

1. Last Name	First Name	MI
2. Patient Number		
3. Date of Birth (MM/DD/YYYY)	Month	Day Year
4. Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> White		
5. Ethnic Origin <input type="checkbox"/> Hispanic Cuban <input type="checkbox"/> Hispanic Mexican American <input type="checkbox"/> Hispanic Other <input type="checkbox"/> Hispanic Puerto Rican <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unreported		
6. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
7. County of Residence		

## MATERNAL HEALTH EDUCATION FORM

### Codes for Types of Education:

- |   |                                       |
|---|---------------------------------------|
| <b>I</b> Individual counseling            | <b>G</b> Group or class               |
| <b>P</b> Packet of Information (standard) | <b>L</b> Literature given             |
| <b>V</b> Video shown                      | <b>H</b> Health Mom/Healthy Baby Book |
| <b>R</b> Review of material               | <b>N</b> See Progress Notes           |

Pregnancy Counseling/Enrollment	Check	2 <sup>nd</sup> Trimester	Check
<b>All below reviewed with patient at initial visit</b> Date/Initial →		<b>All below reviewed with patient in the 2<sup>nd</sup> Trimester</b> Date/Initial →	
• Medicaid (how to apply) • Ed on Emergency Medicaid (if applicable)		• <b>Signs and Symptoms to Report:</b> bleeding, leaking fluid, rupture of membranes, preterm labor, decreased fetal movement	
• Lab Studies Anticipated		• After-hours Emergency Line (who to call)	
• Expected Course of Prenatal Care		• Risks and Benefits of Breastfeeding and Infant Formula Feeding	
• Anticipated Schedule of Visits		• Child Birth Education (Lamaze)	
• Scope of Care Provided		• Child Care/Parenting Classes	
• Insurance & Cost (prenatal & delivery)		• Pediatrician	
• After-hours Emergency Line (who to call)		• Circumcision (if applicable)	
• Physician/Provider Coverage		• Birth Control Method (start assessing and ed)	
• Prenatal Vitamins		• Preterm Labor	
• OTC and Rx Medicines		• Pre-Eclampsia	
• Pregnancy Care Management/Baby Love Program		• Cord Blood Banking—Provide written information (N.C. law)	
• WIC		• Depression (prenatal and postpartum)	
• Office Policies		• Dental Care	
• Nausea & Vomiting During Pregnancy		• Nausea and Vomiting (Persistent)	
• Other:		• Other:	
<b>1<sup>st</sup> Trimester</b>	<b>Check</b>	<b>3<sup>rd</sup> Trimester and Postpartum Period</b>	<b>Check</b>
<b>All below reviewed with patient in the 1<sup>st</sup> Trimester</b> Date/Initial →		<b>All below reviewed with patient in the 3<sup>rd</sup> Trimester/Postpartum</b> Date/Initial →	
• After-hours Emergency Line (who to call)		• After-hours Emergency Line (who to call)	
• Domestic Violence		• Back-to-sleep/Safe Sleep	
• Environmental Exposure/Sauna & Hot Tubs/Lead/ETS*		• Shaken Baby Syndrome	
• N/V During Pregnancy (continue education)		• Selecting Infants Provider	
• <b>Danger Signs to Report:</b> bleeding like a period, severe abdominal pain, fever (signs/symptoms of SAB)		• <b>Signs and Symptoms to Report:</b> bleeding, leaking fluid, rupture of membranes, preterm labor, decreased fetal movement	
• Balanced Nutrition including ideal calorie intake, weight gain and foods to avoid. Include vitamins and mineral toxicity.		• Planning for hospital discharge and child care, choosing the child's pediatrician, car seat information and immunization info.	
• Travel Safety and Seatbelt Instruction		• <b>Depression (revisit-postpartum)</b>	
• Daily Activity/Exercise Safety Including Warning Signs		• Cost to the patient for delivery, e.g., insurance plan participation	
• Food Safety (Mercury/Listeria)		• Postpartum Home Visit/Newborn Home Visit	
• Caution about ETOH/Smoking/Street Drugs		• Labor Preparation — what to do when labor begins	
• Prevention of STIs/HIV in Pregnancy		• Preparing for Birth & After	
• Assess previous prescribed drugs and caution about drug use including illicit, over-the-counter drugs and home remedies.		• <b>L&amp;D:</b> signs; who to call; comfort measures & pain relief; birth coach and progression of labor.	
• HIV Counseling and Testing. Explain N.C. HIV and Pregnancy Testing Laws.		Plans to Breastfeed <input type="checkbox"/> Yes <input type="checkbox"/> No FP Education & Contraceptive Choice _____	
• Smoking Cessation Counseling — (Use the 5 A's)		• Other:	
• Other:		• Other:	

\*ETS = Environmental Tobacco Smoke

1. Last Name	First Name	MI
2. Patient Number		
3. Date of Birth (MM/DD/YYYY)		
	Month	Day
		Year
4. Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> White		
5. Ethnic Origin <input type="checkbox"/> Hispanic Cuban <input type="checkbox"/> Hispanic Mexican American <input type="checkbox"/> Hispanic Other <input type="checkbox"/> Hispanic Puerto Rican <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unreported		
6. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
7. County of Residence		

**SIGNATURE RECORD**

Signature	Initials	Signature	Initials

**Instructions for the Maternal Health Education Sheet**

Purpose: To document all education provided through the Health Department in the course of prenatal care.

- Instructions: 1. Any care provider or staff who educates client should document on this form.
2. Next to appropriate topic, enter code for type of education provided  
**I** Individual counseling    **G** Group or class    **P** Packet of Information (standard)  
**L** Literature given    **V** Video shown    **H** Healthy Mom, Healthy Baby Book  
**R** Review of material    **N** See Progress Notes (More than one code may be used, as needed.)

3. Date and initial next to code entered.

CATEGORY/TOPICS	Date/Type/Initial
1 <sup>st</sup> Trimester	
HIV Counseling and Testing	11/11/09/ I / JR

4. Utilization of the Healthy Mom, Healthy Baby Book is encouraged.  
If you write on a progress note use code N to indicate a progress note was written.

Example:

CATEGORY/TOPICS	Date/Type/Initials
2 <sup>nd</sup> Trimester	
Preterm Labor	12/12/09/ H, N/ MP

Sign and initial signature record above. **(Required only once per provider.)**

Disposition: This form is to be retained in accordance with the records disposition schedule of medical records as issued by the Division of Archives and History.

Location: Go to the following link to access this form and print as needed:  
<http://whb.ncpublichealth.com/provPart/forms.htm>