

COMMUNITY ACTION OF SOUTHEAST IOWA
 EARLY HEAD START CLASSROOM FILE CHECKLIST
 PREGNANT MOMS

Mother's Name: _____

Due Date: _____

	In file?/Date	Notes
SECTION 1		
Emergency Record For Expectant Mothers/Contacts		
Home Visit Summary/Checklists with Lesson Plans 1		
2		
3		
4		
5		
6		
7		
SECTION 2		
Pregnant Mom's File Checklist		
Quarterly Prenatal Health Evaluation (from Dr.) 3 mo.		
6 mo.		
9 mo.		
Risk Assessment (1-3 times) 1st		
2nd		
3rd		
Prenatal/Birth History (FDS)		
Date of Delivery		
Postnatal Visit Summary/Checklist		
Edinburgh Postpartum Depression Scale (Nurse)		