

Name: _____

BAM Participant ID #: _____

Date of Activity: _____
(mm/dd/yyyy)

Instructor/s: _____

How did you learn about Becoming A Mom/Comenzando bien®? (check all that apply)

- ☐ Family/Friend
- ☐ Clinic
- ☐ Hospital
- ☐ School
- ☐ WIC
- ☐ KanCare Case Manager
- ☐ Flier
- ☐ Other

If "other", please describe:

Is this your first pregnancy?

- ☐ Yes
- ☐ No

If No:

-Have you had a premature birth? (gestational age of baby less than 37 weeks)?

- ☐ Yes
- ☐ No

-If yes, was it a singleton pregnancy, meaning you were pregnant with only one baby?

- ☐ Yes
- ☐ No

If yes, was the premature birth spontaneous, meaning you went into labor on your own?

- ☐ Yes
- ☐ No

Have you experienced any of the following? (select all that apply)

- ☐ A baby that weighed less than 5 lbs.
- ☐ More than one miscarriage
- ☐ A baby that was not born alive
- ☐ A baby who passed away during its first year of life

How pregnant are you now?

- ☐ 1st Trimester (1-13 wks)
- ☐ 2nd Trimester (14-27 wks)
- ☐ 3rd Trimester (28 + wks)

When is your due date? _____
(mm/dd/yyyy)

Have you had your first prenatal appointment?

- ☐ Yes
- ☐ No

-If no, is your appointment scheduled?

- ☐ Yes
- ☐ No

-If no, what is the reason for no prenatal appointment:

- ☐ No provider available
- ☐ Provider will not begin care until later (I am too early in my pregnancy)
- ☐ Unable to take off work or school
- ☐ No childcare available for other children
- ☐ No health insurance coverage/ no ability to pay
- ☐ No transportation
- ☐ Other

If "other", please describe:

What trimester did you begin seeing a health care provider for this pregnancy?

- ☐ 1st Trimester (1-13 wks)
- ☐ 2nd Trimester (14-27 wks)
- ☐ 3rd Trimester (28 + wks)

What is the name of your healthcare provider/clinic?

Did you have any of the following health conditions PRIOR TO PREGNANCY?

- ☐ Anemia
- ☐ Anxiety
- ☐ Asthma
- ☐ Blood Clotting Disorder
- ☐ COVID-19
- ☐ Depression
- ☐ Diabetes (prior to pregnancy)
- ☐ Excess Weight / High BMI
- ☐ Heart Disease / Cardiac Condition
- ☐ High Blood Pressure
- ☐ Lung Disease / Respiratory Condition
- ☐ Lupus / Other Auto-Immune Disease
- ☐ Seizures
- ☐ Sickle Cell Disease
- ☐ Substance Use Disorder (inability to control the use of a legal or illegal drug or medication, alcohol, or nicotine)
- ☐ Thyroid Disease
- ☐ Other
- ☐ None

If other, what health condition did you have prior to your pregnancy?:

Have you developed any health condition(s) so far in your pregnancy?

- ☐ Yes
- ☐ No

If yes, please indicate the health condition(s) you have developed DURING YOUR PREGNANCY:

- ☐ Anemia
- ☐ Anxiety
- ☐ Cholestasis (liver condition occurring late in pregnancy)
- ☐ COVID-19
- ☐ Depression
- ☐ Eclampsia (high blood pressure that causes seizures)
- ☐ Gestational Diabetes
- ☐ High blood pressure
- ☐ Placenta Previa
- ☐ Pre-eclampsia
- ☐ Pre-term labor (going into labor before 37 weeks gestation)
- ☐ Seizures (that are not caused by high blood pressure)
- ☐ Substance Use Disorder or Relapse (inability to control the use of a legal or illegal drug or medication, alcohol, or nicotine)
- ☐ Other

If other, what other health condition have developed so far in your pregnancy?

Which of the following high risk factors do you experience? (check all that apply)

Tell your provider if you have even one of these risks.

- ☐ You've had preeclampsia before
- ☐ You're pregnant with multiples
- ☐ You have high blood pressure, diabetes, kidney disease or an autoimmune disease like lupus
- ☐ None of the above

Which of the following moderate risk factors do you experience? (check all that apply)

Tell your provider if you have more than one of these risks.

- ☐ You've never had a baby before, or it's been more than 10 years since you had a baby
- ☐ You're obese
- ☐ Your sister or mother has had preeclampsia
- ☐ You had complications in a previous pregnancy, like your baby was born less than 5lbs. 8oz.
- ☐ You're 35 or older
- ☐ You're African American
- ☐ You went through in vitro fertilization for this or a previous pregnancy
- ☐ None of the above

Has your healthcare provider told you that you have a "high risk" pregnancy?

- ☐ Yes
- ☐ No

If yes, please indicate the reason(s):

Are you enrolled in the WIC Program?

- ☐ Yes
- ☐ No

Which of the following sometimes prevents you from attending your prenatal appointments: (check all that apply)

- ☐ Nothing
- ☐ Childcare
- ☐ Transportation
- ☐ No documentation
- ☐ No healthcare provider
- ☐ Worried about payment
- ☐ Work/School
- ☐ Other

Please specify "other" barrier(s) to attending prenatal appointments:

Which of the following might prevent you from attending all six Becoming A Mom prenatal education classes: (check all that apply)

- ☐ Nothing
- ☐ Childcare
- ☐ Transportation
- ☐ Work/School
- ☐ Limited Class Availability
- ☐ Other

Which of the following are signs of preterm labor / labor? (check all that apply)

- ☐ A change in vaginal discharge (watery, mucus or bloody), or more vaginal discharge than usual
- ☐ Increased vaginal pressure or the feeling that my baby is pushing down
- ☐ Constant, low, dull backache
- ☐ Belly cramps with or without diarrhea
- ☐ Cramps that feel like my period
- ☐ None of the above

I should do the following if I'm experiencing signs of preterm labor (before 37 weeks): (check all that apply)

- ☐ Call my healthcare provider
- ☐ Go to the hospital if I cannot reach my provider
- ☐ Take no action and wait to see if my symptoms will go away
- ☐ None of the above

Which of the following are POST-BIRTH Warning Signs? (check all that apply)

- ☐ Pain in chest
- ☐ Obstructed breathing or shortness of breath
- ☐ Seizures
- ☐ Thoughts of hurting myself or someone else
- ☐ Night sweats without a fever
- ☐ None of the above

I should do the following if I am experiencing POST-BIRTH Warning Signs: (check all that apply)

- ☐ Call 911 if I am experiencing URGENT or life-threatening POST-BIRTH Warning signs
- ☐ Call my health care provider (or go to the ER if I cannot reach my provider) if I am experiencing other POST-BIRTH Warning signs
- ☐ Always trust my instincts and get medical care if I am not feeling well or have concerns
- ☐ Tell 911 or my healthcare provider that I was recently pregnant
- ☐ None of the above

If I experience depression and/or anxiety during or after my pregnancy, I am _____ about available resources in my community.

- ☐ Very knowledgeable
- ☐ Knowledgeable
- ☐ A little knowledgeable
- ☐ Not knowledgeable

If I experience depression and/or anxiety during or after my pregnancy, I am _____ to talk with my healthcare provider and/or access available resources:

- ☐ Very likely
- ☐ Likely
- ☐ Somewhat likely
- ☐ Not likely

I have talked to my healthcare provider about medications that I'm taking (prescription and/or over the counter, herbal, etc.):

- ☐ Yes
- ☐ No
- ☐ N/A - not taking any medications

If I am considering taking medications (prescription and/or over the counter, herbal, etc.), I am _____ to talk to my healthcare provider before taking them.

- ☐ Very likely
- ☐ Likely
- ☐ Somewhat likely
- ☐ Not likely

I currently take prenatal or multi-vitamins containing folic acid:

- ☐ Everyday
- ☐ 4-6 times per week
- ☐ 1-3 times per week
- ☐ Never

I walk or do at least 30 minutes of moderate, low-impact physical activity _____ days per week.

- ☐ 0
- ☐ 1-3
- ☐ 4-6
- ☐ 7

I currently smoke _____.

- ☐ 0
- ☐ Less than ½ a pack of cigarettes per day
- ☐ ½ to a full pack of cigarettes per day
- ☐ More than a pack of cigarettes per day

I currently vape or use tobacco products other than cigarettes.

- ☐ Yes
 - ☐ No
- If Yes, please describe the vaping/tobacco product other than cigarettes that is used.
-

-If any products were listed above, what is the amount being used?

I am _____ to develop a birth plan and talk to my healthcare provider about it.

- ☐ Very likely
- ☐ Likely
- ☐ Somewhat likely
- ☐ Not likely

A pregnancy is full-term when it reaches _____ weeks.

- ☐ 34-36
- ☐ 37-38
- ☐ 39-40

The following are benefits of a full-term pregnancy:

(check all that apply)

- ☐ Baby's brain growth and development
- ☐ Baby's lung development and maturity
- ☐ Less likely to be admitted to the Neonatal Intensive Care Unit (NICU)
- ☐ Improved ability to breastfeed

The following is true about breastfeeding: (check all that apply)

- ☐ My baby will be less likely to have diabetes later in life
- ☐ I will lower my risk of some types of cancer
- ☐ My breastfeeding experience should not be painful
- ☐ The frequency of my breastfeeding within the first 48 hours after birth can have an effect on my ability to produce enough milk for my baby

I am _____ to breastfeed my baby.

- ☐ Very likely
- ☐ Likely
- ☐ Somewhat likely
- ☐ Not likely
- ☐ Uncertain

If I am having difficulty breastfeeding my baby or if I have questions about breastfeeding, I know about _____ available resources in my community.

- ☐ One
- ☐ More than one
- ☐ I don't know about any

I feel _____ about my ability to breastfeed.

- ☐ Very confident
- ☐ Confident
- ☐ Somewhat confident
- ☐ Not confident

After delivery, I plan to take prenatal vitamins or multi-vitamins containing folic acid:

- ☐ Everyday
- ☐ 4-6 times per week
- ☐ 1-3 times per week
- ☐ Never

I will put my baby to sleep on his/her: (check all that apply)

- ☐ Back
- ☐ Side
- ☐ Stomach

At home, my baby will sleep: (check all that apply)

- ☐ In a crib, bassinet or portable crib
- ☐ In an adult bed, couch or recliner with me
- ☐ In a car seat, carrier, bouncer or swing

I am ____ to talk about Safe Sleep with my child's other care providers (family members, childcare providers, etc).

- ☐ Very likely
- ☐ Likely
- ☐ Somewhat likely
- ☐ Not likely

I am _____ to talk to my healthcare provider during my prenatal care about methods for preventing pregnancy after the birth of my baby:

- ☐ Very likely
- ☐ Likely
- ☐ Somewhat likely
- ☐ Not likely

I believe there is _____ to my health and the health of my next baby if I wait a minimum of 18 months before my next pregnancy.

- ☐ Great benefit
- ☐ Some benefit
- ☐ No benefit