



Women Partners
in OB/GYN

Third Trimester Update Form

Name: _____ Date: _____ Doctor: _____

Date of Birth: _____

- Have you registered for delivery at North Central Baptist Hospital? Yes No
- Do you plan to take childbirth classes? Yes No
- Do you plan to receive the following recommended vaccines during pregnancy?
 Tdap (whooping cough) Flu RSV (Due dates 9/1 to 1/31) Decline vaccines
- Do you plan to have an epidural in labor? Yes No
- Do you plan to breastfeed? Yes No
- Do you plan to pump? Yes No
 - Do you already have a breast pump? Yes No
- If you have a boy, do you want him to be circumcised? Yes No Undecided
- Do you have a pediatrician? Yes No
- What do you plan to use for contraception after the birth of your baby? _____

PHQ - 2

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	More than half the days
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

Office Use - Total Score: _____

GAD - 2

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	More than half the days
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3

Office Use - Total Score: _____