

Pregnancy Assessment – Third trimester

Name: _____ Date of birth _____ Date of service: _____

Language spoken: _____ Interpreter Name: _____

Nursing Intake

Age: _____ Pre-pregnancy weight: _____

G: _____ P: _____ Ab: _____ EDC: _____

Height: _____ Weight: _____ BMI: _____

BP: _____ Temperature: _____ Pulse: _____ Respiration _____

Allergies: _____ Hospital for delivery: _____

Provider Information

PMP: _____ Family supportive: Yes No

PMP notified: Yes No MA Signature: _____

Required Documentation (check when completed)

- Risk factors updated
- Lab results updated
- Physical exam updated if necessary
- Final labs ordered

Social Support

- Has supplies for baby: Yes No
- Support system: Yes No Who: _____
- Living arrangements: Apt. Home Hotel Other
- Baby's father involved/supportive: Yes No
- Exposed to violence/abuse: Yes No
- ETOH Drugs Smoking - How much: _____
- Transportation: Yes No Working: Yes No

Nutrition

- Plan on breastfeeding Plan on bottle feeding
- How many meals per day? _____ Does she have money for food? Yes No Compliant with WIC? Yes No
- Document changes from initial assessment: _____

Psychosocial (document changes in area of concern from social support section, depression and feelings about pregnancy):

Individual Care Plan (update risk factor assessments, interventions and outcomes since initial assessments):

Smoking Cessation

- Advise smoker to quit Discuss smoking cessation medication Discuss smoking cessation strategies

Referrals

- Pediatrician name: _____
- Domestic violence program Infant car seat program Renew prenatal vitamins/folic acid
- Housing/emergency shelter Gestational diabetes education Drug abuse program
- BTL papers (PM 330) Genetic counseling Anthem case manager/outreach staff
- Community-based organization for baby supplies Hospital tour/registration

Health Education

- Given health education material on :
 - Obesity, eating disorders, diets Educate mother on infant health coverage/social worker
 - Risk: abuse, drug use, sexual education Childbirth classes
 - Breast self-exam, breastfeeding, formula feeding Family planning after delivery
 - Postpartum visit required **21-56 days** after delivery

Failed appointments in second trimester

1. Date: _____ Card sent/call 2. Date: _____ Card sent/call 3. Date: _____ Card sent/call

Delivery Date: Vaginal C-Section Postpartum Date (**21 to 56 days** after delivery): _____

Signature: _____ Date: _____

www.anthem.com