N.C. Department of Health and Human Services
Division of Public Health
Women Infant and Community Wellness Section

MATERNAL FLOW *(See Instructions)*

1. Last Name	First Name	MI
2. Patient Number		
3. Date of Birth (MM/DD/YYYY)	Month / Day / Year	

4. Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ Unknown ☐ White

5. Ethnic Origin ☐ Hispanic Cuban ☐ Hispanic Mexican American ☐ Hispanic Other ☐ Hispanic Puerto Rican ☐ Not Hispanic/Latino ☐ Unreported

6. Gender ☐ Female ☐ Male

7. County of Residence

Health Department/Clinic Name: _____

Height ____ Pre-Pregnancy Weight _____ Pre-Pregnancy BMI ____

☐ Overweight ☐ Normal weight ☐ Underweight

Pre-Pregnancy BMI 25.0–29.9 = Overweight/Gain 15-25 lbs
Pre-Pregnancy BMI 18.5-24.9 = Normal weight/Gain 25-35 lbs
Pre-Pregnancy BMI < 18.5 = Underweight/Gain 28-40 lbs
Recommended weight gain range (per IOM): _____ - _____

Recommended weight gain shared with patient ☐ Yes ☐ No

Meds Prescribed	Start Date	Stop Date
1.		
2.		
3.		
4.		
5.		
6.		

DETERMINATION OF EDC	DATE OF:	EDC:
LMP		
LNMP		
First Uterine size (_____wks.)		
Quickening		
Ultrasound — 1st U/s (_____wks.)		
Ultrasound		
Best EDC: _____		

INFLUENZA VACCINE PROVIDED ☐ YES ☐ NO ☐ Pt Declined ☐ N/A (non-seasonal)

DATE GIVEN _____ Lot # _____

Injection Location _____ RN Signature _____

Tdap VACCINE PROVIDED ☐Yes ☐ No ☐ Pt Declined ☐ N/A

Problems/Risks Identified	Date Identified	Date Resolved
1. Using Risk Guide ☐Yes ☐ No (if yes, view "Risk Guide" form)		
2.		
3.		
4.		
5.		
6.		
7.		

Visit Date _____ (Year)	Weeks Gest. (best est.)	Fundal Ht. (cm)	Blood Pressure	Urine (glucose/Protein)	Weight	Patient within her normal weight gain (Y/N)	Edema	Fetal presentation (≥ 36 wks)	Fetal Heart Rate	Fetal Movement	Contractions	Vaginal Bleeding/Rupture of Membranes	Cervix Exam (Dil/Eff./Sta.)	PNV (Taking Y/ N/ Needs Refill)	Next Appointment	Interpreter (initials)	Provider (Initials)	Allergies/Drug Reactions: (Identify) _____ Latex Allergy ☐ Yes ☐ No Comments / Plans of Care

***IOM = Institute of Medicine. Check instructions for new weight gain range chart.**

Use your own institution approved list of abbreviations

MATERNAL HEALTH FLOW SHEET
Instructions

Purpose: To assess and document patient's weight and health progression throughout the pregnancy.

Instructions: Refer to link https://wicws.dph.ncdhhs.gov/provPart/forms.htm for a list of definitions pertaining to this form, print and use as needed.

This form is to be completed by the appropriate staff and reviewed by the clinical provider. Use agency policy approved codes. This form is not a mandatory form and may be used at the discretion of the health department.

The following are specific instructions for the weight and BMI Box:

- **Pre-pregnancy Weight** — Determine weight before pregnancy occurred to the best of your ability. Every effort should be made to obtain documented pre-pregnancy weight.
- **Pre-pregnancy BMI** — Using height and pre-pregnancy weight, calculate BMI using a BMI wheel, chart or online calculator.
- **Weight Classification** — Based on pre-pregnancy BMI, determine patient's weight status (underweight, normal weight or overweight).* Check off appropriate classification box. Share this information with client and check off "yes" or "no" box.
- **Weight Gain** — Assess appropriate weight gain throughout return visits and write "Y" for appropriate weight gain or "N" for out of range weight gain. If out of range refer to a nutritionist for counseling.

* As per Institute of Medicine (IOM) guidance below:

NOTE: Per new IOM guidelines; revised May 2009.
To Calculate BMI go to www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm.

Prepregnancy BMI	BMI+ (kg/m2)	Total Weight Gain (lbs)	Rates of Weight Gain* 2nd and 3rd Trimester (lbs/week)
Underweight	<18.5	28–40	1 (1–1.3)
Normal weight	18.5–24.9	25–35	1 (0.8–1)
Overweight	25.0–29.9	15–25	0.6 (0.5–0.7)
Obese (includes all classes)	≥30.0	11–20	0.5 (0.4–0.6)

Example:

1. Height 5'5".
2. Pre-pregnancy weight 170 lbs.
3. BMI 28
4. Weight Classification: Overweight
5. Recommended Gestational Weight Gain: 15–25 pounds
6. Pre-pregnancy wt 170 lbs + 15 lbs (low end of recommended weight gain range) = 185 lbs (minimum weight gain recommendation)
7. Pre-pregnancy wt 170 lbs + 25 lbs (high end of recommended weight gain range) = 195 lbs (maximum weight gain recommendation)
8. This patient advised to gain 15–25 pounds. As pregnancy progresses, if weight presents as less than 185 lbs or greater than 195 lbs, ideal weight gain counseling is required.

Instructions for the "Problems/Risk Identified" Box:
If you plan to use the "Risk Guide" Form check off the yes box and make sure the "Risk Guide" Form is in sequence by being the form before this page. This will allow easy access to the Risk Guide problem list and reminds individuals to refer to the Risk Guide form. One can either document other problems by using numbers 2–6 or leave this area to be utilized once the Risk Guide has reached its capacity.

Determination of EDC box, Influenza box, and the medication box are all self explanatory.

Specific Instructions for the Visit Flow Sheet Section:

- Document date of visit
- Document gestational age for that particular visit
- Provider is to document fundal height
- Document patient's BP, urine dipstick info, weight, and signs of edema
- Under the "weight column" document the patient's minimum and maximum weight gain or loss based on the BMI and math you have obtained on this form
- Provider is to document fetal presentation and fetal heart rate or place a positive symbol if fetal heart rate is present and normal
- Document if patient is complaining of contractions, vaginal bleeding or rupture of membranes, and if there is fetal movement
- If provider does a cervical exam he/she should document dilatation/effacement and station
- If the patient is taking prenatal vitamins (PNV) place a "Y" in the top box, if not place a "N" in the top box and do the same for PNV refills in the bottom box
- Next appointment, interpreter's initials, and the provider's initials are self explanatory
- Use the Comments column to document notes for that visit or write "see progress notes" if you are using a progress note sheet for comments

Disposition: This form is to be retained in accordance with the records disposition schedule of medical records as issued by the Division of Archives and History.

Location: Go to the following link to access this form and print as needed:
https://wicws.dph.ncdhhs.gov/provPart/forms.htm