Combined Reassessment and Individualized Care Plan

Refer to previous assessments, note any changes and update the patient's individualized care plan. If needed, make additional notes on page 4.

Psychosocial

Patient Identifier

EDC _____ Wks. Gestation _____ ❑ 2nd Trimester ❑ 3rd Trimester ❑ Other: ____ wks.

Risks/Concerns	No	Yes	Psychosocial Individualized Care Plan
1. Current medical problems? ***if yes, describe:***	N	Y	❑ Provided emotional support ❑ Coordinate care with ob provider
2. Has emotional/social support? ***if no, describe:***	N	Y	❑ Provided emotional support ❑ Referred to:
3. Current personal or family problems? ***if yes, describe:*** (STT PS Emotional or Mental Health Concerns)	N	Y	❑ Provided emotional support ❑ Referred to:
4. Currently receiving services from a local agency such as case management, counseling? ***if yes, describe:***	N	Y	❑ Obtained patient's written consent to coordinate care with: Agency: Contact person: Phone: Fax:
5. Mental health concerns? ***if yes, describe:*** (STT PS Emotional or Mental Health Concerns)	N	Y	❑ Provided emotional support ❑ Reviewed *Are You Feeling Sad…?* ❑ Assess for signs of emotional concerns at future appointments ❑ Discussed possible postpartum emotional changes ❑ Consult with ob provider ❑ Referred to:
6. Current domestic violence? ***if yes, describe:*** (STT PS Spousal/Partner Abuse)	N	Y	❑ Discussed cycle of violence ❑ Assessed safety ❑ Reviewed legal options ❑ Referred to: If current injuries, ❑ Referred to ob provider ❑ Reported to law enforcement:
7. Financial / housing / transportation problems? ***if yes, describe:*** (STT PS Financial Concerns)	N	Y	❑ Referred to: ❑ Advised to call 211
8. Has health insurance for her own health care in the future?	N	Y	❑ Referred to clinic eligibility worker ❑ Referred to call the Orange County Health Referral Line at (800)564-8448 or call 211
9. Preparation for baby (STT HE Infant Health and Safety)	all patients		❑ Discussed baby supply/clothing needs ❑ Advised that correctly-installed car seats are required by law ❑ Discussed options for household help postpartum ❑ Discussed child care options if needed ❑ Discussed postpartum emotional changes (baby blues) Reviewed STT HE ❑ *Babies Sleep Safest* ❑ *Keep Your New Baby Safe* ❑ Advised to call 211 ❑ Referred to:
Other risk or concern?	N	Y	❑ Referred to:

Psychosocial minutes spent: ____

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Health Education

Patient interests/needs:	No	Yes	Health Education Individualized Care Plan
10. Questions on body changes during pregnancy/baby's growth?	N	Y	❑ Discussed:
11. Danger signs, preterm labor, kick counts. (STT HE Preterm Labor)	all patients		Reviewed STT HE ❑ *Danger Signs* ❑ *If Labor Starts Too Early* ❑ *Kick Counts*
12. Dental care/problems? ***if yes, describe:*** (STT HE Oral Health)	N	Y	Reviewed STT HE ❑ *Prevent Gum Problems* ❑ *See a Dentist* ❑ *Keep Teeth Healthy* ❑ Consult with ob provider ❑ Completed Prenatal Dental Referral Rx ❑ Referred to:
13. Needs information on seat belt use, safe lifting? (STT HE Safe Exercise and Lifting)	N	Y	❑ Demonstrated safe seat belt use Reviewed ❑ *What's the Right Way…*
14. Exposed to Dangers (STT HE Cautions, Cause for Concern and/or Workplace and Home Safety)	N	Y	Reviewed ❑ *Steps for a Healthy Baby* ❑ Consult with ob provider re:
15. Uses alcohol or drugs? ***if yes, using*** _____ _____ amount type liquor/drug **per day/wk/month** (STT PS Perinatal Substance Abuse)	N	Y	❑ Reinforced patient's efforts to quit/cut down ❑ Consult with ob provider Reviewed ❑ *Marijuana and Pregnancy* ❑ Patient's support person: ❑ Agreed to cut down/quit: ❑ Referred to: ❑ Obtained pt's written consent to coordinate care with treatment agency Name of agency: Case manager: Phone:
16. Smokes? ***if yes, number per day:_____*** (STT HE Tobacco Use)	N	Y	❑ Reinforced patient's efforts to quit/cut down ❑ Consult with ob provider ❑ Reviewed *You Can Quit Smoking (Support and Advice)* ❑ Agreed to quit (date)_____ ❑ Will cut down to ____ per day ❑ Faxed referral to CA Smokers' Helpline ❑ Referred to:
17. Exposed to second-hand smoke? (STT HE Secondhand Smoke)	N	Y	❑ Advised to avoid second-hand smoke ❑ Patient will talk to others about keeping home/car smoke-free
18. Labor and delivery plans	all patients		Discussed ❑ Childbirth preparation ❑ Labor support ❑ Signs of labor ❑ Plans for transportation to hospital ❑ Childcare plans for other kids ❑ Referred to hospital tour ❑ Discussed:
19. Plans for future children? Number of children planned: _____ Spacing of children planned:	all patients		❑ Has family planning provider ❑ Referred to family planning provider Contraceptive method(s) selected:
20. Has primary care provider for her regular medical check ups?	N	Y	❑ Advised pt. to call the Orange County Health Referral Line at (800) 564-8448 or call 211. ❑ Referred to:
21. Any health problems that need follow up postpartum? (diabetes, hypertension, obesity, etc.)	N	Y	❑ Encouraged patient to make appointment with primary care provider ❑ Referred to:
22. Has pediatric provider?	all patients		❑ Has pediatric provider: ❑ Referred to pediatric provider:
23. Questions about newborn care/illness? (STT HE Infant Safety and Health)	N	Y	Reviewed STT HE ❑ *When Newborn is Ill* ❑ *Baby Needs Immunization*
Other patient interests/needs?	N	Y	

Health Education minutes spent: _____

Nutrition

24. ❑ Weight gain plotted on appropriate grid at this visit
25. ❑ Perinatal Dietary Assessment completed at this visit

Patient Identifier

Risks/Dietary Issues	No	Yes	Nutrition Individualized Care Plan
26. Weight gain recommended	all patients		❑ Underweight 28-40 lbs. (about 1 lb a week) ❑ Normal 25-35 lbs (about 1 lb a week) ❑ Overweight 15-25 lbs. (about 1/2 lb a week) ❑ Obese 11-20 lbs. (about 1/2 lb a week)
27. Weight gain appropriate? ***if no,*** ❑ excessive weight gain ❑ inadequate weight gain (STT N Weight Gain)	N	Y	Reviewed STT N ❑ *Tips to Slow Weight Gain* ❑ *Tips To Gain Weight* Reviewed patient's ❑ *My Healthy Weight Gain*
28. Eats less than 3 times/day? ***if yes, describe:***	N	Y	❑ Advised to eat every 3-4 hours ❑ Discussed reason for infrequent eating ❑ Referred to:
29. Current discomforts? ***if yes, describe:*** (STT N Nausea and Vomiting, Heartburn, Constipation)	N	Y	Reviewed STT N ❑ *Nausea* ❑ *Vomiting* ❑ *Heartburn* ❑ *Antacids* ❑ *Constipation* ❑ *Products for Constipation*
30. Nutrition-related medical conditions? ***if yes, describe:*** (STT N Anemia, Prenatal Vitamins/Minerals)	N	Y	❑ Coordinate care with ob provider ❑ Refer to: Reviewed STT N ❑ *Iron Pills* ❑ *Extra Calcium*
31. Breastfeeding/infant feeding education (STT N Breastfeeding)	all patients		❑ Discussed breastfeeding benefits ❑ Discussed normal breast changes Reviewed STT N ❑ *Here's How to Get Started* ❑ *The First Time You Breastfeed* ❑ *Making Plenty of Milk* ❑ *How to Know your Baby is Getting Plenty of Milk* ❑ *Going Back to Work or School* ❑ *You Can Pump and Store* ❑ Discussed safe formula/bottle preparation ❑ Discussed local breastfeeding resources
32. Takes prenatal vitamins? (STT N Prenatal Vitamins)	N	Y	Reviewed STT N ❑ *Prenatal Vitamins* ❑ Consult with ob provider re:
33. Food access ***if problems, describe:***	all patients		❑ Enrolled at WIC site: _____ Referred to ❑ WIC site: _____ ❑ Referred to 211 for food resources Reviewed STT N ❑ *Shopping Tips* ❑ *Dollar Stretching* ❑ *Choosing Healthy Food*
34. Food preparation/storage problem? ***if yes, describe:*** (STT N Cooking & Food Storage)	N	Y	Reviewed STT N ❑ *Tips for Cooking /Food Storage* ❑ *Foods That Do Not Need Refrigeration*
35. Physical activity ***describe:*** (STT HE Safe Exercise & Lifting)	all patients		❑ Advised to engage in physical activity least 3 times/week Reviewed STT HE ❑ *Stay Active When You are Pregnant* ❑ *Keep Safe When You Exercise* ❑ Consult with ob provider re:
Other risk/dietary issue?	N	Y	

Labs ketones + - glucose + - protein + - BP _____ Hgb _____ Hct _____ GTT _____
❑ Problematic lab values; coordinate care with ob provider

Nutrition minutes spent: _____

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Combined Reassessment

Additional Notes (Optional):

Completed by: _____

Signature Title Date

Minutes Spent: Psychosocial _____ Health Education _____ Nutrition _____