**Rock and Walworth Comprehensive Family Services, Inc.**

Head Start/Early Head Start

1221 Henry Avenue, Beloit WI 53511 P**hone:** (608) 299-1500 • **Fax:** (608) 299-1629

**Early Head Start Contact Report for Pregnant Women**

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| **Date: CC:** | **Family Name:** | | |
| **Time In: Time Out:** | **Additional Visitor and purpose of additional visitor:** | | |
| **Mother’s Concerns/Needs/Topics to Discuss** | **Health, Oral Health and/Nutrition Goals/Concerns** | | |
| **Getting Ready for Baby** | **Information/Materials shared** | | |
| **Plans for Next Contact**  **Activities:** | **Important Dates to Remember** | | |
|  | **Date:** | **Time:** |
| **For Discussion:** | **Next Contact** |  |  |
| **Socialization** |  |  |
| **Meetings** |  |  |
| **Next Prenatal Check with Dr.** |  |  |
| **Dental Appointment** |  |  |
| **Other** |  |  |

**Contact Schedule:** (Weekly, biweekly, monthly, at home, at center, at library, at medical facility, group meeting etc.)

**Dates of prenatal visits with Doctor/Dentist Name of Dr: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Potential topics and activities to include in plan:**

* Develop a birth plan – hospital/home delivery, premature delivery
* Planning for prenatal Dr. visits and Dental visits
  + Talking about transportation
  + Talking about when or not mom would like FA to attend pre-natal visits/which visits etc.
  + Discuss questions or topics to ask Dr., nurse or dentist and/or topics to discuss
* Health Concerns/topics to address
* Discuss prenatal and/or post partum depression
* Topic Examples – Breast feeding, safe sleep, shaken baby prevention, SIDS, what to expect as baby grows and your body changes, baby proofing (safety) your home, how to introduce baby to siblings, setting boundaries with well wishers, dangers of smoking during and after pregnancy, importance of healthy eating , diapering, bathing baby, breast and bottle feeding, car seat safety, contraception information, STDs
* Father’s questions or concerns
* Involving other family members
* Accessing community resources
* Dangers of Smoking/Substance Abuse
* Caring for a newborn
* Mental Wellness/ Mental Health
* Post natal care

Overall 1st Trimester Plan

Overall 2nd Trimester Plan

Overall 3rd Trimester Plan: (see birth plan also)

Feeding Plan for baby:

Two week health check visit scheduled tentatively for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Pregnant Mom signature: Date:** | **Family Advocate signature: Date:** |