



**Instructions:**

Formatting of this document directly correlates with that of the Addendum Agreement (AA)

<b>A. General Services</b>	1	2	3	4	5	6	7	8	9	10
A1 Informed Consent Signed										
A4 The Local Health Department may provide Maternal Care Skilled Nurse Home Visits (MCSNHV). If provided, meets requirements of DMA Clinical Coverage Policy No.: 1M-6										
<b>Record Compliant?</b>										

**Comments:**

<b>D. Prenatal Services</b>	1	2	3	4	5	6	7	8	9	10
D1 Health History										
a. Medical (including family medical history)										
b. Surgical										
c. Neurological										
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. Contraception										
i. Infection										
j. Gynecologic and Obstetrical										
k. Depression screening completed, referral if indicated Intimate Partner Violence (IPV) screening completed, referral if indicated										
l. Nutrition										
m. Genetic history (both maternal and paternal including cystic fibrosis), referral if indicated										
n. STDs										
o. Socioeconomic status										
p. Educational level										
q. Environmental exposures:										
Tobacco Smoke										
Lead										
<b>Record Compliant?</b>										

**Comments:**

<b>D. Prenatal Services (continued)</b>	1	2	3	4	5	6	7	8	9	10
D2 Physical Examination										
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. Rectum										
<b>Record Compliant?</b>										

**Comments:**

D3 Subsequent Routine Visits	1	2	3	4	5	6	7	8	9	10
a. Interim history/screening questions (fetal movement, contractions, rupture of membranes, vaginal bleeding)										
b. Assess weight (reference IOM guidelines) by RN, Nutritionist, MD or mid-level provider and share progress with patient. Referral if indicated.										
c. Blood pressure										
d. Fetal heart rate										
e. Fundal height										
f. Fetal presentation $\geq$ 36 weeks										
g. Depression screening completed during 2 <sup>nd</sup> trimester, referral if indicated										
Repeated during 3 <sup>rd</sup> trimester, referral if indicated										
h. Intimate Partner Violence (IPV) screening completed during 2 <sup>nd</sup> trimester, referral if indicated										
Repeated during 3 <sup>rd</sup> trimester, referral if indicated										
i. Prenatal supplement with folic acid and iron was provided.										
D4 Provided the 5A's method for tobacco cessation <u>or</u> NC Tobacco Use Quit Line, referral made to community resource										
D5 Follow-up and document										
a. Missed appointment(s)										
b. Referrals indicating patient received services for which referred (inter/intra-agency)										
<b>Record Compliant?</b>										

**Comments**

<b>Postpartum Visits</b>	1	2	3	4	5	6	7	8	9	10
D6 Provided the 5A's method for tobacco cessation <u>or</u> NC Tobacco Use Quit Line, referral made to community resource										
D7 Follow-up and document										
a. Missed appointment(s)										
b. Depression screening completed, referral if indicated										
c. IPV screening completed, referral if indicated										
d. Screening for alcohol, tobacco and other drug use										
e. GDM pt. to receive follow-up testing										
f. Reproductive life planning counseling										
g. Referral to a primary care provider (PCP) as indicated										
<b>Record Compliant?</b>										

**Comments**

<b>E. Laboratory Studies</b>	1	2	3	4	5	6	7	8	9	10
<b>Mandatory</b>										
E1 Syphilis — initial visit										
Repeat at 28–30 weeks										
E2 Hepatitis B — initial visit										
E3 HIV — initial visit or refused and documented										
Repeat in 3rd trimester (preferably before 36 weeks) or refused and documented										
E4 Gonorrhea — initial visit										
Repeat in the 3rd trimester (if patient is < 25 yrs. old and in patients > 26 yrs. old with increased risk of exposure, i.e., new partner, more than one partner, or partner has other partners)										
E5 Chlamydia — initial visit										
Repeat in the 3rd trimester (if patient is < 25 yrs. old and in patients > 26 yrs. old with increased risk of exposure, i.e., new partner, more than one partner, or partner has other partners)										
E6 Genetic serum screen prior to 20 wks. or refused and documented. Patients should be offered or referred for additional genetic and aneuploidy screening tests, including the 1st screen)										
E7 Blood group										
Rh — initial visit										
Antibody screen — initial visit										
Antibody screen repeated as indicated										
Titer performed if positive Antibody screen										
E8 Rubella status — 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.										
Varicella status — 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.										
E9 Cervical Cytology; as indicated per 2012 ACOG guidelines										
E10 Urine dipstick for glucose and protein — initial visit and as indicated by risk factors										
E11 Urine culture for Group Beta Strep (GBS) — initial visit										
Repeated as indicated										
E12 GBS screening at 35–37 weeks only for patients without positive findings on previous culture.										
E13 Hgb/Hct screening — initial										
Repeated in 3rd trimester										
Repeated in 2nd trimester as indicated										
E14 Gestational Diabetes Mellitus (GDM) — 24–28 weeks using ACOG's 2-step recommendation or ADA's 1-step recommendation.										
E15 Hgb electrophoresis — if indicated with an informed consent or refused and documented.										
E16 Bilingual Lead & Pregnancy Risk Questionnaire — initial visit, if positive, provide lead testing as follow-up										
E17 Diagnostic/monitoring test if indicated. This includes assessment of fetal movement (i.e., kick counts) and a Nonstress Test (NST)										
E18 Follow-up on abnormal findings.										
<b>Record Compliant?</b>										

**Comments**

<b>F. Medical Therapy</b>	1	2	3	4	5	6	7	8	9	10
F1 Provision of 17P for patients at very high risk for developing preterm labor										
F2 Influenza vaccine offered/provided during season (October–May). Document date administered <u>or</u> reported by pt. having received it <u>or</u> refusal										
F3 Tdap vaccine administered <u>or</u> documentation of refusal										
F4 Low dose aspirin (81 mg) initiated after 12 <sup>th</sup> week of pregnancy to patients with a history of preeclampsia in prior pregnancy										
<b>Record Compliant?</b>										

**Comments**

<b>G. Nutrition Services</b>	1	2	3	4	5	6	7	8	9	10
<u>Gestational Weight Management:</u>										
G1 Record weight and height at initial prenatal visit										
G2 Determine pre-pregnancy weight (can be estimated by patient or RN) and calculate BMI										
G4 Offering counseling if patient's weight preconception is under (<18.5 BMI)/or ≥ 30 BMI) this may be a referral to WIC										
<u>Nutrition Screening and Referral:</u>										
G5 Screening at initial visit (if self-screen, reviewed by staff). Referral to nutritionist for complete assessment (as indicated from screening or problem identification) during pregnancy.  If site does not have access to a nutritionist, a RN, MD or mid-level provider may assess patient and facilitate a care plan.  Care plan developed for each identified nutritional problem (i.e., conditions which impact gestation or birth weight; metabolic disorders; chronic medical conditions; autoimmune disease of nutritional significance; eating disorders; obesity; family history of risk factors).  Patient received follow-up for each identified nutritional problem (document)										
G7 Refer to WIC — initial visit, if indicated and not enrolled already										
<b>Record Compliant?</b>										

**Note:** If patient is receiving Medical Nutrition Therapy (MNT) this service will be monitored through WIC/Nutritionist on appropriate forms.

**Comments**

<b>H. Psychosocial Services</b>	1	2	3	4	5	6	7	8	9	10
H2 Based on screening appropriate care plan or referral to LCSW/ other mental health provider, OBCM or other appropriate resource and documented in the MH record										
Informed consent present before performing a drug screen										
H4 Plan of Care with patient's Pregnancy Care Manager if indicated or refer patient for services if Medicaid eligible and has a priority risk factor										
<b>Record Compliant?</b>										

**Comments**

**Note:** Free educational materials are available at <http://nchealthystart.org/catalog/index.htm>

<b>I. Patient Education</b>	1	2	3	4	5	6	7	8	9	10
I1 Specific education about individual risk condition(s)										
I2 Basic PN education in either a group or individual setting										
I3 Scope of care										
Contents of 1 <sup>st</sup> PN visit										
Schedule for Antepartum Care										
Laboratory Studies										
Intrapartum Care										
Office policies										
Emergency coverage										
Expected course of pregnancy										
I4 Physician coverage for labor and delivery										
I5 Adverse signs and symptoms to contact provider										
I6 Practices to promote health maintenance:										
Balanced nutrition										
Exercise safety/daily activity										
Travel										
Alcohol/Tobacco use										
Illicit, prescription & non-prescription drug use										
Use of safety belts										
Sauna & hot tub exposure										
Vitamins & mineral toxicity										
Prevention of HIV infection & other STDs										
Environmental exposure to second hand smoke & lead										
Nausea/vomiting										
I7 Warning signs to terminate exercise (refer to AA)										
I8 Educational programs provided <u>or</u> referral made for Childbirth Education										
I9 Benefits of breastfeeding/risks of not										
I10 Dangers of eating specific types of food (refer to AA)										
I11 Options for Intrapartum care										
I12 Planning for discharge/child care; identifying a pediatrician										
I13 Financial obligation										
I14 Provided safe sleep education										
I15 Family planning options										
I16 Umbilical cord blood banking/stem cells, public <u>or</u> private										
<b>Record Compliant?</b>										

**Comments**

## A. General Services

A3 The Local Health Department that provides childbirth education to Medicaid enrollees and billed to Medicaid or provided to non-Medicaid clients as part of their use of Healthy Mothers, Healthy Children funding must provide these services in accordance with the DMA Clinical Coverage Policies. (*DMA Clinical Coverage Policy 1M-2, Childbirth Education*)

**Yes** (appropriate certification on file)  **No** (appropriate cert. not on file)  **N/A**

Childbirth education activities not being billed to Medicaid or funded through Healthy Mothers, Healthy Children funding, such as those supported by funders such as Smart Start, are not subject to these requirements, and may follow the standards agreed upon between the funder and the Health Department.

**Yes** (Eligible to bill for service and complies with DMA Policies)

**No** (Eligible to bill for services but does not comply with DMA Policies)

**Funded by another source and not subject to DMA Policy requirements**

**N/A** (Does not offer this service)

A4 The Local Health Department may provide Maternal Care Skilled Nurse Home Visits (MCSNHV). They will be made upon the request of the prenatal care provider to those women who experience medical high-risk condition(s) during their pregnancy. MCSNHV requires a registered nurse who is skilled in the care of high risk pregnancy and cannot be provided in the clinic. The request must be made in the form of a written medical order with the specific risk condition(s) identified and requested skilled nursing interventions per patient plan of care and as indicated per established MCSNHV protocol. (*DMA Clinical Coverage Policy No.:1m-6*)

**Yes**  **No**  **N/A** (Service not provided)

## B. Quality Assurance

B2 Interruption of services or inability to meet quality assurance deliverables will be reported within 14 days to the WHB Regional Nurse Consultant.

**Yes**  **No**

B3 Use of interpreter services for all maternal health programs.

**Yes**  **No**

B4 Promoting customer friendly services that meet the needs of populations that are underserved.

**Yes**  **No**

B5 Increasing staff awareness of disparities in health status and service delivery, especially disparities related to race, ethnicity, disability, education, and socioeconomic status.

**Yes**  **No**

## C. Policies/Procedures

The Health Department shall develop and follow policies or procedures for facilitating early entry into prenatal care for the following:

C1 Follow-up of positive pregnancy test to assure patient has access to health care provider.

**Yes**  **No**

- C2 If there is a three-week or greater waiting list for a prenatal appointment, women must be triaged to assess adverse pregnancy risk factors for purposes of scheduling first visit. Adverse pregnancy risk factors must be included in this policy.  
 Yes  No
- (a) How long are low risk clients (those not prioritized to be seen in three weeks) waiting for new appointments? \_\_\_\_\_ weeks
- C3 Referral to Women, Infants and Children (WIC) upon making contact with a pregnant woman. (*Federal WIC Regulations, 246.4*)  
 Yes  No
- C4 Completion of presumptive eligibility determination and referral for Medicaid eligibility determination for all pregnant women, not just those who will remain in the Local Health Department for prenatal care services.  
 Yes  No
- C5 Agencies that provide Pregnancy Medical Home Services or are receiving state funding for Maternal Health services must have:  
 Completion of Pregnancy Care Management Risk Screen and referral to Pregnancy Care Management program as indicated.  
 Yes  No  N/A
- C6 A description of the target population for maternal health services provided by the Local Health Department, including eligibility criteria. The Local Health Department shall emphasize provision of maternal health services to individuals who would not otherwise have access to these services.  
 Yes  No
- C7 A description of fees, if any, for maternal health services provided by the Local Health Department.  
 Yes  No
- C8 Provision of community and patient maternal health education services within the jurisdiction of the Local Health Department. Education services shall promote healthy lifestyles for good pregnancy outcome. (*10A NCAC 46.0205(3)(b)*)  
 Yes  No
- C8 The Health Department shall provide or shall make referrals for nutrition consultation, education on infant feeding, childbirth and parenting education for low-income families. These referrals must be documented in the Maternal Health or other client record. (*ACOG, pp. 84–92*)  
 Yes  No
- C9 Follow-up of missed prenatal appointments.  
 Yes  No  N/A
- C10 Referral of pregnant women who express interest in permanent sterilization or contraception. (*Guidelines for Perinatal Care, 7th ed. p. 202-205*).  
 Yes  No
- C11 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. p. 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>)  
 Yes  No



- C12 Referral as indicated of patients with a positive HIV (*Guidelines for Perinatal Care, 7th ed. p.398-403*) or hepatitis B (*Guidelines for Perinatal Care, 7th ed. p.386-391*) test for both women and infants. (10A NCAC 41A.0203 (d)(1))  
 Yes  No
- C13 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 ACOG screening questions administered at the first prenatal contact, each trimester and postpartum. (*Guidelines for Perinatal Care, 7th ed. p. 131-132; ACOG Committee Opinion No. 518 Feb 2012*)  
 Yes  No
- C14 Collaboration with local Obstetricians and Emergency Physicians, local emergency hospital staff and tertiary care center staff is required to formulate a community wide accepted policy between the local health department and the physicians who will provide care for pregnant women exposed to Varicella with no immunity.  
 Yes  No
- C15 Referral to a high-risk maternity clinic or obstetrician for identified high-risk conditions. (*Guidelines for Perinatal Care, 7th ed. p.6-8, 477-478*)  
 Yes  No
- C16 Provide or refer for Rubella and Varicella (*Guidelines for Perinatal Care, 7th ed. p. 410*) vaccine post-delivery if patient not immune.  
 Yes  No
- C17 Use of 17 Hydroxyprogesterone Caproate (17P) for women at risk for developing preterm labor, such as a history of a positive spontaneous birth at less than 37 weeks.  
 Yes  No
- C18 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.  
 Yes  No

#### D. Prenatal and Postpartum Services

- 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. Another resource is the "Guide for Counseling Women Who Smoke, March 2008." <http://whb.ncpublichealth.com/provPart/pubmanbro.htm> (*Guidelines for Perinatal Care, 7th ed. p. 128-129*)  
 Yes  No

#### E. The Local Health Department (LHD) shall ensure the provision of the following, whether they provide prenatal care (PNC) or not:

- E1 Provide pregnancy testing, examination and referral as appropriate.  
 Yes  No

E2 Ensure ongoing prenatal care to all pregnant women through one or more of the following mechanisms:

- (a) Provision of prenatal services. (10A NCAC 46.0205 B (i)(ii)(iii))  
 Yes  No
- (b) Referral to other health care providers;  
 Yes  No

## J. Staff Requirements and Training

Agencies providing or assuring prenatal services must meet the following requirements or have the following policies:

J1 At least one staff person (or subcontractor's staff person) shall attend the required Women's Health Branch Sudden Infant Death Syndrome (SIDS) Basic Training, Annual Update or online update ([www.nichd.nih.gov/SIDS/Pages/sidsnursesce.aspx](http://www.nichd.nih.gov/SIDS/Pages/sidsnursesce.aspx)), and provide appropriate grief counseling for bereaved families in the county. Each county or district is also required to have a backup SIDS Counselor for their primary Counselor. This back-up does not have to reside in the county, but should be available in cases when the primary Counselor is unavailable to provide services for prolonged periods of time.

Yes  No

J2 The maternity nurse supervisor, Pregnancy Care Managers and Supervisors, Health and Behavior Intervention Supervisor, Clinical Social Workers and SIDS Counselors shall have active electronic mail membership and direct access to the Internet. HMHC funds can be used to finance and maintain hardware, software and subscription linkage to current local market values. The Internet connection enables participation in Women's Health Branch list serves, use of the Community Care of North Carolina (CCNC) Case Management Information System (CMIS) and Informatics Center (IC), access to other technical resources and to maternal health materials.

Yes  No

J3 Maternal Health Nurse Training

- (a) Certain low-risk clients may receive designated services from public health nurses who have received special Maternal Health Enhanced Role Nurse Training.
- (b) In health departments that have enhanced role screeners, a roster will be maintained and kept up-to-date. The roster shall include date of completion of the enhanced role nurse (ERN) training, number of patient contact hours (combination of time spent as a nurse interviewer and highest level care provider), and accrued educational contact hours. Enhanced role nurses must fulfill all requirements by June 30th each year or they will lose enhanced role status due to elimination of program and there is no current re-rostering component available.

Yes  No  N/A

J7 Breastfeeding Promotion and Support Training

Recommend maternal health staff receive task appropriate breastfeeding promotion and support training from Breastfeeding Coordinators in health departments or from the six Regional Breastfeeding Training Centers in North Carolina at no cost. This training includes information on the clinic environment, goals and philosophies regarding breastfeeding, as well as task appropriate breastfeeding information, such as anticipatory guidance for the breastfeeding infant, the benefits of and the risks of not breastfeeding, anticipatory guidance related to breastfeeding and birth spacing/family planning, contraindications to breastfeeding, and information for referring clients for additional breastfeeding support services. Initial training for all maternal health staff is encouraged; on-going training as needed is recommended. Training certificates per person or per agency are available. (US DHHS. *The Surgeon's General Call to Action to Support Breastfeeding; 2011, Action 9, pg 46; ACOG Committee Opinion, No. 570, August 2013*).

Yes  No (At this point not following recommendation)