Appropriate Documentation of Sensitive Health Information for Parent/Child Dyads

This table is a reference to promote reflection and guide decisions on where various family health details should be recorded in individual health records. These are examples; this table does not contain a complete list of nursing assessment topics or details.

We recommend that documentation related to parent-child interaction (PCI) be noted in the infant record. All child development occurs within relationships, and as such we believe information on PCI belongs in the infant's record. While both the caregiver and the child contribute to and benefit from interacting, the infant's growth and development is dependent on these PCIs. Documenting PCI in the infant's record means it can be used over time and across caregiver changes to create a consistent picture of the infant's experiences.

Topic	Parent Record	Infant/Child Record
Parent Mental Health Symptoms	- Reported or observed - Complete nursing process including assessments, interventions, and response to interventions	- Parent-Child Interaction observations - Child development assessments and complete nursing process including assessments, interventions, and response to interventions delivered to/on the child.
Parent Substance Use Info	- Reported or observed	- Substance exposures during pregnancy, by report or medical record, urine drug screen of newborn

	- Complete nursing process including assessments, interventions, and response to interventions	- observed or reported symptoms of withdrawal in newborn - Environmental exposures (e.g., smoking in household). - PCI observations - Observed infant states and regulation - Infant sleep environment assessments and interventions
Intimate Partner Violence	- Symptoms reported or observed - Complete nursing process including assessments, interventions, and response to interventions	- Child's growth and development: Full nursing process including assessments, interventions, and response to interventions delivered to/on the child - Disclosures specific to child, e.g. child's location during incident, child's reaction/response to incident, threats made involving the child, victim prohibited from leaving with the child. - Child protection reporting details according to organization's mandatory reporting policy. This may include child's presence during episodes of abuse of caregiver. (E.g. held in arms, or threats toward child)
	Sample Charting Phrases – Parent Record	**Sample Charting Phrases – Child Record**

Parent Mental Health Symptoms	- History of suicide attempt during second trimester - Reports up to date with mental health provider appointments. - Uses eye contact, able to focus on visit and engage in shared conversation. - Flat affect - Cries while talking about… - Dressed in several layers of warm clothing, temperatures in the 90's, no air conditioning or fans. - Fidgets throughout visit, paces, looses train of thought, speaks in incomplete sentences.	- Birthing parent smiles at infant, makes eye contact and responds to infant hunger cues with feeding - Infant mouthing hands, rooting, birthing parent reports 3 hrs. since last feed, infant cries, parent changes diaper, infant continues to cry. Parent states "I don't know why he cries so much." - Taught hunger cues, parent fed infant, infant fell asleep after 2 oz bottle. On-going Opportunities for learning infant cues
Parent Substance Use Info	- Marijuana use multiple times a week. Pre-contemplative - Maternal drug screen + at birth for marijuana - Acknowledges / open to need for safety plan for infant - On-going marijuana use daily, contemplative - Reports "It helps me stay calm." - Eyes are red, affect is blunted.	- Marijuana exposure first, second, third trimester multiple exposures per week - UDS Negative at birth - Newborn UDS + for amphetamine - Safe sleep education assessment, mother reports infant sleeps every time in pack & play - Pack & play observed during visit, free of blankets and other loose materials. - Mother verbalized understanding of SUID risk factors

		- Marijuana smoke present in environment Infant sleeping throughout visit - Birth parent reports age-appropriate sleep/wake cycles and eating patterns - See growth grid: (Weight & length measures plotted on graph)
Intimate Partner Violence	- Tearfully reports conflict with father of child, last night, "he pushed me down and kicked me". When asked if she was injured or if she has any bruises or sore places, client states "no I'm ok", no bruising observed. Reports infant's father left after altercation, unsure if or when he will return. Did not complete head to toe assessment. Reports infant was with grandparents during incident. Contemplative about relationship. Safety planning completed, see IPV care plan. MI for healthy relationships provided, reflective listening, discrepancy building.	- Parent holds infant throughout visit, responsive to infant cues. - Infant makes eye contact, transitions smoothly between wakeful eating, quiet calm, and sleep states. - Mom alternates holding infant and placing infant in infant swing. Infant fusses throughout visit, not responsive to mother's efforts to soothe. Mother remains sensitive and responsive throughout child's distress. - Parent initially ignores escalated cry, and states "he's so tired, he just needs to sleep". "He knows he's giving me a headache." This Nurse Home Visitor provided empathetic reflective listening. Parent able to identify her own fatigue and asked Nurse Home Visitor for help soothing infant. This Nurse Home Visitor provided some prompts, and parent was

		able to implement the ideas, soothing infant once she had a glass of water and took a few seconds to breathe before picking up infant. Parent made plan for respite. Will reach out to her friend for help this afternoon so she can have some rest.