

Pregnancy Intervention Tracking Form

Name _____ Age _____ EDC _____ Ethnicity _____
 Level of Education _____ No. of Children _____ Date _____ Current Medical or Mental Health Issues _____
 Risk Factors I.E. Unemployed, Single Parent _____
 Date Began _____ Date Ended _____ Home Visitor/Facilitator _____

Purpose: The purpose of this sheet is to track the client's completion of activities during her pregnancy, the trimester it was done and the date completed. There is also a scale to rate the mother's involvement with the activity and a place to record whether or not she has reached the goals for each unit and the date.

INTERVENTION UNIT 1 ENTERING MOTHERHOOD	Trimester Completed			Date Completed	Client's Involvement										
	1	2	3		Low	1	2	3	4	5	6	7	8	9	10
1) Other Mothers	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
2) Parenting Observation	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
3) Motherhood Myths	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
4) The Many Hats of Motherhood	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
5) Balancing Needs-Mom's & Baby's	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
6) Mother Interview	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
7) Celebrating the Transition	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
8) Taking the Good	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	

Goal: The mother-to-be is able to discuss the various roles that come with the transition into motherhood. Yes No Date _____

INTERVENTION UNIT 2 CONNECTING WITH MY BABY	Trimester Completed			Date Completed	Client's Involvement										
	1	2	3		Low	1	2	3	4	5	6	7	8	9	10
1) Baby Kicks and Wiggles	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
2) Baby Predictions	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
3) Listening to the Heartbeat	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
4) From Me to You	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
5) Imagining My Baby	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
6) Birth Plan	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
7) Baby Care Plan	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
8) Dear Baby	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	

Goal: The mother-to-be acknowledges and discusses her growing fetus as a dependent individual soon to be born as her baby. Yes No Date _____

INTERVENTION UNIT 3 ATTACHMENT	Trimester Completed			Date Completed	Client's Involvement										
	1	2	3		Low	1	2	3	4	5	6	7	8	9	10
1) Dream Baby	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
2) Family Traditions & Celebrations	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
3) Attachment Moments	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
4) Carry & Cuddle: Using a Soft Carrier	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
5) My Baby's First Picture!	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
6) My Own Relationships	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
7) Preparing to Be an Attachment Focused Parent: Feeding Time	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
8) Preparing to Be an Attachment Focused Parent: Diapering Time	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	

Goals: Identify different ways to help promote a positive attachment with her child. Yes No Date _____

Demonstrate two ways she has found helpful for herself and her child. Yes No Date _____

INTERVENTION UNIT 4 RELAXATION & WELL-BEING	Trimester Completed			Date Completed	Client's Involvement										
	1	2	3		Low	1	2	3	4	5	6	7	8	9	10
1) The Art of Pondering Poetry	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
2) Exercise: The Body's Release	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
3) Breathe ... 1... 2 ... 3 ...	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	

INTERVENTION UNIT 4 (Cont.)

RELAXATION & WELL-BEING

	Trimester Completed			Date Completed	Client's Involvement										
	1	2	3		Low	1	2	3	4	5	6	7	8	9	10
4) Reach for the Stars!	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
5) Fantasizing for Calmness and Child	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
6) Gifts to Your Body	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
7) Vitamin L: Laughing It Out	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
8) Playing	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	

Goals: Identify sources of stress in her life.

Yes No Date _____

Find ways to reduce identified stress.

Yes No Date _____

Find ways to lessen the impact of this stress on her comfort level, feelings of safety, and her sense of fun and enjoyment.

Yes No Date _____

Develop a healthy way of integrating stress management into her everyday life.

Yes No Date _____

INTERVENTION UNIT 5

HONORING THE WOMAN IN ME

	Trimester Completed			Date Completed	Client's Involvement										
	1	2	3		Low	1	2	3	4	5	6	7	8	9	10
1) Nurturing the Woman in Me	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
2) Conserving Energy: Saying NO	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
3) The Sexual Me	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
4) Affirmations	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
5) Inner Healing: Ghosts of the Past	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
6) Inner Child	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
7) Celebrations of Me: Marking the Occasion	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
8) What Kind of Baby Was I?	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	

Goals: Verbalize statements of increased self-esteem.

Yes No Date _____

Report feelings of having some control over her life (as opposed to feeling powerless).

Yes No Date _____

Describe two activities she engages in to support her feelings of self worth and self-confidence.

Yes No Date _____

INTERVENTION UNIT 6

MAKING SPACE

	Trimester Completed			Date Completed	Client's Involvement										
	1	2	3		Low	1	2	3	4	5	6	7	8	9	10
1) Personal Circle of Support	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
2) Baby's Circle of Support	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
3) Circle of Safety	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
4) Family Tree	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
5) Exploring the World	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
6) Play and Toy Making	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
7) BabyBook	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
8) Welcome Video	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	

Goals: Prepare a place in the world physically, emotionally, and socially for her baby.

Yes No Date _____

Build a network of "healthy and safe" persons for both her and the baby to be involved with.

Yes No Date _____

INTERVENTION UNIT 7

ENHANCING MY BABY'S BRAIN

	Trimester Completed			Date Completed	Client's Involvement										
	1	2	3		Low	1	2	3	4	5	6	7	8	9	10
1) Feeding my Unborn Baby's Brain	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
2) Brain Building Dinner	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
3) I Know You Are Out There!	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
4) Brain Activity	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
5) Baby's First Classroom	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
6) My Baby-to-Be Can Hear!	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
7) My Baby-to-Be Can See!	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	
8) Making Connections That Rock!	1	2	3	___/___/___	1	2	3	4	5	6	7	8	9	10	

Goals: Demonstrate an increased knowledge of fetal brain development.

Yes No Date _____

Demonstrate an increased knowledge of how her behaviors and choices may impact her developing child during the prenatal period.

Yes No Date _____