Pride in Parenting
Baseline Chart Abstraction Form: Mother

Medical Record Number: _____ Today's Date: _____
month day year

Date Mother Enrolled: _____
month day year

THIS FORM IS TO BE COMPLETED BY THE FAMILY RESEARCH SPECIALIST AFTER THE COMPLETION OF THE INITIAL INTERVIEW. THE INFORMATION IS TO BE ABSTRACTED FROM THE MOTHER'S MEDICAL CHART.

1. Date of birth:_____ _____ _____

   ____ _____ ____
   Year Month Day

2. Ethnicity:
   - African American 1
   - Hispanic 2
   - Asian 3
   - White 4
   - Other **(SPECIFY)** 5

   _____

3. Marital status:
   - Married 1
   - Divorced 2
   - Widowed 3
   - Separated 4
   - Never married 5
   - Not recorded 6

4. Number of prenatal visits: _____

5. Week of gestation that prenatal care began: _____

6. Total number of pregnancies (including this one): _____

7. Total number of living children (including this one):_____

8. Total number of abortions: _____

9. Number of miscarriages: _____

10. Number of stillbirths:_____

11. Insurance carrier:
    - Medicaid 1
    - Medicaid Chartered 2
    - Managed Care 3
    - Private 4
    - Self 5
    - None 6
    - Not recorded 7

12. Medicaid Number (if applicable): _____

13. Pre-existing risk/medical history for this pregnancy: **CIRCLE ALL THAT APPLY.**
    - Anemia 1
    - Age >35 2
    - 2+ abortions 3
    - Cardiac disease 4
    - Chorioamnionitis 5
    - Diabetes 6
    - >7 deliveries 7
    - Eclampsia/preeclampsia 8
    - Endocrinopathy 9
    - Epilepsy 10
    - Genitourinary infection 11
    - Heart disease 12
    - Hemorrhage 13
    - Hemoglobinopathy 14
    - HIV/AIDS 15
    - Hypertension, chronic 16
    - Hypertension, pregnancy-related 17
    - Isoimmunization (ABO,etc) 18
    - Incompetent cervix 19
    - Placenta previa 20
    - Positive urine tox 21
    - Premature labor 22
    - Prepregnancy weight
      <100 or >200 lbs. 23
    - Previous infant 4000+ grams 24
    - Previous preterm or SGA infant 25
    - Psychiatric disturbance 26
    - Psychosocial problems

(marital, coping, financial, etc) 27
Pulmonary disease 28
Renal disease 29
Rh sensitization 30
STDs 31
Tuberculosis 32
Uterine bleeding 33
Uterine-cervical abnormality 34
Asthma 35
None 36
Other **(SPECIFY)** _____ . 37

14. Type of delivery: **CIRCLE APPROPRIATE RESPONSE.**
    Vaginal **(GO TO Q15 & THEN SKIP Q16)** 1
    Primary C-section **(GO TO Q16)** 2
    Repeat C-section **(GO TO Q16)** 3

15. If vaginal, indicate presentation: **(CIRCLE APPROPRIATE RESPONSE AND THEN GO TO Q17)**
    Cephalic; spontaneous 1
    Cepalic; forceps/suction 2
    Breech 3

16. If Cesarean, give indication(s). **CIRCLE ALL THAT APPLY.**
    Acute Fetal Distress 1
    Failure to Progress 2
    Placenta previa 3
    Placental abruption 4
    Repeat C-section 5
    Malpresentation 6
    Other **(SPECIFY)** _____ . . . 7
    None Recorded 9

17. Delivery complications? **CIRCLE ALL THAT APPLY.**
    Infection **(SPECIFY)** _____ . 1
    Abruptio Placenta 2
    Fetal Distress 3
    Cord Prolapse 4
    Proteinuria 5
    Preeclampsia/Eclampsia 6
    Amnionitis 7
    Other **(SPECIFY)** 8
    _____
    None Recorded 9

18. Tobacco use during pregnancy?
    - Yes 1
    - No 2

19. Alcohol use during pregnancy?
    Yes 1
    No 2

20. Drug use during pregnancy?
    Yes 1
    No 2

21. Weight gain during pregnancy? _____ (pounds) **(99=NOT KNOWN) SUBTRACT PREPREGNANCY WEIGHT (OR WEIGHT TAKEN AT FIRST PRENATAL VISIT) FROM WEIGHT AT DELIVERY.**

22. Does the chart indicate that the child has been referred to a clinic or physician for neonatal, postnatal or well child care?
    Yes 1
    No 2
    IF YES, SPECIFY REFERRAL _____

    _____

23. Did the mother agree to participate in PIP?
    Yes, she is enrolled 1
    No, she refused 2

NOTES:

Family Resource Specialist: _____ (please initial)

Date: _____

Signature of Project Coordinator: _____

Date: _____