

Policies/Procedures

		Yes	No
C1	List of high risk conditions the HRMC accepts on referral (<i>Guidelines for Perinatal Care</i> , 7 th 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 patients who have a past or current substance use issue (including alcohol, tobacco or electronic nicotine devices, and all illegal drugs). (<i>Guidelines for Perinatal Care</i> , 7 th 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. (http://whb.ncpublichealth.com/Manuals/section2confidentiality.pdf ; <i>Guidelines for Perinatal Care</i> , 7 th ed. p.128)		
C8	Identification, follow-up and referral as indicated for pregnant and postpartum patients who are experiencing intimate partner violence (IPV). 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. (ACOG Committee Opinion No. 518, Feb 2012; <i>Guidelines for Perinatal Care</i> , 7 th ed. pp. 131–132)		
C9	Universal Prenatal Screening for vaginal and rectal Group Beta Streptococcal (GBS) colonization of all pregnant patients 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 patient 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. (CDC MMWR, Nov 19, 2010, v.59, #RR-10; <i>Guidelines for Perinatal Care</i> , 7 th ed. p.117) All prenatal clinics providing prenatal care through 35–37 weeks are required to have this policy.		
C10	Provision of Rubella and Varicella vaccine post-delivery if patient not immune. (<i>Guidelines for Perinatal Care</i> , 7 th ed. p. 410)		
C11	Fetal fibronectin testing for asymptomatic patients at high risk for preterm delivery due to a previous preterm delivery or a current multifetal gestation and for patients 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 patients, nor should it be utilized in any event before 24 ⁰ weeks, and no later than 34 ⁶ weeks 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; <i>Guidelines for Perinatal Care</i> , 7 th ed. p. 257)		
C12	Provision of active electronic mail membership and direct access to the Internet for the maternity nurse supervisor, LCSW, and RD &/or LDN. 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 patient must be governed by appropriate clinical practice and the specific needs of the patient.		

Prenatal and Postpartum Services

Prenatal:

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

Prenatal 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 or electronic nicotine devices, and all illegal drugs)										
f. Current medications (prescription and non-prescription)										
g. Menstrual/last menstrual period										
h. Contraception										
i. Infection										
j. Gynecologic and Obstetrical										
k. Depression										
l. Intimate Partner Violence (IPV)										
m. Nutrition										
n. Genetic history (both maternal and paternal), referral if indicated										
o. Risk factors for STIs										
p. Socioeconomic status										
q. Educational level										
r. Environmental exposures:										
1. Tobacco smoke										
2. Electronic nicotine devices										
3. Lead										
s. Medication list (prescription, OTC, and herbal supplements/ remedies)										
t. Estimated date of delivery (EDD) confirmation										
Record compliant?										
Comments:										

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

Prenatal 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. Cervix										
h. Adnexa										
i. Rectum										
j. Vulva										
k. Abdomen										
l. Extremities										
m. Skin										
n. Lymph nodes										
o. Pelvis (including uterine size or fundal height)										
p. Blood pressure										
Record compliant?										
Comments:										

Prenatal Subsequent Routine Appointments

	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										
g. Depression screening completed during 2 nd trimester, referral if indicated										
Repeated during 3 rd trimester, referral if indicated										
Record compliant?										
Comments:										

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 (inter/intra-agency)										
c. Patient was referred for postpartum examination										
D6 Hospitalize patients when medically indicated.										
D7 Assure healthcare facility was the appropriate level of care for high risk condition										
Record compliant?										
Comments:										

Postpartum:

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 appointment(s)										
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. IPV screening; referral if indicated										
e. Screening for alcohol, tobacco, electronic nicotine devices and other drug use										
f. Postpartum GDM follow-up testing										
g. Reproductive life planning counseling										
h. Referral to a primary care provider (PCP) as indicated										
Record compliant?										
Comments:										

Laboratory Studies

Provide and document the following:

	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 if indicated for (patient &/or infant)										
E3 HIV testing at initial visit (document decline)										
HIV testing in 3 rd trimester (document decline)										
Follow-up if indicated (for patient &/or infant)										
E4 Gonorrhea (initial visit)										
Gonorrhea (repeat 3 rd trimester if 25 or younger or at high risk for sexual disease)										
E5 Chlamydia (initial visit)										
Chlamydia (repeat 3 rd 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 decline)										
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 Cervical Cytology if indicated										
E10 Urine dipstick for glucose and protein										
E11 Urine culture (specific for GBS) at initial visit										
Urine culture repeated if GBS is present										
E12 GBS at 35–37 wks (as indicated)										
E13 Hgb/Hct (initial visit)										
Hgb/Hct (2 nd trimester if indicated)										
Hgb/Hct (3 rd trimester)										
E14 Gestational diabetes (GDM) screen at 24–28 wks										
E15 Hgb electrophoresis screen (document decline)										
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:										

Abnormal Findings and Diagnostic F/U

	1	2	3	4	5	6	7	8	9	10
Diagnostic/monitoring test(s) completed if indicated										
Problems identified										
A plan of care identified for each problem										
Follow-up on abnormal findings										
Consultation with specialists was sought if indicated										
Record compliant?										
Comments:										

Medical Therapy

Provide and document the following:

	1	2	3	4	5	6	7	8	9	10
F1 Provision of 17P for patients at high risk for developing preterm labor										
F2 Influenza vaccine provided for all patients during influenza season (October through May) unless patient self reports, produces documentation supportive of administration of vaccine for the current season or declines										
F3 Tdap vaccine provided during pregnancy or document decline										
F4 Recommend use of low dose Aspirin (81 mg) initiated after 12th week of pregnancy (patients with history of preeclampsia in prior pregnancy and/or preterm labor in prior pregnancy)										
Record compliant?										
Comments:										

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 licensed healthcare provider)										
G6 Referral to RD &/or LDN for complete assessment (as indicated from screening or problem identification) during pregnancy										
Nutrition Counseling (Assessment and Management)										
G7 Provide nutrition counseling by a RD &/or a LDN										
G8 Patients with any high risk conditions listed below received medical nutrition therapy (MNT) by a RD &/or 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										
G9 Care plan developed for each identified nutritional problem										
G10 Document appropriate follow-up for each identified nutrition problem										
G11 Prenatal supplement with folic acid and iron was provided										
G12 Referred to WIC at initial visit (if not enrolled)										
Record compliant?										
Comments:										

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 patient and reviewed or completed by licensed healthcare providers at initial contact with HRMC										
H2	Patient with positive psychosocial findings referred to LCSW for assessment										
Psychosocial Counseling (Assessment and Management):											
H3	LCSW completes IPV assessment/ documentation each trimester and postpartum										
H4	Care plan developed for each identified problem										
H5	LCSW treatment documented or referral made										
H6	Follow-up provided to patients ensuring delivery of needed services										
H7	Coordinated plan of care with Pregnancy Care Manager (PCM). If patient not engaged, refer.										
Record Compliant?											
Comments:											

Patient Education

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

		1	2	3	4	5	6	7	8	9	10
I1	Education about each risk condition(s)										
I2	Basic prenatal education										
I3	Scope of care provided (what is expected on first prenatal visit, etc.)										
	a. Schedule for antepartum care										
	b. Laboratory studies										
	c. Intrapartum care										
	d. Office policies										
	e. Emergency coverage										
	f. Expected course of pregnancy										
I4	Physician coverage for labor and delivery & intrapartum care										
I5	Adverse signs and symptoms to report										
I6	Health maintenance practices										
	a. Balanced nutrition										
	b. Exercise safety/daily activity										
	c. Travel										
	d. Alcohol, tobacco, electronic nicotine device use										
	e. Illegal, prescription, OTC, & herbal remedy drug use										
	f. Safety belt use										
	g. Sauna & hot tub exposure										
	h. Vitamin & mineral toxicity										
	i. HIV & STI infection prevention										
	j. Environmental exposure to tobacco smoke and lead										
	k. Nausea/vomiting										
I7	Exercise warning signs										
I8	Educational programs available or referral made for Childbirth Education										
I9	Benefits breastfeeding/risks of not										
I10	Dangers of eating certain fish with high levels of mercury										
I11	Options for intrapartum care										
I12	Planning for discharge/childcare; identifying a pediatrician										
I13	Financial responsibility to the patient for prenatal care and delivery (e.g., insurance plan participation)										
I14	Safe sleep education										
I15	Family planning method options										
I16	Umbilical cord stem cells and umbilical cord blood banking										
Record Compliant?											
Comments:											