



Prenatal Visit

ID#

Date:

Name: _____

Phone: _____

Expected due date: _____

Bright Futures



QUESTIONS FOR PARENT

- How has your pregnancy gone? What has been the most exciting aspect?
- How are your preparations for your baby going?
- Who will help you when you come home with your baby?
- Do you have other children? Have you talked with them about your pregnancy? Who will look after them while you are in the hospital?
- Many expectant parents have concerns about the baby or themselves. Do you have any concerns?
- Have you had any physical or emotional problems during the pregnancy?
- How do you plan to feed your baby? Breastfeeding? Formula? Why?
- What have you decided to do about circumcision if your baby is a boy?
- Was this a good time for you to be pregnant? How does your family feel about it?
- How do you think the baby will change your lives?
- Do you plan to raise your baby the way you were raised or somewhat differently? What would you change?
- Are you concerned that your child will inherit any diseases or other characteristics that run in the family?
- Have you been offered HIV testing?
- Do you smoke? Do you drink? Have you taken any drugs? Does your partner?
- Do you plan to return to work? To school? Have you thought about child care arrangements?

- Are you concerned about being able to afford food or supplies for your baby?
- Ask the mother privately: Does your partner ever lose his temper, throw things, threaten you, or hurt you?

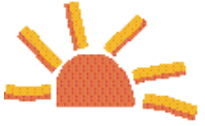
FAMILY'S QUESTIONS

- What questions or concerns would you like to discuss today?

NOTES:








Name: _____



ANTICIPATORY GUIDANCE

Healthy habits

- Car seat
- Crib safety
- No baby walkers
- Water temperature <120°
- Smoke detectors
-  Smoke-free environment
- Smoking cessation
-  No drugs, alcohol
- Breastfeeding/bottlefeeding
- No bottle in bed
- See dentist
-  Prenatal appointments
-  Childbirth classes
-  Infant CPR

Family relationships

- Changes in family relationships
- Share infant care
- Prepare siblings for baby
- Postpone nonessential tasks
- Fatigue, depression, baby blues
- Support system

CLOSING THE VISIT

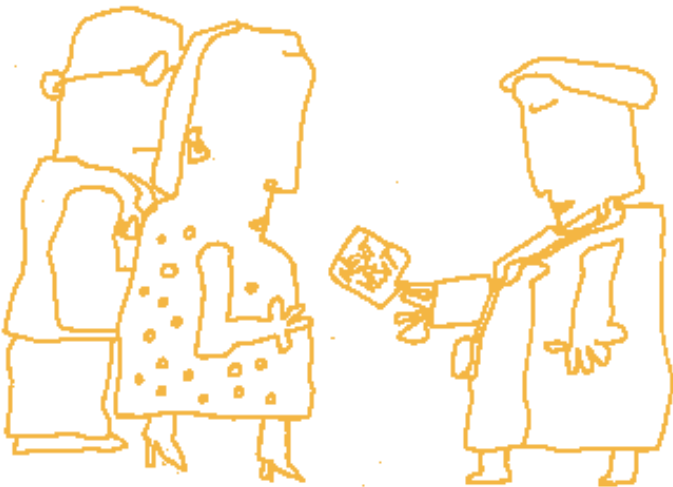
- Summarize visit.
- Offer materials for review at home on child safety, childproofing home, breastfeeding.
- Suggest resources to help with breastfeeding.
- Discuss plans for assessing the baby in the hospital.
- Provide information about parenting classes or support groups.
- Suggest community resources.
- Discuss how to access health care.

REFERRAL

Phone Numbers

- | | | |
|------------------|-------|--------------------------|
| Health Insurance | _____ | <input type="checkbox"/> |
| SSI | _____ | <input type="checkbox"/> |
| WIC | _____ | <input type="checkbox"/> |
| Food Stamps | _____ | <input type="checkbox"/> |
| Social Services | _____ | <input type="checkbox"/> |
| Housing | _____ | <input type="checkbox"/> |
| Other: | | |

NOTES:



Signature: _____