



Thank you for taking the time to complete this form. We recommend completing it around 35 weeks of pregnancy. You may bring it to your next office visit at Women's Health Care, fax it to 978-463-1034, or mail it to: Anna Jaques Hospital Birth Center, 25 Highland Ave, Newburyport MA 01950. We look forward to meeting you and your family soon!

Name:

Date of Birth:

Primary Language:

Education (years):

Occupation:

1. Do you have an Advanced Directive/Health Care Proxy for Health Care?

- Yes If yes, please specify below
- No If no, information will be provided to you upon admission

2. What Medications are you currently taking? (Please include Prescription, Over the counter, Herbals, Vitamins, Eye Drops) (Also specify Route/Dose/How Often you take)_

3. Do you smoke or use tobacco products? Yes No

If yes, how much and how often do you smoke? _____

Have you smoked in the last 30 days? Yes No

Are you interested in tobacco replacement medication during your stay? Yes No



4. Have you had the following vaccines:

- Influenza (Flu) Vaccine Date of Vaccination _____
- Pneumococcal Vaccine Date of Vaccination _____
- TDaP/Whooping Cough (Tetanus, Diphtheria, a-cellular Pertussis) Date _____

5. Who will be your support person for Labor and what is their relationship to you:

6. Is there anyone you would like us to notify when you are admitted to the hospital? If yes, please list name and contact information.

7. When did you start your prenatal care for this pregnancy?

8. Did you take prenatal education class(es)? Please specify where and when

9. How would you prefer to cope with your contractions during labor?

- Breathing
- Relaxation
- Medication
- Epidural
- "See how it goes"



10. Do you have any special labor plans? Check and describe (Birth plan, cord blood banking, cord blood donation, placenta request, other)

- Birth Plan
- Cord Blood Banking
- Cord Blood Donation
- Placenta Request
- Doula
- Other _____

11. Who do you plan to use as your baby's Pediatrician? _____

12. How do you plan on feeding your baby while you are in the hospital?

- Breast milk
- Formula

13. If you are having a boy baby, would you like him to have a circumcision?

- Yes
- No

14. Are there any cultural or spiritual practices you would like us to incorporate in your care?

15. Do you have any particular dietary needs or requests? (Please describe)

16. Any specific requests that will help us care for you/your family?



17. What are your living arrangements?

18. Do you have adequate access to electricity, heat, refrigeration, plumbing, phone, transportation? Yes No (if no, please specify)

19. How do you learn best?

- One to one Instruction
- Reading
- Videos
- Group Discussion

20. Who will take you home when you are discharged? Who is available to help you care for yourself and your newborn?

21. Are you currently using any community resources? Yes (please specify) No

22. Are you planning on using WIC (Women/Infant/Children)? Yes No

23. Do you have a car seat for your newborn? Yes No

Please plan on having the base of the car seat installed by 36-37 weeks of pregnancy