Pregnancy action plan

dell children's Health Plan

Fill out this form, take it with you to every doctor visit and keep it in your labor bag. This will help you get the help you need when you have your baby.

Personal information

Name: _____ **Date of birth:** _____

Medicaid ID: _____ ☐ **STAR** ☐ **CHIP** ☐ **CHIP Perinate**

Diagnoses:	**Allergies:**	**Medications:**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency contact information

Emergency contact:	**Relationship:**	**Phone:**
_____	_____	_____
I am planning to deliver at:	**Estimated date of delivery:**	**Hospital phone:**
_____	_____	_____

OBGYN / Clinic: _____ **Phone:** _____

Maternal fetal medicine / Clinic: _____ **Phone:** _____

PCP / Clinic: _____ **Phone:** _____

Specialist / Clinic: _____ **Phone:** _____

After Hours Clinic: _____ **Phone:** _____

Urgent care: _____ **Phone:** _____

Emergency department: _____ **Phone:** _____

Are you experiencing new symptoms and are not sure if something is wrong? It is a good idea to tell your OB/GYN about your new symptom. You can also call the 24/7 Nurse HelpLine at **1-855-712-6700.** If you think you are having a medical emergency call **9-1-1** or go to the nearest emergency room. If you are having thoughts about hurting yourself or your someone else, call **9-1-1** or go to the nearest emergency room.