Discussions & Reminders

Name _____ Partner _____ EDD _____

Initial & date when complete

Initial Visit, First Trimester
_____ Informed Disclosure & Consent
_____ Financial Agreement
_____ Notice of Privacy Practices
_____ MANA Stats __Y __N __MW only
_____ EDD
_____ Dating U/S
_____ Labwork
- ☐ PN panel
- ☐ HIV
- ☐ HCV
- ☐ HbA1c, prn
- ☐ TSH reflex, prn
- ☐ Gonorrhea/chlamydia
- ☐ UA/UC
- ☐ Other _____

_____ Genetic testing
_____ IC: Fetal Screening
_____ PN Education
- ☐ Warning signs/when to call
- ☐ Exercise
- ☐ Nutrition/diet
- ☐ Weight gain
- ☐ Meds/supplements
- ☐ Food safety/cats/soil
- ☐ Exposures (substances, heat, fish, cleaners, etc.)
- ☐ Common discomforts

_____ COVID protocols
_____ Abuse screening
_____ EPDS / depression screening
_____ Resources
_____ Support systems

13-28 Weeks
_____ IC: Rh neg., prn
_____ Offer fetal survey
_____ Discuss quickening
_____ Childbirth education, self education
_____ Diet diary requested ____ Reviewed
_____ IC: GDM screening
_____ GDM screen __ N/A
_____ Vaccines __ DTaP __ Flu __ None
_____ Body changes, normal progress of pg.
_____ Common discomforts
_____ Movement, posture
_____ Chiropractic, Spinning Babies
_____ Warning signs (PTL, PE, other)
_____ Infant feeding, breast/chest care
_____ Sexuality

28-36 Weeks
_____ CBC or H/H
_____ ABS / PN RhIG __ N/A
_____ STI testing __ N/A
_____ Complete emergency care plan
_____ Handout: birth preparation
_____ Birth space planning
_____ Birth team
_____ Nutrition/hydration
_____ Exercise/activity
_____ Perineal care
_____ OFP/Spinning Babies
_____ IC: GBS testing
_____ Selecting a pediatric provider
_____ Questions about vaccinations?
_____ Circumcision __Y __N __ N/A
_____ IC: water immersion
_____ IC: Vitamin K, Eye Prophylaxis
_____ IC: Bloodspot, CCHD, hearing screen
_____ Review warning sx (PTL, ROM, PE)
_____ Cord clamping
_____ Breast pump __ N/A

Home Visit/Tour date _____
_____ Home access & logistics ___ WiFi
_____ Birth kit received
_____ Supplies location _____
_____ Car seat installed
_____ Linen/bed preparation
_____ Birth tub set up, prn
_____ Birth space set up
_____ Heat sources
_____ Birth attendants/roles _____
_____
_____ Signs of labor/when to call
_____ Birth vision/preferences _____
_____
_____ Who will catch? _____
_____ Photos / Video?
__All __None __Modest
_____ Food for labor/IPP
_____ Placenta_____
_____ Sibling plan _____
_____ Pet plan _____
_____ Scope of practice/transfer of care
_____ COVID protocols/considerations
_____ Review PP checklist
_____ Birth certificate/paternity doc.

_____
_____
_____
_____
_____
_____
_____

36-40 Weeks
_____ GBS cx __ N/A
_____ FM awareness, kick counts
_____ Newborn expectations
_____ Discuss co-sleeping
_____ PP expectations
_____ Return to work

40+ Weeks
_____ VE prn/desired
_____ AAT/NST
_____ BPP
_____ Scope of practice/options

AMA
_____ Initial: Dx tests, scope of practice
_____ 28-32w: Fetal screening options
_____ 36-40w: Increased screening
_____ 40+w: Encouraging labor

VBAC
_____ Initial: Informed Consent
_____ 28-30w: US; review placental site
_____ 36w: Rvw scope of practice, informed consent

Consents/Waivers

CLIENT

Genetic Screen	YES	NO
Early U/S	YES	NO
Fetal Survey	YES	NO
GDM Screen	YES	NO
RhIG N/A	YES	NO
GBS Cx	YES	NO
Water Immersion	YES	NO

INFANT

Vitamin K Oral / IM	YES	NO
Eye Prophylaxis	YES	NO
Bloodspot Screen	YES	NO
CCHD Screen	YES	NO
Hearing Screen	YES	NO

MEDICATIONS

_____
_____
_____
_____
_____

PROVIDERS

_____
_____
_____
_____
_____