfeed their baby and would like to be connected to a lactation counselor, and/or may need a breast pump.

Date of first visit to WIC: _____

B. *Has the "Nutrition Assessment for Pregnant Client" been done?

- Prenatal Nutrition Assessment (Ap. 5) Date: _____
- Postnatal Nutrition Assessment (Ap. 7) Date: _____

C. Food Safety and Fish precautions during pregnancy information:

(Given during 1st – 2nd Trimester)

- Food safety during pregnancy (Ap. 9)
- Fish Facts: Print and Go Guide (Ap. 10) Date: _____

D. * Breastfeeding information given to client:

- Breastfeeding: best for me & my baby (†F6 4) Date: _____
- Myths about Breastfeeding (†F6 5) Date: _____

E. Lactation Counselor Home Visit done six weeks prior to due date?

Yes _____ No _____

Contact Peer Lactation Counselor: *[Insert Contact Information]*

- Lactation Support Resources for Chicago (Ap. 12) Date: _____

Does client need assistance with obtaining a breast pump?

Yes _____ No _____

Breast Pumps for WIC clients: may be available for rental at mother's local WIC center. Each site has varying availability so contact your WIC site for more information on their pump program.

Breast Pumps for Medicaid Eligible Clients:

Illinois public aid will reimburse for a double electric pump from Medela. Client will need a prescription from the MD. The script must say: "Electric breast pump for lactating mother," and have complete MD info on the script. A copy of the public aid card needs to be faxed too.

Family Home Care (will ship anywhere): (773)-486-3998 phone or (773)-486-5848 fax

Ballin Pharmacy (3330 N. Lincoln): (773)-348-0027 phone

Chicago Department of Family & Support Services

Pregnancy Pathway

3. Infant Nutrition Information (To be given during 2nd - 3rd Trimesters)

- A. How to feed your baby step by step (Ap. 13) Date: _____
- B. Is my baby ready for solid foods (†F6 63) Date: _____
- C. Suggestions for starting solid foods (†F6 83) Date: _____
- D. How does food nourish my baby (†BB 62) Date: _____
- E. Healthy things to do for you and your baby (†BB 21) Date: _____

4. *Health Insurance

Make a copy of Medicaid, All Kids or Private Health Insurance Card for the Client File.

- A. Medicaid _____ Moms and Babies Program _____
- B. All Kids _____
- C. Private Health Insurance: _____
- D. Medically Uninsured: _____ If client is uninsured, refer to
 Insert Local DHS – Medicaid Office Contact Information

5. *Pregnancy Education/Information

Client's Literacy Level/ Last Grade Completed _____

- A. Pregnancy/Fetal screening tests and information (1st – 2nd Trimesters)
Date: _____
- B. *Preterm Labor information (1st – 2nd Trimesters)
 - What are the signs of preterm labor (†BB 66)
 - Preterm labor: What to do (†BB 67) Date: _____
- C. Postpartum health information (2nd - 3rd trimesters)
 - Postpartum Concerns (†BB 108)
 - Following a C-Section (†BB 109) Date: _____
- D. Birth Control information and resources (2nd - 3rd Trimesters)
 - Family Planning Choices (†BB 41 1-6) Date: _____
- E. Doula information (1st Trimester)
 - Pregnancy, delivery & after birth professionals (Ap. 15) Date: _____
- F. *The Effects of Alcohol and Drugs during Pregnancy (1st Trimester)
 - How alcohol and drugs can hurt (†BB 13) Date: _____

Chicago Department of Family & Support Services

Pregnancy Pathway

-
- G. Exercise and Pregnancy information (1st -3rd Trimesters)
 Exercising safely during pregnancy (†BB 38) Date: _____
- H. Prenatal Class information(1st – 3rd Trimester Date: _____
- I. *Fetal Development(1st- 3rd Trimesters)
 First trimester (†BB 28)
 Second trimester (†BB 53)
 Third trimester (†BB 93) Date: _____
- J. *Labor and Delivery(2nd – 3rd Trimesters)
 Labor and Delivery (Ap. 16) Date: _____
- K. *The Effects of Smoking during Pregnancy (1st-3rd Trimesters)
 How smoking can hurt (†BB 12) Date: _____
- L. Prenatal Home Visit assessment with Community Health Nurse (upon enrollment)
Date: _____

6. *Dental/Oral Health

A dental visit during pregnancy is required. If the client does not have an oral health provider, refer to: *[Insert dental providers in which you have a cooperative agreement].*

- A. Date referral made (documentation received): _____
- B. Written information about oral health during pregnancy: Date: _____
- C. Date of Visit: _____
- D. Completed Dental Documentation Received: Yes _____ No _____
- E. Name of Dental Provider: _____
Address: _____
Phone Number: _____
- F. Infant oral health information given to pregnant mom. Date: _____

Chicago Department of Family & Support Services

Pregnancy Pathway

7. Environmental Health

- A. Prior history of lead poisoning exposure? Yes _____ No _____
- B. Client has had lead level test done during pregnancy (if applicable):
Yes _____ No _____
- C. Information about lead poisoning during pregnancy:
Date Given: _____
- D. Home Environmental Assessment done by the Department of Public Health,
Child Lead Division (if lead risk suspected)? Yes _____ No _____
- E. Information about Childhood Lead Poisoning Prevention (upon enrollment):
Date Given: _____

* Denotes Required Data for COPA

8. *Mental Health

- Prior History of Mental Health Problems? Yes _____ No _____
*Refer to Mental Health Coordinator if yes.
- A. Signs/Symptoms of Depression? Yes _____ No _____
*Refer to Mental Health Coordinator if yes.

Signs and Symptoms of depression include: change in sleeping, eating, and/or activity patterns, expressions of hopelessness and helplessness, and other signs described in depression handout. If you are not sure if a client is expressing signs and symptoms of depression, consult with the Mental Health Coordinator.

- B. Mental Health Referral made? Yes _____ No _____
Where? _____
Date of Referral: _____
- C. *Information about Postpartum Depression: Date: _____
- D. Postpartum Depression 24 –Hour Crisis Hotline Information given to client:
Date: _____

Chicago Department of Family & Support Services Pregnancy Pathway

E. Domestic Violence questionnaire done?

Date Completed: _____

- Have you been hit, kicked, punched or otherwise hurt by someone in the past?
Yes _____ No _____
- Do you feel safe in your current relationship?
Yes _____ No _____
- Is there a partner from a previous relationship who is making you feel unsafe?
Yes _____ No _____
- In the past month, have you had little interest or pleasure in doing things?
Yes _____ No _____
- In the past month, have you often been bothered by feeling down, depressed or hopeless?
Yes _____ No _____

F. Referral to Domestic Violence counselor? Yes _____ No _____

G. *Use of Alcohol or Drugs? Yes _____ No _____

*Referral to Mental Health Coordinator if “yes”

Depression Screening Documentation During and After Pregnancy

Each pregnant mother should have a depression screening done at *least once (usually twice)* during pregnancy and *once* after delivery of the baby. Document the following information here and in your case notes:

Depression Screening done *during* pregnancy:

- Date completed: _____ Score: _____
- Referral initiated: Yes _____ No _____
- If yes, referred to: _____
- Who completed the screening with the client? _____

Depression Screening done *after* pregnancy:

- Date completed: _____ Score: _____
- Referral initiated: Yes _____ No _____
- If yes, referred to: _____
- Who completed the screening with the client? _____

Notify the Mental Health Consultant for scores > 8 and/or if a referral was initiated

Chicago Department of Family & Support Services

Pregnancy Pathway

9. Infant Health

A. *Name of Pediatrician _____
Address: _____
Phone Number: _____

B. If client does not have a pediatrician, refer to:
 [Insert pediatric health care provided listed on medial cooperative agreement.]
Date: _____

C. Meet the Pediatrician visit prior to delivery: Date: _____

D. "How to Select a Pediatrician" Information
 Questions to ask when choosing a pediatrician (Ap. 17) Date: _____

E. Immunization Schedule and parent information.
 CDC immunization schedule (Ap. 18)
 Immunizations and well-baby visit (†F6 32)
 When is your baby sick? (†F6 33) Date: _____

F. "Soft Bedding Alert"/Safe Sleep Information
 Crib safety and Back to Sleep (Ap. 20) Date: _____

G. "SIDS" Prevention Information
 A safe sleep environment for my baby (†BB 52) Date: _____

H. "When to Go to the Doctor" Information
 When to call the doctor (Ap. 21) Date: _____

10. Infant Safety

Car:

A. Does client have a car seat? Yes _____ No _____

B. Referral to a Certified Car Seat Technician: Yes _____ No _____

C. Car seat safety information
 Basic car seat safety (Ap. 22)
 Car seat safety (†F6 7) Date: _____

Other:

D. Crib Safety Information
 Soft Bedding (Ap. 24) Date: _____

E. Infant safety handout
 Keeping baby safe (†F6 64) Date: _____

F. Pets Date: _____

G. _____ Date: _____

Chicago Department of Family & Support Services Pregnancy Pathway

Comments and Response to Teaching:

Additional Written Resources/Information given to client:

Date the Pregnancy Pathway Completed: _____
All pregnancy information entered into COPA: Yes _____ No: _____

Signatures

FSW: _____ Date _____
Supervisor: _____ Date _____

Revised by Ella Trepashko for the MCH Work Group August 2013

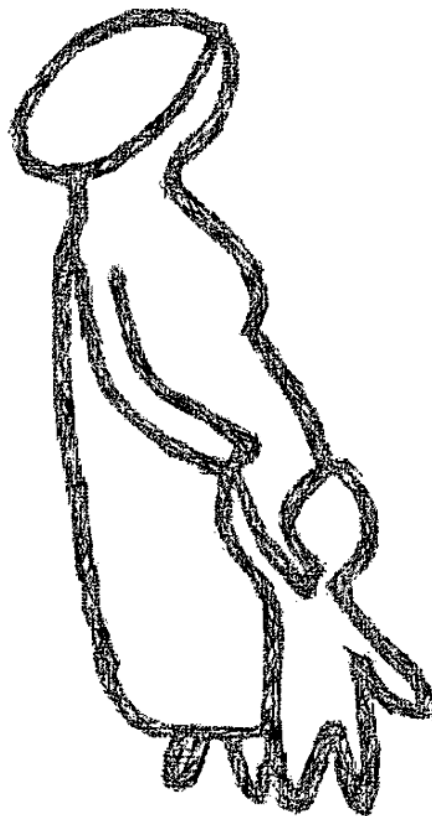
Please note:

All written documents marked with a “□” are indicated in the corresponding appendix. Materials from the curriculum from Florida State’s “Partners For a Healthy Baby” are to be obtained from your site. Each Early Head Start should be equipped with the curriculum.

Ap.Appendix
†BB.....Partners for a Healthy Baby: Before Baby Arrives
†F6.....Partners for a Healthy Baby: First 6 Months

Early Head Start
Pregnancy Packet

Pregnancy Pathway
Appendix



Chicago Department of Family & Support Services

Appendix Pregnancy Pathway

Appendix Page No.
*PFHB ver. and No. (prev. No.)

Section

1. Prenatal Care

H. Illinois Department of Human Services: Feeding your baby.....	1
Tips on Pregnancy: How much should I gain? (University Tennessee Extension).....	2
Weight loss while breastfeeding.....	3
Why prenatal care is important.....	BB 18(8)
What should I expect at my first prenatal visit.....	BB 19(9)
My birth plan.....	BB 88(70)
Mother's bottle guide.....	4

2. Nutritional Support

B. Prenatal Nutrition Assessment.....	5-6
Postnatal Nutritional Assessment.....	7-8
C. Food safety during pregnancy.....	9
Fish Facts: Print and go guide (CDC).....	10-11
D. Breastfeeding: best for me and my baby.....	BB 51(56)
Myths about breastfeeding.....	BB 50 (55)
E. Lactation support resources for Chicago Head Start.....	12

3. Infant Nutrition Information

A. How to feed your baby step by step (Oregon Dairy Council).....	13-14
B. Is my baby ready for solid foods?.....	F6 63
C. Suggestions for starting solid foods.....	F6 83
D. How does food nourish my baby?.....	BB 62 (44)
E. Healthy things to do for you and your baby.....	BB 21 (15)

5. Pregnancy Education/Information

B. What are the signs of preterm labor?.....	BB 66 (46)
What to do if you think you are having preterm labor.....	BB 67 (47)
C. Postpartum concerns.....	BB 108
Following a C-Section.....	BB 109
D. Family planning choices (6 pages).....	BB 41 (88)
E. Pregnancy, delivery and after-birth professionals.....	15
F. How using alcohol and drugs can hurt your baby.....	BB 13 (14)
G. Exercising safely during pregnancy.....	BB 38 (31)
I. How is my baby developing in the first trimester?.....	BB 28
How is my baby developing in the second trimester?.....	BB 53
How is my baby developing in the third trimester?.....	BB 93
J. Labor and Delivery.....	16
K. How smoking can hurt your baby.....	BB 12

Chicago Department of Family & Support Services

Appendix
Pregnancy Pathway

Appendix Page No.
*PFHB ver. and No. (prev. No.)

Section

9. Infant Health

D. Questions to ask when choosing a pediatrician...17
E. Immunization schedule (CDC)...18-19
Immunizations and well-baby visit...F6 32
When is your baby sick?...F6 33
F. Crib safety and Back to sleep (Safe Kids)...20
G. A safe sleep environment for my baby...BB 52
H. When to call the doctor...21

10. Infant Safety

C. Basic car seat safety (Safe Kids)...22-23
Car seat safety...F6 7
D. Soft bedding (CPSC)...24
E. Keeping baby safe...F6 64
O. Childproofing your home (USCPSC)...25-26

11. Post Partum Care

F. Edinburg Scale...27-28
Taking care of your body...F6 10
Postpartum Concerns...BB 108

Feeding Your Baby

Illinois Department of Human Services

Your Baby's First Foods

Breast milk or iron-fortified formula recommended by your doctor is all your baby needs for the first four to six months of life.

If You Breastfeed

Your doctor, nutritionist or nurse can give you helpful information about breastfeeding your baby. It is important to remember to eat a well-balanced diet, drink adequate liquids and get plenty of rest.

Some drugs can be passed to baby through your milk. Check with your doctor, nurse practitioner or nurse midwife before taking any drugs or medicine.

- The number of daily feedings will vary with each baby. Your baby may breastfeed every two to three hours on request. This may be 8 to 12 times a day.
- Each feeding may last 20 to 30 minutes. Allow about 10 to 15 minutes on each breast. Burp your baby before changing to the other breast.
- Hold your baby so the head is higher than the tummy.
- Some days your baby may want to breastfeed more often. Your baby may grow faster at 2 weeks and again at 6 weeks of age. These are the times your baby may want to breastfeed more. Your body will make more milk the more your baby breastfeeds. So let your baby breastfeed more frequently during these growth spurts.
- To fully establish your milk supply, avoid giving your baby a bottle or pacifier. Your baby does not need any formula or water.
- Your baby's doctor may recommend a daily supplement of fluoride.

If You Use Formula

Your doctor may recommend an iron-fortified formula.

- Follow the directions on the can or the special directions given by the doctor.
- The amount and number of daily feedings vary with each baby. Babies usually take what they need.
Age: 0-2 months, Number of Feedings: 6 to 8, Amount each feeding: 2 to 4 ounces,
Daily Total: 12 to 32 ounces.
- When feeding, always hold your baby in your arms.
- Throw away any formula left in the bottle after the feeding.
- Burp your baby halfway through the feeding and at the end of the feeding. This is usually after every one or two ounces for the bottle-fed baby.

Keep In Mind

- During hot weather or if your baby is vomiting or has diarrhea, be sure to offer cooled, boiled water daily to replace lost body fluids. Do not add anything to the water. Breastfeed infants will not need water, but will need to breastfeed more often.
- NEVER put honey or corn syrup in the bottle or on a pacifier.
- Do not microwave breast milk or formula.
- Your baby does not need vitamins unless recommended by the doctor.
- Breast milk or iron-fortified formula is the only food your baby needs.
- Wash all bottles, nipples, breast pumps and other feeding utensils in hot soapy water.

Remember

A fat baby is not necessarily a healthier baby.

All crying is not a sign of hunger. Sometimes your baby just wants to be held.

If you have any questions or want additional information, talk to your doctor, nutritionist or nurse.

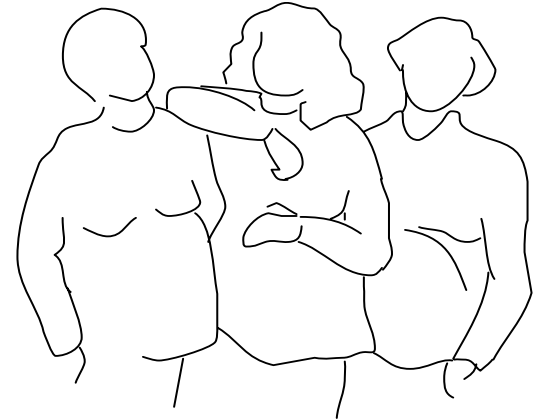


Illinois Department of Human Services
535 West Jefferson Street, 3rd Floor • Springfield, Illinois 62762 • 800-323-4769 (Voice & TTY)

Smart Choices...

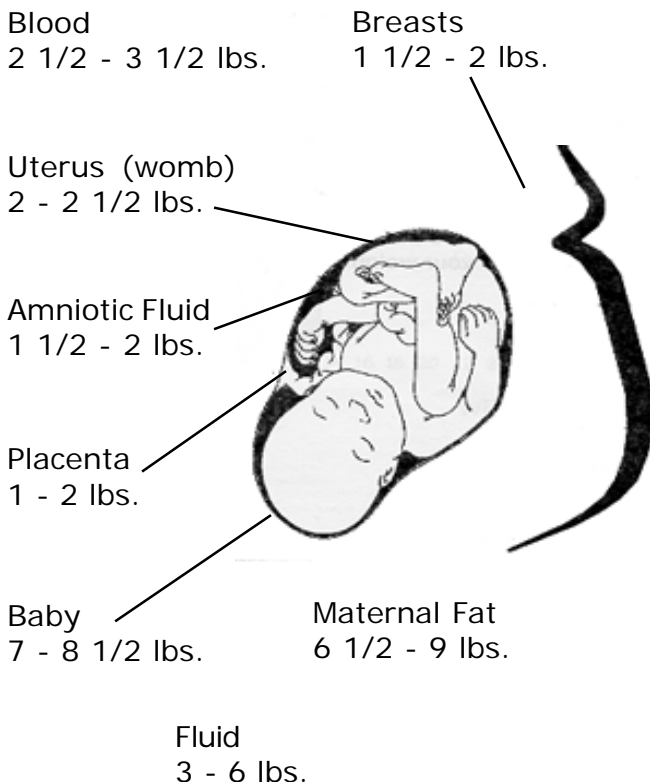
Tips on Pregnancy: How Much Should I Gain?

*Janie Burney
Associate Professor
Family and Consumer Sciences*



The weight you gain during pregnancy helps your baby grow. The weight goes not only to the baby, but to other parts of your body.

Where does the weight go?



Why is weight gain important?

Women who do not gain enough weight may have babies who are too small. These babies could have problems with:

- ▶ breathing.
- ▶ feeding.
- ▶ behavior.
- ▶ learning.

Babies who are too small may have more illnesses and sometimes die in the first year.

How much total weight should I gain?

The amount of weight you should gain depends on your weight before pregnancy. You should gain:

- ▶ **25 to 35 pounds** - if you were a healthy weight before pregnancy.
- ▶ **28 to 40 pounds** - if you were underweight before pregnancy.
- ▶ **15 to 25 pounds** - if you were overweight before pregnancy.

The Agricultural Extension Service offers its programs to all eligible persons regardless of race, color, age, national origin, sex, disability, religion or veteran status and is an Equal Opportunity Employer. COOPERATIVE EXTENSION WORK IN AGRICULTURE AND HOME ECONOMICS.

The Institute of Agriculture, U.S. Department of Agriculture, and county governments cooperating in furtherance of May 8 and June 30, 1914. Agricultural Extension Service, Charles Norman, Dean.

Weight Loss While Breastfeeding



Breastfeeding is best for moms and their babies for several reasons. Besides providing nourishment and helping to protect your baby against becoming sick, breastfeeding may help you lose the weight gained in pregnancy. Moderate exercise and eating less can help breastfeeding mothers lose weight.

- A great time to lose weight after pregnancy is while breastfeeding.
- Breastfeeding may make it easier to lose weight because you are using extra calories to feed your infant.
- Women who breastfeed exclusively for more than 3 months tend to lose more weight than those who do not.
- Those who continue breastfeeding beyond 4-6 months may continue to lose weight.

Continue to visit your doctor or health care provider while you are breastfeeding. He or she can keep track of your weight and tell you if you are losing weight as you should.

- If you are not losing weight or losing too slowly, cut back on the calories you are currently eating.
- The best way to eat fewer calories is by decreasing the amount of "empty calories" you are eating. "Empty calories" are the calories from added sugars and solid fats, in foods like soft drinks, desserts, fried foods, cheese, whole milk, and fatty meats. Look for choices that are low-fat, fat-free, unsweetened, or with no-added-sugars. They have fewer "empty calories."
- If you are losing weight too fast, you need to eat more calories. You can do this by eating a little more from each food group. Try adding a healthy snack each day, or increasing portion sizes at meals. If you keep losing weight faster than you want to, check with your doctor.

"Weight Loss While Breastfeeding." *ChooseMyPlate.gov*. May 2013.
<http://www.choosemyplate.gov/pregnancy-breastfeeding/weight-loss.html>

Mother's Bottle Guide

Cleanliness is key!

- **Discard** Any content remaining **2 hours** after feeding
- **Discard** Prepared formula after **24 hours**
- Breastmilk can be refrigerated or frozen
- **Discard** Refrigerated breastmilk after **48 hours**
- **Discard** Frozen breastmilk after **2 weeks**
- Washing bottles with soap/water then **sanitizing chemically** (in **dishwasher**) or by **boiling** before reuse
- Setting all bottles to **air-dry** upside-down

Helpful Tips:

- Always washing hands prior to feeding
- Thaw frozen breastmilk in refrigerator or under warm running water
- DO NOT thaw breastmilk by allowing it to sit on the counter for a few hours/overnight. This stimulates the growth of unhealthy bacteria.
- Use FIFO method: First In, First Out; When using refrigerated/frozen breastmilk, always use the oldest first

Have you participated in any of the following educational groups?

Prenatal Exercise
 Preparing for Baby Care
 Personal Development
 Prenatal General Discussion
 Parenting Education
 Birth Education(i.e. Lamaze)
 Breast Feeding Preparation
 Doula
 Other: _____

Do you have any interest in pursuing any of the above education? Yes: ____ No: ____

Have you received any breastfeeding resource information? Yes: ____ No: ____

How do you plan on feeding your baby?
 Unsure
 Breastfeed
 Formula

Have you received any prenatal care or counseling from someone other than your Primary Care provider? Yes: ____ No: ____

Please specify if yes: _____

How many times per day do you eat the following foods?

Fruit	0	1	2	3	4	≥5
Vegetables	0	1	2	3	4	≥5
Meat/Poultry/Beans/Fish	0	1	2	3	4	≥5
Grains (Bread, Pasta, Rice)	0	1	2	3	4	≥5
Dairy (Yogurt, Cheese, Milk)	0	1	2	3	4	≥5
Sweets/Dessert/Soda	0	1	2	3	4	≥5
Water (8 ounces)	0	1	2	3	4	≥5

Do you follow a diet such as vegetarian, cultural or prescribed by doctor? Yes: ____ No: ____

Please specify if yes: _____

How many times per week to you engage in physical activity? _____

List type of activity	Amount of time (in minutes) spent

Do you participate in the WIC Program, food stamps, or local pantry? _____

Is there enough safe food for you and the family in the house? _____

Do you have any questions about your pregnancy or nutrition during your pregnancy?

Mother's Signature: _____ Date: _____

Home Visitor Signature: _____ Date: _____

RN or RD Signature: _____ Date: _____

Mother's information:

Last:	First:	M.I.	Age:
Home Address:			Telephone:

Medical Provider's Name/ Address/Phone: Name: _____
 Address: _____ Phone: _____

How much did your baby weigh when it was born? _____

Have you ever been diagnosed with diabetes? Yes: ____ No: ____
 If yes what type? Gestational: __ Type I: __ Type II: __

Do you currently take a prenatal vitamin, multivitamin or individual vitamin supplement such as iron, folic acid, vitamin C, vitamin B12, or calcium? Yes: ____ No: ____
 If yes please specify

Do you take an iron supplement? Yes: ____ No: ____

Do you take a vitamin D supplement? Yes: ____ No: ____

Are you currently taking any medications such as prescriptions, insulin, OTC medications like aspirin? Yes: ____ No: ____
 If yes please specify:

Are you currently taking any herbal supplements? Yes: ____ No: ____
 If yes please specify:

Are you currently consuming or have an appetite for any non-food substances (i.e. clay, chalk, ice chips, cornstarch)? Yes: ____ No: ____

Have you used any of the following substances during your pregnancy?

- Street Drugs Cigarettes/Tobacco Caffeine* Alcohol
 Prescription Drugs Non Rx Drugs Iron Supplements Exposure to second hand smoke?

**Caffeine examples: Red Bull, Soda Products, Tea, Coffee, 5 Hour Energy, Monster*

Have you participated in any of the following educational groups?

- Prenatal Exercise Preparing for Baby Care Personal Development
 Prenatal General Discussion Parenting Education Birth Education(i.e. Lamaze)
 Breast Feeding Preparation Doula Other: _____

Have you received any prenatal care or counseling from someone other than your Primary Care provider? Yes: ____ No: ____
 Please specify if yes: _____

How are you feeding your baby?

___Breastfeeding ___Formula Other/Details: _____

How many times per day does your baby feed? _____

How much formula or breastmilk (if known) does your baby consume? _____

Do you have any concerns if breastfeeding? Yes: ___ No: ___

If yes, please describe: _____

Has mother sought / been given information on lactation resources? Yes: ___ No: ___

How many times per day do you eat the following foods?

Fruit	0	1	2	3	4	≥5
Vegetables	0	1	2	3	4	≥5
Meat/Poultry/Beans/Fish	0	1	2	3	4	≥5
Grains (Bread, Pasta, Rice)	0	1	2	3	4	≥5
Dairy (Yogurt, Cheese, Milk)	0	1	2	3	4	≥5
Sweets/Dessert/Soda	0	1	2	3	4	≥5
Water (8 ounces)	0	1	2	3	4	≥5

Do you follow a diet such as vegetarian, cultural or prescribed by doctor? Yes: ___ No: ___

Please specify if yes: _____

How many times per week do you engage in physical activity? _____

List type of activity	Amount of time (in minutes) spent

Do you participate in the WIC Program, food stamps, or local pantry? _____

Is there enough safe food for you and the family in the house? _____

Do you have any additional nutrition questions at this time?

Mother's Signature: _____ Date: _____

Home Visitor Signature: _____ Date: _____

RN or RD Signature: _____ Date: _____

Food Safety During Pregnancy

Pregnant women and their growing babies are at an increased risk to develop a food born illness. It is important to make sure that you are always practicing **good food safety practices**.

It is recommended that pregnant women **avoid certain foods** during their pregnancy:

Alcohol

consumption is harmful to the developing baby.

Deli meats – unless steamed, cooked, or heated before eating

deli meats (like turkey, ham, beef for example) may harbor bacteria that is harmful to a pregnant mother. Heating the meats before putting them in a sandwich is acceptable. Restaurants may heat these up for you upon request.

Deli salads made in store

salads (such as potato, tuna, egg) may harbor bacteria that is harmful to a pregnant mother. If you make a salad, ensure it is stored correctly to prevent against bacterial growth.

Soft cheeses

may harbor bacteria that is harmful to a pregnant mother.

Raw shellfish

may have bacteria that is harmful to a pregnant mother. Cooking shellfish appropriately is acceptable.

Unpasteurized juice or milk

may harbor bacteria that is harmful to a pregnant mother.

Raw sprouts such as alfalfa

may harbor bacteria that is harmful to a pregnant mother.

Uncooked cookie dough or batter

has raw eggs that may harbor bacteria that is harmful to a pregnant mother.

Practice **good food safety** habits every day:

Make sure all meats, eggs, and fish are **cooked thoroughly**.

Rinse all produce (fruits and vegetables) before eating.

Avoid **cross contamination** by keeping raw and cooked foods separate from each other, especially when preparing foods and using cutting boards.

Wash your hands before cooking, eating, when changing diapers, using the washroom or covering your mouth when coughing or sneezing.

To learn about food safety, ask your Head Start site about education sessions offered or visit the website www.FDA.gov.

Head Start Nutrition Services
Dominican University: August 2013



<http://www.womenshealth.gov>

800-994-9662

TDD: 888-220-5446

Fish Facts

PRINT-AND-GO GUIDE

Fish Facts for Women Who Are Pregnant or Breastfeeding

Fish and shellfish are an important part of a healthy diet. They are a great source of protein and heart-healthy omega-3 fatty acids for people of all ages. The nutrients in seafood are important for unborn babies, as well as for infants and young children. Research shows that omega-3 fatty acids eaten by pregnant women may aid in babies' brain and eye development. Also, some researchers believe depression in women during and after pregnancy may be related to not eating enough fish.

Women who are pregnant or breastfeeding should eat at least 8 ounces and up to 12 ounces of a variety of seafood per week to get the health benefits. Unfortunately, some pregnant and nursing women do not eat any fish because they worry about mercury in seafood. Mercury is a metal that, at high levels, can harm the brain of your unborn baby even before he or she is conceived. Yet many types of seafood have little or no mercury at all. So your risk of mercury exposure depends on the amount and type of seafood you eat.

Women who are pregnant or breastfeeding can safely eat a large variety of cooked seafood, but should not eat a few kinds of fish that contain high levels of mercury. Keep in mind that removing all fish from your diet will rob both you and your baby of all the nutritional benefits that seafood provides, including important omega-3 fatty acids. To reach the recommended amount of 8 to 12 ounces per week while limiting exposure to mercury, follow these tips:

- **Eat a variety of cooked* seafood that contains little or no mercury, such as these types that are higher in omega-3 fatty acids:**
 - Salmon
 - Anchovies
 - Herring
 - Sardines
 - Pacific oysters
 - Trout
 - Atlantic and Pacific mackerel (not King mackerel)

** Don't eat uncooked fish or shellfish (such as clams, oysters, scallops), which includes refrigerated uncooked seafood labeled nova-style, lox, kippered, smoked, or jerky. Uncooked seafood may contain bacteria that are harmful during pregnancy.*



<http://www.womenshealth.gov>

800-994-9662

TDD: 888-220-5446

- **Limit white (albacore) tuna to 6 ounces (about 1 serving) per week.**
- **Do not eat these fish, which are high in mercury:**
 - Swordfish
 - Tilefish
 - King mackerel
 - Shark
- **Check before eating fish caught in local waters.** State health departments have guidelines on fish from local waters. Or get local fish advisories from the U.S. Environmental Protection Agency. Do not eat fish from local waters unless your state health department says that doing so is safe. If you are unsure about the safety of a fish that you have already eaten, don't eat any other fish that week.
- **Eat a variety of cooked seafood rather than just a few types.**

Foods supplemented with DHA/EPA (such as “omega-3 eggs”) and prenatal vitamins supplemented with DHA are other sources of the type of omega-3 fatty acids found in seafood.

Fish Facts was reviewed by:

Rafael Perez-Escamilla, Ph.D.

Professor of Epidemiology & Public Health Director, Office of Community Health
Yale School of Public Health

Content last updated August 22, 2011.

Breastfeeding Lactation Support Resources for Chicago

Listed are lactation support groups that can be contacted for breastfeeding and lactation support for new or expecting mothers. Please call ahead for times and meeting locations.

La información de contacto para el grupo de apoyo a la lactancia. Por favor llame para más información.

Abiyamo Omo Society at UIC Medical Center

1740 West Taylor St, Chicago, IL
773-600-8046

Breastfeeding Support Group at Norwegian American Hospital

1044 North Francisco Ave, Chicago, IL
773-292-8228

Bosom Buddy Breastfeeding Mom's Support Group at St. Bernard Hospital

326 West 64th St, Chicago, IL
773-962-4017 (RSVP Required)

Chicago Family Health Center Breastfeeding Program

C.F.H.C. location: 9119 South Exchange, Chicago, IL
773-768-5000 x1029
Roseland Area: 556 E 115th St
773-768-5000 x1512

South Side La Leche Group

Quaker House
5615 South Woodlawn Ave, Chicago, IL
773-783-9905

La Leche Espanol Group

Erie Family Health Center
2750 West North Ave, Chicago, IL
773-790-0419

La Leche Beverly Group

East Meeting Room of St. Barnabas' Convent
10161 South Longwood Dr, Chicago, IL
773-454-1318

Mercy Hospital Breastfeeding Basics

2525 South Michigan Ave, Chicago, IL
312-567-2441

Roseland Community Hospital WIC Program

11255 South Michigan Ave, Chicago, IL
773-785-1173 x17



HOW TO FEED YOUR BABY STEP-BY-STEP

Every baby is very special. Don't worry if your baby eats a little more or less than this guide suggests. In fact, this is perfectly normal. The suggested serving sizes are only guidelines to help you get started.

AGE	FOOD GROUP	FOODS	DAILY SERVINGS	SUGGESTED SERVING SIZE	FEEDING TIPS
0-4 Months	Milk	Breast Milk	On demand		<ul style="list-style-type: none"> Nurse as long and as often as your baby wants - every 1-1/2 to 2 hours is okay. Nurse baby at least 10-20 minutes on each breast. Six wet diapers a day is a good sign that your baby is getting enough to eat. If you bottle feed, hold your baby while feeding. There's no need to force your baby to finish a bottle. Babies should never be put to bed with a bottle. It can cause choking and baby bottle tooth decay. Heating formula in the microwave is not recommended as milk may heat unevenly and burn your baby's mouth.
		or Formula* 0-1 months 1-2 months 2-3 months 3-4 months	6-8 5-7 4-7 4-6	2-3 ounces 2-5 ounces 3-6 ounces 5-7 ounces	
4-6 Months	Milk	Breast milk	On demand		<ul style="list-style-type: none"> Breast milk or formula has all the nutrition your baby needs and will satisfy your baby longer than cereal. Start iron-fortified baby cereal by spoon when your baby shows these signs of readiness: SITS WITH SUPPORT OPENS MOUTH WHEN FOOD IS OFFERED ABLE TO MOVE SEMI-SOLID FOOD FROM THE FRONT OF TONGUE TO THE BACK Introduce only one new cereal each week.
		or Formula*	4-6	6-8 ounces	
6-8 Months	Grain	Baby cereal (iron-fortified)	1-2	1-2 tablespoons	<ul style="list-style-type: none"> Add strained vegetables and fruits first, then add cooked vegetables and mashed or finely chopped fruits later. Feed only one new fruit or vegetable each week. When using food from a jar, remove amount for one feeding and refrigerate the unused portion. Try giving water in a cup, 2 ounces 1-2 times/day. Do not give juice to your baby. Feed only one new food each week.
		Breast milk or Formula*	On demand 3-4	6-8 ounces	
	Baby cereal (iron-fortified) Bread or Crackers	2 Offer	2-4 tablespoons 1/2 slice or 2 crackers		
	Fruit	2	2-3 tablespoons		
	Vegetable	Vegetables	2	2-3 tablespoons	

Downloaded from: http://www.oregondairycouncil.org/resources/free_downloads/downloads/htfyb_english_2012.pdf

*If you are bottle feeding, most doctors recommend iron-fortified formula. Ask your doctor which formula is best for your baby.

For the full sized document to use for parent education please download from the following site from the Oregon Dairy Council.

http://www.oregondairycouncil.org/resources/free_downloads/downloads/htfyb_english_2012.pdf

For the full-sized document, please see the Oregon Dairy Council Website

AGE	FOOD GROUP	FOODS	DAILY SERVINGS	SUGGESTED SERVING SIZE	FEEDING TIPS
8-12 Months	Milk	Breast Milk	On demand		<ul style="list-style-type: none"> • Add strained or finely chopped meats now. Offer only one new meat a week. • Wait until baby's first birthday to feed egg whites. Some babies are sensitive to the egg white. It's okay to give baby <u>cooked yolks</u>. • Offer fresh fruit and cooked vegetables in bite size portions. Some fruits may need to be peeled (apples, pears). • Be patient. Babies are messy when they feed themselves. • Always taste heated foods before serving them to baby to make sure they are not too hot. • Continue to offer water in a cup. • Offer finger foods to encourage self-feeding. • Let baby use a spoon for self-feeding. • Do not give your baby honey in the first year of life.
		or Formula*	3-4	6-8 ounces	
		Cheese Plain yogurt Cottage cheese	Offer	1/2 ounce 1/2 cup 1/4 cup	
	Grain	Baby cereal (iron-fortified) Bread or Crackers	2-3 2-3	2-4 tablespoons 1/2 slice or 2 crackers	
		Fruit	2	3-4 tablespoons	
	Vegetable	Vegetables	2	3-4 tablespoons	
		Chicken, beef, pork, dried beans (cooked) Egg yolk	1-2	3-4 tablespoons 1	
12-24 Months	Milk	Breast Milk or Milk*	On demand 4	1/2 cup	<ul style="list-style-type: none"> * If formula feeding, change to cow's milk now. Ask your doctor which fat level is best for your baby. Choose whole, 2%, 1% or fat free. • Continue breast feeding, if desired, but also offer milk in a cup. • Offer small portions. Never force your toddler to eat. • Try to avoid power struggles over food by respecting your toddler's likes and dislikes. Offer rejected foods at another time. • Make meals fun and interesting. Serve colorful foods that are crunchy, smooth, or warm. • Toddlers need three meals and 2-3 snacks every day. Do your best to offer meals and snacks at about the same time each day. • Wean baby from a bottle to a cup. • Avoid choking. Cut up meats. • Toddlers should be in high chairs for meals and snacks. Do not give them nuts, hard candies, gum or popcorn.
		Yogurt, Cheese Cottage cheese	4	1/2 ounce 1/4 cup	
	Grain	Cereal, pasta or rice Bread, muffins, rolls Crackers	6	1/4 cup 1/2 ounce or slice 2 crackers	
		Fruit	2	1/2 medium	
	Vegetable	Vegetables, fresh or cooked	4-5	1/4 cup (cooked) 1/2 cup (fresh)	
		Fish, chicken, turkey, beef, pork Cooked beans or peas Egg	2	1 ounce 1/4 cup 1	

Downloaded from: http://www.oregondairyCouncil.org/resources/free_downloads/downloads/htfyb_english_2012.pdf

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For the full sized document to use for parent education please download from the following site from the Oregon Dairy Council.

http://www.oregondairyCouncil.org/resources/free_downloads/downloads/htfyb_english_2012.pdf

Professionals that work with pregnant mothers during pregnancy, delivery and after birth

Doula – A doula is professionally trained and experienced in giving social support to birthing families during pregnancy, labor, and birth and at home during the first few days or weeks after birth. Those who are trained in breastfeeding can help you be more successful with breastfeeding after birth.

Doulas can be hired privately by the mother to work with her throughout the pregnancy. They may also be employed by hospitals or clinics to work with the pregnant/new mothers while at the facility.

Birth Doula – A birth doula is a person trained and experienced in childbirth who provides continuous physical, emotional and informational support to the mother before, during and just after childbirth.¹

Postpartum Doula – What a postpartum doula does changes from day to day, as the needs of the family change. Postpartum doulas do whatever a mother needs to best enjoy and care for her new baby. Postpartum doulas also make sure the mother is fed, well hydrated and comfortable. They may assist with breastfeeding education.¹

International Board Certified Lactation Consultant (IBCLC)

Lactation consultants are credentialed breastfeeding professionals. IBCLCs are experienced in helping mothers to breastfeed comfortably by helping with positioning, latch, and a wide range of breastfeeding concerns. Many IBCLCs are also nurses, doctors, speech therapists, dietitians, or other kinds of health professionals.²

Breastfeeding Peer Counselor or Educator

A breastfeeding counselor or educator can teach others about the benefits of breastfeeding and help women with basic breastfeeding challenges and questions. A "peer" means a person has breastfed her own baby and is available to help other mothers.²



¹Definitions adapted from the Doulas of North America (DONA) website definitions of Doulas. Found at <http://www.dona.org>

²Adapted from Office on Women's Health in the Office of the Assistant Secretary for Health at <http://womenshealth.gov>



Stages of Labor

The First Stage of Labor

The first stage is the start of labor and lasts until the cervix is fully open at 10 centimeters. This is the longest stage of labor and can last 12 to 17 hours.

This stage is divided into early labor, active labor and transition.

1. During early labor, the cervix dilates from 0 to 3 centimeters.

Contractions may last 30 to 60 seconds and occur every 5 to 20 minutes. There may be a pink, slightly bloody or mucous discharge from the vagina. Backache, nausea and diarrhea may also occur.

2. During active labor, the cervix dilates to about 7 centimeters.

Contractions become stronger and longer, lasting about 1 minute and repeating every 2 to 4 minutes. Pain medicine may be given at this time.

3. During transition, the cervix dilates to 10 centimeters. Contractions are stronger and occur more often. Intense pressure in the lower back and rectum may be felt.

What you can do:

Relax between contractions. Use the breathing or relaxation techniques you learned in childbirth classes or ask your nurse for help. Do not push until you are told to do so.

The Second Stage of Labor

The second stage begins when the cervix is fully open and lasts until the baby is delivered, about 2 to 4 hours based on whether or not this is the first baby and whether an epidural is in place. During this time, staff will tell you when you can push and help support your body as you deliver your baby.

What you can do:

You will be encouraged to push with each contraction. You may be told to push more gently or to stop pushing at times.

The Third Stage of Labor

The third stage is the delivery of the afterbirth called the placenta. This is the shortest stage of labor, lasting 30 minutes.

What you and your partner can do:

Relax and enjoy this time with your baby.

Talk to the staff if you have any questions or concerns at any time during labor and delivery.

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Updated stages of labor from the Nov 2012, Am. College of Obstetrics and Gynecologists, Vol 120, #5.

Questions to Ask When Choosing a Pediatrician or Family Practice Doctor

When having a baby there are many decisions to be made. One decision is to select the best pediatrician for your newborn. Take the time to research a couple of pediatricians to make sure you are comfortable with your choice.

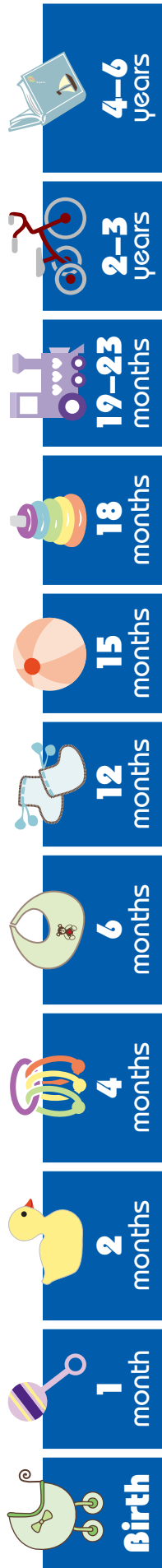
It is a good idea to interview potential doctors before the baby is born. Providers usually welcome these appointments and do not charge for prenatal interviews but occasionally some do. Check in advance that the provider accepts your health insurance.

- **Come prepared** by writing down things you do not want to forget.
- **Ask questions.** If you do not understand, have the doctor explain it again to you. Repeat back what the doctor says to ensure that the topic is understood clearly.
- Make sure you have **understood all the information the doctor has given you** by repeating it back from your notes.

Questions you may want to ask:

1. What are your qualifications?
2. Are you a member of the American Academy of Pediatrics or any other specialty organization?
3. How long have you been in practice?
4. What hospitals do you have privileges?
5. What is your philosophy about child rearing? *Do your homework and read up on your issues of interest before this conversation. For example, our may want to know the doctors views on breastfeeding, co-sleeping, vaccinations or circumcision.*
6. Do you return patient calls yourself?
7. Do you have a "sick-child" waiting room?
8. If you share a practice, will my child always see you?
9. Do you have evening or weekend appointments?
10. Is there a 24-hour answering service that can connect me to a doctor or a nurse call line?
11. Who covers for you when you are on vacation?
12. How much time do you schedule for well-baby visits?

2013 Recommended Immunizations for Children from Birth Through 6 Years Old



Birth	HepB									
1 month	HepB									
2 months	RV	RV	DTaP	Hib	PCV	IPV				
4 months	RV	RV	DTaP	Hib	PCV	IPV				
6 months	HepB	RV	DTaP	Hib	PCV	IPV				
12 months	HepB		DTaP	Hib	PCV	IPV				
15 months				Hib	PCV	IPV				
18 months			DTaP							
19-23 months				Hib	PCV	IPV				
2-3 years									DTaP	
4-6 years									DTaP	
										MMR
										Varicella
										HepA [§]

Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine towards the end of each pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

NOTE: If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES: * Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in this age group.
 § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

For more information, call toll free **1-800-CDC-INFO (1-800-232-4636)** or visit **http://www.cdc.gov/vaccines**

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Flu	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.



Crib Safety

More babies die each year in incidents involving cribs, than from any other nursery product. Your baby spends a lot of time unsupervised in the crib, so learn to make it a safer place.

BUYING A SAFE CRIB

All new cribs on the market today meet the safety standards of the Consumer Product Safety Commission (CPSC) and the Juvenile Products Manufacturers Association (JPMA).

Before getting a used crib, check to see if it has been recalled at www.recalls.gov. Also, look for the following suffocation and strangulation hazards:

- Sharp or jagged edges
- Missing, broken or loose parts
- Loose hardware
- Cut out designs in the headboard or footboard
- Crib slats more than 2 3/8 inches apart (width of a soda can)
- Corner post extension over 1/16 of an inch high
- Gaps larger than 2 fingers width between the sides of the crib and the mattress
- Drop side latches that could be easily released by your baby

When using any crib:

- Follow the directions for assembly.
- Don't try to fix any part of it with tape, wire, a rope, or by putting a broken side up against the wall.

Remember that the Cribs for Kids Graco Pack n' Play was made for babies who are less than 35 inches tall and weigh less than 30 lbs.



Back to Sleep

Soft bedding can suffocate a baby, blocking the baby's airway during sleep. Babies can suffocate when their faces become wedged against or buried in a mattress, pillow or other soft object. This can also happen when someone in the same bed rolls over onto them.

Room-sharing is a safer option than having your baby sleep in bed with you. Place your baby's crib, play yard or bassinet in your room during the first 6 months for more convenient feeding and close contact. Remember to always return your baby to his or her own crib when you're ready to go back to sleep.



DOS AND DON'TS OF SAFE SLEEP

DO:

- Lay your baby on his or her **back to sleep** to reduce the risk of SIDS (Sudden Infant Death Syndrome.)
- Use a safe crib with a **firm, tight-fitting mattress** covered **with a crib sheet** and **nothing else in it.**
- To keep your baby warm, use a sleep sack (wearable blanket).

DON'T:

- Do not put your baby to sleep on beds, sofas, recliners, chairs, soft surfaces, bouncy chairs, baby swings, or car seats.
- Do not use pillows, loose sheets or blankets, stuffed toys, crib bumpers, sleep positioners, and other soft bedding products.

For more information visit www.safekids.org or call (202) 662-0600



When to call the doctor

When you are pregnant don't wait to call your doctor or midwife if something is bothering or worrying you. Sometimes physical changes can be signs of a problem.

Call your doctor or midwife as soon as you can if you:

- Are bleeding or leaking fluid from the vagina
- Have sudden or severe swelling in the face, hands, or fingers
- Get severe or long-lasting headaches
- Have discomfort, pain, or cramping in the lower abdomen
- Have a fever or chills (temperature greater than 100.4)
- Are vomiting or have persistent nausea
- Feel discomfort, pain, or burning with urination
- Have problems seeing or blurred vision
- Feel dizzy
- Suspect your baby is moving less than normal after 28 weeks of pregnancy
- Have thoughts of harming yourself or your baby

Basic Car Seat Safety

Don't put your child at risk—buckle up the right way on every ride!



All children must use a car seat, booster seat or seat belt.

- My child always rides in a back seat and never in front of an airbag.
- Everyone in my car buckles up on every ride using the right car seat, booster seat or seat belt for each person's age and size.
- My child's car seat has all of its parts, labels and instructions and has never been in a crash.
- I follow the instructions for my car and my car seat so that my child is buckled in right.
- I never leave my child alone in a car.
- If I have any car seat questions, I know I can contact Safe Kids USA.

www.safekids.org

Safe Kids USA
202-662-0600
1301 Pennsylvania Avenue, NW
Suite 1000
Washington, DC 20004

Program Sponsor



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Babies under 2 use rear-facing car seats

- She always rides in a back seat and never in front of an air bag.
- She always rides in a car seat made for her size and age.
- She sits facing the back of the car in her car seat.
- The straps are snug on her, and I can't pinch the buckled strap.
- Her car seat is buckled tightly in the car and doesn't move more than one inch when I pull it.
- She uses a bigger seat rear-facing until she outgrows the harness. Many harnesses go to 35, 40 or 45 pounds.



Toddlers and big kids use forward-facing car seats

If my child is over age 2 AND has outgrown the weight and height limits for the rear-facing seat:

- He always rides in a back seat and never in front of an air bag.
- He always rides in a car seat made for his size and age.
- The straps are snug on him, and I can't pinch the buckled strap.
- His car seat is buckled tightly in the car and doesn't move more than one inch when I pull it. I use the top tethers designed for the seat.
- He uses this car seat until he outgrows the harness. Many harnesses go to 50, 60 or even 80 pounds.



Older, bigger kids use booster seats

If my child is under 4 feet, 9 inches tall AND has outgrown the weight and height limit of the forward-facing car seat:

- She always rides in a back seat and never in front of an air bag.
- She always rides on a booster seat using a seat belt with lap and shoulder straps.
- The lap belt sits low on her hips, not her stomach.
- The shoulder belt is on her shoulder – not on her neck, under her arm or behind her back.
- The seat belt is snug, flat and comfortable on her.
- She may be between 8-12 years of age before the seat belt fits.



Kids ready for seat belts

If my child is over 4 feet, 9 inches tall and has outgrown the booster seat:

- She always rides in a back seat and never in front of an air bag.
- She always uses a seat belt with lap and shoulder straps.
- The lap belt sits low on her hips, not her stomach.
- The shoulder belt is on her shoulder – not on her neck, under her arm or behind her back.
- Her back is firmly against the seat back, her knees bend at the front edge of the seat, and she can sit this way for the whole ride.
- The seat belt is snug, flat and comfortable on her. If the seat belt does not fit right, she must use a booster seat.





Soft Bedding Can Be Hazardous to Babies “Bare is Best”

To prevent infant deaths due to soft bedding, the U.S. Consumer Product Safety Commission (CPSC) recommends the following safe bedding practices when putting infants under 12 months down to sleep.



Safe Bedding Practices for Infants

- Place baby on his/her back on a firm tight-fitting mattress in a crib that meets current safety standards.
- Remove pillows, quilts, comforters, sheepskins, pillow-like stuffed toys, and other soft products from the crib.
- For warmth, dress baby in footed pajamas.
- Positioning devices are unnecessary and can be deadly.
- Do not place baby on a waterbed, sofa, soft mattress, pillow, or other soft surface to sleep.

A Safe Sleeping Environment for Your Baby

Placing babies to sleep on their backs instead of their stomachs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome (SIDS). Babies have been found dead on their stomachs with their faces, noses, and mouths covered by soft bedding, such as pillows, quilts, comforters and sheepskins. However, some babies have been found dead with their heads covered by soft bedding even while sleeping on their backs.

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Childproofing Your Home

12 SAFETY DEVICES TO PROTECT YOUR CHILDREN



Childproofing Your Home

12 SAFETY DEVICES TO PROTECT YOUR CHILDREN

Each year, children are injured by hazards in and around the home. The good news is that the risk of injury can be reduced or prevented by using child-safety devices and reminding older children in the house to re-secure safety devices after disabling them.

Most of these safety devices are easy to find and are relatively inexpensive. You can buy them at hardware stores, baby equipment shops, supermarkets, drug stores, home improvement stores, on the Internet and through mail order catalogs. Safety devices should be sturdy enough to hinder access and yet easy for you to use.

To be effective, they must be properly installed. Follow installation instructions carefully. Remember, too, that no device is completely childproof; determined youngsters have been known to overcome or disable them.

Here are some child safety devices that can help reduce injuries to young children. The red numbers correspond to those on the image following the text.

Use Safety Latches and Locks 1 for cabinets and drawers in kitchens, bathrooms, and other areas to help prevent poisonings and other injuries. Safety latches and locks on cabinets and drawers can help prevent children from gaining access to medicines, household cleaners, matches, or cigarette lighters, as well as knives and other sharp objects.

Even products with child-resistant packaging should be locked away and kept out of reach. This packaging is not childproof. Look for safety latches and locks that adults can easily install and use, but are sturdy enough to withstand pulls and tugs from children.



Use Safety Gates 2 to help prevent falls down stairs and to keep children from entering rooms and other areas with possible dangers.

Look for safety gates that children cannot dislodge easily, but that adults can open and close without difficulty. For the top of stairs, only use gates that screw to the wall.

Use safety gates that meet current safety standards. Replace older safety gates that have "V" shapes that are large enough to entrap a child's head and neck.

Use Door Knob Covers and Door Locks 3 to help prevent children from entering rooms and other areas with possible dangers. Door knob covers and door locks can help keep children away from places with hazards.

Be sure the door knob cover is sturdy, and allows a door to be opened quickly by an adult in case of emergency.

Use Anti-Scald Devices 4 for faucets and shower heads and set your water heater temperature to 120 degrees Fahrenheit to help prevent burns from hot water. Anti-scald devices for regulating water temperature can help reduce the likelihood of burns.

Use Smoke Alarms 5 on every level of your home, inside each bedroom, and outside sleeping areas to alert you to fires. Smoke alarms are essential safety devices for protection against fire deaths and injuries.



Check smoke alarms once a month to make sure they're working. Change batteries at least once a year or consider using 10-year batteries for alarms.

Use Window Guards and Safety Netting 6 to help prevent falls from windows, balconies, decks, and landings.

Check these safety devices frequently to make sure they are secure and properly installed and maintained. Limit window openings to four inches or less, including the space between the window guard bars. If you have window guards, be sure at least one window in each room can be easily used for escape in a fire. Window screens are not effective for preventing children from falling out of windows.



Use Corner and Edge Bumpers 7 to help prevent injuries from falls against sharp edges of furniture and fireplaces. Be sure to look for bumpers that stay securely on furniture or hearth edges.

Use Outlet Covers and Outlet Plates 8 to help prevent electrocution. Outlet covers and outlet plates can help protect children from electrical shock and possible electrocution.

Be sure outlet protectors cannot be easily removed by children and are large enough so that children cannot choke on them. If you are replacing receptacles, use a tamper-resistant type.

Use a Carbon Monoxide (CO) Alarm 9 to help prevent CO poisoning. All consumers should install CO alarms near sleeping areas in their homes. Change batteries at least once a year.

CPSC recommends using **Cordless Window Coverings 10** in homes with young children, in order to help prevent strangulation. Children can wrap window covering cords around their necks or can pull cords that are not clearly visible but are accessible and become entangled in the loops. If you have window blinds from 2000 or earlier and you cannot afford new, cordless window coverings, call the Window Covering Safety Council at 800-506-4636 or visit WindowCoverings.org for a free repair kit. Window blinds that have an inner cord (for raising the slats of the blinds) can be pulled by a child and form a potentially deadly loop. Consumers should immediately repair these types of blinds. Consumers should know that WCSC's retrofit kits do not address the dangling pull cord hazard associated with many common window blinds.

Use Anchors to Avoid Furniture and Appliance Tip-Overs 11. Furniture, TVs and ranges can tip over and crush young children. Deaths and injuries occur when children climb onto, fall against or pull themselves up on television stands, shelves, bookcases, dressers, desks, chests and ranges. For added security, anchor these products to the floor or attach them to a wall. Free standing ranges and stoves should be installed with anti-tip brackets.

Use Layers of Protection with Pools and Spas 12. A barrier completely surrounding the pool or spa including a 4-foot tall fence with self-closing, self-latching gates is essential. If the house serves as a side of the barrier, doors heading to the pool should have an alarm or the pool should have a power safety cover. Pool alarms can serve as an additional layer of protection.

Sliding glass doors, with locks that must be re-secured after each use, are not an effective barrier to pools.

THIS BROCHURE BROUGHT TO YOU BY:



U.S. CONSUMER PRODUCT SAFETY COMMISSION
 4330 East West Highway, Bethesda, MD 20814
 Web site: www.cpsc.gov
 Toll-free hotline: 1-800-638-2772

The U.S. Consumer Product Safety Commission (CPSC) is a federal agency that helps keep families and children safe in and around their homes.

Go to www.cpsc.gov to check for recalled products and sign up for automatic e-mail recall notifications.

Childproofing Your Home

12 SAFETY DEVICES TO PROTECT YOUR CHILDREN

Child safety devices are an important aid to parental supervision. Here are 12 child safety devices that will help keep your home—and children—safer.

Use **SAFETY LATCHES and LOCKS 1** for cabinets and drawers in kitchens, bathrooms, and other areas to help prevent poisonings and other injuries.

Use **SAFETY GATES 2** to help prevent falls down stairs and to keep children from entering rooms and other areas with possible dangers.

Use **DOOR KNOB COVERS and DOORS LOCKS 3** to help prevent children from entering rooms and other areas with possible dangers.

Use **ANTI-SCALD DEVICES FOR FAUCETS and SHOWER HEADS 4** and set your water heater temperature to 120 degrees Fahrenheit to help prevent burns from hot water.

Use **SMOKE ALARMS 5** on every level of your home, inside each bedroom and outside sleeping areas to alert you to fires.

Use **WINDOW GUARDS and SAFETY NETTING 6** to help prevent falls from windows, balconies, decks, and landings.

Use **CORNER and EDGE BUMPERS 7** to help prevent injuries from falls against sharp edges of furniture and fireplaces.

Use **OUTLET COVERS and OUTLET PLATES 8** to help prevent electrocution.

Use a **CARBON MONOXIDE (CO) ALARM 9** near sleeping areas to help prevent CO poisoning.

Use **CORDLESS WINDOW COVERINGS 10** in homes with young children to help prevent strangulation.

Use **ANCHORS TO AVOID FURNITURE AND APPLIANCE TIP-OVERS 11**.

Use **LAYERS OF PROTECTION WITH POOLS AND SPAS 12**.



Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____

Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____

Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- No, not very often Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

- | | |
|---|---|
| 1. I have been able to laugh and see the funny side of things | *6. Things have been getting on top of me |
| <input type="checkbox"/> As much as I always could | <input type="checkbox"/> Yes, most of the time I haven't been able to cope at all |
| <input type="checkbox"/> Not quite so much now | <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual |
| <input type="checkbox"/> Definitely not so much now | <input type="checkbox"/> No, most of the time I have coped quite well |
| <input type="checkbox"/> Not at all | <input type="checkbox"/> No, I have been coping as well as ever |
| 2. I have looked forward with enjoyment to things | *7. I have been so unhappy that I have had difficulty sleeping |
| <input type="checkbox"/> As much as I ever did | <input type="checkbox"/> Yes, most of the time |
| <input type="checkbox"/> Rather less than I used to | <input type="checkbox"/> Yes, sometimes |
| <input type="checkbox"/> Definitely less than I used to | <input type="checkbox"/> Not very often |
| <input type="checkbox"/> Hardly at all | <input type="checkbox"/> No, not at all |
| *3. I have blamed myself unnecessarily when things went wrong | *8. I have felt sad or miserable |
| <input type="checkbox"/> Yes, most of the time | <input type="checkbox"/> Yes, most of the time |
| <input type="checkbox"/> Yes, some of the time | <input type="checkbox"/> Yes, quite often |
| <input type="checkbox"/> Not very often | <input type="checkbox"/> Not very often |
| <input type="checkbox"/> No, never | <input type="checkbox"/> No, not at all |
| 4. I have been anxious or worried for no good reason | *9. I have been so unhappy that I have been crying |
| <input type="checkbox"/> No, not at all | <input type="checkbox"/> Yes, most of the time |
| <input type="checkbox"/> Hardly ever | <input type="checkbox"/> Yes, quite often |
| <input type="checkbox"/> Yes, sometimes | <input type="checkbox"/> Only occasionally |
| <input type="checkbox"/> Yes, very often | <input type="checkbox"/> No, never |
| *5. I have felt scared or panicky for no very good reason | *10. The thought of harming myself has occurred to me |
| <input type="checkbox"/> Yes, quite a lot | <input type="checkbox"/> Yes, quite often |
| <input type="checkbox"/> Yes, sometimes | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> No, not much | <input type="checkbox"/> Hardly ever |
| <input type="checkbox"/> No, not at all | <input type="checkbox"/> Never |

Administered/Reviewed by _____ Date _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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Edinburgh Postnatal Depression Scale¹ (EPDS)

Postpartum depression is the most common complication of childbearing.² The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for “perinatal” depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt **during the previous week**. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women’s Health Information Center <www.4women.gov> and from groups such as Postpartum Support International <www.chss.iup.edu/postpartum> and Depression after Delivery <www.depressionafterdelivery.com>.

SCORING

QUESTIONS 1, 2, & 4 (without an *)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

QUESTIONS 3, 5-10 (marked with an *)

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30
Possible Depression: 10 or greater
Always look at item 10 (suicidal thoughts)

Users may reproduce the scale without further permission, providing they respect copyright by quoting the names of the authors, the title, and the source of the paper in all reproduced copies.

Instructions for using the Edinburgh Postnatal Depression Scale:

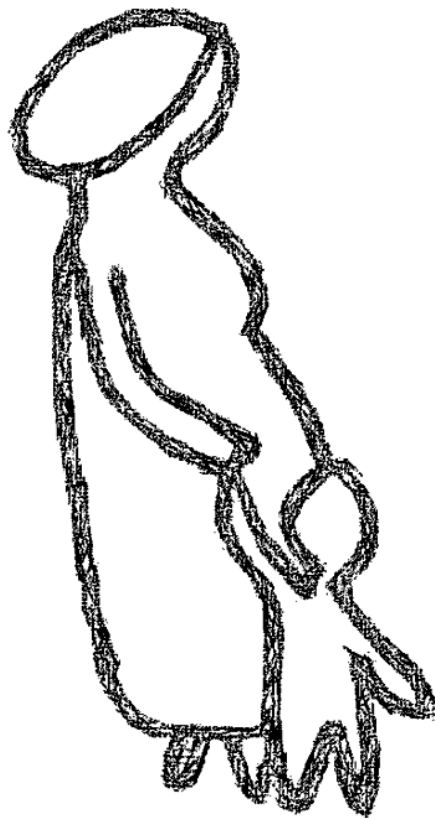
1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

Early Head Start
Pregnancy Packet

Prenatal & Postnatal+Infant
Nurse Assessment



Prenatal Nurse Assessment

Prenatal Record:

Brief narrative:

Mom's name, age:

Expected due date:

Weeks pregnant:

Social factors-

Who is present during interview?

Any history of drinking?

Any history of smoking?

Any history of drug use?

Type of apartment/house:

Father of baby present or involved:

Has your partner ever hit or threatened you?

1. First Prenatal Care (at how many weeks)
2. Course of Pregnancy: Any complications during this pregnancy such as HTN, DM, pre-eclampsia?
3. How many other children does client have? Ages? Do you have childcare?

Prenatal Nurse Assessment

4. Emotional health during the pregnancy (depression, any history of mental health problems.)
Who do you have for support during this pregnancy? (family, friends, husband)

5. Birth plan: Where will you deliver? Plan to get medications/epidural?
Do you plan to circumcise if you have a boy?

Topics to Discuss

- Pregnancy complications (s/s pre-term labor, preeclampsia, etc.)

- Importance of prenatal care

- Healthy nutrition during pregnancy

- Breastfeeding

- Birth control/family planning

After visit assessment/recommendations:

- How did the client accept the information?

- Does the client need reinforcement of information? If so which information do you feel the client needs reinforcement on by home visitor or nurse @ 2 week visit?

- Any recommendations or follow up?

- Client's questions or concerns? Were they all addressed?

- Home visitor's questions or concerns? Were they all addressed?

Assessment completed by: _____ Date: _____

Infant and Postnatal Assessment Template

Prenatal Record:

Name of Mother of baby: _____

Brief narrative: Mother of baby's name, age, social factors, name of hospital where mother delivered, etc. (see example newborn & new mother assessment)

1. Length of Pregnancy
2. First Prenatal Care
3. Course of Pregnancy
4. Position of the babies in the family constellation
5. Emotional health during the pregnancy

Labor Record

Type of Delivery:

Complications:

Infant and Postnatal Assessment Template

Infant

Age of Newborn:

Infant Health Problems identified prior to birth:

Infant health problems identified at birth:

Infant health problems identified after birth:

Type of feeding:

Immunizations:

Results of Newborn Hearing Screening:

Physical Assessment

General Appearance:

Skin:

Infant and Postnatal Assessment Template

General Body Proportions:

Weight at Birth:

Weight today:

Length at Birth:

HC at Birth:

Behavior:

Sleep pattern:

Head, Ears and Fontanel:

Face, Eyes and Mouth:

Cry:

Neck:

Chest:

Extremities:

Abdomen:

GU:

Infant and Postnatal Assessment Template

Newborn Needs:

Oxygenation:

Nutrition:

Mother/Baby Bonding:

Warmth/Protection from weather extremes:

Protection from Infection:

Infant and Postnatal Assessment Template

Mother's Post-Partum Health

Physical Health/Complications:

Emotional Health:

Family Planning:

Post-Partum Nutrition:

Post-Partum Visit:

Infant and Postnatal Assessment Template

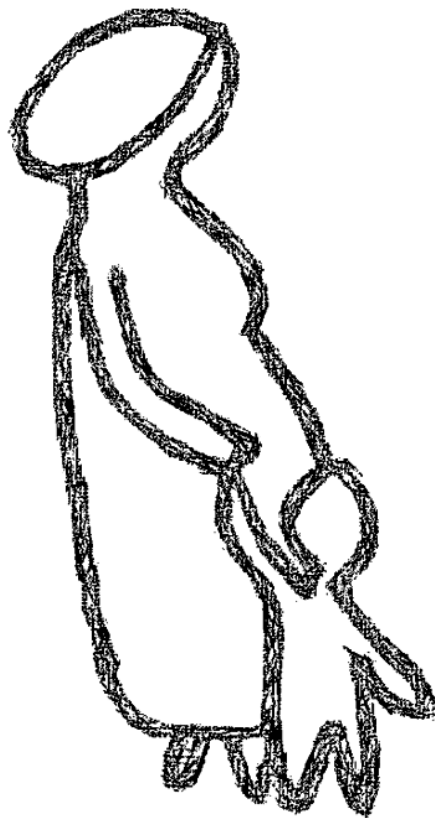
Written Information Given to MOB:

Follow Up Needs:

Signature: _____ Date: _____

Early Head Start
Pregnancy Packet

Pregnancy Risk and
Authorization Form



PREGNANCY VERIFICATION

Dear Health Care Provider,

_____ is a mother participating in our Early Head Start program. Federal Performance Standards require us to verify that she is receiving regular prenatal care.

Is this mother receiving prenatal care from you? Yes No

Date of first prenatal visit _____ at _____ week's gestation.

How many prenatal visits has she received up to this date? _____

Is her pregnancy considered high risk? Yes No

1. Initial Assessment

Weeks Gestation: _____

High Risk Factors	High Risk Factors	Very High Risk Factors
<input type="checkbox"/> Age: <18 or >35	<input type="checkbox"/> Substance Use	<input type="checkbox"/> Drug Addiction
<input type="checkbox"/> Currently involved in a violent relationship.	<input type="checkbox"/> Diabetes	<input type="checkbox"/> 2 or more prior low birth weight infants.
<input type="checkbox"/> BMI <18 or >30	<input type="checkbox"/> Prior Infant with a Major Health Problem	<input type="checkbox"/> 2 or more HIGH RISK FACTORS
<input type="checkbox"/> Anemia	<input type="checkbox"/> Cardiac Problems	<input type="checkbox"/> Multiple Pregnancy
<input type="checkbox"/> Smoking	<input type="checkbox"/> Rh Sensitization	<input type="checkbox"/> Other
<input type="checkbox"/> Poor Socioeconomic Condition	<input type="checkbox"/> Uterine abnormality or an Incompetent Cervix	
<input type="checkbox"/> Suspected Poor Nutrition	<input type="checkbox"/> 1 Prior Infant with a Birth weight < 5 ½ lbs.	
<input type="checkbox"/> Prior Cesarean Section	<input type="checkbox"/> Hypertension	
<input type="checkbox"/> Seizures	<input type="checkbox"/> Kidney Disease	
<input type="checkbox"/> Chronic Mental Illness	<input type="checkbox"/> History of a Miscarriage	
<input type="checkbox"/> Sought Prenatal Care > 20 weeks	<input type="checkbox"/> History of a Stillborn Baby	
<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Prior baby in the Neonatal Intensive Care Unit	

Date of next scheduled prenatal visit _____

AUTHORIZATION FOR MUTUAL EXCHANGE OF INFORMATION

I (name) _____ authorize the mutual exchange of information concerning my prenatal care between _____
[Insert delegate program name] and _____ (health care provider or agency).

Participant's

Signature _____ Date _____

Doctor Signature _____ Date _____

Please fax this form back to *[Insert delegate program name]* Early Head Start, Home Visiting Program at *[Insert program fax number]*. Thank you.

[Insert Program Name, Address and Phone Number]