

## High Risk Maternal Health Audit Tool 2023–2024

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					

**Comments:**

**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 (Comprehensive review)					
i.	Estimated Date of Delivery (EDD)					
j.	Socioeconomic Status 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, D6, D7, 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 of any risks/problems found during the visit					
e.	Diagnostic/monitoring tests completed when ordered (NST, BPP and ultrasounds)					
f.	Patients managed or referred for abnormal findings (including consultation with specialist)					
g.	Facilitate referral and follow-up, as indicated					
h.	Documentation of follow-up to reschedule patient for each appointment missed (clinic and/or referrals)					
i.	Hospitalize patients when needed to treat/monitor their high-risk conditions					
<b>Comments:</b>						

**G1-G12 Nutrition Services - Gestational Weight Management & Screening:**

		1	2	3	4	5
<b>Gestational Weight Management</b>						
a.	Determine pre-pregnancy weight/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 enrolled)					
g.	Referral to RD and/or LDN for complete assessment (as indicated from screening or problem identification during pregnancy)					
h.	Counseling for patients with any high-risk condition listed below (Medical Nutrition Therapy)					
	1. Conditions which impact gestation or birth weight where nutrition is the underlying cause					
	2. Metabolic disorders					
	3. Chronic medical conditions					
	4. Autoimmune disease of nutritional significance					
	5. Eating disorders					
	6. Obesity					
i.	Care plan developed for each identified nutritional problem					
j.	Document appropriate follow-up with the RD/LDN for each identified nutrition problem					
<b>Comments:</b>						

**D4 & H1-H8 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.					
e.	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.					
f.	Comprehensive assessment provided by LCSW or LCSWA with one or more risks identified					
g.	Care plan developed for each identified problem which includes documentation of appropriate follow-up for each identified psychosocial problem, inclusive of both those addressed by the LCSW or LCSWA					
h.	LCSW or LCSWA provides counseling services for identified psychosocial problem(s), and / or referral made for outside services					

**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 <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 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					
<b>Comments:</b>						

**F1-F5 Medical Therapy - Provide and document the following:**

		1	2	3	4	5
a.	Influenza vaccine provided for all patients during influenza season (October through May)					
b.	Tdap vaccine provided preferably between 27 and 36 weeks gestation. Document the date the vaccine was given or declined					
c.	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					
d.	SARS-CoV-2 mRNA vaccine recommended and/or given to all patients as indicated by current CDC recommendations.					

**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:

**D8 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 care with a primary care provider					
<b>Comments:</b>						

<b>Quality Assurance</b> (Evidenced by Policy, Procedure, or Documentation)		<b>Yes/No</b>
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, 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.	
B4	Comprehensive clinical assessments and counseling is provided by a licensed mental health professional: <ul style="list-style-type: none"> <li>o Licensed Psychologist, licensed by the North Carolina Psychology Board and certified as a Health Services Provider (HSP)</li> <li>o Licensed Clinical Mental Health Counselor (LCMHC) or Licensed Clinical Mental Health Counselor Associate (LCMHCA), licensed by the North Carolina Board of Licensed Clinical Mental Health Counselors</li> <li>o Licensed Clinical Social Worker (LCSW) or Licensed Clinical Social Worker Associate (LCSWA), licensed by the North Carolina Social Work Certification and Licensure Board</li> </ul>	
B5	Nutrition assessments and counseling is provided by a RD or LDN	
B6	Services are in accordance with ACOG guidance on high-risk maternal care as determined by site appointment and record review	
B7	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.	
B8	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.	
B9	Demonstrates excellence in customer friendly services as evidenced by annual patient satisfaction surveys. This shall be evidenced by a policy and satisfaction surveys.	
B10	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.	
B11	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.	
B12	Use of interpreter services for all maternal health programs. This shall be evidenced by a policy.	

<b>Policies/Procedures</b> - The Health Department shall develop and follow policy/procedures/protocol		<b>Yes/No</b>
C1	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.	
C2	Assurance that multi-disciplinary staff function as a team. Policies for provision of multi-disciplinary team meetings, including all the disciplines (e.g. social work, nutrition, nursing) providing care within the HRMC.	
C3	Mechanisms for patient referral and coordination of services among agencies, hospitals, other providers, and written agreements with referring agencies.	
C4	Lists the high-risk conditions the HRMC accepts on referral and describe the agency's outpatient management of the prenatal conditions served.	
C5	Psychosocial and nutritional risk screening process, referrals to the HRMC, LCSW and RD/LDN and the provision of clinical social work and nutrition services.	
C6	Use of the modified 5Ps validated screening tool to identify, refer (if indicated) or prescribe subsequent follow-up of patients.	
C7	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.	
C8	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 three recommended ACOG screening questions administered at the first prenatal contact, each trimester and postpartum.	
C9	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 and transfer of results to delivering hospital. All prenatal clinics providing prenatal care through 36-38 weeks are required to have this policy.	
C10	Provision of Rubella and/or Varicella vaccine post-delivery if patient is not immune.	
C11	Fetal fibronectin testing for asymptomatic patients at high-risk for preterm delivery due to a previous preterm or a 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 routine screening 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.	

C12	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	Completed the following validated screening tools (1) PHQ-9 or EPDS at the initial prenatal visit and as indicated in the 2nd and 3rd 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.	
C15	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.	
C16	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	<p><b>Breastfeeding Promotion and Support Training</b></p> <p>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.</p>	