

## Maternal Health Audit Tool Activity 101 2024- 2025

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

Patient Record Auditors — Name and Title:

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\_\_\_\_\_

\_\_\_\_\_

### Patient Records Audit

No.	Patient Generic Identifier	A1: Obtain informed signed consent for prenatal services	Comments
1			
2			
3			
4			
5			

### D1 Prenatal Health History - Assess and document the following components at the initial appointment.

		1	2	3	4	5
a.	Client's Personal Medical History: including allergies and any medical diagnosis (ex: hypertension, diabetes, depression, anxiety, coagulation disorders)					
b.	Family Medical History					
c.	Surgical History					
d.	Infection (communicable diseases, STIs) and Immunization History (Influenza, Tdap, Rubella, Hepatitis B, Varicella)					
e.	Gynecologic & Obstetrical History (including LMP, menstrual & contraception history)					
f.	Genetic/Teratology History (both maternal and paternal)					
g.	Substance Use (including alcohol, tobacco or electronic nicotine devices, all illegal drugs, and environmental exposures)					
h.	Current Medications (prescription, nonprescription, herbal supplements & remedies)					
i.	Pregnancy Risk Factors/ Problem List					
j.	Estimated Date of Delivery (EDD)					
k.	Socioeconomic and Educational Level					
<b>Comments:</b>						

**D2 Initial Prenatal Physical Examination - Assess and document the physical examination components.**

		1	2	3	4	5
a.	Adult Physical Exam: (at minimum head, ears, nose, throat, eyes, teeth, thyroid, lungs, breasts, heart, cervix, abdomen, extremities, skin, lymph nodes)					
b.	Gestational Age Assessment: (uterine size or fundal height)					
c..	Vitals: blood pressure, weight, and height					
<b>Comments:</b>						

**D3, D5, E19-20 Prenatal Interval Appointments- Documentation of assessments abnormal findings, diagnostic evaluations, referrals and follow-up of the following components on 3 visits: The initial history/physical visit, 2<sup>nd</sup> trimester visit (ideally one with 2<sup>nd</sup> trimester labs and/or screening tools, and a 3<sup>rd</sup> trimester visit (ideally one with 3<sup>rd</sup> trimester labs and or screening tools). Additional visits can be reviewed if necessary to ensure all components were met and assessed.**

		1	2	3	4	5
a.	Maternal Assessment :					
	1. Labor signs and symptoms (contractions/rupture of membranes/ vaginal bleeding) documented by exception or by a ROS stated in policy					
	2. Weight					
	3. Blood pressure					
b.	Fetal Assessment					
	1. Fetal heart rate (beats per minute, by ultrasound or doppler and appropriate based on gestational age)					
	2. Fetal growth (by fundal height or ultrasound)					
	3. Fetal presentation if 36 weeks or greater					
c.	Other assessments documented based on patient complaint(cervix, edema, urine for protein/glucose, etc.)					
d.	Education provided for any risks/problems found during the visit					
e.	Diagnostic/monitoring tests completed when ordered by provider.					
f.	Appointments scheduled with specialists when referrals are ordered by provider to further assess or treat abnormal findings					
g.	Documentation of follow-up to reschedule patient for each appointment missed (clinic and/or referrals)					
<b>Comments:</b>						

## G1-G7 Nutrition Services- Gestational Weight Management & Screening

		1	2	3	4	5
a.	Determine pre-pregnancy weight and calculate BMI and educate patient about recommended weight gain range per IOM guidelines at the initial appointment					
b.	Completed Nutrition Screening DHHS form 4161 at initial appointment (if self-screen, reviewed by licensed healthcare provider)					
c.	At the 2 <sup>nd</sup> and 3 <sup>rd</sup> trimester visits reviewed; patient's weight recorded and counseling provided if the weight was outside of the IOM guidelines. (If agencies have a EMR template that plots the weight per IMO guidelines this can be used)					
d.	Based on screening during the initial or follow up visits reviewed, a plan of care was documented in the patient's medical record for each identified nutritional problem including BMI <18.5 or ≥30					
e.	Prenatal supplement with folic acid and iron was provided or prescribed at the initial appointment, if the patient isn't already taking.					
f.	Referred to WIC at initial appointment (if not already enrolled)					
<b>Comments:</b>						

## D4 & H1-H2 Psychosocial Services - Complete & document the following psychosocial screenings.

		1	2	3	4	5
a.	Complete the Pregnancy Management Program (PMP) risk screening form or the Modified 5Ps screening tool at the initial visit.					
b.	Provide 5As counseling approach for tobacco and electronic nicotine device system (END) cessation for clients that report positive tobacco use.					
c.	Initial Psychosocial screening (DHHS Form 4158/English or 4159/Spanish)					
d.	PHQ-9 or EPDS completed, reviewed, and documented during the initial prenatal appointment.					
e.	GAD-7 or EPDS-3A completed, reviewed, and documented during the initial prenatal appointment					
f.	1. Complete the Interval Psychosocial screening (DHHS Form 4160) during the 2nd and 3rd trimesters.					
	2. When indicated, depression and anxiety screens were completed, reviewed, and documented.					
g.	1. Based on screening, appropriate plan of care is developed and documented and if indicated					
	2. Referral was made to the <b>Care Management for High Risk Pregnancies (CMHRP)</b> and/or a Licensed Mental Health Provider.					
<b>Comments:</b>						

**E1-E18 Laboratory and Other Studies - Provide and document the following:**

		1	2	3	4	5
a.	Syphilis Screen (initial appointment)					
	Syphilis Screen (repeat between 28–30 weeks)					
b.	Hepatitis B (initial appointment; unless known infection)					
	Hepatitis C (initial appointment; unless known infection or <18)					
c.	HIV testing at initial appointment (document declination)					
	HIV testing in 3 <sup>rd</sup> trimester (document declination)					
d.	Gonorrhea (initial appointment)					
	Gonorrhea (repeat 3 <sup>rd</sup> trimester if 25 years of age or younger; or 25 years of age and participating in high-risk behaviors)					
e.	Chlamydia (initial appointment)					
	Chlamydia (repeat 3 <sup>rd</sup> trimester if 25 years of age or younger; or 25 years of age and participating in high-risk behaviors)					
f.	Genetic serum or aneuploidy screening offered or referred prior to 20 weeks of gestation (or documentation of declination)					
g.	Carrier screening offered or referred: Hgb electrophoresis, Cystic fibrosis, and spinal muscular atrophy carrier status (or documentation of declination)					
h.	Blood Group (initial appointment)					
i.	Rh determination (initial appointment)					
j.	Antibody Screen/Titer (Initial Appointment)					
	Antibody repeat at 26-28 wks. gestation if patient reviewed is RhD-negative with a negative initial antibody screening					
k.	Rubella status/testing (Initial Appointment)					
l.	Varicella status/testing (Initial Appointment)					
m.	Cervical cytology screening for cancer or date of last pap according to ACOG Cervical Cytology Guidelines.					
n.	Urine dipstick for protein					
o.	Urine culture (specific for Group B strep) at initial appointment					
p.	GBS at 36-38 weeks (if no GBS bacteriuria diagnosed in current pregnancy)					
q.	Hgb/Hct (initial appointment)					
	Hgb/Hct (2 <sup>nd</sup> trimester if ordered)					
	Hgb/Hct (3 <sup>rd</sup> trimester )					
r.	Early Gestational Diabetes screen if ordered by the provider					
	For Patients who are not screened at an initial visit or who do not meet the criteria for Gestation Diabetes at the initial visit or screen, screening at 24-28 weeks					
s.	Lead & Pregnancy Risk Questionnaire completed.					
	Lead testing for positive screen					

**Comments:**

**F1-F4 Medical Therapy – Provide and document the following:**

		1	2	3	4	5
a.	Influenza vaccine recommended during influenza season (October through May) and provided to patients who consent. Document the date the vaccine was given or declined.					
b.	Tdap vaccine recommended (preferably between 27-36 weeks gestation) and provided to patients who consent. Document the date the vaccine was given or declined.					
c.	Low dose Aspirin (81 mg) discussed per agency protocol or provider order after the 12 <sup>th</sup> week of gestation discussed in patients with a high risk of developing preeclampsia Per the U.S Preventative Task Force Guidelines.					
d.	SARS-CoV-2 mRNA vaccine recommended as indicated by most current CDC recommendation and provided to patients who consent. Document the date the vaccine was given or declined.					
<b>Comments:</b>						

**I3-I14 Patient Education – Assessment of education: Are materials up to date and is there a policy or procedure for documenting the following education in the client record. Educational materials that are marked as (N) were not found in the printed materials or the client record.**

Printed material recommendations made by auditor  no  yes (see comments)

		1	2	3	4	5
a.	Scope of care provided:					
	1. What is expected at first prenatal appointment					
	2. Schedule of appointments					
	3. Laboratory studies					
	4. Office policies					
	5. Emergency coverage & costs to include financial responsibility to the patient for prenatal care and hospitalization (e.g., insurance plan participation, self-pay)					
	6. Expected course of pregnancy					
b.	Obstetric Provider coverage for labor and delivery & services					
c.	Adverse signs and symptoms of pregnancy					
d.	Health maintenance practices:					
	1. Balanced nutrition					
	2. Exercise safety/daily activity					
	3. Travel & seat belt use					
	4. Alcohol, tobacco, electronic nicotine device use					
	5. Illegal, prescription, non-prescription drug use					
	6. Sauna & hot tub exposure					
	7. Use of medications (vitamins, herbs, or OTC drugs)					
	8. Prevention of HIV infection and other STIs					
	9. Environmental exposure to second-hand smoke and lead					
e.	Educational programs available (Childbirth education, parenting classes)					
f.	Benefits of breast-feeding/risks of not breast-feeding					
g.	Nutrition Counseling: Special diets; dietary precautions					
h.	Planning for discharge/childcare; identifying a pediatrician					
i.	Safe sleep education					
j.	Family planning method options					
k.	Warning signs/symptoms for postpartum complications and when to notify provider/seek care					

Comments:

**D6 Postpartum Care (by 6 weeks and no later than 12 weeks) ONLY if done in the Maternal Health Program**

		1	2	3	4	5
a.	Documentation of follow-up to reschedule patient is present for each missed postpartum appointment					
b.	Postpartum follow-up for diagnosed high-risk condition(s) is documented through direct provision of care or referral facilitated to the appropriate provider					
c.	Counsel using 5As for tobacco and electronic nicotine device system (ENDS) cessation and a referral is completed for all postpartum patients who reported tobacco use.					
d.	Completed EPDS or PHQ9 screening tool <i>*If indicated, referral completed</i>					
e.	Completed anxiety screening tool (GAD-7 or EPDS-3A) <i>*If indicated, referral completed</i>					
e.	Interpersonal violence screening <i>*If indicated, referral completed</i>					
f.	Screen for substance use with the modified 5P's. <i>*If indicated, referral completed</i>					
g.	Postpartum GDM follow-up testing for all GDM patients					
h.	Reproductive life planning counseling completed.					
i.	Contraceptive method of patient's choice provided or referral to Family Planning provider					
j.	Refer to a primary care provider at the conclusion of obstetrical care for all patients who have not already established care with a primary care provider					

**Comments:**

**Program Review** (\* column can be checked once revisions to policies, procedures, or documentation are made)

**III. Scope of Work and Deliverables  
(Evidenced by Policy, Procedure, or Documentation)**

		Yes/No	*
1.	Comply with the following NC Administrative Rules on client and third-party fees:		
	a. Maternal Health fee schedule demonstrates that fees are adjusted in accordance with the patient's income and family size. Fees slide to 0% for low-income families at or below 100% of Federal Poverty Level.		
	b. Third-party payors are billed without jeopardizing patient confidentiality.		
	c. No patient is denied services due to inability to pay.		
2.	Provide pregnancy testing, examination, and referral as appropriate.		

**General Services**

\*Please note that there are additional Maternal Health services a local agency can offer (General Services A2-A6): Childbirth education, Maternal Care Skilled Nurse Home Visits, Care Management for High-Risk Pregnancies, and Health and Behavior Intervention. The ones listed below will be reviewed by your Regional Nurse Consultant at the time of audit with an additional audit tool\*

		Yes/No	*
A3	LHD provides Childbirth Education (CBE) classes		
	The LHD refers patients to a source for CBE classes		
A4	The LHD provides Maternal Care Skilled Nurse Home Visits.		

**Quality Assurance (Items below should be evidenced by policy, procedure, or documentation)**

		Yes/No	*
B1	Conduct annual quality assurance reviews of policies and procedures.		
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. Patient satisfaction surveys should be available for review.		
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. The training roster should be available for review.		



B6	Provide care by physicians, Advance Practice Practitioners (APPs), and/or Enhanced Role Registered Nurses (ERRNs) as appropriate. Practice agreements for APPs & ERRN SOs, should be available for reviewed.		
B7	Non-Stress Testing, if offered, should only be performed by experienced licensed healthcare professionals which includes: RN, CNM, NP, CNS, MD, DO and PAs. Training rosters or certificates should be available for review. .		

**Policies/Procedures** - The Health Department shall develop and follow policy/procedures/protocol for the following:

		Yes/No	*
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 the first appointment. Adverse pregnancy risk factors must be included in this policy.		
C3	Referral to Women, Infants and Children (WIC) upon confirmed results of a positive pregnancy test.		
C4	Completing presumptive eligibility determination for all patients not currently covered by Medicaid.		
C5	Referral of all pregnant patients for Medicaid (MPW or full Medicaid) eligibility determination.		
C6	Completion of Pregnancy Risk Screen forms on Medicaid, Medicaid eligible or presumptively Medicaid-eligible patients and referral to Care Management for High Risk Pregnancies program as indicated.		
C7	A description of the target population for maternal health services provided by the LHD, including eligibility criteria. The LHD shall emphasize provision of maternal health services to individuals who would not otherwise have access to these services.		
C8	A description of fees for maternal health services provided by the LHD.		
C9	Provision of community and patient maternal health education services within the jurisdiction of the LHD. Education services shall promote healthy lifestyles for positive pregnancy outcome.		
C10	Policy, procedure, or protocol that describes follow-up of missed prenatal appointments.		
C11	Description of referral process of pregnant patients who express interest in permanent sterilization or contraception.		

		Yes/No	*
C12	Completion of the modified 5Ps validated screening tool at the initial prenatal visit at the postpartum visit, and at any point during the prenatal course at the providers discretion to identify and refer (if indicated) for subsequent follow-up.		
C13	Laboratory testing for the presence of drugs is not recommended universally. If risk indicators are identified, the testing process must include assurance of confidentiality and an informed written consent that states the test results will be shared with the delivering hospital and that refusal of a urine drug screen will not impact ability to continue receiving prenatal care.		
C14	Referral, due to a positive Hepatitis B test, for a patient or neonate testing positive, and assurance that appropriate LHD staff responsible for follow-up of neonate are notified.		
C15	Referral, due to a positive Hepatitis C test, for a patient or neonate testing positive, and assurance that appropriate LHD staff responsible for follow-up of neonate are notified.		
C16	Coordination of care for HIV positive patients as needed to assure appropriate care.		
C17	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 screening questions found on Maternal Health history Forms C-1 and C2 administered at the first prenatal contact, each trimester and postpartum.		
C18	Referral to a high-risk maternity clinic or provider for identified high-risk conditions.		
C19	Provide or refer for Rubella and/or Varicella vaccine postpartum if patient is not immune.		
C20	Universal prenatal screening for vaginal and rectal Group B Streptococcal colonization of all pregnant patients at 36-38 weeks gestation to include documentation unless already diagnosed with positive GBS bacteriuria, transfer of results to delivering hospital.		
C21	Completion of the following validated screening tools (1) PHQ-9 or EPDS at the initial prenatal visit and as indicated in the 2 <sup>nd</sup> or 3 <sup>rd</sup> trimester, and (2) PHQ-9 or EPDS at the postpartum visit. Policy should include which tools are being used, which scores are considered positive, referral and follow-up processes. Follow-up processes should include procedure/protocol for assessing the severity and immediacy of suicide risk when someone answers a self-harm or suicide question affirmatively.		
C22	Completion of a validated anxiety screening tool: (1) at the initial prenatal visit, (2) later in the pregnancy (second or third trimester), and (3) at postpartum visit. Validated screening tools include the General Anxiety Disorder-7 [GAD-7] and EPDS-3A. Policy should include which tools are being used, which scores are considered positive, and referral and follow-up processes.		

C23	Assessment of all clients for tobacco and/or electronic nicotine delivery system (ENDS) use and provision of 5As counseling for tobacco/ENDS cessation for all patients who use tobacco or ENDS. Facilitate referral to QuitlineNC (1-877-QUIT- NOW) or a community resource.		
C24	All standing orders or protocols developed for nurses in support of this program must be written with the NC Board of Nursing components. All Local Health Departments shall have a policy in place that supports nurses working under standing orders.		

### Staff Requirements and Training

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

		Yes/No	*
J1	The Maternity Nurse Supervisor, Care Management for High Risk Pregnancy (CMHRP), Health and Behavior Intervention Supervisor, and Clinical Social Workers shall have active electronic mail membership and direct access to the Internet.		
J5	<b>Breastfeeding Promotion and Support Training</b> Recommend maternal health staff receive breastfeeding promotion and support training. Initial training for all maternal health staff is encouraged; on-going training as needed is recommended.		

