

Which caregiver was involved?

BaM Participant ID#: _____

Date of Activity: _____
mm/dd/yyyy

Provider / Clinic Name: _____

Expected Due Date: _____
mm/dd/yyyy

Program Forms and Screening Tools

BaM Consent Form Signed: _____
mm/dd/yyyy

Initial Survey Completed: _____
mm/dd/yyyy

Completion Survey Completed: _____
mm/dd/yyyy

Birth Outcome Card Completed: _____
mm/dd/yyyy

Social Determinants of Health Screener Completed:
_____mm/dd/yyyy

ASSIST Form Completed (following positive response to NIDA substance use prescreen questions on KDHE Program Visit Form or upon other indication):

_____mm/dd/yyyy

Edinburgh

Edinburgh Completed (Session 2): _____
mm/dd/yyyy

Edinburgh Score (Session 2): _____

Edinburgh Completed (Session 6): _____
mm/dd/yyyy

Edinburgh Score (Session 6): _____

Edinburgh Completed (Postpartum): _____
mm/dd/yyyy

Edinburgh Score (Postpartum): _____

***If brief intervention is needed following EPDS or ASSIST screening, please complete and submit the associated Plan of Action forms.**

***If referrals are needed following any screening or upon other indications, please complete and submit the KDHE Program Referral Form.**

Individual follow-up provided based on BaM Risk Status Report:

Date of follow-up

_____mm/dd/yyyy

Indication for follow-up (Multi Select):

- ☐ Barriers to attending prenatal appointments
- ☐ Denies desire to become pregnant in the next year, but denies use of any method to prevent pregnancy
- ☐ Denies having scheduled baby's first check-up
- ☐ Denies plan to schedule postpartum check-up
- ☐ Has not attended first prenatal appointment
- ☐ Health condition
- ☐ High risk pregnancy
- ☐ History of premature birth, low birth weight, more than one miscarriage, or infant loss
- ☐ NICU stay for baby was required
- ☐ Positive EPDS screen
- ☐ Positive response to NIDA substance use pre-screen questions
- ☐ Positive response to SDOH screener

Notes (related to indications for follow-up or other content captured above):

Program Completion

Completion Status: (Single Select)

- ☐ Completed 4 or more sessions (Collect Completion Survey and Birth Outcome)
- ☐ Completed <4 sessions prior to delivery / EDD (Do not collect Completion Survey or Birth Outcome)

Baby Delivered: _____
mm/dd/yyyy

Delivery Outcome: (Single Select)

- ☐ Live Birth
- ☐ Live birth but neonatal death (less than 28 days)
- ☐ Stillbirth (equal to or greater than 20 weeks gestation)
- ☐ Miscarriage (less than 20 weeks gestation)

Postpartum visit provided? (by BaM/Cb staff or other associated program staff) (Single select)

- ☐ Yes ☐ No

Date of postpartum visit: _____
mm/dd/yyyy

Setting of visit: (Single select)

- ☐ Home
- ☐ School
- ☐ Clinic
- ☐ Hospital
- ☐ Other Community Setting

Incentive Selected: _____

Incentive Delivered: _____
mm/dd/yyyy

Completion Date: _____
mm/dd/yyyy

(*Date client has been determined to have completed the entire prenatal program, or EDD has passed. Must complete this field to "close out" participant from active participant tracking. Submit BaM Service Form at the time of entering a "completion date".)

Participation Location: (Single select)

- ☐ Completed all sessions with one organization
- ☐ Completed some sessions with another organization

Session Attendance

Date of Attendance at Session 1, Prenatal Care:

mm/dd/yyyy

Location of attendance at Session 1:

- ☐ In-person
- ☐ Virtually

Session 1, Prenatal Care Education Provided (Multi Select):

- ☐ Alcohol/Substance Abuse
- ☐ Count the Kicks
- ☐ Father Involvement
- ☐ HealthCare Coverage/Medicaid Eligibility
- ☐ Lifestyle Risk Factors/Prenatal Exposures
- ☐ Maternal Warning Signs
- ☐ Medical Home
- ☐ Nutrition
- ☐ Oral Health
- ☐ Prenatal Care
- ☐ Preterm Labor
- ☐ Smoking Cessation / Second-hand Exposure
- ☐ State/Local Resources

Date of Attendance at Session 2, Pregnancy Health:

mm/dd/yyyy

Location of attendance at Session 2:

- ☐ In-person
- ☐ Virtually

Session 2, Pregnancy Health Education Provided (Multi Select):

- ☐ Alcohol/Substance Abuse
- ☐ Behavioral Health (Other than Perinatal Mood and Anxiety Disorders)
- ☐ Child Development
- ☐ COVID-19
- ☐ Family Violence
- ☐ Father Involvement
- ☐ Injury prevention/safety
- ☐ Lifestyle Risk Factors/Prenatal Exposures
- ☐ Nutrition
- ☐ Parenting
- ☐ Perinatal Mood and Anxiety Disorders
- ☐ Smoking Cessation / Second-hand Exposure
- ☐ State/Local Resources
- ☐ Weight Management
- ☐ Stress Management

Date of Attendance at Session 3, Labor and Delivery:

mm/dd/yyyy

Location of attendance at Session 3:

- ☐ In-person
- ☐ Virtually

Session 3, Labor and Delivery Education Provided (Multi Select):

- ☐ Count the Kicks
- ☐ COVID-19
- ☐ Father Involvement
- ☐ Labor/Childbirth
- ☐ Maternal Warning Signs
- ☐ Preterm Labor
- ☐ State/Local Resources

Date of Attendance at Session 4, Infant Feeding:

mm/dd/yyyy

Location of attendance at Session 4:

- ☐ In-person
- ☐ Virtually

Session 4, Infant Feeding Education Provided (Multi Select):

- ☐ Breastfeeding
- ☐ COVID-19
- ☐ Father Involvement
- ☐ Nutrition
- ☐ State/Local Resources
- ☐ Infant Care
- ☐ Injury Prevention/Safety

Date of Attendance at Session 5, Infant Care:

mm/dd/yyyy

Location of attendance at Session 5:

- ☐ In-person
- ☐ Virtually

Session 5, Infant Care Education Provided (Multi Select):

- ☐ Car Seat Safety/Installation
- ☐ Child Development
- ☐ COVID-19
- ☐ Father Involvement
- ☐ Immunizations
- ☐ Infant Care
- ☐ Injury Prevention / Safety
- ☐ Medical Home
- ☐ Parenting
- ☐ Safe Sleep
- ☐ Smoking Cessation / Second-hand Exposure
- ☐ State/Local Resources
- ☐ Well Child/Adolescent

Date of Attendance at Session 6, Postpartum Care:

mm/dd/yyyy

Location of attendance at Session 6:

- ☐ In-person
- ☐ Virtually

Session 6, Postpartum Care Education Provided (Multi Select):

- ☐ Alcohol/substance Abuse
- ☐ COVID-19
- ☐ Father Involvement
- ☐ Healthcare Coverage/Medicaid Eligibility
- ☐ Immunizations
- ☐ Lifestyle Risk Factors/Prenatal Exposures
- ☐ Maternal Warning Signs
- ☐ Medical Home
- ☐ Nutrition
- ☐ Perinatal Mood and Anxiety Disorders
- ☐ Postpartum Care
- ☐ Preconception/Interconception
- ☐ Reproductive Health/Family Planning
- ☐ Smoking Cessation / Second-hand Exposure
- ☐ State/Local Resources
- ☐ Suicide Prevention
- ☐ Teen Pregnancy Prevention
- ☐ Weight Management
- ☐ Well Woman/Man

Notes (related to completion of the program or anything else that is helpful to note):

****Session 7 attendance should be tracked in a new BaM Service Form since it follows the birth of the baby and “completion” of the prenatal BaM program. The new BaM Service Form should be submitted following each session 7 attendance.***

Date of Attendance at Session 7, Postpartum and Infant Care Support:

mm/dd/yyyy

Location of attendance at Session 7:

- ☐ In-person
- ☐ Virtually

Session 7, Postpartum and Infant Care Support and Education Provided

(Multi Select):

- ☐ Breastfeeding
- ☐ Car Seat Safety/Installation
- ☐ Health Insurance/Medical Home
- ☐ Immunizations
- ☐ Infant Care/Hot Topics
- ☐ Infant Development/Milestones
- ☐ Maternal Warning Signs
- ☐ Mental Health
- ☐ Newborn Screening
- ☐ Oral Health
- ☐ Pediatric CPR
- ☐ Reproductive Health/Life Planning
- ☐ Safe Sleep
- ☐ State/Local Resources
- ☐ Other

Please indicate other topics covered:
