

INITIAL MATERNITY RISK ASSESSMENT TOOL

Name: _____

Medical Risk Status _____

Psychosocial Risk Status _____

1. Personal Profile

- _____ Under 17 years of age (TN)
- _____ Homeless (HM)
- _____ Non-compliant with medical care (NC)
- _____ Smoker (TA)

2. Family Factors

- _____ No Support System (NS)
- _____ Domestic Violence (DV)
- _____ Pregnancy Result of Rape/Incest (RI)
- _____ Abused as a Child (CA)

3. Emotional/Mental Health

- _____ Taking Psychotropic Drugs & Exhibiting Outward Signs of Mental Illness (MI)
- _____ Depression/Anxiety & Not Receiving Tx (DP)
- _____ Previous Postpartum Depression (PD)

4. Special Health Care Needs

- _____ Hearing (HR)
- _____ Sight and/or Speech (SS)
- _____ Language (LG)
- _____ Other (SP)

5. Parenting Skills

- _____ Inability to Provide Infant Care (NP)
- _____ Child(ren) Removed from Parent Due to Abuse/Neglect (CR)

6. Alcohol/Drug Abuse

- _____ Currently Using (US)
- _____ History of Drug/Alcohol Abuse (DA/AA)

7. Self Reported Medical Conditions

- _____ HIV/AIDS (HA)
- _____ Diabetes (Type I, Type II) (ID)
- _____ Gestational Diabetes (GD)
- _____ Genetic Condition (GC)
- _____ Prev. Pre-term birth (<37 wks gest.) (PT)

8. _____ No Medicaid at Enrollment (NM)

9. _____ Other _____ (OT)

✓ = *High Risk Status*

Always use professional judgment. Any of these risk factors could justify additional face-to-face encounters in the office or patient's home.

CC Name: _____ Date: _____