



Newfoundland and Labrador Healthy Baby Club

HBC Site _____

RECORD OF PARTICIPATION

Participant's Name _____

TOPIC IDEAS Prenatal	Please check when topic is covered in the appropriate trimester.			Comments, Initials and Date
	1st	2nd	3rd	
Emotional Changes of Pregnancy * mood swings				
Physical Changes * body image * Braxton Hicks * changes to your body * common discomforts - morning sickness - constipation/flatulence - hemorrhoids * weight gain recommendations				
When to call your Health-care Provider * 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				

TOPIC IDEAS Prenatal	Please check when topic is covered in the appropriate trimester.			Comments, Initials and Date
	1st	2nd	3rd	
Sexuality and Pregnancy * birth control * family planning * safe sex practices (e.g. condoms) * sexual activity during pregnancy				
Fetal Growth and Development * first trimester * second trimester * third trimester				
Healthy Lifestyle * 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				
Alcohol and Drugs * 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				

TOPIC IDEAS Labour and Delivery/ Postnatal	Please check when topic is covered in the appropriate trimester.			Comments, Initials and Date
	1st	2nd	3rd	
Breastfeeding/Infant Feeding * 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				
Early Parenting * 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				

TOPIC IDEAS Labour and Delivery/ Postnatal	Please check when topic is covered in the appropriate trimester.			Comments, Initials and Date
	1st	2nd	3rd	
Labour and Birth * 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				
Postpartum * emotional and physical changes * hospital visitation * postpartum blues * postpartum depression * rooming in and support persons * self-care * sexuality				

TOPIC IDEAS General	Please check when topic is covered in the appropriate trimester.			Comments, Initials and Date
	1st	2nd	3rd	
Community Resources * 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				
Life Skills * budgeting * cooking skills				

* going to doctor or P/CHN				
* house cleaning				
* how to access services – community resources				
* making your own baby food				
* organizational skills				

Activity	Prenatal	Postnatal	Total Number
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:

Name (Please print)

Signature

Initials

Name (Please print)

Signature

Initials

Name (Please print)

Signature

Initials

Name (Please print)

Signature

Initials