PMI Birth Outcome Card

Which Caregiver/Adult was involved (Client Name)?

_____

Date of Activity: _____/_____/_____

Attended at least one postnatal care visit? (medical checkup 4-6 weeks postnatally)

- Yes
- No

Date of infant birth: _____/_____/_____

Gestational age of infant at birth (in weeks)

- <32 weeks
- 32-37 weeks
- >37 weeks

Multiple Birth? (skip if not a multiple birth)

- Yes

Infant received one-week visit to pediatrician/ doctor?

- Yes
- No

Infant placed for adoption?

- Yes
- No

If yes, Date of adoptive placement:
_____/_____/_____

Age of mother at time of adoptive placement:

_____

Fetal/Infant death?
(Select one)

- Yes
- No