**PREGNANCY**

**To be completed for enrolled Pregnant Women at drop or end of enrollment year for PIR Data. Replaces “Pregnant Woman Addendum”.**

**Enter directly into PREGNANCY Tab in Child Plus.**

|  |  |
| --- | --- |
|  |  |
| Expected Delivery Date PIR | Enter date from application or ask mom. |
| Actual Delivery Date PIR | Enter date |
| High Risk Pregnancy PIR | Yes or No |
| Last Dental Exam | Enter date |
| First Prenatal Care Exam | Enter date  If date cannot be obtained, enter the first prenatal exam since enrollment in EHS |
| Last Prenatal Exam | Enter date of last Dr visit prior to delivery |
| Postpartum Schedule Event | Enter scheduled date  *\*Note this may be after enrollment changes from mom to newborn as follow up varies by Dr.* |
| Postpartum Actual Date | Enter date  If date cannot be confirmed from family, use the scheduled date. Enrollment may have changed from mom to newborn before postpartum date completed. |

|  |  |
| --- | --- |
| Prenatal Care Provider | Enter Clinic or Medical Provider |
| Provider Type | Select from Drop Down Box (No provider at this time or private, public, or other medical clinic) |
| Enter YES or NO from the Drop Down Box | |
| Prenatal Health Care PIR |  |
| Postnatal Health Care PIR |  |
| Professional oral health assessment, examination, and/or treatment PIR | YES if dental exam and/or treatment received during pregnancy. If not, document Dental Ed/Supports as a Need Id to document use of “Teeth for Two” pregnancy curriculum. |
| Mental Health Interventions and Follow Up PIR | YES if pregnant woman received any MH services or follow up during enrollment. |
| Education on Fetal Development PIR | YES - Topics included in prenatal curriculum and education on all topics required elements of EHS services to all pregnant women. |
| Education on importance of breastfeeding PIR |
| Education on importance of nutrition. PIR |
| Education on infant care and safe sleep practices. PIR |
| Education on the risks of alcohol, drugs, and/or smoking. PIR |
| Facilitating access to substance abuse treatment (i.e. alcohol, drugs, and/or smoking) PIR | Yes if facilitating access to a treatment program during pregnant woman’s enrollment. |
| Receiving services at time of birth. PIR | YES if pregnant is enrolled at time of delivery.  NO if she drops the program prior to delivery. |
| Infant enrolled in program after birth. PIR | YES if newborn is enrolled to replace pregnant woman on the caseload.  No if pregnant woman drops prior to delivery or does not enroll infant in the program. |

**COMPLICATIONS**

**Check CURRENT or PREVIOUS medical complications share by pregnant women during enrollment or documented on Prenatal Visit Medical Records. If unknown, leave blank.**

**Not required for PIR Data.**

|  |  |
| --- | --- |
| Anemia | Check if complications are CURRENT or occurred Previously during pregnancy at time of drop or end of program year |
| Bleeding |
| C-Section |
| Diabetes |
| Fatigue |
| Headache |
| Hypertension |
| Miscarriage |
| Neonatal Death |
| Pain |
| Pre Term Labor |
| Pregnancy Induced Diabetes |
| Pregnancy Induced Hypertension |
| Sickle Cell |
| Swelling |

**Current Bed Rest:** Enter Due to (reason) and How Long (length of time on bed rest)

**Previous Bed Rest or Hospitalization:** Enter Due To (reason) and How Long (length of time on bed rest or hospitalized)

**Pregnancy Notes** – Note any additional information regarding pregnancy or information entered above.

11/22