

PREGNANT WOMAN Assessment Questions

1. How do you feel about your pregnancy?

Free form answer

2. Do you have prenatal care and dental care (one answer)?

Prenatal care

Dental care

Both

Neither

3. How much weight do you plan to gain during this pregnancy?

Free form answer

4. What medical or dental issues do you currently have?

A. Any history of medical conditions during previous pregnancy (GDM, preeclampsia, high blood pressure, etc.)?

B. Who diagnosed your condition?

Free form answer

5. Tell me if you consume any of the following (may choose more than one answer):

N/A

Prenatal vitamins

Other supplements

Medication

Herbs

Teas

Non-food items

Unpasteurized juices or raw/unpasteurized dairy products

Undercooked meats or fish

Unwashed produce or sprouts

6. During your pregnancy, have you used any alcohol, tobacco products or other drugs (may choose more than one answer)?

N/A

Alcohol

Chew tobacco/cigars/pipes/cigarettes

Drugs

7. Describe your intake on a typical day (meals/snacks, drinks, eating out, who eats together):

Free form answer

8. What have you heard about breastfeeding? Do you have a support person?

Free form answer

9. Do you have any additional questions?

Free form answer

Possible discussion topics:

Safe foods in pregnancy (types of fish, dairy, meats, etc.)

Recommended weight gain

Nausea and heartburn

Breastfeeding

My Plate for pregnancy

Safe exercise/physical activity

Smoking (quitting or cutting down)

Folic acid

Omega 3 fatty acids (DHA/EPA) supplementation/food sources

Sources of calcium

Foods high in iron

Meal planning, budgeting, preparation

Potential Referrals:

BFPC

MCH

SNAP

Prenatal or dental care providers

Food banks

Medicaid

RD

Substance abuse counseling or smoking cessation