Woman Nutrition Assessment

Name _____ ID _____ EHS Parent Partner _____

Age _____

PREG

Ht (measured) _____ Prepreg Wt _____/BMI _____ Rec weight gain ____–____

EDD _____ Hgb/Hct _____ Date _____ Wks gest _____

BF/PP

Ht (measured) _____ Prepreg Wt _____/BMI _____ PP/BF Wt _____/BMI _____

Hgb/Hct _____ Date _____ 2nd BF Wt _____/BMI _____

Weight Gain

Date _____ Wt _____ wks gest. _____ total lbs gained _____ lbs/mo _____ WNL Y N

Date _____ Wt _____ wks gest. _____ total lbs gained _____ lbs/mo _____ WNL Y N

Date _____ Wt _____ wks gest. _____ total lbs gained _____ lbs/mo _____ WNL Y N

Date _____ Wt _____ wks gest. _____ total lbs gained _____ lbs/mo _____ WNL Y N

Date _____ Wt _____ wks gest. _____ total lbs gained _____ lbs/mo _____ WNL Y N

Weight Management

Y N Comfortable with recommended weight gain

Efforts: _____

____ lbs gained during last pregnancy ___ N/A

Y N Physically active Freq: _____

Type of exercise _____

Diet

Y N Changes in eating, how? _____

Y N Diet sheet used Comments: _____

Y N Cravings _____

Health

Y N Taking prenatals _____ times/week

Y N Other supp. _____

Y N Medications: _____

Experiencing: ☐ Heartburn ☐ Nausea ☐ Diarrhea ☐ Vomiting ☐ Constipation ☐ Swallowing ☐ Headaches ☐ Dizziness

Other: _____

Y N Special Diet _____

Preterm Birth Risks

Y N Uses tobacco: ☐ Wants and/or ☐ Trying to quit

Efforts: _____

Y N Exposed to second hand smoke

Y N Informed of smoking link to LBW and PTB

Last dental visit: _____ ☐ Decay ☐ Bleeding gums

Other Fetal Risks

Y N Uses alcohol Y N Around others who drink

Y N Informed of Fetal Alcohol Spectrum Disorder

Y N Illicit drug use Y N Recovery Program

Breast Feeding

Knowledge & Perception _____

Y N Support network _____

Y N Wants to learn more about BF

Notes: Visit 1

Topics Discussed:

1. _____
2. _____
3. _____

Mom's Plans: Feeding Plan: ☐ BF ☐ FF

1. _____
2. _____

At Next Appt:

_____

Staff _____ Date _____

Notes: Visit 2

Topics Discussed:

1. _____
2. _____
3. _____

Mom's Plans: Feeding Plan: ☐ BF ☐ FF

1. _____
2. _____

At Next Appt:

_____

Staff _____ Date _____

Notes: Visit 3

Topics Discussed:

1. _____
2. _____
3. _____

Mom's Plans: Feeding Plan: ☐ BF ☐ FF

1. _____
2. _____

At Next Appt:

_____

Staff _____ Date _____

Weight

Y N Comfortable with current weight

Y N Wt Goal: _____ Plan: _____

Y N Physically active Freq: _____

Type of exercise _____

Diet

Y N Changes in eating, how? _____

Y N Special diet/foods avoided _____

Y N Diet sheet used Comments: _____

Promotes positive eating habits:

Y N Serves family meals

Y N Plans and takes time to eat meals/snacks

Y N Prepares a variety of foods for self and family

Health

Y N Folic Acid Source: ☐ Supplement ☐ Food

Other vit./supp. _____

Y N Meds/Birth Control: _____

Y N C-section ☐ Problem with healing

Last dental visit: _____ ☐ Decay ☐ Bleeding gums

Experiencing: ☐ Diarrhea ☐ Constipation ☐ Headaches ☐ Dizziness

Other: _____

Substance Use

Y N Uses tobacco: ☐ Wants and/or ☐ Trying to quit

Efforts: _____

Y N Exposed to second hand smoke

Y N Uses alcohol Y N Around others who drink

Y N Illicit drug use Y N Recovery Program

Breast Feeding

Plans to bf until _____

Y N Return to work/school: ☐ BF ☐ FF ☐ Both

Current bf support person _____

Bf'ing is going: ☐ great ☐ need help ☐ unsure

B'milk supply is: ☐ plentiful ☐ adequate ☐ low

Pumps _____ x/24 hr ☐ electric ☐ manual

Experiencing: ☐ sore nipples ☐ cracked nipples ☐ engorgement ☐ any breast pain ☐ Other

Referred to: _____

Notes: Visit 1

Topics Discussed:

1. _____
2. _____
3. _____

Mom's Plans:

1. _____
2. _____

At Next Appt:

_____

Staff _____ Date _____

Notes: Visit 2

Topics Discussed:

1. _____
2. _____
3. _____

Mom's Plans:

1. _____
2. _____

At Next Appt:

_____

Staff _____ Date _____

Notes: Visit 3

Topics Discussed:

1. _____
2. _____

Mom's Plans:

1. _____

At Next Appt:

_____

Staff _____ Date _____

Notes: Visit 4

Topics Discussed:

1. _____
2. _____

Mom's Plans:

1. _____

Staff _____ Date _____