

# *Grace & Glory Midwifery Services*

Renée Rojas, CPM ~ 270-590-1881  
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graceandglorymidwifery@gmail.com

## **Informed Disclosure for Midwifery Care**

January 2024

As parents, you are ultimately responsible for your birthing experience, regardless of where or with whom you give birth. Therefore, I encourage you to seriously consider the environment for birth and the caregivers whose services you choose. In Georgia, your choices include obstetricians, family practitioners with hospital OB privileges, certified nurse-midwives (CNM) and independent, non-regulated birth attendants. Each has a specific orientation toward birth. Educate yourselves and ask questions. Contact childbirth consumer groups and find out what resources they may have to offer. Explore ALL your options so that your choices will be right for you. In Georgia, parents have the right to birth how and where they choose, whether it be hospital or home.

### ***Renée Rojas, CPM***

I was born at home in Lake Arrowhead, California and am the third oldest of fourteen children. My mother has been helping women during labor and birth for over forty years and, as a result, I was introduced to birth at a young age. I started out by attending my younger siblings' births at home and going along with my mom to other births to care for her nursing baby. I then began to assist her as I got a little older and my interest in birth continued to grow. In the summer of 2000, I was blessed with the opportunity to go on a short mission's trip to the Philippines where I volunteered at a maternity clinic and learned some practical midwifery skills. After graduating from high school in 2001, I found a correspondence course and began my formal training in the fall of 2002. Because I was living at home and helping my mom to homeschool my younger siblings, my studies took a while, but I continued to attend births as much as possible in the meantime and was thrilled to get my first "catch" on Easter Sunday in 2006!

I finally finished my academic course in the fall of 2008 while in Israel and was able to assist at a few home births, as well as volunteer for a short time in a hospital in Jerusalem and at a small clinic in Bethlehem. I continued to find ways to attend births over the next few years as I traveled back and forth to the States and throughout Europe, but finally returned to Missouri in 2011 to assist a midwife friend, Collene Whitelock, CPM, for the summer and look for an apprenticeship to actively pursue the completion of my training. Collene and I found that we were able to work well together and I was able to apprentice with her. Towards the end of 2012, I was also blessed with the opportunity to finish up my training with Tracey Moore, CPM, and was certified in the fall of 2013. I then stayed on to help Tracey in Kentucky to gain more experience and gradually take more responsibility as a primary midwife. At this point, I have attended over 600 births, most of which I have acted as primary midwife. In January of 2018, I came to Georgia to be with my family to work on deepening relationships and have begun to take clients here as God has brought them to me.

My mother, Kathy Rojas, is a certified doula and has been assisting me at births here in Georgia. Tracey has continued to be a support to me as well and we frequently consult with each other regarding our clients' needs and share records and paperwork.

### **Philosophy of Practice**

Our philosophy of practice is to support the rights of mothers to birth how, where, and with whom they choose. We believe that birth is a normal, natural process designed by God to work well. We believe that women have the right to competent midwifery care in their own home environment. We feel that it is our responsibility to give information, guidance, and support. Equally, the client seeking a home birth must accept full responsibility for the health care of herself and that of her baby. She must be honest with us, her caregivers, and cooperate to the best of her ability to ensure the best possible care during her pregnancy and birth. Childbirth carries risk to mother and baby, no matter the place of birth. However, all evidence available thus far shows that home birth has equal or better outcomes than hospital-based care for normal, low risk pregnancies. Medical care is often *fear* based, while midwifery care is most often *faith* based. In almost every circumstance, we have complete faith in your body's ability to birth your baby. And in every circumstance, we believe that your birth will unfold in the way God meant it to. This does not mean we can guarantee a birth at home, but that we will do our best to support you in the safest place for your baby to be born.

During the prenatal period, we will discuss and form an emergency care plan (or medical back-up plan). Each client's plan will be contingent upon the specific circumstances involved, her geographic location, and the available care providers and medical facilities in that area. If unforeseen circumstances arise, it may become necessary to transfer to a nearby medical facility for clinical care. We will recommend transfer when we feel that complications are developing that should not be handled at home or are outside the scope of our care. Transporting by private car may be the best option available if it becomes necessary to transfer mother and/or baby from home.

Whenever possible, all procedures will be done with the client's consent. Procedures will be described in detail, as well as their expected benefits and risks. Possible alternative procedures will be discussed, as well as their expected benefits and risks, apart from a life-threatening emergency in which we do not have time to discuss options. If the client and her partner choose to refuse a recommended action, they will be asked to sign an 'informed consent and refusal' form. Any treatment or procedure required by law that is refused by the client will necessitate that the client sign an 'informed consent and refusal' form.

In our practice, our goal is to be a good match to each client so that developing good relationships comes naturally. The relationship between midwife and client is a mutual one. Both are required to carry an equal share of responsibility. Therefore, we feel that it is imperative that we outline responsibilities before entering this relationship. If the client fails to meet her responsibilities, we reserve the right to discontinue care.

### **Confidentiality and Protected Health Information**

By hiring Grace & Glory Midwifery Services, you authorize your midwives to have full access to your medical records and Protected Health Information (PHI). Grace & Glory Midwifery will use and disclose to its staff and partners your PHI to carry out treatment, payment, or healthcare operations (TPO) related to your care. This information may include medical consultations, referrals, test results or ultrasound orders. All reasonable steps will be taken to protect your privacy and health information. You must give us specific authority to disclose any information to your family or support person.

Client has the right to:

- Request access to her health records at any time.
- Request corrections to be made to her health record.
- Request that all communications regarding her care with Grace & Glory Midwifery be restricted from unsecure transmissions (fax, email, voice mail, Facebook messaging).
- Complain about a perceived violation of her privacy to us, our certification board, or the US Office for Civil Rights.

Client understands and agrees that:

- Students who are involved in her care may access her records and use her records with all identifying information removed, for their educational portfolios.
- Midwives, students, and assistants may discuss her care and treatment (non-identified) with colleagues as part of professional peer review.
- Grace & Glory Midwifery may use video, audio, or photographic methods for the purpose of charting and review, not to be shared outside of the practice without explicit permission.
- Grace & Glory Midwifery may use her photos, etc. for the purpose of education outside of the practice, only with her permission.

Grace & Glory Midwifery Services has permission to disclose protected health information to the following family members or caregivers:

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### **Client Consent:**

By signing below, the client confirms that she, freely and of her own will, chooses to labor and give birth out-of-hospital. The client understands that, although her safety and that of the baby is always the midwife's priority, absolute safety cannot be guaranteed. Client understands that risk is a part of life, including childbearing, regardless of the location of labor and delivery.

Client understands that:

1. Certain risks may be greater in the hospital setting such as unwanted interventions and/or interference with the normal birth process which could lead to unnecessary surgery, hospital-acquired infections, drug/anesthetic reactions, medication errors, and other potentially avoidable complications.
2. Certain risks may be greater in the out-of-hospital setting such as less access to certain treatments and a delay in emergent treatment in the event of rare, but potentially life-threatening circumstances such as severe fetal distress, cord prolapse, placental abruption, uterine rupture, or other possible emergent surgical need.
3. Complications, including emergencies, may be unforeseen and can suddenly arise which may present a hazard to herself and her child.
4. Although the midwife has emergency management training and carries equipment for resuscitation and other emergencies, some complications are best handled in a hospital setting where additional personnel, equipment, diagnostic services, and therapeutic measures are available.
5. Grace & Glory Midwifery does not carry professional malpractice insurance.

Midwife's responsibilities include:

1. Keeping lines of communication open.
2. Nurturing a relationship of mutual trust and respect.
3. Providing the best care possible according to our guidelines and our best knowledge and judgment.
4. Being honest about our experience and comfort level in dealing with arising situations.
5. Giving information and informed consent.
6. Referring client or consulting when necessary.
7. Being reasonably available.

Client's responsibilities include:

1. Responsibility for the consequences of the decision to have a planned out-of-hospital birth.
2. Keeping lines of communication open.
3. Nurturing a relationship of mutual trust and respect.
4. Staying as healthy as possible, following the guidance and suggestions of the midwife.
5. Having confidence in her body's ability to birth her baby. This is not something the midwife can do for her. She must commit herself.
6. Being flexible about appointment days and times, especially when the midwife travels to her. Other babies will come on their own schedules, and the midwife's family has needs too.
7. Paying the midwife in a timely manner and honoring the pre-arranged financial agreement. This shows the midwife that she is respected, and that the client values her time and services.

### **Transport/Transfer Agreement**

If, at any time, the midwife advises that the situation requires consultation, referral or hospital transfer, the client and her partner consent to an emergent or non-emergent transport at the client's discretion, admission to an appropriate medical facility, and transfer of care to the receiving physician/personnel.

### **Insurance Coverage**

The client is responsible for payment to her midwife and may then obtain reimbursement from her insurance company. We do not deal directly with insurance companies and clients are responsible for filing their own claim for reimbursement. If the client's insurance company does not fully cover the charge or does not reimburse according to her expectations, the client is still responsible for the full fee.

By signing below, the client and her partner confirm that they have read and understood the content of this form. They have considered all available birth options and freely choose to have Renée Rojas, CPM and Grace & Glory Midwifery Services at the birth of their child at home. It is the client's right and responsibility to ask questions if she does not fully understand any aspect of the care she has chosen to receive. It is the client's right and responsibility to seek medical or hospital care if at any time she is concerned about her well-being or that of her baby.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Partner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Printed Name

\_\_\_\_\_  
Renée E. Rojas, CPM

\_\_\_\_\_  
Date

# *Grace & Glory Midwifery Services*

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## **Financial Commitment**

I consider it a special experience to assist in the birth of your child. It is also a demanding commitment to provide quality midwifery services. I am usually on call 24 hours a day, 7 days a week, all year long. When on call but personally unavailable, I am paying a backup midwife to cover for me. In order to provide personal, experienced and knowledgeable care, it is essential that the cost of my work as well as all of the associated equipment and business costs are paid for. This agreement between us covers your financial commitment to pay the cost of the care I provide.

My service fee varies depending on your need. This fee includes prenatal care, home visits, labs, attendance at your birth, an assistant, phone consultations, newborn screening, and postpartum visits. It can also include childbirth education classes and a doula if you choose. You will be responsible for the cost of supplies, ultrasounds, Rhogam (if you are Rh-), and any CNM, physician, or hospital care needed. There are no additional facility fees or hidden charges. I pay my assistant or apprentice as is appropriate, but if you feel they do a good job, a tip or small gift to them is always welcome. If your situation becomes higher risk (i.e., twins, breech etc.), there will be additional fees to cover additional caregivers and costs.

The cost for services includes a \$400.00 non-refundable retainer to secure your place in my practice. If you choose to leave my practice for any reason before 36 weeks, this retainer plus the cost per visit provided up to that point cannot be refunded. Missed visits will also be billed at \$150.00 unless rescheduled beforehand and in a timely manner.

The full fee for services is due by your 40<sup>th</sup> week of pregnancy and you can set up a payment plan that works best for you. Any payment after this date must be agreed to in advance. I recommend making a payment at each prenatal visit – the average prenatal care consists of about 6-10 prenatal visits over 6-7 months of pregnancy. If you have any unforeseen financial issue, please contact me as soon as possible.

If transport to the hospital becomes necessary, I will continue to provide care personally if able. I often work harder for clients with transports than for those that birth at home. I will do my best to ensure that you have the safest birth possible, wherever that needs to take place. Please remember that the cost of the care provided is not determined by where the birth takes place and a birth outside of the home does not entitle you to a refund.

If I am unable to attend your birth due to attending another birth, illness, injury, distance or other cause, every effort will be made to arrange for a backup midwife. Attendance by a backup midwife will be considered equivalent to having me attend your birth. If I am unable to attend your birth through no fault of my own (rapid labor, failure to notify me of labor, weather conditions, etc.) the cost of care is still due.

If your birth plans change during the last trimester, but before 36 weeks, refunds may be given for payments made in excess of the value of care already provided, at my discretion. If your birth plans change after 36 weeks, either by necessity or by choice, the full fee is due.

If you decide, by necessity or choice, to leave my care and have a hospital birth, I am available to provide supplementary services or postpartum care as you may request. I am always available for questions by phone, before or after the birth.

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## Fees for Home Birth

My hope and desire is to make my services affordable for all who wish to birth at home with me as their care provider, and I would never want someone to look back at their birth experience with regret that they weren't able to have a home birth because of finances. That being said, there are a lot of costs involved in keeping and maintaining my practice as described in the *Financial Commitment*, which makes it necessary to require a set amount from each family desiring to have a home birth. Therefore, I try to be as reasonable and as flexible as I can regarding individual payment amounts and the length of time it may take you to finish paying your bill. I do, however, expect you to be faithful to your commitment of timely payments and at least to communicate if circumstances prevent you from making full payments at the agreed-to times. I also try to offer a sliding scale if I am serving families that have financial need and am willing to consider a fair trade for services (can be up to half of the bill).

My mother, Kathy Rojas, who has delivered 14 children (13 at home!), is also a well-trained and very skilled doula. She has been in birth work for over 40 years and was the one that inspired me to begin my midwifery journey. She offers her services as a birth doula for those that need or desire one, as well as childbirth education classes for first time parents, or a simpler refresher course for anyone interested.

### Basic Midwifery Package

**\$5000.00**

This is the basic fee which includes prenatal care, home visits, GBS test, attendance at your birth, an assistant, phone consultations, newborn screening, and postpartum visits

### Childbirth Education

**\$200.00**

Childbirth education is a must-have for clients that have never given birth previously, though experienced parents are also welcome!

### Birth Doula

**\$1000.00**

An approved birth doula is *required* if this is your first unmedicated childbirth (**\$1000**). You are not required to use our services if you have hired your own doula with the required experience. If you've had a previous vaginal birth and would still like to use the services of a doula, the fee drops to (**\$500**).

**\$500.00**

### Basic Photography (*not professional!*)

**Free**

**Yes No**

This includes any pictures/videos taken at your birth, a few *basic* edits if needed, placed on a thumb drive, and given to you by your 6-week visit.

### Discount Applied

Previously discussed and agreed upon

### Total Amount Owed

Payable to Grace & Glory Midwifery Services or Renee Rojas by date agreed upon in the *Individual Financial Commitment*

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## **Individual Financial Agreement**

We agree to pay \$ \_\_\_\_\_, per month, to Grace & Glory Midwifery Services towards the midwifery care to be provided during pregnancy and for the birth of our child with the first payment due: \_\_\_\_\_ . Paid in full by: \_\_\_\_\_ .

Agreed Payment Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We have read the above information and understand our financial responsibilities. We understand that Grace & Glory Midwifery relies on our timely payments to cover their costs and provide care. If any agreed upon payment is not made on time a \$25.00 missed payment fee will be applied. Client and Partner are together and each individually responsible for all amounts owed. If collection of any outstanding balance becomes necessary, we will pay the cost of collection including court costs and attorney fees. Any dispute arising out of this agreement must be submitted to mediation prior to filing suit with the cost of mediation shared between the parties.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Printed Name

\_\_\_\_\_  
Partner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Printed Name

\_\_\_\_\_  
Renée E. Rojas, CPM

\_\_\_\_\_  
Date

# Medical History

## Grace & Glory Midwifery Services

This form is to be filled out by the mother. Please answer all questions to the best of your ability. The information you provide will help us give you better care.

Today's date: \_\_\_\_\_

### Basic Information

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Preferred name: \_\_\_\_\_ Birth date: \_\_\_\_\_ State/country of birth: \_\_\_\_\_

Social security number: \_\_\_\_\_ Are you married? \_\_\_\_\_ Nationality: \_\_\_\_\_

Are you of Hispanic origin? \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Religion: \_\_\_\_\_ Highest level of education: \_\_\_\_\_ Degrees: \_\_\_\_\_

Do you have a living will? \_\_\_\_\_ Are you an organ donor? \_\_\_\_\_ Email: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Is your address within city limits? \_\_\_\_\_ Who referred you to our services? \_\_\_\_\_

Is there any route you would like us NOT to contact you for reminders or follow-ups? Y / N \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Payment type: \_\_\_\_\_ (cash/check) Do you receive WIC? \_\_\_\_\_ Are you eligible for Medicaid? \_\_\_\_\_

### Current Pregnancy

Last normal period: \_\_\_\_\_ Conception date if known: \_\_\_\_\_ Ovulation date: \_\_\_\_\_

Have you heard baby's heartbeat? When? \_\_\_\_\_ Have you felt your baby move? When? \_\_\_\_\_

Planned delivery site: \_\_\_\_\_ Pre-pregnancy weight: \_\_\_\_\_ Baby's gender (if known): \_\_\_\_\_

Baby's name (if known): \_\_\_\_\_ Pediatrician name and phone #: \_\_\_\_\_

How do you feel about this pregnancy? \_\_\_\_\_

How does the baby's father feel? \_\_\_\_\_

Have you had any prenatal care before now? \_\_\_\_\_ Name of provider: \_\_\_\_\_ How many visits have

you received from other provider? \_\_\_\_\_ When was your first visit? \_\_\_\_\_ Last visit: \_\_\_\_\_

Have you had any emotional or sexual problems with your marriage while pregnant? \_\_\_\_\_

What are your main reasons for wanting to have this baby at home? \_\_\_\_\_

How does baby's father feel? \_\_\_\_\_

Are any of your family or friends very against you having your baby at home? \_\_\_\_\_

Having your baby at home is no guarantee that things will go perfectly. If you are a low risk woman, the chance of unpredictable complications is low. However, if such a complication should occur, you or your baby may be at greater risk if you are not in the hospital. Do you have any particular concerns about complications and how they might be handled?

If we felt that complications were arising, how would you feel about transporting to the hospital? \_\_\_\_\_

Who do you plan to have at your birth? \_\_\_\_\_

Do you plan to breastfeed? How long? \_\_\_\_\_ Do you plan to circumcise your baby if it is a boy? Why or why not? \_\_\_\_\_

What do you see as the duties of your midwives? Is there anything in particular that you want us to do or not to do? \_\_\_\_\_

How do you heat your home? \_\_\_\_\_ If you do not have a phone, how close is the nearest available phone? \_\_\_\_\_ Is your water safe to drink? \_\_\_\_\_ How do you feel about gaining weight in pregnancy? \_\_\_\_\_ Have you ever had any problems with eating too much or not enough (anorexia/bulimia)? \_\_\_\_\_

Have you had any birth classes? When and where? \_\_\_\_\_

Are you interested in having a water birth? \_\_\_\_\_ Would you like more information? \_\_\_\_\_ Do you have plans for your placenta? \_\_\_\_\_ Do you have any other birth or postpartum preferences? \_\_\_\_\_

Is there anything unusual we need to know about your home or pets? \_\_\_\_\_

Do you have WiFi in your home? \_\_\_\_\_ What is your WiFi password? \_\_\_\_\_

Will a GPS take us to your home or are there any other special directions that we need to know? \_\_\_\_\_

Have you had any of the following problems during *this pregnancy*?

Abdominal/pelvic pain	Backache	Bleeding gums	Constipation	Depression
Diarrhea	Dizziness	Fever	Headache	Hemorrhoids
Indigestion	Infections	Leg Cramps	Loneliness	Nausea
Relationship issues	Rash	Swelling	Urinary complaint	Vaginal bleeding
Vaginal discharge	Vomiting	Varicose veins	Work problems	Other

Please describe any problems and indicate when they began and when they resolved if not current: \_\_\_\_\_

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Have you been exposed to any of the following during *this pregnancy*?

Abuse	Alcohol	Caffeine	Cats	Chickenpox
Cocaine	Fifth's disease	Fumes/Sprays	Herbs	Marijuana
Measles	OTC drugs	Prescription drugs	Street drugs	Tobacco
Trauma	Ultrasound	Vaccinations	Viruses	Vitamins
X-rays	Other			

Comments: \_\_\_\_\_  
\_\_\_\_\_

### Your Mother's History

How many times was your mother pregnant? \_\_\_\_\_ How many live births did she have? \_\_\_\_\_ How many miscarriages did she have (if any)? \_\_\_\_\_ What were her labors like? Were her babies late or early? Did she have any significant complications? \_\_\_\_\_

What was your birth weight? \_\_\_\_\_ Were you breastfed? How long? \_\_\_\_\_

### Father of Baby

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Is his address the same as yours? \_\_\_\_\_ Can we share your medical information with baby's father? \_\_\_\_\_

Are you married to baby's father? \_\_\_\_\_ Social security number: \_\_\_\_\_

State/Country of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Is baby's father of Hispanic origin? \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Religion: \_\_\_\_\_

Highest level of education: \_\_\_\_\_ Degrees: \_\_\_\_\_ Blood type: \_\_\_\_\_ Birth weight: \_\_\_\_\_

### Father of Baby's History

Has the baby's father ever had any of these conditions?

Alcohol/Drug Abuse      Severe Emotional Problems      STD      Tobacco Use      Urethritis

Other medical conditions: \_\_\_\_\_  
\_\_\_\_\_

### Genetic History

Have either you or the baby's father ever had a baby with birth defects? Y/N \_\_\_\_\_

Did you or father of baby have a birth defect yourself? Y/N \_\_\_\_\_

Does the father of baby have a history of pregnancy losses with another partner (miscarriages or stillbirths)? Y/N \_\_\_\_\_

Have either of you had genetic counseling or chromosomal studies? Y/N \_\_\_\_\_

Are you or father of baby of Jewish ancestry? Y/N \_\_\_\_\_ Are you or father of baby black? Y/N \_\_\_\_\_

Will you be 35 or older when baby is born? Y/N \_\_\_\_\_ Will father of baby be 50 or older when baby is born? Y/N \_\_\_\_\_

Do you have any objections to receiving blood or blood products? Y/N \_\_\_\_\_

Have you or father of baby ever had hepatitis or jaundice? Y/N \_\_\_\_\_ Have  
you or father of baby ever done illegal drugs? Y/N \_\_\_\_\_  
Have you or father of baby ever had a blood transfusion? Y/N \_\_\_\_\_ Have  
you ever been told you use alcohol or drugs excessively? Y/N \_\_\_\_\_ Do you  
feel you are at increased risk of AIDS/HIV or hepatitis because of history or profession? Y/N \_\_\_\_\_

### Past Pregnancies

Please record all previous pregnancies and births. Put an \* before miscarriages/abortions. Include baby's name, date of birth or miscarriage/abortion (month/year), weeks' gestation, length of labor, weight, and where birth occurred. Add any other complications, pregnancies, and notes to back as needed. Please also indicate if each child is still living.

Baby's name	Birth date	Gestation	Length of labor	Baby's weight	Place of birth
1. _____					
Complications _____					
2. _____					
Complications _____					
3. _____					
Complications _____					
4. _____					
Complications _____					
5. _____					
Complications _____					
6. _____					
Complications _____					
7. _____					
Complications _____					
8. _____					
Complications _____					
9. _____					
Complications _____					

## Your Family History

Has anyone in your immediate family or father of baby had these conditions?

Alcohol/drug abuse	Blood clots	Cancer	Congenital abnormalities	Diabetes
Heart disease	High blood pressure	Strokes	Mental illness	Thyroid disease
Twins	Down's syndrome	Other		

Please add descriptions and family members and indicate when they began and when they resolved if not current: \_\_\_\_\_

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## Your Health

Your height: \_\_\_\_\_ Blood type: \_\_\_\_\_ Have you received Rhogam with previous pregnancies? \_\_\_\_\_

Have you *ever* had any of these conditions:

Abuse	Aching joints	Anemia	Anorexia/Bulimia	Asthma
Bladder infections	Blood in stool	Bowel problems	Chicken Pox	Chronic renal disease
Colitis	Dental problems	Depression	Diabetes	Ear/hearing problems
Eating disorder	Eye/vision problems	Fractures	Gall bladder problems	Heart problems
Hemorrhages	Hemorrhoids	Hepatitis	High blood pressure	HIV antibody positive
Hospitalizations	Hypoglycemia	Kidney infections	Liver problems	Pelvic/back injuries
Rheumatic fever	Seizures	Severe headaches	Skin disorders	Severe emotional prob
Stomach problems	Suicide attempt	Thrombophilia	Thyroid problems	Toxic exposure
Tuberculosis	Ulcers	Urethral dilation	Varicose veins	Other medical condition

Please add descriptions and indicate when they began and when they resolved if not current: \_\_\_\_\_

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Have you had any surgeries? \_\_\_\_\_ List all surgeries: \_\_\_\_\_

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Have you ever had any other serious injuries or broken bones? \_\_\_\_\_

Have you ever experienced difficulty with anesthesia? \_\_\_\_\_

Have you ever had a blood transfusion? \_\_\_\_\_ Have you ever had preterm labor? \_\_\_\_\_

Are you currently under the care of any other health practitioner? \_\_\_\_\_

## Medications

What medications or supplements are you currently taking? Please list:

Medication/supplement	Date started	Dose	Frequency	Reason
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have any drug allergies? \_\_\_\_\_

Do you have any food allergies? \_\_\_\_\_

Do you have any allergies or reactions to latex? \_\_\_\_\_ Have you had Rubella (German measles)? \_\_\_\_\_

Did you receive immunization (shots) as a child? \_\_\_\_\_ Do you smoke? \_\_\_\_\_ Does anyone else in your home smoke anything? \_\_\_\_\_ Do they go outside to smoke? \_\_\_\_\_ Do you have a cat litter box in your home? \_\_\_\_\_

## Life Style

Do you regularly consume any of the following?

Alcohol	Black tea	Caffeinated soda	Coffee	Energy drinks
Green tea	Herbs	Non-prescription vitamins	Tobacco	None

How would you describe your normal diet? \_\_\_\_\_

How many cups of water do you drink daily? \_\_\_\_\_ How do you exercise and how often? \_\_\_\_\_

What is your current stress level? High, medium or low? \_\_\_\_\_ What is your typical stress level? \_\_\_\_\_

Source of stress: \_\_\_\_\_ Are you being abused? \_\_\_\_\_ Do you have a history of being abused? \_\_\_\_\_

Do you feel unsafe? \_\_\_\_\_ Have you ever been forced to have sex, or been hurt in your private areas as a child or an adult? \_\_\_\_\_ Is this something we should talk about later or privately? \_\_\_\_\_

## Gynecologic History

Age of first period: \_\_\_\_\_ Number of periods per year: \_\_\_\_\_ How many days (from the start of one to the start of the next), is your cycle? \_\_\_\_\_ How many days of bleeding do you usually have? \_\_\_\_\_ Is your flow light, medium or heavy? \_\_\_\_\_ Do you have bleeding between periods? \_\_\_\_\_ Do you have irregular periods? \_\_\_\_\_

Do you have painful periods? \_\_\_\_\_ When was your last pap smear? \_\_\_\_\_ Have you ever had an abnormal pap smear? \_\_\_\_\_ Have you ever had a mammogram? \_\_\_\_\_ Have you ever had a breast exam? \_\_\_\_\_ When was your last breast exam? \_\_\_\_\_ Was it normal? \_\_\_\_\_

**Sexual History**

How old were you when you first had intercourse? \_\_\_\_\_ Total number of partners: \_\_\_\_\_ Are you currently monogamous? \_\_\_\_\_ Do you have pain during intercourse? \_\_\_\_\_

Have you ever used birth control? \_\_\_\_\_ Recent birth control used: \_\_\_\_\_ Other types of birth control used in the past: \_\_\_\_\_ Any complications? \_\_\_\_\_

Have you ever had any of the following conditions?

- |                    |                     |                 |                   |                |
|--------------------|---------------------|-----------------|-------------------|----------------|
| Abnormal bleeding  | Bacterial vaginosis | Breast lumps    | Breast surgery    | Cervical polyp |
| Cervical surgery   | Cervicitis          | Chlamydia       | Condyloma (warts) | Endometriosis  |
| Fibroids           | Gardnerella         | Genital herpes  | Genital sores     | Gonorrhea      |
| HPV – leep or cryo | Infertility         | Oral herpes     | Ovarian cysts     | PID            |
| Syphillis          | Trichomonas         | Uterine surgery | Yeast infection   | Other          |

Please describe any problems and indicate when they began and when they resolved if not current: \_\_\_\_\_

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## *Birth Certificate Worksheet*

Mother's **full** name: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Pre-pregnancy weight: \_\_\_\_\_

Current address: \_\_\_\_\_

Is your address within city limits? \_\_\_\_\_ What county do you live in? \_\_\_\_\_

When did you move into your current house? \_\_\_\_\_ month \_\_\_\_\_ year

Mailing address (if different): \_\_\_\_\_

Were you employed in the last year? \_\_\_\_\_ Occupation: \_\_\_\_\_

Kind of business or industry: \_\_\_\_\_ Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

During your pregnancy, did you: Smoke? \_\_\_\_\_ Drink alcohol? \_\_\_\_\_ Receive WIC? \_\_\_\_\_

Receive vaccines? \_\_\_\_\_ If yes, which ones/when: \_\_\_\_\_

Number of previous *live* births: \_\_\_\_\_ Number of losses (miscarriage/abortion): \_\_\_\_\_

Date of last live birth: \_\_\_\_\_ Date of last loss: \_\_\_\_\_

Did you receive prenatal care from any other provider this pregnancy? \_\_\_\_\_

If yes, how many visits: \_\_\_\_\_ First visit: \_\_\_\_\_

Father's **full** name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Was father of baby employed in the last year? \_\_\_\_\_ Occupation: \_\_\_\_\_

Kind of business or industry: \_\_\_\_\_ Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

# *Nutrition Profile*

Please record **EVERYTHING** you eat or drink for 3 days. Include approximate amounts as much as possible. Please do not try to eat extra well for this sheet – it is meant to truly help you check your own diet and see where you might need more of some foods.

Breakfast	Breakfast	Breakfast
Snack	Snack	Snack
Lunch/Dinner	Lunch/Dinner	Lunch/Dinner
Snack	Snack	Snack
Dinner / Supper	Dinner / Supper	Dinner / Supper
Snack	Snack	Snack