

## Low Risk Maternal Health Audit Tool 2022- 2023

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

Patient Record Auditors — Name and Title:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Patient Records Audit

No.	Patient Generic Identifier	Record Compliant		Comments
		Yes	No	
1				
2				
3				
4				
5				

### General Services

	1	2	3	4	5
Informed consent signed					
<p><b>Comments:</b></p>					

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

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

**D2 Prenatal Physical Examination - Assess and document the following physical examination components. If parts of the physical examination are omitted, clear documentation of the reason should be provided.**

	1	2	3	4	5
a. Head, Ears, Nose, Throat (HENT)					
b. Eyes					
c. Teeth					
d. Thyroid					
e. Lungs					
f. Breast					
g. Heart					
h. Cervix					
i. Abdomen					
j. Extremities					
k. Skin					
l. Lymph nodes					
m. Pelvis (including uterine size or fundal height)					
n. Blood pressure					
<b>Comments:</b>					

**D3 & D5 Prenatal Interval Appointments- Assess and document the following components on all subsequent routine scheduled visits and follow-up on missed appointments.**

	1	2	3	4	5
a. Interim history/routine screening questions:					
1. fetal movement (appropriate for gestational age)					
2. contractions					
3. rupture of membranes					
4. vaginal bleeding					
b. Weight					
c. Blood pressure					
d. Fetal heart rate (beats per minute, by ultrasound or doppler and appropriate based on gestational age)					
e. Fetal growth (by fundal height or ultrasound)					
f. Fetal presentation (greater than or equal to 36 weeks)					
g. Other assessments if indicated (cervix, edema, urine for protein/glucose, etc.)					
h. Document missed appointments and how the client was followed up.					
<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 (document declination)					
g.	Blood Group (initial appointment)					
h.	Rh determination (initial appointment)					
i.	Antibody Screen/Titer (Initial Appointment)					
	Antibody repeat at 26-28 wks. gestation for a RhD-negative patient with a negative initial antibody screening					
j.	Rubella status/testing (Initial Appointment)					
k.	Varicella status/testing (Initial Appointment)					
l.	Cervical cytology screening for cancer if indicated or date of last pap according to ACOG Cervical Cytology Guidelines.					
m.	Urine dipstick for protein					
n.	Urine culture (specific for Group B strep) at initial appointment					
o.	GBS at 36-38 weeks (if no GBS bacteriuria diagnosed in current pregnancy)					
p.	Hgb/Hct (initial appointment)					
	Hgb/Hct (2 <sup>nd</sup> trimester if indicated)					
	Hgb/Hct (3 <sup>rd</sup> trimester)					
q.	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					
r.	Carrier screening offered when indicated: Hgb electrophoresis, Cystic fibrosis and spinal muscular atrophy carrier status (document declination)					
s.	Lead & Pregnancy Risk Questionnaire completed & lead testing for positive screen					
<b>Comments:</b>						

## E19-20 Abnormal Findings, Diagnostic Evaluations, Referrals and Follow-up

		1	2	3	4	5
a.	Diagnostic/monitoring tests completed (NST, BPP and ultrasounds when indicated)					
b.	Patients managed or referred for abnormal findings (including consultation with specialist)					
c.	Document follow-up completed or missed consultation/specialty appointments if indicated.					
<b>Comments:</b>						

## F1-F5 Medical Therapy – Provide and document the following:

		1	2	3	4	5
a.	Discussion of 17P for patients at high-risk of preterm birth following documented conversation of risks/benefits and joint decision making with the patient (if provided by agency)					
b.	Influenza vaccine provided for all patients during influenza season (October through May)					
c.	Tdap vaccine provided preferably between 27 and 36 wks. Gestation. Document the date the vaccine was given or declined					
d.	Recommended use of low dose Aspirin (81 mg) initiated after the 12 <sup>th</sup> week of gestation in patients with a high risk of developing preeclampsia.					
e.	SARS-CoV-2 mRNA vaccine recommended and/or given to all patients as indicated by most current CDC recommendation.					
<b>Comments:</b>						

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

		1	2	3	4	5
a.	Record weight and height at initial prenatal appointment					
b.	Determine pre-pregnancy weight/calculate BMI and educate patient about recommended weight gain range per IOM guidelines					
c.	At each visit, assess patient weight gain or loss and counsel patient as indicated					
d.	Screening (DHHS 4161) at initial appointment (if self-screen, reviewed by licensed healthcare provider) and updated at subsequent appointments as indicated					
e.	Plan of care documented in the patient's medical record for each identified nutritional problem BMI <18.5 or ≥30) and updated as needed					
f.	Prenatal supplement with folic acid and iron was provided or prescribed					
g.	Referred to WIC at initial appointment (if not enrolled)					

**Comments:**

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

		1	2	3	4	5
a.	Complete the PMH risk screening form or the Modified 5Ps screening tool at the initial visit provided.					
b.	Provide 5As counseling approach for tobacco and END cessation for all patients. If a nonsmoker, stop at "ASK".					
c.	Initial Psychosocial screening (DHHS Form 4158 or 4159) & PHQ-9 or EPDS completed, reviewed, and documented during the initial prenatal appointment.					
d.	Interval Psychosocial screening (DHHS Form 4160) completed in the 2nd and 3rd trimesters and documented. When indicated, PHQ-9 or EPDS completed, reviewed and documented.					
e.	Based on screening, appropriate plan of care is developed. Referral to LCSW, Pregnancy Care Manager or other resources are made and documented.					

**Comments:**

**I1-I15 Patient Education – Provide and document the following education in the client record.**

**Educational materials reviewed: Material recommendations**  no  yes (see comments)

	1	2	3	4	5
a. Education about each patient specific risk condition					
b. Scope of care provided:					
1. What is expected at first prenatal appointment					
2. Schedule of appointments					
3. Laboratory studies					
4. Options for care					
5. Office policies					
6. Emergency coverage & costs					
7. Expected course of pregnancy					
c. Provider coverage for labor and delivery & services					
d. Adverse signs and symptoms of pregnancy					
e. 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. Vitamin & mineral toxicity					
8. Prevention of HIV infection and other STIs					
9. Environmental exposure to second-hand smoke and lead					
11. Nausea/vomiting					
f. Exercise warning signs					
g. Educational programs available (Childbirth education, parenting classes)					
h. Benefits of breast-feeding/risks of not breast-feeding					
i. 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, pâtés or meat spreads					
j. Planning for discharge/childcare; identifying a pediatrician					
k. Financial responsibility to the patient for prenatal care and hospitalization (e.g., insurance plan participation, self-pay)					
l. Safe sleep education					
m. Family planning method options					
n. Warning signs/symptoms for postpartum complications and when to notify provider/seek care					
<b>Comments:</b>					



**D6 Postpartum Care (by 6 weeks and no later than 12 weeks)**

	1	2	3	4	5
a. Documented follow-up on Missed appointment(s)					
b. Postpartum follow-up for diagnosed high-risk condition(s) through provision of care or referral to appropriate provider(s) (referral facilitated to the appropriate provider)					
c. Counsel using 5As for tobacco and END cessation. Referral if indicated					
d. Completed EPDS or PHQ9 screening tool and referral if indicated					
e. Interpersonal violence screening. Referral if indicated					
f. Screen for substance use with the modified 5P's. Referral if indicated					
g. Postpartum GDM follow-up testing for all GDM patients					
h. Reproductive life planning counseling and provision of contraceptive method of patient's choice or referral to Family Planning provider					
i. Refer to a primary care provider at the conclusion of obstetrical care as indicated					

**Comments:**

**Program Review**

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

		Yes/No
4.	Comply with the following NC Administrative Rules on client and third- party fees:	
	1. 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.	
	2. Third-party payors are billed without jeopardizing patient confidentiality.	
	3. No patient is denied services due to inability to pay.	
5.	Ensure provision of the following, whether the LHD provides prenatal care or not:	
	a. Provide pregnancy testing, examination, and referral as appropriate.	

**General Services**

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

		Yes/No
A3	LHD provides CBE classes.	
	If not providing CBE classes, the LHD refers patients to a source for CBE.	
	If billing Medicaid, or if CBE classes are funded by Healthy Mothers Healthy Children funding, the LHD complies with the requirements of NC Medicaid Clinical Coverage Policy 1M-2.	
A4	The LHD provides Maternal Care Skilled Nurse Home Visits.	

**Quality Assurance (Evidenced by Policy, Procedure, or Documentation)**

		Yes/No
B1	Conduct annual quality assurance reviews of policies and procedures. This shall be evidenced by documentation of annual policy review and approval according to the agency policy on policies.	
B2	Interruption of services or inability to meet quality assurance deliverables will be reported within 14 days to the WHB Regional Nurse Consultant. This shall be evidenced by a policy.	
B3	Use of interpreter services for all maternal health programs. This shall be evidenced by a policy.	
B4	Demonstrates excellence in customer friendly services as evidenced by annual patient satisfaction surveys. This shall be evidenced by a policy and 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. This shall be evidenced by a policy and training roster.	
B6	Provide care by physicians, Advance Practice Practitioners (APPs), and/or Enhanced Role Registered Nurses (ERRNs) as appropriate. This shall be evidenced by practice agreements for APPs & ERRN SOs, if applicable.	
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. This shall be evidenced by a policy and training, if applicable.	

**Policies/Procedures** - The Health Department shall develop and follow policy/procedures/protocol

		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 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 time of positive pregnancy test, at the first prenatal appointment, or upon patient's request for all pregnant patients, not just those who will remain in the LHD for prenatal care services.	
C5	Referral of all pregnant patients for Medicaid (MPW or full Medicaid) eligibility determination.	
C6	Pregnancy Risk Screen form should be completed on Medicaid, Medicaid eligible or presumptively Medicaid-eligible patients only 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 shall be obtained.	
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. All prenatal clinics providing prenatal care through 36-38 weeks are required to have this policy	
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> & 3 <sup>rd</sup> trimester, and (2) PHQ-9 or EPDS at the postpartum visit. Policy should include referral and follow-up processes.	
C22	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.	

		Yes/No
C23	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 policies:

		Yes/No
J1	The Maternity Nurse Supervisor, Care Managers 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. 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 Virtual Health documentation system, and CareImpact, as well as access to other technical resources and to maternal health materials.	
J2	<b>Maternal Health Nurse Training</b> Certain low-risk patients may receive designated services from public health nurses who have received special Maternal Health Enhanced Role Nurse Training.	
J3	In LHDs 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. ERNs must fulfill all requirements by June 30 <sup>th</sup> each year or they will lose enhanced role status due to elimination of program. There is no re-rostering component available. ERRNs must submit a competency checklist completed by the agency's Medical Director/Medical Consultant responsible for the Maternal Health Program.	
J6	<b>Breastfeeding Promotion and Support Training</b> Recommend maternal health staff receive task appropriate breastfeeding promotion and support training from Breastfeeding Coordinators in health departments. 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.	