



Maternity Medical Record Review

Obstetrical Practitioner

Mbr Name:		Mbr ID#:	
Mbr DOB:	Delivery Date:		Med Group:
Prov Name:		Prov ID#:	
Reviewer Initials:	Date:	Data Enter Initials:	Date:

Prenatal Care Section of Maternity Medical Record Review

1. Patient Identification

Y N

Each page within the record contains the patient's name or ID number on both sides of the page.

2. Personal biographical data

Mark off each data element found in the medical record:

Y N

- DOB
- Address
- Home Telephone Number
- Occupation **Indicate Occupation:** _____
- Work Telephone Number
- Marital Status
- Name of Next of Kin/Significant Other/Proxy
- Telephone Number(s) of Next of Kin/Significant Other/Proxy
- Primary Language **Indicate Primary Language:** _____
- Eligibility Determination
- Education **Indicate Level of Education:** _____

3. All entries in the medical record contain the author's identification.

Y N

Author identification may be a handwritten signature, an initials-stamped signature, or a unique electronic identifier.

4. All entries are dated

Y N

5. The record is legible to someone other than the writer.

Y N

Is the record an Electronic Medical Record (EMR)?

NO SCORE



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Prenatal Care Section of Maternity Medical Record Review (continued)

6. Allergies and adverse reactions are prominently noted in the record, or “NKA” is noted.

Y N

Prominently noted refers to: on the front of the chart **or** inside the front cover of the chart **or** on a designated problem list or medication page **or** at the time of each office visit.

7. When prenatal care was first rendered (Choose one of the options.):*NO SCORE*

First prenatal visit within the first trimester

Or

First prenatal visit within 42 days of Plan enrollment

Or

First trimester visit within 3 weeks of a pregnancy diagnosis via (+) HCG or ultrasound

Or

Second trimester visit within 2 weeks of a pregnancy diagnosis via (+) HCG or ultrasound

Or

Third trimester visit within 1 week of a pregnancy diagnosis via (+) HCG or ultrasound

[Ref. DOH Access and Availability]

8. Criteria for determining early prenatal care (Circle criteria that applies):*NO SCORE*

A prenatal visit to an OB practitioner, a midwife, or family practitioner or other primary care practitioner with documentation of when prenatal care was initiated.

Date of Service: _____

9. A standardized prenatal tool must be initiated at the first prenatal visit.

Y N

Identify Tool used: _____



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10. Use of an appropriate antepartum record including supplements that are consistent with ACOG Antepartum Record (Appendix A).

The Baseline History and Physical Exam identifies appropriate subjective and objective information and includes a review of:

⇒ **Pregnancy history and/or risks must include** (ref: ACOG Past Pregnancies):

Y N NA

- Gravida and para
- D (Rh) status
- Type of delivery
- Gestational age at delivery
- Anesthesia
- Length of labor
- Birth outcome/risks
- Maternal complications
- Sex/weight of child

⇒ **Medical-Surgical and Psychosocial History must include** (ref: ACOG Medical History & ACOG Personal Health History):

Y N

- Serious accidents
- Operations
- Infections
- Illnesses
- Substance abuse
- Mental health
- Screening for depression
- Gynecological conditions
- Infertility
- Stress
- Living situation
- Socioeconomic evaluation

Date Initial Risk Assessment Performed: _____ **No Score**



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Prenatal Care Section of Maternity Medical Record Review (continued)

⇒ **Genetic Screening and Counseling must include** (ref: ACOG Genetic Screening/Teratology Counseling):

Y N NA

- A review of familial history of birth defects, deformities, mental retardation, or inherited diseases (e.g., muscular dystrophy, hemophilia, cystic fibrosis)
- Maternal (≥35yo) / paternal (≥50yo) age at time of delivery
- Ethnicity **Indicate Ethnicity**_____

⇒ **Nutritional screening and counseling must include** (ref: PCAP 85.40):

Y N

- Dietary intake/hydration
- Height/Weight recorded at initial visit
- BMI Date: _____
- Recommended weight gain/loss, especially for obese/underweight women (i.e. BMI >30 or BMI < 18.5)
- Prenatal vitamins
- Elimination
- Food/shelter resources **(Medicaid Only)**
- WIC/SNAP referral **(Medicaid Only)**
 - If Yes, provide date (month/year)_____

⇒ **Risk Behaviors/Exposures must include an appropriate notation concerning**

(ref: ACOG Psychosocial Screening, PCAP 85.40):

Y N

- Tobacco
- Alcohol
- Chemical dependency
- HIV/STD/Hepatitis HPV risks
- Domestic violence
- Safe Sex Practices
- Sexual abuse
- Safety risks/environmental/occupational hazards
- Lead Poisoning screening, testing and reporting of results if applicable
- HIV Pre-Test Recommendation & Counseling
- HIV Post-Test Counseling (if applicable)

⇒ **Physical Exam must include** (ref: Appendix A: ACOG Antepartum Record-Form B):

Y N

- A comprehensive review of systems
- A focused gynecologic and obstetrical examination
- An assessment of presenting complaints, if any
- EDD confirmation
- 18-20 week EDD update



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Prenatal Care Section of Maternity Medical Record Review (continued)

11. Ongoing/Follow-up Prenatal Care Visits

These visits shall be for the purpose of providing ongoing prenatal care and shall include the following components:

⇒ **General Visit Frequency Guide (Uncomplicated Pregnancy):**

(Appendix A: ACOG Antepartum Record-Form C)

Y N

- Every 4 weeks until 28 weeks gestation
- Every 2-3 weeks until 36 weeks gestation
- Every week thereafter

NOTE: Women with medical or obstetrical problems may require closer surveillance; the appropriate intervals between visits are determined by the nature and severity of the problems.

⇒ **Obstetrical Screening - Each ongoing prenatal visit must include**

(Appendix A: ACOG Antepartum Record-Form C, ACOG Supplemental-Form F):

Y N

_____ LMP

- Weeks gestation
- Fundal height
- Presentation
- Fetal heart rate
- Fetal movement
- Preterm labor signs and symptoms
- Cervical exam
- Blood pressure
- Repeat BP (no score)
- Weight
- Urine albumin/glucose
- Problems/comments
- Presence of edema

⇒ **Diagnostic Testing - Trimester appropriate are to be performed** *(ref: ACOG Antepartum Record – Form D)* (NYS DOH recommended lab tests, include, but are not limited to the following in the Laboratory Testing Prenatal table on the following page):



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Prenatal Care Section of Maternity Medical Record Review (continued)

The Table with the Diagnostic Tests is on this page in order to keep all testing requirements together.
(Circle each element found in the MR.)

Laboratory Testing Prenatal

Early Prenatal Visits		8-18 weeks	20-28 weeks	32-36 weeks
<ul style="list-style-type: none"> • Initial labs • All initial labs are required. 	<ul style="list-style-type: none"> • Optional labs • Documentation should indicate “N/A” or “Refused.” 	<ul style="list-style-type: none"> • Optional labs • Documentation should indicate “N/A” or “Refused.” 	<ul style="list-style-type: none"> • Documentation should indicate “N/A” or “Refused.” 	<ul style="list-style-type: none"> • Documentation should indicate “N/A” or “Refused.”
ABO/Rh (D) Blood Typing	Sickle Cell Screening as applicable	US as clinically indicated	H&H	H&H
RBC Antibody Screen	PPD as indicated	Alpha-fetoprotein (AFP)	D (Rh)	US
Obstetric Panel (H&H; Diff; WBC; Platelet Count)	Genetic (Form B)	Amniocentesis/ CVS	Rhogam (28 weeks)	VDRL (as clinically indicated)
Cervical-Vaginal (PAP)	Serum Lead Level, as indicated. If >10ug/dl report to DOH	Karyotype	Glucose Challenge (28 weeks)	Repeat Chlamydia, gonorrhea and syphilis screen during 3 rd trimester, as clinically indicated.
HIV Testing/Counseling			GTT (if screening is abnormal)	Group B Strep culture at 35-37 weeks, according to CDC guidelines
VDRL (Syphilis) (Mandated by PHL)				Urinalysis and Urine C&S as clinically indicated
Urinalysis testing for sugar and albumin (at each visit)				HIV testing/counsel
Urine Culture				
Rubella Antibody Titer (May be part of a TORCH Panel)				
Hepatitis B (Mandated by PHL)				
Gonorrhea/Chlamydia				
TORCH: Four infections must be present for this component: Cytomegalovirus; Herpes simplex; Rubella (can be done separately; Toxoplasmosis				



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Prenatal Care Section of Maternity Medical Record Review (continued)

⇒ **Risk Designation - Diagnoses/impression consistent with objective and subjective findings.**
Affirmative risks identified in any of the following areas: (Ref: ACOG Antepartum Record)

Y	N	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Past Pregnancy Maternal Risks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Past Pregnancy Birth Outcome Risks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Past Medical History Risk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genetic Risks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial Risks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Risk Behaviors/Exposures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutritional Risk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abnormal Maternal Physical Exam/Diagnostic Results
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abnormal Fetal Exam/Diagnostic Results
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge Deficit/Learning/Adherence Barriers

⇒ **Focused Assessment - each routine or follow-up obstetrical visit must include:**

A focused history and review of systems based upon presenting complaints, risk factors, active (acute) medical or psychosocial problems, and/or management of chronic, serious, or disabling conditions, or should indicate “no” problems or complaints.

Unresolved problems, risk factors, and/or care plans from previous office visits are addressed in subsequent visits.

12. Significant illnesses and medical conditions are indicated on the problem list.

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	Medical Record contains a problem list that can <u>either</u> be a separate form or listed in the progress notes.
And		
<input type="checkbox"/>	<input type="checkbox"/>	Medical Record contains a problem list that can <u>either</u> be a separate form or listed in the progress notes, which must be updated as appropriate.
And		
<input type="checkbox"/>	<input type="checkbox"/>	Problem list should contain <u>all</u> chronic, serious or disabling conditions and/or active (acute) medical or psychosocial problems.
Or		
<input type="checkbox"/>	<input type="checkbox"/>	For patients <u>without</u> chronic, serious or disabling conditions and/or active (acute) medical or psychosocial problems, list should either indicate “well visit” or “no problems/complaints.”[Bates, 9 th Ed]

13. Medication Record

Y	N	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A medication record/list includes dosages and dates for initial and refill prescriptions. (i.e., Prenatal vitamins, Folic Acid supplementation, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discussion/documentation of medication side effects and symptoms reviewed with member.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication Adherence Review for compliance for maintenance medications for members with chronic conditions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of drug samples. (NO SCORE)



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Prenatal Care Section of Maternity Medical Record Review (continued)

14. Immunization

Y N NA

- Immunization history and compliance questions regarding up-to-date status and manufacturer information.

[Ref.: CDC, ACIP, U.S. Preventative Task Force; NYSDOH]

15. Communicable Disease(s) are reported to appropriate regulatory agency and documented in the MR.

Y N NA

Response checkboxes

Document Communicable Disease and Regulatory Agency:

16. Treatment plans are clearly documented in the record and reflect:

Y N

- Main list of treatment plan documentation criteria including risk factors, individualization, and referrals.

Y N NA

- Sub-list (a-o) of specific services for which referrals and coordination are needed.

No Score in this section



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Prenatal Care Section of Maternity Medical Record Review (continued)

17. Y N NA
 No-shows or missed appointments should be documented including follow-up efforts to reschedule appointment.

18. Follow-up Notation

Y N NA
 Encounter forms or notes have a notation, when indicated, regarding follow-up care, calls or visits. The specific time of return is noted in days, weeks, months, or as needed.

19. Follow-up after an ER visit or hospitalization

Date(s) listed for ER and/or hospitalization(s): _____

Y N NA
 An office visit, written correspondence or telephone follow-up intervention is clearly documented in the obstetrical record.

20. Continuity of Care

Y N NA
 Indicate whether a specialist consultation:
Name/Specialty: _____

Or

Y N NA
 If whether a diagnostic study:
Name of Diagnostic Study: _____

Or

Y N NA
 Prenatal home visitation:
Name of Home Care Agency: _____

Y N NA
 If a consultation or diagnostic study or home care is requested, there is a note or report from the consultant, facility or home care agency in the record.

Y N NA
 Appropriate multidisciplinary input is clearly documented by a consultant's note/report in the chart.

Y N NA
 The ordering health care provider initials consultation and diagnostic study reports filed in the chart.

Y N NA
 Abnormal consultation and diagnostic study results have an explicit notation of follow-up plans in the record.



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Prenatal Care Section of Maternity Medical Record Review (continued)

21. **Care rendered is medically appropriate/ Follows Clinical Practice Guidelines, Standard of Care**

Y N

(If this standard is not met, the case is **immediately** referred to the Medical Director for a quality of care review).

Definition: There is evidence that the patient may be placed at inappropriate risk by an inadequate(ly), incorrect(ly), or inappropriately:

- Performed physical examination or assessment,
- Performed procedure,
- Performed diagnostic studies, including, but not limited to, lost specimens, poor film quality, misread results, or delayed turn around time,
- Diagnosed member,
- Prescribed, dispensed, or administered medication,
- Developed and/or implemented treatment plan,
- Other errors, delays or omissions in the delivery of care.

NO SCORE

22. **Pregnancy education and counseling:**

⇒ Education should include (Ref.: PCAP and ACOG Antepartum Record Form E):

Y N

- Risk-factor, as appropriate
- Rights and responsibilities of pregnant woman
- Signs of pregnancy complications
- Focus on approach to nutritional/dietary needs
- Physical activity and exercise
- Sexuality in pregnancy, HIV and STD's/risk reduction behaviors
- Avoidance of harmful substances (Lead Poisoning)
- Smoking cessation if applicable
- Occupational and environmental risks
- Orientation to facility procedures
- Newborn HIV testing
- Signs of pre-term labor
- Signs of labor
- Relaxation techniques in labor
- Labor and delivery procedures (i.e., discussion of VBAC, etc.)
- OB anesthesia/analgesia
- Parenting skills
- Umbilical cord banking
- Newborn screening
- Circumcision
- Family planning
- Infant feeding options (encourage breastfeeding except where contraindicated, i.e. HIV)
- Dental Care
- Advance Directive (as appropriate)
- Educational Methods (check all that apply)

Office teaching Classes Home visits Videos Printed Materials ***No Score in this section***



Member Name:

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Postpartum Visit Section of Maternity Medical Record Review Tool:

23. Demographic Information

Date of delivery: _____/_____/_____

Infant's birth weight (if documented in medical record): _____

Gestational age at birth: _____

Type of delivery:

- Vaginal
- C/S
- Vaginal delivery after C/S (VBAC)

Y N

24. Use of appropriate postpartum record outlining indicated components of care.

Y N

25. The postpartum visit occurs within 21 to 56 days after the delivery date.

Date: _____

Y N

The postpartum visit occurs pre 21 day after the delivery date.

Date: _____

Y N

The postpartum visit occurs post 56 days after the delivery date.

Date: _____

26. The postpartum visit includes:

(Ref. PCAP Article 85.40)

Y N

- Physical assessment
 - B/P, weight, pelvic exam, abdominal exam, breast exam
- Nutritional status
- Dental care needs
- Substance use assessment
- Tobacco use assessment
- Education on postpartum changes
- Psychosocial needs
- Family adjustments
- Personal health habits
- Sexual activity/Family planning/preconception counseling
- Newborn health status and care.
- Provider discusses breastfeeding.
- Member is breastfeeding.
- Laboratory testing as clinically indicated
- Prevention of HIV/STD/Hepatitis



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Postpartum Visit Section of Maternity Medical Record Review Tool:

27. Referrals for community resources for mother and child made as appropriate.

(“Not Applicable” receives points, no deductions.)

Y N NA

- Nutritional/exercise counseling
- Social worker/DSS/WIC/SNAP
- PCP/specialty physicians
- Prevention of lead poisoning
- Behavioral health services
- Postpartum home visit
- Infant health/care

28. The postpartum visit addresses Depression.

Y N

- Signs and Symptoms

Y N NA

- Risk factors
- Referrals if applicable
- Resources

Was there a diagnosis of Depression?

Y N

-

Was there a referral to a specialist for Depression?

Y N NA

- Date _____ Provider information _____

29. The postpartum visit addresses continuity of care during and after delivery.

Was there a diagnosis of Diabetes?

Y N

-

Was there a referral to specialist for Diabetes?

Y N

-

Date _____

Provider information _____

End of Maternity Medical Record Review Tool