

Early Childhood Services Reference Guide for Nursing Practice
Multnomah County Health Department

Introduction to the Guides

The following guides are intended as a reference to assist community health nurses in conducting prenatal, postpartum, and infant (age birth -1 year) visits in the home. As new knowledge is acquired and health practices change, this information will be reviewed and revised. Understanding that the needs and situation of each client are different, the community health nurse (CHN) and client may decide which content or issues they prioritize on any visit. The postpartum guide is focused on the postpartum woman and is separate from a newborn guide. Because community health nurses most often assess the mother-infant dyad, the separation may feel unnatural in places.

Each guide is divided into four sections: Environmental/Basic needs; Psychosocial; Physiological; Health Related Behaviors. The “Desired Outcome/Within Defined Limits/Goals” column represents optimal health goals and outcomes. The “Sample Questions/Framing/*Objective Assessment Data*” column isn’t meant to be prescriptive or an exhaustive assessment; rather, it is a suggested beginning or prompt. The ability of the community health nurse and the client to develop a therapeutic relationship that is founded in trust is the key to successfully promoting health.

Throughout the guides, *The Oregon Prenatal and Newborn Resource Guide*, is referred to and is recommended as a teaching tool. The resource guide is available through the Oregon Department of Human Services, Office of Family Health and online at: <http://www.oregon.gov/DHS/ph/ofhs/handbook/docs/handbook.pdf>.



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Motivational Interviewing

Motivational interviewing is one set of techniques that successfully helps people tap into their natural change potential.

<p>Assess readiness to make change Use scaling questions (on a scale of 0 to 10) Ask forward, backwards, and future questions to get more details Use reflective listening and open-ended questions</p>	<p>OARS Open ended questions (“What worries you about your drug use?”) Affirming change talk (“You have done a great job reducing your risk of HIV by using condoms.”) Reflective listening Summarize change talk</p>
<p>FRAMES Feedback (“This is a difficult situation for you...”) Responsibility/Freedom of choice (“What you do here is your choice.”) Advice/Education (“Using condoms is one of the best ways to reduce your risk of HIV.”) Menu of options (“There are other things you can do as well, and we can talk about those options if you are interested.”) Empathy Self-efficacy (“You made changes before and I am confident that if you decide to do this, you will make it happen.”)</p>	<p>Evoking change talk What would be the good things about_____? What would you like your life to be like 5 years from now? What are the main reasons you see for making a change? What do you think you might do? What would you be willing to try? What do you want to happen? When else in your life have you made a significant change like this? How did you do it? What personal strengths do you have that will help you succeed?</p>

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Setting the Stage and Closing the Deal

The following sections, Setting the Stage and Closing the Deal, include suggested content for establishing a working relationship with new clients.

Setting the Stage:

Certain guiding principles are fundamental to a CHN’s work with a client. These principles are vital characteristics of the nurse/client relationship and should be openly addressed:

- Services to clients are contractual in nature, encompassing both client and nurse rights and responsibilities. The nurse works in partnership with the client.
- The client participates in the creation, evaluation and revision of the plan for services. Responsibility for outcomes is shared by the client and the nurse.
- Interventions are time-limited, serving as change agents at pivotal points in a client’s life. Services occur within a projected time frame, and the subject of closure is addressed at the initiation of services.

Core Content	Desired Outcome	Sample Questions/Framing/ <i>Objective assessment data</i>	Additional tools, Resources and Interventions/
Purpose of Home Visits <ul style="list-style-type: none"> • Establish client’s desire about pregnancy 	Client has opportunity to talk about pregnancy CHN understands client’s needs Client understands CHN services	“Is this a planned pregnancy?” “Do you plan to parent this child?” To help you and your baby have the best health possible. To help you meet your goals. To help you find family and community resources.	
<ul style="list-style-type: none"> • Visit Plan <ul style="list-style-type: none"> ○ Length ○ Content 		“The first visit will include a lot of questions and some paperwork. Not all of the visits will be like this.”	

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Core Content	Desired Outcome	Potential Questions/Framing/ <i>Objective assessment data</i>	Additional tools, resources and interventions
<ul style="list-style-type: none"> • Responsibilities of Nurse <ul style="list-style-type: none"> ○ Listen to your needs and concerns ○ Provide information and resources ○ Assist you in setting/meeting health and life goals ○ Contact you if need to cancel a visit ○ Report concerns of child abuse or neglect ○ Protect your health information • Responsibilities of Client <ul style="list-style-type: none"> ○ Be open to information and use what makes sense ○ Set your own goals ○ Decide who will be there during the visits. ○ Contact your home visitor if you need to cancel 	<p>A therapeutic and professional relationship</p> <p>An environment where the client feels safe to talk</p> <p>Clear communication between client and CHN</p>	<p>“What do you need help with?”</p> <p>“What would you like to talk about?”</p> <p>“In the first few visits I will be asking a lot of questions. You can decide if you do not want to answer any of them. “</p> <p>“Please let me know if there is something I do or say that you don’t like or is offensive to you. “</p> <p>“Your participation is voluntary and you may withdraw at any time if you feel the program is not meeting your needs.”</p>	
<ul style="list-style-type: none"> • Cultural Values/Beliefs 	<p>CHN aware of cultural values that affect health practices</p>	<p>“Do you have any cultural values or beliefs that you would like me to know about while I’m visiting you in your home?”</p>	

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Closing the Deal:

Core Content	Desired Outcome	Potential Questions/Framing/ <i>Additional objective data</i>	Additional tools, resources and interventions
Agreement/Contract for Services <ul style="list-style-type: none"> ○ HIPAA ○ Release of Information 	Client and CHN come to an agreement about plan and expectations	<p>“The Oregon Health Plan requires that I share my prenatal assessment with your medical provider, with your permission.”</p> <p>If not interested in home visits, “We won’t plan any visits, but if you change your mind, please call me.”</p>	
Goal Setting		<p>“Is there something specific you would like to work on?” “What are you hoping to get from our visits?”</p> <p>“Has anyone ever asked you about goals that you have for yourself?”</p> <p>“We’ve talked a lot about you and your pregnancy today. Tell me what you are thinking and how you would like to proceed.”</p>	<i>CHN can make suggestions about things to work on.</i>
Home Visit Plan <ul style="list-style-type: none"> ○ Time ○ Place 		<p>“What is the best way to contact you?”</p> <p>“Where should I call if I don’t find you at your number? Is it okay to leave messages at alternate phone numbers?”</p> <p>“How will you contact me if you have questions?”</p> <p>“How do you keep track of appointments?”</p> <p>“Is this a safe place to meet, or would you prefer someplace else?”</p>	

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Environmental/Basic Needs: Material resources and physical surroundings both inside and outside the living area, neighborhood, and broader community.

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I/Δ	Income	Adequate income for living expenses	“So that I might serve you better, tell me about how you are supporting yourself and/or who is supporting you.” “What concerns do you have about being able to get what you need for the baby?” <i>Collect Annual Income/Family Size information.</i>	
I/Δ	Community Resources • Food Stamps, Cash Assistance, SSI	Has culturally and linguistically appropriate information about community resources and services	“What services are you and your family using now or have you used in the past?” “What do you need to get by day to day that you don’t have now?” OR after identifying a need, “What do you know about or what have you heard about where to go for help with ____?”	2-1-1 is an easy-to-remember telephone number that helps connect people in need with the community resources available to help meet those needs. See also www.211info.org . See Oregon Prenatal and Newborn Resource Guide http://www.oregon.gov/DHS/ph/ch/newborn_resource_guide.shtml
I/Δ	• WIC		“Do you know about the WIC program?” “Are you participating in the WIC program?”	The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Call 503-988-3503 to schedule an appointment
I/Δ	• Childcare	Adequate childcare available	“Will you be returning to work or school?” “Are you planning to use day care at some point?”	See Oregon Prenatal and Newborn Resource Guide To Contact the CCR&R of Multnomah county, call 503-548-4400 or call toll free at 1-866-227-5529
I/Δ	• Provider/ Medical Home for Non-Pregnancy Care	Has Medical Home	“Where do you get your medical care?” “What is your provider’s name?” “What do you like about (clinic) and (provider)?”	

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I/Δ	<ul style="list-style-type: none"> Health Insurance 	Current Insurance Coverage	“Do you need health insurance coverage?” “How can I help?” “What questions can I answer?” <i>Record OHP number/SSN</i>	To schedule an appointment with an MCHD OHP eligibility specialist call 503.988.3333
I/Δ	Living Situation	Adequate, affordable, stable housing with no safety concerns	“Tell me about your family. Who do you live with, who is here and who is back in your native country?” “How long have you lived here?”	
I/Δ	<ul style="list-style-type: none"> Maintenance 	Home should be free of garbage, debris, human or animal waste	“What concerns do you have about the maintenance of your home?” “Do you have any concerns about mold or lead?” “Do you have any problems with rodents or insects?” What did you do when there was a problem or what have you tried already? <i>Identify client concerns and look for obvious hazards including mold, funny smells, and broken stairs.</i>	See Oregon Prenatal and Newborn Resource Guide Contact the MCHD Healthy Homes Program for more information about indoor air pollutants 503-988-4AIR or contact Healthy Homes at: HealthyHomes@co.multnomah.or.us.
I/Δ	<ul style="list-style-type: none"> Number of bedrooms/person 		“With whom do you live?” “Will the new baby change things?” “What have you planned for baby?”	
I/Δ	<ul style="list-style-type: none"> Food Safety <ul style="list-style-type: none"> Food Storage Food Prep 	Working refrigerator available Knowledge of appropriate food storage	“Does your refrigerator work properly?” “Do you have any trouble storing your food?” <i>Look for concerns such as food left out, no refrigerator.</i>	

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I/Δ	<ul style="list-style-type: none"> • Heating/Ventilation <ul style="list-style-type: none"> ○ Woodstove/Fireplace ○ Carbon monoxide detector/alarm 	<p>Adequate heat</p> <p>Heating and ventilation system with no evident hazards</p>	<p>“Is your woodstove/fireplace safe?”</p> <p>“When was the chimney last cleaned?”</p> <p>“Does the woodstove/fireplace set off the smoke alarm?”</p> <p>”Has the woodstove been inspected?”</p> <p><i>Look for hazards such as a woodstove without a door, fireplace without a screen. Location and safety of baseboard and space heaters.</i></p>	<p>Refer to energy assistance programs as needed.</p> <p>Refer to local fire department for free safety inspection.</p> <p>Landlord Legal Aid 503-224-4086</p> <p>City code enforcement</p> <p>Renter’s rights hotline 503-288-0130</p>
I/Δ	<ul style="list-style-type: none"> • Water/Sewer/Garbage 	<p>Running/Potable water</p>	<p>“Is the plumbing working okay?”</p> <p>“Do you have any concerns about your water, sewer, garbage?”</p>	<p>See Oregon Prenatal and Newborn Resource Guide</p>
I/Δ	<ul style="list-style-type: none"> • Phone 	<p>Telephone available</p>	<p>“Whose phone is it?” Cell/landline?</p> <p>“Is the phone usually with you?”</p>	<p>Oregon Telephone Assistance 1-800-848-4442</p>
I/Δ	<ul style="list-style-type: none"> • Pets in the Home <ul style="list-style-type: none"> ○ Cats ○ Birds ○ Reptiles ○ Dogs 	<p>Uses appropriate hand washing</p> <p>Understands toxoplasmosis risk and limits exposure</p>	<p>“Are there pets in the home?”</p> <p>“What kinds of pets are there?”</p> <p>“Are they up-to-date on their vaccines?”</p> <p>“Who changes the litter box?”</p> <p><i>If there are cats, clients can ask provider about toxoplasmosis antibody testing.</i></p> <p>If acquired during pregnancy, there is an increased risk of miscarriage, stillbirth, intrauterine growth retardation and/or severe congenital infection in the infant.</p> <p><i>Infants always supervised around pets.</i></p>	<p>Salmonellosis is found in the feces of many kinds of animals, including dogs, cats, turtles, lizards and chickens.</p> <p>See CDC</p> <p>Exposure to toxoplasmosis can occur while cleaning cat litter boxes.</p> <p>See CDC</p>
M	<ul style="list-style-type: none"> • Household smoking Rules 	<p>No smoking allowed anywhere inside home or vehicle</p>	<p>“What do you know about tobacco exposure? What are the rules you have about smoking?”</p>	<p>See Oregon Prenatal and Newborn Resource Guide</p> <p>See March of Dimes</p>

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		Understands health consequences of second-hand smoke exposure		http://www.marchofdimes.com/professionals/14332.asp Oregon Tobacco Quit Line (800) QUIT-NOW or (877) 270-STOP

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I/Δ H M	<ul style="list-style-type: none"> • Exposure to Toxins <ul style="list-style-type: none"> ○ Lead ○ Pesticides and other household chemicals\ ○ Household plants ○ Asbestos 	<p>Understands the dangers of lead poisoning and precautions are taken</p> <p>Avoids pesticide and dangerous household chemical use</p>	<p>“What do you know or what have you heard about lead exposure?”</p> <p>“When was your home built?”</p> <p>“Do you use any home remedies?”</p> <p>“Do you use pottery for cooking or eating?”</p> <p>“What kind of cleaning products do you use at work or home?” “Do you use any personal protective equipment when cleaning?”</p>	<p>See Oregon Prenatal and Newborn Resource Guide</p> <p>Poison Center 1-800-222-1222 MCHD Lead Line 503-988-4000</p> <p>Lead is found in paint, dust and soil in homes built before 1978. Lead can also be found in household plumbing, home remedies, ceramics or pottery, and certain hobbies or jobs.</p> <p>See CDC Lead</p> <p>http://www.atsdr.cdc.gov/tfacts13.html</p> <p>Asbestos used around fireplaces or wood stoves or as siding should be removed if possible or at minimum maintained outdoors and covered indoors.</p> <p>See CDC http://www.atsdr.cdc.gov/asbestos/</p> <p>Many household chemicals such as cleaning and gardening supplies are toxic. See the Oregon Environmental Council website http://www.oeconline.org/ for a green</p>

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				cleaning guide and other information about toxins. Houseplant safety. See CDC website http://www.cdc.gov/nasd/docs/d001201-d001300/d001226/d001226.html
I	Injury Risk/Prevention	Has appropriate knowledge to prevent injury	“Has anyone in your family experienced an injury? What did you do?” <i>Look for obvious hazards such as tripping hazards</i>	
I/Δ	<ul style="list-style-type: none"> Fire Prevention 	Smoke Alarms are installed properly and are functional.	“Tell me about your smoke alarm. How much does it annoy you?” (<i>What I’m getting it at is: Is it working? Beeping? Do they know where it is?</i>) “Do you have a smoke alarm?” “Do you know how it works?” “When was the battery last checked/changed?”	See Oregon Prenatal and Newborn Resource Guide
I	<ul style="list-style-type: none"> Emergency Preparedness 	Family has emergency plan. Emergency numbers available including poison control	“Have you ever experienced a natural disaster? Tell me about that. What did you do? How will you prepare your family, for example, in the event of earthquakes, fire or family violence?” “What do you remember from the commercials/brochures/announcements that you’ve seen or heard?” “Do you have a list of phone numbers for important contacts?”	See the MCHD pocket guide to Emergency Preparedness Life-Threatening Medical Emergencies, call 911 Poison Center 1-800-222-1222 Portland Women’s Crisis Line 1-888-235-5333
I/Δ	<ul style="list-style-type: none"> Guns 	Understands the risks of having guns in the house with children Guns unloaded and locked up, ammunition stored and locked separately	“Do you know someone who owns a gun or firearm?” “What do you do to keep weapons and firearms in your home stored safely?”	Gun safety information from the AAP: See AAP http://www.aap.org/sections/scan/practicingsafety/Modules/Safety/Safety.pdf

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	<ul style="list-style-type: none"> Water safety 	<p>Home water temperature set for < or = to 120 degrees F.</p> <p>Knowledge of appropriate hot tub use</p>	<p>“Do you have any concerns about the water temperature in your home?”</p> <p>“Do you know how to adjust the temperature on your water heater?”</p> <p>“Do you use a hot tub?”</p>	<p>More information regarding water safety: See AAP http://www.aap.org/family/homewatr.htm</p> <p>Hot tub use: See March of Dimes http://search.marchofdimes.com/cgi-bin/MsmGo.exe?grab_id=6&page_id=15794432&query=hot+tubs&hiword=hot+tubs</p>
I/Δ	<ul style="list-style-type: none"> Seat Belts 	Wears seat belt 100% of the time	“How often do you wear a seat belt when you are in the car?”	
I/Δ	<ul style="list-style-type: none"> Car Seats 	<p>Understands car seat safety</p> <p>Infant and children have and use appropriate car seats 100% of the time</p>	<p>“What have you heard about car seats for children, especially newborns?”</p> <p>“How have you seen them used/misused?”</p> <p><i>Infants under one year always ride rear-facing in the back seat. Never place an infant seat in front of an air bag.</i></p>	<p>See Oregon Prenatal and Newborn Resource Guide</p> <p>See http://www.childsafetyseat.org for information and list of car seat clinics.</p> <p>ECS car seat number 503-988-4600</p> <p>See Oregon Law http://www.leg.state.or.us/ors/811.html</p>
I/Δ	<ul style="list-style-type: none"> Neighborhood/Workplace safety 	<p>Feels safe in home/neighborhood</p> <p>Has knowledge of workplace safety</p> <p>Avoids potential hazards</p>	<p>“How safe do you feel in your home/neighborhood?” (scaling question)</p> <p>“Are you aware of any hazards in your workplace?”</p>	<p>For more information on workplace hazards: See March of Dimes http://search.marchofdimes.com/cgi-bin/MsmGo.exe?grab_id=6&page_id=12910592&query=workplace+safety&hiword=WORKPLACES+workplace</p>
I/Δ	Transportation	Reliable transportation available/ accessed	“How do you get to where you need to go?”	<p>Medical transportation may be available through OHP.</p> <p>Public Transportation: www.trimet.org</p>

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Psychosocial: Patterns of behavior, emotion, communication, relationships, and development.

	Core Content	Desired Outcome Within Defined Limits/Goal	Potential Questions/Framing/ <i>Objective assessment data</i>	Additional tools, resources, and Interventions/Anticipatory Guidance
I/Δ	Maternal Role	Accepted pregnancy Makes positive statements about own ability to parent	“How do you feel about being pregnant?” How does your family feel or those around you feel about your pregnancy? Is there someone you can talk to about your feelings and concerns?” “How do you think your life will change when you have a baby?” Allowing the pregnant woman to dialogue about plans and feelings about the pregnancy and parenting plans supports positive pregnancy outcomes and early bonding.	Listening in a non-judgmental way allows for positive and negative feelings to emerge. Support the client in exploring feelings and begin to plan how to meet them.
	• Life Plans	Has plans with adequate supports in place	“Are you planning to return to work or school?” “How do you feel about your plans?”	Provide local school resources as needed or employment opportunities.
I/Δ	• Feelings about being pregnant		“Was this a planned pregnancy?” “How do you feel about being pregnant?” “What are your fears?” Is there someone you can talk to about your feelings and concerns? (scaling question)	
I/Δ	• Preparation for early parenting	Realistic expectations of baby care needs	“What experience with babies do you have?” “What do you need to get ready for the baby?” “Will you have any help at home in the first few weeks after the baby is born?” “Becoming a parent makes us think about how we were parented-what we want to replicate and what we want to do differently. What was your experience growing up and what do you want to do differently?”	

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I/Δ	Social Support	Client can identify, access, and is satisfied with social support system	Explore client’s perception of supports, and the presence or absence of support.	
I/ Δ	<ul style="list-style-type: none"> Partner 		“Is your partner the father of the baby?” “Are you married?” “How is the father of the baby involved?” “How does the father feel about the pregnancy?”	
I/Δ	<ul style="list-style-type: none"> Friends/Family 		“Who are your supports?” “How does your family or those around you feel about the pregnancy?” “Who do you call when you need help?” “What do you do for fun? How often do you see friends?”	
I/Δ	<ul style="list-style-type: none"> Labor Support 		“Who will be with you during labor?” Having someone chosen by the client to help advocate, support comfort needs and assist with language needs is helpful.	Consider referral doula for labor: http://www.birthingway.org/ http://www.motherebirth.com http://www.pdxdoulas.org/
I/Δ	<ul style="list-style-type: none"> Spirituality/Faith/Culture 	Current spiritual/faith/cultural needs met Spiritual/faith/cultural components of client approach to health and illness are understood and acknowledged	“Is spirituality/faith important to you?” “Do you have a faith-based community?” “Do you have a church?” “Are there any specific spiritual or cultural practices or restrictions that I should know about as I work with you?” (Anandarajah) “Are you concerned about any conflicts between your beliefs and your health situation, care or decisions?” (Anandarajah)	See: Anandarajah, G. & Hight, E. (2001). Spirituality and medical practice: Using the HOPE questions as a practical tool for spiritual assessment. <i>American Family Physician</i> 63(1): 81-88. See: Barnes, L., Plotnikoff, G., Fox, K., & Pendleton, S. (2000). Spirituality, religion, and pediatrics: Intersecting worlds of healing [Electronic version]. <i>Pediatrics</i> , 104(6), 899-908.

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I/Δ	<p>Family Violence</p> <ul style="list-style-type: none"> • History of Violence • Current Violence <ul style="list-style-type: none"> ○ Physical ○ Emotional ○ Sexual • Safety Plan or Safety Plan not needed 	<p>Screened for Family Violence (<i>screen prenatal, postpartum, with any significant change, and at least yearly</i>)</p> <p>Safety plan in place or not needed.</p>	<p>“Because violence is so common, I ask all of my clients if they have been exposed to violence.” “Does stress or anger in your home result in hitting, arguing, or hurting each other?” “Do you ever feel afraid of your partner or anyone you know?” “What do you know about keeping yourself and your baby safe when there is intense anger or violence happening?” “What have you heard about safety planning?”</p> <p>“Asking the question or dialogue about family violence is in itself an intervention.”</p>	<p>See MCHD Improving Response To Partner Violence-Health Care Resource Manual for additional information, resources, referral sources, safety planning guidelines www.mchealth.org/violprev National DV hotline: 1-800-799-SAFE Portland Women’s Crisis Line: 1-888-235-5333.</p>
I/Δ	Mental Health			
I/Δ	<ul style="list-style-type: none"> • Coping Skills <ul style="list-style-type: none"> ○ Self Assessed Stress Level ○ Stress Management ○ Anger Management 	<p>Is able to identify situations that cause stress</p> <p>Is able to identify successful coping strategies</p> <p>Is able to manage anger</p>	<p>“What are your biggest stresses right now?” “What helps you calm down when you are stressed?” “What do you do when you’re upset?” “Everyone gets angry sometimes. What do you and your partner do when you get angry? Some people yell, throw things, go for a walk, silent treatment, hit, push. What about you?”</p> <p><i>Consider impact of change in seasons, e.g. busy holiday season, etc. Possible indicator of client success: Progressively longer periods of calm and shorter periods of crisis</i></p>	<p>http://samsha.gov for more information re: coping skills Simply talking about coping strategies can improve mother and baby outcomes. Studies show that a few brief,, empathetic comments may improve a client’s experience dramatically. It is not about solving problems – it is about listening and offering caring advice such as: Lean on family and friends, ask for help Talk to a Health Care Professional Find a support group Focus on wellness, nutrition, exercise</p>
I/Δ	<ul style="list-style-type: none"> • Self Esteem 	<p>Verbalizes healthy self-image</p>	<p>(scaling question) i.e. “On a scale of 1-10 where 10 means you believe you can realize your dreams and 1 means you feel worthless, where do you see yourself?” “What would you like your life to be like in 5 years?”</p>	

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			“What do you feel are your strengths?” “What are you good at or what have others said you are good at?”	
	<ul style="list-style-type: none"> • Trauma/Loss/Grief <ul style="list-style-type: none"> ○ Loss of a family member ○ Childhood Abuse ○ Other (community violence, wars, accidents) 	Uses appropriate coping strategies to deal with trauma/loss/grief	“Have you ever been through something in your life that you would consider traumatic? How did this impact you?”	

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I/Δ	<ul style="list-style-type: none"> • History of Mental Illness <ul style="list-style-type: none"> ○ Personal or family history of depression, anxiety, bipolar disorder, eating disorders, PTSD, or OCD 	Client willing and able to access mental health services when necessary	“Have you ever been on any medications?” “Have you ever gone to counseling?” “Have you ever been hospitalized?” “Have you had problems with anorexia or bulimia or bingeing?” “Have you ever cut yourself?”	
I/Δ	<ul style="list-style-type: none"> • Maternal Depression. <ul style="list-style-type: none"> ○ Family History ○ Personal History ○ Sensitivity to hormonal change ○ Symptoms during pregnancy 	The client defines stressors as manageable and seeks social support Client aware of the signs and symptoms of perinatal depression	“How are you feeling emotionally?” “Are you feeling down?” “Are you or someone else concerned about your mental health?” “Do you know if your mom/sister/ aunt had any emotional problems during pregnancy or after giving birth?” Ask about puberty, PMS, hormonal birth control, pregnancy loss “It is OK to feel unhappy at times. I would like to know how you are feeling.” “Do you have any questions about your emotions?” “Many people feel (i.e. anxious in pregnancy). How is it for you?”	Use approved screening tool (TBA) See Oregon Prenatal and Newborn Resource Guide Multnomah County Crisis Line: 503-988-4888 Baby Blues 503-997-2843 www.babybluesconnection.org
I/Δ	<ul style="list-style-type: none"> • Suicide 	Open disclosure of thoughts around suicide Free of suicidal ideation	“Have you ever thought about or attempted suicide?” If yes, “Are you feeling that way now?” “Have you made plans to hurt yourself?”	If client has current thoughts with plans: contact the Multnomah County Crisis Line- (503)988-4888-they will coordinate a response. See MCHD Clinical Guidelines for more information. ICS.04.15

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	Core Content	Desired Outcome Within Defined Limits/Goal	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I/Δ	Cognitive Education Level Learning Problems <ul style="list-style-type: none"> • Literacy • Learning Style 	Client has access to information in an appropriate format based on education, literacy level, preference and cognitive ability.	“How far did you go in school?” “Did you have any problems in school?” “Did you take any special classes?” “Did you enjoy school?” “How are your reading skills?” “Do you like to read?” “How do you like to get information?” <i>Are they able to understand abstract information or concrete information only?</i>	Adjust teaching methods or content or delivery to client’s needs.

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Physiological: Functions and processes that maintain life.

	Core Content	Desired Outcome Within Defined Limits/Goal	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I/Δ	General Health <ul style="list-style-type: none"> • Review of Systems • General health • Immunizations • Medications • Allergies • Cardiovascular • Musculoskeletal • Digestive • Respiratory • Blood/Lymphatic • Endocrine • Neurological • Urinary • STI • Skin • Substance Use 	Client follows basic health practices including routine medical and dental care Up to date: all recommended vaccinations Able to manage medical health concerns Able to manage dental health concerns	“Do you have now or have you had in the past any health concerns?” (e.g. asthma, diabetes, pain) “What prescription and over-the-counter medications are you taking?” “Do you understand how to take your meds and the side effects?” “When was your last dental appointment?”	See Oregon DHS Prenatal and Newborn Resource Guide Immunization information included in the DHS guide for adults and newborn Safe and recommended during pregnancy: Td and Flu Not recommended during pregnancy: MMR and Varicella AGN.12.03 OTC Medications for Pregnant Women See Oregon Prenatal and Newborn Resource Guide
I/Δ	Pregnancy/Obstetric History <ul style="list-style-type: none"> • Gravida, Para, Term, Abortion, Living (GPTLA) • Pregnancy Loss • Cesarean births, inductions • Gestational Hypertension, Gestational Diabetes, Other pregnancy complications • Family history of genetic defects 		“Tell me about your other pregnancies.” “Did you have any complications during this pregnancy? During labor and delivery?” <i>Plans for this delivery/ rationale for c-section</i> “Has anyone in your family had a baby born with any problems?”	

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I/Δ	Current Pregnancy			
I/Δ	<ul style="list-style-type: none"> Estimated Date of Delivery (EDD) 	Client has understanding about the length of pregnancy and how it is calculated	<p>“When was the first day of your last menstrual period?”</p> <p>“Do you know how your provider decided on your due date?”</p>	<p>Due date is based on the date of the start of the last period (LMP). An average pregnancy is 38-42 weeks from the first day of the last normal menstrual period. If the last period is unknown or periods are irregular, due date will be based on the earliest ultrasound. Use pregnancy wheel for teaching.</p> <p>Naegele’s rule: Due Date = LMP + 9 months + 7 days</p>
q	<ul style="list-style-type: none"> Prenatal Care 	Receiving Prenatal Care	<p>“Who is your prenatal provider?”</p> <p>“When was your first prenatal appointment? When was your last appointment? When is your next appointment?”</p> <p>“Does your provider have any concerns about your pregnancy?”</p>	<p>Clinical guidelines for an uncomplicated pregnancy include: one visit every 4 weeks for the first 28 weeks; one visit every 2-3 weeks for 29-36 weeks; one visit every week from 37 weeks to delivery.</p> <p>See MCHD Prenatal Manual http://mints/Health/prenatal_manual/pdfs/prenatal_manual.pdf</p>
I/Δ	<ul style="list-style-type: none"> Common tests in pregnancy <ul style="list-style-type: none"> Initial Lab tests (Blood type, Rh factor, Hemoglobin/Hematocrit, Syphilis, Rubella, Hepatitis B, HIV, Urine culture) Ultrasound Quad Screen Amniocentesis/genetic screening/CVS GTT GBS 	<p>Hepatitis B Tested/F/U done</p> <p>HIV Tested/F/U</p> <p>Hemoglobin/Hematocrit are within normal range for pregnancy: Hematocrit ≥ 34 (first trimester) or ≥ 32 (second trimester or third trimester)</p>	<p>“Have you been told that your iron level is low/ you are anemic?”</p> <p>“Do you know and understand the results of your tests?”</p> <p><i>See box below (lab tests) for framing and information.</i></p>	<p>See MCHD Prenatal Manual http://mints/Health/prenatal_manual/pdfs/prenatal_manual.pdf</p> <p>Teach Maternal/Fetal HIV Transmission</p>

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2,3 q	<ul style="list-style-type: none"> Fetal movement Fetal Heart Tones 	Client reports fetal movement appropriate to stage of pregnancy	<p>“Have you felt your baby move today?” “Are there certain times of the day that your baby is more active?”</p> <p>Many women start to feel their babies move at about 20 weeks, although this varies. Some women feel it as early as 16 weeks or as late as 23 weeks. Women who have had a baby before and slender women usual feel fetal movement earlier. If not feeling movement by 22-23 weeks, call provider.</p> <p>Third trimester kick counts: A healthy baby will usually move 10 times in less than 2 hours. During the 9th month the baby’s movements will change as there is less room to move.</p>	<p>Most important to report is a change in pattern particular to the individual fetus. Beginning at 28 weeks gestation, women should be asked to count up to 10 fetal movements daily. Recommend beginning between 8 and 10 am after breakfast and report to prenatal care provider if they perceive less than 10 movements in 12 hours.</p> <p>See MCHD Prenatal Manual http://mints/Health/prenatal_manual/pdfs/prenatal_manual.pdf</p> <p>See MCHD Guidelines CHS 08.02 for information re: use of fetal Doppler on home visits. http://mints.co.multnomah.or.us/health/hdpolicy/chs/chs.08.02.pdf</p>
	<ul style="list-style-type: none"> Fetal Growth and Development 	Knowledge of fetal growth and development		

Lab Tests: Rh-negative women should receive an injection of Rhogam, typically around the 28th week of pregnancy, with a follow-up dose within 72 hours after birth if the baby is Rh-positive.

15-20 weeks: maternal serum multiple marker screening/quad screen test to evaluate the risk from chromosomal abnormalities and neural tube defects

18-20 weeks: ultrasound, may have earlier ultrasound to confirm due date

24-28 weeks: glucose testing for gestational diabetes (GTT)

35-37 weeks: group B streptococcus (GBS)

Depending on racial background and family history, genetic screening for Tay-Sachs, cystic fibrosis, thalassemia, or sickle-cell anemia may be recommended.

See [MCHD Clinical Guidelines](#)

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q	<ul style="list-style-type: none"> Blood pressure should be checked at each visit 	Blood pressure remains within healthy parameters for pregnancy	<p>Adolescents, women over the age of 35, first pregnancies and African American woman are among the risk groups.</p> <p><i>Blood pressure greater than or equal to 140/90 is suggestive of PIH.</i></p> <p><i>Other s/s: headaches, dizziness, other visual disturbance, drowsiness, weight gain greater than 2.5 pounds per week or 7 pounds in 4 weeks. .</i></p> <p><i>Be alert to danger signs and symptoms below.</i></p>	<p>See MCHD Prenatal Manual http://mints/Health/prenatal_manual/pdfs/prenatal_manual.pdf and http://www.marchofdimes.com/14332_1222.asp</p>
q	Discomforts/Body changes during pregnancy	Able to manage discomforts	<p>“What discomforts are you experiencing?”</p> <p>See box below (common discomforts of pregnancy)</p>	<p>Teach regarding managing discomforts and the difference between discomforts and danger signs.</p> <p>See MCHD Prenatal Manual http://mints/Health/prenatal_manual/pdfs/prenatal_manual.pdf</p>

Common Discomforts of pregnancy include: Breathlessness, Headache, GI changes (Heartburn, Constipation, Hemorrhoids, Gas), Back pain, Hip pain, Round Ligament/Groin pain, Pelvic Pressure. Leg cramps, Swelling of feet, Fatigue/Sleep Disturbances, Nausea and Vomiting, Breast Changes, Vaginal Secretions, Varicose Veins, Mood Changes, Skin Changes, Rashes, Urinary changes (Frequency, Leaking, Color/Clarity), Braxton-Hicks contractions.
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	Core Content	Desired Outcome Within Defined Limits/Goal	Sample Questions/Framing/Objective Assessment Data	Additional Tools, Resources, and Interventions/Anticipatory Guidance
q	<ul style="list-style-type: none"> Danger signs 	Client is aware of danger signs and knows how and when to contact provider	<p>Increased blood pressure and presence of danger signs may be suggestive of PIH.</p> <p>See box below (danger signs)</p>	<p>See Oregon Prenatal and Newborn Resource Guide</p> <p>See MCHD Clinical Guidelines</p>

Danger signs:

- Bleeding from the vagina (more than the small amount of blood tinged mucus that may pass after a vaginal exam or in early pregnancy).
- Sudden gush of fluid from the vagina (or continuous leaking).
- Severe or continuous headache (that doesn't go away with Tylenol); spots before your eyes; blurred or dim vision.
- Recurring or persistent pain (that doesn't go away with position change), especially in your upper abdomen or back.
- Chills/fever
- Persistent vomiting
- Rapid weight gain/severe swelling of hands, feet, face.
- Markedly decreased urination or pain and burning with urination
- Feeling that your baby is moving less than usual or is not moving at all.

See [MCHD Clinical Guidelines](#)

	<ul style="list-style-type: none"> Preterm Delivery 	<p>No apparent risk for preterm labor</p> <p>Aware of signs and symptoms of preterm labor</p>	<p>“What do you know about having a baby too early?”</p>	<p>Preterm labor occurs before 37 weeks of pregnancy. Risks for preterm labor include: history of preterm birth, current pregnancy has more than one fetus, known uterine and/or cervical abnormalities.</p> <p>See March of Dimes http://www.marchofdimes.com/professionals/14332.asp</p>
I/Δ	<ul style="list-style-type: none"> Childbirth Education 	<p>Knowledge of stages of labor</p> <p>Birth plans discussed</p>	<p>“What do you know about preparing for childbirth?”</p> <p>“Do you have a plan for CBE?”</p> <p>“Do you have a birth plan?”</p> <p>“Does your plan include how to get to hospital and who will care for your older children?”</p>	<p>Refer to MCHD CBE 503-988-5157</p>

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Health-Related Behaviors: Patterns of activity that maintain or promote wellness, promote recovery, and decrease the risk of disease.

	Core Content	Desired Outcome Within Defined Limits/Goal	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
	Maternal Nutrition	Supports healthy pregnancy		
q	<ul style="list-style-type: none"> • Weight gain <ul style="list-style-type: none"> ○ Pre-pregnant weight ○ Height ○ BMI ○ Body Image 	Weight gain follows normal curve for pregnancy Understands weight gain goal	<i>Assess wt initially and at every visit, may be reported clinic wt if recent.</i> “Does your doctor have any concerns about your weight gain?” “What did you weigh before you got pregnant?” “How much weight have you gained?” <i>Take into account: pre-pregnancy weight, height, age, usual eating patterns.</i> Very short stature: gain at lower end of their BMI range, young adolescents: gain at upper range of the recommended range for their BMI.	See: http://www.nhlbisupport.com/bmi/ for BMI calculator. Reference: PN weight gain grid

Goals for Total Gestational Weight Gain (GWG): Underweight (BMI <19.8): gain 28-40#, Normal (BMI 19.8-26): gain 25-35#, Overweight (BMI 26.1-28): gain 15-25#, Obese (BMI >28): gain 13-15#, Carrying twins-gain 35-45#, Carrying triplets-gain 50#
 (National Academy of Sciences: Institute of Medicine. Food and Nutrition Board. CDC. WHO. March of Dimes)

I/Δ	<ul style="list-style-type: none"> • Folic Acid/Prenatal Vitamins 	Taking prenatal vitamin with folic acid daily. Knowledge regarding the importance of folic acid.	“Is client taking PN vitamins or able to get them?” Folic acid supports normal neural tube development. Taking folic acid reduces incidence of neural tube defects like spina bifida.	Suggest ways to better tolerate prenatal vitamins. Suggest good sources of folic acid in food.
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All women of childbearing age should consume 400 micrograms folic acid/day.
 Pregnant women should get 600-800 mcg/day
 Women with previous NTD infant-4mg/day 1 month before pregnancy-3 months gestation
 (March of Dimes, F & N Board, NAS, IOM)

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I/Δ	<ul style="list-style-type: none"> • Food Safety Knowledge <ul style="list-style-type: none"> ○ Mercury in fish ○ Listeria risks ○ Pica 	Awareness and avoidance of risks	“Do you eat fish?” “What have you heard about eating fish during pregnancy?” “Are you experiencing any unusual cravings or wanting to eat non-food substances?”	Avoid fish like shark and swordfish. No more than 6 oz albacore tuna per week. See Oregon Prenatal and Newborn Resource Guide Avoid hot dogs, deli meats, raw seafood, soft cheeses, and unpasteurized milk products See CDC <u>http://www.cdc.gov/ncbddd/pregnancy_gateway/infection_list.htm</u>
I/Δ	<ul style="list-style-type: none"> • Healthy Eating <ul style="list-style-type: none"> ○ Nausea/vomiting ○ Concerns ○ Hydration ○ Cultural Norms ○ Daily diet 	Client is eating the food/nutrients recommended for pregnancy Understands the basics of a healthy diet Drinking to thirst	“When did you last eat?” “What did you last eat?” “How are you coping with nausea (morning sickness)?” “How much water do you drink?” “Do you have any cultural requirements or restrictions related to what you eat?” “Tell me about what others are saying to you about what to eat.”	Choose preferred foods at regular eating times, 3 meals and several snacks (small, more frequent meals may help with nausea). Morning sickness usually goes away after 1 st trimester. Persistent vomiting is a danger sign and reason to call provider. See March of Dimes <u>http://www.marchofdimes.com/professionals/14332.asp</u> For information re: increased calcium requirements during pregnancy.
I/Δ	Medication Use <ul style="list-style-type: none"> • Prescribed medications • OTC medications • Supplements 	Knowledge of safe medication use during pregnancy	“What medicines or supplements are you taking?” “Tell me about what others are saying about what to take.”	
I/Δ	Maternal Oral Health/Early Childhood Caries Prevention	Accessing dental care Knowledge of basic oral hygiene	“When did you last go to the dentist?” “How often do you brush/floss?” “What do you know about dental care during pregnancy?”” What do you need to access dental care and how can I help?”	See Oregon Prenatal and Newborn Resource Guide

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	Core Content	Desired Outcome Within Defined Limits/Goal	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I/Δ	<p>Breastfeeding</p> <ul style="list-style-type: none"> ○ Feeding plans ○ History of success or problems ○ Exposure to breastfeeding ○ Breasts/Nipples 	<p>Has plans for breastfeeding-- the client intends to exclusively breastfeed her infant</p> <p>Understands the benefits of breastfeeding/ risks of not breastfeeding to mother and baby</p> <p>Understands possible challenges and how to deal with them</p> <p>Social supports for breastfeeding are in place</p>	<p>“You have probably noticed some changes in your breasts as they get ready for your baby.”</p> <p>“Have you thought about how you will feed your baby?”</p> <p>“Do you have previous experiencing with breastfeeding?”” Did you have problems?”</p> <p>“Do you know anyone that has breastfed?”</p> <p>“Have you had any breast surgeries?” (augmentation, reduction, biopsies)</p> <p>“Have you noticed any changes in your breasts during this pregnancy?” (larger/ fuller, nipple/ areola darker, more veins visible)</p> <p>“May I share some interesting things we’ve learned recently about breastfeeding and breast milk?”</p> <p><i>see box for breastfeeding statement</i></p>	<p>See Oregon Prenatal and Newborn Resource Guide</p>

Human milk is the preferred feeding for all infants, including premature and sick newborns, with rare exceptions. Healthy infants should be placed and remain in direct skin-to-skin contact with their mothers immediately after delivery until the first feeding is accomplished.

Supplements (water, glucose water, formula, and other fluids) should not be given to breastfeeding newborn infants unless ordered by a physician when a medical indication exists.

Pacifier use is best avoided during the initiation of breastfeeding and used only after breastfeeding is well established.

During the early weeks of breastfeeding, mothers should be encouraged to have 8 to 12 feedings at the breast every 24 hours, offering the breast whenever the infant shows early signs of hunger such as increased alertness, physical activity, mouthing, or rooting

Exclusive breastfeeding is sufficient to support optimal growth and development for approximately the first 6 months of life. American Academy of

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I/Δ	Physical Activity/Exercise	Participates in regular physical activity Maintains safe level of activity Aware of the health benefits of exercise Limits screen time	“Do you exercise?” “What type?” “How often?” “How do you feel about exercising?” “What comes to mind with the word “exercise”?”	ACOG recommends that most pregnant women can work up to 30 minutes or more of moderate exercise on most, if not all, days. Do not exercise to exhaustion; if you can still talk while exercising, your heart rate is probably at an acceptable level. All pregnant women should check with a health care provider before starting or continuing exercise. Center of gravity can be altered, care should be taken to avoid falls. See March of Dimes http://www.marchofdimes.com/professionals/14332.asp See ACOG for suggestions to give to clients. http://www.acog.org/publications/patient_education/bp119.cfm
I/Δ	Alcohol Use/Substance Abuse ○ Alcohol ○ FAS ○ Drugs ○ Caffeine	No recent history of alcohol use Client does not use harmful substances Understands health consequences for self and baby	“Tell me about your drinking (or drug use) habits.” “How many drinks did you have in one week?” “Have you used drugs or alcohol during this pregnancy?” “Have you had a problem with drugs or alcohol in the past?” “Have you ever been in treatment?” “Does your partner have a problem with drugs or alcohol?” “Do you consider one of your parents to be an addict or alcoholic?” May I share some information about drinking alcohol during pregnancy? is that okay with you?	See Oregon Prenatal and Newborn Resource Guide No amount of alcohol is safe to drink during pregnancy. See March of Dimes for information re: caffeine in pregnancy http://www.marchofdimes.com/professionals/14332_1148.asp

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I/Δ	Tobacco Use	No history of smoking	5 A's: ASK all clients about their smoking status ADVISE smoking client to quit ASSESS willingness to make quit attempt within 30 days ASSIST client with quitting ARRANGE follow-up May I share some information about smoking during pregnancy? I'd like to share what the research shows about tobacco use during pregnancy—is that okay with you?	See March of Dimes http://www.marchofdimes.com/professionals/14332_1171.asp 5 A's screening tool
I/Δ	Women's Health <ul style="list-style-type: none"> ○ Basic reproductive knowledge ○ Family Planning (past, plans) ○ Knowledge of sexual changes in pregnancy ○ Sexual practices ○ Partner/Identification ○ Safer Sex ○ STI/HIV ○ Maternal/fetal HIV ○ Paps 	Has reproductive plan-- The client can articulate her plans for the future; number of and spacing of children. Has contraception plan Routine Paps and follow-up on any abnormal results Uses safer sexual practices	“What have you used in the past for birth control?” “What were you using before you got pregnant?” “What are your plans for birth control after this pregnancy?” “Do you have any questions about sex during pregnancy?” How long have you been with your partner?” Are you in a monogamous relationship?” “Is your partner the FOB?” “Have you and your partner discussed how many children you want to have and when?” “Do you know the term ‘safer sex?’” “What do you know about STDs? Have you ever had an STD?” “What are you doing now or what have you done in the past that you think may put you at risk for HIV infection?” “When was your last Pap?” “Have you ever had an abnormal Pap?”	See Oregon Prenatal and Newborn Resource Guide See http://www.plannedparenthood.org/health-topics/womens-health-4284.htm

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References:

Multnomah County Health Department Website: www.mchealth.org

Prenatal and Newborn Resource Guide for Oregon Families, Oregon Department of Human Services

Centers for Disease Control website: www.cdc.gov

March of Dimes website: www.marchofdimes.com

American Academy of Pediatrics website: www.aap.org

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National Academy of Sciences: Institute of Medicine, Food and Nutrition Board, CDC, WHO, March of Dimes.

March of Dimes, F&N Board, NAS, IOM.

American College of Obstetricians and Gynecologists (ACOG)

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Environmental/Basic Needs: Material resources and physical surroundings both inside and outside the living area, neighborhood, and broader community.

	Core Content	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I Δ	Income	Adequate income for living expenses	So that I might serve you better, tell me about how you are supporting yourself and/or who is supporting you. “What concerns to you have about being able to get what you need for the baby?” “Do you have enough food at home?” “Are you able to pay your rent/bills?” <i>Ask about monthly/ annual income.</i>	2-1-1 is an easy-to-remember telephone number that helps connect people in need with the community resources available to help meet those needs. See also www.211info.org .
I Δ	Newborn Supplies (diapers, thermometer, car seat, formula/bottles if not breastfeeding)	Adequate supplies to care for newborn	“Do you feel like you have everything you need to take care of the baby?” “What concerns to you have about being able to get what you need for the baby?”	
I Δ	Community Resources	Has culturally and linguistically appropriate information about community resources and services	“What services are you and your family using now or have you used in the past?” OR after identifying a need, “What do you know about or what have you heard about where to go for help with ____?”	2-1-1 is an easy-to-remember telephone number that helps connect people in need with the community resources available to help meet those needs. See also www.211info.org . See Oregon Prenatal and Newborn Resource Guide http://www.oregon.gov/DHS/ph/ch/newborn_resource_guide.shtml
I Δ	<ul style="list-style-type: none"> WIC 		“Do you know about the WIC program?” Are you participating in the WIC program? “Have you made an appointment for you and the baby?”	The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Call 503-988-3503 to schedule an appointment

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	Core Content	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/Objective Assessment Data	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I/Δ	<ul style="list-style-type: none"> Childcare 	<p>Knowledge of safe and appropriate childcare</p> <p>Adequate childcare available as needed</p>	<p>“What are your plans for childcare?”</p> <p>“How do you know if it is safe to leave your baby with someone?” “What are some things you might look for at the daycare to ensure safety for your baby?”</p>	<p>See Oregon Prenatal and Newborn Resource Guide</p> <p>To Contact the CCR&R of Multnomah county, call 503-548-4400 or call toll free at 1-866-227-5529</p>
I/Δ	<ul style="list-style-type: none"> Health Insurance 	<p>Current Insurance Coverage (Medical Home in Health Related Behaviors)</p>	<p>“Do you need health insurance coverage?” “How can I help?”</p> <p>“What questions can I answer?”</p> <p>“Have you re-applied for OHP?”</p>	<p>To schedule an appointment with an OHP eligibility specialist call 503.988.3333</p>
I/Δ	<ul style="list-style-type: none"> Food Stamps, Cash Assistance, SSI 			<p>Oregon SafeNet is a statewide toll-free health information and referral hotline. 1-800-SAFENET www.oregonsafenet.org</p> <p>See Oregon DHS Prenatal and Newborn Resource Guide</p>
I/Δ	<ul style="list-style-type: none"> Newborn Documents 	<p>Birth certificate and social security card obtained</p>		<p>See Oregon DHS Prenatal and Newborn Resource Guide Oregon Vital Records: 971-673-1155</p>
I/Δ	Living Situation	<p>Adequate, affordable, stable housing with no safety concerns</p>	<p>“Tell me about your family. Who do you live with, who is here and who is back in your native country?”</p> <p>“How long have you lived here?”</p>	
I/Δ	<ul style="list-style-type: none"> Maintenance 		<p>“What concerns do you have about the maintenance of your home?” “Do you have any problems with rodents or insects?” “What did you do when there was a problem or what have you tried .?”</p> <p><i>Identify client concerns and look for obvious hazards including mold, funny smells, broken stairs</i></p>	<p>See Oregon DHS Prenatal and Newborn Resource Guide</p>

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	Core Content	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I/Δ	<ul style="list-style-type: none"> • Number of bedrooms/person 		“With whom do you live?” “Do you feel that there is enough room for everyone and the baby?”	
I/Δ	<ul style="list-style-type: none"> • Food Safety/Storage <ul style="list-style-type: none"> ○ Formula Prep ○ Breast milk/Formula Storage 	Working refrigerator available Knowledge of correct formula prep Knowledge of appropriate breast milk/formula storage	“Is your refrigerator okay?” “Do you have any trouble storing your food?” <i>Look for concerns such as food left out, no refrigerator</i>	6m foods to avoid due to choking and potential harm: honey, cow’s milk, berries, uncooked vegetables with peel, egg whites, citrus 6m/8m finger foods 8m: 3 meals, 2-3 snacks/d, choking hazards
	<ul style="list-style-type: none"> • Heating/Ventilation <ul style="list-style-type: none"> ○ Woodstove/Fireplace ○ Carbon monoxide detector/alarm 	Adequate heat	“Is your woodstove/fireplace safe?” “When was the chimney last cleaned?” “Does the woodstove/fireplace set off the smoke alarm?” <i>Look for hazards such as a woodstove without a door.</i>	Refer to energy assistance programs as needed. Refer to local fire department for free safety inspection. Landlord Legal Aid 503-224-4086 City code enforcement Renter’s rights hotline 503-288-0130
	Water/Sewer/Garbage	Running/Potable water	“Is the plumbing working okay?” “Do you have any concerns about your water, sewer, and garbage?”	See Oregon Prenatal and Newborn Resource Guide
	<ul style="list-style-type: none"> • Phone 	Telephone available	“Whose phone is it?” cell or landline? “Is the phone usually with you?”	Oregon Telephone Assistance Program 1-800-848-4442, 503-373-7171

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I/Δ	<ul style="list-style-type: none"> Household Smoking Rules 	<p>No smoking allowed anywhere inside home or vehicle Understands health consequences of second-hand smoke exposure</p>	<p>Who in the family/home smokes?" What do you know about babies exposed to tobacco smoke? What are the rules you have about smoking? "Do you have practices that help to prevent exposure to second-hand smoke?" "What are some things you do to keep your baby from being exposed to smoke?"</p>	<p>See Oregon Prenatal and Newborn Resource Guide See March of Dimes http://www.marchofdimes.com/professionals/14332.asp Oregon Tobacco Quit Line (800) QUIT-NOW or (877) 270-STOP Consider concept of smoking jacket</p>
Core Content		Desired Outcome Within Defined Limits/Goals	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/Objective Assessment Data
I/Δ	<ul style="list-style-type: none"> Exposure to Toxins <ul style="list-style-type: none"> Lead Pesticides and other household chemicals\ Household plants Asbestos 	<p>Understands the dangers of lead poisoning and precautions are taken</p> <p>Avoids pesticide and dangerous household chemical use</p>	<p>"Do you use any home remedies?" "Do you use pottery for cooking or eating?" "What kind of cleaning products do you use at work or home" "Was your house built after 1978?" "Was a lead screen done?" "Where do you store your cleaning supplies?" "What do you know about lead exposure in children?"</p>	<p>Water should run until it is cold for drinking, cooking, and making baby formula.</p> <p>See Oregon Prenatal and Newborn Resource Guide</p> <p>Poison Center 1-800-222-1222 MCHD Lead Line 503-988-4000 Lead is found in paint, dust and soil in homes built before 1978. Lead can also be found in household plumbing, home remedies, ceramics or pottery, and certain hobbies or jobs. See CDC http://www.atsdr.cdc.gov/tfacts13.html</p> <p>Asbestos used around fireplaces or wood stoves or as siding should be removed if possible or at minimum maintained outdoors and covered indoors. See CDC http://www.atsdr.cdc.gov/asbestos/</p>

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				<p>Many household chemicals such as cleaning and gardening supplies are toxic. See the Oregon Environmental Council website for a green cleaning guide and other information about toxins.</p> <p>Houseplant safety. See CDC website http://www.cdc.gov/nasd/docs/d001201-d001300/d001226/d001226.html</p>
	Core Content	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/ Objective Assessment Data	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I/ Δ	Injury Risk/Prevention	Has appropriate knowledge to prevent injury	<p>“Has anyone in your family experienced an injury? What did you do?”</p> <p><i>Look for obvious hazards such as tripping hazards.</i></p>	<p>American Red Cross may offer scholarships for CPR/First Aid training</p> <p>911/Poison Control/police non-emergency</p>
I/ Δ	<ul style="list-style-type: none"> • Fire Prevention 	Smoke Alarms are installed properly and are functional.	<p>“Tell me about your smoke alarm. How much does it annoy you?” (<i>e.g. Is it working? Beeping? Does client know where it is?</i>)</p> <p>“Do you have a smoke alarm?” “Do you know how it works?” “When was the battery last checked/changed?”</p>	See Oregon Prenatal and Newborn Resource Guide
I/ Δ	<ul style="list-style-type: none"> • Safe Sleeping <ul style="list-style-type: none"> ○ SIDS ○ Co-Sleeping safety 	<p>Parent has knowledge about SIDS</p> <p>Takes precautions to prevent SIDS</p>	<p>“Where does your baby sleep?”</p> <p>“What do you know about SIDS/crib death?”</p> <p>“What do you do to keep your baby safe in bed with you?”</p> <p><i>Assess sleep area for obvious hazards. Sleep area should be free of soft toys, extra blankets, and pillows. Slats of a crib should be less than 2 3/8“ apart. Baby should sleep on back. Sheets should fit snugly to mattress.</i></p>	<p>SIDS prevention video</p> <p>Back to Sleep handout</p> <p>4m rolling over, risk of falls</p> <p>8m rails up and sturdy as baby pulls to stand</p> <p>http://www.aap.org/healthtopics/Sleep.cfm</p>

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I/ Δ	<ul style="list-style-type: none"> • Home Safety <ul style="list-style-type: none"> ○ Fall hazards (changing table, couches, beds) ○ Hot liquids ○ Water heater ○ Cords for window coverings ○ Windows secured against falls 	<p>Infant protected from hazards</p> <p>Water heater set at <or = to 120 degrees F.</p>	<p>“Have you started thinking about baby-proofing your home?”</p> <p>“What are some things you’ve done to keep your baby safe in your home?”</p> <p>“What are some things you might change later on?”</p>	<p>MCHD Safety checklist- development-based</p> <p>Newborn: Use safety belts on baby equip, one hand on baby when changing diaper</p> <p>2m: bath safety, plastic bags</p> <p>4m: no walkers, no hot liquids& cigs nearby</p> <p>object choking prevention</p> <p>6m: barriers @ heaters/gates, moving hazardous chemicals out of reach, outlet plugs; never leave unattended in high chair</p> <p>8m: tablecloths out of reach, window guards</p>
I/ Δ	<ul style="list-style-type: none"> • Shaken Baby Syndrome 	<p>Parent knows dangers of shaking a baby</p> <p>Parent has plan for dealing with crying</p>	<p>“What will you do when your baby’s crying is really getting to you?”</p>	<p>See the Period of Purple Crying pamphlet and DVD for more information.</p>

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	<ul style="list-style-type: none"> Protective Parenting Behaviors 	Parent understands role as protector	<p>“How do you know if you can trust someone to care for your baby?”</p> <p>“What are the things you are doing to keep your baby safe?”</p>	
	Core Content	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I/ Δ	<ul style="list-style-type: none"> Pets in the Home 	<p>Infant always supervised around pets.</p> <p>Uses appropriate hand washing</p>	<p>“Are there pets in the home?”</p> <p>“What kinds of pets are there?”</p> <p>“Are they up-to-date on their vaccines?”</p> <p><i>Infants always supervised around pets.</i></p>	
I/ Δ	<ul style="list-style-type: none"> Guns 	<p>Understands risks of having guns in house</p> <p>Guns unloaded and locked up, ammunition stored and locked separately</p>	<p>“Is there a gun in the house?”</p> <p>“What do you do to keep weapons and firearms in your home safe?”</p>	<p>Gun safety information from the AAP: See AAP http://www.aap.org/sections/scan/practicingsafety/Modules/Safety/Safety.pdf</p>
I/ Δ	<ul style="list-style-type: none"> Emergency Preparedness 	<p>Family has emergency plan.</p> <p>Emergency numbers available including poison control</p>	<p>“Have you ever experienced a natural disaster? Tell me about that. What did you do? How will you prepare your family, for example, in the event of earthquakes, fire or family violence?”</p> <p>“What do you remember from the</p>	<p>See the MCHD pocket guide to Emergency Preparedness</p> <p>Life-Threatening Medical Emergencies, call 911</p> <p>Poison Center 1-800-222-1222</p>

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			<p>commercials/brochures/announcements that you've seen or heard?"</p> <p>"Do you have a list of phone numbers for important contacts?"</p>	<p>Portland Women's Crisis Line 1-888-235-5333</p>
	Core Content	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I/ Δ	<ul style="list-style-type: none"> Car Seats 	<p>Understands car seat safety</p> <p>Infant uses appropriate car seat 100% of the time</p>	<p>"What have you heard about car seats for children, especially newborns?"</p> <p>"How have you seen them used/misused?"</p>	<p>See Oregon DHS Prenatal and Newborn Resource Guide</p> <p>Move to higher wt seat when ht & wt over limit on infant seat</p> <p>Infants ride in the middle of the back seat or to the side if there's an arm rest rear facing until one year old and 20 pounds. Never place an infant seat in front of an air bag.</p> <p>See http://www.childsafetyseat.org for information and list of car seat clinics.</p> <p>MCHD car seat number 503.988.4600.</p> <p>Limited vouchers available through MCHD staff for families based on need.</p>
I/ Δ	Transportation	Reliable transportation available/accessed	"How do you get to where you need to go?"	<p>Medical transportation may be available through OHP</p> <p>See: www.trimet.org for public transportation.</p>

Psychosocial: Patterns of behavior, emotion, communication, relationships, and development.

	Core Content	Desired Outcome Within Defined Limits/Goals	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/ <i>Objective Assessment Data</i>
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I / Δ	Parenting	Readiness for enhanced parenting —The parent demonstrates a pattern of providing an environment for the child that is sufficient to nurture growth and development and that can be strengthened	Cultural considerations: “In your country of origin, what might this period/time be like?” “Have you heard what things were like for your parents when you were a baby?”	Parenting classes/support groups VOA/CRN
	Core Content	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/ Objective Assessment Data	Additional Tools, Resources, and Interventions/Anticipatory Guidance
q	<ul style="list-style-type: none"> • Attachment 	<p>Newborn gives clear engagement and disengagement cues</p> <p>Newborn shows responsiveness to caregiver</p> <p>Parent responds appropriately to cues</p>	<p>“How does your baby let you know he/she needs something? Are your baby’s cues/signals easy to understand?”</p> <p>“Does your baby like to cuddle? Like to be held?”</p> <p>“Some parents feel like their babies have different cries. Tell me about your baby’s cries.”</p> <p><i>Observe for engagement cues such as mutual gaze, turning head to caregiver, parental palmar touch, and infant and caregiver respond appropriately to cues. Observe for disengagement cues such as back arching, gaze aversion, withdrawal from alert to sleep state, fussing, and spitting up.</i></p>	<p>Options can include: NCAST/HOME/Promoting 1st Relationships</p> <p>CHN models engagement with infant. CHN shows mother when infant displays cues and verbally comments prn.</p>
I / Δ	<ul style="list-style-type: none"> • Temperament 	<p>Parents understand idea of infant temperament</p> <p>Parents describe newborn temperament in a positive way.</p>	<p>“Do you feel your baby is more difficult to comfort or calm than most babies?”</p> <p>“What do you like best about your baby?”</p> <p>“What is the hardest thing about caring for your baby?” “How is your baby similar to you? How is your baby different from you?” “Is your baby’s personality like you expected it to be?”</p> <p>“How did you feel when you found out you were having a boy/girl?”</p>	<p>Have a dialogue-give real life examples of how people are different...”So are babies.”</p>

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	Core Content	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I / Δ	Social Support/Relationships	Appropriate role models and social support	“Who cares for the baby? Who helps you with the baby?” “Who else does the baby spend time with?” “How is the father of the baby involved?” “How are the baby’s brothers/sisters adjusting to the new baby?” “Do you have friends/family/church or other group that listen to you?” “Does your mother give you advice about the baby? What do you think about the advice?” “How does your family feel about the baby?” cultural considerations around support network	IRCO El Programa Hispano Impact NW Insights Teen Parents Friendly House Pórtland Parks and Recreation Indoor Park Library Programs
I / Δ	Family Violence <ul style="list-style-type: none"> • History of Violence • Current Violence <ul style="list-style-type: none"> ○ Physical ○ Emotional ○ Sexual Safety Plan or Safety Plan not needed	Screened for Family Violence (<i>screen prenatal, postpartum, with any significant change, and at least yearly</i>) Safety plan in place or not needed.	“Because violence is so common, I ask all of my clients if they have been exposed to violence.” “Does stress or anger in your home result in hitting, arguing, or hurting each other?” “Do you ever feel afraid of your partner or anyone you know?” “What do you know about keeping yourself and your baby safe when there is intense anger or violence happening?” “What have you heard about safety planning?” “Asking the question or dialogue about family violence is in itself an intervention.”	See MCHD Improving Response To Partner Violence-Health Care Resource Manual for additional information, resources, referral sources, safety planning guidelines www.mchealth.org/violprev National DV hotline: 1-800-799-SAFE Portland Women’s Crisis Line: 1-888-235-5333.

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Physiological: Functions and processes that maintain life.

	Core Content	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I	Pregnancy History <ul style="list-style-type: none"> • Complications of this pregnancy & PP period (if not seen before 2m PP) • Labor & Delivery 		“Was this a planned pregnancy?” “Tell me about your pregnancy.” “Tell me about your baby’s birth.” <i>Ask about baby’s APGAR score</i>	
q	Nutrition	Meets body requirements <1 mo: 120kcal/kg body wt. 1-6 mo: 108 k cal/kg body wt.	“How is your baby eating?” “What is your baby eating (anything besides breastmilk/formula)?” “How do you know when your baby is hungry?” “How do you know when your baby is full/finished with a feeding?” <i>Breastfeeding is recommended for at least the first year of life (to at least age one) and beyond as mutually desired by mother and child. Infants should breastfeed exclusively until age six months, when complementary foods are introduced.</i> <i>Observe feeding as possible.</i>	Good time to talk about size of baby’s stomach. Samples of sizes Guidelines for growing infant; introducing solids. How to feed your baby step by step. See NCAST feeding tool if trained.
	<ul style="list-style-type: none"> • Breast milk <ul style="list-style-type: none"> ○ Frequency ○ Duration 	NB-2mo: Baby nursing every 1-3 hours with a minimum of 8-12 feedings/24 hours May cluster feed 1 mo-1 year: Feedings per day will gradually decrease in frequency, increase in volume, linked with appropriate weight gain.	Do you have questions about breast feeding or your milk supply? # feedings/24 hours in the first year gradually decrease as size of stomach increases and with the introduction of complementary foods (after six months) Growth spurts commonly occur about	Videos Lactation consultant #s Nursing Mother’s Council 503-282-3338 Kellymom website www.Kellymom.com See AAP guidelines: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496

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			every 3 weeks in first 4 months and can cause an increase in feedings. Tooth eruption pain and illness can also cause increased frequency of feedings. Advise Mother that this is not an indication of decreased milk supply. Increased feedings will allow for increased supply to meet increased demand “a good thing.”	
	<ul style="list-style-type: none"> • Formula <ul style="list-style-type: none"> ○ Type of formula ○ Formula preparation ○ Frequency ○ Amount 	<p>NB-2mo: taking 2-4 ounces every 2-4 hours 6-8 feedings/24 hours</p> <p>1 mo-1 year: Feedings per day will gradually decrease in frequency, increase in volume, linked with appropriate weight gain.</p>	“How long does a can of formula last?”	<p>WIC</p> <p>Overfeeding & obesity prevention</p> <p>No bottle propping</p> <p>How to Feed your Baby Step by Step</p>
	Core Content	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/ Objective Assessment Data	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I/ Δ	<ul style="list-style-type: none"> • Growth <ul style="list-style-type: none"> ○ Weight ○ Length ○ Head Circumference 	<p>Weight for Length 10-90th percentile on growth grid, follows curve</p> <p>1)loss of no more than 10% of body wt w/in first wk 2)back to BW by age 2wks 3)dbl BW at 5m 4)triple BW 12m</p>	<p>“Are you concerned about your baby’s growth?”</p> <p><i>What was the infant’s BW, BL, BHC?</i></p> <p><i>Plot BW, BL, BHC and Plot current Wt., Length, HC on appropriate growth graph and evaluate percentile.</i></p> <p>Discuss Growth Graph with caregiver.</p>	<p>Measure head circumference at its greatest circumference, usually slightly above the eyebrows and around the occipital prominence. wt: weigh w/ clean, dry diaper x first year</p> <p>Preemie growth grid</p> <p>Down’s Syndrome growth grid: http://www.growthcharts.com/charts/DS/charts.htm</p> <p>“Weight-for-age and stature-for-age charts are available for use with boys and girls with Down syndrome (1 to 36 months, and</p>

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				2 to 18 years). Because weight gain is usually more rapid than height gain in some children with Down syndrome, overweight is common. It is important to remember that these charts reflect the growth of actual children, not ideal rates of growth. These charts were based on data from children with Down syndrome born between 1960 and 1986 and include children with congenital heart disease. These special charts are helpful in teaching parents about common patterns of growth for special populations, HOWEVER, regular growth grids should be used to assess weight for length or BMI for age.
q	Elimination	<p>1 wet diaper per day of age X 6 days At least 6 wet diapers/day after day 6.</p> <p>Breast fed baby may have BM every diaper change or skip 3-4 days between BM. Stools are yellow to golden, pasty in consistency. Formula fed baby 1-2 BM/day. Stools are pale yellow to light brown, firmer in consistency.</p> <p>No blood or mucous present in stool.</p>	<p>“Tell me about your baby’s poop.” “Any concerns?”</p> <p><i>Urine should be clear to light yellow; note any decreased volume- link to intake - note any dark/rusty color. (“brick dust”)</i> <i>For breastfed babies, brick dust in the 1st 2-3 days before mother’s milk is in is not uncommon, but after 3 days may be a sign of insufficient milk intake/dehydration.</i></p> <p><i>Passage of meconium should occur in the first 24-48 hours. Transitional stools appear by day 3 and appear greenish brown to yellowish brown. Milk stools usually appear by the fourth day. If infant not stooling or have meconium stools on day 4-5 feeding, medical evaluation needed</i></p>	<p>See diaper diary.</p> <p>Care of circumcision addressed under genitalia assessment</p>

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			<p><i>immediately.</i></p> <p><i>True constipation is rare in the exclusively breastfed baby. It is a variation of normal for some breastfed babies to have a decrease in the frequency of their stools after the first month of life. Some breastfed infants will poop only every 1-3 days or more. As long as the infant is comfortable and is gaining weight appropriately, this should be considered a variation of normal and should not be of concern.</i></p>	
	Sleep/Wake Pattern	NB sleeps 16- 20 hours/day. (Wakes to feed)	<p>“How is your baby sleeping?”</p> <p>“How is your baby sleeping at night/during the day?”</p> <p>“Where is your baby sleeping?”</p>	<p>Good time for infant states teaching.</p> <p>See also SIDS section.</p>
	Core Content	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/Objective Assessment Data	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I / Δ	Skin • Jaundice • Cord	<p>Clean and intact without lesions or excoriations</p> <p>Parents understand normal variations</p> <p>No Jaundice, or presence of jaundice is noted and referral made prn.</p> <p>Cord dry and healing, usually off by day 14</p>	<p><i>Observe for normal variations including: Mongolian spots, Milia, Telangiectasia nevi (stork bites), Hemangioma. Erythema toxicum (newborn rash), newborn acne. Note presence of eczema.</i></p> <p><i>Observe infant in natural day light. Assess for yellow discoloration of skin, mucous membrane, and sclera.</i></p> <p><i>Evaluate need for referral based on level of jaundice, age of child and feeding assessment.</i></p> <p>“Is there anything special about the way you/your family care for the cord?”</p> <p>“What were you told in the hospital re: cord care?”</p>	<p>Standing Order for treatment of diaper rash (also genitalia/rectum assessment)</p> <p>Teach regarding findings, normal variations, see newborn care for care of skin.</p> <p>Maternal risk factors include: Rh factor or ABO incompatibility, blood disease, drug abuse, diabetes, viral infection. Infant risk factors include: prematurity, low birthweight, feeding problems, race/ethnicity other than white.</p> <p>No longer need to clean with alcohol; keep clean and dry and free of diaper.</p>

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I/ Δ	Muscle tone	Head lag when pulled to sit Holds head perpendicular to floor when laid on stomach at 4 months of age Spontaneous movements smooth and symmetrical Equal muscle tone and resistance to opposing flexion	“Does your baby make any movements that worry you?” <i>Feel how the muscles react under your hands and how easy it is to move their arms, legs and heads.</i>	IMS & ASQ; Oregon’s Child HO; infant massage NB: floor time/ tummy time 4m: limit time spent in exersaucer, baby swing, high chair, car seat, etc.
I/ Δ	Reflexes	Infant reflexes present in newborn Infant reflexes or not present after 4 months	<i>Elicit and observe for suck, blink, root, extrusion, palmar, babinski, moro, startle, tonic neck, and stepping reflexes. Between 2 and 4 months, newborn reflexes present in the newborn period will begin to disappear or may appear less brisk. Reflexes should be absent by 4 months of age.</i>	See Babies First manual for description of reflexes. IMS evaluation for abnormal findings.
	Core Content	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/ Objective Assessment Data	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I/ Δ	Head	Head symmetrical Anterior fontanel present (closes 9-19 months) Posterior fontanel (may be closed at birth)	<i>Any concerns?</i>	
	• Eyes	NB- Ocular muscles developing, eyes may not track together. NB focuses best at 8-12 inches distance. Tracking 180 degrees by 4	<i>Observe eye position and placement. Note presence of epicanthal folds. Parents are often concerned about whether their infant can see. Infants can see at birth, although they do not have great muscular control and may</i>	ASQ/ Vision Screening InfantSEE referral @ 6m see website:www.infantsee.org

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		months	<i>appear uncoordinated or cross-eyed. Newborns up to around 2 months prefer contrast like black & white. Older Infants like bright colors and prefer faces over other shapes. Parents can encourage development by offering visual stimulation at increasingly longer distances over time, starting at about 8-12 inches in the newborn period.</i>	
	• Ears	Top of pinna on horizontal level with outer canthus of eye.	<p>“Did your baby have a newborn hearing screen in the hospital? Were you told of the results?”</p> <p><i>Inspect the external ear for unusual structure or markings. Variations may be normal but should be noted. Ask about newborn screen in hospital. Responds to loud noises? Parental concerns?</i></p>	See Babies First Hearing Screening
	• Nose	Nares open, no flaring Knows proper use of bulb syringe	<i>Observe size and shape of the nose. Observe external nares for flaring or discharge. parent concerns</i>	
	Core Content	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/ Objective Assessment Data	Additional Tools, Resources, and Interventions/Anticipatory Guidance
	• Mouth and Throat	Lips intact, pink Oral membranes are normally pink, firm, and moist Palate intact	<p><i>Observe movement of the tongue. Inability to stick tongue out past outer margin of lip may signify tongue tie.</i></p> <p><i>Thrush is characterized by white adherent patches on the tongue, palate, and inner aspects of the cheeks. Parent concerns?</i></p>	See Standing Orders for Tx thrush
I	Neck	Short, thick with skin folds	<i>Note torticollis. Parent concerns?</i>	

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I	Chest	Symmetrical, no retractions present	<i>Observe the chest for retractions. Parent concerns?</i>	
I	Lungs	Clear bilateral breath sounds and or 30-60 respirations/minute	<i>Observe the child for signs of respiratory difficulty (grunting, retractions, flaring of the nares). Parent concerns?</i>	CHN should use clinical judgment to decide whether or not direct auscultation of lungs/heart is necessary.
I	Heart	>80 beats/minute, regular rate, varies with activity level	<i>Observe for any signs of cyanosis. Parent concerns?</i>	Address any questions regarding PDA or murmur prn parent questions.
I	Abdomen	Abdomen symmetrical and soft	<i>Note presence of umbilical hernia. Parent concerns?</i>	
I	Genitalia	Parent understanding of variations of normal Female: swollen labia (subsides by day 8-14) Swollen breast buds Male: swollen scrotum, meatus at top of penis, testes in scrotum	<i>Parent concerns? Cultural/family plans regarding circumcision. Females may have swollen breast buds and may even see milk in normal findings. Females may have pseudo menses. About 3 of every 100 boys have undescended testes at birth. Most testes descend on their own within about 6 months. Boys born prematurely are much more likely to have the condition as are boys whose family members had undescended testes.</i>	Standing Order for treatment of diaper rash Discuss questions regarding circumcision; not covered by CareOregon, is considered cultural or cosmetic, no medical need. Per Pediatric lead provider at MCHD: Need to be < 13 lbs for an in-office procedure. OHSU Family Practice clinic \$250 up front 503-494-8573
	Core Content	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/Objective Assessment Data	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I	Back/Rectum	Spine intact, gently rounded without masses or prominent curves, patent anus	<i>Note presence of pilonidal cyst, dimple, hair. Parent concerns?</i>	
I	Extremities	10 fingers and toes, full ROM, symmetrical	<i>Parent concerns?</i>	

I/A = Cover initially and when clinically appropriate q = essential to cover every visit

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Temperature	98-100	<i>Parent concerns?</i>	CHN would only take temperature if concerns. Temperature of 100 or greater in first month indicate need for immediate evaluation by medical provider or Emergency Department.
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Health-Related Behaviors: Patterns of activity that maintain or promote wellness, promote recovery, and decrease the risk of disease.

	Core Content	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I / Δ	Health Management			
	<ul style="list-style-type: none"> Medical Home 	Has medical home Ability to advocate for child in health care system	“Where do you get your medical care?” “What is your provider’s name?” “How do you get a hold of your provider after hours?”	May be helpful to assist clients in keeping a list of providers (especially important for CaCoon kids)
	<ul style="list-style-type: none"> Well Child Care 	Up to date on well child care Parental understanding of importance of preventive health care	“Babies are seen by their doctor regularly during the first year even if they are not sick. What do you know about when to take baby to his/her appointments?”	Ask re Rx fluoride from PCP @ 6mWCC Review schedule of appointments in 1 st year.
	Core Content	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I / Δ	<ul style="list-style-type: none"> Oral Health 	Prevent dental caries	<i>Much has been learned about the causes of and prevention of dental caries prior to tooth eruption and after. Germs causing carries can be transferred from mom to baby on pacifiers and spoons, or if the care provider chews the food before offering it to the baby. Juices and sweet</i>	NB: wipe mouth/tongue after bottlefeeding/breastfeeding; avoid cleaning pacifiers in mouth Ask re fluoride Rx.; no sharing spoons. Share safe teething relief methods. 9m: Fluoride varnish application;

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			<i>drinks end up as acid that can erode enamel.</i>	introduction of toothbrush after eruption of first tooth. Wean from bottle by one year of age. 12m: Baby Day/dental referral; healthy snacks/water in cup while grazing; brush teeth twice a day. If still using bottle, offer water only. See MCHD Fluoride varnish policy CHS 07.08
I / Δ	<ul style="list-style-type: none"> Immunizations 	Up to date (all recommended vaccinations)		Immunization forecast sheet Check history on ALERT MCHD Immunizations Clinic 503.988.3828 CDC web site for current recommended immunization schedule www.cdc.gov
I	<ul style="list-style-type: none"> Newborn Metabolic Screenings 	Second PKU is completed in a timely manner.	Is the two week follow-up visit scheduled with the newborn's provider? The newborn screening panel of tests (including PKU) is done at birth and screens for many problems. It is very important to follow up with the 2 nd PKU at the two week doctor visit.	Provide anticipatory guidance regarding two week visit.

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	Core Content	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I	<ul style="list-style-type: none"> Known Health Issues 		<p>“Does your baby have any health issues?”</p>	
I	<ul style="list-style-type: none"> Medication 		<p>“Does your baby take any medication?” “How do you give your baby medicine?”</p>	
I / Δ	<ul style="list-style-type: none"> Parental knowledge of illness care/illness prevention 	<p>Parent can identify signs/symptoms of illness</p> <p>Parent knows when to call the provider</p> <p>Parent has appropriate sources for additional health related information</p>	<p>“Do you have a thermometer and do you know how to use it?”</p> <p>“How will you know when your baby is sick? Or needs to see a doctor?”</p> <p>“How will you know when your baby is dehydrated?”</p> <p>“How will you care for your baby if you think he/she has a cold?”</p> <p>“Have you felt like your baby was sick and how have you handled it?”</p> <p>“Where will you find more information if you have a question about your baby’s health?”</p> <p>“How do you protect your baby from illness?” (don’t take baby in crowds, hand-washing)</p> <p>“Are there any specific spiritual or cultural practices that you follow when a child is ill?”</p> <p>Newborn temperature regulation is immature; over-bundling may cause an inadvertent increase in temperature.</p>	<p>Symptoms of illness in a newborn include vomiting, diarrhea, cough and other signs of infection. Symptoms can also be subtle and include the following:</p> <p>Lethargy or sleeping excessively, a sudden change in feeding behavior, inability to sustain sucking or nursing, sweating during feedings, change in muscle tone, decreased activity or movement, change in color, fever over 100 F, low temperature less than 96.8 F, unusual crying, moaning, or grunting.</p> <p>Any increased temperature in infant < 3mo: refer to provider, check for over-bundling.</p> <p>URI management may include use of: humidifier/vaporizer, bulb syringe, medication (Tylenol/Ibuprofen), saline drops.</p> <p>No cough medicines under 4 years</p> <p>Alternative meds/tx/cultural remedies</p>

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	Core Content	Desired Outcome Within Defined Limits/Goals	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I	Newborn Care			
	<ul style="list-style-type: none"> • Skin care 	Parent has appropriate knowledge in caring for newborn skin	“What products (soap, lotion) are you using on the baby’s skin?” “What are you doing to prevent diaper rash?” “How are you caring for your baby’s circumcision?”	See Standing Order re treatment diaper rash Teach: Avoid Talcum powder as a precaution against respiratory inhalation.
	<ul style="list-style-type: none"> • Bathing 		“Where do you bath your baby?” “How often do you bath your baby?” Too frequent bathing can dry out skin, infants do not need lotions, if skin dry, may be over bathing.	Safety: Never leave baby alone in bath, check water temp, set home water temp to <120°F
	<ul style="list-style-type: none"> • Feeding 	Held enface Bottles never propped		
	<ul style="list-style-type: none"> • Handling 	Newborn head supported	<i>Observe handling of newborn.</i> “Does everybody in your house know that you need to support the newborn’s head at all times?”	Hand washing scrub for 30 seconds Hand sanitizers Hand on baby when changing diaper

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References:

Kozier, B., Erb, G., Berman, A., Snyder, S. Fundamentals of Nursing Concepts, Process, and Practice, 2004

Prenatal and Newborn Resource Guide for Oregon Families- Oregon Department of Human Services 2007

Bright Futures- www.brightfutures.aap.org

Merck Manual of Medical Information: <http://www.merck.com>

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Environmental/Basic Needs: Material resources and physical surroundings both inside and outside the living area, neighborhood, and broader community.

	Core Content	Desired Outcome Within Defined Limits/Goal	Sample Questions/Framing/ Objective Assessment Data	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I/Δ	Income	Adequate income for living expenses	“So that I might serve you better, tell me about how you are supporting yourself and/or who is supporting you.” “What concerns do you have about being able to get what you need for the baby?” <i>Collect Annual Income/Family Size information</i>	2-1-1 is an easy-to-remember telephone number that helps connect people in need with the community resources available to help meet those needs. See also www.211info.org .
I/Δ	Community Resources • Food Stamps, Cash Assistance, SSI, food bank	Has culturally and linguistically appropriate information about community resources and services	“What services are you and your family using now or have you used in the past?” “What do you need to get by day to day that you don’t have now?” OR after identifying a need, “What do you know about or what have you heard about where to go for help with ____?”	Oregon SafeNet is a statewide toll-free health information and referral hotline. 1-800-SAFENET www.oregonsafenet.org See Oregon DHS Prenatal and Newborn Resource Guide http://www.oregon.gov/DHS/ph/ch/newborn_resource_guide.shtml
	• WIC		“Do you know about the WIC program?” “Are you participating in the WIC program?”	The Special Supplemental Nutrition Program for Women, Infants, and Children - better known as the WIC Program. Call 503-988-3503 to schedule an appointment
	• Childcare	Adequate childcare available	“Will you be returning to work or school?” “Are you planning to use day care at some point?” What kinds of things would you look for to make sure your child was safe at the childcare center?”	See Oregon DHS Prenatal and Newborn Resource Guide
	• Provider/ Medical Home for Non-Pregnancy Care	Has medical home	“Where do you get your medical care?” “What is your provider’s name?” “What do you like about (clinic) and (provider)?”	
	• Health Insurance	Current Insurance Coverage	“Do you need health insurance coverage?” “How can I help?” “What questions can I answer?”	To schedule an appointment with an MCHD OHP eligibility specialist call 503.988.3333

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	Core Content	Desired Outcome Within Defined Limits/Goal	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
			<i>Record OHP number/SSN if available (SSN is helpful for identifying clients in EPIC)</i>	
I/Δ	Living Situation	Adequate, affordable, stable housing with no safety concerns	<p>“Tell me about your family. Who do you live with, who is here and who is back in your native country?”</p> <p>“How long have you lived here?”</p>	
	<ul style="list-style-type: none"> • Maintenance 		<p>“What concerns do you have about the maintenance of your home?”</p> <p>“Do you have any concerns about mold or lead?”</p> <p>“Do you have any problems with rodents or insects?”</p> <p>“What did you do when there was a problem or what have you tried already?”</p> <p><i>Identify client concerns and look for obvious hazards including mold, funny smells, and broken stairs.</i></p>	<p>See Oregon DHS Prenatal and Newborn Resource Guide</p> <p>Contact the MCHD Healthy Homes Program for more information about indoor air pollutants 503-988-4AIR or HealthyHomes@co.multnomah.or.us</p>
	<ul style="list-style-type: none"> • Number of bedrooms/person 		<p>“With whom do you live?”</p> <p>“Will the new baby change things?” “What have you planned for baby?”</p>	
	<ul style="list-style-type: none"> • Food Safety <ul style="list-style-type: none"> ○ Food Storage ○ Food Prep 	<p>Working refrigerator available</p> <p>Knowledge of appropriate food storage</p>	<p>“Does your refrigerator work properly?”</p> <p>“Do you have any trouble storing your food?”</p> <p><i>Look for concerns such as food left out, no refrigerator.</i></p>	

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	Core Content	Desired Outcome Within Defined Limits/Goal	Sample Questions/Framing/ Objective Assessment Data	Additional Tools, Resources, and Interventions/Anticipatory Guidance
	<ul style="list-style-type: none"> • Heating/Ventilation <ul style="list-style-type: none"> ○ Woodstove/Fireplace 	<p>Adequate heat</p> <p>Heating and ventilation system with no evident hazards</p>	<p>“Is your woodstove/fireplace safe?”</p> <p>“When was the chimney last cleaned?”</p> <p>“Does the woodstove/fireplace set off the smoke alarm?”</p> <p>”Has the woodstove been inspected?”</p> <p><i>Look for hazards such as a woodstove without a door, fireplace without a screen. Location and safety of baseboard and space heaters.</i></p>	<p>Refer to energy assistance programs as needed.</p> <p>Refer to local fire department for free safety inspection.</p> <p>Landlord Legal Aid 503-224-4086</p> <p>City code enforcement</p> <p>Renter’s rights hotline 503-288-0130</p>
	<ul style="list-style-type: none"> • Water/Sewer/ Garbage 	Running/Potable water	<p>“Is the plumbing working okay?”</p> <p>“Do you have any concerns about your water, sewer, garbage?”</p>	See Oregon Prenatal and Newborn Resource Guide
	<ul style="list-style-type: none"> • Phone 	Telephone available	<p>“Whose phone is it?” Cell/landline?</p> <p>“Is the phone usually with you?”</p>	Oregon Telephone Assistance Program 1-800-848-4442 or 503-373-7171
	<ul style="list-style-type: none"> • Household Smoking Rules 	<p>No smoking allowed anywhere inside home or vehicle</p> <p>Understands health consequences of second-hand smoke exposure</p>	<p>“Do you have practices that help to prevent exposure to second-hand smoke?”</p> <p>“What do you know about tobacco exposure? What are the rules you have about smoking?” “Does anyone smoke in the house?”</p>	<p>See Oregon Prenatal and Newborn Resource Guide</p> <p>See The March of Dimes website: http://www.marchofdimes.com/professionals/14332.asp</p> <p>Oregon Tobacco Quit Line (800) QUIT-NOW or (877) 270-STOP</p> <p>Suggest the concept of smoking jacket worn when smoking outside and removed to avoid infant inhalation of smoke from regular clothing.</p>
I/Δ	Injury Risk/Prevention	Has appropriate knowledge to prevent injury	<p>“Has anyone in your family experienced an injury? What did you do?”</p> <p><i>Look for obvious hazards such as tripping hazards</i></p>	

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	<ul style="list-style-type: none"> Guns 	<p>Understands risks of having guns in house</p> <p>Guns unloaded and locked up, ammunition stored and locked separately.</p>	<p>“Do you know someone who owns a gun or firearm?”</p> <p>“What do you do to keep weapons and firearms in your home stored safely?”</p>	<p>Gun safety information from the AAP: http://www.aap.org/sections/scan/practicingsafet/Modules/Safety/Safety.pdf</p>
	Core Content	Desired Outcome Within Defined Limits/Goal	Sample Questions/Framing/ Objective Assessment Data	Additional Tools, Resources, and Interventions/Anticipatory Guidance
	<ul style="list-style-type: none"> Fire Prevention 	<p>Smoke Alarms are installed properly and are functional.</p>	<p>“Tell me about your smoke alarm. How much does it annoy you?” (Is it working? Beeping? Do they know where it is?)</p> <p>“Do you have a smoke alarm?” “Do you know how it works?” “When was the battery last checked/changed?”</p>	<p>See Oregon DHS Prenatal and Newborn Resource Guide</p>
	<ul style="list-style-type: none"> Emergency Preparedness 	<p>Family emergency plan created and practiced</p> <p>Emergency numbers available including poison control</p>	<p>“Have you ever experienced a natural disaster? Tell me about that. What did you do? How will you prepare your family, for example, in the event of earthquakes, fire or family violence?” “What do you remember from the commercials/brochures/ announcements that you’ve seen or heard?”</p> <p>“Do you have a list of phone numbers for important contacts?”</p>	<p>See the MCHD pocket guide to Emergency Preparedness</p> <p>Life-Threatening Medical Emergencies, call 911</p> <p>Poison Center 1-800-222-1222</p> <p>Portland Women’s Crisis Line 1-888-235-5333</p>
	<ul style="list-style-type: none"> Seat Belts 	<p>Wears seat belt 100% of the time</p>	<p>“How often do you wear a seat belt when you are in the car?”</p>	
	<ul style="list-style-type: none"> Car Seats 	<p>Understands car seat safety</p> <p>Infant and children have and use appropriate car</p>	<p>What have you heard about car seats for children, especially newborns?”</p> <p>“How have you seen them used/misused?”</p> <p>Infants under one year always ride rear-</p>	<p>See Oregon Prenatal and Newborn Resource Guide</p> <p>See http://www.chilfsafetyseat.org for information and list of car seat clinics.</p> <p>ECS car seat number 503-988-4600</p>

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		seats 100% of the time	facing in the back seat. Never place an infant seat in front of an air bag.	Oregon Rules of the Road for Drivers: http://www.leg.state.or.us/ors/811.html
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	Core Content	Desired Outcome Within Defined Limits/Goal	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I/Δ	Neighborhood/ Workplace Safety	Feels safe in home/ neighborhood Has knowledge of workplace safety Avoids potential hazards	“How safe do you feel in your home/neighborhood?” (scaling question) “Are you aware of any hazards in your workplace?”	For more information on workplace hazards: See http://search.marchofdimes.com/cgi-bin/MsmGo.exe?grab_id=6&page_id=12910592&query=workplace+safety&hiword=WORKPLACE+workplace
I/Δ	Transportation	Reliable transportation available/accessed	“How do you get to where you need to go???”	Medical transportation may be available through OHP See: www.trimet.org for public transportation.

Psychosocial: Patterns of behavior, emotion, communication, relationships, and development.

	Core Content	Desired Outcome Within Defined Limits/Goal	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
I/Δ	Maternal Role	Makes positive statements about own ability to parent	“How was your delivery?” “How do you feel about being a new mom?” “How does your family or those around you feel about having a new baby in the house?” “Is there someone you can talk to about your feelings and concerns?”	Listening in a non-judgmental way allows for positive and negative feelings to emerge. Support the client in exploring feelings and begin to plan how to meet them

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			<p>“How has your life changed since you had the baby?”</p> <p>Allowing the new mom to dialogue about her labor, delivery and parenting supports attachment.</p>	
	<ul style="list-style-type: none"> Life Plans 	Has plans with adequate supports in place	<p>“Are you planning to return to work or school?”</p> <p>“How do you feel about your plans?”</p>	Provide local school resources as needed or employment opportunities.

	Core Content	Desired Outcome Within Defined Limits/Goal	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
q	<ul style="list-style-type: none"> Expectations for Infant <ul style="list-style-type: none"> Infant development knowledge 	<p>Understands normal developmental milestones</p> <p>Realistic expectations of baby care needs</p> <p>Realistic expectations of infant development and behavior</p>	<p><i>Pay attention to concerning statements such as “the baby doesn’t like me” or other rigid or unrealistic expectations of the child’s behavior.</i></p> <p>“What experience do you have with babies ?” “Who can you talk to about parenting issues?” “What would you do if you have changed, fed, burped the baby and she won’t stop crying? “ How long would you let her cry?” “Now that your baby is ___weeks/months old, what changes have you seen in him/her?”</p> <p>“When do you think your baby will crawl? Toilet train? When would you worry?”</p>	Period of Purple Crying pamphlet/DVD
q	<ul style="list-style-type: none"> Parenting style 	Expresses comfort and confidence with parenting knowledge and skills.	<p>“How do you feel about your parenting?”</p> <p>Some find it scary at first and others feel more confident. What about you?”</p> <p>“Tell me your concerns about being a parent?”</p> <p>“What are you enjoying most about having</p>	

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			<p>a new baby?”</p> <p>“What do you find the most difficult about having a new baby?”</p> <p>“Becoming a parent makes us think about how we were parented. What was your experience growing up and what do you want to do differently?”</p> <p>“Growing up, did your family have any traditions that were special to you?”</p> <p>“Do you have anyone in your life that you would like to parent like?”</p>	
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	Core Content	Desired Outcome Within Defined Limits/Goal	Sample Questions/Framing/ <i>Objective Assessment Data</i>	Additional Tools, Resources, and Interventions/Anticipatory Guidance
q	<ul style="list-style-type: none"> Maternal Bonding/Attachment Behaviors 	Client demonstrates Bonding/Attachment behaviors	<p>“What kind of things does your baby like and dislike?”</p> <p>“How does your baby let you know when he/she needs something?”</p> <p>“What kind of things do you like to do with your baby?”</p> <p>“Whom does your baby look like?”</p> <p><i>Observe maternal bonding behavior: talking or singing to infant; commenting on infant’s behavior; establishing eye contact; attempting to soothe baby when fussy; recognizing baby’s needs and attempting to meet them; asking questions re: infant care.</i></p>	<p>NCAST</p> <p>Observation Guide for Parental Behaviors</p> <p>Give anticipatory guidance about what to expect in the next month.</p> <p>Point out the infant’s early capabilities.</p> <p>Point out CHN observations about what the infant is doing to engage/disengage.</p> <p>Help the parents notice infant cues and interpret behavior</p>
I/Δ	Social Support	Client can identify, access and is satisfied with social support system		Explore client’s perception of supports, and the presence or absence of support.
	<ul style="list-style-type: none"> Partner 		“Is your partner the father of the baby?”	

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			<p>“Are you married?” “How is the father of the baby involved?” “How does the father feel about the pregnancy?”</p>	
	<ul style="list-style-type: none"> • Friends/Family 		<p>“Who are your supports?” “How does your family or those around you feel about the pregnancy?” “Who do you call when you need help?” “What do you do for fun? How often do you see friends?”</p>	
	<ul style="list-style-type: none"> • Spirituality/Faith 	<p>Current spiritual needs met</p> <p>Spiritual/faith/cultural components of client approach to health and illness are understood and acknowledged</p>	<p>“Is spirituality/faith important to you?” “Do you have a faith-based community?” “Do you have a church?” “Are there any specific spiritual or cultural practices or restrictions that I should know about as I work with you?” (Anandarajah) “Are you concerned about any conflicts between your beliefs and your health situation, care or decisions?” (Anandarajah)</p>	<p>See: Anandarajah, G. & Hight, E. (2001). Spirituality and medical practice: Using the HOPE questions as a practical tool for spiritual assessment. <i>American Family Physician</i> 63(1): 81-88.</p>

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I/Δ	Family Violence <ul style="list-style-type: none"> • History of Violence • Current Violence <ul style="list-style-type: none"> ○ Physical ○ Emotional ○ Sexual • Safety Plan or safety plan not needed 	Screened for Family Violence (<i>screen prenatal, postpartum, with any significant change, and at least yearly</i>) Safety plan in place or not needed.	<p>“Because violence is so common, I ask all of my clients if they have been exposed to violence.” “Does stress or anger in your home result in hitting, arguing, or hurting each other?” “Do you ever feel afraid of your partner or anyone you know?”</p> <p>“What do you know about keeping yourself and your baby safe when there is intense anger or violence happening?” “What have you heard about safety planning?”</p> <p>Asking the question or dialogue about family violence is in itself an intervention.</p>	See MCHD Improving Response To Partner Violence-Health Care Resource Manual for additional information, resources, referral sources, safety planning guidelines www.mchealth.org/violprev National DV hotline: 1-800-799-SAFE Portland Women’s Crisis Line: 1-888-235-5333.
I/Δ	Mental Health <ul style="list-style-type: none"> • Coping Skills <ul style="list-style-type: none"> ○ Self Assessed Stress Level ○ Stress Management ○ Anger Management 	Is able to identify situations that cause stress Is able to identify successful coping strategies Is able to manage anger	<p>“Having a baby is a big life change that many people find stressful; how are things for you?”</p> <p>“What are your biggest stresses right now?”</p> <p>“What helps you calm down when you are stressed?”</p> <p>“What do you do when you’re upset?”</p> <p>“Everyone gets angry sometimes. What do you and your partner do when you get angry? Some people yell, throw things, go for a walk, silent treatment, hit, push. What about you?”</p> <p><i>Consider impact of change in seasons e.g. busy holiday season, etc. Possible indicator of client success: Longer intervals between crisis events.</i></p>	See http://samsha.gov for more information re: coping skills Simply talking about coping strategies can improve mother and baby outcomes. Studies show that a few brief,, empathetic comments may improve a client’s experience dramatically. It is not about solving problems – it is about listening and offering caring advice such as: Lean on family and friends, ask for help Talk to a Health Care Professional Find a support group Focus on wellness, nutrition, exercise.

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	<ul style="list-style-type: none"> • Self Esteem 	Verbalizes healthy self-image	(scaling question) i.e. “On a scale of 1-10 where 10 means you believe you can realize your dreams and 1 means you feel worthless, where do you see yourself?” “What would you like your life to be like in 5 years?” “What do you feel are your strengths?” “What are you good at or what have others said you are good at?”	
	<ul style="list-style-type: none"> • Trauma/Loss/Grief <ul style="list-style-type: none"> ○ Baby born with anomalies, traumatic birth, pregnancy loss ○ Loss of a family member ○ Childhood Abuse ○ Other (community violence, wars, accidents) 	Uses appropriate coping strategies to deal with trauma/loss/grief	“Have you ever been through something in your life that you would consider traumatic? How did this impact you?” “What do you know about the grieving process?”	“When Hello Means Saying Goodbye”; Stages of Grief See Oregon Prenatal and Newborn Resource Guide
	<ul style="list-style-type: none"> • History of Mental Illness <ul style="list-style-type: none"> ○ Personal or family history of depression, anxiety, bipolar disorder, eating disorders, PTSD, or OCD 	Client willing and able to access mental health services when necessary	“Have you ever been on any medications?” “Have you ever gone to counseling?” “Have you ever been hospitalized?” “Have you had problems with anorexia or bulimia or binging?” “Have you ever cut yourself?”	Mental Health Crisis Line: (503)-988-4888

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	<ul style="list-style-type: none"> • Maternal Depression. <ul style="list-style-type: none"> ○ Family History ○ Personal History ○ Sensitivity to hormonal change ○ Symptoms during pregnancy 	<p>The client defines stressors as manageable and seeks social support</p> <p>Client aware of the signs and symptoms of perinatal depression</p>	<p>“How are you feeling emotionally?”</p> <p>“Are you feeling down?”</p> <p>“Are you or someone else concerned about your mental health?”</p> <p>“Do you know if your mom/sister/ aunt had any emotional problems during pregnancy or after giving birth?”</p> <p>Ask about puberty, PMS, hormonal birth control, pregnancy loss</p> <p>“It is OK to feel unhappy at times. I would like to know how you are feeling.”</p> <p>“Do you have any questions about your emotions?”</p> <p>“Many people feel (i.e. anxious in pregnancy). How is it for you?”</p>	<p>Use approved screening tool (TBA)</p> <p>See Oregon Prenatal and Newborn Resource Guide</p> <p>Multnomah County Crisis Line: 503-988-4888</p> <p>Baby Blues 503-997-2843 www.babybluesconnection.org</p>
	<ul style="list-style-type: none"> • Suicide 	<p>Open disclosure of thoughts around suicide</p> <p>Free of suicidal ideation</p>	<p>“Have you ever thought about or attempted suicide?” If yes, “Are you feeling that way now?” “Have you made plans to hurt yourself?”</p>	<p>If client has current thoughts with plans: contact the Multnomah County Crisis Line-(503)988-4888-they will coordinate a response. See MCHD Clinical Guidelines for more information. ICS.04.15.</p>
I/Δ	<p>Cognitive</p> <p>Education Level</p> <p>Learning Problems</p> <ul style="list-style-type: none"> • Literacy • Learning Style 	<p>Client has access to information in an appropriate format based on education, literacy level, preference and cognitive ability.</p>	<p>“How far did you go in school?”</p> <p>“Did you have any problems in school?”</p> <p>“Did you take any special classes?”</p> <p>“Did you enjoy school?”</p> <p>“How are your reading skills?”</p> <p>“Do you like to read?”</p> <p>“How do you like to get information?”</p> <p><i>Are they able to understand abstract concepts or concrete information only?</i></p>	<p>Adjust teaching methods or content or delivery to client’s needs.</p>

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I/Δ	7General Health <ul style="list-style-type: none"> • Review of Systems • General health • Immunizations • Medications • Allergies • Cardiovascular • Musculoskeletal • Digestive • Respiratory • Blood/Lymphatic • Endocrine • Neurological • Urinary • STI • Skin • Substance Use • Self Breast Exam 	Client follows basic health practices including routine medical and dental care Up to date: all recommended vaccinations Able to manage medical health concerns Able to manage dental health concerns	“Do you have now or have you had in the past any health concerns?” (e.g. asthma, diabetes, pain) “What prescription and over-the-counter medications are you taking?” “Do you understand how to take your meds and the side effects?” “When was your last dental appointment?”	See Oregon Prenatal and Newborn Resource Guide www.211info.org http://ww5.komen.org/breastcancer/breastselfawareness.html

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	Postpartum Status/Care	Receiving adequate postpartum care	“Do you have an appointment scheduled for your postpartum check-up?”	
	<ul style="list-style-type: none"> ● Pregnancy/Obstetric History <ul style="list-style-type: none"> ○ Gestational Hypertension, Gestational Diabetes ○ Labor and Delivery History (Cesarean birth or induction) 		“Did you have any complications during pregnancy?” “What were you told you should do now (to follow-up)?” “Tell me about your labor.” “Did you have any complications during labor?”	
	<ul style="list-style-type: none"> ● Vital signs (Temperature, Pulse, Respirations, Blood Pressure) 	T: 96-99 P: <100 R: <20 BP: <120/80	<i>Only check Temperature and Respirations if symptoms</i>	
	<ul style="list-style-type: none"> ● Pain <ul style="list-style-type: none"> ○ Epidural site pain ○ Headache ○ Cramping ○ Perineum <ul style="list-style-type: none"> * Episiotomy * Tears 	Client will understand when to call provider and when to apply home relief methods for pain <u>Day 0-3</u> --some swelling and pain, hemorrhoids aggravated, pelvic floor muscles loose <u>Day 4-7</u> --no swelling, hemorrhoids better <u>Day 8-14</u> --discomfort decreased	“Are you having any pain?” “Can you describe it? i.e. “Does it burn, throb, is it sharp?” “On a scale of 1-5, rate your _____pain?” “What relieves your pain?”	See MCHD Pain Protocol AGN 01.13 Provide education re: perineal hygiene including frequent pad changes, use of spray bottle after voiding, use of Tucks, or anesthetic sprays as needed, sitz baths, significance of foul odor, kegel exercises. * (for breast pain, see breastfeeding section)

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	<ul style="list-style-type: none"> Vaginal Bleeding/Lochia 	Day 0-3--Moderate amount, bright red, clots, tissue Day 4-10: Pinkish, brownish discharge up to 10 days Yellow-white discharge up to 6 weeks postpartum	“How often are you changing your pad?”	Recommend reduce activity/get more rest for bleeding outside of defined limits. Refer to see provider if increased rest doesn’t reduce bleeding or soaking more than one pad per hour.

<p>Postpartum Danger Signs</p> <ul style="list-style-type: none"> • A headache that won’t go away • Visual problems (spots before your eyes, blurred vision) • Fever - 38° C/100.4° F or above, or chills • Foul smelling vaginal discharge • Passing plum-sized clots; soaking through more than one sanitary pad per hour • Increased pain in the abdomen • Increased pain, swelling, redness or discharge from the episiotomy or caesarean-section incision • Signs of a bladder or kidney infection – such as burning or pain with urination or having to urinate frequently • Pain, tenderness or redness in legs • Hard, red, painful area in breast • Cracked, bleeding nipples • Post-partum blues lasting more than three days • Any other unusual problems
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	<ul style="list-style-type: none"> Cesarean incision 	Incision well-approximated. No redness, fever, discharge		
	<ul style="list-style-type: none"> Elimination 	Day 0-3: May have hemorrhoids, bowel tone decreased, bladder may be atonic, copious sweating, especially at night After Day 3: bowel and bladder tone gradually returning		
	<ul style="list-style-type: none"> Breasts 	Day 0-3: Soft, non-tender, no redness, no temp., colostrum present Day 4-7: Increased vascularity, full, tender (engorgement) Day 8-14: Decrease in size, no redness, no fever	<p>“Are you in pain?” “What does it feel like when you are breastfeeding?” “What works to relieve the discomfort?”</p> <p>Breast may change at 6 weeks-2-3mo postpartum; breasts are softer before feed due to the body regulating the milk supply to the baby’s needs. This is not a sign of decreased milk supply as some mothers suppose</p> <p>See Health-related behaviors, breastfeeding immediately following this section for additional breastfeeding assessment</p>	<p>Provide appropriate education re: what to expect for non-breastfeeding clients</p> <p>See “Breastfeeding Triage Tool”</p> <p>Counsel related to breast changes as milk supply becomes more regulated to reduce breastfeeding attrition.</p>

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<ul style="list-style-type: none"> Nipples 	<p>No cracks, bleeding, sores</p> <p>Client has knowledge to deal with problems</p>		

Health-Related Behaviors: Patterns of activity that maintain or promote wellness, promote recovery, and decrease the risk of disease.

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Breastfeeding	<p>Has plans for breastfeeding</p> <p>Client intends to exclusively breastfeed infant</p> <p>Client has access to lactation services prn</p> <p>Client reports satisfaction with breastfeeding</p> <p>Mother has appropriate knowledge and resources to deal with common problems</p> <p>Clients pumps and stores breast milk safely</p>	<p>“Tell me about feeding your baby.”</p> <p>“How is breastfeeding going?”</p> <p>“How often are you breastfeeding?” “How long is each feeding?”</p> <p>“What challenges are you experiencing?”</p> <p>“How do you know when your baby is hungry?”</p> <p>Do you have access to a breast pump?</p> <p>“How is your breast pump working for you?”</p> <p>“What prescription and over-the-counter medications are you taking?”</p> <p><i>As possible, observe feeding and look for good positioning and latch, listen for swallowing. Encourage client to consult with provider regarding any medications she may be taking or wish to take.</i></p>	<p>Address barriers and increase self-efficacy. Common barriers include: pain; not latching; not enough milk (perceived or real); infection; crying baby; medical issues; returning to work/school; baby not satisfied or hungry; perception of inconvenience.</p> <p><u>Contemplative:</u> (about quitting BF or introducing formula): address concerns; joint problem-solving; utilize resources</p> <p><u>Action/maintenance:</u> encourage; offer resources as needed (WIC, lactation, Nursing Mother’s Counsel 503-282-3338); anticipatory guidance information sharing.</p> <p>For breast milk storage guidelines: See Medela handout or website at http://www.medelabreastfeedingus.com/tips-and-</p>

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				solutions/11/collection-and-storage-of-breastmilk Breastfeeding Triage Tool
	<p>Maternal Nutrition</p> <ul style="list-style-type: none"> ● Healthy Eating <ul style="list-style-type: none"> ○ Concerns ○ Hydration ○ Cultural Norms ● Folic Acid/Prenatal Vitamins ● Hemoglobin/Hematocrit ● Mercury in fish 	<p>Maternal nutrition supports healing and lactation</p> <p>Understands the basics of a healthy diet</p> <p>Client drinking to thirst Taking prenatal vitamin with folic acid daily</p> <p>Knowledge regarding the importance of folic acid Hemoglobin/Hematocrit are within normal range</p>	<p>“When and What did you last eat?” “Is there someone helping to make sure you are eating?” “How much water do you drink?” “Some women experience cravings postpartum. Has that happened for you?” “Do you have any cultural requirements or restrictions related to what you eat?” “Are you avoiding certain foods for any reason?” “do you eat fish?” Tell me about what others are saying to you about what to eat. “Have you been told that your iron level is low/ you are anemic? Are you taking iron supplements or PN vitamins? <i>Hemoglobin 12-16, Hematocrit 38-47, per MCHD lab</i> Some foods, supplements and drugs appear at varying levels in breast milk. Although these may not be contraindicated, lactating women should be aware and make choices about what they eat and how much.</p>	<p>All women of childbearing age should consume 400 micrograms folic acid/day. (March of Dimes, F & N Board, NAS, IOM) Avoid fish like shark and swordfish. No more than 6 oz albacore tuna per week. See Oregon Prenatal and Newborn Resource Guide</p> <p>Avoid, raw seafood, soft cheeses, and non-pasteurized milk products</p> <p>Share iron rich foods information</p>

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	Postpartum Body Image	Realistic expectations of postpartum recovery	“How are you feeling about your postpartum body?”	
	Sleep/Rest	Understands importance of sleep and rest	“What is the longest amount of time you’ve been able to sleep?” “If you aren’t able to sleep, are you able to rest?”	
	Physical Activity	Maintains safe level of activity Aware of the health benefits of exercise	“Have you been able to get outside?” “Do you have any goals about exercise?” “Do you have enough energy to do what you want to do?” <i>Assess the mother’s interests, abilities and resources. Listen to mother’s feeling about physical activity and support her in current efforts.</i>	Teach re: Mild, daily exercise recommended. Strenuous physical activity not recommended until 6 weeks postpartum

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	Alcohol Use/Substance Use ○ Alcohol ○ Drugs ○ Tobacco	No recent history Client does not use harmful substances Understands health consequences for self and baby	“Tell me about your drinking (or drug use) habits.” “Have you had a problem with drugs or alcohol in the past?” “Have you ever been in treatment?” “Does your partner have a problem with drugs or alcohol?” “Do you consider one of your parents to be an addict or alcoholic?” Some foods, supplements and drugs appear	See Oregon DHS Prenatal and Newborn Resource Guide 5 A’s: ASK all clients about their smoking status ADVISE smoking client to quit ASSESS willingness to make quit attempt within 30 days ASSIST client with quitting ARRANGE follow-up

I/A = Cover initially and when clinically appropriate q = essential to cover every visit 1, 2, 3 = trimester-specific contents: cover by this trimester

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			at varying levels in breast milk. Some are contraindicated and some are not, lactating women can make themselves aware and make choices about what they take in and how much.	
	<p>Reproductive Health</p> <ul style="list-style-type: none"> ○ Reproductive knowledge ○ Family Planning ○ Knowledge of sexual changes postpartum ○ Sexual Activity ○ Safer Sex ○ STI/HIV ○ Hep B ○ Paps 	<p>The client can articulate her hopes and dreams for the future, number of children she desires, and the spacing of her children</p> <p>The client reports having a contraceptive method on hand and using it 100% of the time.</p> <p>Routine Paps and follow-up on any abnormal results Understands spread of STI's Uses safer sexual practices</p>	<p>“What have you used in the past for birth control?” “What were you using before you got pregnant?” “What are your plans for birth control?” “What did your provider recommend regarding sex during this period of time?” “Do you know the term ‘safer sex?’” “What do you know about STIs? Have you ever had an STI?” “What are you doing now or what have you done in the past that you think may put you at risk for HIV infection?” “When was your last Pap?” “Have you ever had an abnormal Pap?”</p>	<p>Reinforce provider recommendations re: pelvic rest during postpartum period.</p> <p>See Oregon DHS Prenatal and Newborn Resource Guide</p> <p>Facilitate client obtaining birth control method/emergency contraception as needed.</p> <p>Demonstrate use of Condom</p>

References:

Prenatal and Newborn Resource Guide for Oregon Families, Oregon Department of Human Services

American Academy of Pediatrics website: www.aap.org

Multnomah County Health Department Clinical Guidelines

March of Dimes, F&N Board, NAS, IOM.

Kozier, B., Erb, G., Berman, A., Snyder, S. Fundamentals of Nursing Concepts, Process, and Practice, 2004