

## MATERNAL HEALTH RISK GUIDE

(See Instructions)

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					

**Use Agency Policy and refer to High Risk Clinic as needed.  
 Also, always consult with your MD per your agency policies.**

Past Risk Factors			
History of...		Mo/Day	
<input type="checkbox"/> 1. Cardiac Problems	<input type="checkbox"/> 27. Premature Rupture of Membranes	/	10. Inappropriate wt gain or loss
<input type="checkbox"/> 2. Chromosomal Anomalies	<input type="checkbox"/> 28. Preterm Delivery	/	11. IUGR (Intrauterine Growth Restriction)
<input type="checkbox"/> 3. Chronic Pulmonary Disease (i.e. Asthma)	<input type="checkbox"/> 29. Preterm Labor	/	12. Lack Family Support
<input type="checkbox"/> 4. Chronic Renal Disease	<input type="checkbox"/> 30. Prior Fetal or Neonatal Loss	/	13. Multiple Pregnancy
<input type="checkbox"/> 5. Close Spaced Pregnancies (closer then 18 mo's)	<input type="checkbox"/> 31. Severe Anemia (Hct < 28)	/	14. Postdates
<input type="checkbox"/> 6. C/S or uterine scars	<input type="checkbox"/> 32. SGA (Full term newborn with a birth weight < 5.5 lbs)	/	15. 2 <sup>nd</sup> Pregnancy in the last yr
<input type="checkbox"/> 7. ≥ 7 Deliveries	<input type="checkbox"/> 33. Substance Use	/	16. Pre-Eclampsia
<input type="checkbox"/> 8. Diabetes (type 1 or 2)	<input type="checkbox"/> 34. _____	/	17. Preterm Labor
<input type="checkbox"/> 9. Domestic Violence	<input type="checkbox"/> 35. _____	/	18. Premature ROM
<input type="checkbox"/> 10. Ectopic	<input type="checkbox"/> 36. _____	/	19. Pyelonephritis
<input type="checkbox"/> 11. Endocrinopathy	<input type="checkbox"/> 37. _____	/	20. RH Neg (non-sensitized)
<input type="checkbox"/> 12. Epilepsy/Seizures (on meds)	<input type="checkbox"/> 38. _____	/	21. Rubella Non-Immune
<input type="checkbox"/> 13. Gestational Diabetes	<input type="checkbox"/> 39. _____	/	22. Sickle Cell Trait
<input type="checkbox"/> 14. Hemoglobinopathies	<input type="checkbox"/> 40. _____	/	23. Smoking _____ per day
<input type="checkbox"/> 15. Hypertension		/	24. STD _____ Type
<input type="checkbox"/> 16. Incompetent Cervix	Present Pregnancy Risk Factors	/	25. Substance Use
<input type="checkbox"/> 17. Infertility	Mo/Day	/	26. Teen Pregnancy
<input type="checkbox"/> 18. Isoimmunization	/	/	27. Uterine Bleeding
<input type="checkbox"/> 19. Macrosomia (babies ≥ 4000 gms)	/	/	28. UTI
<input type="checkbox"/> 20. Multiple Pregnancies	/	/	29. Varicella Non-Immune
<input type="checkbox"/> 21. Multiple Social Issues	/	/	30. _____
<input type="checkbox"/> 22. Placenta Previa	/	/	31. _____
<input type="checkbox"/> 23. Postdates	/	/	32. _____
<input type="checkbox"/> 24. Postpartum Depression	/	/	33. _____
<input type="checkbox"/> 25. Postpartum Hemorrhage	/	/	34. _____
<input type="checkbox"/> 26. Preeclampsia	/	/	35. _____

Interpreter Used  N/A  No  Yes Interpreter Name \_\_\_\_\_

Staff Reviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_

# MATERNAL HEALTH RISK GUIDE

## Instructions

**Purpose:** To assess and document past and present risk factors.

**Instructions:** Instruct staff to complete part A, B, C and D; simultaneously checking off any of the preexisting conditions on the first section of this form.

If this form will be used, check off the “yes” box on the first line of the Problem List under the initial flow sheet stating:

Using Risk Guide  Yes  No (if yes see “Risk Guide” form on previous page)

As the pregnancy evolves, when problems arise, the second part of this form should be used, along with the problem list on the initial flow sheet. Place the month and the date on the corresponding problems; use the blank lines to write in conditions or problems not found on this form.

**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>