



Maternity Medical Record Review

Obstetrical Practitioner

Member Name: _____ **Member ID#:** _____

Member Date of Birth: _____ **Delivery Date:** _____ **Med Group:** _____

Provider Name: _____ **Provider 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.

2. Personal biographical data

Mark off each data element found in the medical record:

Y N

Date of birth

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. Y N
 All entries dated.

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

Y N

The record is an Electronic Medical Record (EMR).

NO SCORE

Member Name:

Member ID#:

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.

Y N

Updated at a minimum of annually (preferably during a physical).

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

(Reference: DOH Access and Availability)

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

Decision Rule 1

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

OR

Marker Event

Any visit to an OB/GYN, family practitioner or other primary care practitioner with either an US or a principal diagnosis of pregnancy.

OR

(Continued)

Member Name:

Member ID#:

Prenatal Care Section of Maternity Medical Record Review (continued)

8. (continued)

Decision Rule 2

- Any visit to an OB practitioner or midwife with evidence of any of the following screening tests:
- OB panel
 - TORCH antibody panel (Cytomegalovirus, Herpes simplex, Rubella, Toxoplasma)
 - Rubella antibody/titer with Rh incompatibility (ABO/Rh blood typing)
 - Ultrasound (echography) of a pregnant uterus
 - Pregnancy-related diagnosis code
 - ICD-9-CM diagnosis for prenatal care

OR

Decision Rule 3

- Any visit to a family practitioner or other primary care practitioner** with a pregnancy-related ICD-9-CM diagnosis code and one of the following:
- OB panel
 - TORCH antibody panel
 - Rubella antibody/titer with Rh incompatibility (ABO/Rh blood typing)
 - Ultrasound (echography) of a pregnant uterus

OR

Decision Rule 4

- Any visit to a family practitioner or other primary care practitioner with diagnosis-based evidence of prenatal care in the form of a documented LMP or EDD with either a complete obstetrical history or risk assessment and counseling/education.

** When using a visit to a family practitioner or other primary care practitioner, it is necessary to determine that prenatal care was rendered and that the member was not merely diagnosed as pregnant and referred to another practitioner for prenatal care.

(Reference: HEDIS Technical Specifications)

Y N

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

Identify Tool Used: _____

Member Name:

Member ID#:

Prenatal Care Section of Maternity Medical Record Review (continued)

10. Use of an appropriate antepartum record including supplements 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:** (Reference: ACOG Past Pregnancies)

- | Y | N | NA | |
|--------------------------|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gravida and para |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | D (Rh) status |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Type of delivery |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Gestational age at delivery |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Anesthesia |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Length of labor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Birth outcome/risks |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Maternal complications |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sex/weight of child |

⇒ **Medical-surgical and psychosocial history must include:**

(Reference: ACOG Medical History & ACOG Personal Health History)

- | Y | N | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Serious accidents |
| <input type="checkbox"/> | <input type="checkbox"/> | Operations |
| <input type="checkbox"/> | <input type="checkbox"/> | Infections |
| <input type="checkbox"/> | <input type="checkbox"/> | Illnesses |
| <input type="checkbox"/> | <input type="checkbox"/> | Substance abuse |
| <input type="checkbox"/> | <input type="checkbox"/> | Mental health |
| <input type="checkbox"/> | <input type="checkbox"/> | Screening for depression |
| <input type="checkbox"/> | <input type="checkbox"/> | Gynecological conditions |
| <input type="checkbox"/> | <input type="checkbox"/> | Infertility |
| <input type="checkbox"/> | <input type="checkbox"/> | Stress |
| <input type="checkbox"/> | <input type="checkbox"/> | Living situation |
| <input type="checkbox"/> | <input type="checkbox"/> | Socioeconomic evaluation |

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

(Continued)

Member Name:	Member ID#:
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Prenatal Care Section of Maternity Medical Record Review (continued)
10. (continued)
⇒ Genetic screening and counseling must include:

(Reference: 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 (≥ 35 yo) / paternal (≥ 50 yo) age at time of delivery
- Ethnicity **Indicate Ethnicity** _____

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

Y N

- Dietary intake
- Hydration
- Prenatal vitamins
- Weight loss/gain
- Elimination
- Food/shelter resources (**Medicaid only**)
- WIC referral (**Medicaid only**)
 - If Yes, provide date (month/year) _____

⇒ Risk behaviors/exposures must include an appropriate notation concerning:

(Reference: 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 and counseling
- HIV post-test counseling (if applicable)

⇒ Physical exam must include: (Reference: 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

Member Name:

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Prenatal Care Section of Maternity Medical Record Review (continued)

11. Ongoing/follow-up prenatal care visits

These visits will be for the purpose of providing ongoing prenatal care and will 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

- Weeks gestation
- Fundal height
- Presentation
- Fetal heart rate
- Fetal movement
- Preterm labor signs and symptoms
- Cervical exam
- Blood pressure
- Weight
- BMI **Date of BMI:** _____
- Urine albumin/glucose
- Problems/comments

⇒ **Diagnostic testing - trimester appropriate are to be performed:**

(Reference: 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)

(Continued)

Member Name:		Member ID#:		
Prenatal Care Section of Maternity Medical Record Review (continued)				
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
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 3rd trimester, as indicated
HIV Testing				Group B Strep culture at 35-37 weeks, according to CDC guidelines
VDRL (Syphilis) (mandated by PHL)				Urinalysis and urine C&S, as 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				

Member Name:	Member ID#:
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Prenatal Care Section of Maternity Medical Record Review (continued)

11. (continued)

⇒ **Risk designation - diagnoses/impression is consistent with objective and subjective findings. Affirmative risks are identified in any of the following areas:**

(Reference: ACOG Antepartum Record)

Y N NA

- Past pregnancy maternal risks
- Past pregnancy birth outcome risks
- Past medical history risk
- Genetic risks
- Psychosocial risks
- Risk behaviors/exposures
- Nutritional risk
- Abnormal maternal physical exam/diagnostic results
- Abnormal fetal exam/diagnostic results
- Knowledge deficit/learning/adherence barriers

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

Y N NA

- Focused history and review of systems based on presenting complaints, risk factors, active (acute) medical/psychosocial problems, 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

- Medical record contains a problem list that can be either a separate form or listed in the progress notes.
- AND**
- Medical record contains a problem list that can be either a separate form or listed in the progress notes, which must be updated as appropriate.
- AND**
- The problem list should contain all chronic, serious or disabling conditions and/or active (acute) medical or psychosocial problems.
- OR**
- For patients without chronic, serious or disabling conditions or active (acute) medical or psychosocial problems, the list should either indicate “well visit” or “no problems/complaints.”

(Reference: Bates, 6th edition)

13. Medication record

Y N NA

- A medication record/list includes dosages and dates for initial and refill prescriptions.
- Discussion of side effects and symptoms reviewed with member and documented.
- Medication adherence review for compliance for maintenance medications for members with chronic conditions
- Documentation of drug samples. *NO SCORE*

Member Name:	Member ID#:
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Prenatal Care Section of Maternity Medical Record Review (continued)

14. Immunization
 Y N NA
 An appropriate immunization history has been made with notation that immunizations are up to date.
 Immunizations administered after May 1992 contain lot number and manufacturer's name. **(Must have 100% compliance)**

15. Communicable disease(s) are reported to appropriate regulatory agency and documented in the MR. (Reference list of NYS/NYC reportable communicable diseases)
 Y N NA

Document Communicable Disease and Regulatory Agency:

16. Treatment plans clearly documented in the record and reflect:
 Y N
 A clear link to risk factors
 Individualization
 Routinely updated at each visit
 Joint implementation by the pregnant woman, her family (when mutually agreeable) and the health care team
 Y N NA
 Needed referrals and coordination of all appropriate services, including but not limited to:
 Y N NA
 a. Diagnostic testing and counseling
 b. Inpatient
 c. Specialty physician care
 d. Transfer of high-risk patient from mid-level to obstetrician
 e. Genetic services
 f. Dental care
 g. Home care
 h. Pharmaceutical
 i. Transportation
 j. Nutritional
 k. Alcohol and chemical dependency
 l. Psychosocial
 m. DSS
 n. HIV specialist
 o. Other
 Indicate Other: _____

No score in this section

Member Name:	Member ID#:
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Prenatal Care Section of Maternity Medical Record Review (continued)

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

Y N NA

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. (Reference: NCQA MRR 2006)

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.

Member Name:	Member ID#:
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Prenatal Care Section of Maternity Medical Record Review (continued)

21. Care rendered is medically appropriate. *NO SCORE*
Y N
 (If standard is not met, case is immediately referred to the Medical Director for quality of care review).
Definition: There is evidence 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 turnaround time
- Diagnosed member
- Prescribed, dispensed or administered medication
- Developed and/or implemented treatment plan
- Other errors, delays or omissions in the delivery of care

22. Pregnancy education and counseling. Education should include:
Y N

- Risk factor, as appropriate
- Rights and responsibilities of pregnant woman
- Signs of pregnancy complications
- Physical activity, exercise and sexuality in pregnancy
- Focus approach to nutritional/dietary needs
- Avoidance of harmful substances (lead poisoning)
- Occupational risks
- Orientation to facility procedures
- Newborn HIV testing
- Signs of pre-term labor
- Signs of labor
- Relaxation techniques in labor
- Labor and delivery procedures
- OB anesthesia/analgesia
- Parenting skills
- Newborn screening
- Family planning
- Infant feeding options (encourage breastfeeding except where contraindicated (i.e., HIV)
- Dental care
- Advance directive (as appropriate)
- Educational methods (may be provided in group or individual setting based on assessment of pregnant woman's needs). Check all that apply:
 - Office teaching
 - Classes
 - Home visits
 - Videos
 - Printed materials

No Score in this section.

(Reference: PCAP and ACOG Antepartum Record Form E)

Member Name:	Member ID#:
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Postpartum Visit Section of Maternity Medical Record Review
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)

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

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

The postpartum visit occurs pre 21 days after the delivery date.
Date: _____

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

26. The postpartum visit includes: (Reference: PCAP Article 85.40)

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

Member Name:	Member ID#:
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Postpartum Visit Section of Maternity Medical Record Review (continued)

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

("Not Applicable" receives points, no deductions.)

Y N NA

- Nutritional counseling
- Social worker/DSS/WIC
- PCP/specialty physicians
- Behavioral health services
- Postpartum home visit
- Infant health/care
- Expand eligibility (depending on type of product)

28. The postpartum visit addresses depression.

Y N

Signs and symptoms

Y N NA

- Risk factors
- Referrals if applicable
- Resources

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: _____

Was there a diagnosis of depression?

Y N

Was there a referral to specialist for depression?

Y N NA

Date: _____

Provider information: _____

End of Maternity Medical Record Review Tool

All forms of medical record documentation are acceptable.