

PRE-DELIVERY ENCOUNTER (HIGH RISK) 32-34 WEEKS GESTATION

Name: _____

Medical Record Reviewed: _____ Medical Risk Identified: _____

EDC: _____ Weeks Gestation: _____ High Risk Criteria: _____

Previously identified needs: _____

Status of identified needs: _____

Medicaid Eligibility Status: _____ Application Assistance Needed: _____

Diabetes: Yes or No Appt. Date with Reg. Dietician: _____

Understanding of medical condition assessed: _____

Current Tobacco status:(N/A,No Chg,Reduced,Quit) If Smoking-Danger Discussed: _____

Smoking Cessation/Referral to Quitline: _____

Dangers of second hand smoke discussed: _____

Current Alcohol status:(N/A,No Chg,Reduced,Quit) If Using-Danger Discussed: _____ Referral: _____

Current Drug status: (N/A,No Chg,Reduced,Quit) If Using-Danger Discussed: _____ Referral: _____

Healthy lifestyles encouraged: _____ Breastfeeding encouraged: _____

Domestic violence reassessed: _____ Referral: _____

Safe sleeping methods discussed: _____

Designated sleeping space for newborn: _____ Cribs for Kids Referral made: _____

Prepared to meet basic infant needs: _____

Shaken Baby Syndrome discussed: _____

Need to contact Medicaid worker following delivery/applying at birth discussed: _____

Pediatric provider chosen: _____ Patient 1st Newborn Assignment Form discussed: _____

Home preparation, assistance with newborn/mother following delivery discussed: _____

Care of newborn discussed (circumcision, umbilical cord, etc.): _____

Need for car seat/car seat safety discussed: _____

Delivering Hospital chosen: _____ Hospital preadmission discussed: _____

Transportation to hospital provided by: _____ Signs of labor discussed: _____

Prenatal danger signs/medical care in emergency discussed: _____

Hospital encounter post delivery discussed: _____

Need for postpartum care discussed: _____ Barriers to PP care identified: _____

Birth control method chosen: _____ Family planning/Plan 1st services available: _____

Planning Future Preg./Birth Spacing discussed: _____ Import. of folic acid _____

Importance of prenatal care discussed: _____ Next prenatal appointment: _____

Contact info updated: _____ GOL notified of changes: _____

Risk Status Update: _____

Psychosocial assessment and service plan update: _____

CC Name: _____ Date: _____