**Maternal Health Agency Implementation Checklist**

This checklist includes a high-level list of NEW tasks MCAH agencies will need to complete based on the most recent RFA. Many of these items may already be in place in your agency. This list does not include requirements that have been carried over and should continue to be implemented (e.g. medical home, PE, care coordination, other direct services).

# Enabling Activities - start as soon as possible

* Develop a process to refer PE and care coordination clients to Quitline if they smoke
* Develop a process to refer PE and care coordination clients to a WIC peer counselor and/or lactation counselor when applicable
* Develop resource lists
	+ Breastfeeding
	+ Safe Sleep
* Develop a process to provide breastfeeding clients with information on the WIC breast pump policy as well as providing general breastfeeding materials to clients

# Infrastructure Building Activities - by end of contract period

* Partner collaborations:
	+ Meet with hospital lactation consultant or childbirth educator within the service area to educate on the MCAH program
	+ Identify employer to provide education on national and Iowa breastfeeding laws
	+ Meet with tobacco coalition to provide education on the MCAH program
* Community education:
	+ Collaborate with tobacco control community partnership to provide community education
	+ Safe sleep community education
* Assess staff needs for health equity training
* Staff training
	+ Breastfeeding (tier 2 only)
	+ Health equity
	+ Motivational interviewing (direct care staff only) - to be provided by IDPH in the spring
	+ Ask, Advise, Refer - can be completed online any time <https://idph.iowa.gov/tupc/quitting-tobacco>
	+ Additional tobacco training (The New Nicotine Addiction, provided as part of the MCAH fall seminar, counts for this)
	+ SBIRT or 4Ps Plus (Tier 2 only) - offered by IDPH in December 2020
* Project directors to familiarize themselves with the 2019 Maternal Mortality Review Committee Recommendations (most applicable recommendations have been built into the RFA requirements)
* Join breastfeeding coalition

# Direct Service Changes - start as soon as possible

* Submit MH Direct Services Protocol (or existing agency protocols that cover MH direct services) to your regional consultant via iowagrants.gov correspondence **by 11/15/2020**

***The following items are required for Tier 2 counties, and strongly encouraged for Tier 1 counties providing direct services. These should be outlined in your direct service protocol.***

* Update health education plan/form to ensure the following topics are covered (may provide at different visits so as not to overwhelm client):
	+ SIDS and tobacco use
	+ Tobacco cessation (not new)
	+ Seatbelt safety
	+ POST-BIRTH Warning Signs
	+ Gestational diabetes (for clients with GDM only)
	+ Nutrition and physical activity utilizing the 5-2-1-0 toolkit
	+ Breastfeeding (not new)
	+ Safe sleep (not new)
* Update referral procedures to ensure clients who use tobacco are referred to Quitline
* Provide staff training and update procedures to ensure all clients in tier 2 counties receive the following screenings and are referred:
	+ Depression
	+ Alcohol/substance abuse
	+ Domestic violence
* Provide staff training and update procedures to ensure all clients receive postpartum follow up
	+ Utilize Signify QA dashboard to identify clients whose maternal health episodes have not been closed
	+ Develop a script for postpartum follow up calls - include reminders to contact their OB if any concerns, warning signs, or depression if client declines postpartum visit

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# Signify Documentation - full documentation changes to be implemented by January 1, 2021

IDPH anticipates utilizing QA reports throughout FY2021 and working with agencies to improve data collection and entry

* Utilize ICD-10 Codes for appropriate trimester or postpartum
* Health education topics:
	+ SIDS and tobacco use
	+ Seatbelt safety
	+ POST-BIRTH Warning Signs
	+ Gestational diabetes (for clients with GDM only)
	+ Nutrition and physical activity utilizing the 5-2-1-0 toolkit (not new - replaces “physical activity”)
	+ Tobacco cessation (not new)
	+ Breastfeeding (not new)
	+ Safe Sleep (not new)
* Depression screening:
	+ No longer its own activity
	+ Select “Edinburgh Postnatal Depression Screen” from “Screening type” dropdown menu in Psychosocial activity (or Health ed if no psychosocial service)
	+ Attach EPDS survey to the Psychosocial or Health Education activity
	+ If billing for EPDS (i.e. conducting EPDS without psychosocial or health ed - this is rare), it will need to be its own health services activity with appropriate code
* Domestic violence screening - Nothing has changed with how this is documented, data will be pulled from Type of Service and/or screening type
	+ If you do not use Signify to bill you can add domestic violence screening (Abuse Assessment Screen or 4Ps Plus) to the “Screening Type” dropdown rather than adding a separate activity
* SBIRT/4Ps Plus - nothing has changed with how this is documented; data will be pulled based on code billed
	+ If not billed (i.e. no brief intervention needed), include in psychosocial or health ed activity as “Screening Type”
* Ask, Advise, Refer - Screening Type
	+ Will be added to the Maternal Health and Risk Assessment - additional question to determine if Ask Advise Refer protocol was followed for clients who smoke
* Postpartum Follow-up
	+ When closing a Maternal Health Episode, select the status based on whether follow up was provided via a client visit, phone call, or attempted phone call, or if the client was lost to follow-up. This is not a new field, just different options to more clearly capture postpartum follow up
* Community Events
	+ Tobacco community partnership and community education
	+ Breastfeeding employer outreach
	+ Safe Sleep Community Education