



# OB Medical Record Review (MRR)

April 2022

The Medical Record Review (MRR) is a review of randomly selected charts. The number of records reviewed is dependent on the amount of providers practicing at the site (minimum of 10 records). It is a look-back of patient care over the course of three years. It is important to note that the new guidelines specify that records should be maintained for a minimum of 10 years. One of the Certified Site Review (CSR) nurses will conduct this review.

The MRR changes with the new 2022 tool are extensive in the preventative categories. PHC is looking for the completion of a **Consent for Treatment, Notice of Privacy and Release of Medical Records** (with documentation referencing an end/expiration date).

## **Immunizations to be completed during pregnancy (during first, second, and/or third trimester as indicated):**

- **Tdap Immunization:** Pregnant women should receive a single dose of Tdap during every pregnancy, preferably at 27 through 36 weeks of gestation
- **Influenza Vaccine:** CDC and ACIP recommend that pregnant women should get vaccinated during any trimester of their pregnancy.
- **COVID Vaccine:** The American College of Obstetricians and Gynecologists (ACOG) recommends that all eligible persons greater than age 12 years, including pregnant and lactating individuals, receive a COVID-19 vaccine or vaccine series. The provider should document the discussion in the medical record if the pregnant woman refused to receive the vaccine.

## **Labs to be completed during pregnancy (during first, second, and/or third trimester as indicated):**

- Bacteriuria Screening
- Diabetes Screening
- Hepatitis B Virus Screening
- Hepatitis C Virus Screening
- Chlamydia Infection Screening
- Syphilis Infection Screening
- Gonorrhea Infection Screening
- Human Immunodeficiency Virus (HIV) Screening
- Screening for Strep B

## **First Entry into OB Care:**

- Initial Prenatal Visit
- Obstetrical and Medical History
- Physical Exam
- Dental Assessment
- Healthy Weight Gain and Behavior Counseling

**First, Second, and Third trimesters must contain all of the following:**

- **Individualized Care Plan (ICP):** ICP documentation includes specific obstetric, nutrition, psychosocial, and health education risk problems/conditions, interventions, and referrals. ICP must be developed based on the comprehensive assessment in each trimester and during the 12-month post-pregnancy period.
- **Nutrition Assessment:** A complete initial nutrition assessment should be performed at the initial visit or within four weeks thereafter, and at every trimester. Nutrition ICP component should address: prevention and/or resolution of nutrition problems, support and maintenance of strengths and habits oriented toward optimal nutritional status, prenatal vitamin/mineral supplement to each pregnant woman. Infant feeding/breastfeeding status is documented during the postpartum period.
- **Psychosocial Assessment:** The psychosocial screening should be performed on a regular basis and documented in the record. The assessment should include the following: Depression assessment; Social and mental history; Substance use Disorder including alcohol and tobacco; Unintended pregnancy; Support systems; Documentation of referral as appropriate.
  - a. **Maternal Mental Health Screening:** Screening at each trimester and postpartum. This should include: depression screening on the date of the encounter using an age-appropriate standardized tool and, if positive, a follow-up plan is documented on the date of the positive screen. Standardized Depression Screening Tool Edinburgh Postnatal Depression Scale (EPDS) and Patient Health Questionnaire (PHQ) 9.
  - b. **Social Needs Assessment:** The comprehensive Assessments in each trimester must provide a social needs assessment including housing, food, transportation, unintended pregnancy, and support system available. Identified needs must be incorporated into the ICP, and follow-up services documented.
  - c. **Substance Use Disorder Assessment:** All pregnant women should be assessed in each trimester about their use of alcohol, tobacco, and drug, including prescription opioids and other medications used for nonmedical reasons. If the woman acknowledges the use of substances, or if chemical dependence is suspected, she should be counseled about the perinatal implications of their use during pregnancy and offered a referral to an appropriate treatment program.
  - d. **Breastfeeding and other Health Education Assessment:** Health Education including breastfeeding, preparation to breastfeed, language, cultural competence, and education needs must be assessed at least once during each trimester and more frequently as needed. Identified needs must be incorporated into the ICP, and follow-up services documented.
- **Preeclampsia Screening:** USPSTF recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy.
  - a. **Low Dose Aspirin:** The Provider should advise on the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
- **Intimate Partner Violence Screening:** USPSTF recommends that clinicians screen IPV in women of reproductive age and provide or refer women who screen positive to ongoing support services.

### **OB Preventive Criteria Additions:**

- **Physical Exam:** includes breast, pelvic exam, and calculation of estimated date of delivery. The comprehensive postpartum visit should include a full physical exam.
- **Dental Exam:** Dental Screening and referral as indicated must be documented.
- **Healthy Weight Gain and Behavior Counseling:** USPSTF recommends behavioral counseling interventions aimed at promoting healthy weight gain and preventing excess gestational weight gain.
- **Family Planning Evaluation:** Women should be counseled regarding the risks and benefits of repeat pregnancy sooner than 18 months which have been associated with adverse perinatal outcomes, including preterm birth, low birth weight, and small size of gestational age, as well as adverse maternal outcomes. Prenatal discussions should include the woman's reproductive life plans, including the desire for and timing of any future pregnancies.
- **Comprehensive Postpartum Assessment:** As of April 1, 2022, Medi-Cal's postpartum period is extended from 60 to 365 days. The comprehensive postpartum visit should be scheduled between 4-6 weeks after delivery. The initial postpartum assessment should be followed up with ongoing care as needed throughout the 12-month postpartum period, including a comprehensive postpartum visit no later than 12 weeks after birth. The comprehensive postpartum visit should include a full assessment of physical, social, and psychological well-being, including the following domains: mood and emotional well-being; infant care and feeding; sexuality; contraception; birth spacing; sleep and fatigue; physical recovery from birth; chronic disease management; health maintenance.

### **References:**

APL 20-011:

<http://www.dhcs.ca.gov/Documents/COVID-19/APL-20-011-EO-Revision.pdf>

APL 20-004:

<https://www.dhcs.ca.gov/formsandpubs/documents/mmcdaplsandpolicyletters/apl2020/apl20-004-revised.pdf>

APL 20-006:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-006.pdf>

PHC Website:

<http://www.partnershiphp.org/Pages/PHC.aspx>

### **EDUCATION OPPORTUNITY**

To better help you understand the changes made to the new Site Review Tools, PHC is offering site education sessions. If you have any questions, comments, concerns or wish to schedule a site review education session, please contact our Northern Region Patient Safety Team at [fsr@partnershiphp.org](mailto:fsr@partnershiphp.org). You can also contact Tegan: (530) 999-6828 or Tami: (530) 999-6813.