TERM
Telemedicine-toward Empowering Rural Moms

Maternal Health Plan

ID #

PROVIDER

AGE

GESTATIONAL WEEK

CURRENT WEIGHT

WEIGHT GAIN

LAST BP

FUNDAL HEIGHT

CURRENT MEDS

URINE DIP TEST RESULTS

FETAL HEART TONES

TERM Visit Schedule		
Week	**Clinical Visit with OBP**	**Home Visit**
28*		
29		
30		
31		
32		
33*		
34		
35*		
36		
37*		
38		
39		
40*		
Postpartum Home Visit		
Postpartum Clinical		
Postpartum	**Support Group (ongoing)**	

PHYSICAL

Strengths

Risk Factors

PSYCHO-SOCIAL

Strengths

Risk Factors

*identifying social support

Goals

POSTNATAL

DELIVERY (VAGINAL OR CESAREAN)

COMPLICATIONS

INFANT WEIGHT

POST BIRTH CONTRACEPTION

BREASTFEEDING YES NO

Closing Interception Plan