

## Agencies Assuring Maternal Health Care (AAMHC) Audit Tool 2021–2022

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

Reviewers: \_\_\_\_\_

Local Health Departments (LHD) who do not provide prenatal care (PNC) must submit an assurance plan that clearly outlines how women who reside in its respective county will receive services. Please refer to the Guidelines for LHD Assurance of Low Risk Maternal Health Services <https://whb.ncpublichealth.com/provpart/docs/MH-Guidelines-HDs-AssuringCare-032421.pdf>. **This plan must be included with the signed Maternal Health Agreement Addendum each fiscal year to be reviewed by the Women's Health Branch (WHB) staff.** All LHD will ensure the following:

**The Local Health Department (LHD) shall ensure the provision of the following, whether they provide prenatal care (PNC) or not:**

### Staff Requirements and Training

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

*Please answer:*  
**Yes/No  
NA**

J1	The Maternity Nurse Supervisor, Pregnancy Care Managers and Supervisors, 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 Community Care of North Carolina (CCNC) Case Management Information System (CMIS) and Informatics Center (IC), access to other technical resources and to maternal health materials.	
J6	Recommend maternal health staff receive task appropriate breastfeeding promotion and support training from Breastfeeding Coordinators in the health department. 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 breastfeeding an 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.	

### General Services

*Please answer:*  
**Yes/No  
NA**

A3	Provide or make referrals for nutrition consultation, education on infant feeding, childbirth and parenting education for low-income families. These referrals must be documented in the maternal health record for patients receiving prenatal care. The LHD that provides childbirth education to Medicaid enrollees and billed to Medicaid or provided to non-Medicaid patients as part of their use of Healthy Mothers, Healthy Children funding must provide these services in accordance with DMA Clinical Coverage Policy 1M-2, Childbirth Education).	
	Funded by another source: Childbirth education activities not being billed to Medicaid or funded through Healthy Mothers, Healthy Children funding, such as those supported by funders such as Smart Start, are not subject to these requirements and may follow the standards agreed upon between the funder and the LHD.	
A4	The Local Health Department may provide Maternal Care Skilled Nurse Home Visits (DMA Clinical Coverage Policy No. 1M-6, Amended December 2019)	

**Quality Assurance**

*Please answer:*

**Yes/No  
NA**

B3	Use of interpreter services for all maternal health programs.	
B4	Demonstrate excellence in customer friendly services as evidenced by policies, training, and/or annual patient satisfaction surveys.	
B5	All staff, clinical and non-clinical, shall participate in at least one training annually focused on health equity, health disparities, or social determinants of health to support individual competencies and organizational capacity to promote health equity.	

**Policies/Procedures**

The Local Health Department shall develop and follow policies or procedures for facilitating early entry into prenatal care for the following:

*Please answer:*

**Yes/No  
NA**

C1	Follow-up of positive pregnancy test to assure patient has access to healthcare provider.	
C3	Referral to Women, Infants and Children (WIC) upon confirmed results of a positive pregnancy test. (Federal WIC Regulations, 246.4)	
C4/C5	Completion of presumptive eligibility determination and referral for Medicaid eligibility determination for all patients requesting this service.	
C9	Provision of community and patient maternal health education services within the jurisdiction of the Local Health Department. Education services shall promote healthy lifestyles for positive pregnancy outcome.	
C23	All standing orders or protocols developed for nurses in support of this program must be written in the NC Board of Nursing format. All LHD shall have a policy in place that supports nurses working under standing orders.	

**The Local Health Department (LHD) shall ensure the provision of the following, whether they provide prenatal care (PNC) or not:**

*Please answer:*

**Yes/No  
NA**

E. 1&2	Provide pregnancy testing, examination and referral as appropriate.	
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