

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

		1	2	3	4	5
a.	Medical History (including allergies, family medical history, and behavioral health disorders)					
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)					
j.	Socioeconomic and Educational Level					
Comments:						

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					
Comments:						

D3,D5, E 19-20 *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, 2nd trimester visit (ideally one with 2nd trimester labs and/or screening tools, and a 3rd trimester visit (ideally one with 3rd 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 of 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)					
Comments:						

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 nd and 3 rd 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)					
Comments:						

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.	1. Complete the Interval Psychosocial screening (DHHS Form 4160) during the 2nd and 3rd trimesters.					
	2. When indicated, PHQ-9 or EPDS completed, reviewed, and documented.					
f.	1. Based on screening, appropriate plan of care is developed and documented and if indicated					
	2. Referral was made to the Care Management for High Risk Pregnancies (CMHRP) and/or a Licensed Mental Health Provider.					
Comments:						

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 rd trimester (document declination)					
d.	Gonorrhea (initial appointment)					
	Gonorrhea (repeat 3 rd 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 rd 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 nd trimester if ordered)					
	Hgb/Hct (3 rd trimester if ordered)					
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.	a. Lead & Pregnancy Risk Questionnaire completed.					
	b. Lead testing for positive screen					
Comments:						

F1-F5 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 th 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.					
Comments:						

I1-I15 *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 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					
	10. Nausea/vomiting					
e.	Educational programs available (Childbirth education, parenting classes)					
f.	Benefits of breast-feeding/risks of not breast-feeding					
g.	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					
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.	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 are 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	*
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 (regardless of where the patients will receive their prenatal care), at the first prenatal appointment, or upon the patient's request based on attestation of pregnancy.		
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 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. 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 nd & 3 rd 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.		
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 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. 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	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.		
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 th 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	Breastfeeding Promotion and Support Training 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.		