Maternal Health Direct Service Protocol for AGENCY NAME at XXXXXX location

- *This protocol is a general description of how you provide services to pregnant and postpartum women. It is understood that services may vary based on the needs of the mother.*

Address of Clinic or Home Visit Model Information	● *This section describes the physical location of where the service is being provided. If using a home visit model, just write "Home Visit Model"* ● *Please fill out one protocol per location unless the services remain the same at each location, then you may just fill in additional addresses in the location section.*
Frequency of prenatal visits	● *In this section, describe how often you generally see your clients (for example: once per trimester, etc)*
Services provided at prenatal visits	● *In this section, describe what services you provide at each visit (for example: 1st trimester: health education visit & psychosocial visit including epds, sbirt, aar).* ● *Include process for clients who miss appointments - for example if a client receives initial services in the 3rd trimester, are there services typically offered in the 1st or 2nd trimester they should receive?* ● *Include process to ensure the Medicaid Prenatal Risk Assessment is repeated around 28 weeks if under 10 at first visit* ● *Describe the screening tools you use during pregnancy*
Education plan for prenatal visits	● *Educational topics generally covered at each visit (for example: 1st trimester - healthy nutrition for pregnancy, 2nd trimester - fetal m*ovement, 3rd trimester signs of labor/ warning signs etc.). ● *Include protocols for clients who miss appointments - for example if a client receives initial services in the 3rd trimester, are there educational topics typically covered in the 1st or 2nd trimester that should be covered? (e.g. you might still cover healthy nutrition but not the importance of early prenatal care)*
Who provides visits	● *Ex. RN, Social worker, etc. include fte's*
Physical assessment elements	● *Ex. B/P checks, asking about fetal movement,vaginal bleeding, cramping/contractions*

Frequency of postpartum visits	● *Describe how often you see your clients postpartum. (For example: 1 time at 4 weeks postpartum).* ●
Services provided at postpartum visits	● *Describe what services you generally provide for postpartum mothers. (for example: nursing assessment in the clinic, home visit)* ●
Education plan for visits	● *Describe educational topics generally covered at each postpartum visit*
Who provides postpartum visits	● *Ex. Rn, Social worker, include FTEs*
Postpartum visit physical assessment elements	● *Ex. Incision check, b/p, asking about lochia*
Who do you receive referrals from most frequently	● *Example: WIC, Dr. office,*
Who do you refer to most frequently	● *Example: mental health services at xxx clinic,*
Method of charting	● *paper chart, ehr (for example: EHR - Epic)* ● *If electronic chart, include specific processes to ensure any paper documentation is kept on file or scanned in. If scanned in, include specific protocols to ensure verification the document has been scanned prior to destroying original file, or keep original file in separate location as backup*
Who enters data into Signifycommunity	● *Include position responsible (e.g. data administrator, service provider); can include staff name but must have position so that it is clear in the event of staff turnover;* ● *Include specific data entry process - e.g. data is entered in real time, data entered from paper documentation, and/or data entered from EHR*