



Prenatal, Prenatal



Prenatal / Postpartum Record



Date record was started:

08/08/2023

Completed for child:

Prenatal Prenatal

Due Date:

8/8/2023

Enrollment date:

8/8/2023

Date completed:

Mother's name:

Guardian First Name Guardian Last Name

Date of birth:

Parent educator:

Home Visitor

Prenatal

Have you been able to get prenatal care?

What type of doula services are being accessed?

Select all that apply

Who is providing doula services?

How often are you taking prenatal vitamins?

Have you been diagnosed with any pregnancy-related conditions?

Have you been told this is a high-risk pregnancy?

Is this a single or multiple pregnancy?

What do you plan to feed your baby?

Where do you plan to give birth?

Neurotoxins: Select "yes" for all substances that mother is currently using and/or being exposed to. If yes, select if the substance has been prescribed for her (as applicable) and if she is currently receiving services/treatment for it (as applicable).

Alcohol

Amphetamines

Barbiturates

Cocaine/crack

Heroin

Inhalants

Marijuana

Mercury

Nicotine/cigarettes/vaping

Opioids

Pesticides

Other

Postpartum

How many weeks pregnant were you when your child was born?

0

What kind of delivery did you have?

Did you have any unusual difficulty during labor and/or delivery?

This pregnancy resulted in (select one)

Select one

Birth weight

0Lbs0Oz

Did your child have any medical conditions at birth? This could be anything from jaundice to congenital heart disease

Did your child screen positive at birth for alcohol or drugs? (optional)

Did your child stay in the neonatal intensive care unit (NICU) after they were born?

Date(s) of postpartum visits with a healthcare provider: [Add](#)

Anxiety- Over the last 2 weeks, how often have you been bothered by: Note: A score of 3 or more for these two questions combined warrants follow-up

Feeling nervous, anxious or on edge?

Not being able to stop or control worrying?

Depression- Over the last 2 weeks, how often have you been bothered by: Note: A score of 3 or more for these two questions combined warrants follow-up

Little interest or pleasure in doing things?

Feeling down, depressed, or hopeless?

Save

Cancel