

## 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 <sup>PIR</sup>	Enter date from application or ask mom.
Actual Delivery Date <sup>PIR</sup>	Enter date
High Risk Pregnancy <sup>PIR</sup>	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 <i>*Note this may be after enrollment changes from mom to newborn as follow up varies by Dr.</i>
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 <sup>PIR</sup>	
Postnatal Health Care <sup>PIR</sup>	
Professional oral health assessment, examination, and/or treatment <sup>PIR</sup>	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 <sup>PIR</sup>	YES if pregnant woman received any MH services or follow up during enrollment.
Education on Fetal Development <sup>PIR</sup>	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 <sup>PIR</sup>	
Education on importance of nutrition. <sup>PIR</sup>	
Education on infant care and safe sleep practices. <sup>PIR</sup>	
Education on the risks of alcohol, drugs, and/or smoking. <sup>PIR</sup>	

Facilitating access to substance abuse treatment (i.e. alcohol, drugs, and/or smoking) <sup>PIR</sup>	Yes if facilitating access to a treatment program during pregnant woman's enrollment.
Receiving services at time of birth. <sup>PIR</sup>	YES if pregnant is enrolled at time of delivery. NO if she drops the program prior to delivery.
Infant enrolled in program after birth. <sup>PIR</sup>	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.