Early Head Start National Resource Center

## **Appendix A-2**

## **Newborn Health Visit / Early Head Start** DATE: \_\_\_\_\_ DOB: \_\_\_\_\_/ \_\_\_\_\_ Gender: Male / Female Name: \_\_\_\_\_ Parent's Name: Mother's HCP: \_\_\_\_\_ Baby's HCP: \_\_\_\_ BIRTH WEIGHT LENGTH@BIRTH **BABY** MOTHER active, good color Good sleeping, good color OK jaundiced, lethargic Fair other Poor **Interval History: Questions for Parent:** Gest. Age at delivery: \_\_\_\_\_\_ How are you feeling? \_\_\_\_\_ APGAR score: 1 min. \_\_\_\_\_ 5 min. \_\_\_\_ How did the delivery go? \_\_\_\_\_ Medications: Delivery Location: , Hospital \_\_\_\_\_BC \_\_\_\_Home \_\_\_\_Other Injury or Illness: Type of Delivery: \_\_\_\_\_Vaginal \_\_\_\_\_Cesarean Section Length of baby's hospital stay: Special Health Care Needs: \_\_\_\_Routine \_\_\_\_\_non-routine (< one week) One week to one month Over one month Reason for non-routine hospital stay: Visits to health care providers or facilities: What do you other children think about the new baby? Change/Stressors in family or home: What are your questions about feeding the baby? Notes: What questions or concerns would you like to discuss today?

Anticipatory Guidance Healthy Habits	
Car Seat	Family Relationships
Crib Safety	Partner Involvement
Sleep on back	Rest, fatigue, depression
Water Temperature <120	Support from family/friends
Keep hand on baby	Siblings' reactions:
Smoke-Free environment	
Hot liquids, cigarettes	
Signs of illness	
Emergency procedures	
Nutrition	Other Needs:
Successful breastfeeding practices	Offer materials for review at home on child.
(Positioning, latching on, feeding on cue)6-8 wet diapers per day	(Safety, childproofing home, breastfeeding)
Maternal care (rest, nipple care, eating properly, follow up support)	Suggest resources to help with breastfeeding.
Formula (preparation, equipment, semi-sitting	Provide information about parenting classes or
position)	support groups
No bottle in bed or microwave	
	Suggest community resources.
Infant Care	Discuss how to access health care.
Cord	Referrals
Intact penis or circumcision careVaginal discharge, bleeding	
Skin, nails	Health insurance/Medicaid SSI
Skiri, HalisCrying	Part C
Sneezing, hiccups	WIC
Burping, spitting up	Food Stamps
Thumb sucking, pacifiers	Social Services
Sleep patterns, arrangements	Housing
Meconium to transitional stools	Other:
Thermometer use	other.
Layers of clothing	
Layers of clothing	
Parent/Infant Interaction	
Baby's temperament	
Console baby	
Hold, cuddle, rock	
Talk, sing	
	Mother's Signature:
	Father's Signature:
	EHS Health Staff Signature: