Client ID#		
Last Name	First Name	MI
Date of Birth	Month / Day / Year	

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

Healthy Beginnings Postpartum Service Log

Baby's Birth Date: ____ ____ ______
MM DD YYYY

Date of Form Completion: Month / Day / Year

Staff Initials:

Contact Type: ❑ Phone ❑ Home Visit ❑ Office ❑ Other ______________________

Data Reporting Instructions:
Please document participant's responses to all of the questions below once a month for all enrolled participants. Data are required to be collected and reported for all enrolled participants during the third month of every quarter. Please report all Coordinated Support Services provided during the entire quarter.

Multivitamin/Folic Acid Consumption:

How often do you take a multivitamin now?

____________________ Days a Week

Tobacco Use/Smoking/Secondhand Smoke Exposure:

1) How many cigarettes do you smoke on an average day now?
   a) I don't smoke now
   b) Less than 1 cigarette
   c) 1 to 5 cigarettes
   d) 6 to 10 cigarettes
   e) 11 to 20 cigarettes
   f) 21 or more cigarettes
2) 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?
   a) No one is allowed to smoke anywhere inside my home
   b) Smoking is allowed in some rooms or at some times
   c) Smoking is permitted anywhere inside my home

   *Follow the 5A's method of counseling for pregnant women who are currently using tobacco.

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?
   a) _______Weeks
   b) Less than 1 week

Safe Sleep: Only ask these questions if baby is less than 12 months old.

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

Reproductive Life Planning:

What kind of birth control method are you or your husband or partner using to keep from getting pregnant? *(Check all that apply)*

- ☐ 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 (including Mirena®, ParaGard®, Skylar®)
- ☐ 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
- ☐ Childbirth Classes
- ☐ Child Care
- ☐ Domestic Violence
- ☐ Doula Services
- ☐ Education/School Enrollment/GED
- ☐ Employment/Vocational Rehabilitation
- ☐ Family Planning Services
- ☐ Financial Assistance (baby items, clothing, furniture, rent, etc.)
- ☐ Housing Assistance
- ☐ Medical Care/Prenatal Care
- ☐ Mental Health Services
- ☐ Parenting Education
- ☐ Smoking Cessation
- ☐ Substance Use/Abuse Services
- ☐ Transportation
- ☐ WIC
- ☐ Other, please specify: ______________________

Postpartum BMI at Discharge:

Current BMI __________

Height ________________ (Feet and Inches) Weight ___________ (Pounds)

Educational Sessions Attended (Title/Date) — Optional

____

____

____

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:

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Instructions for the Healthy Beginnings Postpartum Service Log

Purpose: For Healthy Beginnings staff to document contacts, referrals and follow-up information, and all required data on program participants.

Instructions: The form must be completed within 14 days of contact with the participant. Submit required data as instructed by the Healthy Beginnings Program Manager. File original form 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.