N.C. Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section
Women's Health Branch

High Risk Maternity Clinic (HRMC) Audit Tool 2016–2017

(as per 2016–2017 HRMC Agreement Addenda)

Local Health Department: _____ Date _____

Patient Record Auditors — Name and Title:

_____ _____

_____ _____

_____ _____

HRMC Staff Present for Audit — Name and Title:

_____ _____

_____ _____

_____ _____

Patient Records Audit

No.	Patient ID	Patient Initials	Record Compliant		Comments
			Yes	No	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Notes:

Policies/Procedures

		Yes	No
C1	List of high risk conditions the HRMC accepts on referral *(Guidelines for Perinatal Care,* 7th ed. pp. 477–480).		
C2	System for flagging charts of patients who need special diagnostic tests or therapeutic services, or who have an abnormal laboratory result for which follow-up must be assured.		
C3	Assurance that the multi-disciplinary staff function as a team. Policies for provision of multidisciplinary team meetings, including all the disciplines (e.g., social work, nutrition, nursing) providing care within the HRMC.		
C4	Mechanisms for patient referral and coordination of services among agencies, hospitals, other providers and written agreements with referring agencies.		
C5	Outpatient management of prenatal conditions served in the clinic.		
C6	Psychosocial and nutritional risk screening process, referrals to the HRMC Licensed Clinical Social Worker (LCSW) and Registered Dietitian (RD)/Licensed Dietitian/Nutritionist (LDN), and the provision of clinical social work services and nutrition services to high risk maternity patients.		
C7	Identification, follow-up and referral as indicated of pregnant women who have a past or current substance use issue (including alcohol, nicotine, and other drugs). *(Guidelines for Perinatal Care,* 7th ed. pp. 127–130) Policies must include confidentiality and release of information / medical records. Informed written consents shall be obtained before performing a drug screen test *(Guidelines for Perinatal Care*, 7th ed. p.128). (http://whb.ncpublichealth.com/Manuals/section2confidentiality.pdf)		
C8	Identification, follow-up and referral as indicated for pregnant and postpartum women who are experiencing intimate partner violence. The minimum standard for identification is the use of the three recommended American Congress of Obstetricians and Gynecologists (ACOG) screening questions administered at the first prenatal contact, each trimester and postpartum. *(Guidelines for Perinatal Care,* 7th ed. pp. 131–132; ACOG Committee Opinion No. 518, Feb 2012)		
C9	Universal Prenatal Screening for vaginal and rectal Group B Streptococcal colonization of all pregnant women at 35–37 weeks gestation to include documentation unless already diagnosed with positive GBS bacteriuria, transfer of results to delivering hospital, and follow-up regarding treatment of the mother and infant. Collaboration with local obstetricians and pediatricians, local hospital staff, and tertiary care center staff is required to formulate a community wide accepted policy. *(Guidelines for Perinatal Care,* 7th ed. p.117; CDC MMWR, Nov 19, 2010, v.59, #RR-10) All prenatal clinics providing prenatal care through 35–37 weeks are required to have this policy.		
C10	Provision of Rubella and Varicella *(Guidelines for Perinatal Care*, 7th ed. p. 410) vaccine post-delivery if patient not immune.		
C11	Fetal fibronectin testing for asymptomatic clients at high risk for preterm delivery due to a previous preterm delivery or a current multifetal gestation and for clients with symptoms suggestive of preterm labor. There is no requirement that the fetal fibronectin test be utilized in the clinic, but agencies may elect to do so in consultation with their Medical Directors. It is not appropriate to utilize this test for routine screening of asymptomatic low risk women, nor should it be utilized in any event before 24 weeks 0 days, and no later than 34 weeks 6 days of gestation, in the presence of ruptured membranes or when cervical dilation is greater than or equal to 3 cm. (Prediction and Prevention of Preterm Birth, ACOG Practice Bulletin Number 130, October 2012; *Guidelines for Perinatal Care,* 7th ed. p. 257)		
C12	Provision of active electronic mail membership and direct access to the Internet for the maternity nurse supervisor, licensed clinical social worker, and nutritionist. HRMC funds can be used to finance and maintain hardware, software and subscription linkage to the current local market values.		
C13	Regular communication and follow-up for prenatal patients co-managed by the HRMC and another provider. Follow-up reports are required to be sent to the referring source of care.		
C14	Documentation of services for persons receiving continuing care in HRMCs (in HRMC or current low risk prenatal medical record). These requirements reflect minimum expectations. The actual content of care, beyond these minimal standards, provided to any individual client must be governed by appropriate clinical practice and the specific needs of the client.		

Prenatal and Postpartum Services

Prenatal:

D1 Assess the following health history components at the initial prenatal visit:

Prenatal Health History

Health History	1	2	3	4	5	6	7	8	9	10
a. Medical (including family medical history)										
b. Surgical										
c. Neurologic										
d. Immunity and immunization (Seasonal Influenza, Tdap, Rubella, Hepatitis B, Varicella)										
e. Substance use (including alcohol, tobacco, and illicit drugs)										
f. Current medications (prescription and non-prescription)										
g. Menstrual										
h. Contraceptive										
i. Infection										
j. Gynecologic and obstetrical										
k. Depression and intimate partner violence										
l. Nutrition										
m. Genetic history (both maternal and paternal including cystic fibrosis)										
n. Risk factors for STDs										
o. Socioeconomic status										
p. Educational level										
q. Environmental exposures (including environmental tobacco smoke (ETS) and lead exposure.) *(Guidelines for Perinatal Care,* 7th ed. pp. 107–108, 112–117); (www.cdc.gov/nceh/lead/publications/LeadandPregnancy2010.pdf)										
Record compliant?										
Comments:										

D2 Assess the following physical examination components *(Guidelines for Perinatal Care,* 7th ed. p. 464):

m–n Weight and height for all women shall be recorded at the initial prenatal visit. Pre-pregnancy weight shall be determined so body mass index (BMI) can be calculated and appropriate gestational weight gain guidance can be identified, documented and shared with patient. *(Guidelines for Perinatal Care,* 7th ed. pp. 136–137, 216–217)

Prenatal Physical Examination

Physical Examination	1	2	3	4	5	6	7	8	9	10
a. HEENT										
b. Teeth										
c. Thyroid										
d. Lungs										
e. Breast										
f. Heart										
g. Abdomen										
h. Extremities										
i. Skin										
j. Lymph nodes										
k. Pelvis (including uterine size or fundal height)										
l. Blood pressure										
m. Weight at initial visit										
n. Height at initial visit										
Record compliant?										
Comments:										

D3 Assess the following components on all subsequent routine scheduled visits (*Guidelines for Perinatal Care,* 7th ed., p. 108):

Prenatal Subsequent Routine Visits

Subsequent Routine Visits	1	2	3	4	5	6	7	8	9	10
a. Interim history/routine screening questions:										
1. fetal movement										
2. contractions										
3. rupture of membranes										
4. vaginal bleeding										
b. Weight										
c. Blood pressure										
d. Fetal heart rate										
e. Fundal height										
f. Fetal presentation greater than or equal to 36 weeks										
Record compliant?										
Comments:										

D4 Provide the 5As method for tobacco cessation to all pregnant women using the 5As (ask, advise, assess, assist, arrange) as recommended by ACOG and referral made to appropriate community resource, or the NC Tobacco Use Quit Line at 1-877-QUIT-NOW (http://whb.ncpublichealth.com/provPart/pubmanbro.htm) *(Guidelines for Perinatal Care,* 7th ed. pp. 128–129)

D5 Follow-up and document:
- Missed appointments
- Referrals indicating patient received services for which referred (inter and intra-agency) *(Guidelines for Perinatal Care,* 7th ed. pp. 6–8)
- Patient was referred for postpartum examination

D6 Hospitalize patients when needed in order to treat / monitor their high risk conditions. *(Guidelines for Perinatal Care,* 7th ed. pp. 8–13, 243–244)

D7 Assure delivering hospital is able to provide a level of care appropriate to the patient's high risk condition. (*Guidelines for Perinatal Care,* pp. 8–13, 243–244)

Prenatal Follow-Up

Prenatal Follow-Up	1	2	3	4	5	6	7	8	9	10
D4 Provide the 5A method for tobacco cessation										
D5. Follow-up and document										
a. Missed appointments										
b. Referrals indicating patient received services for which referred										
c. Patient was referred for postpartum examination										
D6 Hospitalize patients when needed in order to treat / monitor their high risk conditions.										
D7 Assure hospital delivery was providing a level of care appropriate to the patient's high risk condition										
Record compliant?										
Comments:										

Postpartum:

D8 Provide the 5As method for tobacco cessation to all postpartum women using the 5As (ask, advise, assess, assist, arrange) as recommended by ACOG and referral made to appropriate community resource, or the NC Tobacco Use Quit Line at 1-877-QUIT-NOW. *(Guidelines for Perinatal Care,* 7th ed. pp. 128–129)

D9 Follow-up and document:
a. Missed appointments.
b. Postpartum follow-up for specific high risk condition was provided or patient was referred for this service. (*Guidelines for Perinatal Care*, 7th ed. p. 257, pp. 199–200)
c. Depression screening and referral for services as indicated. *(Guidelines for Perinatal Care,* 7th ed. pp. 130–131)
d. Screening for Intimate Partner Violence. (ACOG Committee Opinion No. 518, Feb. 2012)
e. Screening for alcohol, tobacco and other drug use *(Guidelines for Perinatal Care,* 7th ed., pp. 207–208)
f. Postpartum GDM follow-up testing recommendation for all Gestational Diabetes Mellitus (GDM) patients defined by ACOG as a 6–12 week postpartum Fasting Blood Glucose or 75-g 2hr Oral Glucose Tolerance Test; appropriate long term sequela counseling should also be performed. (*Guidelines for Perinatal Care*, p. 117; ACOG Practice Bulletin, No. 137, Gestational Diabetes)
g. Reproductive life planning counseling to include plans for future childbearing and selection of a contraceptive method to prevent pregnancy and /or promote healthy birth spacing. *(Guidelines for Perinatal Care,* 7th ed. pp. 98, 208; HP 2020 FP-1 and FP-5; www.cdc.gov/preconceptionhealth/women.html)
h. Referral to a primary care provider as indicated. (HP 2020 AHS-3)

Postpartum Follow-Up

Postpartum Follow-Up	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
D8 Provide the 5A method for tobacco cessation										
D9 Follow-up and document										
a. Missed appointments										
b. Postpartum follow-up for specific high risk condition was provided or patient was referred for this service										
c. Depression screening and referral for services as indicated										
d. Screening for Intimate Partner Violence										
e. Screening for alcohol, tobacco and other drug use										
f. Postpartum GDM follow-up testing recommendation for all GDM patients										
g. Reproductive life planning counseling										
h. Referral to a primary care provider as indicated										
Record compliant?										

Comments:

Laboratory Studies

Provide and document the following:

E1 Syphilis screening on the initial visit and a repeat syphilis screen between 28 and 30 weeks. (CDC MMWR, Dec 17, 2010, v. 59, No. RR-12; *Guidelines for Perinatal Care,* 7th ed. p. 114; 10A NCAC 41A.0204 (e))

E2 Hepatitis B screening on the initial visit, unless known to be infected, and follow-up of an infant born to an infected mother to assure he/she receives prophylactic treatment. (10A NCAC 41A.0203 (d)(1); CDC MMWR, Dec 17, 2010, v. 59, No. RR-12; *Guidelines for Perinatal Care,* 7th ed. p. 114)

E3 HIV testing at the initial visit and the third trimester (preferably before 36 weeks of gestation) unless she declines the tests (i.e., opt-out screening). Documentation of refusal must be in the patient's record. (10A NCAC 41A.0202 (14); CDC MMWR, Dec 17, 2010, v. 59, No. RR-12; *Guidelines for Perinatal Care,* 7th ed. p. 112)

E4 Gonorrhea screening on initial visit and repeated in the third trimester if 25 years of age or younger or greater than 25 years of age and participating in high risk behaviors such as having a new partner, multiple partners, little or no prenatal care, a STD during the current pregnancy or substance use. (10A NCAC 41A.0204 (e CDC MMWR, Dec 17, 2010, v. 59, No. RR-12; *Guidelines for Perinatal Care,* 7th ed. p. 115)

E5 Chlamydia screening on the initial visit and repeated in the third trimester if less than or equal to 25 years of age and for those participating in high risk behaviors such as having a new partner, multiple partners, little or no prenatal care, a STD during the current pregnancy or substance use. (CDC MMWR, Dec 17, 2010, v. 59, No. RR-12; *Guidelines for Perinatal Care,* 7th ed. p. 115)

E6 Genetic serum screening (offered or referred), prior to 20 weeks of gestation, to clients who give informed consent for the test. Clients who refuse the test should have this informed refusal documented in the chart. Clients should be offered or referred for additional genetic and aneuploidy screening tests including first screen, as area resources allow. *(Guidelines for Perinatal Care,* 7th ed. pp. 119–126)

E7 Blood Group, RH Determination, and Antibody screening at the initial visit and Antibody screen repeated as indicated. Antibody Titer will be done if positive Antibody Screen and repeated as indicated. *(Guidelines for Perinatal Care,* 7th ed. p. 113)

E8 Rubella and Varicella immune status assessment at initial visit as evidenced by written documentation of age-appropriate vaccination or laboratory evidence of immunity. Patients with no evidence of immunity shall have laboratory test for immunity performed. *(Guidelines for Perinatal Care,* 7th ed. pp. 118, 410) Policy and Protocol for providing Rubella and Varicella vaccine post-delivery if patient "not immune" are required. *(Guidelines for Perinatal Care,* 7th ed. pp. 118–119)

E9 Cervical Cytology (if indicated, follow new ACOG Cervical Cytology Guidelines). (ACOG, Practice Bulletin, No. 131, November 2012)

E10 Urine dipstick for glucose and protein at initial visit and as indicated by risk factors. *(Guidelines for Perinatal Care,* 7th ed. p. 114)

E11 Urine culture will be done at initial visit, and repeated as indicated. *(Guidelines for Perinatal Care,* 7th ed. p. 113) If Group B Strep is identified during routine urine culture, repeat screening at 35–37 weeks is not indicated {excepting patients who are penicillin allergic, needing sensitivities}. GBS in routine urine culture is treated per normal culture guidelines [>100K colony count]. (CDC MMWR, November 19, 2010, v. 59, No. RR-10)

E12 Group B Strep screening at 35–37 weeks if no GBS bacteriuria diagnosed in current pregnancy. *(Guidelines for Perinatal Care,* 7th ed. p. 117; CDC MMWR, November 19, 2010, v. 59, No. RR-10, pp. 1–32)

E13 Hgb/Hct screening on initial visit and in third trimester. Hgb/Hct screen in second trimester as needed. *(Guidelines for Perinatal Care,* 7th ed. pp. 113, 224)

E14 Screening at 24–28 weeks for gestational diabetes with 50 grams of glucose and a 3 hour Oral Glucose Tolerance Test (OGTT) if indicated. *(Guidelines for Perinatal Care,* 7th ed. p. 116) or test for gestational diabetes as per 2011 American Diabetes Association guidelines: perform a 75-gram glucose 2 hours Oral Glucose Tolerance Test (OGTT) at 24–28 weeks gestation. (American Diabetes Association, Diabetes Care, January 2011, page 7. http://care.diabetesjournals.org/content/34/Supplement_1/S62.full.pdf+html)

E15 Hgb electrophoresis screening or document if client refused test. *(Guidelines for Perinatal Care,* 7th ed. p. 214) Screening for other genetic disorders (e.g. beta thalassemia, alpha thalassemia, Tay-Sachs disease, Canavan disease, and familial dysautonomia (Ashkenazi Jews) should be provided based on the client's racial and ethnic background and the family background (cystic fibrosis, Duchenne's muscular dystrophy, fragile X syndrome, mental retardation). *(Guidelines for Perinatal Care,* 7th ed. pp. 119–124; ACOG Committee Opinion No. 442, Oct. 2009)

E16 Screening with Bilingual Lead and Pregnancy Risk questionnaire which is posted on the Women's Health Branch website. Provide lead testing for those who have positive screening results. *(Guidelines for Perinatal Care,* 7th ed. pp. 107–108, 112–117) (www.cdc.gov/nceh/lead/publications/LeadandPregnancy2010.pdf)

Laboratory Studies

Laboratory Studies		1	2	3	4	5	6	7	8	9	10
E1	Syphilis Screen (initial visit)										
	Syphilis Screen (repeat between 28–30 weeks)										
E2	Hepatitis B (initial visit; unless known infection)										
	Follow-up prophylaxis of infant born to mother with hepatitis B (if applicable)										
E3	HIV testing at initial visit (document refusal)										
	HIV testing in 3rd trimester (document refusal)										
E4	Gonorrhea (initial visit)										
	Gonorrhea (repeat 3rd trimester if 25 or younger or at high risk for sexual disease)										
E5	Chlamydia (initial visit)										
	Chlamydia (repeat 3rd trimester if 25 or younger or at high risk for sexual disease)										
E6	Quadruple serum screening offered or referred prior to 20 weeks of gestation (document refusal)										
	Additional genetic and aneuploidy screening tests offered or referred as area resources allow										
E7	Blood Group (initial visit)										
E7	RH determination (initial visit)										
E7	Antibody screen/titer (initial visit)										
	Antibody repeat (if indicated)										
E8	Rubella status/testing (initial visit)										
	Rubella immunity testing for patients with no evidence of immunity is required										
E8	Varicella status/testing (initial visit)										
	Varicella immunity testing for patients with no evidence of immunity is required										
E9	Pap test (if indicated).										
E10	Urine dipstick for glucose and protein										
E11	Urine culture (specific for Group B Streptococcal bacteria) at initial visit										
	Urine culture repeated if Group B Strep is present										
E12	Group B Strep at 35–37 wks (as indicated)										
E13	Hgb/Hct (initial visit)										
	Hgb/Hct (second trimester; if indicated)										
	Hgb/Hct (third trimester)										
E14	Gestational diabetes screen at 24–28 wks										
E15	Hgb electrophoresis screen (document refusal)										
	Other genetic disorders screenings based on patient's racial/ethnic and family background										
	Additional genetic and aneuploidy screening tests										
E16	Bilingual Lead and Pregnancy Risk questionnaire screen										
	Lead testing for patients with positive screening results										
Record compliant?											

Comments:

E17 Diagnostic / monitoring tests completed (when indicated) *(Guidelines for Perinatal Care,* 7th ed. pp. 145–146):
- Assessment of Fetal Movement (i.e., Kick Counts)
- Nonstress Test (NST)
- Biophysical Profile (BPP)
- Modified BPP (NST plus an amniotic fluid index [AFI])
- Contraction Stress Test (CST)
- Doppler Studies

E18 Follow-up for abnormal findings *(Guidelines for Perinatal Care,* 7th ed. pp. 6–8, 477–480):
- Patients were managed for abnormal findings.
- Consultation with other specialists was sought if indicated.

Abnormal Findings and Diagnostic F/U

Abnormal Findings	1	2	3	4	5	6	7	8	9	10
Significant problems identified (medical, nutrition, psychosocial, etc.)										
A plan of care identified for each problem										
Patients were managed for abnormal findings										
Consultation with other specialists was sought if indicated										
When indicated, diagnostic / monitoring tests were completed (refer to E19 above)										
Record compliant?										
Comments:										

Medical Therapy

Provide and document the following:

F1 Provision of 17P for women at very high risk for developing preterm labor, such as a history of previous spontaneous birth at less than 37 weeks. *(Guidelines for Perinatal Care,* 7th ed. p. 257; ACOG Committee Opinion, No. 419, Oct. 2008)

F2 Influenza vaccine provided for all pregnant women during influenza season (October through May), as defined by the NC Immunization Branch which follows the definition of influenza season put forth by the Centers for Disease Control and Prevention (CDC). Document the date the vaccine was given or refused in the client chart. (www.cdc.gov/vaccines/adult/rec-vac/pregnant.html; *Guidelines for Perinatal Care,* 7th ed. p. 405)

F3 Tdap vaccine provided each pregnancy. (ACOG Committee Opinion No. 566, June 2013; CDC MMWR 2011; 60 (no.2); 26)

F4 Recommend use of low dose aspirin (81 mg) initiated after the 12th week of pregnancy in women with a history of preeclampsia in prior pregnancy. (USPTF: Low Dose Aspirin to Prevent Preeclampsia: Preventive Medication, September 2014)

Medical Therapy

Medical Therapy	1	2	3	4	5	6	7	8	9	10
F1 Provision of 17P for women at very high risk for developing preterm labor										
F2 Influenza vaccine provided for all pregnant women during influenza season (October through May)										
F3 Tdap vaccine provided each pregnancy										
F4 Recommend use of low dose aspirin (81 mg) initiated aft her 12th week of pregnancy (women with history of preeclampsia in prior pregnancy)										
Record compliant?										
Comments:										

Nutrition Services

Gestational Weight Management:

G1 Record weight and height for all women at the initial prenatal visit. *(Guidelines for Perinatal Care,* 7th ed. pp. 136–137)

G2 Determine pre-pregnancy weight and calculate body mass index (BMI) to identify gestational weight gain recommendations *(Guidelines for Perinatal Care,* 7th ed. p. 137)

G3 Plot weight on prenatal weight gain chart at routine visits.

G4 Offer nutrition consultation to all underweight and obese women; pre-pregnancy BMI of < 18.5 or > 30. *(Guidelines for Perinatal Care,* 7th ed. pp. 102, 216–217).

Nutrition Screening:

G5 Provide nutrition screening to identify nutrition problems by (or if self-administered, reviewed by) a nutritionist, nurse, physician, or physician extender at the initial visit and updated at subsequent visits as needed (unless a nutrition screening record was received prior to admission to HRMC).

G6 Refer to a nutritionist for an assessment and care plan in response to significant nutrition problems identified at anytime during pregnancy.

Nutrition Counseling (Assessment and Management):

G7 Provide nutrition counseling by a Registered Dietitian (RD) or LDN.

G8 Provide nutrition counseling for patients with any high risk condition listed below (Medical Nutrition Therapy; (DMA Clinical Coverage Policy No.1-I January 2008):

a. Conditions which impact length of gestation or birth weight where nutrition is the underlying cause such as severe anemia (Hgb <10gm/dl; Hct <30%), underweight prior to pregnancy (<18.5 BMI), inadequate weight gain during pregnancy, intrauterine growth restriction very young maternal age (under age of 16), multiple gestation, and substance use.
b. Metabolic disorders such as diabetes, thyroid dysfunction, maternal PKU or other inborn errors of metabolism.
c. Chronic medical conditions such as cancer, heart disease, hypertension, hyperlipidemia, inflammatory bowel disease, malabsorption syndromes, or renal disease.
d. Autoimmune diseases of nutritional significance such as systemic lupus erythematosus.
e. Eating disorders such as severe pica, anorexia nervosa or bulimia nervosa.
f. Obesity.
g. Documented history of a relative of the first degree with cardiovascular disease and/or possessing factors that significantly increase the risk of cardiovascular disease, such as sedentary lifestyle, elevated cholesterol, smoking, high blood pressure, and higher (than) ideal body weight.

G9 Develop a nutrition care plan for each identified nutrition problem.

G10 Document appropriate follow-up for each identified nutrition problem.

G11 Provide a prenatal supplement containing folic acid and iron. If the patient has Medicaid or third party insurance, a prescription for prenatal vitamins will be provided. For those patients without third party reimbursement, the health department shall provide the prenatal vitamins containing folic acid and iron. *(Guidelines for Perinatal Care,* 7th ed. pp. 132–136) The health department shall document that each patient has obtained prenatal vitamins on the subsequent prenatal visits after the initial prescription is given and refilled.

G12 Refer to WIC at initial visit, if not already enrolled.

Nutrition Services

Gestational Weight Management	1	2	3	4	5	6	7	8	9	10
G1 Record weight and height at initial prenatal visit										
G2 Determine pre-pregnancy weight/calculate BMI										
G3 Plot weight on prenatal weight gain chart										
G4 Nutrition counseling offered (underweight/obese)										
Nutrition Screening										
G5 Screening at initial visit (if self-screen, reviewed by staff)										
G6 Referral to nutritionist for complete assessment (as indicated from screening or problem identification) during pregnancy										
Nutrition Counseling (Assessment and Management)										
G7 Patients with any high risk conditions listed below received medical nutrition therapy (MNT) by a Registered Dietitian (RD) or a Licensed Dietitian/Nutritionist (LDN):										
a. Conditions which impact gestation or birth weight										
b. Metabolic disorders										
c. Chronic medical conditions										
d. Autoimmune disease of nutritional significance										
e. Eating disorders										
f. Obesity										
g. Family history of risk factors										
G8 Care plan developed for each identified nutritional problem										
G9 Patient received follow-up for each identified nutritional problem (document)										
G10 Prenatal supplement with folic acid and iron was provided										
G11 Referred to WIC at initial visit (if not enrolled)										
Record compliant?										
Comments:										

Psychosocial Services

Psychosocial Screening:

H1 Utilize a psychosocial risk screening tool to identify psychosocial risks. Psychosocial risk screening can be performed by a social worker, nurse, physician or physician extender and is to be completed at the initial HRMC visit. This should include screening, counseling and/or referring as indicated for pregnant and postpartum women who are experiencing depression. A validated tool for depression screening during pregnancy should be used each trimester and at the postpartum visit. (ACOG Committee Opinion, Number 630, May 2015)

H2 Refer to a Licensed Clinical Social Worker (LCSW), licensed by the North Carolina Social Work Certification and Licensure Board, for an assessment and care plan in response to any psychosocial risks identified.

Psychosocial Counseling (Assessment and Management):

H3 Provide a psychosocial assessment by a LCSW for any patient with one or more psychosocial risks identified through the psychosocial risk screening.

H4 Develop a care plan, following the psychosocial assessment, for each identified psychosocial problem.

H5 Provide counseling services by a LCSW for the identified psychosocial problem(s) and/or refer for outside services.

H6 Document appropriate follow-up for each identified psychosocial problem, inclusive of both those addressed by the LCSW and those referred for outside services.

H7 Coordinate the plan of care with the patient's Pregnancy Care Manager if applicable. If the patient is not engaged with a Pregnancy Care Manager, refer patient for services if she is Medicaid eligible and has a priority risk factor.

Psychosocial Services

Psychosocial Screening	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
H1 Risk Screening form (DHHS 3963C-1/3963C-2 or compliant form) completed by client (and reviewed by staff) or completed by staff at initial contact with HRMC										
H2 Patient with positive psychosocial findings referred to LCSW for assessment										
Psychosocial Counseling (Assessment and Management):										
H3 LCSW conducted assessment and documented findings										
H4 Care plan developed for each identified problem										
H5 LCSW treatment documented or referral made										
H6 Referred patients followed up to make sure patient received needed services										
H7 Coordinated plan of care with Pregnancy Care Manager (PCM). If patient not engaged with a PCM refer.										
Record Compliant?										
Comments:										

Patient Education

Provide and document (Guidelines for Perinatal Care, *7th ed. pp. 107–108, 132–144, 156–161):*

I1 Specific education about individual risk condition(s). (ACOG, pp. 88–99)

I2 Basic prenatal education in an individual or group format. Appropriately trained members of the maternal health team can provide the education. These include nurse, nutritionist, social worker, physician, certified nurse midwife, nurse practitioner, physician assistant, health educator, etc. For example, if the social worker or the nutritionist provides education on a given topic, this education need not be repeated by another member of the health team.

I3 Scope of care (including what is expected at the first prenatal visit and anticipated schedule of visits); lab studies that may be performed; options for intrapartum care; office policies; emergency coverage and cost; and expected course of pregnancy.

I4 Physician coverage for labor and delivery.

I5 Adverse signs and symptoms to report (e.g. bleeding, rupture of membrane, decreased fetal movement).

I6 Practices to promote health maintenance; balanced nutrition (ideal calorie intake and weight gain); exercise safety and daily activity; travel; alcohol and tobacco consumption, caution about drugs (illicit, prescription, and non-prescription); use of safety belts; sauna and hot tub exposure; vitamin and mineral toxicity; prevention of HIV infection and other STDs; environmental exposure such as second hand smoke and lead; and nausea and vomiting during pregnancy.

I7 Warning signs to terminate exercise while pregnant include: chest pain, vaginal bleeding, dizziness, headache, decreased fetal movement, amniotic fluid leakage, muscle weakness, calf pain or swelling, preterm labor, or regular uterine contractions. *(Guidelines for Perinatal Care,* 7th ed. pp. 137–138)

I8 Educational programs available (refer to childbirth education classes, which should provide information on labor, pain relief, delivery, breastfeeding, infant care, and postpartum period).

I9 Benefits of breastfeeding and risks of not breastfeeding. (US DHHS, The Surgeon's General Call to Action to Support Breastfeeding; 2011, Appendix 2, pg 79; ACOG Committee Opinion, No. 570, August 2013)

I10 Dangers of eating certain fish with high levels of mercury, including shark, swordfish, king mackerel and tilefish *(Guidelines for Perinatal Care,* 7th ed. p. 140) and risks associated with eating unpasteurized cheese and milk; hot dogs or luncheon meats (unless they are steaming hot); or refrigerated smoked seafood, pâtés or meat spreads. *(Guidelines for Perinatal Care,* 7th ed. pp. 140–141, 421–422)

I11 Options for intrapartum care.

I12 Planning for discharge and child care; choosing the newborn's physician.

I13 Cost to the patient for prenatal care and delivery (e.g. insurance plan participation). *(Guidelines for Perinatal Care,* 7th ed. p. 107)

I14 Safe sleep education to all maternity patients. *(Guidelines for Perinatal Care,* 7th ed. pp. 311–312)

I15 Education on family planning method options

I16 Medically accurate information regarding umbilical cord stem cells and umbilical cord blood banking that is sufficient to allow a pregnant woman to make an informed decision about whether to participate in a public or private umbilical cord blood banking program. (§130A-128.1) Visit http://whb.ncpublichealth.com/Manuals/CordBloodFinal-122209.pdf for a brochure which can be printed and distributed.

Patient Education

Prenatal Education		**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
I1	Education about each risk condition										
I2	Basic prenatal education										
I3	Scope of care provided (what is expected on first prenatal visit, etc.)										
I4	Physician coverage for labor and delivery										
I5	Adverse signs and symptoms to report										
I6	Health maintenance practices:										
I7	Exercise warning signs										
I8	Educational programs available										
I9	Benefits breastfeeding/risks of not breastfeeding										
I10	Dangers of eating certain fish with high levels of mercury										
I11	Options for intrapartum care										
I12	Planning for hospital discharge and child care, plus choosing the child's physician										
I13	Cost to the patient for prenatal care and delivery (e.g., insurance plan participation)										
I14	Safe sleep education (all maternity patients)										
I15	Education on family planning method options										
I16	Medically accurate information regarding umbilical cord stem cells and umbilical cord blood banking										
Record Compliant?											

Comments: