

## Pregnancy Assessment – Second Trimester

Name: \_\_\_\_\_ Date of birth \_\_\_\_\_ Date of service: \_\_\_\_\_

Language spoken: \_\_\_\_\_ Interpreter name: \_\_\_\_\_

### Nursing Intake

Age: \_\_\_\_\_ Pre-pregnancy weight: \_\_\_\_\_

G: \_\_\_\_\_ P: \_\_\_\_\_ Ab: \_\_\_\_\_ EDC: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_

BP: \_\_\_\_\_ Temperature: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration \_\_\_\_\_

Allergies: \_\_\_\_\_

### Provider Information

PMP: \_\_\_\_\_

PMP notified:  Yes  No MA Signature: \_\_\_\_\_

### Required Documentation (check when completed)

- Risk factors updated
- Lab results updated
- Physical exam updated if necessary
- AFP ordered
- OB Notification form faxed (if not done previously)

### Social Support

- Support system:  Yes  No Who: \_\_\_\_\_
- Living arrangements:  Apt.  Home  Hotel  Other
- Baby's father involved/supportive:  Yes  No
- Exposed to violence/abuse:  Yes  No
- ETOH  Drugs  Smoking  How much: \_\_\_\_\_
- Transportation:  Yes  No Working:  Yes  No

### Nutrition

- Plan on breastfeeding  Plan on bottle feeding Compliant with WIC?  Yes  No
- How many meals per day? \_\_\_\_\_ Does she have money for food?  Yes  No
- Document changes from initial assessment: \_\_\_\_\_

**Psychosocial** (document changes in area of concern from social support section, depression and feelings about pregnancy):

\_\_\_\_\_

\_\_\_\_\_

**Individual Care Plan** (update risk factor assessments, interventions and outcomes since initial assessments):

\_\_\_\_\_

\_\_\_\_\_

### Smoking Cessation

- Advise smoker to quit  Discuss smoking cessation medication  Discuss smoking cessation strategies

### Referrals

- Pediatrician name: \_\_\_\_\_
- Domestic violence program  Infant car seat program  Drug abuse program
- Housing/emergency shelter  Gestational diabetes education  Renew prenatal vitamins/folic acid

### Health Education

Given health education material on :

- Obesity, eating disorders, diets
- Risk: abuse, drug use, sexual education
- Breast self-exam, breastfeeding, formula feeding

### Failed appointments in first trimester

1. Date: \_\_\_\_\_  Card sent/call 2. Date: \_\_\_\_\_  Card sent/call 3. Date: \_\_\_\_\_  Card sent/call

Next trimester reassessment date due on : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_