Healthy Pregnancy Program Education Form

# Required Education Checklist

*Topics should be provided in relation to the client’s trimester/gestational stage, although topics needing to be provided may not be under the client’s trimester/gestational section and it is possible**each educational item will not be covered for each client if it is not appropriate timing. Pay close attention to educational items with the asterisk* ***(\*)*** *as these topics must be addressed per Medicaid documentation guidance. Narrative description of client’s understanding and interest in education must be documented in the Maternal Health All Visit Summary.*

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|  | **First Trimester Education Topics**  |  | **Second Trimester Education Topics** |
| **Initial:**  | **Topics:** | **Initial:** | **Topics:** |
|  | **\*Self-care & comfort measures** |  | **\*Importance of oral health and hygiene** |
|  | **Body changes and discomforts** |  | **\*Preparing for baby** |
|  | Urinary Frequency |  | Crib, car seat, diapers, bottles, clothes |
|  | Heartburn |  |  |
|  | Vaginal Discharge |  | **Safe home environment for baby** |
|  | Nausea/Vomiting |  | Avoiding second hand smoke exposure |
|  | **\*Alcohol and Substance Misuse during pregnancy** |  |  Handwashing |
|  |  | Safe toys |
|  | Prescription drugs |  | Pet safety |
|  | Alcohol |  | Working smoke detectors |
|  | Illicit drugs |  | **\*Introduce labor and delivery education** |
|  | **\*Tobacco use/Cessation** |  | **\*Gestational Diabetes (as needed)** |
|  | Quitline information |  | **Fetal Movement/Count the kicks** |
|  | **Seat belt safety** |  |  |
|  | **Physical activity and nutrition (5210)** |  |  |
|  | Weight gain |  |  |
|  | **\*Plans for childbirth/labor & delivery and parenting classes** |  |  |
|  | **\*Infection prevention** |  |  |
|  | Appropriate vaccinations |  |  |
|  | Good handwashing |  |  |
|  | Avoiding high risk sexual activities |  |  |
|  | Avoiding cat litter boxes |  |  |
|  | **\*Medications, teratogen avoidance during pregnancy**  |  |  |
|  |  |  |
|  | **\* Prenatal vitamins** |  |  |
|  | **\*Importance of prenatal care / appointments initiated**  |  |  |
|  | **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 and decrease in fetal movement*  |  |  |
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|  | **Third Trimester Education Topics** |  | **Postpartum Education Topics** |
| **Initial:**  | **Topics:** | **Initial:**  | **Topics:** |
|  | **\*Feeding plans and breastfeeding education** |  | **\*Feeding:** Breast, bottle or combination |
|  | **\*Safe sleep** |  | **\*POSTBIRTH warning signs/When to call OB provider**  |
|  | **Shaken baby** |  |
|  | **\*Labor and Delivery Preparation** |  | **Postpartum appointment** |
|  | Plan for transport to hospitalSigns of labor  |  | **\*Family planning & Birth control options** |
|  | Birth plan |  | **\*Infant care:** |
|  | Pain management |  |  Feeding (breast, bottle or combination) |
|  | Emotional support & Coping strategies  |  |  Safe sleep |
|  | **\*Support for postpartum** |  |  Pediatrician appointment  |
|  | Health support (plans for transport for postpartum care needs) |  |  When to call provider for baby  |
|  | Emotional support |  | **\*Referrals as needed** |
|  | **\*Danger signs:** |  |  |
|  | **When to call OB provider:***Decreased fetal movement, contractions four or more in an hour, increased vaginal discharge or bloody show, low back pain or pelvic pressure, nausea/vomiting/diarrhea, abdominal tenderness, temperature >100.4F, signs of bladder infection (increased urination frequency, urgency or pain)* |  |  |

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| Narrative description of client’s understanding and interest in education must be documented in the Maternal Health All Visit Summary |