Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Infant/Child’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NP Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Initial Home Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Match Termination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Use this Visit Planning Guide to help you plan for and work with your client throughout the life of the match. This guide identifies and explains the* ***five (5) Naomi Project Priorities*** *and is your tool to help you educate your client on important self and baby care matters; identify areas of concern about your client; set important goals with your client; and keep track of the issues and concerns and successes that you and your client have worked on. This guide is available on the Naomi Project page of the Britepaths website. It is meant for you to use and maintain as an important part of your work as a mentor.*

**I.  Prenatal Education**

|  |
| --- |
| ***Review/Discuss These Items With Your Client:*** |
| Need for good nutrition during pregnancy |
| Takes appropriate vitamin supplements, including folic acid |
| Understands the adverse influence of drugs, alcohol, nicotine, and caffeine |
| Knows the benefits of appropriate exercise during pregnancy |
| Attends childbirth classes (Lamaze, or other) |
| Understands the importance ofgetting to scheduled prenatal check-ups |
| Knows about the possible emotional, sexual, and psychological changes that accompany pregnancy |
| Understands the importance of establishing paternity |
| Understands the importance of preparing of her other children for baby’s arrival |
| Knows the benefits of breastfeeding (*consult training manual*) |
| Has a plan of action for the onset of labor (*has information on signs of labor from medical personnel, arranged for transportation, etc.*) |
| Knows she has to choosea pediatrician for baby’s medical needs and well visit checkups |
| Has a thermometer available (digital thermometer preferred) and knows how to use it rectally |
| Has a plan for getting a crib, bassinet, or Pack ’n Play |
| Has a plan forgetting an infant car seat and learning how to install it |
| Has a plan for childcare if she is returning to work or school soon after the birth |

**Mentor comments/goals:**

**II.  Baby’s Growth & Development**

|  |
| --- |
| ***Review/Discuss These Items With Your Client:*** |
| Knows that support for breastfeeding is available through the Naomi Project, La Leche League, WIC, and the Health Department Lactation Consultant  |
| If client is using formula be sure that she is following all recommendations for formula and bottle preparation If client changes formula, closely follow manufacturer's suggestions for the transition |
| Understands the importance of making and keeping all of baby’s well visit medical checkups |
| Understands the importance of making sure that baby is up to date and receives all immunizations (***see Appendix A***) |
| Understands the importance of ensuringmother’s nutritional needs are being met |
| Understands the importance of delaying solid foods for baby |
| Knows how to and is comfortable with: bathing, changing, and feeding baby |
| Has appropriate expectations regarding infant behavior |
| Has appropriate coping mechanisms for responding to a crying baby |
| Responds appropriately to baby’s needs |
| Is able to assess babys illness and knows to contact a doctor immediately for a fever of 100.4 or higher for an infant less than 2 months of age |
| Understands mother’s role as primary teacher and role model for baby |
| Knows the importance of reading to her baby, and practices reading to the baby |
| Knows how to choose appropriate books for her baby/child |
| Understands basic normal child development |

**Mentor comments/goals:**

**III.  Client’s Support System and Personal Needs**

|  |
| --- |
| ***Review/Discuss These Items With Your Client:*** |
| Knows the importance of maintaining her physical health, including: \_\_\_\_ Family planning options    \_\_\_\_ Postpartum check-up \_\_\_\_ Annual gyn. check-ups\_\_\_\_ Annual dental check-ups    \_\_\_\_ Breast self-exams\_\_\_\_ Regular exercise       \_\_\_\_Eye examination in past 5 years\_\_\_\_Client’s attire raises no red flags concerning health (mental or physical), or lack of financial resources |
| Seems to be having a normal adjustment to motherhood |
| Is able to arrange some time for herself (i.e. does she need to find baby-sitting? Check churches, neighbors, and community groups...)  |
| Has emergency phone numbers readily available: 911; doctor; poison control (800) 222-1222 |
| Has reliable transportation, including backup if needed |
| Uses her Naomi Project calendar regularly  |
| Receives some financial support from baby’s father |
| Knows the options and resources available to her if a relationship with her partner is, or becomes, abusive |
| Knows the importance of establishing good credit (i.e. has bank account; pays bills; budgets for essentials)    |
| Knows about and/or is receiving appropriate public/private assistance:    ---WIC   ---Medicaid    --- Child care assistance   --- Food stamps   ---SNAP     ---Britepaths/other non-profit assistance |
| Communicates with a close friend or a member of her own family regularly |
| Depression:1. Expresses how she feeling (i.e. check for indications of despair, loneliness, guilt, sadness, worthlessness )
 |
| 1. Knows some steps to take to improve her mood (i.e. walks, music, meditation, etc.)\*

*\*If you are concerned about these issues for your client, please consult Depression in Mothers: More Than the Blues. Toolkit for Family Service Providers, 2014, SAMHSA* [*https://store.samhsa.gov/shin/content//SMA14-4878/SMA14-4878.pdf*](https://store.samhsa.gov/shin/content//SMA14-4878/SMA14-4878.pdf) |
| Food insecurity: 1. Within the past 12 months, has your client worried that food would run out before she had money to buy more?

 ­­­\_\_\_Often true \_\_\_Sometimes true \_\_\_Never true \_\_\_Don’t know / refused1. Within the past 12 months, did your client lack the money to buy more food when her supply ran out?

\_\_\_Often true \_\_\_Sometimes true \_\_\_Never true \_\_\_Don’t know / refused***\*\*****If you are concerned about food insecurity for your client see* ***Appendix B*** |

**IV.    Baby/Child Safety**

|  |
| --- |
| ***Review/Discuss These Items With Your Client:*** |
| Uses a properly positioned infant car seat (1-866-SEAT-CHECK for information) |
| Is aware that infants and children must not be left in a car without an adult |
| Is aware that all medications, cleaning products, matches, vitamins must be locked away from young children |
| Is aware of dangers of electrical cords and outlets |
| Is aware that smoking around the baby is unhealthy. Any smoker in the house, should smoke outside only. |
| Is aware that guns must be locked away from young children |
| Is able to perform first aid for burns, cuts, choking |
| Is aware of the dangers of radiators, stoves, electric blankets, space heaters, appliances that heat up (i.e. curling irons, and fireplaces) |
| Knows that a baby/child’s bed must be away from windows; and is aware of potential dangers of screened windows and cords from curtains and blinds |
| Is aware that houseplants must be out of baby/child’s reach |
| Is aware that home must have working smoke detectors, and knows to change batteries on a regular schedule |
| Is aware of choking hazards from small objects, including toys |
| Is aware baby/child must never be left unattended in bath or near other water/liquids (i.e. cleaning buckets with liquid, toilet) |
| Is aware that child-resistant locks should be installed where needed |
| Is aware that she must call the Poison Control Center (800-222-1222) if she thinks that child has ingested a questionable substance  |
| Is aware that safety gates should be installed securely where needed (i.e. stairs, etc.) |
| Is aware of the safety and developmental concerns involved in the use of baby walkers |

**Mentor comments/goals:**

**V.  Safe Sleep**

|  |
| --- |
| ***Review/Discuss These Items With Your Client:*** |
| Knows that baby must not be placed for sleeping or when alone on: adult beds, chairs, sofas, waterbeds, pillows, or cushions  |
| Knows that baby must always be on his/her back during naps and at nighttime |
| Knows to place baby’s crib / Pack ‘n Play / bassinet near mother’s bed, within arm’s reach.(The safest place for baby to sleep is in the room where mother sleeps, but not in her bed)  |
| Ensures that baby is on a firm crib/Pack ‘n Play/bassinet mattress, covered by a tight fitting fitted-sheet  |
| Knows that baby should be put in sleep clothing (i.e. sleepers, sleep sacks, and wearable blankets) as alternatives to blankets |
| Knows that no toys and/or soft bedding should be in the crib with the baby.  (never in sleep are: blankets, comforters, loose sheets, pillows, stuffed animals, bumper pads, or wedges) |
| Doesn’t let the baby get too hot. (could be too hot if: sweating, damp hair, flushed cheeks) |
| Considers using a pacifier at nap time and bed time. (The pacifier should not have cords or clips that might be a strangulation risk) |
| ***NOTE: The Naomi Project collaborates with SCAN’s Operation Safe Babies initiative and provides free, brand new pack n plays and safe sleep education materials to Naomi Project clients who do not have a safe place for their baby to sleep.*** |

**Mentor comments/goals:**

**Appendix A**

**Baby/Child Well Visit Check-Up and Immunizations Schedule:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Date** | **Immunization** |  **Checkup** | **Schedule** |  **General information, possible immunizations** |
|  |  |  | 1-month  | 1st Hepatitis B, if not given at birth, or 2nd Hep B. Dr. may recommend giving vitamin D drops to breastfed babies |
|  |  |  | 2-month | Pneumococcal (PCV13), DTaP, Hib, and polio vaccines (combined in two shots) and the rotavirus vaccine (given orally). 2nd hepatitis B if didn’t get it at the 1-month checkup |
|  |  |  | 4-month | 2nd Rotavirus, 2nd (DTaP, Hib, IPV), 2nd Pneumococcal |
|  |  |  | 6-month | 3rd Hepatitis B between 6 & 18 mos, 3rd DTaP, 3rd Pneumococcal,Influenza (IIV) annually |
|  |  |  | 8-9 month | 3rd IPV (9 to 18 mos) |
|  |  |  | 12-month | MMR, VAR (12 – 15 mos). Hep A (2 dose series, 12 – 23 mos) |
|  |  |  | 15-month |  |
|  |  |  | 18-month | 3rd Hep B, 4th DTaP |
|  |  |  | 2-years |  |
|  |  |  | 2 ½ years |  |
|  |  |  | 3 years |  |

***NOTE that immunizations and immunizations schedule may change. Consult pediatrician or the Centers for Disease Control for most up to date information.***

**DON’T FORGET TO REPORT THESE DATES ON THE MONTHLY MENTOR REPORT FORM!**

**Appendix B**

**Food Insecurity**

***If you are concerned about food insecurity for your client, please look into Food Resources such as***:

211 Virginia <https://www.211virginia.org/consumer/index.php>

Supplemental Nutrition Assistance Program (SNAP) <http://www.fairfaxcounty.gov/dfs/ss/foodstamps-snap.htm>

Women, Infants and Children Program (WIC) <http://www.fairfaxcounty.gov/hd/wic/>

Food for Others <https://www.foodforothers.org>

Britepaths <https://britepaths.org>