

High-Risk Maternal Health Audit Tool 2018–2019

Local Health Department: _____ Date _____

Patient Record Auditors—Name and Title:

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

		Yes	No
B1	Medical services are provided by a board-certified OB/GYN.		
	Identified perinatologist available for referral.		
B2	Augmented care with APPs as prescribed by a physician.		
B3	Non-Stress Testing should only be performed by experience licensed healthcare professionals which include: RN, CNM, CM, NP, CNS, MD, DO and PAs.		
B4	Comprehensive clinical assessments and counseling is provided by a LCSW.		
B5	Nutrition assessments and counseling is provided by a RD or LDN.		
B6	Patients at high-risk for experiencing an fetal/infant death receive appropriate prenatal care as determined by site appointment and record review.		
B7	Services are in accordance with ACOG guidance on high-risk maternal care as determined by site appointment and record review.		
B8	Conducted an annual quality assurance review of polices & procedures.		

B9	Interruption of services or inability to meet quality assurance deliverables will be reported within 14 days to the WHB Regional Nurse Consultant.		
B10	Demonstrates excellence in customer friendly services as evidenced by annual patient satisfaction surveys.		
B11	All staff, clinical and non-clinical, participate in at least one training annually focused on health equity, health disparities, or social determinants of health.		

Policies/Procedures

		Yes	No	N/A
C1	List of high-risk conditions the HRMC accepts on referral.			
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.			
C6	Psychosocial and nutritional risk screening process, referrals to the HRMC LCSW and RD/LDN and the provision of clinical social work and nutrition services.			
C7	Use of the 5Ps validated screening tool to identify, refer (if indicated) or prescribe subsequent follow-up of patients.			
C8	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.			
C9	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.			

		Yes	No	N/A
C10	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, pediatricians, local and 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.			
C11	Provision of Rubella and/or Varicella vaccine post-delivery if patient is not immune.			
C12	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 testing 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 weeks 0 days; no later than 34 weeks 6 days of gestation; in the presence of ruptured membranes; cervical dilation is greater than or equal to 3 cm.			
C13	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 values.			
C14	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.			
C15	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.			
C16	Completed the Edinburgh or PHQ9 validated screening tool, facilitate referral (if indicated) and subsequent follow-up of patients.			
C17	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. http://www.ncbon.com/vdownloads/position-statements-decision-trees/standing-orders.pdf .			

Staff Requirements and Training

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

		Yes	No
J1	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, contradictions 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							

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							

	1	2	3	4	5	6	7
d. Immunity and immunization (Seasonal Influenza, Tdap, Rubella, Hepatitis B, Varicella)							
e. Substance use (including alcohol, tobacco or electronic nicotine devices, and illegal drugs)							
f. Current medications (prescription, non-prescription)							
g. Menstrual/last menstrual period							
h. Contraception							
i. Infection							
j. Gynecologic and obstetrical							
k. Depression and interpersonal violence							
l. Nutrition status (as per nutrition screening)							
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. Environmental tobacco smoke (ETS)							
2. Electronic nicotine devices							
3. Lead							
r. Medication list (prescription, OTC, and herbal supplements/remedies)							
s. 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							

	1	2	3	4	5	6	7
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							
Pre-pregnancy body mass index (BMI) must be calculated to determine the recommended gestational weight gain range (patient specific) and shared with the 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							

Record compliant?							
Comments:							

Prenatal Follow-Up

		1	2	3	4	5	6	7
D4	Provide the 5As counseling approach for tobacco cessation and electronic nicotine devices							
D5	Completed CCNC PMH Risk Screening form or 5Ps validated screening tool							
D6	Completed EDPS or PHQ9 screening tool (if indicated)							
D7	Follow-up and document							
	a. Missed appointments							
	b. Patient received services for which referred							
	c. Patient was referred for postpartum examination							
D8	Hospitalize patients when needed in order to treat/monitor their high-risk conditions							

Postpartum Follow-Up

		1	2	3	4	5	6	7
D10	Provide the 5As counseling approach for tobacco cessation and electronic nicotine devices for all postpartum patients							
D11	Follow-up and document							
	a. Missed appointments							
	b. Postpartum follow-up for diagnosed high-risk conditions. Documentation indicating care was provided, or referral facilitated (inter/intra-agency) to the appropriate provider.							
	c. Completed EDPS or PHQ9 tool (if indicated)							
	d. Interpersonal violence screening referral (if indicated)							
	e. 5Ps validated screening tool (indicated)							
	f. Postpartum GDM follow-up testing for all GDM patients							
	g. Reproductive life planning counseling							

Record compliant?								
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)							

		1	2	3	4	5	6	7
	Gonorrhea (repeat 3rd trimester if 25 years of age or younger; or greater than 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 or referred							
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 for 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)							
E14	GDM screen at 24-28 wks. with 50 grams of glucose and a 3-hour Oral Glucose Tolerance Test (OGTT) if indicated or test per 2011 American Diabetes Association Guidelines: perform a 75-gram glucose 2-hour OGTT at 24-28 wks. gestation							
E15	Hgb electrophoresis screen as indicated or document declination							
	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 tests completed (when indicated)							
	Referred if problem(s) identified							
E18	Follow-up for abnormal findings							
	a. Patients were managed for abnormal findings							
	b. Consultation with other specialists were sought if 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 for 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 counseling offered (Nutrition counseling 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-administered, reviewed by licensed healthcare provider)							
G6	Referral to RD &/or LDN for complete assessment (as indicated from screening or problem identification) during pregnancy							

		1	2	3	4	5	6	7
Counseling								
G7	Counseling provided by a RN/LDN							
G8	Counseling for patients with any high-risk condition listed below (Medical Nutrition Therapy)							
a.	Conditions which impact gestation or birth weight where nutrition is the underlying cause							
b.	Metabolic disorders							
c.	Chronic medical conditions							
d.	Autoimmune disease of nutritional significance							
e.	Eating disorders							
f.	Obesity							
g.	Documented history of a relative of the first degree with 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 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 contact with HRMC if it had not already been completed.							
	Interval Psychosocial screening (DHHS Form 4160) completed by licensed healthcare providers (each trimester and postpartum)							
	Completed EDPS or PHQ9 screening tool (each trimester and postpartum)							
H2	5Ps validated screening tool (if indicated)							

Counseling (Assessment and Management)

H4	Comprehensive assessment provided by LCSW with one or more risks identified							
H5	Care plan developed for each identified problem							
H6	LCSW provides counseling services for identified problem(s) and/or referral made for outside services							

		1	2	3	4	5	6	7
H7	Documented appropriate follow-up for each identified psychosocial problem, inclusive of both those addressed by the LCSW and those referred for outside service							
H8	Coordinate the plan of care 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 services							
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							
I7	Exercise warning signs							

		1	2	3	4	5	6	7
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: