
 **NC Department of Health and Human Services**  
**Division of Public Health**  
**Women's Health Branch**

**Agreement Addenda Webinar**  
**Fiscal Year 2021-2022**

**March 2021**

1

 **High Risk Maternal Health Agreement Addendum**

2

### III. Scope of Work and Deliverables

#### Section C. Policies and Procedures

**C 10: Removal of “and follow up regarding treatment of the mother and infant” in the GBS follow up policy.**

**Policy should include process for transferring results to delivering hospital. All prenatal clinics providing prenatal care through 36-38 weeks are required to have this policy.**

Removal: This requirement was not always feasible. LHDs will still transfer patient GBS results to delivering hospitals, but the follow-up regarding treatment of the newborn and collaboration on policies and record exchange with delivering facilities will no longer be required.

3

### III. Scope of Work and Deliverables

#### Section C Policies & Procedures:

**C 15: Language changed to state *a validated screening tool* can be used for depression screening.**

**A validated screening tool can be either the PHQ-9 or the Edinburgh Postnatal Depression Scale (EPDS). Policy should include referral and follow-up processes, if indicated by the screening tools.**

UPDATE: Change was made to align with ACOG Committee Opinion which specifies that a validated screening tool be used to screen for depression; however, it does not mandate specific tools at specific times during pregnancy.

4

### III. Scope of Work and Deliverables

#### Section C: Policies and Procedures

##### FY 20-21 C17: Removal of 17<sup>α</sup> Hydroxyprogesterone Caproate

**REMOVAL of:** Develop and follow a policy/procedure/protocol that describes the agency's use of 17  $\alpha$  Hydroxyprogesterone Caproate (17P) for patients at risk for developing preterm labor as defined by a history of prior spontaneous birth at less than 37 weeks gestation.

**NEW/REMOVAL:** Based on the results of the confirmatory trial and the subgroup analyses - which do not seem to show any efficacy of 17P over placebo in weeks of gestation at birth or of neonatal outcomes - the FDA is recommending an expedited withdrawal of approval of the drug. Given this possible removal of 17P from the market, it is being removed as a requirement in the AA.

5

### III. Scope of Work and Deliverables

#### Section D Prenatal and Postpartum:

##### D1, D2, & D3: Language changed to add the word *minimum*

**D1** Assess and document the following minimum health history components

**D2** Assess and document the following minimum physical examination components.

**D3** Assess and document the following minimum components on all subsequent routine scheduled visits.

**UPDATE:** Language changed for clarification that the AA is the minimal requirement; however other components may be added due to patient and/or provider concerns and in those cases the documentation of the additions should be noted in the EMR.

6

**III. Scope of Work and Deliverables**

**Section D: Prenatal and Postpartum**

**D1-e: Addition of the word *prescription medication***

**Substance use (including alcohol, tobacco or electronic nicotine delivery systems, prescription medications and all illegal drugs)**

**UPDATE:** Added due to the continuing increased misuse of opioid and prescription medication.

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7

**III. Scope of Work and Deliverables**

**Section D. Prenatal and Postpartum Services**

**D1-k: Language change to *Behavioral health disorders* and deletion of *interpersonal violence***

**FY 20-21 previous wording: *Depression and interpersonal violence***

**UPDATE:** Behavioral health disorders added to provide a broader description to match ACOG language. Interpersonal violence was deleted due to repetition as it is captured in section H1

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8

**III. Scope of Work and Deliverables**

**Section D. Prenatal and Postpartum Services**

**D4- c&d: Language change to add *Edinburgh Postnatal Depression Screen (EPDS)***

- c. The Maternal Health History form, Part C-1 (DHHS 4158 or 4159), and either the PHQ-9 or the Edinburgh Postnatal Depression Scale (EPDS) at the initial prenatal visit.*
- d. The PHQ-9 or Edinburgh Postnatal Depression Scale (EPDS) should be repeated if indicated on the Maternal Health History form, Part C 2 (DHHS 4160) in the 2nd and 3rd trimesters; the PHQ-9 or Edinburgh Postnatal Depression Scale (EDPS) and IPV screening may be repeated at any point during pregnancy at provider's discretion.*

**UPDATE:** Change was made to align with ACOG Committee Opinion which specifies that a validated screening tool be used to screen for depression; however, it does not mandate which tool to use.

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9

**III. Scope of Work and Deliverables**

**Section D. Prenatal and Postpartum Services**

**D8: Language changed for postpartum exam**

**A comprehensive postpartum exam should be done preferably by 6 weeks and no later than 12 weeks after delivery.**

**UPDATE:** Provides clarification by defining the postpartum period for the LHDs as to what the expectation will be for timing of the required postpartum exam.

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10

### III. Scope of Work and Deliverables

#### Section E. Laboratory and Other Studies

#### E3: Addition of hepatitis C screening

**Hepatitis C screening on all pregnant women during each pregnancy. This testing can be done at the initial obstetrical lab appointment and specimens are sent to the State Lab of Public Health. If the patient is already known to have hepatitis C, screening is not necessary.**

**NEW:** Hepatitis C screening is now recommended by ACOG and the CDC at the initial prenatal visit for all pregnant clients who are not already known to be infected. The State Lab of Public Health will be offering this testing for LHD. The webinar on Hep C testing and follow up in pregnancy has been archived on the WHB website under trainings.

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11

### III. Scope of Work and Deliverables

#### Section F. Medical Therapy

#### F4: Change in the wording from **Provision** to **Discussion**

**Discussion of 17  $\alpha$ -Hydroxyprogesterone caproate (17P) and agreed upon plan of care for patients at high risk of preterm birth.**

**UPDATE:** Based on the results of the confirmatory trial and the subgroup analyses - which do not seem to show any efficacy of 17P over placebo in weeks of gestation at birth or of neonatal outcomes - the FDA is recommending an expedited withdrawal of approval of the drug. The AA will no longer require a policy or procedure of usage. However, ACOG has not yet pulled the position statement in reference to usage so shared decision making should be done with the patient if 17 P is being discussed as a plan of care.

NCDHHS, Division of Public Health | Maternal Health (High-Risk) Agreement Addendum | March 2021 12

12

## Attachment A Detailed Budget Instructions and Information

### Travel:

Current Mileage Rates – For informational purposes, the OSBM lists the standard mileage rate set by the Internal Revenue Service as \$0.575 cents per mile, effective January 1, 2020.

Effective January 1, 2021 the OSBM updated the mileage rate to \$0.56 cents per mile. This is the rate to use when submitting your budget.

**UPDATE:** This is updated annually. As of January 1, 2021, the new rate is \$0.56 cents per mile.

13

## Highlighted WHB Website Pages

- **WHB Website Home Page - bookmark it!**  
<https://whb.ncpublichealth.com/index.htm>
  
- **Resource page**
  - **WHB URL > Providers and Partners > Resources**
  
- **Training page**
  - **Providers and Partners > Training**
    - **Women’s Health Non-Required Trainings**
    - **Maternal Health Non-Required Trainings**
    - **Additional resources**

14

## Contacts for Questions

- **Data questions: Rebecca Severin**
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- **Budget questions: Phyllis Johnson**
  - [Phyllis.C.Johnson@dhhs.nc.gov](mailto:Phyllis.C.Johnson@dhhs.nc.gov)
  
- **Clinical, training and other questions:**
  - The Women’s Health Regional Nurse Consultant assigned to your health department  
(<https://whb.ncpublichealth.com/docs/RNC-Map.pdf>)

15

## Complete Short Online Evaluation Survey to Download Certificate of Attendance

### Beginning March 24, 2021:

- this pre-recorded webinar, slides & handouts will be archived at <http://whb.ncpublichealth.com/provPart/training.htm>, see *WH Non-Required Trainings* heading.
  
- **complete the short online evaluation survey at <https://www.surveymonkey.com/r/27LKYB3> to download a Certificate of Attendance.**

There is no continuing education credit available.

16