1. Last Name First Name MI												ΛI	N.C. Department of Health and Human Services Division of Public Health							
2. Patient Numb		1											V	Vome	n Infant and Community Wellness Section					
3. Date of Birth (MM/DD/YYYY)				l	N	lonth)ay		Yea	ar		CONTINUATION MATERNAL FLOW							
☐ Blac	4. Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ Unknown ☐ White																			
	5. Ethnic Origin ☐ Hispanic Cuban ☐ Hispanic Mexican American																			
						ispan □ Ur			Rican				Health Department/Clinic Name:							
	6. Gender Female Male														Best EDC:					
7. County of Residence													Baseline B/P:							
						nt gain (Y/N)						embranes		(11				Allergies/Drug Reactions: (Identify)		
Visit Date (Year)	Weeks Gest. (best est.)	Fundal Ht. (cm)	Blood Pressure	Urine (glucose/Protein)	Weight	Patient within her normal weight gain (Y/N)	Edema	Fetal presentation (≥ 36 wks)	Fetal Heart Rate	Fetal Movement	Contractions	Vaginal Bleeding/Rupture of Membranes	Cervix Exam (Dil/Eff./Sta.)	PNV (Taking Y/ N/ Needs Refill)	Next Appointment	Interpreter (initials)	Provider (Initials)	Latex Allergy □ Yes □ No		
																		Comments / Plans of Care		

MATERNAL HEALTH CONTINUATION FLOW SHEET

Instructions

Purpose: To assess and document patient's weight and health progression throughout the pregnancy.

Instructions: Refer to link https://wicws.dph.ncdhhs.gov/provPart/forms.htm for a list of definitions pertaining to this form, print and use as needed.

This form is to be completed by the appropriate staff and reviewed by the clinical provider. Use agency policy approved codes. This form is not a mandatory form and may be used at the discretion of the health department.

Specific Instructions for the Visit Flow Sheet Section:

- · Document date of visit
- · Document gestational age for that particular visit
- · Provider is to document fundal height
- · Document patient's BP, urine dipstick info, weight, and signs of edema
- Under the "weight column" document "yes" or "no" for patient's advised weight gain or loss based on the BMI and math you have obtained from the main "Flow Sheet" Instructions
- Provider is to document fetal presentation and fetal heart rate or place a positive symbol if fetal heart rate is present and normal
- Document if patient is complaining of contractions, vaginal bleeding or rupture of membranes, and if there
 is fetal movement
- If provider does a cervical exam he/she should document dilatation/effacement and station
- If the patient is taking prenatal vitamins (PNV) place a "Y" in the top box, if not place a "N" in the top box and do the same for PNV refills in the bottom box
- Next appointment, interpreter's initials, and the provider's initials are self explanatory
- Use the Comments column to document notes for that visit or write "see progress notes" if you are using a
 progress note sheet for comments

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: https://wicws.dph.ncdhhs.gov/provPart/forms.htm