

**PRENATAL
BIRTH OF BABY**

Use this form during post-partum contact with mom

Mom's Name: _____ **Area #** _____ **Date:** _____

DELIVERY

Delivery type: Natural C Section

Date: ___/___/___

Birth weight: ___ lbs. ___ oz.

Birth length: ___ in.

Sex: Male Female

Name of Baby: _____

Did mom have any health problems or complications during delivery? No Yes

Explain: _____

Did baby have any problems at birth? No Yes (Check any that apply)

- Neonatal drug
 - Fetal Alcohol
 - Sickle cell
 - Down syndrome
 - Seizures
 - Respiratory
 - Anemia
 - Low birth weight
 - Diabetes
 - Other:
- _____

CHANGE OF STATUS/PROGRAM OPTIONS

- Discuss program options with family (HB - CB-waitlist)
- Filled out Change of Status form and mailed to C.O.

Health Department Visit

- Reminded mom of visit by health department needed within 2 weeks of child's birth
- HBT emailed/called Health Coordinator to notify health department of needed visit
(Health Coordinator will make first contact with Health Department)

Email to Health Coordinator after birth & keep original in file

H 5/22