Birth Control Method:
What is the primary birth control method you or your husband/partner are using to keep from getting pregnant? (Check only one method)
□ None
□ Tubes tied or blocked (female sterilization, Essure®, Adiana®)
□ Vasectomy (male sterilization)
□ Birth control pill
□ Condoms
□ Injection (Depo-Provera®)
□ Contraceptive implant (Nexplanon®)
□ Contraceptive patch (OrthoEvra®, vaginal ring, NuvaRing®)
□ IUD (Mirena®, Skyla®, Kyleena®, Liletta®, ParaGard®)
□ Natural family planning (including rhythm method)
□ Withdrawal (pulling out)
□ Not having sex (abstinence)
□ Other (please specify) ___________________________________

Coordinated Support Services:
Document which support services were coordinated/referred during every postpartum service contact: (check all that apply)
□ Breastfeeding/Lactation Consultant
□ Child Care
□ Domestic Violence
□ Education/School Enrollment/GED
□ Employment/Vocational Rehabilitation
□ Family Planning Services
□ Financial Assistance (baby items, clothing, furniture, rent, etc.)
□ Housing Assistance
□ Medical Care
□ Mental Health Services
□ Parenting Education
□ Tobacco Cessation/QuitlineNC 1-800-QUIT-NOW
□ Substance Use/Abuse Services
□ Transportation
□ WIC
□ Other, please specify: ___________________________________

Safe Sleep: Only ask these questions until baby turns 12 months old.
1) In which one position do you most often lay your baby down to sleep now?
□ On his or her side
□ On his or her back
□ On his or her stomach
2) How often does your new baby sleep in the same bed with you or anyone else?
□ Always
□ Often
□ Sometimes
□ Rarely
□ Never

Postpartum BMI at Discharge:
Current BMI __________
Height _______________ Weight ___________
Inches Pounds
Partners for a Healthy Baby curriculum and handouts covered/used this month:

______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________

Well-Child Visits: (check most recent appointment attended)

☐ Birth  ☐ 2-month  ☐ 4-month  ☐ 6-month  ☐ 9-month  ☐ 12-month  ☐ 15-month  ☐ 18-month  ☐ 24-month

Service Notes:

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Instructions for the Healthy Beginnings Postpartum Service Log

Purpose: To document monthly contacts, referrals and follow-up information on program participants.

Instructions: This log must be completed within 7 days of contact with the participant. File in participant’s program record.

Disposition: This form is to be retained in accordance with the records disposition schedule of medical records as issued by the North Carolina Office of Archives and History, Division of Historical Records.