



Member Notice of Pregnancy



My Own Info

First and Last Name: _____

Date of Birth: _____ Gender Identification: _____ Phone Number: _____

Full Mailing Address: _____

Email Address: _____

Race/Ethnicity (Please check all that apply):

- American Indian or Alaskan Native
- Black or African American
- Asian
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other: _____
- Wish to not disclose

What Provider or Clinic is Helping Me During My Pregnancy

Last Name: _____ First Name: _____

Phone Number: _____ Clinic Name (if applicable): _____

My Current Situation

Please check this box if you would answer no to any of the below statements:

- I have a phone
- I feel good about where I live
- I feel safe at home and with the people in my life
- I have transportation for my daily needs
- I have enough food for me and my family each day
- I am able to pay my utility bills (gas, water, electric, etc.)

My Current Pregnancy Information

I have been to my first prenatal visit: Yes No. If yes, how many weeks pregnant were you at your first visit: _____

My due date is (If you do not know your due date, when was the first day of your last period): _____

This is my first pregnancy: Yes No

Where will I give birth to my baby (Hospital or birthing center): _____

(Continued)

My Current Pregnancy Information Continued (Please check all that apply)

- Multiples (twins, triplets)
 - High blood pressure or heart problems
 - Diabetes (high blood sugar; type I, type II, during pregnancy only)
 - Very bad nausea and vomiting
 - Asthma or other breathing problems
 - Sickle cell
 - Kidney disease
 - Depression (feeling blue)
 - Bipolar disorder
 - Anxiety (feeling worried or stressed)
 - Substance use (fentanyl, opiates, heroin, crack, cocaine, alcohol, marijuana, methamphetamine)
 - Tobacco use (smoking cigarettes, chewing tobacco, or vaping)
 - I do not have any of these
 - Other health needs (Please tell us about it): _____
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My Past Pregnancy History (Please check all that apply)

- Previous delivery before 37 weeks
 - Gestational diabetes (high blood sugar while pregnant)
 - Delivery less than 18 months ago
 - High blood pressure in pregnancy/preeclampsia or heart problems
 - Taken any form of progesterone
 - Other (Please tell us about it): _____
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MAIL COMPLETED FORM TO:

Medical Management Notifications
PO Box 2010
Farmington, MO 63640-9706

OR EMAIL TO:

NHHF_OBCM@centene.com