

EHS 2nd Trimester Home Visit Record						
Home Visitor's Name:						
HOME VISIT PLAN FOR: Month _____ Year _____			Social Dates	Mo. HV's Possible	Mo HV's Comp	Staff Cancel Date(s)
Pregnant Mom's Name :			/			
4th 5th 6th Month (circle) DUE DATE:						
Curriculum		Weekly Content		Birth Plan / Planning & Follow Up		
Education:		HV # _____ Date: _____		Prenatal visit dates: Dental appt:		
Curriculum PAT _____ Benefits of breastfeeding How big is my baby How is my baby developing Childbirth preparation Nurturing and Responsive Caregiving Accessing WIC services						
Nutrition/Dental:		HV # _____ Date: _____				
Nourishment for you and the baby Importance of dental care during pregnancy Morning sickness How mother's food nourishes the baby						
PFCE/School Readiness/Transitions:		HV # _____ Date: _____				
Pregnancy journaling Father Engagement Policy Council FPA and monthly follow up Socials						
Health/Safety:		HV # _____ Date: _____				
How smoking can hurt the baby How drugs and alcohol can hurt the baby Prenatal care Infant care and safe sleep practices Discomforts of pregnancy/Weight gain Signs of preterm labor						
Mental Health/Social Service:		HV # _____ Date: _____				
Positive affirmations during pregnancy Family Assessment (FA) Individual Transition Plan (ITP) Accepting the pregnancy Coping with Stress Edinburgh Depression Assessment Accessing Substance misuse treatment						
PARENT COMMENTS:				Family Strength:		
Parent's Signature: _____ Date: _____						