Manual Certification Form for Post Partum Woman (BE, BP, NPP)

CPA Signature:_____ **Date:**_____

Present for Cert ☐ **LMP:**_____ **Expected Delivery Date:**_____ **Actual Delivery Date:**_____

Reason Not Present: ☐ Medical Equipment Not Transportable ☐ Confined to Bed ☐ Serious Illness ☐ Transfer Out of State

Breastfeeding Status

Are you currently BF or pumping? ☐ No ☐ Yes **Are you currently giving any supplemental formula?** ☐ No ☐ Yes

Amount of BF: ☐ Mostly ☐ Some **Did you ever BF or feed your baby breast milk?** ☐ No ☐ Yes ☐ Unknown

Date Supplemental feeding began:_____ **Date BF ended:**_____ **Reason:**_____

Did you BF as long as you desired? ☐ No ☐ Yes **Category:** ☐ BE ☐ BP ☐ NPP

BF Information

How is BF going?_____

How many times is the baby BF or given breast milk in a day (24 hours)? _____

Are there any concerns about BF?_____

BF Referral to:
- ☐ WIC
- ☐ Community Support
- ☐ No Referral Made

Reason Referred:
- ☐ Nipple Issues
- ☐ Needs Support/Unsure
- ☐ Breast Surgery
- ☐ Medical Condition
- ☐ 1st Time Pregnant
- ☐ General Support
- ☐ Expecting Multiples

Reason Not Referred:
- ☐ Baby Being Placed for Adoption
- ☐ CPA Professional Judgement
- ☐ Client Declined
- ☐ No Local Referral Resource Available

Lab Data

# of Prenatal Care Visits: _____ **Date of First Visit - Month/Yr:**_____ **Pre-Preg Wt:**_____**lbs**

Weight gained during pregnancy:_____**lbs**

Current Ht:_____**in** ____ **1/8** **Current Wt:**_____**lbs** _____**oz** _____ **HGB** _____

No Blood ☐ **Exemption Reason:** ☐ CPA Determined Blood work skip ☐ Delayed Blood Work ☐ Medical Condition Prevents Safe Collection ☐ Religious Belief

Pregnancy Information

Currently Smoking? ☐ No ☐ Yes **#/day?**____ **3 months prior to pregnancy?** ☐ No ☐ Yes **#/day?**_____

Smoking Change: ☐ Decreased smoking ☐ Did not stop smoking ☐ Increased ☐ Not Applicable, did not smoke ☐ Started Smoking ☐ Stopped Smoking ☐ Tried to stop or decrease, but failed ☐ Unknown or refused to answer

Does anyone smoke inside the home? ☐ No ☐ Yes

Current alcohol intake? ☐ No ☐ Yes **#/week?**_____ **3 months prior to preg?**_____ ☐ No ☐ Yes **#/week?**___

Are you consuming recreational drugs? ☐ No ☐ Yes _____

During any previous pregnancy did you have: ☐ Gestational DM ☐ Preeclampsia ☐ Premature delivery (37 weeks or less)

☐ Infant weighing 5lb 8oz or less ☐ Infant weighing 9lbs or more ☐ 2 or more spontaneous abortions or any fetal death

☐ Infant w/ congenital or other birth defect

Health Information

# of infants you are BF? ☐ 0 ☐ 1 ☐ 2+ **# of infants you are MBF?** ☐ 0 ☐ 1 ☐ 2+ **# of infants you are EB?** ☐ 0 ☐ 1 ☐ 2+

What concerns, if any, about your weight?_____

Do you take any medicine? ☐ Yes ☐ No What kind?_____

Do you take any vitamins/minerals? ☐ No ☐ Yes **What kind?**_____ ☐ No ☐ Yes

Excessive? ☐ No ☐ Yes

Do you take any herbal products? ☐ No ☐ Yes **What kind?**_____

Have you been experiencing: ☐ Constipation ☐ Diarrhea ☐ Nausea ☐ Vomiting/upset stomach ☐ Difficulty chewing or swallowing

Do you go for regular dental check ups? ☐ No ☐ Yes

Nutrition Information

How do you feel about your appetite?_____

Are you on any special diet?_____

Tell me about your daily physical activity:_____

Do you consume any non food items? ☐ No ☐ Yes **What items?**_____

Nutrition Risk (* = High Risk)

Medical Conditions

- ☐ 303 Hx of Gest. Diabetes
- ☐ 304 Hx of Preeclampsia
- ☐ 311 Hx of Preterm
- ☐ 312 Hx of Low Birth Wt.
- ☐ 321 Hx of Spon. Abortion, Fetal or Neonatal Loss
- ☐ *331Pregnancy at a Young Age
- ☐ 332 Closely Spaced Pregnancies
- ☐ 333 High Parity and Young Age
- ☐ 335 Multifetal Gestation
- ☐ 337 Hx of Birth w/ Lg for Gestational Age Infant
- ☐ *339 Hx of Birth w/ Nutr. Related Congenital or Birth Defect
- ☐ 341 Nutrient Deficiency Diseases
- ☐ 342 Gastro-Intestinal Disorders
- ☐ *343 Diabetes Mellitus
- ☐ 344 Thyroid Disorders
- ☐ 345 HTN or PreHTN
- ☐ 346 Renal Disease
- ☐ *347 Cancer
- ☐ 348 Central Nervous System Disorders
- ☐ 349 Genetic and Congenital Disorders
- ☐ 351 Inborn Errors of Metabolism
- ☐ 352 Infectious Diseases
- ☐ 353 Food Allergies
- ☐ 354 Celiac Disease
- ☐ 355 Lactose Intolerance
- ☐ 356 Hypoglycemia
- ☐ 357 Drug Nutrient Interactions
- ☐ 358 Eating Disorders
- ☐ 359 Recent Major Surgery, Trauma, Burns
- ☐ 360 Other Medical Conditions
- ☐ 361 Depression
- ☐ 362 Dvlpmntl, Sens.or Motor Delays
- ☐ 371 Maternal Smoking
- ☐ 372 Alc. & Illegal Drug Use
- ☐ 381Oral Health Conditions

Nutrition and Other Risk Factors

- ☐ 401 Failure to Meet Dietary Guidelines
- ☐ 427.01 Consuming Suppl. w/ Potentially Harmful Consequences
- ☐ 427.02 Diet Very Low Calories/Nutrients; Impaired Intake/Absorption
- ☐ *427.03 Compulsively Ingesting Non-Food Items(PICA)
- ☐ 427.04 Inadequate Essential Vit/Min
- ☐ 901 Recipient of Abuse
- ☐ *902 Woman or Infant/Child of Primary Caregiver w/ Limited Ability to
- ☐ 904 Env. Tob. Smoke Exposure

Nutrition Education

Method: ☐ Ind - Cert ☐ HH - Cert ☐ Ind - F/U ☐ HH - F/U ☐ Internet - F/U ☐ Group - F/U

Topic

Referrals

Food Package

- ☐ Milk or Lacto-free / Soy / Evap / Pwdr / UHT
- ☐ Cheese ☐ Eggs ☐ PN Butter ☐ Juice ☐ Cereal
- ☐ Yogurt ☐ Fish ☐ Beans ☐ CVB ☐ Whole Grains

Type of Formula/Medical Food:

Amount per day:

Notes

☐ NE Counseling Note ☐ Ind Care Plan/Follow Up ☐ BF Note

General Note:

Benefit Issuance: ☐ Monthly ☐ Bi-Monthly ☐ Tri-Monthly

Schedule Appointment: