Women's Health Branch Maternal Health AA Webinar
3/22/2017
FAQs after the webinar

MH Questions:

1. **Question:** Per slide 10, does form C2 no longer suffice for depression screen?

Response: If the agency is using the three questions to screen for depression at the initial OB appointment and during each trimester that are included on the DHHS form C-1 or C-2, then they need not complete a full depression screening tool as long as the individual does not answer in the affirmative to any of the three questions. The questions on the C-1 and C-2 forms suffice for the initial depression screening. Provided your agency policy states that an affirmative answer to any of these questions will trigger use of another validated screening tool, then the C-1 and C-2 are sufficient.

2. **Statement:** I believe if the patient answers **yes** to the questions on c2 you need to do a further evaluation

Response: That is correct. If the patient responds "yes" to any of the questions pertaining to depression on the C-1 or C-2, then a validated screening tool for depression must be used.

3. **Question:** So you are saying we can use any of the recommended depression screening tools. Right? I just heard you say that Edinburgh could only be used as post-partum tool and NOT as an intrapartum depression screening tool...is that correct? Last year's direction was that either tool was appropriate for both intrapartum and post-partum

Response: the AA has the ACOG Committee Opinion paper referenced - http://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co630.pdf?dmc=1 Per the article, it supports that either of the following validated tools (PHQ9 and Edinburgh Postnatal Depression Screening EPDS) can be used during pregnancy AND the postpartum period. For postpartum screening, the above article states that the EPDS is the best tool to use.

4. **Question:** Can an LPN complete the screening tool?

Response: An LPN can complete a screening tool if the Standing Order permits her to record the patient's responses to the questions on a validated screening tool and tally the numeric value associated with each response. The Standing Order must describe specific action for the LPN or RN to take based on the score for the individual patient. Such action might include referrals to local mental health providers.

5. **Question:** Can you clarify Acoustic stimulation? What is acoustic stimulation?

Response: Acoustic stimulation is one method of eliciting a response/movement from the fetus for an otherwise nonreactive NST. An acoustic stimulator is applied to the pregnant patient's abdomen to deliver electrical impulses to stimulate the fetus. Acoustic stimulation can decrease the incidence of false non-reactive NSTs.

6. **Question:** Referring to slide 18 of Maternal Health. If we currently do not provide acoustic stimulation during an NST, do we need to provide that in the next fiscal year?

Response: Acoustic stimulation is not a mandated service, it is *optional*. If your agency chooses to utilize acoustic stimulation to elicit a fetal response, then the Nurse-users must be trained, their competency must be assessed, and the Standing Order must be created and/or revised to include guidance for when and how it is to used per provider's guidance.

7. **Question:** Does "acoustical" include making noise over the abdomen?

Response: No, acoustic stimulation involves the delivery of electrical impulses to the abdomen through a specific piece of equipment.

8. **Question:** Is it appropriate to include informed written consent for Urine Drug Screen (UDS) in the prenatal general consent and then obtain verbal consent when UDS is indicated as opposed to a specific written consent for UDS?

Response: UDS is a separate consent and only signed when testing is indicated. Should not be included in the general consent. Subsequent UDS tests require verbal consent to be documented in the record each time the patient is tested.

9. **Question**: If assuring care, where would you capture that on the budget form.

Response: Assuring agencies that do not receive money must reflect "$0" on the budget form. Assuring agencies that do receive money must reflect how that money will be expended.

10. **Question:** We assure MH services through a MoU. Could you provide us a list of the required things that we must assure as in the past?

Response: There is a separate audit tool for assuring agencies that outlines the requirements.

11. **Question:** On slide 15 & slide 22, there is a reference to the 5P's. Can you clarify what the 5 P's are &/or where we can find information on the 5P's screening?

Response: Some informational resources learn about the 5 P's includes:

1. http://www.psychiatry.emory.edu/PROGRAMS/GADrug/Articles/5%20P%27s%20of%20Screening.pdf?5p=5p

2. http://www.mhqp.org/guidelines/perinatalpdf/ihrintegratedscreeningtool.pdf

12. **Question:** So we are using the 5P's in addition to the 5 A's?

Response: 5 P's for substance use including alcohol and the 5 A's are for tobacco use.

13. Question: Are those 5 P's questions are integrated into the PMH risk screen form?

Response: The Women's Health Branch is currently working on a 5 P's screening tool that will be made available to the LHDs as soon as possible. **IF** the tool is not complete prior to July 1, 2017, LHDs will not be expected to comply with the new FY 17-18 Agreement Addendum (C11) requirement until the tool is available.

14. **Question:** On slide 16 - maternity - E7 "a repeat antibody screening should occur at 26-28 weeks gestation." Verifying that this is only for Rh Neg patients or if it needs to be repeated on all patients?

Response: This is correct, repeat antibody screening at 26-28 weeks is only for Rh Negative patients.

15. **Question:** Does the WHB have/provide recommended weight management educational materials that we could use?

Response: "Healthy Habits for Life" assesses and targets lifestyle behaviors and is the most comprehensive weight management booklet that we have. The WHB also has limited copies of "Weight and Women Losing the First 10 Pounds", "What's Your BMI?", and "Women and Underweight" available from the warehouse. Additionally, the NC statewide campaign, Eat Smart Move More, has a consumer website (http://myeatsmartmovemore.com/) with many lifestyle behavior change resources that can be downloaded for free.

16. **Question:** A lot of the materials for FP and MH are at a 10th grade level or higher, how are we supposed to get them to the required 4 to 6th grade level?

Response: The 4th to 6th grade reading level is a Family Planning requirement, but we do recommend that most materials for Maternal Health and other clinics be written at a 5th grade reading level.