

III. Scope of Work and Deliverables

Deleted C. Sudden Infant Death Syndrome (SIDS) Counselors (Attachment C)

The Local Health Department must submit a completed Attachment C indicating the names of locally trained SIDS Counselors. If a county averages <u>less</u> than one SIDS death per year for the last four years, then instead it may designate a SIDS Counselor from a neighboring sIDS Counselor if a letter of agreement is obtained and submitted with Attachment C.

DELETION: LHDs will no longer be required to submit names of SIDS Counselors and no longer required to provide SIDS Counseling services. The incidence of SIDS deaths has significantly declined. In 2018, the State Center for Health Statistics reported 3 total SIDS deaths.

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III. Scope of Work and Deliverables

C. Policies and Procedures Section

Modified items C1 - C22 to read:

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Develop and follow policy/procedure/protocol...

CLARIFICATION: The policies required by LHD did not change, Languag was added to provide clarity that this Section C outlines the policies, procedures or protocols that LHD will develop and follow to guide

ment Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020

4

III. Scope of Work and Deliverables

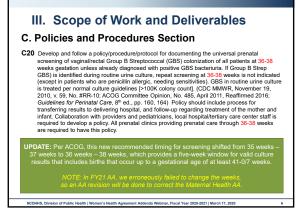
C. Policies and Procedures Section

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C12 Develop and follow a policy/procedure/protocol that describes the agency's completion of the modified SPs validated screening tool, at the initial prenatal visit and at the postpartum visit, and to identify patients with substance use concerns and refer (if indicated) for subsequent follow-up. If the Pregnancy Risk Screen is completed at the initial prenatal visit, the modified SPs screening is included. The modified SPs may be repeated at any point during pregnancy at the provider's discretion.

CLARIFICATION: Item (H2) from Psychosocial Services was moved to Policies and Procedures (C12) to clarify the specific details that need to be in the policy re: 5Ps validated screening tool.

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III. Scope of Work and Deliverables

C. Policies and Procedures Section

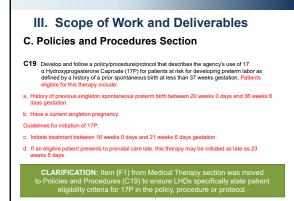
C18 Develop and follow a policy/procedure/protocol for assessing prenatal clients for immunity to Rubella and Varicella, and for provision of or referral for the Rubella and Varicella vaccine postpartum if the patient is not immune. Rubella and Varicella immunity status must be assessed at the initial prenatal appointment. Patients who have written official documentation of vaccination with 1 does of live rubella, MMR, or MMR/V vaccine at age 4 year or older, or who have laboratory evidence of immunity are considered to be immune to Rubella.

Patients who have written official documentation of vaccination with 2 doses of varicella vaccine, initiated at age 1 year or older and separated by at least one month; laboratory evidence of immunity or laboratory confirmation of disease, or history of healthcare provider diagnosis of varicella or herpes zoster disease are considered to be immune to varicella. (ACOG Committee Opinion, No. 741, June 2018; *cuidelines for Perinatal Care*, 8th e.d., pp. 134-135, 165; CDC Pink Book, Chapter 20 & 22) Patients who are not immune to rubella and/or varicella must be referred for or provided appropriate vaccination during the postparture period. (ACOG Committee Opinion, No. 741, June 2018; *Guidelines for Perinatal Care*, 8th ed., pp. 164-166, 283, 519-524)

CLARIFICATION: Items (E8 & E9) from Laboratory and Other Studies were moved to Policies and Procedures (C18) to clarify the specific details that need to be in the policy regarding assessment of Rubella and Varicella immunity.

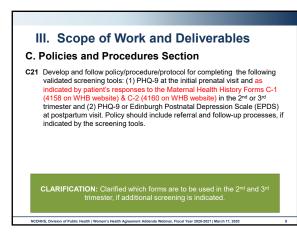
nar. Fiscal Year 2020-2021 | March 17, 202

7



8

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III. Scope of Work and Deliverables **D. Prenatal and Postpartum Services** Prenatal: D2 Assess and document the following physical examination components: Removed the following components from the list: i. Adnexa j. Vulva RATIONALE: In consultation with the WHB Medical Consultant, mendation to eliminate these two components from physical exam Health | Wo

10

III. Scope of Work and Deliverables

D. Prenatal and Postpartum Services

Prenatal

D3 Assess and document the following components on all subsequent routine scheduled visits:

f. Fetal presentation greater than or equal to 36 weeks by Leopold's Maneuver.

RATIONALE: Item f. was updated to include the specific name of the procedure performed to check fetal presentation.

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11

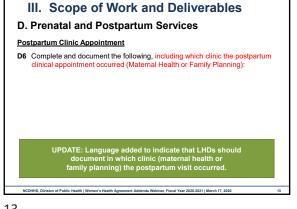
III. Scope of Work and Deliverables

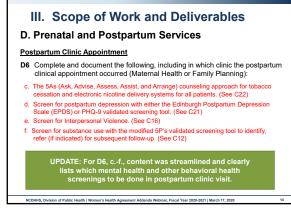
D. Prenatal and Postpartum Services

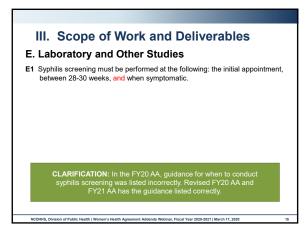
Prenatal

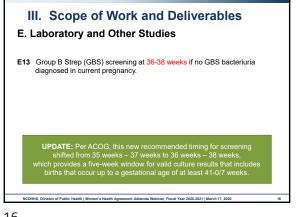
- D4 Complete and document the following psychosocial screenings:
- a. The Pregnancy Risk Screening Form or the modified 5Ps validated screening tool at the initial visit.
- The 5As counseling approach for tobacco and electronic nicotine delivery systems cessation for all patients.
- The Maternal Health History form, Part C-1 (DHHS 4158 or 4159), which includes the PHQ-9 and Interpersonal Violence Screening at the initial prenatal visit.
- Constraint Health History form, Part C-2 (DHHS 4160) in the 2rd and 3rd timesters, the PHQ-9 should be repeated if indicated by the Maternal Health History form, Part C-2 (DHHS 4160) in the 2rd or 3rd timester, the PHQ-9 and Interpersonal Notence screening may be repeated at any point during pregnancy at the provider's discretion.

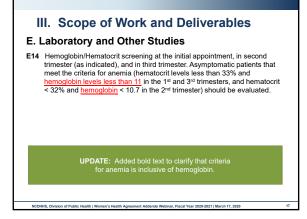
CLARIFICATION: No new information added. Item (D4) in FY21 AA combines items (D4, D5 and D6) from FY20 AA. Intent is to clearly state which psychosocial screenings must be administered prenatally.

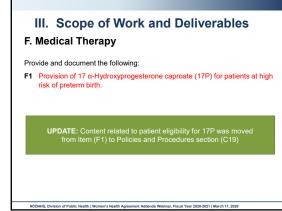


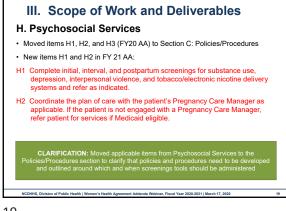


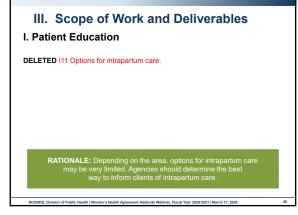


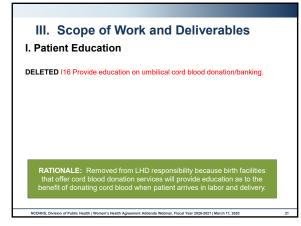












III. Scope of Work and Deliverables

I. Patient Education

ADDED 115 Provide education on postpartum warning signs and symptoms and when to alert provider or to seek care at the nearest emergency department. https://cdn.ymaws.com/awhonn.site-ym.com/resource/resmgr/pdfs/pbws/pbwssylhandoutenglish.pdf

RATIONALE: Data from 2008-2017 U.S. Maternal Mortality Review Committees reported that 2 out of 3 maternal deaths are preventable and the highest percentage of deaths occurred between 0-42 days postpartum. Therefore, women and their families need education on post birth warning signs & symptoms before birth.

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22

III. Scope of Work and Deliverables J. Staff Requirements and Training J4 Under Pregnancy Care Manager Staffing and Training

b. Removed OBCM and CC4C from sentence.

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d. Removed OBCM from sentence, replaced with [Note: non-degreed social worker cannot provide care management, even if they qualify as a social worker under the Office of State Personnel guidelines.]

UPDATE: OBCM is replaced with following language: pregnancy can nanager, pregnancy care management or care management in this sec

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23

III. Scope of Work and Deliverables

IV. Performance Measures/Reporting Requirements

A3 The Local Health Department shall improve birth outcomes and health status of women during pregnancy by meeting county-specific Outcome Objectives. Local Health Department outcomes data will reflect only the services provided and reported in Local Health Department-Health Service analysis (LHD-HSA).

a. Increase the number of maternal health patients.

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- b. Increase the number of maternal health patients who receive 7 or more antepartum care visits.
- c. Decrease the percentage of maternal health patients who report tobacco use and electronic nicotine delivery syste
- Increase the percentage of maternal health patients who receive 5As counseling for tobacco cessation and electronic nicotine delivery systems.

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e. Increase the percentage of maternal health patients who deliver and receive a postpartum home visit.

Attachment C Sudden Infant Death Syndrome (SIDS) Counselors

- Removed from FY21 AA
- Women's Health Branch will no longer offer the SIDS Basic Training

RATIONALE: LHDs will no longer be required to submit names of SIDS Counselors and no longer required to provide SIDS Counseling services. The incidence of SIDS deaths has significantly declined. In 2018, the State Center for Health Statistics reported 3 total SIDS deaths.

ar, Fiscal Year 2020-2021 | March 17, 202

25

Resource Available: Safe Sleep NC Champions

- Women's Health Branch partners with UNC Center for Maternal and Infant Health to provide education and materials to Safe Sleep NC Champions.
- Available website: <u>www.safesleepnc.org</u>

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- Parents & Caregivers section
 Healthcare/Professional section
- Available in Spanish

26

Attachment A

Detailed Budget Instructions and Information

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Travel

Current Mileage Rates – For informational purposes, the OSBM lists the standard mileage rate set by the Internal Revenue Service as \$0.58 cents per mile, effective January 1, 2019.

Effective January 1, 2020 the OSBM updated the mileage rate to \$0.575 cents per mile. This is the rate to use when submitting your budget.

UPDATE: This is updated annually. As of January 1, 2020, the new rate is \$0.575 cents per mile.

