Prenatal and Post-Partum – ChildPlus Instructions

General Information

You will document prenatal services under Home Visit Event and connect this to Pregnancy tab. These instructions include the following:

- Prenatal Wellness Assessment
- Pregnant Woman Dental Exam
- Two Week Newborn Visit
- Post-Partum Screening Referral
- Well Baby Checks (1 week, 2 week and 1 month)
- Infant Data for Enrollment
- Data entry requirements for Pregnancy tab

Prenatal Wellness Assessment

This event is required within the first 30 days of first date of service (FDS). Fill out the Prenatal Wellness Assessment form, attach under Health tab and enter the following data:

Event Date: Enter date assessment completed Status: Select Complete or Follow Up Needed

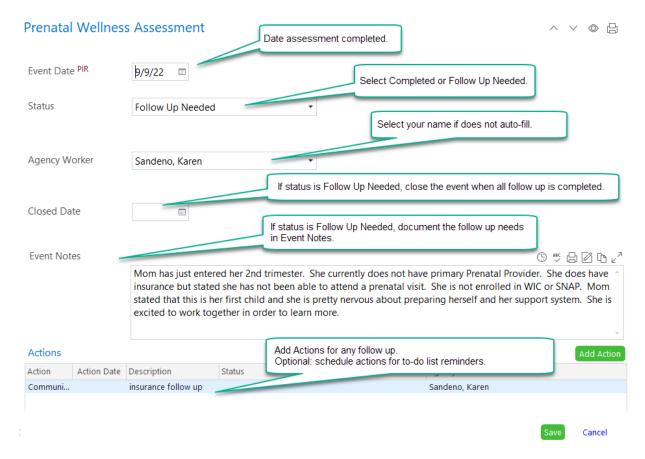
Agency Worker: Select your name if does not auto-fill

Event Notes: If Follow Up Needed, document the follow up needs in Event Notes.

Actions: Add Action to document your follow up

Closed Date: Enter the closed date when all follow up is completed.

Note: When you offer nutrition referral and parent declines, document in Home Visit Notes. If parent accepts, follow the process for Nutrition Referral.



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Pregnant Woman Dental Exam

Create this event within 90 days of FDS when parent reports receiving a dental examination during pregnancy. If the dental examination occurred prior to pregnancy, do not create the event.

Event date: Date of dental exam (if during pregnancy)

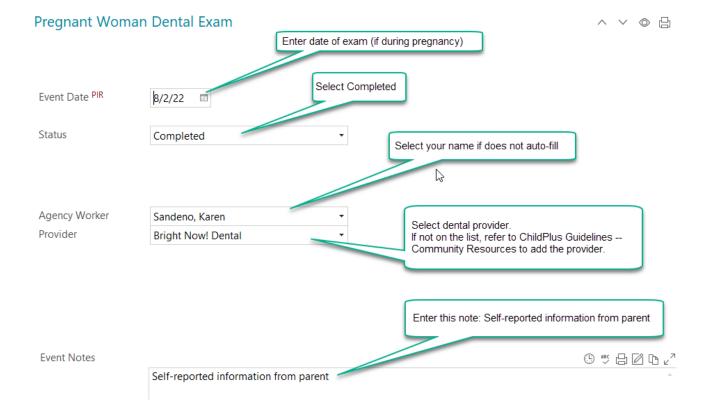
Status: Select Completed

Agency Worker: Select your name if does not auto-fill

Provider: Select the dental provider. If not on the list, refer to ChildPlus Guidelines – Community

Resources instructions to add the provider.

Event Notes: Add this note – Self-reported information from parent



Two Week Newborn Visit

Create this event when the two week newborn visit is completed. Fill out the Two Week Newborn Visit form, attach under Health tab and data enter as follows:

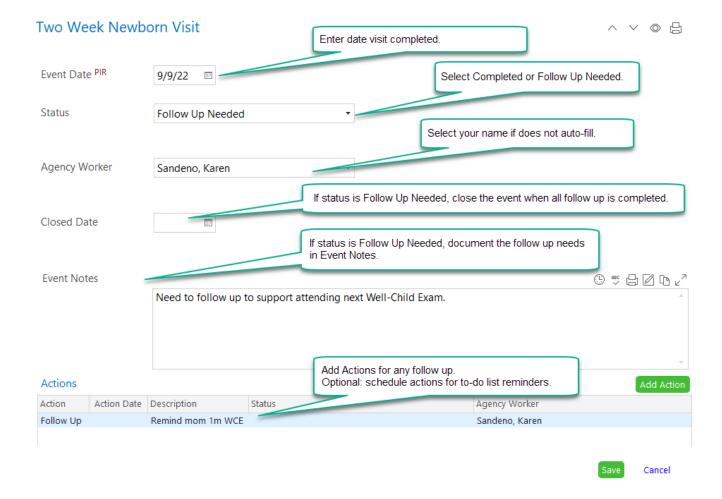
Event Date: Enter date visit completed Status: Select Complete or Follow Up Needed

Agency Worker: Select your name if does not auto-fill

Event Notes: If Follow Up Needed, document the needs in Event Notes.

Actions: Add Action for any follow up

Closed Date: Enter the date when all follow up is completed.



Post-Partum Screening Referral

This event is the referral "form" to refer a family for a post-partum depression screening. Staff will create the event and send email notification to request a referral (see procedure).

Event Date: Enter date of initial referral

Status: Select In Process

Agency Worker: Select your name if does not auto-fill

Provider Type: Select Public Health Nurse (This is Jan Wendt)

Closed Date: Enter the closed date at the end of the referral process when all follow up is completed

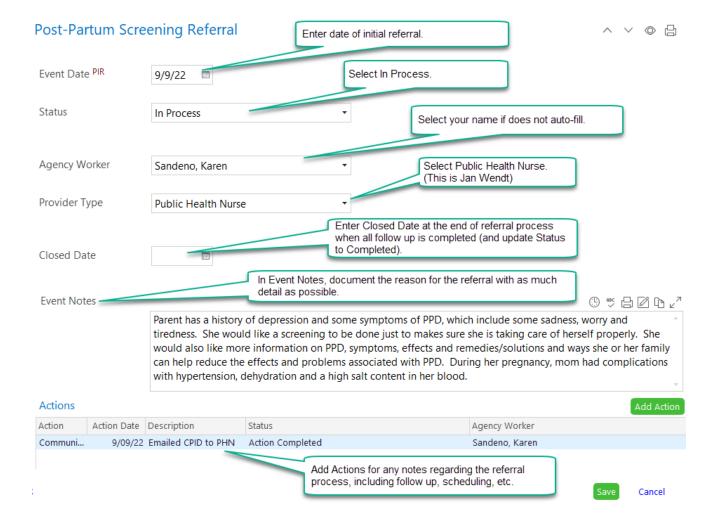
(and update Status to Completed)a

Event Notes: Document the reason for the referral with as much detail as possible. This includes

concerns from family, observations from staff and concerns from doctors.

Actions: Add Actions for any notes regarding the referral process, including follow up, scheduling, etc.

Attachment: Public Health Nurse will attach the screening report and notify the staff person that report is available for review and follow up.



Well Baby Checks (1 week, 2 week and 1 month)

These are not set up as child requirements but it is best practice to obtain these records when possible. When obtained, create the event and attach the exam form under the prenatal record because child is not yet enrolled.

Event Date: Date of the exam

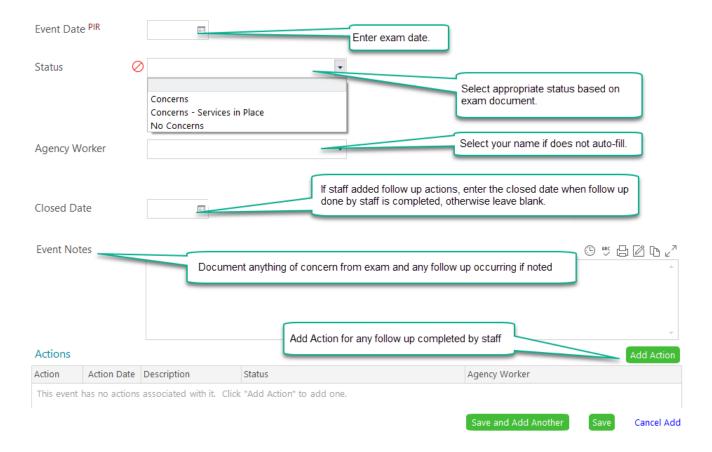
Status: Select Concerns, Concerns – Services in Place or No Concerns

Agency Worker: Select your name if does not autofill

Event Notes: Document anything of concern from exam and any follow up occurring if noted

Actions: Add Action for any follow up completed by staff

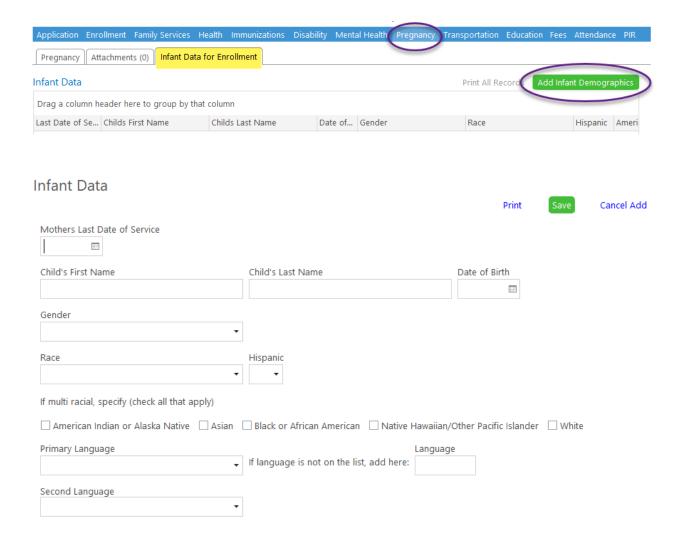
Closed Date: Enter a closed date when all follow up actions are completed



Infant Data for Enrollment

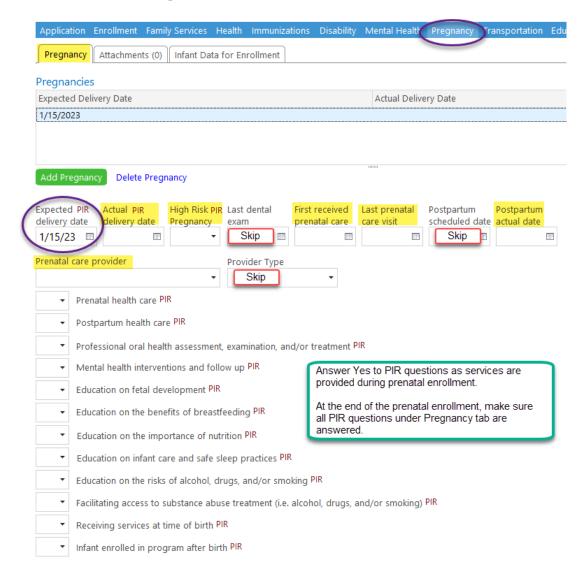
During Week 6 of post-partum services, complete Infant Data for Enrollment tab and notification procedure.

Follow ERSEA procedure to enroll infant as result of prenatal.



Pregnancy Tab

- Expected Delivery Date: Make sure the expected delivery date is entered. Add or update as needed. If twins/multiples there needs to be a pregnancy record for each infant.
- Actual Delivery Date: Enter actual delivery date.
- High Risk Pregnancy: Answer Yes or No. Do not leave blank.
- Last Dental Exam: Skip. Date not required.
- First Received Prenatal Care: Enter date from information provided on Prenatal Wellness Assessment.
- Last Prenatal Care Visit: Enter date from information provided on Prenatal Wellness Assessment.
- Postpartum Scheduled Date: Skip. Date not required.
- Postpartum Actual Date: Enter date of appointment/meeting with Public Health Nurse (Jan Wendt) or with someone else.
- Prenatal Care Provider: Select from drop down menu. If the provider is not on the list, click Add New Community Provider to this list (in blue at the bottom of the drop down box). Select after adding it to the list.
- Provider Type: Skip
- Complications Section: Skip
- Pregnancy Notes: Document here anything related to the pregnancy that does not "belong" to an event or in Home Visit Notes.
- Answer Yes to PIR questions as services occur during the prenatal enrollment. At the end of the prenatal
 enrollment, make sure all PIR questions are answered.



Complications	Current	Previous			
Anemia			Current Bed Rest or Ho	spitalization	
Bleeding			Due To	How Long	
C-Section					
Diabetes			Dravious Rad Rost or He	atioliz ation	
Fatigue	Skip	Complication	s Section	w Long	
Headache					
Hypertension					
Miscarriage					
Neonatal Death					
Pain					
Pre-Term Labor					
Pregnancy Induced Diabetes					
Pregnancy Induced Hypertens	sion 🗌				
Sickle Cell					
Swelling					
Pregnancy Notes				७ ♥ 🗗 🗹 🗅	Z 7
			elated to pregnancy that d nt or in Home Visit Notes.	oes not	÷