

# Newfoundland and Labrador Healthy Baby Club



HBC Site \_\_\_\_\_

## RECORD OF PARTICIPATION

Participant's Name \_\_\_\_\_

<b>TOPIC IDEAS</b>  <b>Prenatal</b>	<b>Please check when topic is covered in the appropriate trimester.</b>			<b>Comments, Initials and Date</b>
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	
<b>Emotional Changes of Pregnancy</b> * mood swings				
<b>Physical Changes</b> * body image * Braxton Hicks * changes to your body * common discomforts - morning sickness - constipation/flatulence - hemorrhoids * weight gain recommendations				
<b>When to call your Health-care Provider</b> * bleeding * blurring of vision or spots before eyes * decreased fetal movement * dizziness * extreme tiredness * feeling that things are not right * if in a motor vehicle accident * leakage or gush of fluid * low dull backache * no fetal movement * regular contractions/menstrual-like cramps prior to 37 weeks * swelling * unexplained abdominal pain * unusual and constant headaches				

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<b>Sexuality and Pregnancy</b> * birth control * family planning * safe sex practices (e.g. condoms) * sexual activity during pregnancy				
<b>Fetal Growth and Development</b> * first trimester * second trimester * third trimester				
<b>Healthy Lifestyle</b> * breast self-examination * caffeine, herbal teas, artificial sweeteners * cervical screening * cooking with food supplements * dental check ups * food safety * food supplements * healthy relationships * importance of good nutrition * living smoke-free * occupational health * physical activity * reducing stress * relaxation * review of Canada's Food Guide * vitamin and mineral supplements				
<b>Alcohol and Drugs</b> * alcohol and pregnancy - FASD * artificial sweeteners * caffeine * cannabis * harm reduction approach * herbal teas * street drugs * tobacco/cigarettes * over-the-counter drugs (e.g. cold remedies) * prescription drugs				

<b>TOPIC IDEAS</b>  <b>Labour and Delivery/ Postnatal</b>	<b>Please check when topic is covered in the appropriate trimester.</b>			<b>Comments, Initials and Date</b>
	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	
<b>Breastfeeding/Infant Feeding</b> * common concerns * expressing and storing breast - milk * family and community support * getting off to a good start * introducing complementary foods at 6 months * making an informed decision * medications, alcohol, and cannabis * safe preparation and use of breastmilk substitutes * skin-to-skin contact * where to get help				
<b>Early Parenting</b> * adjusting to parenthood * attachment * baby care * baby massage * bonding * brain development – stimulating your baby * child development – stages in first year * comforting your baby - Shaken Baby * first 48 hours home with baby * immunizations * newborn appearances and behaviour * putting baby on back to sleep * roles and responsibilities * safety – preparing your home, car seat * setting routines * sibling rivalry * SIDS * sleeping * support * why babies cry				

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<b>Labour and Birth</b> * birth plans * birthing options (e.g. water, hospital, home, positions, etc.) * breathing techniques * C-sections * comfort strategies for labour * fetal monitoring during labour * packing your suitcase * roll of providers (physician, midwife, doula, PHN) * signs of labour * support person * when to go to the hospital				
<b>Postpartum</b> * emotional and physical changes * hospital visitation * postpartum blues * postpartum depression * rooming in and support persons * self-care * sexuality				

<b>TOPIC IDEAS</b>  <b>General</b>	<b>Please check when topic is covered in the appropriate trimester.</b>			<b>Comments, Initials and Date</b>
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	
<b>Community Resources</b> * food security (e.g. food banks, community kitchen, community gardens) * FRC Programs * legal aid * mental health/addictions * other resources specific to community * P/CHN * women's shelter				
<b>Life Skills</b> * budgeting * cooking skills				

<ul style="list-style-type: none"> <li>* going to doctor or P/CHN</li> <li>* house cleaning</li> <li>* how to access services – community resources</li> <li>* making your own baby food</li> <li>* organizational skills</li> </ul>				
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<b>Activity</b>	<b>Prenatal</b>	<b>Postnatal</b>	<b>Total Number</b>
Number of Home Visits			
Number of Group Sessions			
Number of Cooking Sessions			
Number of Telephone contacts			
Number of Hospital visits/tours			
Number of other (Casual)			

Resource Mothers completing this form:

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Name (Please print)

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Signature

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