

Healthy Start Pregnancy History Screening Tool | August 2016

OMB #: 0915-0338

Expiration Date: XX/XX/XXXX

Name: _____

Completed by: _____ Date of Administration: _____

This screening tool should be completed with all women seeking Healthy Start services.

Some key aims of this screening tool:

- Assess woman's current pregnancy status
- Document previous pregnancy history
- Identify risks from previous pregnancy(s) which may impact future pregnancy

The questions and answer choices were selected based on the available evidence about factors that may impact a woman's health or pregnancy outcomes. The information provided by the participant through this screening tool will help Healthy Start identify each participant's unique needs and ensure that she is connected to the appropriate support services.

Please read the questions to the participant. Only read the responses to the participant if the instructions for any question tells you to do so.

Please read the following statement to the participant: Thank you for taking time to complete this interview. Any information you provide will be kept confidential to the extent allowed by law. You do not have to answer any question you do not want to, and you can end the interview at any time.

1. Are you pregnant now?

Select one only.

- € Yes (Go to question 1.1 **AND Complete the Prenatal Screening Tool**)
- € No (Go to question 2)
- € Don't know (Go to question 2)
- € Declined to answer (Go to question 2)

1.1 How many weeks or months pregnant are you now?

STAFF: Please enter a number of weeks or months.

_____ Weeks OR _____ Months

- € Don't know
- € Declined to answer

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0338. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, MD 20857.

2. How many times have you been pregnant in your life? Include those that ended in live birth, miscarriage, stillbirth or fetal death, abortion, and ectopic or tubal pregnancy.

Staff: The following information is for your reference only:

- Live Birth: a birth at which a child is born alive
- Miscarriage: a loss of pregnancy before the 20th week of pregnancy
- Stillbirth or fetal death: a loss of pregnancy after the 20th week of pregnancy
- Abortion: a procedure to end a pregnancy
- Ectopic or tubal pregnancy: when a fertilized egg implants somewhere outside of the uterus, usually in the fallopian tube

Please enter the number of pregnancies.

_____ PREGNANCIES (If participant has had any pregnancies, go to question 3)

€ Don't know

€ Declined to answer

**IF PARTICIPANT HAS HAD NO PREVIOUS PREGNANCIES,
THIS SCREENING TOOL IS COMPLETE.**

3. Please tell me how your previous pregnancies ended.

STAFF: PLEASE READ OUT LOUD the following responses: Live birth, miscarriage, ectopic or tubal pregnancy, abortion, or fetal death or stillbirth, and enter type for each pregnancy. For any live birth and fetal death / stillbirth, please indicate how many babies for each type of pregnancy, and the date of birth.

	Live Birth	Miscarriage	Ectopic or Tubal pregnancy	Abortion	Fetal Death/Stillbirth
Pregnancy 1	# ____ Date: __ / __ / ____				# ____ Date: __ / __ / ____
Pregnancy 2	# ____ Date: __ / __ / ____				# ____ Date: __ / __ / ____
Pregnancy 3	# ____ Date: __ / __ / ____				# ____ Date: __ / __ / ____
Pregnancy 4	# ____ Date: __ / __ / ____				# ____ Date: __ / __ / ____

Pregnancy 5	# _____ Date: __/__/____				# _____ Date: __/__/____
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DO NOT READ OUT LOUD:

- Declined to answer

STAFF:

If participant has had **any live births**, continue to question 4.
 If participant has had **only** miscarriage, ectopic or tubal pregnancies, or abortion (**and no live births**) the **TOOL IS COMPLETE**.

4. Did you ever have a baby by cesarean delivery or c-section (when a doctor cuts through the mother's belly to bring out the baby)?

- Yes
- No
- Don't know
- Declined to answer

5. Did you have any problems or complications with any of your past pregnancies?

Select one only.

- Yes (Go to question 5.1)
- No (Go to question 6)
- Don't know (Go to question 6)
- Declined to answer (Go to question 6)

5.1 Which of the following problems did you have during your most recent pregnancy?

Select all that apply.

- Vaginal bleeding _____ or toxemia
- Kidney or bladder (urinary tract) infection (UTI)
- Severe nausea, vomiting, or dehydration that sent me to the doctor or hospital
- Cervix had to be sewn shut (cerclage for incompetent cervix)
- High blood pressure, hypertension (including pregnancy-induced hypertension [PIH]), preeclampsia,
- Problems with the placenta (such as abruptio placentae or placenta previa)
- HIV, Herpes, or HPV
- Labor pains more than 3 weeks before my baby was due (preterm or early labor)
- Water broke more than 3 weeks before my baby was due (premature rupture of membranes [PROM])
- I had to have a blood transfusion
- I was hurt in a car accident

€ Other: please specify: _____

€ Declined to answer

6. Were any of your babies born more than 3 weeks before his or her due date?

Select one only.

€ Yes, please specify how many: _____

€ No

€ Don't know

€ Declined to answer

7. Did any of your babies weigh less than 5 pounds, 8 ounces at birth?

Select one only.

€ Yes, please specify how many: _____

€ No

€ Don't know

€ Declined to answer

8. Did any of your babies stay in the hospital after you came home?

Select one only.

€ Yes, Please specify reason: _____

€ No

€ Declined to answer

9. Are all of your children living with you?

Select one only.

€ Yes

€ No

€ Declined to answer

The Healthy Start Pregnancy History Screening Tool is Complete