Aetna Better Health® of Illinois

Maternity Notification and Risk Screen **Date: _____**

Please complete this form during the first prenatal visit for all insured members. Completed forms may be faxed to **1-833-799-1463** or sent to **ABHILNotifyPregnancyNOPFax@AETNA.com**. If you have questions or would like to speak to an OB care manager, please call **1-866-329-4701**.

Demographics

Patient Name: Date of Birth: ID#

Address (Physical Address: Street, Apt #, State, Zip):

Home Phone: Cell Phone: Race/Ethnicity:

Preferred Spoken Language: Preferred Written Language:

Patient History

Date Initiated Prenatal Care: LMP: EDC: Sonogram performed (date):

Pre-Pregnancy Weight: (lbs.) Current Weight: (lbs.) Height: (in)

Gravida: Para: Live Births: Ectopic: Enrolled in WIC: Y N

Obstetrician: OB Provider ID:

Office Phone: PCP:

Risk Assessment-Current Pregnancy

Planned C-Section Indication:

Current Dx: ☐IUGR ☐Incompetent Cervix ☐Uterine Abnormality ☐Maternal Bleeding ☐Preeclampsia
☐Multiple Fetus ☐HTN ☐Renal Infection ☐Depression ☐Nutritional deficit
☐Autoimmune Disorder(s) ☐Blood Disorder(s) ☐Mental Illness ☐HIV/AIDS ☐STD(s)
☐Substance Use Disorder ☐ Diabetes- class:
☐Other:

Current RX/OTC Meds:

During Pregnancy Current use/used: ☐ETOH ☐Tobacco ☐ RX pain meds ☐ Methadone ☐Buprenorphine
Needs assistance with: ☐Social Needs ☐Supportive needs ☐WIC Enrollment
Has safe/stable housing: ☐Y ☐N ☐Homeless Plans to breastfeed Breast pump: ☐Has ☐Needs Asst.

Risk Assessment-Previous Pregnancy History

☐Abortion(s): ☐Miscarriage @ weeks ☐Placenta Previa ☐Placental Abruption

Hx of: ☐Preeclampsia ☐Eclampsia ☐DVT ☐PPD ☐Renal problems ☐Heart problems
☐Gestational Diabetes ☐Other (list):

☐Premature Birth @ weeks ☐Stillbirth: ☐Fetal Death:

☐Fetal Complications (list):

☐Fetal Abnormalities (list): ☐Genetic Birth defects (list):

OB Practitioner considers this pregnancy High-Risk? ☐Y ☐N Comments:

Please feel free to contact Aetna Better Health of Illinois by calling **1-866-329-4701.**
AetnaBetterHealth.com/Illinois-Medicaid