

Pregnancy After-Care

Continuing with a plan can be very important for both you and your baby. Please use this information to help the lives of you and your new family.

Making an aftercare plan while you are in the hospital:

- ✓ Your aftercare visit should be made the same day that you are discharged from the hospital. You should also make a second appointment within seven (7) days after your discharge.

- ✓ If you have special needs that will hinder your going to your aftercare appointments, such as lack of transportation, tell the discharge planners at the hospital so that they may assist you in making arrangements that will help you attend your appointment(s).

- ✓ The hospital staff can help you find doctor(s) or therapist(s) for aftercare.

- ✓ Be an active part of your aftercare.

Keeping your appointment:

- ✓ Make sure you attend all your scheduled aftercare appointments.

- ✓ Be sure to write down all of your questions, so you can ask them during your appointments.

What you need to do before you leave the hospital:

- ✓ Be sure to write down your appointment date(s) and time(s).

- ✓ Write down the name of the doctor and/or therapist you will be seeing.

- ✓ Check to see if you have the correct telephone number and address of the doctor and/or therapist.

- ✓ If appropriate, let your family know about your aftercare appointment and get them involved.

- ✓ If you need to arrange transportation, remember to schedule early to make sure you make your appointment time.

Your OBGYN and/or Primary Care Physician

- ✓ It is important that your OBGYN and/or Primary Care Physician receives information about any substance use during or after pregnancy. Your written consent is needed to coordinate appropriate care. Please be sure to ask the hospital staff about coordinating your care with your OBGYN and/or Primary Care Physician.



Pregnancy After-Care Checklist

Health Plan Information	Physicians
Name of Health Plan: _____ Number as shown on medical/insurance card: _____ Group # _____	OBGYN: _____ Phone: _____ Primary Physician: _____ Phone: _____ Pediatrician: _____ Phone: _____

Recommended Well-Baby Checks:

First Visit-1 month old	Second Visit – 2 months old
Name of Physician: _____ Date of appointment: _____ Time of appointment: _____ Attended: _____ Special Instructions: _____	Name of Physician: _____ Date of appointment: _____ Time of appointment: _____ Attended: _____ Special Instructions: _____
yes / no	yes / no
Third Visit – 4 months old	Fourth Visit – 6 months old
Name of Physician: _____ Date of appointment: _____ Time of appointment: _____ Attended: _____ Special Instructions: _____	Name of Physician: _____ Date of appointment: _____ Time of appointment: _____ Attended: _____ Special Instructions: _____
yes / no	yes / no
Fifth Visit – 9 months old	Sixth Visit- 12 months old
Name of Physician: _____ Date of appointment: _____ Time of appointment: _____ Attended: _____ Special Instructions: _____	Name of Physician: _____ Date of appointment: _____ Time of appointment: _____ Attended: _____ Special Instructions: _____
yes / no	yes / no

