

Comprehensive template

Patient name: @PTNAME@

MRN:

Age:

Gestational age: @GA@

Estimated delivery date: @EDD@

Prenatal care provider

Name: ***

Phone: ***

Office address: ***

PCP: ***

Mental health provider: ***

Lactation consultant: ***

Follow-up: ***

First Trimester

Initial prenatal assessment completed {Desc; before/after:31656} 10 weeks from the last menstrual period

Any current contraception in use {YES(DEF)/NO:20626}

Plan for future contraception {Yes - Explain/No/NA:21689}

Initiate conversation about breastfeeding intentions and goals {Yes - Explain/No/NA:21689}

Maternal risk factors identified {YES(DEF)/NO:20626}

If yes, list: ***

Anticipatory breastfeeding guidance discussed including benefits of breastfeeding, common challenges, and family support planning {YES(DEF)/NO:20626}

Breastfeeding history discussed {YES(DEF)/NO:20626}

Discussed normal changes for new mothers including nipple darkening, fullness in the breasts, and anticipatory guidance about breast changes {YES(DEF)/NO:20626}

Maternal complications during pregnancy {YES(DEF)/NO:20626}

If yes, list: ***

Second Trimester

Continued discussion for future contraception plans {YES(DEF)/NO:20626}

Provided structured breastfeeding education (classes, reading, counseling) on latching, milk supply, and positioning {YES(DEF)/NO:20626}

Offered referrals to IBCLCs and peer support groups {YES(DEF)/NO:20626}

Maternal complications during pregnancy {YES(DEF)/NO:20626}

If yes, list: ***

GDM w/ glucose tolerance test performed {YES(DEF)/NO:20626}

Date of test: ***

Test result: ***

PPD screening performed {YES(DEF)/NO:20626}
Confirmed medical home for mother and baby {YES(DEF)/NO:20626}

Third Trimester

Continued discussion for future contraception plans {YES(DEF)/NO:20626}
Finalized postpartum feeding plans {YES(DEF)/NO:20626}
Reassessed risk factors {YES(DEF)/NO:20626}
Discussed immediate postpartum strategies {immediate postpartum strategies:51756}
GDM w/ glucose tolerance test performed {YES(DEF)/NO:20626}
Date of test: ***
Test result: ***
Maternal complications during pregnancy {YES(DEF)/NO:20626}
If yes, list: ***
PPD screening performed {YES(DEF)/NO:20626}
Educated patient on {PPD counseling:51757}
Provided anticipatory guidance for lactation difficulties and where to seek assistance including nurses and lactation consultants {YES(DEF)/NO:20626}
Breast pump ordered {YES(DEF)/NO:20626}
Confirmed medical home for mother and baby {YES(DEF)/NO:20626}

Delivery

Maternal complications during pregnancy or delivery {YES(DEF)/NO:20626}
If yes, list: ***
Contraception {AMB CCC CONTRACEPTION - FEMALE:26309}
Date of contraception initiation: ***
Postpartum visit scheduled {YES(DEF)/NO:20626}
Date ***
Time ***
Place ***
Provided anticipatory guidance for newborn care {YES(DEF)/NO:20626}

Postpartum Timeline

0 - 3 Days: Patient received in-hospital lactation consultant support {YES(DEF)/NO:20626}
0 - 3 Weeks: Patient received pediatric follow-up {YES(DEF)/NO:20626}
3-5 Days: Blood pressure check for severe hypertension {Responses; yes/no/not indicated:16556}
3-10 Days: BP check for women with hypertensive disorders of pregnancy {Responses; yes/no/not indicated:16556}
1-3 Weeks: First postpartum visit for high risk patient completed {Responses; yes/no/not indicated:16556}
3-6 Weeks: First postpartum visit for well patient {YES(DEF)/NO:20626}

Date: ***

Discussed {postpartum topics:51769}

4-12 Weeks: Performed 75-g two-hour fasting oral glucose test for women with GDM

{Responses; yes/no/not indicated:16556}

Confirmed transition to primary care {YES(DEF)/NO:20626}

PCP: ***

Provided anticipatory guidance on the extended postpartum period {YES(DEF)/NO:20626}