

## Maternal Health (MH) Audit Tool 2017–2018

Local Health Department: \_\_\_\_\_ Date \_\_\_\_\_

Patient Record Auditors—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:**

**Instructions:**

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

**General Services**

	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>										
<b>Comments:</b>										

**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. Nutrition										
m. Genetic history (both maternal and paternal), referral if indicated										
n. Risk factors for STI										
o. Socioeconomic status										
p. Educational level										
q. Environmental exposures:										
1. Tobacco smoke										
2. Electronic nicotine devices										
3. Lead										
r. Medication list (prescription, OTC, and herbal supplements/ remedies)										
s. Estimated date of delivery (EDC) confirmation										
<b>Record compliant?</b>										
<b>Comments:</b>										

D2 Assess the following physical examination components (*Guidelines for Perinatal Care*, 7<sup>th</sup> 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										
<b>Record compliant?</b>										
<b>Comments:</b>										

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

**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 <sup>nd</sup> trimester, referral if indicated										
Repeated during 3 <sup>rd</sup> trimester, referral if indicated										
<b>Record compliant?</b>										
<b>Comments:</b>										

**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)										
<b>Record compliant?</b>										
<b>Comments:</b>										

**Postpartum:**

**Postpartum Follow-Up**

	1	2	3	4	5	6	7	8	9	10
D6 Provide the 5A method for tobacco cessation										
D7 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										
<b>Record compliant?</b>										
<b>Comments:</b>										

## 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 <sup>rd</sup> trimester (document decline)										
Follow-up if indicated (for patient &/or infant)										
E4 Gonorrhea (initial visit)										
Gonorrhea (repeat 3 <sup>rd</sup> trimester if 25 or younger or at high risk for sexual disease)										
E5 Chlamydia (initial visit)										
Chlamydia (repeat 3 <sup>rd</sup> 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 as indicated										
E12 GBS at 35–37 wks (as indicated)										
E13 Hgb/Hct (initial visit)										
Hgb/Hct (2 <sup>nd</sup> trimester if indicated)										
Hgb/Hct (3 <sup>rd</sup> 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										
<b>Record compliant?</b>										
<b>Comments:</b>										

### Abnormal Findings and Diagnostic F/U

	1	2	3	4	5	6	7	8	9	10
E17 NST, Kick Counts, and/or Acoustic Stimulation completed, referred if indicated.										
Problems identified										
A plan of care identified for each problem										
Follow-up on abnormal findings										
Consultation with specialists was sought if indicated										
<b>Record compliant?</b>										
<b>Comments:</b>										

### 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 the 12th week of gestation in patients who are at high risk for preeclampsia										
<b>Record compliant?</b>										
<b>Comments:</b>										

### Nutrition Services

<b>Gestational Weight Management</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
G1 Record weight and height at initial prenatal visit										
G2 Determine pre-pregnancy weight/calculate BMI										
G3 Assess and address weight changes at routine visits										
G4 Nutrition consultation offered for patients with pre-pregnancy BMI <18.5 or ≥30)										
<b>Nutrition Screening</b>										
G5 Screening at initial visit (if self-screen, reviewed by licensed healthcare provider)										
Referral to RD &/or LDN for complete assessment (if indicated)										
Care plan developed for each identified nutritional problem										
Document appropriate follow-up for each identified nutrition problem										
G6 Prenatal supplement with folic acid and iron was provided										
G7 Referred to WIC at initial visit (if not enrolled)										
<b>Record compliant?</b>										
<b>Comments:</b>										

### Psychosocial Services

<b>Psychosocial Screening</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
H1 Risk Screening form (DHHS 3963C-1/3963C-2 or compliant form) completed by patient and reviewed or completed by licensed healthcare providers during each trimester and postpartum										
Based on screening appropriate plan of care or referral to LCSW/ other mental health provider, OBCM, or other appropriate resource and documented in the Maternal Health record										
H2 Patient with positive psychosocial findings referred to LCSW for assessment										
Informed consent present before performing a drug screen										
H3 Complete IPV assessment/documentation each trimester and postpartum										
<b>Record Compliant?</b>										
<b>Comments:</b>										

## Patient Education

*Provide and document (Guidelines for Perinatal Care, 7<sup>th</sup> 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										
<b>Record Compliant?</b>											
<b>Comments:</b>											



## A. General Services

A3 The Local Health Department that provides childbirth education to Medicaid enrollees and billed to Medicaid or provided to non-Medicaid patients 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 patients 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 healthcare provider.

**Yes**  **No**

- C2 If there is a three-week or greater waiting list for a prenatal appointment, patient 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 patients (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 patient. (*Federal WIC Regulations, 246.4*)  
 Yes  No
- C4 Completion of presumptive eligibility determination and referral for Medicaid eligibility determination for all pregnant patients, 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 positive 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 patient record. (*ACOG, pp. 84–92*)  
 Yes  No
- C9 Follow-up of missed prenatal appointments.  
 Yes  No  N/A
- C10 Referral of pregnant patients 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 patients who have a past or current substance use issue (including alcohol, nicotine, electronic nicotine devices, 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 patients and infants. (10A NCAC 41A.0203 (d)(1))

Yes  No

C13 Identification, follow-up and referral as indicated for pregnant and postpartum patients who are experiencing IPV. 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 patients 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 Alpha-Hydroxyprogesterone Caproate (17P) for patients 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 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. (*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 patients 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 patients 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 patients 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 patients 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)