Maternal Health Assessment Form
(Please note: The Maternal Health Assessment Form is 2 pages)

Purpose:
To provide Nurse Home Visitors (NHVs) with: 1) important clinical information needed to better assist clients with the care of themselves during pregnancy; 2) valuable information about the risk characteristics of mothers served by the program in different communities; and 3) an understanding of the client's intention to breastfeed. This information helps the NHV to better understand the pregnancy and birth outcomes for her clients. It also provides the NHV with an opportunity to address modifiable factors that influence women's breastfeeding decisions are: breastfeeding intention, breastfeeding self-efficacy and social support. Assessment data is collected in three categories: obstetrical history; general health history; and breastfeeding.

General Guidelines:
This form is completed at the first home visit (pregnancy phase). Before you begin asking for information on the client's health history, assure her of the confidentiality of the data. Explain that the information will be useful to you in helping her to have the healthiest child possible and that you and the client jointly will decide how to use the information.

Definitions/Directions for Completing Form

General Health History:
- Read the entire list in case there is something the client may not consider a health problem until she hears the choices. Inquire if the client has other health problems other than those listed and record them under "other".

How many live births have you had?
- Women meet first-time mother eligibility if:
  - A previous pregnancy ended in termination, miscarriage or stillbirth
  - Previous parenting involved step-parenting only
  - If no live birth
- If the client reveals that she is not a first-time mother and she has already enrolled in the program, the NHV should consultant with her NFP Supervisor regarding how to manage this situation.

How many weeks pregnant were you when you had you first started getting prenatal care for this pregnancy?
- Obtain the client's "best guess" if she is not certain; however, be clear that you are interested in how many weeks pregnant she was at her first visit with a health care provider (physician, nurse, midwife) as opposed to how many weeks pregnant she was when she had a pregnancy test to confirm that she was pregnant.

Body Mass Index (BMI)
- Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters.
- BMI can be calculated:
  - Automatically by the NFP database using the data entered for the clients height and weight.
  - Calculated either using an on-line BMI calculator such as:
    http://bodyandhealth.canada.com/health_tools.asp?t=5&text_id=1855
  - Manually: BMI = Weight in Kilograms/ (Height in Meters)^2
- A high BMI can be an indicator of high body fatness. BMI can be used to screen for weight categories that may lead to health problems but it is not diagnostic of the body fatness or health of an individual.
- To determine if a high BMI is a health risk, a healthcare provider would need to perform further assessments. These assessments might include skinfold thickness measurements, evaluations of diet, physical activity, family history, and other appropriate health screenings.
- There are a number of facilitators in the MY HEALTH domain section of NFP Visit-to-Visit Guidelines that can be used to address healthy nutrition and exercise.

When is your baby due?

- At a subsequent visit, if the client tells you that the EDD has been revised based on ultrasound, etc., this information can be updated in the database. As per professional nursing documentation standards, NHVs should not change their written/initial documentation.

Breastfeeding

- Prenatal intention to breastfeed has an influence on both initiation and duration of breastfeeding.
- There are a number of facilitators in the MY CHILD domain section of NFP Visit-to-Visit Guidelines that can be used to address breastfeeding.

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Nurse-Family Partnership
Helping First-Time Parents Succeed®

Client Name:

Client ID: **Nurse ID:**   **Date:**

Obstetric History

You may have discussed your pregnancy with your doctor or midwife or other care provider, but I just wanted to go over a few facts again.

1. How many live births have you had? _____

2. **Not counting your current pregnancy**, how many times have you been pregnant? _____

3. How many weeks pregnant were you when you had your first prenatal appointment? _____

4. When is your baby due? _____

General Health History
Now I am going to ask you some questions about your overall health and any problems you may have had since you learned that you are pregnant.

5. Do you have a history of any health concerns? (check all that apply)
   - ❑ Heart Problems
   - ❑ High Blood Pressure
   - ❑ Type I Diabetes
   - ❑ Type II Diabetes
   - ❑ Kidney Disease
   - ❑ Epilepsy
   - ❑ Sickle Cell Disease
   - ❑ Chronic Gastrointestinal Diseases (e.g. Crohn's Disease, Ulcers)
   - ❑ Asthma/ Other Chronic Pulmonary Diseases
   - ❑ Chronic Urinary Tract Infections
   - ❑ Chronic Vaginal Infections (e.g. Yeast Infections)
   - ❑ Sexually Transmitted Infections (e.g. Herpes, Genital Warts, Chlamydia, Gonorrhea)
   - ❑ Mental Health (e.g. severe anxiety, depression, behaviour, attention/ learning problem, substance use problem, eating disorder, psychosis)
   - ❑ Other (Identify) _____

6. Since you learned you were pregnant, how many times have you been treated for a urinary tract infection? _____

7. Since you learned you were pregnant, how many times have you been treated for a vaginal infection? _____

8. Since you learned you were pregnant, how many times have you been treated for a sexually transmitted infection (such as herpes, genital warts, chlamydia)? _____

9. What is your height? _____ (metres)

10. What is your usual weight before you became pregnant? _____ (kg)

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11. Body Mass Index (BMI)
    - ❑ NFP Database will calculate automatically based on data from #8 and #9
    - ❑ Manual BMI calculation:

    BMI = Weight in Kilograms/ (Height in Meters)^2

    1 m = 100 cm   _____

Breastfeeding

12. Do you plan to breastfeed your baby?
    - ☐ Yes, definitely   ☐ Possibly, not certain   ☐ No, definitely not (skip to question # 13)

13. What are your reasons for planning to breastfeed your baby? (check all that apply)
    - ❑ Breastfeeding is best for the baby
    - ❑ Breastfeeding is convenient
    - ❑ Breastfeeding is economical
    - ❑ Breastfeeding will help me lose weight after the baby is born
    - ❑ Partner/ Family encouraged me
    - ❑ Friend(s) encouraged me
    - ❑ Other (Specify) _____

14. Were you breastfed as a baby?
    - ☐ Yes   ☐ No   ☐ Don't know