

**GREENVILLE MIDWIFERY CARE**  
**PRENATAL SUPPORT ASSESSMENT**

**NAME:** \_\_\_\_\_

**MR#:** \_\_\_\_\_

<ol style="list-style-type: none"><li>1. Do you plan to breastfeed this baby?</li><li>2. Have you ever breastfed a baby?</li><li>3. Did you encounter any problems with breastfeeding?</li><li>4. What are your plans for prenatal classes?</li></ol>	
---	--

<ol style="list-style-type: none"><li>5. What life changes have you experienced this year?</li><li>6. What changes are you planning during this pregnancy?</li><li>7. What concerns do you have about becoming a mother?</li></ol>	
--	--

<ol style="list-style-type: none"><li>8. How would you describe your relationship with your partner?</li><li>9. How does your partner/family feel about your pregnancy?</li><li>10. What do you think your relationship will be like after the baby is born?</li><li>11. Who will be helping you when you go home from the hospital?</li></ol>	
--	--

<ol style="list-style-type: none"><li>12. How do you and your partner solve arguments?</li><li>13. Do you ever feel frightened by what your partner says or does?</li><li>14. Has your partner ever humiliated you or psychologically abused you in other ways?</li><li>15. Have you ever been hit/pushed/slapped by a partner?</li><li>16. Have you ever been forced to have sex against your will?</li></ol>	
--	--

Comments (number and explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_