Client ID#		
Last Name	**First Name**	**MI**
Date of Birth		

N.C. Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section
Women's Health Branch, Perinatal Health Unit

Healthy Beginnings
Postpartum Service Log

Baby's Birth Date:

Data Reporting Instructions:
Please document participant's responses to all of the questions below once a month for all enrolled participants. The most recent data for all enrolled participants is reported at the end of every quarter.

Multivitamin/Folic Acid Consumption:

How often do you take a multivitamin now? _______Days a Week

Tobacco Use/Secondhand Smoke Exposure:

1) How many cigarettes do you smoke on an average day now?
   - ☐ I don't smoke now
   - ☐ Less than 1 cigarette
   - ☐ 1 to 5 cigarettes
   - ☐ 6 to 10 cigarettes
   - ☐ 11 to 20 cigarettes
   - ☐ 21 or more cigarettes
2) On average, how often do you use other tobacco products or any electronic nicotine delivery system now?
   - ☐ I don't now
   - ☐ More than once a day
   - ☐ Once a day
   - ☐ 2-6 days a week
   - ☐ 1 day a week or less
3) Which of the following statements best describes the rules about smoking inside your home, even if no one who lives in your home is a smoker?
   - ☐ No one is allowed to smoke anywhere inside my home
   - ☐ Smoking is allowed in some rooms or at sometimes
   - ☐ Smoking is permitted anywhere inside my home

Breastfeeding:

1. Are you currently breastfeeding or feeding pumped milk to your new baby?
   ☐ Yes ☐ No (Answer question #2)
2. How many weeks did you breastfeed or pump milk to feed your baby?
   _________ Number of weeks

Safe Sleep: *Only ask these questions until baby turns 12 months old.*

1) In which one position do you most often lay your baby down to sleep now?
   - ☐ On his or her side
   - ☐ On his or her back
   - ☐ On his or her stomach
2) How often does your new baby sleep in the same bed with you or anyone else?
   - ☐ Always
   - ☐ Often
   - ☐ Sometimes
   - ☐ Rarely
   - ☐ Never

Date of Form Completion:

Staff Initials:

Contact Type: ❑ Phone ❑ Home Visit ❑ Office

☐ Newborn HV/Hospital Visit ☐ Other ________________________

Birth Control Method:

What is the primary birth control method you or your husband/partner are using to keep from getting pregnant? *(Check only one method)*

- ☐ None
- ☐ Tubes tied or blocked (female sterilization, Essure®, Adiana®)
- ☐ Vasectomy (male sterilization)
- ☐ Birth control pill
- ☐ Condoms
- ☐ Injection (Depo-Provera®)
- ☐ Contraceptive implant (Nexplanon®)
- ☐ Contraceptive patch (OrthoEvra®, vaginal ring, NuvaRing®)
- ☐ IUD (Mirena®, Skyla®, Kyleena®, Liletta®, ParaGard®)
- ☐ Natural family planning (including rhythm method)
- ☐ Withdrawal (pulling out)
- ☐ Not having sex (abstinence)
- ☐ Other (please specify) ________________________________

Coordinated Support Services:

Document which support services were coordinated/referred during every postpartum service contact: *(check all that apply)*

- ☐ Breastfeeding/Lactation Consultant
- ☐ Child Care
- ☐ Domestic Violence
- ☐ Education/School Enrollment/GED
- ☐ Employment/Vocational Rehabilitation
- ☐ Family Planning Services
- ☐ Financial Assistance (baby items, clothing, furniture, rent, etc.)
- ☐ Housing Assistance
- ☐ Medical Care
- ☐ Mental Health Services
- ☐ Parenting Education
- ☐ Tobacco Cessation/QuitlineNC 1-800-QUIT-NOW
- ☐ Substance Use/Abuse Services
- ☐ Transportation
- ☐ WIC
- ☐ Other, please specify: _________________________________

Postpartum BMI at Discharge:

Current BMI __________

Height _______________ Inches   Weight ___________ Pounds

Partners for a Healthy Baby curriculum and handouts covered/used this month:

____

____

Well-Child Visits: (check most recent appointment attended)

☐ Birth ☐ 2-month ☐ 4-month ☐ 6-month ☐ 9-month ☐ 12-month ☐ 15-month ☐ 18-month ☐ 24-month

Service Notes:

Instructions for the Healthy Beginnings Postpartum Service Log

Purpose: To document monthly contacts, referrals and follow-up information on program participants.

Instructions: This log must be completed within 7 days of contact with the participant. File in participant's program record.

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