N.C. Department of Health and Human Services Division of Public Health

Women, Infant, and Community Wellness Section Maternal Health Branch

**Maternal Health Audit Tool Activity 101   
2025-2026**

Local Health Department: Date

Patient Record Auditors — Name and Title:

Patient Records Audit

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| **No.** | **Patient Generic**  **Identifier** | **A1:** Obtain informed signed consent for prenatal services | **Comments** |
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| **Attachment D Prenatal Health Clinical Services Initial Visit** -Assess and document the following minimum health history components at the initial prenatal appointment: | | **1** | **2** | **3** | **4** | **5** |
| 1 | Medical History (including surgeries and family medical history) |  |  |  |  |  |
| 2 | Immunization History (including history of immunity) |  |  |  |  |  |
| 3 | Medications (including prescription and nonprescription) |  |  |  |  |  |
| 4 | Menstrual History (including Last Menstrual Period with Estimated Date of Delivery) |  |  |  |  |  |
| 5 | Pregnancy History |  |  |  |  |  |
| 6 | Infection History |  |  |  |  |  |
| 7 | Teratogen Exposure (including environmental tobacco, nicotine, and lead exposure) |  |  |  |  |  |
| 9 | Social Determinants of Health (including psychological needs, social needs, education level, screening with DHHS 4158) (see also Section F below) |  |  |  |  |  |
| 10 | Nutrition Status (screening with DHHS 4161) (see also Section E below) |  |  |  |  |  |
| 11 | Substance Use |  |  |  |  |  |
| 12 | Other pregnancy risk factors |  |  |  |  |  |
| **Comments:** | | | | | | |

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| **Attachment D Prenatal Health Clinical Services Initial Visit** - Assess and document the following minimum physical examination components: | | **1** | **2** | **3** | **4** | **5** |
| 2 through  12 | Adult Physical Exam: (at minimum head, eyes, ears, nose, throat, teeth, thyroid, lungs, breasts, heart, cervix, abdomen, extremities, skin, lymph nodes) |  |  |  |  |  |
| 13 | Pelvis (including uterine size or fundal height) |  |  |  |  |  |
| 1 and 14 | Vitals: blood pressure, weight, and height |  |  |  |  |  |
| **Comments:** | | | | | | |

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| **Attachment D Prenatal Health Clinical Services Subsequent Prenatal Visits** – Assess and document the following minimum components on all subsequent routine scheduled visits.  Instruction: Reviewer should review a minimum of 3 visits: the initial history/physical visit, one 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 addressed. | | **1** | **2** | **3** | **4** | **5** |
| 1 | Fetal movement, contractions, rupture of membranes, vaginal bleeding |  |  |  |  |  |
| 2 | Weight |  |  |  |  |  |
| 3 | Blood pressure |  |  |  |  |  |
| 4 | Fetal heart rate (beats per minute, as applicable per gestational age) |  |  |  |  |  |
| 5 | Fetal growth (by fundal height or ultrasound as applicable per gestational age) |  |  |  |  |  |
| 6 | Fetal presentation (≥ 36 weeks) |  |  |  |  |  |
| 7 | Psychosocial screenings (depression, anxiety, IPV, substance use, tobacco use) at least once after the initial visit in a subsequent trimester and whenever indicated with DHHS 4160. (see also Section F below) |  |  |  |  |  |
| 8. | Refer or provide Nonstress Test (NST) when indicated |  |  |  |  |  |
| 9 | Consult with a specialist if ordered |  |  |  |  |  |
| **Comments:** | | | | | | |

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| E. Nutrition Services | | **1** | **2** | **3** | **4** | **5** |
| E1 | Determine pre-pregnancy weight and calculate BMI and educate patient about recommended weight gain range per IOM guidelines at the initial appointment |  |  |  |  |  |
| E2 | Offer and document nutrition consultation to underweight or obese patients (pre-pregnancy BMI of < 18.5 or ≥ 30). This consultation may be accomplished by referral to a Registered Dietician, Licensed Dietitian/Nutritionist, or WIC. |  |  |  |  |  |
| E3 | Update the initial Nutrition Screening and care plan for each identified nutritional problem. |  |  |  |  |  |
| E4 | Prenatal supplement with folic acid and iron was provided or prescribed at the initial appointment, if the patient isn’t already taking. |  |  |  |  |  |
| **Comments:** | | | | | | |

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| **F. Psychosocial Services** | | **1** | **2** | **3** | **4** | **5** |
| F1 | Complete the initial and interval screenings for substance use, depression, anxiety, interpersonal violence, and tobacco/electronic nicotine delivery systems. (DHHS Form 4158/4159 and 4160). |  |  |  |  |  |
|  | PHQ-9 or EPDS completed, reviewed, and documented during the initial prenatal visit, second or third trimester, and when indicated. |  |  |  |  |  |
|  | GAD-7 or EPDS-3A completed, reviewed, and documented during the initial prenatal visit, second or third trimester, and when indicated. |  |  |  |  |  |
| F2 | Coordinate the plan of care with the patient’s CMHRP Care Manager, if applicable. |  |  |  |  |  |
| F3 | Make referrals to appropriate behavioral health professionals in response to any psychosocial risks identified through validated screenings or history. |  |  |  |  |  |
| **Comments:** | | | | | | |

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| Attachment D Prenatal Laboratory Services – Provide and document the following: | | **1** | **2** | **3** | **4** | **5** |
| 1 | Syphilis Screen (initial appointment) |  |  |  |  |  |
|  | Syphilis Screen (repeat between 28–30 weeks and when symptomatic) |  |  |  |  |  |
| 2 | Hepatitis B (initial appointment; unless known infection) |  |  |  |  |  |
| 3 | Hepatitis C (initial appointment; unless known infection or <18) |  |  |  |  |  |
| 4 | HIV testing at initial appointment (document declination) |  |  |  |  |  |
|  | HIV testing in 3rd trimester (document declination) |  |  |  |  |  |
| 5. | 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) |  |  |  |  |  |
| 6 | 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) |  |  |  |  |  |
| 7 | Genetic serum or aneuploidy screening offered or referred prior to 20 weeks of gestation (or documentation of declination) |  |  |  |  |  |
| 8. | Blood Group (initial appointment) |  |  |  |  |  |
|  | Rh determination (initial appointment) |  |  |  |  |  |
|  | Antibody Screen/Titer (Initial Appointment) |  |  |  |  |  |
| 9 | Antibody repeat at 26-28 wks. gestation if patient reviewed is RhD-negative with a negative initial antibody screening |  |  |  |  |  |
| 10 | Rubella status/testing (Initial Appointment) |  |  |  |  |  |
| 11 | Varicella status/testing (Initial Appointment) |  |  |  |  |  |
| 12 | Cervical cytology screening for cancer or date of last pap according to ACOG Cervical Cytology Guidelines. |  |  |  |  |  |
| 13 | Urine dipstick for protein |  |  |  |  |  |
| 14 | Urine culture (specific for Group B strep) at initial appointment |  |  |  |  |  |
| 15 | GBS at 36-38 weeks (if no GBS bacteriuria diagnosed in current pregnancy) |  |  |  |  |  |
| 16 | Hgb/Hct (initial appointment) |  |  |  |  |  |
|  | Hgb/Hct (2nd trimester if ordered) |  |  |  |  |  |
|  | Hgb/Hct (3rd trimester ) |  |  |  |  |  |
| 17 | Early Gestational Diabetes screen if ordered by the provider |  |  |  |  |  |
| 18 | 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 |  |  |  |  |  |
| 19 | Offer or refer for appropriate carrier screening testing, including hemoglobin electrophoresis, cystic fibrosis, and spinal muscular atrophy carrier screening for all patients who have not previously been screened. Screen for other genetic disorders as indicated. Document declinations or previous testing, where applicable. |  |  |  |  |  |
| 20 | Lead & Pregnancy Risk Questionnaire completed. |  |  |  |  |  |
| Lead testing for positive screen |  |  |  |  |  |
| Follow-up lead levels > 5 mcg/dL |  |  |  |  |  |
| **Comments:** | | | | | | |

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| **Attachment D Prenatal Medical Therapy – Provide and document the following:** | | **1** | **2** | **3** | **4** | **5** |
| 1 | Influenza vaccine recommended during influenza season (October through May) and provided to patients who consent. Document the date the vaccine was given or declined. |  |  |  |  |  |
| 2 | Tdap vaccine recommended (preferably between 27-36 weeks gestation) and provided to patients who consent. Document the date the vaccine was given or declined. |  |  |  |  |  |
| 3 | Low dose Aspirin (81 mg) discussed per agency protocol or provider order after the 12th week of gestation for patients with a high risk of developing preeclampsia Per the U.S Preventative Task Force Guidelines. |  |  |  |  |  |
| 4 | 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:** | | | | | | |

Attachment D Prenatal Patient Education – Provide and document the following:

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 made by auditor □ no □ yes (see comments)

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|  | | | 1 | 2 | 3 | 4 | 5 |
| 1 | Education specific to patient’s risk conditions. | |  |  |  |  |  |
| 2 | Basic prenatal education is provided in an individual or group format by appropriately trained members of the maternal health team. | |  |  |  |  |  |
| 3. | Scope of care provided (including what is expected at the first prenatal appointment and anticipated schedule of appointments, laboratory studies that may be performed, options for prenatal care, office policies, emergency coverage and costs, and expected course of pregnancy. | |  |  |  |  |  |
| 4 | Obstetric provider coverage for labor and delivery & services | |  |  |  |  |  |
| 5 | Adverse signs and symptoms of pregnancy to report to the provider (including vaginal bleeding, rupture of membranes, nausea/vomiting, and decreased fetal movements) | |  |  |  |  |  |
| 6 | Practices to promote health maintenance (including balanced nutrition, exercise safety and daily activity, travel, alcohol and tobacco consumption or use of ENDS, caution about all drugs, use of seat belts, sauna and hot tub expos, prevention of HIVs and STIs, and environmental exposure such as secondhand smoke and lead) | |  |  |  |  |  |
| 7 | | Educational programs available (Childbirth education, infant care, car seat safety, breastfeeding)) |  |  |  |  |  |
| 8 | | Benefits of breast-feeding/risks of not breast-feeding |  |  |  |  |  |
| 9 | | Nutrition Counseling (including special diets and dietary precautions) |  |  |  |  |  |
| 10 | | Planning for discharge/childcare; identifying a pediatrician |  |  |  |  |  |
| 11 | | Financial responsibility to the patient for prenatal care and hospitalization (e.g. insurance plan participation, self-pay) |  |  |  |  |  |
| 12 | | Safe sleep education |  |  |  |  |  |
| 13 | | Family planning method options |  |  |  |  |  |
| 14 | | Education on the postpartum period, including warning signs/symptoms for postpartum complications and when to notify provider/seek emergency care |  |  |  |  |  |
| Comments: | | | | | | | |

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| **G Postpartum Services** | | **1** | **2** | **3** | **4** | **5** |
| G1 | Initiate contact with all patients within three weeks of delivery. |  |  |  |  |  |
| G2 | **If Postpartum Care is provided in the Maternal Health Program, complete a postpartum exam within 12 weeks of delivery and complete/document the following:** |  |  |  |  |  |
| a. | Document follow-up attempt, if postpartum appointment is missed. |  |  |  |  |  |
| 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  \**If indicated, referral completed* |  |  |  |  |  |
|  |  |  |  |  |
| e. | Completed anxiety screening tool (GAD-7 or EPDS-3A)  \**If indicated, referral completed* |  |  |  |  |  |
|  |  |  |  |  |
| f. | Interpersonal violence screening  *\*If indicated, referral completed* |  |  |  |  |  |
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| g. | Screen for substance use with the modified 5P’s.  *\*If indicated, referral completed* |  |  |  |  |  |
|  |  |  |  |  |
| h. | Postpartum GDM follow-up testing for all GDM patients |  |  |  |  |  |
| i. | Reproductive life planning/pregnancy intention counseling completed., including selection of contraceptive method |  |  |  |  |  |
| j. | Document plan for ongoing primary care, including referral to a primary care provider as indicated. |  |  |  |  |  |
| **Comments:** | | | | | | |

Program Review

III. Scope of Work and Deliverables

Evidenced by Policy, Procedure, or Documentation

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|  | | **Yes/No** | **RNC Use** |
| 4.. | Comply with the following NC Administrative Rules on client and third-party fees: |  |  |
|  | a. 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. |  |  |
|  | b. Third-party payors are billed without jeopardizing patient confidentiality. |  |  |
|  | c. No patient is denied services due to inability to pay. |  |  |
| 5. a. | Provide pregnancy testing, examination, and referral as appropriate. |  |  |

A. General Services

The following are Maternal Health services a local agency may offer but which are not required (General Services A4-A7): Childbirth Education Classes, Maternal Care Skilled Nurse Home Visits, Home Visits for Postnatal Assessment and Follow-up Care, Care Management for High-Risk Pregnancies, and Health and Behavior Intervention. The services listed below will be reviewed by your Regional Nurse Consultant at the time of monitoring.

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|  | | **Yes/No** | **RNC Use** |
| A4 | LHD provides Childbirth Education (CBE) classes |  |  |
| The LHD refers patients to a source for CBE classes |  |  |
| A5 | The LHD provides Maternal Care Skilled Nurse Home Visits. |  |  |
| A5 | The LHD provides Home Visits for Postnatal Assessment and Follow-up Care (If Yes, see completed DHHS 4153.) |  |  |

B. Quality Assurance (Items below should be evidenced by policy, procedure, or documentation)

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|  | | **Yes/No** | **RNC Use** |
| B1 | Conduct annual quality assurance reviews of policies and procedures. |  |  |
| B2 | Interruption of services or inability to meet quality assurance deliverables will be reported within 14 days to the WHB Regional Nurse Consultant. |  |  |
| B3 | Use of interpreter services for all maternal health programs. |  |  |
| B4 | Demonstrates excellence in customer friendly services as evidenced by annual patient satisfaction surveys. Patient satisfaction surveys should be available for review. |  |  |
| 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. The training roster should be available for review. |  |  |
| B6 | Provide care by physicians, Advance Practice Practitioners (APPs), and/or Enhanced Role Registered Nurses (ERRNs) as appropriate. Practice agreements for APPs & ERRN SOs, should be available for reviewed. |  |  |
| B7 | Non-Stress Testing, if offered, should only be performed by experienced licensed healthcare professionals which include: RN, CNM, NP, CNS, PA, MD, and DO. Training rosters or certificates should be available for review for all professionals (RNs and APPs) who perform and/or interpret this test. |  |  |

**C. Policies/Procedures** - The Health Department shall develop and follow policy/procedures/protocol for the following:

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|  | | **Yes/No** | **RNC Use** |
| 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 the first appointment.  Adverse pregnancy risk factors must be included in this policy. |  |  |
| C3 | Referral to Women, Infants and Children (WIC) upon confirmed results of a positive  pregnancy test. |  |  |
| C4 | Completing presumptive eligibility determination for all patients not currently covered by Medicaid. |  |  |
| C5 | Referral of all pregnant patients for Medicaid (MPW or full Medicaid) eligibility determination. |  |  |
| C6 | Completion of Pregnancy Risk Screen forms on Medicaid, Medicaid eligible or presumptively Medicaid-eligible patients 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 good 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. |  |  |
| C12 | 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. |  |  |
| C13 | 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. Policy should include referral processes for those who are diagnosed with substance use disorder. |  |  |
| C14 | Laboratory testing for the presence of drugs is not recommended universally; urine drug testing should not be used to screen for substance use disorder. Agency policy/procedure/protocol must describe specific circumstances in which urine drug testing will be used and how the information will be used. 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. |  |  |
| C15 | 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. |  |  |
| C16 | 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. |  |  |
| C17 | Coordination of care for HIV positive patients as needed to assure appropriate care. |  |  |
| C18 | 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 C-2 administered at the first prenatal contact, each trimester, and postpartum. |  |  |
| C19 | Referral to a high-risk maternity clinic or provider for identified high-risk conditions. |  |  |
| C20 | Assess for immunity to rubella and varicella and provide or refer for Rubella and/or Varicella vaccine postpartum if patient is not immune. |  |  |
| C21 | 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. |  |  |

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|  | | **Yes/No** | **RNC Use** |
| C22 | Completion of the following validated screening tools (1) PHQ-9 or EPDS at the initial prenatal visit and as indicated, (2) later in pregnancy ( in the 2nd or 3rd trimester), and (3) 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. Follow-up processes should include procedure/protocol for assessing the severity and immediacy of suicide risk when someone answers a self-harm or suicide question affirmatively. |  |  |
| C23 | Completion of a validated anxiety screening tool: (1) at the initial prenatal visit, (2) later in the pregnancy (second or third trimester), and (3) at postpartum visit. Validated screening tools include the General Anxiety Disorder-7 [GAD-7] and EPDS-3A. Policy should include which tools are being used, which scores are considered positive, and referral and follow-up processes. |  |  |
| C24 | How the agency maintains a breastfeeding-friendly clinic environment. If the LHD has a WIC clinic on site, it must follow the established federal standards for breastfeeding promotion and support. |  |  |
| C25 | 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. |  |  |

H. Staff Requirements and Training

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|  | | **Yes/No** | **RNC Use** |
| H1 | 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. |  |  |
| H3 | **Breastfeeding Promotion and Support Training**  Recommend maternal health staff receive breastfeeding promotion and support training. Initial training for all maternal health staff is encouraged; on-going training as needed is recommended. |  |  |

Agencies providing or assuring prenatal services must meet the following requirements or have the following policies, procedures, or protocols