

Safe pregnancy and
secure delivery

Maternal Health Handbook



Gentle Care Cloud Care

Prenatal Medical
Instructions

Breastfeeding

Baby Care

Maternity
Resources

Maternity Care Website & Fan Page

 <http://mammy.hpa.gov.tw>
 <https://www.facebook.com/mammy.hpa>

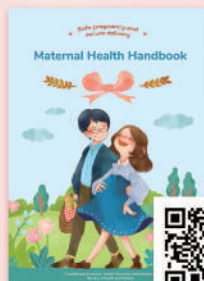
- ☒ Prenatal Medical Instructions
- ☒ Pregnancy and Prenatal Exam Management
- ☒ Maternity Resources Search
- ☒ A Good Medical Helper



Maternal care hotline

 **0800-870870**

- ☒ Special Information Services
- ☒ Breastfeeding Guidance
- ☒ Prenatal Resources and Referrals
- ☒ Psychological Adjustment and Support



Protecting Health

Health Promotion Administration,
Ministry of Health and Welfare



Maternal Health Handbook

- Booklet Instructions -

Don't forget to bring your **Maternal Health Handbook** and **NHI card** with you to your prenatal exams!

Please sign each prenatal exam record (please refer to pages 4 to 6), and write down the results of the examination in the booklet. If you have further questions, you may write on the booklet and consult with your medical staff during the prenatal exam. Health education can be used along with prenatal exam at each pregnancy stage, according to the common health needs of pregnant women at each stage (please scan the QR code on pages 4-6 for content on each prenatal exam). Please download and read it beforehand. If you have further questions, you may ask the medical staff during the prenatal exam. In addition, after assessing your condition, the medical staff will also instruct and guide you according to your needs.

The content of this booklet is co-researched by the Health Promotion Administration, Ministry of Health and Welfare, Taiwan Association of Obstetrics and Gynecology, Taiwan Society of Perinatology, Taiwan Maternal Fetal Medicine Society, Taiwan Association of Family Medicine, Taiwan Nurses Association, Taiwan Midwives Association, and Taiwan Dietitian Association.

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We believe that the expectant mothers and fathers are both happy and also stressed after knowing the pregnancy is confirmed. Although mutual support and learning together is very important for expectant parents, the health care and guidance of professional medical staff (doctors/midwives/nurses) is also an important resource to ensure the health and safety of mothers and fetuses through the pregnancy and delivery process!

Words for Expectant Mothers

Dear expectant mother, congratulations! We are as happy as you are and look forward to the birth of a healthy baby.

In addition to the care of the medical staff, the key to a safe pregnancy is for the expectant mothers to take good care of themselves. We have designed the Maternal Health Handbook and Maternal Health Education Handbook especially for you. They are consistent with the prenatal exam schedules and provide health record forms (medical records) and prenatal exam self-check records to help you and your family keep track of your pregnancy journey and record health conditions.

The booklet also includes health information that you should be aware of during pregnancy. Please read it carefully. With the assistance and caring guidance of professional medical staff, your pregnancy will hopefully be smoother and more pleasant!



Words for Expectant Fathers

Pregnancy could last as long as 10 months or so. Starting from the beginning of the pregnancy, physical and mental changes start occurring in the expectant mothers. As the pregnancy progresses, their physical and mental burdens also start to increase. Therefore, care and consideration from the expectant fathers and families is extremely crucial at this time. During this period, if the expectant father has enough time and opportunity to find out the skills of parenting through various methods, we believe that the experience of welcoming a new life will be unforgettable.

I. Express care with practical actions

For example, accompany expectant mothers to the hospital for prenatal exams, participate in prenatal education courses and prenatal exercises together, listen carefully and share the happiness and worries of expectant mothers. These not only provide direct support but also help the father understand the growth and development of the fetus, and form a good relationship between the two of you and with your baby.

II. Actively participate in the prenatal learning of baby feeding

At the same time, expectant fathers and families play an important role in deciding on the feeding method. Expectant fathers need to undergo prenatal training in the following: (1) correct nursing knowledge; (2) breastfeeding skills; (3) skills in handling breastfeeding problems; (4) skills in taking care of the baby, etc.

III. Arrange for suitable birth location

Towards the latter part of the pregnancy and before the beginning of labor, it is suggested that the expectant father and family members look for a hospital where the expectant mother can have a prenatal exam and give birth. They should get to know the signs of labor, understand the labor process and learn to help the expectant mother alleviate the discomforts that come with the contractions. Discuss with the doctor and the expectant mother the methods of giving birth, and decide on one together.

IV. Participate in natal education with your partner wife (the expectant mother)

For expectant parents, the process of giving birth can be unknown, upsetting, exciting and frightening, and participation in natal education could effectively reduce their fears. Expectant fathers could be better companions and providers of support by participating in the natal education with expectant mothers.

V. Be a competent companion

As the expectant mother enters the pre-delivery stage, the expectant father as a companion becomes more and more important. He would be able to help the expectant mother relax, give massages, provide hot and cold compresses, clean the body, change postures (e.g. standing, walking around, sitting upright, lying on the side, kneeling, squatting..etc.), provide food and drinks, and assist the expectant mother in urinating every two hours. Expectant mothers may appear anxious, upset and scared during the pre-delivery stage, including losing control of herself, crying and screaming, etc. The acknowledgement, support and encouraging words of the expectant father can be extremely important during this time. In the second stage of labor, expectant fathers should accompany expectant mothers to push correctly and encourage them. Afterwards, newborns should be held skin to skin at an early stage and be breastfed. These will all play a positive role in the whole family.

VI. Become a support of the family

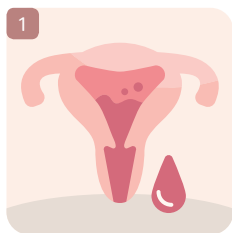
It is easier for a bond to be built when the father actively participates in the care of the baby. New dads often feel indescribable feelings of satisfaction and achievement through intimate interactions with the newborn, at the same time recognize their roles as fathers.

After delivery, fathers could actively observe the timing of breastfeeding, massaging the mother's back to relax her and thus to promote galactopoiesis before breastfeeding, actively helping mothers to adjust her breastfeeding postures, supporting and encouraging their wife, dealing with their discomfort coming from breast distention the intervention of feeding methods from the grandparents and sharing chores. When infants cry without cause, fathers could actively find out the underlying reason, comfort their babies, and change diapers. In short, they should also take care of babies and children, sparing moms from the work to have a rest.

**Yellow light is on!
Watch for danger
signs.**



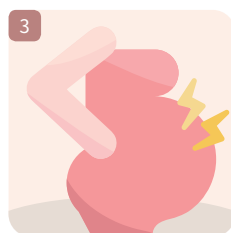
If you experience any of the following symptoms during pregnancy, you should seek medical attention immediately!



Vaginal bleeding
(regardless of the amount)



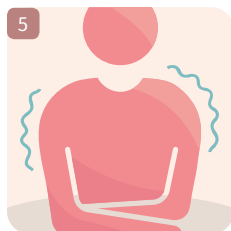
Persistent or
severe headache



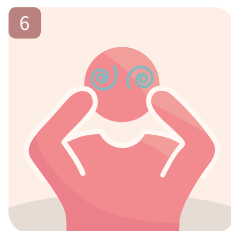
Persistent or
severe abdominal pain



Persistent
or severe nausea, vomiting



Hot and cold flashes



Blurred vision, dizziness



Facial and hand edema



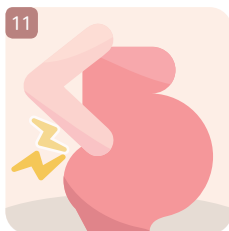
Drastic decrease in urine or pain and burning sensations during urination



Fetal movement stops or decreases by 50%



Secretion similar to water flows out of the vagina non-stop (The water might be breaking)



Persistent back & abdominal rigidity

The Health Book for Expectant Mothers



YES

- ✓ Do receive prenatal exams according to schedule
- ✓ Do know the signs of premature birth
- ✓ Do take good care during pregnancy
- ✓ Do recognize pregnancy complications
- ✓ Do know the signs of labor

NO

- ✗ Do not smoke or drink
- ✗ Do not be exposed to second-hand smoke
- ✗ Do not take medication without a doctor's orders
- ✗ Do not use drugs
- ✗ Do not choose a C-section in order to pick the time of birth

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Payment schedule for prenatal exam and services provided



Payment schedule		Recommended weeks	Services provided
1 st time	First trimester (less than 13 weeks)	Week 8	<ol style="list-style-type: none"> 1. Routine prenatal exam. (Note 1) 2. Miscarriage signs, high-risk pregnancy and nutritional health education guidance during pregnancy. 3. The first ultrasound examination. (Recommended for 8-16 weeks: assessment of fetal number, fetal heartbeat, fetal size measurement, implantation position and due date)
2 nd time		Week 12	<ol style="list-style-type: none"> 1. After the 8th week of pregnancy or the second inspection must include the following exam items: <ol style="list-style-type: none"> (1) Consultations: Family history, expectant mother's past medical history, pregnancy history and any discomfort with the fetus, and addicted habits. (2) Physical exams: Weight, height, blood pressure, thyroid, breast exam, pelvis exam, chest and abdomen exams. (3) Lab tests: Blood routine (WBC, RBC, Plt, Hct, Hb, MCV), blood type, Rh factor, VDRL (syphilis exam) or RPR (Rapid plasma reagin), Rubella IgG (rubella antibody), HBsAg and HBeAg (those who cannot go through these exams this time due to special circumstances can do so in the 8th prenatal exam instead), AIDS (antigen/antibody composite test is recommended) and urine routine. (Note 2) 2. Routine prenatal exam. (Note 1) Note: Pregnant women who examined negative for the Rubella antibody should be vaccinated after giving birth, and this vaccine is government-funded. (Note 4)
3 rd time	Second trimester (over 13 weeks but less than 29 weeks)	Week 16	<ol style="list-style-type: none"> 1. Routine prenatal exam. (Note 1) 2. Premature birth prevention guide.
4 th time		Week 20	<ol style="list-style-type: none"> 1. Routine prenatal exam. (Note 1) 2. The second ultrasound examination. (It is recommended to perform around 20 weeks: assessment of the number of fetuses, fetal heartbeat, fetal size measurement, placental position and amniotic fluid volume) 3. Premature birth prevention guide.

Payment schedule		Recommended weeks	Services provided
5 th time	Second trimester (over 13 weeks but less than 29 weeks)	Week 24	1. Routine prenatal exam. (Note 1) 2. Signs of premature birth and nutritional health education guidance during pregnancy. 3. Lab tests: Blood routine (WBC, RBC, Plt, Hct, Hb, MCV) and gestational diabetes screening (Note 2)
6 th time		Week 28	Routine prenatal exam. (Note 1)
7 th time	Third trimester (over 29 weeks)	Week 30	Routine prenatal exam. (Note 1)
8 th time		Week 32	1. Routine prenatal exam. (Note 1) 2. The following exams are provided around week 32: Laboratory tests such as VDRL or RPR (Syphilis test). 3. For pregnant women who are at risk of HIV infection, an additional HIV exam is recommended. (Antigen/antibody composite test recommended) 4. The third ultrasound examination. (Recommended to be performed after 32 weeks: assessment of fetal heartbeat, fetal size measurement, fetal position, placental position and amniotic fluid volume)
9 th time		Week 34	Routine prenatal exam. (Note 1)
10 th time		Week 36	1. Routine prenatal exam. (Note 1) 2. Subsidy for maternal Group B Streptococcus screening. (Note 3)
11 th time		Week 37	Routine prenatal exam. (Note 1)
12 th time		Week 38	Routine prenatal exam. (Note 1)
13 th time		Week 39	Routine prenatal exam. (Note 1)
14 th time		Week 40	Routine prenatal exam. (Note 1)

* Expenses related to exam for pregnant women who have conducted more than 14 maternal exams and more than 3 ultrasound exams should pay for their own expenses or they should be paid by healthcare insurance when their medical needs are diagnosed by doctors.

* If the pregnancy exceeds 40 weeks and there is still a need for obstetric examination and does not meet the scope of health insurance benefits, the medical service organization shall provide reasons to apply in advance for a special obstetric examination subsidy to the Health Promotion Administration of the Ministry of Health and Welfare.

Note 1: Routine prenatal exam includes

- (1) Contents of the consultation: Prenatal discomfort such as bleeding, abdominal pain, headache and spasm, etc.
- (2) Physical exam: Weight, blood pressure, fetal heartbeat, fetal position, edema, and varicose veins.
- (3) Lab exams: Protein and glucose in urine.

Note 2: Regular blood check includes: hemoglobin (Hb), hematocrit (Hct), red blood cells (RBC), mean corpuscular volume (MCV), white blood cells (WBC), and blood platelet (Plt). In addition, with regard to HIV screening, if there is a risk of infection assessed by a physician during the pregnancy period, HIV screening services are available regardless of the stage of the maternity check-up.


Note 3: It is recommended that Maternal Group B Streptococcus (GBS) screening be provided once between weeks 35 and 37. If there are signs of premature birth, this should be dealt with by a medical doctor and not be subjected to this limit.

Note 4: For information related to vaccination sites, please call preventive vaccination hotlines in each city and county to consult.

Prenatal exam records

40(5A)

1st prenatal exam

Payment schedule	First trimester (less than 13 weeks)	
Recommended week	Week 8	


Inspection institute

Physician's signature

Exam date(yyyy) (mm) (dd)

41(5B)

2nd prenatal exam

Payment schedule	First trimester (less than 13 weeks)	
Recommended week	Week 12	


Inspection institute

Physician's signature

Exam date(yyyy) (mm) (dd)

42(5C)

3rd prenatal exam

Payment schedule	Second trimester (over 13 weeks but less than 29 weeks)	
Recommended week	Week 16	


Inspection institute

Physician's signature

Exam date(yyyy) (mm) (dd)

43(5D)

4th prenatal exam

Payment schedule	Second trimester (over 13 weeks but less than 29 weeks)	
Recommended week	Week 20	


Inspection institute

Physician's signature

Exam date(yyyy) (mm) (dd)

44(5E)

5th prenatal exam

Payment schedule	Second trimester (over 13 weeks but less than 29 weeks)	
Recommended week	Week 24	


Inspection institute

Physician's signature

Exam date(yyyy) (mm) (dd)

45(5F)

6th prenatal exam

Payment schedule	Second trimester (over 13 weeks but less than 29 weeks)	
Recommended week	Week 28	


Inspection institute

Physician's signature

Exam date(yyyy) (mm) (dd)

Remarks: Medical order code of medical institution (midwifery)

46(5G) 7th prenatal exam


Payment schedule	Third trimester (over 29 weeks)	
Recommended week	Week 30	

Inspection institute _____

Physician's signature _____

Exam date(yyyy) _____ (mm) _____ (dd) _____

47(5H) 8th prenatal exam


Payment schedule	Third trimester (over 29 weeks)	
Recommended week	Week 32	

Inspection institute _____

Physician's signature _____

Exam date(yyyy) _____ (mm) _____ (dd) _____

48(5I) 9th prenatal exam


Payment schedule	Third trimester (over 29 weeks)	
Recommended week	Week 34	

Inspection institute _____

Physician's signature _____

Exam date(yyyy) _____ (mm) _____ (dd) _____

49(5J) 10th prenatal exam


Payment schedule	Third trimester (over 29 weeks)	
Recommended week	Week 36	

Inspection institute _____

Physician's signature _____

Exam date(yyyy) _____ (mm) _____ (dd) _____

50(5K) 11th prenatal exam


Payment schedule	Third trimester (over 29 weeks)	
Recommended week	Week 37	

Inspection institute _____

Physician's signature _____

Exam date(yyyy) _____ (mm) _____ (dd) _____

51(5L) 12th prenatal exam

Payment schedule	Third trimester (over 29 weeks)	
Recommended week	Week 38	


Inspection institute _____

Physician's signature _____

Exam date(yyyy) _____ (mm) _____ (dd) _____

Remarks: Medical order code of medical institution (midwifery)

52(5M) 13th prenatal exam


Payment schedule	Third trimester (over 29 weeks)	
Recommended week	Week 39	

Inspection institute

Physician's signature

Exam date(yyyy) (mm) (dd)

53(5N) 14th prenatal exam


Payment schedule	Third trimester (over 29 weeks)	
Recommended week	Week 40	

Inspection institute

Physician's signature

Exam date(yyyy) (mm) (dd)

54 Other prenatal exams


Recommended week	Week 40+	
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Inspection institute

Physician's signature

Exam date(yyyy) (mm) (dd)

54 Other prenatal exams

Recommended week	Week 40+	
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Inspection institute

Physician's signature

Exam date(yyyy) (mm) (dd)

Note: If you want to know the relevant medical instructions of each prenatal exam, please scan the QR code of the prenatal exam with a mobile device.

Exam item	Exam date	Name of exam institute
<input type="checkbox"/> 60 : The first : ultrasound examination (6A)		
<input type="checkbox"/> 61 : The second : ultrasound examination (6B)		
<input type="checkbox"/> 62 : The third : ultrasound examination (6C)		

Exam item	Exam date	Name of exam institute
<input type="checkbox"/> 55 : Anemia test (6D)		
<input type="checkbox"/> 56 : Gestational : diabetes screening (6E)		
<input type="checkbox"/> 66 : Prenatal screening : for beta-streptococcus (67)		

Remarks: Medical order code of medical institution (midwifery)

My pregnancy history

※ First prenatal exam record. Please fill this out prior to the prenatal exam.

Childbirth Condition		Number of Pregnancy	1 st time	2 nd time	3 rd time	4 th time
End of Pregnancy (yyyy/mm/dd)						
Live birth	Weeks of live birth					
	Delivery options	Natural childbirth				
		Vacuum extraction				
		Forceps				
		Caesarean section (C-Section)				
	Gender					
	Birth weight (g)					
	Current survival status	Live birth(s)				
		Death (age and cause)				
Fetal abnormality						
Miscarriage	Spontaneous abortion					
	Artificial abortion					
Stillbirth	Weeks					
	Delivery options					

Note: If the number of births exceeds four, please add the record by yourself.

Prenatal check-up records



Basic information			
Number of past pregnancies		Height	cm
Due date	(YYYY/MM/DD)	Weight before pregnancy	kg
Last menstrual cycle started on	(YYYY/MM/DD)	BMI weight (kg) / height ² (m ²)	

Routine prenatal exam records				
Routine prenatal exam	Result		Routine prenatal exam	Result
Rh factor	+ <input type="checkbox"/> - <input type="checkbox"/>		Hepatitis B surface antigen (HBsAG)	+ <input type="checkbox"/> - <input type="checkbox"/>
Blood type	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> AB		Hepatitis B e antigen (HBeAG)	+ <input type="checkbox"/> - <input type="checkbox"/>
White blood cell (WBC)	First time	Second time	The first VDRL (VDRL or RPR)	+ <input type="checkbox"/> - <input type="checkbox"/>
	x10 ³ /uL	x10 ³ /uL		
Red blood cell (RBC)	x10 ⁶ /uL	x10 ⁶ /uL	The second VDRL (VDRL or RPR)	+ <input type="checkbox"/> - <input type="checkbox"/>
Blood platelet (Plt)	x10 ³ /uL	x10 ³ /uL	Rubella antibody response	+ <input type="checkbox"/> - <input type="checkbox"/>
Hematocrit (Hct)	%	%	Group B Streptococcus exam (GBS)	+ <input type="checkbox"/> - <input type="checkbox"/>
Mean cell volume (MCV)	fl	fl	Pelvis exam	
Hemoglobin (Hb)	g/dL <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	g/dL <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Others _____	
	Gestational diabetes mellitus GLU AC : _____ mg/dL GLU 1hr : _____ mg/dL GLU 2hr : _____ mg/dL <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal		Others _____	

※ The information on this form will be used for health unit policy evaluation or case tracking health management.

- ※ For babies born by mothers who are tested positive for Hepatitis B surface antigen (HBsAg), newborns should be injected with first dose of hepatitis B immunoglobulin (HBIG) and hepatitis B vaccination as soon as possible within 24 hours of birth. After the third injection of hepatitis B vaccination, 12-month old babies should receive hepatitis B surface antigen (HBsAg) and hepatitis B surface antibody (anti-HBs) exams. If the exam results of HBsAg and anti-HBs are negative, and hepatitis B vaccine booster shot can be injected free of charge.
- ※ Expectant-mothers with positive HBsAg should record the prenatal exam results with the doctors' help in the "hepatitis B follow-up records (page 63)." For expectant mothers with tested hepatitis B virus concentration above 10^6 IU/mL who are at high risk of vertical transmission from mother to child, please refer them to a gastroenterologist for evaluation and antiviral treatment, in order to reduce the risk of hepatitis B infection in newborns. Besides, pregnant women should also be educated to follow their doctor's recommendations for postpartum treatment.
- ※ Expectant mothers who tested negative (-) for the rubella antigen should be careful of protecting themselves from an infection of rubella during pregnancy. After delivery, they should receive MMR mixed vaccination with the proof of negative (-) rubella antigen exam in a clinic or a vaccination contracted hospital as soon as possible. (Pregnancy should be avoided within 4 months of inoculation, but pregnancy found within 4 weeks after vaccination should not be regarded as an indication for abortion of pregnancy.)
- ※ Expectant mothers who were examined positive for syphilis, please ask doctor to assist in a confirmation examination. If the infection is confirmed, expectant mothers should receive treatment as soon as possible to prevent newborns from contracting congenital syphilis.
- ※ Expectant mothers who are positive for HIV should receive further testing from the physician. If the infection is confirmed, expectant mothers should receive treatment as soon as possible and receive preventive measures and supporting medical care during the birth process to prevent newborns from contracting HIV.
- ※ If anemia is found in the blood routine examination of expectant mothers, the cause of anemia should be further checked and corrected to reduce the risk of premature birth and low fetal weight. If the expectant mother has glomerular anemia ($MCV < 80$ fl), the husband should be screened for glomerular anemia to assess the risk and severity of fetal thalassemia.
- ※ Most expectant mothers with low thrombocytopenia ($Plt < 150 \times 10^3 / \mu L$) found in routine blood examination, are suffering temporary thrombocytopenia caused by pregnancy, but a few are related to preeclampsia, drugs, viral infection, immune response, etc. Most patients with mild thrombocytopenia ($Plt 100 \sim 149 \times 10^3 / \mu L$) and asymptomatic patients do not need treatment, but regular follow-up is recommended. Expectant mothers should pay attention and see a doctor as soon as possible if they have symptoms such as vaginal bleeding, repeated bleeding gums, purpura and bruises on the skin.
- ※ If an expectant mother is diagnosed with gestational diabetes, it will increase the risks of giant baby, shoulder dystocia, stillbirth, preeclampsia, and chronic diabetes. Diet control, exercise, or medication can help control blood sugar levels. Blood sugar should be low before meals at 95mg/dL, blood glucose two hours after meals should be lower than 120mg/dL, which can reduce complications caused by gestational diabetes.

Note: There are blanks for prenatal exams in following pages where records could be kept.

Prenatal exam schedule	1 st time	2 nd time	3 rd time	4 th time	5 th time	6 th time
Recommended week	Week 8	Week 12	Week 16	Week 20	Week 24	Week 28
Prenatal exam date						
Gestational age						
Weight (kg)						
Blood pressure (mmHg)						
Fetal heart rate (times/minute) ※ Exemption within 2 months of pregnancy						
Glycosuria						
Urine protein						
Edema						
Varicose veins						
<p>Note: If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan Intimate Partner Violence Danger Assessment.</p>	<div><div><input type="checkbox"/> No special findings</div><div><input type="checkbox"/> Areas of attention or abnormality</div><div><input type="checkbox"/> Need follow-up <input type="checkbox"/> Need referral</div></div>	<div><div><input type="checkbox"/> No special findings</div><div><input type="checkbox"/> Areas of attention or abnormality</div><div><input type="checkbox"/> Need follow-up <input type="checkbox"/> Need referral</div></div>	<div><div><input type="checkbox"/> No special findings</div><div><input type="checkbox"/> Areas of attention or abnormality</div><div><input type="checkbox"/> Need follow-up <input type="checkbox"/> Need referral</div></div>	<div><div><input type="checkbox"/> No special findings</div><div><input type="checkbox"/> Areas of attention or abnormality</div><div><input type="checkbox"/> Need follow-up <input type="checkbox"/> Need referral</div></div>	<div><div><input type="checkbox"/> No special findings</div><div><input type="checkbox"/> Areas of attention or abnormality</div><div><input type="checkbox"/> Need follow-up <input type="checkbox"/> Need referral</div></div>	<div><div><input type="checkbox"/> No special findings</div><div><input type="checkbox"/> Areas of attention or abnormality</div><div><input type="checkbox"/> Need follow-up <input type="checkbox"/> Need referral</div></div>
Next prenatal exam date						

7 th time	8 th time	9 th time	10 th time	11 th time	12 th time	13 th time	14 th time
Week 30	Week 32	Week 34	Week 36	Week 37	Week 38	Week 39	Week 40
<input type="checkbox"/> No special findings <input type="checkbox"/> Areas of attention or abnormality _____ <input type="checkbox"/> Need follow-up <input type="checkbox"/> Need referral	<input type="checkbox"/> No special findings <input type="checkbox"/> Areas of attention or abnormality _____ <input type="checkbox"/> Need follow-up <input type="checkbox"/> Need referral	<input type="checkbox"/> No special findings <input type="checkbox"/> Areas of attention or abnormality _____ <input type="checkbox"/> Need follow-up <input type="checkbox"/> Need referral	<input type="checkbox"/> No special findings <input type="checkbox"/> Areas of attention or abnormality _____ <input type="checkbox"/> Need follow-up <input type="checkbox"/> Need referral	<input type="checkbox"/> No special findings <input type="checkbox"/> Areas of attention or abnormality _____ <input type="checkbox"/> Need follow-up <input type="checkbox"/> Need referral	<input type="checkbox"/> No special findings <input type="checkbox"/> Areas of attention or abnormality _____ <input type="checkbox"/> Need follow-up <input type="checkbox"/> Need referral	<input type="checkbox"/> No special findings <input type="checkbox"/> Areas of attention or abnormality _____ <input type="checkbox"/> Need follow-up <input type="checkbox"/> Need referral	<input type="checkbox"/> No special findings <input type="checkbox"/> Areas of attention or abnormality _____ <input type="checkbox"/> Need follow-up <input type="checkbox"/> Need referral

1st Prenatal exam: ultrasound screening records
(recommended to be checked at 8 to 16 weeks)

Basic information of the expectant mother

Name _____ Age _____ Medical history number _____ Gestational age _____
Due date _____ / _____ / _____ (yyyy/mm/dd)
The last menstrual cycle started on _____ / _____ / _____ (yyyy/mm/dd)

Paste the photo here

Examination report

Number of fetus ☐ Singleton ☐ Twins ☐ Multiple births _____ fetuses
With or without fetal heartbeat ☐ Yes ☐ No
Implantation position ☐ Normal ☐ Abnormal

Crown-rump length (CRL) _____ cm, Fetal trunk cross area (FTA) _____ Week
Biparietal diameter (BPD) _____ cm, Fetal trunk cross area (FTA) _____ Week

Due date _____
Examination result ☐ Routine prenatal exam ☐ Need to follow up
Reporter _____ Examination Date _____ / _____ / _____ (yyyy/mm/dd)

2nd Prenatal exam: ultrasound screening records

(recommended to be checked around 20 weeks)

Basic information of the expectant mother

Name _____ Age _____ Medical history number _____ Gestational age _____

Due date _____ / _____ / _____ (yyyy/mm/dd)

The last menstrual cycle started on _____ / _____ / _____ (yyyy/mm/dd)

Paste the photo here

Examination report

Number of fetus ☐ Singleton ☐ Twins ☐ Multiple births _____ fetuses

With or without fetal heartbeat ☐ Yes ☐ No

Placental position ☐ Anterior Placenta ☐ Posterior Placenta
☐ Placenta previa ☐ Low-lying Placenta

BPD _____ cm, FTA _____ Week

AC _____ cm, FTA _____ Week

FL _____ cm, FTA _____ Week

EFW _____ g, FTA _____ Week

Amniotic fluid ☐ Normal ☐ Excessive ☐ Low

Examination result ☐ Routine prenatal exam ☐ Need to follow up

Reporter _____ Examination Date _____ / _____ / _____ (yyyy/mm/dd)

3rd Prenatal exam: ultrasound screening records
(recommended to be checked after 32 weeks)

Basic information of the expect mother

Name _____ Age _____ Medical history number _____ Gestational age _____
Due date _____ / _____ / _____ (yyyy/mm/dd)
The last menstrual cycle started on _____ / _____ / _____ (yyyy/mm/dd)

Paste the photo here

Examination report

Number of fetus ☐ Singleton ☐ Twins ☐ Multiple births _____ fetuses
With or without fetal heartbeat ☐ Yes ☐ No
Fetal position ☐ Head position ☐ Abnormal fetal position
Placental position ☐ Anterior Placenta ☐ Posterior Placenta
☐ Placenta previa ☐ Low-lying Placenta

BPD _____ cm, FTA _____ Week
AC _____ cm, FTA _____ Week
FL _____ cm, FTA _____ Week
EFW _____ g, FTA _____ Week

Amniotic fluid ☐ Normal ☐ Excessive ☐ Low
Examination result ☐ Routine prenatal exam ☐ Need to follow up
Reporter _____ Examination Date _____ / _____ / _____ (yyyy/mm/dd)

Overview of prenatal exam: Ultrasound screening

Purpose

Prenatal examination ultrasound screening is a non-intrusive exam. It can be used to check the heartbeat and diameter of the baby's parietal, abdomen circumference and thigh length, in order to understand the fetal development and make growth assessment. It also shows the position of the placenta and the amount of amniotic fluid. At least three ultrasound exams are recommended throughout the entire labor and delivery process, the first at 8-16 weeks, the second around 20 weeks, and the third at 32 weeks. Those with special conditions can be observed or followed up after the doctor's assessment.

Limits

There are limits to the accuracy of an ultrasound exam. For example, ultrasound cannot get through bones, the fat tissues in the mother's abdomen are too thick, the baby is lying on its belly. Also, polyhydramnios (too much amniotic fluid) will move the baby too far away from the detector and cause a blurry image. When oligohydramnios (not enough amniotic fluid) occurs, the baby's limbs overlap each other and prevent the sound wave from entering, so the accuracy of ultrasound screening will be limited due to the scanning conditions.

Result

Prenatal exam ultrasound only serves as a screening tool and it is not the final diagnosis. Not all fetal problems can be detected by ultrasound. The ultrasound report can be only interpreted for the following:

1. **Crown-rump length (CRL):** To measure the length of the fetus from the top of the head to the buttocks, it is usually necessary to find the horizontal lying surface of the fetus and measure the longest distance from the top of the head to the buttocks of the fetus. This is the most important indicator for measuring fetal weeks in the first trimester and can also be used to determine whether the due date needs to be revised.
2. **Biparietal diameter (BPD):** It is a measurement of the diameter of a developing baby's skull, from one parietal bone to the other. BPD is used to estimate fetal weight and gestational age. If BPD does not match the gestational age, a further diagnosis is required, including the assessment of the gestational age or other abnormal conditions.
3. **Femur length (FL):** Measuring fetal femur length, like the biparietal diameter of the head, is helpful in estimating fetal size, number of weeks, and bone development in the extremities.
4. **Abdominal circumference (AC):** It is a measurement taken during a pregnancy ultrasound in order to gauge the circumference of the fetal abdomen. The AC gives an indication of whether the fetus is growing normally inside the uterus in relation to size and development. The AC can be calculated with other measurements to estimate the weight of fetus.
5. **Placenta position:** If the placenta is too close to or directly covers the cervix, it would be a low-lying placenta or placenta previa, which prevents the fetus from entering the birth canal during delivery. It is one of the causes of prenatal and postpartum hemorrhage and caesarean section.
6. **Confirmation of multiple births:** Women who are pregnant with multiples may experience more pregnancy complications. Ultrasound exams may be done to track how the fetuses are growing, in order to arrange appropriate checkups and treatment.
7. **Assessment of amniotic fluid volume:** Amniotic fluid volume is one of the important indicators of fetal abnormalities or dysplasia, polyhydramnios (too much amniotic fluid) or oligohydramnios (not enough amniotic fluid) is related to the prognosis of the fetus.

(Source of materials: Taiwan Society of Ultrasound in Medicine, Taiwan Association of Obstetrics and Gynecology)

1

Pregnant Women’s Prenatal Health Care and Health Education Record

After the doctor’s diagnosis and confirmation of pregnancy to less than 17 weeks
Gestational age, Week _____ (This service is subsidized by Tobacco Health and Welfare Tax.)

Basic Information (Written by expectant mother)

Height _____ cm	Weight before pregnancy _____ kg	Current weight _____ kg	Hemoglobin (Hb) _____ g/dL
-----------------	----------------------------------	-------------------------	----------------------------

- ☒ Du you currently receive any social welfare subsidy: (Multiple choices)
- ☐ 0. No

☐ 1. Middle-to-low-income household subsidy

☐ 2. Low-income household subsidy

☐ 3. Subsidy for family in hardship

☐ 4. Children and youth subsidy (Project: _____ ; Number of people: _____)

☐ 5. Others _____
- ☒ Pregnant woman with the following conditions:
- ☐ 1. Unmarried pregnant woman

☐ 2. Pregnant woman with disabilities

☐ 3. Others _____

Health Behavior (Written by expectant mother)

- 1

Do you currently smoke?
- ☐ 0. No

☐ 1. Sometimes or only for socializing

☐ 2. Often smoke or smoke everyday

2

Are you careful to stay way from environments with secondhand smoke?

☐ 0. No

☐ 1. Yes

☐ 2. No secondhand smoke in the surrounding environment

3

Do you currently consume alcohol?

☐ 0. No

☐ 1. Sometimes or only for socializing

☐ 2. Often drink

4

Do you chew betel nuts?

☐ 0. No

☐ 1. Sometimes or only for socializing

☐ 2. Often chew

5

Do you currently do use any illegal drugs or have substance abuse conditions?

☐ 0. No

☐ 1. Sometimes

☐ 2. Often do, even do it everyday

6

Do you currently cough?

☐ 0. No

☐ 1. Sometimes

☐ 2. I have coughed over 2 weeks.



Mental Health (Written by expectant mother)

● Mood thermometer

In the past month, have you been disturbed with depression, anxiety or hopelessness?

☐ Yes ☐ No

In the past month, have you lost interest or sense of pleasure in things?

☐ Yes ☐ No

※ If you answer yes to both above questions, it is strongly suggested that you tell your family about it or seek a doctor's assistance.

Prenatal medical care history

● Do you have a previous pregnancy or delivery medical care history?

☐ 0. No

☐ 1. Yes (Please check the following boxes ☐.)

- ☐ (1) Hystero myomectomy or uterus repair surgery
- ☐ (2) Heart surgery
- ☐ (3) Hypertension
- ☐ (4) Gestational diabetes
- ☐ (5) Premature delivery
- ☐ (6) Congenital abnormalities
- ☐ (7) Stillbirth
- ☐ (8) Neonatal death
- ☐ (9) Vaginal delivery birth difficulty
- ☐ (10) Postnatal bleeding
- ☐ (11) Previous fetus infection of B streptococcus
- ☐ (12) Miscarriage
- ☐ (13) History of cardiovascular disease
- ☐ (14) Others

※ Hospitals should provide pregnant women under the circumstances mentioned above with medical care or refer them to medium and severe emergency hospitals.

※ Table for self-assessment, medical staff should help expectant mothers to check the box before the health education.

Medical instructions theme	Key points	Self-evaluation for expectant mother		Key instructions from medical staff
		Clear	Not clear	
Safeguard the mothers (refer to the booklet “let babies grow safely” and Zika virus infection medical instructions flyer)	Signs of miscarriage and high risk pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know that during the early stages of pregnancy, expectant mothers should have enough rest and adequate sleep. Lifting heavy things is not suggested. Please go to a doctor soon when signs of miscarriage appear (vaginal bleeding, stuffy pain in the lower abdomen, constant uterine contractions).
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know their own health materials, medical history and pregnancy history, if informed by doctors in future prenatal exams: one of the fourteen pregnancy history items take place, please choose the closest medium to severe level emergency hospital for treatment or miscarriage prevention.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know the purpose, timetable and importance of routine prenatal exams.
	Dangerous Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know the harm of smoking (including second hand smoke) to the mother’s and child’s health (miscarriage, premature birth, low birth weight).
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know the ill-effects of alcohol to the mother’s and child’s health (miscarriage, premature birth, stillbirth, low birth weight, central nervous system abnormalities).
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know the harm of betel nut to the mother’s and child’s health (miscarriage, premature birth, stillbirth, low birth weight).
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know the harm of drug to fetus’ health (epilepsy, underweight, breathing problems, and even death) and the sources of treatment resources that can be sought.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pregnant women who are currently smokers should be referred to smoking quit clinic or smoking quit hotline.
	Prenatal genetic exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know that pregnant women who are under one of those circumstances mentioned below are sponsored by the government to conduct prenatal amniocentesis. (1) Women over 34 years old (2) Gave birth to babies with congenital abnormalities (3) You have genetic diseases or your spouse has genetic diseases (4) Family with genetic diseases and the current pregnancy was detected abnormal by an ultrasound screening
	Zika virus infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know that during pregnancy, do not travel to areas where Zika virus infection is endemic unless necessary.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know how to prevent Zika virus infection.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know that if pregnant women are diagnosed with Zika virus infection, fetal ultrasound screening should be performed regularly every 4 weeks to track the growth of the fetus.

Medical instructions theme	Key points	Self-evaluation for expectant mother		Key points of medical staffs' instructions
		Clear	Not clear	
Gender equality (refer to the booklet: "Boys and girls are equally precious")	Care and love our babies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Boys and girls both are equally precious and are gifts to the parents. A child's future has nothing to do with its gender. Know that fetal gender screening and abortion for reasons of gender selection are illegal.
Pregnancy nutrition (refer to the booklet: "Achieve health through diet")	Nutrient supplement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know the importance of sufficient intake of folic acid, vitamin D and iodine one month before pregnancy until gestation.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know the importance of increasing the intake of calcium and iron during pregnancy. Know the importance of increasing the intake of vitamin B12 supplementation for vegetarians.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know to consult a doctor, a nutritionist, and choose and eat nutritional supplements appropriately.
	Balanced diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Knowing that when morning sickness takes place in the early stages of pregnancy, it is appropriate to take multiple diets with smaller portions for each meal. Prioritize the intake of six categories of foods with high nutrient density and avoid refined and processed foods with high sugar, oil, and salt content.

Would you like health and social administration staff to visit your home for care visits?

☐ Yes ☐ No

1. The content of the health education is co-researched by the Health Promotion Administration, Ministry of Health and Welfare, Taiwan Centers for Disease Control, Taiwan Association of Obstetrics and Gynecology, Taiwan Maternal Fetal Medicine Society, Taiwan Society of Perinatology, Taiwan Association of Family Medicine, Taiwan Nurses Association, Taiwan Midwives Association and Taiwan Dietitian Association.
2. This health education is implemented according to the health needs of pregnant women, and can be used in conjunction with the 1st to 3rd antenatal checkups for pregnant women (8th to 17th week of pregnancy). Please refer to the content of the Maternal Health Handbook for health education. The data in this table will be used for health bureau policy evaluation or case tracking health management.
3. Pregnant women who are under the age of 20 and unmarried should obtain the consent of themselves and their statutory agents.

Name and code of medical institution (midwifery):

Signature of physician/midwife:

Date of the health education guidance ____ / ____ / ____ (yyyy/mm/dd)

Signature of the expectant mother:

※ After discharge, if you need prenatal counseling, please call or visit:

(1) The national toll-free maternal care hotline: 0800-870870

(2) The website: <http://mammy.hpa.gov.tw>

※ Those who are willing to quit smoking can call the free smoking quit hotline: 0800-636363.

1

1st Prenatal self check-up record

First trimester: Less than 13 weeks

● Recommended week: Week 8

The following is recorded on (yyyy__ /mm__ /dd__) (week __).

※ Please be sure to have the expectant mother fill in the following items and self-examination records completely before receiving the prenatal exam.

- The last menstrual cycle started on : ____ / ____ / ____ (yyyy/mm/dd)
- Self checklist: ☐ Bleeding ☐ Abdominal pain ☐ Headache ☐ Spasm
☐ Other symptoms _____

● Your medical history serves as an important reference for the doctors. Please fill out the following in detail.
If you have/had any of the following symptoms, please check the relevant box ☐.

Medical history

- | | |
|---|--|
| <input type="checkbox"/> 1. Chronic hypertension | <input type="checkbox"/> 13. Anemia |
| <input type="checkbox"/> 2. Diabetes | <input type="checkbox"/> 14. Systemic lupus erythematosus (SLE) and autoimmune disorders |
| <input type="checkbox"/> 3. Heart disease | <input type="checkbox"/> 15. Bronchial asthma and lung diseases |
| <input type="checkbox"/> 4. Surgical diseases | <input type="checkbox"/> 16. Epilepsy |
| <input type="checkbox"/> 5. Kidney disease | <input type="checkbox"/> 17. Are there any other hereditary diseases or disorders in the family history? |
| <input type="checkbox"/> 6. Thyroid disease | <input type="checkbox"/> 18. Dangerous exposure (smoking, smoking in the same residence, drinking alcohol) |
| <input type="checkbox"/> 7. Coagulation disorders | <input type="checkbox"/> 19. History of cardiovascular disease |
| <input type="checkbox"/> 8. Notifiable disease | <input type="checkbox"/> 20. Do drugs |
| <input type="checkbox"/> 9. Gynecologic tumor and cancer | <input type="checkbox"/> 21. Others |
| <input type="checkbox"/> 10. Central nervous system disease | |
| <input type="checkbox"/> 11. Urinary system diseases | |
| <input type="checkbox"/> 12. Gastrointestinal tract and liver disease | |

Medical history during pregnancy

- | | |
|---|---|
| <input type="checkbox"/> 1. Hysteromyomectomy or uterus repair surgery | <input type="checkbox"/> 13. Excessive or low amniotic fluid |
| <input type="checkbox"/> 2. Heart surgery | <input type="checkbox"/> 14. Premature rupture of membranes |
| <input type="checkbox"/> 3. Hypertension | <input type="checkbox"/> 15. Placenta previa and placental abruption |
| <input type="checkbox"/> 4. Gestational Diabetes | <input type="checkbox"/> 16. Placenta accrete |
| <input type="checkbox"/> 5. Premature birth (delivery at less than 37 weeks of pregnancy) | <input type="checkbox"/> 17. Fetal abnormalities or intra-uterine fetal death; stillbirths |
| <input type="checkbox"/> 6. Congenital abnormalities | <input type="checkbox"/> 18. Fetal abnormality need the surgical treatment |
| <input type="checkbox"/> 7. Neonatal death | <input type="checkbox"/> 19. Abnormal results for prenatal hereditary screening (chromosome or genetic examining) |
| <input type="checkbox"/> 8. Vaginal delivery birth difficulty | <input type="checkbox"/> 20. Fetal distress |
| <input type="checkbox"/> 9. Postnatal bleeding | <input type="checkbox"/> 21. Pre-eclampsia |
| <input type="checkbox"/> 10. Previous fetus infection of B streptococcus | <input type="checkbox"/> 22. Eclampsia |
| <input type="checkbox"/> 11. Amniotic fluid embolism | <input type="checkbox"/> 23. History of cardiovascular disease |
| <input type="checkbox"/> 12. Intra-amniotic inflammation | <input type="checkbox"/> 24. Others |

☐ Please check the boxes ☐ of the health information that I have read.

- | | |
|---|---|
| <input type="checkbox"/> 1. Prenatal exam list (page 2) | <input type="checkbox"/> 6. Notes during pregnancy |
| <input type="checkbox"/> 2. Overview on prenatal exam: ultrasound screening (page 15) | <input type="checkbox"/> 7. How to deal with discomforts during pregnancy |
| <input type="checkbox"/> 3. Information on quitting smoking (page 61) | <input type="checkbox"/> 8. Weight control and diet during pregnancy |
| <input type="checkbox"/> 4. Free prenatal AIDS screening service | <input type="checkbox"/> 9. Infections and complications during pregnancy |
| <input type="checkbox"/> 5. Prenatal hereditary disease screening and subsidy | <input type="checkbox"/> 10. Warning signs for immediate doctor's visit |

☐ **Mood thermometer**

(Note: If you answer yes to both following questions, it is strongly suggested that you tell your family about it or seek a doctor's assistance.)

1. In the past month, have you been troubled with low moods, depression, or hopelessness?

☐ Yes ☐ No

2. In the past month, do you often lose interest and pleasure in things?

☐ Yes ☐ No

☐ **Tobacco hazards, please check the relevant box ☐.**

1. Do I currently smoke?

☐ Yes (Please refer to page 61 and quit smoking.) ☐ No

2. Over the past week, do others smoke around me when I am at home?

☐ Yes (Please refer to page 61 and ask your family to quit smoking.) ☐ No

☐ You can write down the questions that you would like to ask the doctor / midwife / nurse (such as diet, exercise, lifestyle, smoking, drinking and nutrition):

Expectant mother's signature: _____ Family member's signature: _____

1

1st Prenatal exam record

First trimester: Less than 13 weeks

- Recommended week: Week 8

The following is recorded on (yyyy____/mm____/dd____) (week____).

Special instructions from medical staffs

- ☐ If there is vaginal bleeding in early pregnancy, seek medical attention immediately.
- ☐ The first ultrasonic examination (the examination report is pasted on page 12)

Getting to know fetal growth

Weeks 6 to 8	Fetus heart beat could be detected by ultrasound.
--------------	---

Medical instructions

- ☐ Information on quitting smoking (page 61)
- ☐ Overview on prenatal exam: ultrasound screening (page 15)
- ☐ Congenital diseases
- ☐ Prenatal hereditary disease screening and subsidy



Medical instructions

- ☐ Prevention from smoking
- ☐ Boys and girls are equally precious
- ☐ Prevention of premature births
- ☐ How to deal with discomforts during pregnancy
- ☐ Weight control and diet during pregnancy
- ☐ Infections and complications during pregnancy
- ☐ Warning signs for immediate doctor's visit
- ☐ Fasten the seat-belt in the car

※ Please scan the QR code
on the right for medical
instructions.



Obstetric inspection institute:	Physician's signature:	Expectant mothers' signature:

☎ Maternal care hotline: 0800-870-870 Next prenatal exam date ____/____/____ (yyyy/mm/dd)



2

2nd Prenatal self check-up record

First trimester: Less than 13 weeks

• Recommended week: Week 12

The following is recorded on (yyyy___/mm___/dd___) (week___).

※ Please be sure to have the expectant mother fill in the following items and self-examination records completely before receiving the prenatal exam.

- ☒ Self checklist: ☐ Bleeding ☐ Abdominal pain ☐ Headache ☐ Spasm
☐ Other symptoms _____

☒ Please check the boxes ☐ of the health information that I have read.

- | | |
|---|---|
| <input type="checkbox"/> 1. Prenatal exam list (page 2) | <input type="checkbox"/> 6. How to deal with discomforts during pregnancy |
| <input type="checkbox"/> 2. Information on quitting smoking (page 61) | <input type="checkbox"/> 7. Weight control and diet during pregnancy |
| <input type="checkbox"/> 3. Free prenatal AIDS screening service | <input type="checkbox"/> 8. Infections and complications during pregnancy |
| <input type="checkbox"/> 4. Prenatal hereditary disease screening and subsidy | <input type="checkbox"/> 9. Warning signs for immediate doctor's visit |
| <input type="checkbox"/> 5. Notes during pregnancy | |

☒ **Mood thermometer**
(Note: If you answer yes to both following questions, it is strongly suggested that you tell your family about it or seek a doctor's assistance.)

1. In the past month, have you been disturbed with depression, anxiety or hopelessness?
☐ Yes ☐ No
2. In the past month, have you lost interest or sense of pleasure in things? ☐ Yes ☐ No

☒ **Tobacco hazards**

1. Do I currently smoke?
☐ Yes (Please refer to page 61 and quit smoking.) ☐ No
2. Over the past week, is there anyone smoking in front of me when I am at home?
☐ Yes (Please refer to page 61 and ask your family to quit smoking.) ☐ No

- ☒ You can write down the questions that you would like to ask the doctor / midwife / nurse (such as diet, exercise, lifestyle, smoking, drinking and nutrition):

Expectant mother's signature: _____ Family member's signature: _____

2nd Prenatal exam record

The date of this prenatal exam is on yyyy ____ /mm ____ /dd ____ (Pregnancy week ____).

Prenatal exam findings

- ☐ No special findings
- ☐ Areas of attention or abnormality: 1. _____ ☐ need follow up ☐ need referral
- ※ If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan Intimate Partner Violence Danger Assessment (TIPVDA scale).
2. _____ ☐ need follow up ☐ need referral
3. _____ ☐ need follow up ☐ need referral
4. _____ ☐ need follow up ☐ need referral

Special instructions from medical staffs

- ☐ Maternal blood Down's syndrome screening for the first trimester could be done from 11 to 14 weeks (self-funded, results are recorded on page 57).
- ☐ Blood exams for rubella antibody and syphilis (results are recorded on page 8).
- ☐ Blood exam for HBsAg and HBeAg, exam timetable is shown on page 2 (results are recorded on page 8).
- ☐ MCV is an important indicator of Thalassemia. Please remember to ask the doctor about the exam results. If the MCV is less than 80, the spouse also needs to be examined.
- ☐ Discussion with doctors is suggested for expectant mothers in the diabetes high risk groups. They should conduct exams of fasting plasma glucose (FPG) and HbA1C during the first prenatal exam (self-funded, results are recorded on page 8).
- ☐ Free maternal AIDS screening is recommended.

Getting to know fetal growth

weeks 9 to 12

Facial features, limbs and vital organs development

Medical instructions

- | | |
|--|--|
| <input type="checkbox"/> Prenatal exam list (page 2) | <input type="checkbox"/> Weight control and diet during pregnancy |
| <input type="checkbox"/> Blood exam results for hepatitis B (page 8) | <input type="checkbox"/> Infections and complications during pregnancy |
| <input type="checkbox"/> Exam results for rubella antigen (page 8) | <input type="checkbox"/> Warning signs for immediate doctor's visit |
| <input type="checkbox"/> Information on quitting smoking | <input type="checkbox"/> Popularization of breastfeeding and nursing |
| <input type="checkbox"/> Free prenatal AIDS screening service | <input type="checkbox"/> Fasten the seat-belt in the car |
| <input type="checkbox"/> Prenatal hereditary disease screening and subsidy | |
| <input type="checkbox"/> Boys and girls are equally precious. | |
| <input type="checkbox"/> Notes during pregnancy | |
| <input type="checkbox"/> How to deal with discomforts during pregnancy | |



※ Please scan the QR code above for medical instructions.

Obstetric inspection institute:

Physician's signature:

Expectant mothers' signature:

3

3rd Prenatal self check-up record

Second trimester: Over 13 weeks and less than 29 weeks

• Recommended week: Week 16

The following is recorded on (yyyy__ /mm__ /dd__) (week__).

※ Please be sure to have the expectant mother fill in the following items and self-examination records completely before receiving the prenatal exam.

- ☒ Self checklist: ☐ Bleeding ☐ Abdominal pain ☐ Headache ☐ Spasm
☐ Other symptoms _____

☒ Please check the boxes ☐ of the health information that I have read.

- | | |
|---|--|
| <input type="checkbox"/> 1. Prenatal exam list (page 2) | <input type="checkbox"/> 7. Prevention of premature births |
| <input type="checkbox"/> 2. Information on quitting smoking (page 61) | <input type="checkbox"/> 8. Notes during pregnancy |
| <input type="checkbox"/> 3. Congenital diseases | <input type="checkbox"/> 9. How to deal with discomforts during pregnancy |
| <input type="checkbox"/> 4. Free prenatal AIDS screening service | <input type="checkbox"/> 10. Weight control and diet during pregnancy |
| <input type="checkbox"/> 5. Prenatal hereditary disease screening and subsidy | <input type="checkbox"/> 11. Infections and complications during pregnancy |
| <input type="checkbox"/> 6. Prevention from smoking | <input type="checkbox"/> 12. Warning signs for immediate doctor's visit |

☒ Mood thermometer

(Note: If you answer yes to both following questions, it is strongly suggested that you tell your family about it or seek a doctor's assistance.)

1. In the past month, have you been disturbed with depression, anxiety or hopelessness?
☐ Yes ☐ No
2. In the past month, have you lost interest or sense of pleasure in things? ☐ Yes ☐ No

☒ Tobacco hazards

1. Do I currently smoke?
☐ Yes (Please refer to page 61 and quit smoking.) ☐ No
2. Over the past week, is there anyone smoking in front of me when I am at home?
☐ Yes (Please refer to page 61 and ask your family to quit smoking.) ☐ No

- ☒ You can write down the questions that you would like to ask the doctor / midwife / nurse (such as diet, exercise, lifestyle, smoking, drinking and nutrition):

Expectant mother's signature: _____ Family member's signature: _____

3rd Prenatal exam record

The date of this prenatal exam is on yyyy ____ /mm ____ /dd ____ (Pregnancy week ____).

Prenatal exam findings

☐ No special findings

☐ Areas of attention or abnormality:

1. _____ ☐ need follow up ☐ need referral

2. _____ ☐ need follow up ☐ need referral

3. _____ ☐ need follow up ☐ need referral

4. _____ ☐ need follow up ☐ need referral

※If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan Intimate Partner Violence Danger Assessment (TIPVDA scale).

Special instructions from medical staffs

☐ Between weeks 15 and 20, expectant mothers can go through the maternal blood Down's syndrome screening for the second trimester or amniocentesis. (Record the exam results on page 57.)

(These are not covered by the Ministry of Health and Welfare, and for the subsidy to certain prenatal examination provided, please refer to following QR code.)

Getting to know fetal growth

Weeks 13 to 16

The baby is fully formed. The skin is translucent and light pink, and the baby starts to move around.

Medical instructions

☐ Information on quitting smoking (page 61)

☐ Congenital diseases

☐ Prenatal hereditary disease screening and subsidy

☐ Prevention from smoking

☐ Boys and girls are equally precious.

☐ Prevention of premature births

☐ How to deal with discomforts during pregnancy

☐ Weight control and diet during pregnancy

☐ Infections and complications during pregnancy

☐ Warning signs for immediate doctor's visit

☐ Fasten the seat-belt in the car

※ Please scan the QR code on the right for medical instructions.



Obstetric inspection institute:

Physician's signature:

Expectant mothers' signature:



Maternal care hotline: 0800-870-870 Next prenatal exam date ____ / ____ / ____ (yyyy/mm/dd)

4

4th Prenatal self check-up record

Second trimester: Over 13 weeks and less than 29 weeks

• Recommended week: Week 20

The following is recorded on (yyyy___/mm___/dd___) (week___).

※ Please be sure to have the expectant mother fill in the following items and self-examination records completely before receiving the prenatal exam.

- ☒ Self checklist: ☐ Bleeding ☐ Abdominal pain ☐ Headache ☐ Spasm
☐ Other symptoms _____

☒ Please check the boxes ☐ of the health information that I have read.

- | | |
|---|---|
| <input type="checkbox"/> 1. Overview on prenatal exam: ultrasound screening (page 15) | <input type="checkbox"/> 5. Weight control and diet during pregnancy |
| <input type="checkbox"/> 2. Information on quitting smoking (page 61) | <input type="checkbox"/> 6. Infections and complications during pregnancy |
| <input type="checkbox"/> 3. Prevention of premature births and high risk pregnancy | <input type="checkbox"/> 7. Warning signs for immediate doctor's visit |
| <input type="checkbox"/> 4. How to deal with discomforts during pregnancy | <input type="checkbox"/> 8. Breastfeeding |

☒ Mood thermometer
(Note: If you answer yes to both following questions, it is strongly suggested that you tell your family about it or seek a doctor's assistance.)

1. In the past month, have you been disturbed with depression, anxiety or hopelessness?
☐ Yes ☐ No
2. In the past month, have you lost interest or sense of pleasure in things? ☐ Yes ☐ No

☒ Tobacco hazards

1. Do I currently smoke?
☐ Yes (Please refer to page 61 and quit smoking.) ☐ No
2. Over the past week, is there anyone smoking in front of me when I am at home?
☐ Yes (Please refer to page 61 and ask your family to quit smoking.) ☐ No

- ☒ You can write down the questions that you would like to ask the doctor / midwife / nurse (such as diet, exercise, lifestyle, smoking, drinking and nutrition):

Expectant mother's signature: _____ Family member's signature: _____

4th Prenatal exam record

The date of this prenatal exam is on yyyy ____ /mm ____ /dd ____ (Pregnancy week ____).

Prenatal exam findings

☐ No special findings

☐ Areas of attention or abnormality:

1. _____ ☐ need follow up ☐ need referral

2. _____ ☐ need follow up ☐ need referral

3. _____ ☐ need follow up ☐ need referral

4. _____ ☐ need follow up ☐ need referral

※If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan Intimate Partner Violence Danger Assessment (TIPVDA scale).

Special instructions from medical staffs

☐ Ultrasonic examination (the examination report is pasted on page 13)

Getting to know fetal growth

Weeks 17 to 20

Fetal movement is more evident. The head takes up about 1/3 of the total body length. The bones are growing rapidly. The length of the arms and legs are proportional. The baby is starting to produce meconium. The fetus is about 25 cm in length and weighs about 250 to 500g.

Medical instructions

☐ Overview on prenatal exam: ultrasound screening (page 15)

☐ Information on quitting smoking (page 61)

☐ Prevention of premature births, high risk pregnancy

☐ How to deal with discomforts during pregnancy

☐ Weight control and diet during pregnancy

☐ Infections and complications during pregnancy

☐ Warning signs for immediate doctor's visit

☐ Fasten the seat-belt in the car

☐ Breastfeeding

☐ Will breastfeed

☐ Need breastfeeding guidance

☐ Provided breastfeeding booklet

(Please consult the site: <http://health99.hpa.gov.tw>)

☐ Will not breastfeed

☐ Need guidance on baby formula

※ Please scan the QR code on the right for medical instructions.



Obstetric inspection institute:

Physician's signature:

Expectant mothers' signature:



Maternal care hotline: 0800-870-870 Next prenatal exam date ____ / ____ / ____ (yyyy/mm/dd)

5

5th Prenatal self check-up record

Second trimester: Over 13 weeks and less than 29 weeks

• Recommended week: Week 24

The following is recorded on (yyyy__/mm__/dd__) (week__).

※ Please be sure to have the expectant mother fill in the following items and self-examination records completely before receiving the prenatal exam.

- ☒ Self checklist: ☐ Bleeding ☐ Abdominal pain ☐ Headache ☐ Spasm
☐ Other symptoms _____

☒ Please check the boxes ☐ of the health information that I have read.

- | | |
|---|---|
| <input type="checkbox"/> 1. Overview on prenatal exam: ultrasound screening (page 15) | <input type="checkbox"/> 6. Weight control and diet during pregnancy |
| <input type="checkbox"/> 2. Information on quitting smoking (page 61) | <input type="checkbox"/> 7. Infections and complications during pregnancy |
| <input type="checkbox"/> 3. Prevention of premature births and high risk pregnancy | <input type="checkbox"/> 8. Warning signs for immediate doctor's visit |
| <input type="checkbox"/> 4. Notes during pregnancy | <input type="checkbox"/> 9. Prenatal exercise |
| <input type="checkbox"/> 5. How to deal with discomforts during pregnancy | <input type="checkbox"/> 10. Breastfeeding |
| | <input type="checkbox"/> 11. Know about the gestational diabetes |
| | <input type="checkbox"/> 12. Know about the anemia in pregnancy |

☒ **Mood thermometer**
(Note: If you answer yes to both following questions, it is strongly suggested that you tell your family about it or seek a doctor's assistance.)

1. In the past month, have you been disturbed with depression, anxiety or hopelessness?
☐ Yes ☐ No
2. In the past month, have you lost interest or sense of pleasure in things? ☐ Yes ☐ No

☒ **Tobacco hazards**

1. Do I currently smoke?
☐ Yes (Please refer to page 61 and quit smoking.) ☐ No
2. Over the past week, is there anyone smoking in front of me when I am at home?
☐ Yes (Please refer to page 61 and ask your family to quit smoking.) ☐ No

- ☒ You can write down the questions that you would like to ask the doctor / midwife / nurse (such as diet, exercise, lifestyle, smoking, drinking and nutrition):

Expectant mother's signature: _____ Family member's signature: _____

5th Prenatal exam record

The date of this prenatal exam is on yyyy ____ /mm ____ /dd ____ (Pregnancy week ____).

Prenatal exam findings

☐ No special findings

☐ Areas of attention or abnormality:

1. _____ ☐ need follow up ☐ need referral

2. _____ ☐ need follow up ☐ need referral

3. _____ ☐ need follow up ☐ need referral

4. _____ ☐ need follow up ☐ need referral

※If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan Intimate Partner Violence Danger Assessment (TIPVDA scale).

Special instructions from medical staffs

☐ Whether there is gestational diabetes screening for pregnant women from 24 to 28 weeks. (Check results are recorded on page 8)

☐ Whether there is anemia test for pregnant women from 24 to 28 weeks. (Check results are recorded on page 8)

☐ Prenatal education curriculum

Getting to know fetal growth

Weeks 21 to 24

The baby's nostrils are now open and it practices breathing. The baby can also hear sounds, and can feel outside sounds.

Medical instructions

☐ Overview on prenatal exam: ultrasound screening (page 15)

☐ Information on quitting smoking (page 61)

☐ Prevention of premature births, high risk pregnancy

☐ Notes during pregnancy

☐ How to deal with discomforts during pregnancy

☐ Weight control and diet during pregnancy

☐ Infections and complications during pregnancy

☐ Warning signs for immediate doctor's visit

☐ Prenatal exercise

☐ Breastfeeding

☐ Fasten the seat-belt in the car

☐ Know about the gestational diabetes

☐ Know about the anemia in pregnancy

※ Please scan the QR code on the right for medical instructions.



Obstetric inspection institute:

Physician's signature:

Expectant mothers' signature:

6

6th Prenatal self check-up record

Second trimester: Over 13 weeks and less than 29 weeks

• Recommended week: Week 28

The following is recorded on (yyyy___/mm___/dd___) (week___).

※ Please be sure to have the expectant mother fill in the following items and self-examination records completely before receiving the prenatal exam.

- Self checklist: ☐ Bleeding ☐ Abdominal pain ☐ Headache ☐ Spasm
☐ Other symptoms _____

• Please check the boxes ☐ of the health information that I have read.

- | | |
|--|---|
| <input type="checkbox"/> 1. Information on quitting smoking (page 61) | <input type="checkbox"/> 5. Weight control and diet during pregnancy |
| <input type="checkbox"/> 2. Prevention of premature births and high risk pregnancy | <input type="checkbox"/> 6. Infections and complications during pregnancy |
| <input type="checkbox"/> 3. Notes during pregnancy | <input type="checkbox"/> 7. Warning signs for immediate doctor's visit |
| <input type="checkbox"/> 4. How to deal with discomforts during pregnancy | <input type="checkbox"/> 8. Prenatal exercise |
| | <input type="checkbox"/> 9. Breastfeeding |

• Mood thermometer

(Note: If you answer yes to both following questions, it is strongly suggested that you tell your family about it or seek a doctor's assistance.)

- In the past month, have you been disturbed with depression, anxiety or hopelessness?
☐ Yes ☐ No
- In the past month, have you lost interest or sense of pleasure in things? ☐ Yes ☐ No

• Tobacco hazards

- Do I currently smoke?
☐ Yes (Please refer to page 61 and quit smoking.) ☐ No
- Over the past week, is there anyone smoking in front of me when I am at home?
☐ Yes (Please refer to page 61 and ask your family to quit smoking.) ☐ No

- You can write down the questions that you would like to ask the doctor / midwife / nurse (such as diet, exercise, lifestyle, smoking, drinking and nutrition):

Expectant mother's signature: _____ Family member's signature: _____

6th Prenatal exam record

The date of this prenatal exam is on yyyy ____ /mm ____ /dd ____ (Pregnancy week ____).

Prenatal exam findings

☐ No special findings

☐ Areas of attention or abnormality:

1. _____ ☐ need follow up ☐ need referral

2. _____ ☐ need follow up ☐ need referral

3. _____ ☐ need follow up ☐ need referral

4. _____ ☐ need follow up ☐ need referral

※If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan Intimate Partner Violence Danger Assessment (TIPVDA scale).

Special instructions from medical staffs

☐ If necessary, a gestational diabetes screening can be conducted during the 24 to 29 weeks (results are recorded on page 8).

☐ Prenatal education curriculum

☐ You can inoculate Tdap pertussis vaccine at your own expense in 28 to 36 weeks to pass the mother's antibodies to the fetus and reduce the risk of infection after birth.

Getting to know fetal growth

Weeks 25 to 28

The skin is red and creased. Subcutaneous fat begins to deposit, an alternation of sleep and activity, with responses to external sounds.

Medical instructions

☐ Information on quitting smoking (page 61)

☐ Prevention of premature births, high risk pregnancy

☐ Notes during pregnancy

☐ How to deal with discomforts during pregnancy

☐ Weight control and diet during pregnancy

☐ Infections and complications during pregnancy

☐ Warning signs for immediate doctor's visit

☐ Prenatal exercise

☐ Breastfeeding

☐ Fasten the seat-belt in the car

※ Please scan the QR code on the right for medical instructions.



Obstetric inspection institute:

Physician's signature:

Expectant mothers' signature:

2

Pregnant Women’s Prenatal Health Care and Health Education Record

Week 29 to 40

Gestational age, Week _____ (This service is subsidized by Tobacco Health and Welfare Tax.)

Basic Information (filled out by expectant mother)

Height _____ cm	Weight before pregnancy _____ kg	Current weight _____ kg	Hemoglobin (Hb) _____ g/dL (Please fill in the test results of the first prenatal test)
-----------------	----------------------------------	-------------------------	--

- ☒ Are you currently subsidize by social welfare: (Multiple choices)
- ☐ 0. No
 - ☐ 1. Middle-to-low-income household subsidy
 - ☐ 2. Low-income household subsidy
 - ☐ 3. Subsidy for family in hardship
 - ☐ 4. Children and youth subsidy (Project: _____ ; Number of people: _____)
 - ☐ 5. Others _____
- ☒ Pregnant women with the following conditions:
- ☐ 1. Unmarried pregnant women
 - ☐ 2. Pregnant women with disabilities
 - ☐ 3. Others _____

Health Behavior (Written by expectant mother)

- ☒ 1 Do you currently smoke?
- ☐ 0. No ☐ 1. Sometimes or only for socializing ☐ 2. Often smoke or smoke everyday
- ☒ 2 Are you aware of leaving the environment with secondhand smoke?
- ☐ 0. No ☐ 1. Yes ☐ 2. No secondhand smoke in the surrounding environment
- ☒ 3 Do you currently consume alcohol?
- ☐ 0. No ☐ 1. Sometimes or only for socializing ☐ 2. Often drink
- ☒ 4 Do you chew betel nuts?
- ☐ 0. No ☐ 1. Sometimes or only for socializing ☐ 2. Often chew
- ☒ 5 Do you currently do drugs?
- ☐ 0. No ☐ 1. Sometimes ☐ 2. Often do, even do it everyday
- ☒ 6 Do you currently cough?
- ☐ 0. No ☐ 1. Sometimes ☐ 2. I have coughed over 2 weeks.

Mental Health (Written by expectant mother)

☒ Mood thermometer

In the past month, have you been disturbed with depression, anxiety or hopelessness?

☐ Yes ☐ No

In the past month, have you lost interest or sense of pleasure in things?

☐ Yes ☐ No

※ If you answer yes to both above questions, it is strongly suggested that you tell your family about it or seek a doctor's assistance.

Prenatal medical care history

☒ Do you have a previous pregnancy or delivery medical care history?

☐ 0. No

☐ 1. Yes (Please check the following boxes ☐.)

- ☐ (1) Gestational hypertension
- ☐ (2) Placenta previa
- ☐ (3) Excessive or low amniotic fluid
- ☐ (4) Fetal growth restrictions
- ☐ (5) Placenta dysfunction
- ☐ (6) Fetus overweight (above 4200 gm)
- ☐ (7) Hereditary diseases in pregnant women or her first-degree relatives
- ☐ (8) Severe complications:

<input type="checkbox"/> Heart disease	<input type="checkbox"/> Mental disease or nervous system disease
<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Pregnancy with immune system disease
<input type="checkbox"/> Hematological disease	<input type="checkbox"/> Ovarian or uterine tumor
<input type="checkbox"/> Liver diseases	<input type="checkbox"/> Gestational infectious disease
<input type="checkbox"/> Active tuberculosis	<input type="checkbox"/> Sexually transmitted disease (including AIDS)
<input type="checkbox"/> Gestational diabetes	<input type="checkbox"/> Other severe medical or surgical diseases
<input type="checkbox"/> Hyperthyroidism	
- ☐ (9) Abnormal pelvis
- ☐ (10) Abnormal uterine, birth canal
- ☐ (11) History of cardiovascular disease
- ☐ (12) Others

※ Hospitals should provide pregnant women under the circumstances mentioned above with medical care or refer them to medium and severe emergency hospitals. If the HIV screening result is positive, please refer to the designated AIDS medical institution.

Medical instructions theme	Key points	Self-evaluation for expectant mother		Key points of medical staffs' instructions
		Clear	Not clear	
Maintain maternal-fetal safety (refer to the booklet "let babies grow safely" and Zika virus infection medical instructions flyer)	Do know the signs of premature birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Recognize/Identify the signs of when to go to a doctor immediately when signs of premature birth appear at the end of pregnancy (vaginal bleeding, stuffy pain in the lower abdomen, constant uterine contraction, water breaking). Choose a hospital with Neonatal ICU to wait for delivery or for delivery.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know your own health materials, medical history and pregnancy history, if informed by doctors: when one of the twelve pregnancy history items take place, please choose the nearest medium to severe level emergency hospital for treatment or miscarriage prevention.
	Dangerous Substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Avoid the harmful effects of smoking (including second-hand smoke) on mother's and child's health (miscarriage, premature birth, low birth weight).
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know the ill-effects of alcohol to the mother's and child's health (miscarriage, premature birth, stillbirth, low birth weight, central nervous system abnormalities).
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know the harm of betel nut to the mother's and child's health (miscarriage, premature birth, stillbirth, low birth weight).
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know the harm of drug to fetus' health (epilepsy, underweight, breathing problems, and even death) and the sources of treatment resources that can be sought.
	Zika virus infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pregnant women who are currently smokers should be referred to smoking quit clinic or smoking quit line.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know that during pregnancy, if it is not necessary, travel to areas where Zika virus infection is endemic should be postponed.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know how to prevent Zika virus infection.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Know that if pregnant women are diagnosed with Zika virus infection, fetal ultrasound screening should be performed regularly every 4 weeks to track the growth of the fetus.
Pregnancy nutrition (refer to the booklet: "Achieve health through diet")	Weight control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Knowing that the weight gained during pregnancy should be adjusted according to the weight before gestation. It is proper to gain 10-14 kg of weight and to keep increasing rate in check.
	Balanced diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prioritize the intake of six categories of natural foods, and avoid refined and processed foods with high oil, high sugar, and high salt content and foods with low nutritional value, such as sugar-sweetened beverages and potato chips.
Preparations and plans for delivery (refer to the booklet: "The birth of the baby")	Multiple friendly delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Evaluate and plan the appropriate delivery method based on the expectant mother's health.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Do not choose a C-section without a medical indication.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Understand that pregnancy and delivery are normal processes and that participation in pre-delivery education could help you prepare better for the delivery process and thus somewhat help to relieve labor pains.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Identify/ recognize the signs of imminent delivery such as: sense of relaxation, bleeding, pains or soreness of the waist, water breaking (great amount of fluid coming out of the vagina), a strong desire to defecate and labor pains.

Medical instructions theme	Key points	Self-evaluation for expectant mother		Key points of medical staffs' instructions
		Clear	Not clear	
Breastfeeding (refer to the booklet: "The best way to nurture the baby")	Breastfeeding guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Breast milk can provide newborns and infants with the best nutrition. Breastfeeding is beneficial to the health of mothers and babies: (1) For mothers: it can reduce postnatal bleeding, keep fit, reduce the chances of ovarian cancer and breast cancer, and provide a more efficient natural contraception. (2) For babies: it can supply a whole set of nutrition, is easily absorbed, enhances immunity, reduces the occurrence of gastroenteritis, and make babies less prone to be obese.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> The skin touch between the mother and the baby soon after delivery and keeping them in the same room can promote breast milk secretion and uterine contraction, reduce postnatal bleeding and infection of both each other and the baby. Enhances the bond of parenthood at an early age and keeps the baby's temperature and mood stable which is helpful to their brain development.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In case of mothers who are not able to provide breast milk, they need not push themselves too hard. All mothers are willing to sacrifice for their babies. There are plenty of ways to express your love and breastfeeding is just one of them. Those who give unconditional love are considered good moms.
Mental adaptation during pregnancy (refer to the booklet: "Getting to know about post-partum depression and its prevention and treatment")	Mental adaptation during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New mothers taking care of their babies need to remember to try and get some rest when the babies are asleep and do not be over exhausted or sleep deprived.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mothers could have a discussion with family for asking assistance of sharing household work. If possible, mothers should take some time out each day to take a walk and give themselves a break.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mothers need to express feelings to the family and friends when needed and seek their help. If possible, share the experience and thoughts with other mothers who just gave birth as well.

Would you like health and social administration staff to visit your home for care visits?

☐ Yes ☐ No

1. The content of the health education is co-researched by the Health Promotion Administration, Ministry of Health and Welfare, Taiwan Centers for Disease Control, Taiwan Association of Obstetrics and Gynecology, Taiwan Maternal Fetal Medicine Society, Taiwan Society of Perinatology, Taiwan Association of Family Medicine, Taiwan Nurses Association, Taiwan Midwives Association and Taiwan Dietitian Association.
2. This health education is implemented according to the health needs of pregnant women, and can be used in conjunction with the 7th to 14th antenatal checkups for pregnant women (more than 29 weeks of pregnancy). Please refer to the content of the Maternal Health Booklet for health education. The data in this table will be used for health bureau policy evaluation or case tracking health management.
3. Pregnant women who are under the age of 20 and unmarried should obtain the consent of themselves and their legal representatives.

Name and code of medical institution (midwifery):

Signature of physician/midwife:

Date of the health education guidance ____/____/____ (yyyy/mm/dd)

Signature of the expectant mother:

- ※ After discharge, if you need prenatal counseling, please call or visit:
- (1) The national toll-free maternal care hotline: 0800-870870
 - (2) The website: <http://mammy.hpa.gov.tw>
- ※ Those who are willing to quit smoking can call the free smoking quit hotline: 0800-636363.

7

7th Prenatal self check-up record

Third trimester: Over 29 weeks
● Recommended week: Week 30

The following is recorded on (yyyy__/mm__/dd__) (week__).

※ Please be sure to have the expectant mother fill in the following items and self-examination records completely before receiving the prenatal exam.

- Self checklist: ☐ Bleeding ☐ Abdominal pain ☐ Headache ☐ Spasm
☐ Other symptoms _____

● Please check the boxes ☐ of the health information that I have read.

- | | |
|--|--|
| <input type="checkbox"/> 1. Information on quitting smoking (page 61) | <input type="checkbox"/> 5. Warning signs for immediate doctor's visit |
| <input type="checkbox"/> 2. Prevention of premature births and high risk pregnancy | <input type="checkbox"/> 6. Getting to know postpartum depression |
| <input type="checkbox"/> 3. Weight control and diet during pregnancy | <input type="checkbox"/> 7. Prenatal exercise |
| <input type="checkbox"/> 4. Infections and complications during pregnancy | <input type="checkbox"/> 8. Breastfeeding |
| | <input type="checkbox"/> 9. Preparing for prenatal supplies |

● **Mood thermometer**
(Note: If you answer yes to both following questions, it is strongly suggested that you tell your family about it or seek a doctor's assistance.)

1. In the past month, have you been disturbed with depression, anxiety or hopelessness?
☐ Yes ☐ No
2. In the past month, have you lost interest or sense of pleasure in things? ☐ Yes ☐ No

● **Tobacco hazards**

1. Do I currently smoke?
☐ Yes (Please refer to page 61 and quit smoking.) ☐ No
2. Over the past week, is there anyone smoking in front of me when I am at home?
☐ Yes (Please refer to page 61 and ask your family to quit smoking.) ☐ No

- You can write down the questions that you would like to ask the doctor / midwife / nurse (such as diet, exercise, lifestyle, smoking, drinking and nutrition):

Expectant mother's signature: _____ Family member's signature: _____

7th Prenatal exam record

The date of this prenatal exam is on yyyy ____ /mm ____ /dd ____ (Pregnancy week ____).

Prenatal exam findings

☐ No special findings

☐ Areas of attention or abnormality:

1. _____ ☐ need follow up ☐ need referral

2. _____ ☐ need follow up ☐ need referral

3. _____ ☐ need follow up ☐ need referral

4. _____ ☐ need follow up ☐ need referral

※If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan Intimate Partner Violence Danger Assessment (TIPVDA scale).

Special instructions from medical staffs

☐ Please confirm whether the head of the fetus is facing down at this time.

☐ Have you ever had free HIV testing for pregnant women? If not, you can ask your healthcare provider for free testing services.

☐ It is recommended to accept the third ultrasound examination after the 32nd week. (Examination report is pasted on page 14.)

Getting to know fetal growth

Weeks 29 to 32

The skin is less creased. The nails start to grow. The eyelids can open. The baby starts to be more active.

The baby is getting stronger and often kicks in the mother's womb. In addition, the baby's head is generally starting to point downward.

Medical instructions

☐ Information on quitting smoking (page 61)

☐ Prevention of premature births, high risk pregnancy

☐ How to deal with discomforts during pregnancy

☐ Weight control and diet during pregnancy

☐ Infections and complications during pregnancy

☐ Warning signs for immediate doctor's visit

☐ Getting to know postpartum depression

☐ Prenatal exercise

☐ Breastfeeding

☐ Preparing for prenatal supplies

☐ Fasten the seat-belt in the car

☐ Purchase an infant car seat

※ Please scan the QR code on the right for medical instructions.



Obstetric inspection institute:

Physician's signature:

Expectant mothers' signature:

8

8th Prenatal self check-up record

Third trimester: Over 29 weeks
• Recommended week: Week 32

The following is recorded on (yyyy___/mm___/dd___) (week___).

※ Please be sure to have the expectant mother fill in the following items and self-examination records completely before receiving the prenatal exam.

- ☒ Self checklist: ☐ Bleeding ☐ Abdominal pain ☐ Headache ☐ Spasm
☐ Other symptoms _____

☒ Please check the boxes ☐ of the health information that I have read.

- | | |
|---|---|
| <input type="checkbox"/> 1. Overview on prenatal exam: ultrasound screening (page 15) | <input type="checkbox"/> 5. Infections and complications during pregnancy |
| <input type="checkbox"/> 2. Prevention of premature births and high risk pregnancy | <input type="checkbox"/> 6. Warning signs for immediate doctor's visit |
| <input type="checkbox"/> 3. How to deal with discomforts during pregnancy | <input type="checkbox"/> 7. Getting to know postpartum depression |
| <input type="checkbox"/> 4. Weight control and diet during pregnancy | <input type="checkbox"/> 8. Prenatal exercise |
| | <input type="checkbox"/> 9. Breastfeeding |
| | <input type="checkbox"/> 10. Preparing for prenatal supplies |

☒ **Mood thermometer**
(Note: If you answer yes to both following questions, it is strongly suggested that you tell your family about it or seek a doctor's assistance.)

1. In the past month, have you been disturbed with depression, anxiety or hopelessness?
☐ Yes ☐ No
2. In the past month, have you lost interest or sense of pleasure in things? ☐ Yes ☐ No

☒ **Tobacco hazards**

1. Do I currently smoke?
☐ Yes (Please refer to page 61 and quit smoking.) ☐ No
2. Over the past week, is there anyone smoking in front of me when I am at home?
☐ Yes (Please refer to page 61 and ask your family to quit smoking.) ☐ No

- ☒ You can write down the questions that you would like to ask the doctor / midwife / nurse (such as diet, exercise, lifestyle, smoking, drinking and nutrition):

Expectant mother's signature: _____ Family member's signature: _____

8th Prenatal exam record

The date of this prenatal exam is on yyyy ____ /mm ____ /dd ____ (Pregnancy week ____).

Prenatal exam findings

☐ No special findings

☐ Areas of attention or abnormality:

1. _____ ☐ need follow up ☐ need referral

2. _____ ☐ need follow up ☐ need referral

3. _____ ☐ need follow up ☐ need referral

4. _____ ☐ need follow up ☐ need referral

※If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan Intimate Partner Violence Danger Assessment (TIPVDA scale).

Special instructions from medical staffs

☐ Ultrasound examination (Examination report is pasted on page 14)

☐ Blood exams for syphilis inspection (Examination report is pasted on page 8)

☐ Blood exams for hepatitis B surface antigen (HBsAg) and hepatitis B e antigen (HBeAg) should be conducted during the current exam if they were not examined during the first trimester. For exam schedules, please refer to page 2. (Results are recorded on page 8.)

☐ Blood exam for HIV should be conducted during the current exam if they were not examined during the first trimester or they are at risk of HIV infection.

Getting to know fetal growth

Weeks 29 to 32

The skin is less creased. The nails start to grow. The eyelids can open. The baby starts to be more active.

The baby is getting stronger and often kicks in the mother's womb. In addition, the baby's head is generally starting to point downward.

Medical instructions

☐ Overview on prenatal exam: ultrasound screening (page 15)

☐ Information on quitting smoking (page 61)

☐ Prevention of premature births, high risk pregnancy

☐ How to deal with discomforts during pregnancy

☐ Weight control and diet during pregnancy

☐ Infections and complications during pregnancy

☐ Warning signs for immediate doctor's visit

☐ Getting to know postpartum depression

☐ Prenatal exercise

☐ Breastfeeding

☐ Preparing for prenatal supplies

☐ Fasten the seat-belt in the car

☐ Purchase an infant car seat

※ Please scan the QR code on the right for medical instructions.



Obstetric inspection institute:

Physician's signature:

Expectant mothers' signature:



Maternal care hotline: 0800-870-870 Next prenatal exam date ____ / ____ / ____ (yyyy/mm/dd)

9

9th Prenatal self check-up record

Third trimester: Over 29 weeks

● Recommended week: Week 34

The following is recorded on (yyyy___/mm___/dd___) (week___).

※ Please be sure to have the expectant mother fill in the following items and self-examination records completely before receiving the prenatal exam.

- Self checklist: ☐ Bleeding ☐ Abdominal pain ☐ Headache ☐ Spasm
☐ Other symptoms _____

● Please check the boxes ☐ of the health information that I have read.

- | | |
|--|--|
| <input type="checkbox"/> 1. Information on quitting smoking (page 61) | <input type="checkbox"/> 5. Warning signs for immediate doctor's visit |
| <input type="checkbox"/> 2. Prevention of premature births and high risk pregnancy | <input type="checkbox"/> 6. Getting to know postpartum depression |
| <input type="checkbox"/> 3. Weight control and diet during pregnancy | <input type="checkbox"/> 7. Prenatal exercise |
| <input type="checkbox"/> 4. Infections and complications during pregnancy | <input type="checkbox"/> 8. Breastfeeding |
| | <input type="checkbox"/> 9. Preparing for prenatal supplies |

● Mood thermometer
(Note: If you answer yes to both following questions, it is strongly suggested that you tell your family about it or seek a doctor's assistance.)

1. In the past month, have you been disturbed with depression, anxiety or hopelessness?
☐ Yes ☐ No
2. In the past month, have you lost interest or sense of pleasure in things? ☐ Yes ☐ No

● Tobacco hazards

1. Do I currently smoke?
☐ Yes (Please refer to page 61 and quit smoking.) ☐ No
2. Over the past week, is there anyone smoking in front of me when I am at home?
☐ Yes (Please refer to page 61 and ask your family to quit smoking.) ☐ No

- You can write down the questions that you would like to ask the doctor / midwife / nurse (such as diet, exercise, lifestyle, smoking, drinking and nutrition):

Expectant mother's signature: _____ Family member's signature: _____

9th Prenatal exam record

The date of this prenatal exam is on yyyy ____ /mm ____ /dd ____ (Pregnancy week ____).

Prenatal exam findings

☐ No special findings

☐ Areas of attention or abnormality:

1. _____ ☐ need follow up ☐ need referral

2. _____ ☐ need follow up ☐ need referral

3. _____ ☐ need follow up ☐ need referral

4. _____ ☐ need follow up ☐ need referral

※If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan Intimate Partner Violence Danger Assessment (TIPVDA scale).

Special instructions from medical staffs

☐ Have you had an ultrasonic inspection? (Report is pasted on page 14.)

☐ Have you received a free AIDS screening? If not, you can take one.

Getting to know fetal growth

Week 34

The baby is getting stronger and often kicks in the mother's womb. In addition, the baby's head is generally starting to point downward.

Medical instructions

☐ Information on quitting smoking (page 61)

☐ Prevention of premature births, high risk pregnancy

☐ Weight control and diet during pregnancy

☐ Infections and complications during pregnancy

☐ Warning signs for immediate doctor's visit

☐ Getting to know postpartum depression

☐ Prenatal exercise

☐ Preparing for prenatal supplies

☐ Fasten the seat-belt in the car

☐ Breastfeeding

☐ Will breastfeed

☐ Need breastfeeding guidance

☐ Provided breastfeeding booklet

(Please consult the site: <http://health99.hpa.gov.tw>)

☐ Will not breastfeed

☐ Need guidance on baby formula

※ Please scan the QR code on the right for medical instructions.



Obstetric inspection institute:

Physician's signature:

Expectant mothers' signature:

10

10th Prenatal self check-up record

Third trimester: Over 29 weeks

• Recommended week: Week 36

The following is recorded on (yyyy__ /mm__ /dd__) (week__).

※ Please be sure to have the expectant mother fill in the following items and self-examination records completely before receiving the prenatal exam.

- ☒ Self checklist: ☐ Bleeding ☐ Abdominal pain ☐ Headache ☐ Spasm
☐ Other symptoms _____

☒ Please check the boxes ☐ of the health information that I have read.

- | | |
|--|--|
| <input type="checkbox"/> 1. Information on quitting smoking (page 61) | <input type="checkbox"/> 6. Warning signs for immediate doctor's visit |
| <input type="checkbox"/> 2. Overview on Group B Streptococcus screening | <input type="checkbox"/> 7. Getting to know postpartum depression |
| <input type="checkbox"/> 3. Prevention of premature births and high risk pregnancy | <input type="checkbox"/> 8. Prenatal exercise |
| <input type="checkbox"/> 4. Weight control and diet during pregnancy | <input type="checkbox"/> 9. Newborn screening |
| <input type="checkbox"/> 5. Infections and complications during pregnancy | <input type="checkbox"/> 10. Breastfeeding |
| | <input type="checkbox"/> 11. Preparing for prenatal supplies |
| | <input type="checkbox"/> 12. Getting to know the delivery methods |

☒ Mood thermometer (Note: If you answer yes to both following questions, it is strongly suggested that you tell your family about it or seek a doctor's assistance.)

1. In the past month, have you been disturbed with depression, anxiety or hopelessness?
☐ Yes ☐ No
2. In the past month, have you lost interest or sense of pleasure in things? ☐ Yes ☐ No

☒ Tobacco hazards

1. Do I currently smoke?
☐ Yes (Please refer to page 61 and quit smoking.) ☐ No
2. Over the past week, is there anyone smoking in front of me when I am at home?
☐ Yes (Please refer to page 61 and ask your family to quit smoking.) ☐ No

- ☒ You can write down the questions that you would like to ask the doctor / midwife / nurse (such as diet, exercise, lifestyle, smoking, drinking and nutrition):

Expectant mother's signature: _____ Family member's signature: _____

10th Prenatal exam record

The date of this prenatal exam is on yyyy ____ /mm ____ /dd ____ (Pregnancy week ____).

Prenatal exam findings

☐ No special findings

☐ Areas of attention or abnormality:

1. _____ ☐ need follow up ☐ need referral

2. _____ ☐ need follow up ☐ need referral

3. _____ ☐ need follow up ☐ need referral

4. _____ ☐ need follow up ☐ need referral

※If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan Intimate Partner Violence Danger Assessment (TIPVDA scale).

Special instructions from medical staffs

☐ May conduct Group B Streptococcus (GBS) screening during weeks 35 to 37. (Results are recorded on page 8.)

☐ Do you know the harm of enterovirus to newborns and how to prevent it?

Getting to know fetal growth

Weeks 33 to 36

Weight gain is greater than the height gain. The fetal hair gradually disappears, and the baby's circulatory, respiratory and digestive organs gradually mature.

Medical instructions

☐ Information on quitting smoking (page 61)

☐ Overview on Group B Streptococcus screening

☐ Prevention of premature births, high risk pregnancy

☐ Weight control and diet during pregnancy

☐ Infections and complications during pregnancy

☐ Warning signs for immediate doctor's visit

☐ Getting to know postpartum depression

☐ Prenatal exercise

☐ Newborn screening

☐ Breastfeeding

☐ Preparing for prenatal supplies

☐ Getting to know the delivery methods

☐ Fasten the seat-belt in the car

※ Please scan the QR code on the right for medical instructions.



Obstetric inspection institute:

Physician's signature:

Expectant mothers' signature:



Maternal care hotline: 0800-870-870 Next prenatal exam date ____ / ____ / ____ (yyyy/mm/dd)

11

11th Prenatal self check-up record

Third trimester: Over 29 weeks

• Recommended week: Week 37

The following is recorded on (yyyy__ /mm__ /dd__) (week__).

※ Please be sure to have the expectant mother fill in the following items and self-examination records completely before receiving the prenatal exam.

- Self checklist: ☐ Bleeding ☐ Abdominal pain ☐ Headache ☐ Spasm
☐ Other symptoms _____

• Please check the boxes ☐ of the health information that I have read.

- | | |
|--|--|
| <input type="checkbox"/> 1. Information on quitting smoking (page 61) | <input type="checkbox"/> 6. Warning signs for immediate doctor's visit |
| <input type="checkbox"/> 2. Overview on Group B Streptococcus screening | <input type="checkbox"/> 7. Getting to know postpartum depression |
| <input type="checkbox"/> 3. Prevention of premature births and high risk pregnancy | <input type="checkbox"/> 8. Prenatal exercise |
| <input type="checkbox"/> 4. Weight control and diet during pregnancy | <input type="checkbox"/> 9. Newborn screening |
| <input type="checkbox"/> 5. Infections and complications during pregnancy | <input type="checkbox"/> 10. Breastfeeding |
| | <input type="checkbox"/> 11. Preparing for prenatal supplies |
| | <input type="checkbox"/> 12. Getting to know the delivery methods |

• Mood thermometer

(Note: If you answer yes to both following questions, it is strongly suggested that you tell your family about it or seek a doctor's assistance.)

- In the past month, have you been disturbed with depression, anxiety or hopelessness?
☐ Yes ☐ No
- In the past month, have you lost interest or sense of pleasure in things? ☐ Yes ☐ No

• Tobacco hazards

- Do I currently smoke?
☐ Yes (Please refer to page 61 and quit smoking.) ☐ No
- Over the past week, is there anyone smoking in front of me when I am at home?
☐ Yes (Please refer to page 61 and ask your family to quit smoking.) ☐ No

- You can write down the questions that you would like to ask the doctor / midwife / nurse (such as diet, exercise, lifestyle, smoking, drinking and nutrition):

Expectant mother's signature: _____ Family member's signature: _____

11th Prenatal exam record

The date of this prenatal exam is on yyyy ____ /mm ____ /dd ____ (Pregnancy week ____).

Prenatal exam findings

☐ No special findings

☐ Areas of attention or abnormality:

1. _____ ☐ need follow up ☐ need referral

2. _____ ☐ need follow up ☐ need referral

3. _____ ☐ need follow up ☐ need referral

4. _____ ☐ need follow up ☐ need referral

※If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan Intimate Partner Violence Danger Assessment (TIPVDA scale).

Special instructions from medical staffs

☐ May conduct Group B Streptococcus (GBS) screening during weeks 35 to 37. (Results are recorded on page 8.)

☐ Do you know the harm of enterovirus to newborns and how to prevent it?

☐ Are you prepared to give birth?

Getting to know fetal growth

Week 37

The baby's hair starts to grow thicker. The nails are fully grown and the skin is getting smoother.

Medical instructions

☐ Information on quitting smoking (page 61)

☐ Overview on Group B Streptococcus screening

☐ Weight control and diet during pregnancy

☐ Infections and complications during pregnancy

☐ Warning signs for immediate doctor's visit

☐ Getting to know postpartum depression

☐ Prenatal exercise

☐ Newborn screening

☐ Breastfeeding

☐ Preparing for prenatal supplies

☐ Getting to know the delivery methods

☐ Prepare for contractions

☐ Medical facilities for maternal and child care

☐ Fasten the seat-belt in the car

※ Please scan the QR code on the right for medical instructions.



Obstetric inspection institute:

Physician's signature:

Expectant mothers' signature:



Maternal care hotline: 0800-870-870 Next prenatal exam date ____ / ____ / ____ (yyyy/mm/dd)

12

12th Prenatal self check-up record

Third trimester: Over 29 weeks

• Recommended week: Week 38

The following is recorded on (yyyy__/mm__/dd__) (week__).

※ Please be sure to have the expectant mother fill in the following items and self-examination records completely before receiving the prenatal exam.

- ☒ Self checklist: ☐ Bleeding ☐ Abdominal pain ☐ Headache ☐ Spasm
☐ Other symptoms _____

☒ Please check the boxes ☐ of the health information that I have read.

- | | |
|---|---|
| <input type="checkbox"/> 1. Information on quitting smoking (page 61) | <input type="checkbox"/> 7. Newborn screening |
| <input type="checkbox"/> 2. Weight control and diet during pregnancy | <input type="checkbox"/> 8. Breastfeeding |
| <input type="checkbox"/> 3. Infections and complications during pregnancy | <input type="checkbox"/> 9. Preparing for prenatal supplies |
| <input type="checkbox"/> 4. Warning signs for immediate doctor's visit | <input type="checkbox"/> 10. Getting to know the delivery methods |
| <input type="checkbox"/> 5. Getting to know postpartum depression | <input type="checkbox"/> 11. Prepare for contractions |
| <input type="checkbox"/> 6. Prenatal exercise | <input type="checkbox"/> 12. Medical facilities for maternal and child care |

☒ Mood thermometer

(Note: If you answer yes to both following questions, it is strongly suggested that you tell your family about it or seek a doctor's assistance.)

1. In the past month, have you been disturbed with depression, anxiety or hopelessness?
☐ Yes ☐ No
2. In the past month, have you lost interest or sense of pleasure in things? ☐ Yes ☐ No

☒ Tobacco hazards

1. Do I currently smoke?
☐ Yes (Please refer to page 61 and quit smoking.) ☐ No
2. Over the past week, is there anyone smoking in front of me when I am at home?
☐ Yes (Please refer to page 61 and ask your family to quit smoking.) ☐ No

- ☒ You can write down the questions that you would like to ask the doctor / midwife / nurse (such as diet, exercise, lifestyle, smoking, drinking and nutrition):

Expectant mother's signature: _____ Family member's signature: _____

12th Prenatal exam record

The date of this prenatal exam is on yyyy ____ /mm ____ /dd ____ (Pregnancy week ____).

Prenatal exam findings

☐ No special findings

☐ Areas of attention or abnormality:

1. _____ ☐ need follow up ☐ need referral

2. _____ ☐ need follow up ☐ need referral

3. _____ ☐ need follow up ☐ need referral

4. _____ ☐ need follow up ☐ need referral

※If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan Intimate Partner Violence Danger Assessment (TIPVDA scale).

Special instructions from medical staffs

☐ Do you know the harm of enterovirus to newborns and how to prevent it?

☐ Are you prepared to give birth?

Getting to know fetal growth

Weeks 37 to 40

The baby's skin is smoother. The skull hardens and the finger and toe nails are fully grown.

Medical instructions

☐ Information on quitting smoking (page 61)

☐ Weight control and diet during pregnancy

☐ Infections and complications during pregnancy

☐ Warning signs for immediate doctor's visit

☐ Getting to know postpartum depression

☐ Prenatal exercise

☐ Newborn screening

☐ Breastfeeding

☐ Preparing for prenatal supplies

☐ Getting to know the delivery methods

☐ Prepare for contractions

☐ Medical facilities for maternal and child care

☐ Fasten the seat-belt in the car

※ Please scan the QR code on the right for medical instructions.



Obstetric inspection institute:

Physician's signature:

Expectant mothers' signature:



Maternal care hotline: 0800-870-870 Next prenatal exam date ____ / ____ / ____ (yyyy/mm/dd)

13

13th Prenatal self check-up record

Third trimester: Over 29 weeks

• Recommended week: Week 39

The following is recorded on (yyyy__ /mm__ /dd__) (week__).

※ Please be sure to have the expectant mother fill in the following items and self-examination records completely before receiving the prenatal exam.

- Self checklist: ☐ Bleeding ☐ Abdominal pain ☐ Headache ☐ Spasm
☐ Other symptoms _____

• Please check the boxes ☐ of the health information that I have read.

- | | |
|---|---|
| <input type="checkbox"/> 1. Information on quitting smoking (page 61) | <input type="checkbox"/> 8. Prepare for contractions |
| <input type="checkbox"/> 2. Weight control and diet during pregnancy | <input type="checkbox"/> 9. Getting to know the delivery methods |
| <input type="checkbox"/> 3. Infections and complications during pregnancy | <input type="checkbox"/> 10. Newborn screening |
| <input type="checkbox"/> 4. Warning signs for immediate doctor's visit | <input type="checkbox"/> 11. Breastfeeding |
| <input type="checkbox"/> 5. Getting to know postpartum depression | <input type="checkbox"/> 12. Postnatal health management |
| <input type="checkbox"/> 6. Prenatal exercise | <input type="checkbox"/> 13. Medical facilities for maternal and child care |
| <input type="checkbox"/> 7. Preparing for prenatal supplies | <input type="checkbox"/> 14. Childcare at your home |

• Mood thermometer

(Note: If you answer yes to both following questions, it is strongly suggested that you tell your family about it or seek a doctor's assistance.)

1. In the past month, have you been disturbed with depression, anxiety or hopelessness?
☐ Yes ☐ No
2. In the past month, have you lost interest or sense of pleasure in things? ☐ Yes ☐ No

• Tobacco hazards

1. Do I currently smoke?
☐ Yes (Please refer to page 61 and quit smoking.) ☐ No
2. Over the past week, is there anyone smoking in front of me when I am at home?
☐ Yes (Please refer to page 61 and ask your family to quit smoking.) ☐ No

- You can write down the questions that you would like to ask the doctor / midwife / nurse (such as diet, exercise, lifestyle, smoking, drinking and nutrition):

Expectant mother's signature: _____ Family member's signature: _____

13th Prenatal exam record

The date of this prenatal exam is on yyyy ____ /mm ____ /dd ____ (Pregnancy week ____).

Prenatal exam findings

☐ No special findings

☐ Areas of attention or abnormality:

1. _____ ☐ need follow up ☐ need referral

2. _____ ☐ need follow up ☐ need referral

3. _____ ☐ need follow up ☐ need referral

4. _____ ☐ need follow up ☐ need referral

※If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan Intimate Partner Violence Danger Assessment (TIPVDA scale).

Special instructions from medical staffs

☐ At the time of delivery, please get a copy of the Maternal Health Handbook and the “Prenatal check-up record of hepatitis B for pregnant women” printed by the Centers for Disease Control.

Getting to know fetal growth

Weeks 37 to 40

The baby's skin is smoother. The skull hardens and the finger and toe nails are fully grown.

Medical instructions

☐ Information on quitting smoking (page 61)

☐ Weight control and diet during pregnancy

☐ Infections and complications during pregnancy

☐ Warning signs for immediate doctor's visit

☐ Getting to know postpartum depression

☐ Prenatal exercise

☐ Preparing for prenatal supplies

☐ Prepare for contractions

☐ Getting to know the delivery methods

☐ Newborn screening

☐ Fasten the seat-belt in the car

☐ Postnatal health management

☐ Breastfeeding

☐ Will breastfeed

☐ Need breastfeeding guidance

☐ Provided breastfeeding booklet

(Please consult the site: <http://health99.hpa.gov.tw>)

☐ Will not breastfeed

☐ Need guidance on baby formula

※ Please scan the QR code on the right for medical instructions.



Obstetric inspection institute:

Physician's signature:

Expectant mothers' signature:

14

14th Prenatal self check-up record

Third trimester: Over 29 weeks
• Recommended week: Week 40

The following is recorded on (yyyy___/mm___/dd___) (week___).

※ Please be sure to have the expectant mother fill in the following items and self-examination records completely before receiving the prenatal exam.

- ☒ Self checklist: ☐ Bleeding ☐ Abdominal pain ☐ Headache ☐ Spasm
☐ Other symptoms _____

☒ Please check the boxes ☐ of the health information that I have read.

- | | |
|---|---|
| <input type="checkbox"/> 1. Information on quitting smoking (page 61) | <input type="checkbox"/> 8. Prepare for contractions |
| <input type="checkbox"/> 2. Weight control and diet during pregnancy | <input type="checkbox"/> 9. Getting to know the delivery methods |
| <input type="checkbox"/> 3. Infections and complications during pregnancy | <input type="checkbox"/> 10. Newborn screening |
| <input type="checkbox"/> 4. Warning signs for immediate doctor's visit | <input type="checkbox"/> 11. Breastfeeding |
| <input type="checkbox"/> 5. Getting to know postpartum depression | <input type="checkbox"/> 12. Postnatal health management |
| <input type="checkbox"/> 6. Prenatal exercise | <input type="checkbox"/> 13. Medical facilities for maternal and child care |
| <input type="checkbox"/> 7. Preparing for prenatal supplies | <input type="checkbox"/> 14. Childcare at your home |

☒ **Mood thermometer**
(Note: If you answer yes to both following questions, it is strongly suggested that you tell your family about it or seek a doctor's assistance.)

1. In the past month, have you been disturbed with depression, anxiety or hopelessness?
☐ Yes ☐ No
2. In the past month, have you lost interest or sense of pleasure in things? ☐ Yes ☐ No

☒ **Tobacco hazards**

1. Do I currently smoke?
☐ Yes (Please refer to page 61 and quit smoking.) ☐ No
2. Over the past week, is there anyone smoking in front of me when I am at home?
☐ Yes (Please refer to page 61 and ask your family to quit smoking.) ☐ No

☒ You can write down the questions that you would like to ask the doctor / midwife / nurse (such as diet, exercise, lifestyle, smoking, drinking and nutrition):

Expectant mother's signature: _____ Family member's signature: _____

14th Prenatal exam record

The date of this prenatal exam is on yyyy ____ /mm ____ /dd ____ (Pregnancy week ____).

Prenatal exam findings

☐ No special findings

☐ Areas of attention or abnormality:

1. _____ ☐ need follow up ☐ need referral

2. _____ ☐ need follow up ☐ need referral

3. _____ ☐ need follow up ☐ need referral

4. _____ ☐ need follow up ☐ need referral

※If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan Intimate Partner Violence Danger Assessment (TIPVDA scale).

Special instructions from medical staffs

☐ At the time of delivery, please get a copy of the Maternal Health Handbook and the “Prenatal check-up record of hepatitis B for pregnant women” printed by the Centers for Disease Control.

Getting to know fetal growth

Week 40

The baby is getting larger. There is less and less room in the uterus and fetal movement decreases. The baby's head will turn downward with knees close to the nose and thighs close to the torso.

Medical instructions

☐ Information on quitting smoking (page 61)

☐ Weight control and diet during pregnancy

☐ Infections and complications during pregnancy

☐ Getting to know postpartum depression

☐ Prenatal exercise

☐ Preparing for prenatal supplies

☐ Prepare for contractions

☐ Getting to know the delivery methods

☐ Newborn screening

☐ Breastfeeding

☐ Postnatal health management

☐ Contraceptive methods

☐ Fasten the seat-belt in the car

※ Please scan the QR code on the right for medical instructions.



Obstetric inspection institute:

Physician's signature:

Expectant mothers' signature:



Maternal care hotline: 0800-870-870 Next prenatal exam date ____/____/____ (yyyy/mm/dd)

Other prenatal exam record

The following is recorded on (yyyy___/mm___/dd___) (week___).

※ Please be sure to have the expectant mother fill in the following items and self-examination records completely before receiving the prenatal exam.

- ☒ Self checklist: ☐ Bleeding ☐ Abdominal pain ☐ Headache ☐ Spasm
- ☐ Other symptoms _____

<input checked="" type="radio"/> Prenatal exam record	<input checked="" type="radio"/> Prenatal exam findings
Weight (kg)	<input type="checkbox"/> No special findings
Blood pressure (mmHg)	<input type="checkbox"/> Areas of attention or abnormality:
Fetal heart rate (times/minute)	1. _____ <input type="checkbox"/> need follow <input type="checkbox"/> need referral
Fetal position	2. _____ <input type="checkbox"/> need follow <input type="checkbox"/> need referral
Glycosuria	3. _____ <input type="checkbox"/> need follow <input type="checkbox"/> need referral
Urine protein	4. _____ <input type="checkbox"/> need follow <input type="checkbox"/> need referral
Edema	※If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan Intimate Partner Violence Danger Assessment (TIPVDA scale).
Varicose veins	Obstetric inspection institute:
	Next prenatal exam date ___ / ___ / ___ (yyyy/mm/dd)

- ☒ You can write down the questions that you would like to ask the doctor / midwife / nurse (such as diet, exercise, lifestyle, smoking, drinking and nutrition):

Other prenatal exam record

The following is recorded on (yyyy___/mm___/dd___) (week___).

※ Please be sure to have the expectant mother fill in the following items and self-examination records completely before receiving the prenatal exam.

- ☒ Self checklist: ☐ Bleeding ☐ Abdominal pain ☐ Headache ☐ Spasm
☐ Other symptoms _____

<input checked="" type="radio"/> Prenatal exam record	<input checked="" type="radio"/> Prenatal exam findings
Weight (kg)	<input type="checkbox"/> No special findings <input type="checkbox"/> Areas of attention or abnormality: 1. _____ <input type="checkbox"/> need follow <input type="checkbox"/> need referral 2. _____ <input type="checkbox"/> need follow <input type="checkbox"/> need referral 3. _____ <input type="checkbox"/> need follow <input type="checkbox"/> need referral 4. _____ <input type="checkbox"/> need follow <input type="checkbox"/> need referral <small>※If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan Intimate Partner Violence Danger Assessment (TIPVDA scale).</small> <div>Obstetric inspection institute:</div> <div>Next prenatal exam date ___ / ___ / ___ (yyyy/mm/dd)</div>
Blood pressure (mmHg)	
Fetal heart rate (times/minute)	
Fetal position	
Glycosuria	
Urine protein	
Edema	
Varicose veins	

- ☒ You can write down the questions that you would like to ask the doctor / midwife / nurse (such as diet, exercise, lifestyle, smoking, drinking and nutrition):

Other prenatal exam record

The following is recorded on (yyyy___/mm___/dd___) (week___).

※ Please be sure to have the expectant mother fill in the following items and self-examination records completely before receiving the prenatal exam.

- ☒ Self checklist: ☐ Bleeding ☐ Abdominal pain ☐ Headache ☐ Spasm
- ☐ Other symptoms _____

<input checked="" type="radio"/> Prenatal exam record	<input checked="" type="radio"/> Prenatal exam findings
Weight (kg)	<input type="checkbox"/> No special findings
Blood pressure (mmHg)	<input type="checkbox"/> Areas of attention or abnormality:
Fetal heart rate (times/minute)	1. _____ <input type="checkbox"/> need follow <input type="checkbox"/> need referral
Fetal position	2. _____ <input type="checkbox"/> need follow <input type="checkbox"/> need referral
Glycosuria	3. _____ <input type="checkbox"/> need follow <input type="checkbox"/> need referral
Urine protein	4. _____ <input type="checkbox"/> need follow <input type="checkbox"/> need referral
Edema	※If there are unfamiliar scars or suspected domestic violence, please report such incidence in accordance with the regulations and fill out the Taiwan Intimate Partner Violence Danger Assessment (TIPVDA scale).
Varicose veins	Obstetric inspection institute:
	Next prenatal exam date ___ / ___ / ___ (yyyy/mm/dd)

- ☒ You can write down the questions that you would like to ask the doctor / midwife / nurse (such as diet, exercise, lifestyle, smoking, drinking and nutrition):



Records of exam at your own expense

Exam items	Result
Down syndrome screening in the first trimester	
Down syndrome screening in the second trimester	
Non-invasive prenatal test (NIPT)	
Amniocentesis	
Prenatal tetanus diphtheria acellular pertussis mixed vaccine (Tdap) vaccination	<div><input type="checkbox"/> Non-inoculation</div> <div><input type="checkbox"/> Inoculation Inoculation date: / / (yyyy/mm/dd)</div>

Birth plan

_____ Medical Institution, birth plan

Dear expectant mothers and fathers: It is our expectation to have a safe, comfortable and happy laboring experience. At present, we advocate “friendly laboring” and hope to provide parents with the autonomy to participate in medical treatment. In order to understand your preferences and give explanations in a timely manner, please provide your and your family’s opinions as a reference for care. Thank you!

Birth plan of _____ and _____ .

This is our _____ birth(s), and the due date is ____ / ____ / ____ (yyyy/mm/dd).

Signature of expectant mother _____ Signature of physician _____

Options of preferences

I. Labor preferences

<input type="checkbox"/> Yes <input type="checkbox"/> No	I have no preferences regarding labor and fully respect professional medical advice.	
	(If you answer “YES,” please go to the second section: anesthesia preferences.)	
	1. I would like to have freedom of walking while I am in labor, if safe and possible.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2. If it is safe for me to do so, I would like to eat lightly during labor.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3. I do not mind having peripheral intravenous catheter placement during labor.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	4. I do not mind receiving intravenous hydration during labor.	<input type="checkbox"/> Yes <input type="checkbox"/> No

II. Anesthesia preferences

<input type="checkbox"/> Yes <input type="checkbox"/> No	Using an epidural during labor is not a necessity, and I have the right to decide.
--	--

III. About vaginal delivery (normal spontaneous delivery) preferences

☐ Yes ☐ No

I have no preferences regarding vaginal delivery and fully respect professional medical advice. (If you answer "YES," please go to the forth major option: postpartum.)

1. I would like to have pubic hair shaved before birth?

☐ Yes ☐ No

2. I would prefer to fast during labor?

☐ Yes ☐ No

3. I would prefer to have an episiotomy during labor?

☐ Yes ☐ No

4. I would prefer to receive intravenous hydration during labor?

☐ Yes ☐ No

5. I would prefer to use augmentation medication during labor?

☐ Yes ☐ No

6. I would prefer to have my husband stay with me during labor?

☐ Yes ☐ No

IV. Postpartum

☐ Yes ☐ No

I would like to hold the baby immediately after birth, if medically safe.

V. Newborn care preferences

☐ Yes ☐ No

I would like to breastfeed my baby.

- ※ Note: 1. This plan has no legal effect. Discussions and communications with medical staff beforehand are highly recommended, especially when medical adjustments are necessary, to ensure a safe delivery process.
2. This template is provided by Taiwan Association of Obstetrics and Gynecology. It is only for reference. Individual medical institutions can add or delete content according to medical needs.

(Source of materials: Taiwan Association of Obstetrics and Gynecology)

Expectant mothers' signature: _____

Date: ____ / ____ / ____ (yyyy/mm/dd)



Birth record

Time of birth	Year _____ Month _____ Day _____ Hour _____ Minute _____			
Gestational age	Week _____ (Month: _____)			
Delivery options	<input type="checkbox"/> Vaginal delivery <input type="checkbox"/> Forceps <input type="checkbox"/> Vacuum <input type="checkbox"/> C-section <input type="checkbox"/> Others			
	Special notes			
Birth conditions	Gender		Number of baby	
	Weight		g	Height
	Head circumference		cm	cm
	Special conditions			
Birth place	Name:			
	Address:			

Reminders before checking out of the hospital

Don't forget to receive health consultation!

Instructions previously given	<input type="checkbox"/> Contraceptive methods	<input type="checkbox"/> Prevent baby from tetanus diphtheria acellular pertussis
	<input type="checkbox"/> Breastfeeding	<input type="checkbox"/> Prevent and control accidents from baby
Other reminders	<input type="checkbox"/> Postnatal exam 4 to 6 weeks after childbirth	<input type="checkbox"/> Guidance for stool card
	<input type="checkbox"/> Pap smears after 3 months of giving birth	<input type="checkbox"/> Parent-child book reading
	<input type="checkbox"/> Get to know about postpartum depression depression and its prevention and treatment	<input type="checkbox"/> Make an appointment for the health care clinic and complete the vaccination
	<input type="checkbox"/> 1. The health insurance of newborn babies is operated in a single window Local household registration offices accept birth registration of newborns, and will consult parents for their opinions on the insurance and the NHI card for newborn babies. After signing and confirming the "Household Registration Office Notification to the National Health Insurance Administration, Ministry of Health and Welfare Inter-agency Service Application Form," the National Health Insurance Administration will actively follow their wishes to complete the insurance procedures for the newborn baby and notify the insured unit, and send the NHI card to the designated address. For further information, please consult the site: https://www.nhi.gov.tw .	
	<input type="checkbox"/> 2. Newborn babies of foreign nationality who were born in Taiwan and have a residence certificate should participate in the National Health Insurance from the date of birth.	

Knowing the danger of smoking

There are more than 7,000 chemical substances in tobacco smoke, of which 93 are carcinogenic and harmful substances, which can cause serious harm to health.

One in two smokers dies from smoking-related diseases. Tobacco use is the number one cause of death in many countries, and secondhand smoke has been identified and classified by the International Agency for Research on Cancer (IARC) as a first-class carcinogen. Studies have pointed out that tobacco products are related to 6 major causes of death, including tumors, diabetes, cardiovascular system diseases, respiratory system diseases, digestive system diseases, and kidney diseases. It will increase spontaneous abortion, congenital malformations, risk of preterm birth and neonatal low birth weight.

Family members living with smokers have to face the threat of “third-hand smoke” in addition to the harm of second-hand smoke. Studies have confirmed that even if smokers do not smoke in front of children, third-hand smoke left in clothes, cars, and houses can cause cognitive impairment in children, increase the risk of asthma, otitis media and blood cancer.

The benefits of quitting smoking are well-known

As soon as you stop smoking, the nicotine, carbon monoxide and smoke tar in the body will begin discharge and no longer accumulates.

20 minutes	Heart rate and blood pressure return to normal.	2-12 weeks	Blood circulation is greatly improving.
8 hours	Blood nicotine and carbon monoxide levels are halved, and oxygen levels return to normal.	3-9 months	Reduce breathing problems such as cough, asthma, and increase lung function by 10%.
24 hours	Carbon monoxide is eliminated, and the lungs begin to clear sputum and tea residues.	1 year	Heart attack chance is halved.
48 hours	No residual nicotine in the body, the sense of taste and smell, as well as the lung function are improving, and breathing becomes much easier.	10 years	Risk of developing lung cancer is halved.
		15-year	Risk for heart attack is the same as non-smoker.

Ways to quit smoking

There is no safe range for exposure to tobacco harm. You can make good use of the various quit-smoking services and resources provided by the Health Promotion Administration. There are nearly 3,500 contracted medical institution providing quit-smoking services and free smoking quit consultation hotline (0800-636363), among which the hotline provides smokers with convenient and confidential smoking-quit services combined with professional psychological counseling. It can provide tailor-made strategies and methods according to the problems and difficulties of smokers, making you feel that no matter where you are, this hotline is always by your side.

MEMO

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Hepatitis B follow-up records

Name

Date of birth

ID No.

Date Result Item		Prenatal exam	Postnatal follow-up				
		_____ (year)	_____ (year)	_____ (year)	_____ (year)	_____ (year)	
		_____ (month)	_____ (month)	_____ (month)	_____ (month)	_____ (month)	
		_____ (day)	_____ (day)	_____ (day)	_____ (day)	_____ (day)	
Hepatitis B surface antigen (HBsAg) (- negative; + positive)							
Hepatitis B e antigen (HBeAg) (- negative; + positive)							
Liver function	AST (GOT)						
	ALT (GPT)						
Liver ultrasound (It is recommended to include information on whether the patient has cirrhosis.)							
Others							
Hospital							
1. For pregnant women who were examined positive for HBsAg, hospitals that conduct the prenatal examination should fill out the above form, conduct health education and follow up regularly after delivery. 2. Actual exams are determined by the professional judgments of the doctors.							

◎ **For expectant mothers positive for HBsAg, don't forget the following!**

- Babies should be given a dose of HBIG and hepatitis B vaccine as soon as possible after birth. The sooner the better, not later than 24 hours. After babies completed the third dose of hepatitis B vaccine, HBsAg and anti-HBs should be examined at baby's age 12 months.
- Please let a physician assist with the evaluation. If there is a high risk of maternal-to-child vertical transmission (hepatitis B virus concentration in blood $\geq 10^6$ IU/mL), please refer to a gastroenterologist for evaluation and antiviral drug treatment to reduce neonatal infection of hepatitis B.
- ◎ If the mother is a carrier of hepatitis B and the newborn has been receiving hepatitis B vaccines as scheduled, the mother can still breastfeed.
- ◎ If a hepatitis B carrier has normal liver function, it is suggested that the patient should follow up every 6 months to 1 year. If the liver function is abnormal, the doctor should decide the timing for follow up exam to examine the liver function and for ultrasound.
- ◎ Current treatments for hepatitis B
Include interferon and antivirals. In order to reduce cases of cirrhosis and liver cancer, the National Health Insurance Administration has been promoting the "National Health Insurance of Medical Payment Promotion Plan for Hepatitis B Carriers and Hepatitis C Infectors," providing follow-up, management and care services once every 6 months. For information on medical coverage and contracted hospitals, please visit the "Medical Services" section at the website of National Health Insurance Administration (<http://www.nhi.gov.tw>).

Please tear this page for the medical staff to attach it to the medical records.

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[illegible]

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**Respect and support the
rights of breastfeeding
mothers.**



Health Promotion Administration, Ministry of Health and Welfare reminds you.

The "Public Breastfeeding Act" stipulates that no one can forbid, eject, or interfere a woman from breastfeeding her child in public. Any violation of this law shall be punished with a fine of no less than NT\$ 6,000 but no more than NT\$ 30,000.



Health Promotion Administration, Ministry of Health and Welfare
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Tax.

Maternal care hotline 0800-870870



Maternity Care Website

Smoking is bad, go away.

Third-hand smoke

is the toxic particles attached to clothes, furniture, dolls, etc. After smoking, which remain for at least half a year, not only harming the health of smokers, but also that of family members, especially infants and young children...

Even my favorite bear is not spared.



Smoking cessation special line 0800-636363
Smoking cessation agencies in all counties and cities



Out of Respect for Love,  Quit Smoking

Health Promotion Administration, Ministry of Health and Welfare
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Tax of the Health Promotion Administration, Ministry of Health and Welfare.



A happiness you worth having, a lifetime of warm gratitude

Please protect girls, don't conducting pregnancy gender screening.



Health Promotion Administration,
Ministry of Health and Welfare
<http://www.hpa.gov.tw>

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**Expectant mother's
signature**



Please remember to bring the Maternal Health Handbook with you during the prenatal exam.



If you find this handbook, please contact the owner (phone:)
or deliver it to the closest Department of Health (Public Health Center)
or the hospital/clinic that the owner goes to so that this booklet can be returned. Thank you!



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