

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 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):

- Health condition
- Positive response to NIDA Pre-Screen Questions
- Positive response to SDOH Screener
- Have not attended first prenatal appointment
- High risk pregnancy
- History of premature birth

Additional individual follow-up provided based on BaM Risk Status Report (Single select)

- Yes No

If yes, dates of additional follow-up

_____ mm/dd/yyyy

_____ mm/dd/yyyy

Indication for additional follow-up (Multi Select):

- Health condition
- Positive response to NIDA Pre-Screen Questions
- Positive response to SDOH Screener
- Have not attended first prenatal appointment
- High risk pregnancy
- History of premature birth

If high blood pressure or perinatal hypertension (pre-eclampsia or eclampsia) were indicated, was education on home blood pressure monitoring provided?

- Yes**
 - Date: _____ mm/dd/yyyy
 - BP cuff access:
 - Provider prescribed/Insurance covered
 - Self-purchased
 - Cuff gift card given
 - Already has a cuff
 - Declined home monitoring
- No**

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? (Single select)

- Yes
- No

Date of postpartum visit: (By BaM/Cb staff or other associated program staff)

_____ 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”.***)*

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:
