

Low Risk Maternal Health Audit Tool 2018–2019

Local Health Department: _____ Date _____

Patient Record Auditors—Name and Title:

_____	_____
_____	_____
_____	_____

III. Scope of Work and Deliverables

The Local Health Department (LHD) shall ensure the provision of the following:

		Yes	No
F1	Provide pregnancy testing, examination and referral as appropriate.		
F2	Ensure ongoing prenatal care to all pregnant patients through one or more of the following mechanisms: (a) Provision of prenatal services.		
	(b) Referral to other healthcare providers.		

Instructions: This tool correlates with the Agreement Addendum (AA)

General Services

		Yes	No	N/A
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.			
	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.			
	Funded by another source and not subject to DMA Policy requirement.			
A4	The Local Health Department may provide Maternal Care Skilled Nurse Home Visits.			

Quality Assurance

		Yes	No
B2	Interruption of services or inability to meet quality assurance deliverables will be reported within 14 days to the WHB Regional Nurse Consultant.		
B3	Use of interpreter services for all maternal health programs.		
B4	Demonstrates excellence in customer friendly services as evidenced by annual patient satisfaction surveys.		
B5	All staff, clinical and non-clinical, participate in at least one training annually focused on health equity, health disparities, or social determinants of health.		
B6	Care provided by APPs and ERRNs as appropriate.		
B7	Non-Stress Testing should only be performed by experienced licensed healthcare professionals which includes: RN, CNM, CM, NP, CNS, MD, DO and PAs.		

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

		Yes	No	N/A
C1	Follow-up of positive pregnancy test to assure patient has access to healthcare provider.			
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 appointment. Adverse pregnancy risk factors must be included in this policy.			
	How long are patients having to wait before securing an appointment? ____ weeks			
C3	Referral to Women, Infants and Children (WIC) upon confirmed results of a positive pregnancy test.			
C4	Completion of presumptive eligibility determination at the first prenatal appointment 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.			
C5	Completion of Pregnancy Care Management Risk Screen should be completed on Medicaid, Medicaid eligible or presumptively-eligible Medicaid patients only 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.			
C7	A description of fees for maternal health services provided by the Local Health Department.			
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.			
C9	Follow-up of missed prenatal appointments.			
C10	Referral of pregnant patients who express interest in permanent sterilization or contraception.			
C11	Use of the 5Ps validated screening tool to identify, refer (if indicated) or prescribe subsequent follow-up of patients.			
C12	Urine drug screen is not recommended universally. If risk indicators are identified, the process must include assurance of confidentiality and an informed written consent shall be obtained.			
C13	Referral, due to a positive Hepatitis B and/or HIV result for patient or neonate and appropriate follow-up for neonate after birth.			
C14	Identification, follow-up and referral as indicated for pregnant and postpartum patients who are experiencing interpersonal 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.			
C15	Collaboration with local obstetricians, emergency physicians, advanced practice practitioners, hospital/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.			
C16	Referral to a high-risk maternity clinic or provider for identified high-risk conditions.			
C17	Provide or refer for Rubella and/or Varicella vaccine postpartum if patient is not immune.			
C18	Use of 17 α -Hydroxyprogesterone Caproate (17P) for patients at risk for developing preterm labor as defined by a history of a prior spontaneous birth at less than 37 weeks gestation.			

		Yes	No
C19	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 providers and pediatricians, local hospital/tertiary care center staff is required to develop a policy. All prenatal clinics providing prenatal care through 35-37 weeks are required to have this policy.		
C20	Completed the Edinburgh or PHQ9 validated screening tool, facilitate referral (if indicated) and subsequent follow-up of patients.		
C21	All standing orders or protocols developed for nurses in support of this program must be written in the NC Board of Nursing format. All Local Health Departments shall have a policy in place that supports nurses working under standing orders. https://www.ncbon.com/vdownloads/position-statements-decision-trees/standing-orders.pdf .		

Prenatal and Postpartum Services

		Yes	No
D5	Provide the 5As (Ask, Advise, Assess, Assist, and Arrange) counseling approach for tobacco counseling cessation and electronic nicotine devices for all patients. Facilitate referral to QuitlineNC (1-877-QUIT-NOW) or a community resource.		

Staff Requirements and Training

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

		Yes	No	N/A
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 or online update 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.			
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.			
J3	Maternal Health Nurse Training Certain low-risk patients may receive designated services from public health nurses who have received special Maternal Health Enhanced Role Nurse Training.			

		Yes	No	N/A
J4	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. There is no re-rostering component available.			
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.			

Patient Records Audit

No.	Patient ID	Patient Initials	Record Compliant		Comments
			Yes	No	
1					
2					
3					
4					
5					
6					
7					
Notes:					

General Services

		1	2	3	4	5	6	7
A1	Informed Consent Signed							
A4	The Local Health Department may provide Maternal Care Skilled Nurse Home Visits. If provided, meets requirements of DMA Clinical Coverage Policy No. 1M-6							
Record compliant?								
Comments:								

Prenatal and Postpartum Services

Prenatal

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

Prenatal Health History

	1	2	3	4	5	6	7
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, non-prescription, herbal supplements remedies)							
g. Menstrual/last menstrual period							
h. Contraception							
i. Infection							
j. Gynecologic and obstetrical							
k. Depression and interpersonal violence							
l. Nutritional status (as per nutrition screening)							
Genetic history (both maternal and paternal)							
n. Risk factors for STI							
o. Socioeconomic status							
p. Educational level							
q. Environmental exposures:							
1. Environmental tobacco smoke (ETS)							
2. Electronic nicotine devices							
3. Lead							
r. Estimated date of delivery (EDD) confirmation							
Record compliant?							
Comments:							

D2 Assess the following physical examination components

Prenatal Physical Examination

	1	2	3	4	5	6	7
a. HENT							
b. Eyes							
c. Teeth							
d. Thyroid							
e. Lungs							
f. Breast							
g. Heart							
h. Cervix							
i. Adnexa							
j. Rectum							
k. Vulva							
l. Abdomen							
m. Extremities							
n. Skin							
o. Lymph nodes							
p. Pelvis (including uterine size or fundal height)							
q. Blood pressure							
r. Pre-pregnancy BMI calculated to determine recommended weight gain range (patient specific) shared with patient to guide care							
Record compliant?							
Comments:							

D3 Assess the following components on all subsequent routine scheduled appointments.

Prenatal Interval Appointments

	1	2	3	4	5	6	7
a. Interim history/routine screening questions:							
1. fetal movement							
2. contractions							
3. rupture of membranes							
4. vaginal bleeding							
b. Weight, per recommended gestational weight gain range (patient specific)							
c. Blood pressure							
d. Fetal heart rate							
e. Fundal height consistent with EDD							
f. Fetal presentation greater than or equal to 36 weeks							

Prenatal Follow-Up

	1	2	3	4	5	6	7
D4 Completed CCNC PMH Risk Screening or 5Ps validated tool							
D5 Provide the 5As counseling approach for tobacco cessation and electronic nicotine devices							
D6 Completed EDPS or PHQ9 screening tool (if indicated)							
D7 Follow-up and document							
a. Missed appointments							
b. Patient received services for which referred							

Record compliant?							
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Comments:

Postpartum Follow-Up

	1	2	3	4	5	6	7
D8 Provide the 5As counseling approach for tobacco cessation & electronic nicotine devices for all postpartum patients							
D9 Follow-up and document							
a. Missed appointment(s)							
b. Postpartum follow-up for diagnosed high-risk condition(s). Documentation indicates care was provided or referral facilitated (inter/intra-agency) to the appropriate provider							
c. Completed EDPS or PHQ9 screening tool (if indicated)							
d. Interpersonal violence screening; referral (if indicated)							
e. 5Ps validated screening tool (if indicated)							
f. Postpartum GDM follow-up testing for all Gestational Diabetes Mellitus patients							
g. Reproductive life planning counseling							
h. Completed referral to primary care provider (PCP) as indicated							

Record compliant?							
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Comments:

Laboratory Studies - Provide and document

		1	2	3	4	5	6	7
E1	Syphilis Screen (initial appointment)							
	Syphilis Screen (repeat between 28–30 weeks)							
E2	Hepatitis B (initial appointment; unless known infection)							
	Follow-up of infant born to an infected patient							
E3	HIV testing at initial appointment (document declination)							
	HIV testing in 3 rd trimester (document declination)							
	Follow-up if indicated (for patient &/or infant)							
E4	Gonorrhea (initial appointment)							
	Gonorrhea (repeat 3rd trimester if 25 years of age or younger; or 25 years of age and participating in high-risk behaviors)							
E5	Chlamydia (initial appointment)							
	Chlamydia (repeat 3rd trimester if less than or equal to 25 years of age and for those participating in high risk behaviors)							
E6	Genetic serum screening offered or referred prior to 20 weeks of gestation (document declination)							
	Additional genetic and aneuploidy screening tests offered							
E7	Blood Group (initial appointment)							
E7	Rh determination (initial appointment)							
E7	Antibody screen/titer (initial appointment)							
	Antibody repeat at 26-28 wks. gestation for a RhD-negative patient with a negative initial antibody screening							
E8	Rubella status/testing (initial appointment)							
	Rubella immunity testing for patients with no evidence of immunity is required							
E8	Varicella status/testing (initial appointment)							
	Varicella immunity testing for patients with no evidence of immunity is required							
E9	Cervical Cytology screen should begin at 21 yrs. of age							
E10	Urine dipstick protein							
E11	Urine culture (specific for Group B Strep) at initial appointment							
	If Group B Strep is identified during routine urine culture, repeat at 35-37 wks. gestation is not indicated (except in patients who are penicillin allergic, needing sensitivities)							
E12	GBS at 35–37 wks (if no GBS bacteriuria diagnosed in current pregnancy)							
E13	Hgb/Hct (initial appointment)							
	Hgb/Hct (2 nd trimester if indicated)							
	Hgb/Hct (3 rd trimester)							

		1	2	3	4	5	6	7
E14	Gestational diabetes (GDM) screen at 24–28 wks for gestational diabetes with 50 grams of glucose and a 3-hour Oral Glucose Tolerance Test (OGTT) if indicated or test for gestational diabetes as per 2011 American Diabetes Association guidelines: perform a 75-gram glucose 2-hour OGTT at 24-28 wks. gestation							
E15	Hgb electrophoresis screen (document decline)							
	Other genetic disorders screenings based on patient's racial/ethnic and family background							
E16	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
E17	Diagnostic/monitoring test(s) completed, referred if indicated							
	a. Assessment of fetal movement (i.e., kick counts)							
	b. Refer for Nonstress Test (NST) if indicated							
E18	Follow-up for abnormal findings							
	a. Patients being managed for abnormal findings							
	b. Consultation with specialist as indicated							

Record compliant?								
Comments:								

Medical Therapy - Provide and document

		1	2	3	4	5	6	7
F1	Provision of 17P for patients at high-risk of preterm birth							
F2	Influenza vaccine provided for all patients during influenza season (October through May)							
F3	Tdap vaccine provided preferably between 27 and 36 wks. gestation. Document the date the vaccine was given or declined							
F4	Recommend use of low dose Aspirin (81 mg) initiated after the 12th week of gestation in patients with a history of preeclampsia in prior pregnancy							

Record compliant?								
Comments:								

Nutrition Services

		1	2	3	4	5	6	7
Gestational Weight Management								
G1	Record weight and height at initial prenatal appointment							
G2	Determine pre-pregnancy weight/calculate BMI							
G3	Document weight gain assessment at routine appointments based on recommended weight gain range (patient specific) and other patient symptoms							
G4	Nutrition consultation offered for patients with pre-pregnancy BMI <18.5 or ≥30 and/or patients gaining outside of their prescribed weight gain range							
Screening								
G5	Screening at initial appointment (if self-screen, reviewed by licensed healthcare provider) and updated at subsequent appointments							
	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 appointment (if not enrolled)							
Record compliant?								
Comments:								

Psychosocial Services

		1	2	3	4	5	6	7
Screening								
H1	Initial Psychosocial screening (DHHS Form 4158 or 4159) completed by patient or licensed healthcare providers and reviewed during the initial prenatal appointment							
	Initial Psychosocial screening (DHHS Form 4160) completed by licensed healthcare providers for interval appointments (each trimester and postpartum)							
	Completed EDPS or PHQ9 screening tool at initial							
	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 results received referral to LCSW for assessment							
	Completed 5Ps validated screening tool							
H4	A plan of care identified for each problem with PCM (if applicable) & facilitate referral							
Record compliant?								
Comments:								

Patient Education - Provide and document

	1	2	3	4	5	6	7
I1 Education about each risk condition(s)							
I2 Basic prenatal education in an individual or group format							
I3 Scope of care provided (what is expected on first prenatal appointment, etc.)							
a. Schedule of appointments							
b. Laboratory studies							
c. Options for prenatal care							
d. Office policies							
e. Emergency coverage & costs							
f. Expected course of pregnancy							
I4 Provider coverage for labor and delivery & intrapartum care							
I5 Adverse signs and symptoms of pregnancy							
I6 Health maintenance practices							
a. Balanced nutrition							
b. Exercise safety/daily activity							
c. Travel							
d. Alcohol, tobacco, electronic nicotine device use							
e. Illegal, prescription, non-prescription							
f. Seat belt use							
g. Sauna & hot tub exposure							
h. Vitamin & mineral toxicity							
i. Prevention of HIV infection and other STIs							
j. Environmental exposure to second hand smoke and lead							
k. Nausea/vomiting							
I8 Educational programs available							
I9 Benefits of breastfeeding/risks of not breastfeeding							
I10 Dangers of eating certain fish with high levels of mercury eating unpasteurized cheese and milk; hot dogs or luncheon meats (unless steaming hot); or refrigerated smoked seafood, pates or meat spreads							
I11 Options for intrapartum care							
I12 Planning for discharge/childcare; identifying a pediatrician							
I13 Financial responsibility to the patient for prenatal care and hospitalization (e.g., insurance plan participation, self-pay)							
I14 Safe sleep education							
I15 Family planning method options							
I16 Umbilical cord blood donation/banking							

Record compliant?

Comments: