

BABY	MOM
<i>1st Trimester (0-14 weeks)</i>	<i>1st Trimester (0-14 weeks)</i>
<ul style="list-style-type: none"> ♥ Heart begins to beat. ♥ Face, arms, legs, fingers & toes form. ♥ Brain, digestive & nervous systems form. ♥ Placenta sends blood and nutrients to the baby through the cord. 	<ul style="list-style-type: none"> ♥ Nausea and vomiting may occur. ♥ Need to urinate (pee) increases. ♥ Breasts become larger and may be tender. ♥ You may feel more tired.
<i>2nd Trimester (14-28 weeks)</i>	<i>2nd Trimester (14-28 weeks)</i>
<ul style="list-style-type: none"> ♥ Baby can move and kick. ♥ Baby can hear your heartbeat and voice. ♥ Growth is rapid. ♥ Eyebrows and fingernails form. ♥ Skin is red and wrinkled. 	<ul style="list-style-type: none"> ♥ You may feel your baby move. ♥ Skin changes may occur: stretch marks, dark line on stomach, blotches on the face.
<i>3rd Trimester (28-40 weeks)</i>	<i>3rd Trimester (28-40 weeks)</i>
<ul style="list-style-type: none"> ♥ Baby kicks and stretches. ♥ Baby's eyes open & baby can respond to light shining through your belly. ♥ Fine body hair disappears. ♥ Baby's brain develops more quickly. 	<ul style="list-style-type: none"> ♥ You feel baby's movements more strongly. ♥ Uterus may get hard and tight at times. ♥ This is a contraction. This may or may not be labor. ♥ You may feel short of breath as your baby grows and moves inside you.

BIRTH SUMMARY



The Infant

1. NEONATAL HISTORY

Sex: ___ M ___ F Head Circumference _____

Circumcision: Yes ___ No ___ Date _____

Birth Weight _____ Birth Length _____

Weeks of Gestation _____

Type of Delivery: _____

Spontaneous Forceps C-Section Vacuum Extraction

Indication of Special Condition _____

APGAR: 1 min. _____ 5 mins. _____ 10 mins. _____

2. NEWBORN PERIOD

Breastfeeding/Bottlefeeding Discharge Weight _____

Immunizations: Type _____ Date _____

PKU Date _____ Prior To _____

Healthy Start Postnatal Score _____

Complications _____

3. INITIAL PEDIATRIC APPOINTMENT

Name _____

Location _____

Date _____ Time _____

Questions? Call the Family Health Line at
1-800-451-2229

WARNING SIGNS & SYMPTOMS

If you have any one of the warning signs listed below during your pregnancy, call and speak to your health care provider right away.

THINGS TO WATCH FOR:

- Bleeding from your vagina
- Pain in your belly (abdomen) that is sharp or doesn't go away
- Swelling of your face and hands (hard to bend your fingers)
- Headaches and/or blurry vision (seeing spots)
- Your baby is moving less or not at all
- Severe nausea or vomiting
- Gushing or leaking fluid from your vagina
- Fever
- Burning when urinating

WARNING SIGNS OF PRETERM LABOR:

- **Cramps** – like when you have your period or diarrhea, that come and go, don't go away, or occur with diarrhea
- **Pressure** – it feels like the baby is pushing down on your vagina
- **Low backache** – near your tailbone, that comes and goes, or doesn't go away
- **Change in vaginal discharge** – either an increase in discharge, bleeding, or leaking fluid

My Program Contact: _____

Phone Number: _____



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HEALTHY START COALITION OF MIAMI-DADE PRENATAL PASSPORT

Name _____

Birth Date ___/___/___ Language Spoken _____

Social Security Number _____

Medicaid Number _____

G ___ F ___ P ___ A ___ L ___ LMP _____ EDC _____

SONO EDC _____ Best Date EDC _____

Allergies _____

Medications _____

Healthy Start Participant: Y ___ N ___ Screen Score _____

EMERGENCY CONTACT

Name _____

Address _____ Zip _____

Phone _____ Relationship _____

HEALTH CARE PROVIDER

Name _____

Phone _____

Address _____ Zip _____

Hospital of Delivery _____