



# MATERNAL HEALTH CONTINUATION 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.

### **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:  
<https://wicws.dph.ncdhhs.gov/provPart/forms.htm>