

CONTINUATION MATERNAL FLOW

1. Last Name	First Name	MI
2. Patient Number		
3. Date of Birth (MM/DD/YYYY)	Month	Day
		Year
4. Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> White		
5. Ethnic Origin <input type="checkbox"/> Hispanic Cuban <input type="checkbox"/> Hispanic Mexican American <input type="checkbox"/> Hispanic Other <input type="checkbox"/> Hispanic Puerto Rican <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unreported		
6. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
7. County of Residence		

Health Department/Clinic Name: _____

Best EDC: _____

Baseline B/P: _____

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 <input type="checkbox"/> Yes <input type="checkbox"/> No Comments / Plans of Care	

MATERNAL HEALTH CONTINUATION FLOW SHEET

Instructions

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

Instructions: Refer to link <http://whb.ncpublichealth.com/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.

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 "yes" or "no" for patient's advised weight gain or loss based on the BMI and math you have obtained from the main "Flow Sheet" Instructions
- 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:
<http://whb.ncpublichealth.com/provPart/forms.htm>.