Maternal Health Education Form

# Required Education Checklist

*Education may be provided at any time during the pregnancy. The topics below must be addressed per Medicaid documentation guidance, and are organized by trimester as some may not be applicable if the client isn’t seen at that time.*

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| **First Trimester Education Topics** | | |  | **Second Trimester Education Topics** | | |
| **Date:** | **Initial:** | **Topics:** |  | **Date:** | **Initial:** | **Topics:** |
|  |  | **Self-care & comfort measures** |  |  |  | **Importance of oral health and hygiene** |
|  |  | **Body changes and discomforts** |  |  |  | **Prenatal Care** |
|  |  | Urinary Frequency |  |  |  | Immunizations |
|  |  | Heartburn |  |  |  | **Breastfeeding introduction and feeding plans** |
|  |  | Vaginal Discharge |  |  |  |
|  |  | Nausea/Vomiting |  |  |  | **Preparing for baby** |
|  |  | Fatigue |  |  |  | Crib, car seat, diapers, bottles, clothes |
|  |  | **Alcohol and Substance Misuse during pregnancy** |  |  |  |
|  |  |  |  |  | **Safe home environment for baby** |
|  |  | Prescription drugs |  |  |  | Avoiding second hand smoke exposure |
|  |  | Alcohol |  |  |  |
|  |  | Illicit drugs |  |  |  | Handwashing |
|  |  | **Tobacco use** |  |  |  | Safe toys |
|  |  | Quitline information |  |  |  | Pet safety |
|  |  | **Seat belt safety** |  |  |  | Working smoke detectors |
|  |  | **Physical activity and nutrition (5210)** |  |  |  | **Safe Sleep introduction** |
|  |  | Weight gain |  |  |  | **Parenting classes/education** |
|  |  | **Plans for childbirth education classes** |  |  |  | **Birthing class plans; or** |
|  |  | **Infection prevention** |  |  |  | **Introduce labor and delivery education** |
|  |  | Appropriate vaccinations |  |  |  | **Family Planning/Birth Control Options** |
|  |  | Good handwashing |  |  |  | **Gestational Diabetes as needed** |
|  |  | Avoiding high risk sexual activities |  |  |  | **Fetal growth and development** |
|  |  | Avoiding cat litter boxes |  |  |  | **Fetal Movement** |
|  |  | **Medications and teratogen avoidance and Prenatal vitamins** |  |  |  | **Danger signs:** |
|  |  |  |  |  | How and when to call OB provider:  *changes in urinary function or pain, vomiting, visual changes, pain, fever, edema in hands, feet, or face, vaginal bleeding, leaking of amniotic fluid, contractions or cramps, headache, mental health symptoms* |
|  |  | **Prenatal care appointments** |  |  |  |
|  |  | **Fetal Growth and Development** |  |  |  |
|  |  | **Danger signs:** |  |  |  |
|  |  | How and when to call OB provider:  *changes in urinary function or pain, vomiting, visual changes, pain, fever, edema in hands, feet, or face, vaginal bleeding, leaking of amniotic fluid, contractions or cramps, headache, mental health symptoms* |  |  |  |
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| **Third Trimester Education Topics** | | |  | **Postpartum Education Topics** | | |
| **Date:** | **Initial:** | **Topics:** |  | **Date:** | **Initial:** | **Topics:** |
|  |  | **Fetal Growth and Development** |  |  |  | **Feeding plans** |
|  |  | **Feeding plans and breastfeeding education** |  |  |  | **Breastfeeding** |
|  |  |  |  |  | **Bottle Feeding** |
|  |  | **Safe sleep** |  |  |  | **POSTBIRTH warning signs/When to call OB provider** |
|  |  | **Shaken baby** |  |  |  |
|  |  | **Preparing for baby** |  |  |  | **When to call OB provider for baby** |
|  |  | Crib, car seat, diapers, bottles, clothes |  |  |  | **Postpartum appointment** |
|  |  | **Safe home environment for baby** |  |  |  | **Family Planning options** |
|  |  | Avoiding second hand smoke exposure |  |  |  | **Pediatrician Appointment** |
|  |  |  |  |  | **Parenting education** |
|  |  | Handwashing |  |  |  | **Emotional changes** |
|  |  | Safe toys |  |  |  | **Support systems** |
|  |  | Pet safety |  |  |  | **Referrals as needed** |
|  |  | Working smoke detectors |  |  |  | **Safe Sleep** |
|  |  | **Danger signs:** |  |  |  | **Infant Care** |
|  |  | How and when to call OB provider:  *Changes in urinary function or pain, vomiting, visual changes, pain, fever, edema in hands, feet, or face, vaginal bleeding, leaking of amniotic fluid, Preterm labor (contractions or cramps), headache, mental health symptoms* |  |  |  |  |
|  |  | **Labor and Delivery Preparation** |  |  |  |  |
|  |  | Plan for transport to hospital |  |  |  |  |
|  |  | Signs of Labor |  |  |  |  |
|  |  | Coping strategies |  |  |  |  |
|  |  | Birth plan |  |  |  |  |
|  |  | Pain management |  |  |  |  |
|  |  | Emotional support |  |  |  |  |
|  |  | **Support for postpartum** |  |  |  |  |
|  |  | Health support (plans for transport for postpartum care needs) |  |  |  |  |
|  |  | Emotional support |  |  |  |  |
|  |  | **POST BIRTH warning signs introduction** |  |  |  |  |
|  |  | **Family Planning** |  |  |  |  |

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| \*Narrative description of client’s understanding and interest in education must be documented in the Maternal Health All Visit Summary | | | | | | | |
| **Provider:** |  | **Initials:** |  | **Signature:** |  | **Date:** |  | |
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