



Member Notification of Pregnancy

This form is confidential. If you have any problems or questions, please call Ambetter from Nebraska at 1-833-890-0329 (TTY 711). This form is also available online at www.ambetter.nebraskatotalcare.com.

***Member ID #:**

Your First Name:

Your Last Name:

***Your Birth Date MMDDYYYY:**

Gender Identification: Phone Number:

Mailing Address:

City: State: Zip Code:

Email Address:

Race/Ethnicity (select all that apply): ☐ White ☐ Black/African American ☐ Decline to share

☐ American Indian/Native American ☐ Asian ☐ Native Hawaiian or Other Pacific Islander

☐ Hispanic or Latino ☐ Other If other ethnicity, please specify:

What Provider/Clinic is helping me during my pregnancy:

First Name:

Last Name:

Phone Number:

Clinic Name (if applicable):

My Current Situation

Please check this box if you would answer no to any of the below: ☐

I have a phone.

I feel good about where I live.

I feel safe at home and with the people in my life.

I have transportation for my daily needs.

I have enough food for me and my family each day.

I am able to pay my utility bills (gas, water, electric, etc).

My Current Pregnancy Information

I have been to my first prenatal visit? ☐ Yes ☐ No

If yes, how many weeks pregnant were you at your first visit:

*Member ID #:

Name: Last, First:

My due date is (If you do not know your due date, when was the first day of your last period):

This is my first pregnancy ☐ Yes ☐ No

Where will I give birth to my baby
(Hospital or birthing center):

Please check all that apply:

- | | |
|--|--|
| ☐ Multiples (twins, triplets) | ☐ High blood pressure or heart problems |
| ☐ Diabetes (high blood sugar; type I, type II, during pregnancy only) | ☐ Very bad nausea and vomiting |
| ☐ Asthma or other breathing problems | ☐ Sickle cell |
| ☐ Tobacco use (smoking cigarettes, chewing tobacco, or vaping) | ☐ Seizures/epilepsy |
| ☐ Depression (feeling blue) | ☐ Bipolar disorder |
| ☐ Anxiety (feeling worried or stressed) | ☐ Kidney disease |
| ☐ I do not have any of these | ☐ Substance use (fentanyl, opiates, heroin, crack, cocaine, alcohol, marijuana, methamphetamines) |
| ☐ Other health needs | |

Please explain

My Past Pregnancy History

Please check all that apply:

- ☐ Previous delivery before 37 weeks
- ☐ Gestational diabetes (high blood sugar while pregnant)
- ☐ High blood pressure in pregnancy/preeclampsia or heart problems
- ☐ Delivery less than 18 months ago
- ☐ Taking any form of progesterone
- ☐ Previous C-section
- ☐ I did not have any of these or this is my first pregnancy
- ☐ Other

Please explain

