

## High-Risk Maternal Health Audit Tool 2020–2021

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

Patient Record Auditors—Name and Title:

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**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, 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.		
B12	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.		

### 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 modified 5Ps validated screening tool to identify, refer (if indicated) or prescribe subsequent follow-up of patients.			
C8	Laboratory testing for the presence of drugs 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 36-38 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 36-38 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	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.			
C14	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.			
C15	Completion of the following validated screening tools: (1) PHQ-9 at the initial prenatal visit and as indicated in the 2nd and 3rd trimester and (2) PHQ-9 or EPDS at postpartum visit.			
C16	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.			
C17	Use of 17 $\alpha$ -Hydroxyprogesterone Caproate (17P) for patients at risk for developing preterm labor as defined by a history of a prior spontaneous birth at less than 37 weeks gestation.			
C18	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. <a href="#">NC Board of Nursing Standing Orders</a> .			

## 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					
8					
9					
10					

**Notes:**

#### General Services

	1	2	3	4	5	6	7	8	9	10
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	8	9	10
a. Medical (including family medical history)										
b. Surgical										
c. Neurologic										
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										

	1	2	3	4	5	6	7	8	9	10
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)										
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										

<b>Record compliant?</b>										
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**Comments:**

D2 Assess the following physical examination components

**Prenatal Physical Examination**

	1	2	3	4	5	6	7	8	9	10
a. Head, Ears, Nose, Throat (HENT)										
b. Eyes										
c. Teeth										
d. Thyroid										
e. Lungs										
f. Breast										
g. Heart										
h. Cervix										

	1	2	3	4	5	6	7	8	9	10
i. Abdomen										
j. Extremities										
k. Skin										
l. Lymph nodes										
m. Pelvis (including uterine size or fundal height)										
n. 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.										

<b>Record compliant?</b>										
<b>Comments:</b>										

D3 Assess the following components on all subsequent routine scheduled appointments.

**Prenatal Interval Appointments**

	1	2	3	4	5	6	7	8	9	10
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										

<b>Record compliant?</b>										
<b>Comments:</b>										

## Prenatal Follow-Up

		1	2	3	4	5	6	7	8	9	10
D4	Complete and document the following psychosocial screening.										
a.	Provide the 5As counseling approach for tobacco cessation and electronic nicotine devices.										
b.	Completed the Pregnancy Risk Screening form or the modified 5Ps validated screening tool at the initial visit to evaluate.										
c.	Completed Maternal Health History form, Part C-1 (DHHS 4158 or 4159), which includes the PHQ-9 screening tool at the initial prenatal visit.										
d.	If indicated on the Maternal Health History form, Part C-2 (DHHS 4160) in the 2nd and 3rd trimester, repeat PHQ-9.										
D5	Follow-up and document										
a.	Missed appointments										
b.	Facilitate referral and follow-up, as indicated										
c.	Patient was referred for postpartum examination										
D6	Hospitalize patients when needed in order to treat/monitor their high-risk conditions										
D7	Assured delivery hospital was able to provide a level of care appropriate to the patient's high-risk condition.										

## Postpartum Follow-Up

		1	2	3	4	5	6	7	8	9	10
D8	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.	Provide the 5As counseling approach for tobacco cessation and electronic nicotine devices for all postpartum patients										
d.	Completed EPDS or PHQ9 tool										
e.	Interpersonal violence screening referral (if indicated)										
f.	Completed modified 5Ps validated screening tool;										
g.	Postpartum GDM follow-up testing for all GDM patients										
h.	Reproductive life planning counseling										
i.	Refer to a primary care provider at the conclusion of obstetrical care as indicated										

**Record compliant?**

**Comments:**

**Laboratory Studies** - Provide and document

		1	2	3	4	5	6	7	8	9	10
E1	Syphilis Screen (initial appointment)										
	Syphilis Screen (repeat between 28–30 weeks)										
E2	Hepatitis B (initial appointment; unless known infection)										
E3	HIV testing at initial appointment (document declination)										
	HIV testing in 3 <sup>rd</sup> trimester (document declination)										
E4	Gonorrhea (initial appointment)										
	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 25 years of age or younger; or greater than 25 years of age and 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										
E9	Varicella status/testing (initial appointment)										
	Varicella immunity testing for patients with no evidence of immunity is required										
E10	Cervical cytology screening for cancer as indicated according to ACOG Cervical Cytology Guidelines										
E11	Urine dipstick for protein										
E12	Urine culture (specific for Group B Strep) at initial appointment										
	If Group B Strep is identified during routine urine culture, repeat at 36-38 wks. gestation is not indicated (except in patients who are penicillin allergic, needing sensitivities)										
E13	GBS at 36–38 wks (if no GBS bacteriuria diagnosed in current pregnancy)										
E14	Hgb/Hct (initial appointment)										
	Hgb/Hct (2 <sup>nd</sup> trimester if indicated)										

		1	2	3	4	5	6	7	8	9	10
	Hgb/Hct (3 <sup>rd</sup> trimester)										
E15	Gestational Diabetes (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										
E16	Hgb electrophoresis screen as indicated or document declination										
	Other genetic disorders screenings based on patient's racial/ethnic and family background										
E17	Lead and Pregnancy Risk questionnaire screen										
	Lead testing for patients with positive screening results										

<b>Record compliant?</b>											
<b>Comments:</b>											

### Abnormal Findings and Diagnostic F/U

		1	2	3	4	5	6	7	8	9	10
E18	Diagnostic/monitoring tests completed (when indicated)										
	Referred if problem(s) identified										
E19	Follow-up for abnormal findings										
	a. Patients were managed for abnormal findings										
	b. Consultation with other specialists were sought if indicated.										

<b>Record compliant?</b>											
<b>Comments:</b>											

### Medical Therapy - Provide and document

		1	2	3	4	5	6	7	8	9	10
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	Recommended use of low dose Aspirin (81 mg) initiated after the 12th week of gestation in patients with a history of preeclampsia in prior pregnancy										

<b>Record compliant?</b>											
<b>Comments:</b>											

## Nutrition Services

		1	2	3	4	5	6	7	8	9	10
<b>Gestational Weight Management</b>											
G1	Record weight and height at initial prenatal appointment										
G2	Determine pre-pregnancy weight/calculate BMI										
G3	Document weight gain or loss 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)										
<b>Screening</b>											
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	8	9	10
<b>Counseling</b>											
G7	Counseling provided by a RD/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	8	9	10
<b>Screening</b>											
H1	Completed Maternal Health History form, Part C-1 (DHHS 4158 or 4159), which includes the PHQ-9 screening tool at the initial prenatal visit.										
	a. Facilitate referral and follow-up, as indicated										
	If indicated on the Maternal Health History form, Part C-2 (DHHS 4160) in the 2nd and 3rd trimester), repeat PHQ-9.										
	Completed EPDS or PHQ9 screening tool (postpartum)										
H2	Modified 5Ps validated screening tool (if indicated)										
H3	Referred to an LCSW for a comprehensive clinical assessment and care plan when indicated										
<b>Counseling (Assessment and Management)</b>											
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										
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										
<b>Record compliant?</b>											
<b>Comments:</b>											

## Patient Education - Provide and document

		1	2	3	4	5	6	7	8	9	10
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										

**Patient Education - Provide and document**

		1	2	3	4	5	6	7	8	9	10
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										
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, pâtés or meat spreads										
I11	Planning for discharge/childcare; identifying a pediatrician										
I12	Financial responsibility to the patient for prenatal care and hospitalization (e.g., insurance plan participation, self-pay)										
I13	Safe sleep education										
I14	Family Planning method options										
I15	Warning signs/symptoms for postpartum complications and when to notify provider/seek care										

<b>Record compliant?</b>											
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**Comments:**