





The North Dakota Optimal Pregnancy Outcome Program (OPOP) Policy and Procedure manual was developed by the OPOP Director in cooperation with the local agencies who administer the Optimal Pregnancy Outcome Program.

The introduction of this manual includes the program overview, history, mission statement and philosophy, goals and general information about the structure and organization of the Optimal Pregnancy Outcome Program.

The policies and procedures in this manual are subject to change as new information becomes available. Changes to this manual will be directed and approved at the state level.

If you have any questions about the manual or suggestions for changes, please contact:

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# Introduction



SECTION: Introduction
SUBJECT: Mission Statement & Program Philosophy

## MISSION STATEMENT

The Optimal Pregnancy Outcome Program is a primary prevention program designed to empower pregnant women to make informed healthy lifestyle choices that lead to healthy babies.

## PROGRAM PHILOSOPHY

The Optimal Pregnancy Outcome Program uses a multi-disciplinary team committed to enhance the prenatal care women receive from their primary health care provider.

The team uses opportunities to nurture the expectant mother's self-esteem that build self-confidence by empowering them to make healthy lifestyle choices that lead to a healthy baby.

Every pregnant woman and her family is entitled to a comprehensive plan of care regardless of race, color, religion, national origin, age or marital status. Every woman is received in a confidential, non-judgmental atmosphere. Education is provided in a culturally sensitive environment.



SECTION: Introduction
SUBJECT: Measurable Outcomes

Listed below are the goals and measurable outcomes for the OPOP program. The acronym listed directly below the goal is the Healthy People 2020 objective that relates to the desired outcome. For additional information regarding the specific topics select: <http://www.healthypeople.gov/2020/default> The majority of the outcomes are Maternal, Infant and Child Health (MICH) Objectives. The depression screening objective is labeled MHMD for Mental Health and Mental Disorders. The objective related to diabetes is labeled D. There is one goal related to the 39 week campaign initiative through March of Dimes. For additional information on the 39 week campaign select: <http://www.marchofdimes.org/mission/39-weeks-quality-improvement.aspx#>

- Increase the proportion of women who receive early and adequate prenatal care and increase availability, access and referrals to comprehensive prenatal care services and appropriate providers
  - MICH-10 – Increase the proportion of pregnant women who receive early prenatal care
- Increase education on the importance of prenatal vitamins and folic acid in pregnancy
  - MICH-1.6 – Reduce the rate of infant deaths related to birth defects
  - MICH-14 – Increase the proportion of women of childbearing potential with intake of at least 400 µg of folic acid from fortified foods or dietary supplements
- Reduce the rate of maternal mortality and morbidity.
  - MICH-5 – Reduce the rate of maternal mortality
- Reduce preterm births (prior to 37 weeks)
  - MICH-9 – Reduce preterm births
- Increase patient awareness of 39 week campaign; no elective inductions prior to 39 weeks
  - March of Dimes – 39 weeks initiative
- Provide mental health screening and referrals to all OPOP clients who may be at risk for developing depression or suicidal ideations
  - MHMD-11 – Increase depression screening by primary care providers

SECTION: Introduction
SUBJECT: Measurable Outcomes

**...Continued:**

- Educate expectant mothers on safe sleep environments for their babies and refer to the Cribs for Kids program if they are in need of a crib
  - MICH-1.8 – Reduce the rate of infant deaths from sudden infant death syndrome (SIDS)
  - MICH-20 – Increase the proportion of infants who are put to sleep on their backs
  
- Reduce the rate of very low birth weight (<1,500 grams) and low birth weight (<2,500 grams) infants
  - MICH-8 – Reduce low birth weight (LBW) and very low birth weight (VLBW)
  
- Increase the rate and duration of breastfeeding
  - MICH-21 – Increase the proportion of infants who are breastfed
  
- Decrease the rate of tobacco, alcohol and illicit drug use among OPOP clients and increase cessation and referrals
  - MICH-11 – Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women
  
- Provide education on the risk of developing gestational diabetes and decrease incidence of large for gestational age (LGA) infants
  - D-1 – Reduce the annual number of new cases of diagnosed diabetes in the population



SECTION: Introduction
SUBJECT: History of OPOP

## OPTIMAL PREGNANCY OUTCOME PROGRAM HISTORY

In 1982, the Director of Children and Family Services and an adoption supervisor from the Department of Human Services, organized a 16-member council on problem pregnancy due to the rise in pregnancies to single women. Thus, the Optimal Pregnancy Outcome Program (OPOP) was initiated.

The mission of OPOP was then and is now to provide a primary prevention program designed to empower pregnant women to make informed and healthy lifestyle choices for healthy babies (see Appendix A for OPOP Brochure).

In 1982, OPOP was tailored to meet the needs of adolescents who were pregnant and single. The program was designed to increase the availability and accessibility of comprehensive prenatal and postpartum services. The program evolved with time to meet the special needs of any pregnant adolescent, which now includes single or married pregnant women who are abused, developmentally delayed, emotionally impaired or of low income status. Women with a high-risk pregnancy or other maternal complications are also a priority. OPOP services are available to all pregnant women.

Fargo was the first OPOP site established in October 1983 and was funded by several groups to include March of Dimes, Maternal and Child Health (MCH), Department of Human Services and the Fargo Health Unit. The second OPOP site to open was in Bismarck in November 1983 and was funded through MCH Federal and local funds. The next six sites opened in Grand Forks (October 1986), Williston (October 1988), Minot (October 1989), Dickinson (October 1990), Jamestown (October 1992), and Devils Lake (October 1992) received two years of startup funding from the ND State Council on Developmental Disabilities. Wahpeton (February 1994) and Lisbon (April 1996) used their health unit's Title V MCH grant funding to begin their sites. All of the OPOP sites are funded through Title V MCH grants that are provided to the health units. The sites may also accept additional funding from other sources.

Currently, there are four Optimal Pregnancy Outcome Program sites in the eight regions throughout the state. The sites were initially chosen due to the access of healthcare professionals and their expected client load.



SECTION: Introduction
SUBJECT: History of OPOP

### **OPOP HISTORY CONTINUED...**

OPOP clients are primarily referred by WIC, Family Planning, physicians, social services, schools, family and friends. Target populations served include pregnant adolescents, single and married pregnant women who are abused, developmentally delayed, emotionally impaired or of low income status and women who may have a high risk pregnancy or other risk factors. The OPOP sites receive reimbursement for clients on the Medicaid program. Services are provided to the client free of charge. Women enrolled in the WIC program receive vouchers during their OPOP visits.

The Optimal Pregnancy Outcome Program provides clients a multi-disciplinary team approach by offering nursing, social work, and nutritional services in addition to, not in place of, medical prenatal care by a qualified primary health care provider. OPOP staff assists pregnant women with early entry into the mainstream prenatal care system.

Clients are scheduled for monthly visits throughout their pregnancy for assessment, education, anticipatory guidance and support. The staff utilize opportunities to nurture the pregnant women's self-esteem and self-confidence while reinforcing her very important role and responsibility in having the healthiest baby possible. Clients and their newborns remain in the program for 60 days postpartum which help provide continuance of care for both mom and baby. An emphasis is placed on optimal pregnancy spacing and referrals are made to Family Planning, parenting classes, immunization clinics, etc. Services may be provided in a clinic or home setting depending on the public health units program.



SECTION: Introduction
SUBJECT: State and Local Responsibilities

## RESPONSIBILITIES OF STATE AND LOCAL PROGRAMS

### State Level:

The OPOP Director's responsibilities include:

- Develop and revise OPOP protocols, policies and procedures and forms as needed.
- Review the OPOP Client Visit Record excel database and update as needed.
- Conduct monthly calls with OPOP coordinators and provide routine program updates.
- Maintain a collaborative relationship with the OPOP coordinators.
- Provide nursing consultation, technical assistance and respond to phone calls and written requests as required for all OPOP sites.

### Local Level:

The OPOP clinic staff responsibilities include:

- Provide direct care services to pregnant women and their families following the guidelines of this manual.
- Clients and their families should be scheduled for monthly visits while pregnant and up to two postpartum visits.
- Social, nutritional and nursing services shall be provided.
- Referrals will be made to other agencies as designated by OPOP staff.



The **Optimal Pregnancy Outcome Program (OPOP)** is a primary prevention program designed to empower pregnant women to make informed healthy lifestyle choices for healthy babies. OPOP was established in 1982 to increase the availability and accessibility of comprehensive prenatal and postpartum services to pregnant and single adolescents. The program has expanded to meet the special needs of any pregnant adolescent, as well as, single or married pregnant women who are abused, developmentally delayed, emotionally impaired or of low income status and those women who may have a high risk pregnancy or other risk factors.

OPOP provides clients a multi-disciplinary team approach by offering nursing, social work and nutritional services in addition to, not in place of, medical prenatal care by a qualified primary health care provider. OPOP staff assists pregnant women with early entry into the mainstream prenatal care system.

OPOP services are free of charge to pregnant women. For more information, contact the OPOP coordinator in your area.

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# Program

# Administration



SECTION: Program Administration
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SUBJECT: Positions and Job Descriptions
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## **OPTIMAL PREGNANCY OUTCOME PROGRAM DIRECTOR**

Administer the Optimal Pregnancy Outcome Program (OPOP) by providing guidance, technical assistance, consultation, and continuing education for program development/maintenance to local OPOP staff.

### **Position Requirements:**

- Possess a current ND nursing license as a registered nurse.
- A bachelor's degree in nursing and three years experience as a registered nurse.
- A high degree of interpersonal skills to enable communication and guidance with the local OPOP staff.
- Knowledge in prenatal, postpartum and newborn care, as well as current standards of practice.

### **Functions:**

1. Provide guidance, technical assistance, consultation, and continuing education to OPOP staff through meetings, correspondence, distribution of maternal and child health information, and act as a liaison with other entities.
2. Conduct one face to face coordinator meeting annually.
3. Establish and maintain a manual of guidelines addressing quality care, policies and procedures for OPOP.
4. Provide educational and outreach materials for OPOP, when appropriate.
5. Conduct site review visits at least once per biennium.
6. Assist in the establishment of new OPOP sites.



SECTION: Program Administration
SUBJECT: Positions and Job Descriptions

**OPOP DIRECTOR CONTINUED**

7. Monitor OPOP fiscal concerns, including funding applications and expenditure reports.
8. Complete reports for federal, state, and local officials related to OPOP as requested.
9. Communicate and coordinate OPOP activities with the ND Department of Health, local health care providers, and related community agencies.
10. Provide information to the general public and assist OPOP staff in outreach activities.
11. Represent the Division of Family Health at federal, state, and local meetings related to prenatal/postpartum health care.
12. Collaborate with Medicaid administration to provide reimbursement for services to OPOP clients seen by local health units.
13. Monitor and evaluate the effectiveness of the policies and procedures and the overall program operations.
14. Delegate and assign work as appropriate to achieve an effective administrative operation.
15. Maintain OPOP excel database and review reports annually or on an as needed basis. Data will be submitted by sites via PRS and will be stored there.



SECTION: Program Administration
SUBJECT: Positions and Job Descriptions

## OPOP NURSE COORDINATOR

### Position Requirements:

- Possess a current ND nursing license as a registered nurse (can be a 2-year, 3-year or 4-year RN).
- A registered nurse with general knowledge/understanding of the MCH block grant and funding principals.
- Experience in prenatal, postpartum and newborn care, knowledge regarding high-risk pregnancies.
- Awareness of community resources and services.
- Interpersonal skills to enable communication with the OPOP nurses and clients.

### Nurse Coordinator General Functions:

1. Project program activities and expenses and prepare or assist budget requests as directed by the State OPOP Director.
2. Oversee and coordinate OPOP operations and staffing at the local level.
3. Establish and maintain favorable public relations and interagency rapport.
4. Encourage physicians and other entities to support the mission of OPOP by referring patients for prenatal/postpartum services.
5. Establish contacts with key persons (i.e., principal, school nurse, health educator and school counselors) within the school system(s) to introduce OPOP services.
6. Promote public awareness of the OPOP services.
7. Distribute OPOP brochures with an explanation of services.
8. Capitalize on opportunities for community outreach through OPOP informational displays.



SECTION: Program Administration
SUBJECT: Positions and Job Descriptions

### **OPOP NURSE COORDINATOR CONTINUED**

9. Send required reports/information to the State OPOP Director in a timely manner, as requested.
10. Submit a request for reimbursement for expenses (as approved) incurred to the appropriate agency on a monthly basis.
11. Attend OPOP coordinator meetings and work with the state director in a constructive manner.

### **Nurse Coordinator OPOP Visit Responsibilities:**

1. At the clients initial OPOP visit, review OPOP Statement of Understanding with patient and obtain signature on SFN 51259 (Appendix B).
2. Enter each client visit in OPOP Excel Database.
3. At the clients initial OPOP visit, obtain a patient health history and complete SFN 16852 (Appendix E)
4. Conduct a nursing assessment at each visit and document on OPOP Prenatal Flow Record SFN 16846 (Appendix F)
5. Conduct a depression screening on each patient at every visit by using the Patient Health Questionnaire (PHQ)-2 and if the score is greater than 3, the PHQ-9 will then be given to the patient. (Appendix P) Document results in CVR database.
6. Conduct a postpartum and newborn assessment and record on OPOP Postpartum/Newborn Record SFN 16847 (Appendix G)
7. Make referrals as appropriate and document in Excel database and on OPOP Referral SFN 16849 (Appendix K).
8. Provide prenatal vitamins and/or iron supplements to clients as needed.



SECTION: Program Administration
SUBJECT: Positions and Job Descriptions

**OPOP NURSE COORDINATOR CONTINUED**

- 9. May obtain a urine specimen from each client, as appropriate.
- 10. Record client visits on OPOP Tickler File SFN 19512 (Appendix C).
- 11. Nurse Coordinator may use OPOP Continuation Record SFN 17041 if needed for additional documentation (Appendix H).



SECTION: Program Administration
SUBJECT: Positions and Job Descriptions

## OPOP SOCIAL WORKER

### Position Requirements:

- Possess a current ND license in social work.
- Experience in assisting pregnant clients at risk for adverse outcomes.
- A working knowledge of community resources and services.
- Interpersonal skills to enable effective communication with pregnant clients and awareness of community resources.

### Functions:

1. Conduct a social and economic history and complete OPOP Social History SFN 50260 (Appendix J)
2. Conduct social assessments and identify risk factors.
3. Provide social and therapeutic short-term counseling.
4. Assist unwed mothers in exploring options regarding infant care and future plans in a non-directive manner.
5. Make referrals and assist clients in accessing support services, to enable them to function independently in the community. Document referrals in Excel database and on SFN 16849 (Appendix K).
6. Assist client in accessing services referred to by the nurse, nutritionist, or other professionals.



SECTION: Program Administration
SUBJECT: Positions and Job Descriptions

## OPOP NUTRITIONIST

### Position Requirements:

- Possess a current ND license as a nutritionist/dietitian.
- Knowledge and experience in maternal and infant nutrition.
- Working knowledge of community resources and services.
- Interpersonal skills to enable communication with pregnant women and families to promote healthier choices.

### Functions:

1. Obtain a dietary history.
2. Conduct a nutritional assessment and identify risk factors.
3. Educate clients regarding healthy options and weight guidelines during pregnancy.
4. Refer clients to nutritional support programs such as WIC, food stamp programs and commodity programs. Document referrals in Excel database and SFN 16849 (Appendix K)
5. Promote breastfeeding, educate and support clients on breastfeeding and bottle-feeding their infants.
6. Educate and advise the new mother on infant eating patterns and nutritional needs.
7. Certify infant and recertify mother for WIC, if eligible.
8. Provide WIC voucher for the eligible WIC clients.
9. Provide prenatal vitamins and/or iron supplements to clients as needed.



SECTION: Program Administration
SUBJECT: Staff Orientation

## OPOP STAFF ORIENTATION

### Policy:

Orientation to new employees will be provided by each public health unit according to their organization's policy. An OPOP checklist will be reviewed for new employees that will be working with the OPOP program within the first month of employment.

### Procedure:

1. The Nurse Coordinator or designated OPOP representative will review the New Employee OPOP Checklist with the new employee. (Appendix Q)
2. Upon completion of the checklist, the new employee and reviewer will initial each bullet on the checklist.
3. When all bullets are complete, the new employee and reviewer will sign and date the form and keep it in personnel file.



SECTION: Program Administration
SUBJECT: Continuing Education and Training

## CONTINUING EDUCATION AND TRAINING

### STATE OFFICE

#### Policy:

The State OPOP Office will provide guidance, technical assistance, consultation, and continuing education for local OPOP staff, through in-services, meetings, correspondence, sharing material and child health information, and act as a liaison with other entities.

#### Procedure:

1. The State OPOP Director will conduct one nurse coordinator meeting during the fiscal year, and invite other local OPOP staff, when appropriate.
2. The OPOP nutritionists and social workers may attend a yearly coordinator meeting, as their schedule allows.
3. The State OPOP Director will establish and maintain a manual of guidelines for OPOP.
4. The State OPOP Director will provide educational and out-reach materials for the program, when appropriate.
5. The State OPOP Director will be available to assist in the establishment of new OPOP sites and training of employees.



SECTION: Program Administration
SUBJECT: Professional Licensure

## PROFESSIONAL LICENSE

### Policy:

All staff whose job description and clinic task require professional license shall have a current North Dakota license.

### Procedure:

1. The agency shall verify license status of all new employees requiring such license.
2. The agency shall require that all current employees provide the agency with a copy of their license and certification (if appropriate) upon renewal. This applies to nurses, social workers, and nutritionists.
3. Copy of license and certification shall be kept on file in the employee's personnel file.



SECTION: Program Administration
SUBJECT: Scheduling

## OPOP SCHEDULING

### Policy:

Each OPOP site may develop their own appointment schedule with an appropriate number of clients being seen at each clinic.

### Procedure:

1. Initial visits for OPOP clients should be scheduled for one to one and a half hours with subsequent visits approximately one hour.
2. Clients shall be seen on a monthly basis with the next appointment scheduled before the client leaves the clinic.
3. Clients with special needs or in crisis may be seen as needed.
4. The receptionist may contact each OPOP client prior to their clinic visit as a reminder.
5. The receptionist shall reschedule clients that missed their appointment.
6. Every effort will be made to assist clients in making their appointments. If three consecutive appointments are missed, assess whether the client wants to continue participating in OPOP.



SECTION: Program Administration
SUBJECT: Priority to High Risk and Low Income Clients

## OPOP PRIORITY CLIENTS

### Policy:

Each Optimal Pregnancy Outcome Program should give priority for services to high risk and low-income clients.

### Procedure:

1. High risk pregnancy is defined as one in which the fetus has a significantly increased chance of death, either before or after birth, and/or a greater incidence of later disability. The mother may have a serious health problem, obstetrical disorder, poor social environment, or a biological handicap, all potentially damaging to perinatal health.
2. Low income clients are defined as any individual whose annual household income is at or below 185% of poverty guidelines. To see current eligibility criteria: <http://www.ndhealth.gov/wic/>.



SECTION: Program Administration
SUBJECT: Statement of Understanding

## STATEMENT OF UNDERSTANDING

### Policy:

OPOP staff will facilitate client's admission and ensure prenatal care is provided by a qualified primary health care provider.

### Procedure:

1. During the initial visit, each OPOP client must sign a Statement of Understanding Form, SFN 51259 (Appendix B).
2. The Statement of Understanding form will be reviewed each visit with the client that is not seeing their primary health care provider on a regular basis.
3. This form is for local use and is not required to be sent to the State OPOP Director.



SECTION: Program Administration
SUBJECT: Confidentiality

## CONFIDENTIALITY

### Policy:

All information obtained about the client by the OPOP staff shall be considered privileged communications. It shall be held confidential and shall not be disclosed without the client's written consent.

### Procedure:

1. Clients shall be informed of their right to confidentiality.
2. Information may be disclosed in summary, statistical or other form that does not identify particular individuals.
3. Client files shall be stored in a secure and locked location when not in use.
4. All OPOP staff shall be oriented about the importance of confidentiality. Staff may not discuss any client with anyone other than appropriate staff members within the agency or those professionally contracted.
5. OPOP staff will also follow their public health unit personnel policy on confidentiality and/or privacy.
6. OPOP staff will follow their organization's policy on record retention and safeguarding patient charts.



SECTION: Program Administration
SUBJECT: Staffing Conference

## OPOP STAFFING CONFERENCE

### **Policy:**

Each OPOP clinic will hold a pre or post clinic conference to discuss the status of each client seen on that day.

### **Procedure:**

The OPOP coordinator will schedule a meeting with the nurse, social worker, and nutritionist attending, as well as other pertinent staff, if needed.



SECTION: Program Administration
SUBJECT: Computer Data Program

## COMPUTER DATA

### Policy:

Client information shall be entered into the Department of Health Program Reporting System (PRS): OPOP progress report with attached excel database shall be entered quarterly for the OPOP clients being served by the program during that timeframe.

### Procedure:

1. The OPOP coordinator and/or other designated personnel may enter client information into the database.
2. Client demographic information needs to be entered in the Excel database for all clients regardless of if they have moved, discontinued OPOP services, or if the pregnancy ends in spontaneous or induced abortion or a neonatal or fetal death.



SECTION: Program Administration
SUBJECT: Tickler File

## OPOP TICKLER FILE

### Policy:

The tickler system is an up-to-date ready-reference of all OPOP clients to be used by local agencies to track client's birth outcomes for the year.

### Procedure:

1. OPOP staff may complete the Tickler File, SFN 19512 (Appendix C). Completion of this document is optional for the local agency and not required by the State OPOP Director.
2. Indicate the prenatal visit number in the upper left corner of the form.
3. Document the client's name and estimated delivery date.
4. Document the date the patient was seen under each month.
5. Document the delivery date and the date the patient was seen for each postpartum visit.
6. Update the tickler file after each OPOP clinic
7. At the end of the year, transcribe all open/active clients to a tickler file for the upcoming year. Keep the past ticker file for your records.
8. When used properly, the tickler file can readily determine:
  - Client attendance record
  - Number of client prenatal visits
  - Delivery status for a client
  - Number of deliveries for a given month
  - Number of undelivered clients for a month
  - Number of prenatal visits during a month
  - Number of postpartum/newborn visits during a month

# Fiscal Administration



SECTION: Fiscal Administration
SUBJECT: Funding

## OPOP FUNDING

### Policy:

Local OPOP programs may utilize various funding sources to finance their program.

### Procedure:

1. May bill Medicaid providers for nursing, social and nutrition services provided to clients enrolled in Medical Assistance.
2. May bill private insurance for education and counseling services.
3. May use MCH funds and state general fund money.
4. May use funds raised by a local mill levy.
5. May apply for private foundation or other grants.
6. May seek other alternatives/options as desired.



SECTION: Fiscal Administration
SUBJECT: Medicaid Billing

## OPOP MEDICAID BILLING

### Policy:

OPOP sites may bill for Medicaid eligible clients on a monthly basis.

### Procedure:

1. Billing for Medicaid should be done near the end of each month to avoid denial of payment due to client recipient liability costs.
2. OPOP is eligible to bill Medicaid per client/per professional, which is subject to change. Basic Medicaid fee schedule is located at: <http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-updates.html> and is updated annually in July. All OPOP sites must verify Medicaid reimbursement fees annually and make adjustments as needed.
3. Submit Medicaid billing via MMIS using current ICD and CPT codes.
4. Visit <http://www.state.nd.us/humanservices/> for additional information.

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SECTION: Fiscal Administration
SUBJECT: Purchasing and Inventory

## OPOP PURCHASING AND INVENTORY

### Policy:

Each public health unit may develop a policy/procedure for purchasing equipment and maintaining an inventory of all equipment that is owned and/or used by the Optimal Pregnancy Outcome Program.

### Procedure:

1. Central records should be maintained to include description of item purchased, date of purchase, acquisition cost, and current location of the item.
2. Property records must be verified by physical inventory, annually.
3. Donated (in-kind) property must be included in the property records.
4. The agency must have procedures governing the disposition of property and equipment in the event of grant closure or the property has outlived its usefulness.
5. Refer to your local policy regarding inventory of equipment.

# Laboratory Services



SECTION: Laboratory Services
SUBJECT: Hemoglobin

## HEMOGLOBIN

### Policy:

A hemoglobin may be recorded on OPOP clients at least once each trimester. A hemoglobin may be drawn more frequently at the discretion of the nurse if there is a previous history of a hemoglobin level of 11 grams or less, bleeding or nutritional concerns that warrant a hemoglobin assessment.

Hemoglobin results may be obtained from the client's primary health care provider, obstetrician or WIC office.

### Procedure:

1. When obtaining blood for hemoglobin, staff must observe the public health unit's policy and procedure for blood collection.
2. The results shall be recorded on the client's health record.
3. A letter may be sent to the client's primary health care provider if the hemoglobin shows anemia (see Appendix D - Maximum Hemoglobin Values).

SECTION: Laboratory Services
SUBJECT: Urinalysis

## URINALYSIS

### Policy:

A routine urinalysis may be done on the initial prenatal visit and once each trimester or if the client is symptomatic at any time during her pregnancy.

### Procedure:

1. The client shall be instructed on the clean catch method.
2. A urine chem strip shall be used to test the urine.
3. The results shall be recorded on the client's health record.
4. Refer to local public health policy regarding referral guidelines.
5. The client's physician will be notified if the urinalysis shows significant abnormalities.



SECTION: Laboratory Services
SUBJECT: Gestational Diabetes

## GESTATIONAL DIABETES

### Policy:

Gestational Diabetes screening will be performed by a client's health care provider.

### Procedure:

1. The coordinator/nurse should request the results of the test from the client's primary health care provider and document the results in the CVR database.
2. If a client is symptomatic for diabetes, her blood glucose may be assessed.



SECTION: Laboratory Services
SUBJECT: HIV Screening

## HUMAN IMMUNODEFICIENCY VIRUS (HIV) SCREENING

### Policy:

HIV screening may be offered on a voluntary basis to OPOP clients.

### Procedure:

1. The client will be offered pre-test counseling, HIV test consent and post-test counseling, which is coordinated through the public health unit.
2. Infection control, documentation, and confidentiality will be followed.
3. HIV test results will be kept in a secure location per local health unit protocol.

# **Medical Records Administration**



SECTION: Medical Records Administration
SUBJECT: Client Records

## OPOP CLIENT RECORDS

### Policy:

Local agencies must establish medical records for every client who utilizes the Optimal Pregnancy Outcome Program services.

### Procedure:

1. Medical records must be:
  - a. Readily accessible.
  - b. Systematically organized to facilitate retrieval.
  - c. Secured by lock when not in use.
  - d. Available upon request to client.
  
2. Client's medical record must contain information to:
  - a. Identify client.
  - b. Establish how client can be contacted.
  
3. The required content of the medical record includes:
  - a. Nursing Chart forms
    - OPOP Health History - SFN 16852 (Appendix E)
    - OPOP Prenatal Flow Record - SFN 16846 (Appendix F)
    - OPOP Postpartum/Newborn Record - SFN 16847 (Appendix G)
    - OPOP Continuation Record - SFN 17041 (Appendix H)
    - PHQ-2/PHQ-9 Forms (Appendix O & P)
  
  - b. Nutrition forms
    - Women's Nutrition Questionnaire (Appendix I) (If WIC is doing, put copy in OPOP record. If not, have nutritionist complete with patient)
    - OPOP Continuation Record - SFN 17041 (Appendix H)



SECTION: Medical Records Administration
SUBJECT: Client Records

### **OPOP CLIENT RECORDS CONTINUED...**

- c. Social History Chart forms (green)
  - OPOP Social History - SFN 50260 (Appendix J)
  - OPOP Referrals - SFN 16849 (Appendix K)
  - OPOP Continuation Record - SFN 17041 (Appendix H)
- d. OPOP Coordination/Management forms
  - OPOP Statement of Understanding (see Appendix B)
  - OPOP Authorization for Use or Disclosure of Protected Health Information Template, (Appendix L)
  - OPOP Letter to Physicians (see Appendix M) (optional)
- 4. Each agency shall establish a policy on chart order.
- 5. A system must exist to create a mechanism for updating names, addresses, or other related identification data changes.



SECTION: Medical Records Administration
SUBJECT: Medical Records Forms/Materials

## **OPOP MEDICAL RECORDS FORMS/MATERIALS**

### **Policy:**

Local Optimal Pregnancy Outcome Programs must use medical record forms provided by the North Dakota Optimal Pregnancy Outcome Program State office.

### **Procedure:**

1. Each site will print their own forms as needed for their medical records or can use the fillable PDF files for their electronic health records (EHR).
2. Forms will be updated on an as needed basis. Each site will participate in these updates and will be able to suggest changes.
3. Recommendations for changes will be sent to the State OPOP Director for approval.
4. Request for OPOP brochures should be submitted to the State OPOP Director. Please allow 1-2 weeks for delivery.



SECTION: Medical Records Administration
SUBJECT: Documentation

## OPOP DOCUMENTATION

### Policy:

All services provided to clients must be recorded on their medical record.

### Procedure:

1. All client contacts (clinic visits, telephone conversations, written communications, and client feedback) must be recorded in client's medical record.
2. Entries must be legible.
3. Each page in the medical record must contain name and date of birth to identify the client.
4. All entries must be dated and signed or initialed by the health care professional:
  - o Date must be complete with day, month, year.
  - o Professional title must be indicated.
5. All spaces must be filled in.
  - o Indicate if an item is not applicable by documenting N/A.
  - o Lines must be drawn through empty spaces.
6. Document follow-up for client's concerns and/or abnormal screening or test results and attached to the medical record.
7. Charting errors must be noted by drawing a single line through the error, initialing and dating it. May indicate reason by writing "M.E." (mistaken entry) or "wrong chart." (DO NOT WRITE "ERROR") Do not erase or use white out.
8. Agencies should develop policies on how to make a late entry into a medical record.
9. Agencies must have abbreviation lists. Only abbreviations listed shall be used in medical records.



SECTION: Medical Records Administration
SUBJECT: Documentation

**OPOP DOCUMENTATION CONTINUED...**

10. Do not place "sticky note" in chart containing information that is to become a permanent part of the medical record.
11. All personnel within the agency must be consistent in charting.
12. Records should be checked for accuracy and completeness prior to filing.



SECTION: Medical Records Administration
SUBJECT: Medical Record Transfer Between Agencies

## OPOP MEDICAL RECORD TRANSFER BETWEEN AGENCIES

### Policy:

Agencies of the Optimal Pregnancy Outcome Program may transfer the medical records and share information of clients within the Optimal Pregnancy Outcome Program with other OPOP sites.

### Procedure:

1. The client will be asked to sign the Authorization for Use or Disclosure of Protected Health Information form (see Appendix L).
2. The original Authorization for Use or Disclosure of Protected Health Information form will be kept with the medical record of the referring agency. Send a copy of the authorization form to the requesting agency.
3. The copies of the medical record may be transferred.
4. Upon transfer of records, the client will be considered an "active" client only of the agency receiving the records.
  - o Agency accepting referral shall enter client into their program as an "OPOP transfer".
5. The original agency will store the client's chart. See OPOP Record Retention policy for additional information. Receiving site will create new chart.



SECTION: Medical Records Administration
SUBJECT: Release of Information

## OPOP RELEASE OF INFORMATION

### Policy:

Agencies of the Optimal Pregnancy Outcome Program may share information about the client with individuals or agencies outside of the OPOP. In order to share information about the client with individuals or programs not specifically on the Cooperative Agreement, the client must give permission by completing and signing an Authorization for Use or Disclosure of Protected Health Information form provided by your individual agency. If your health unit has its own consent form for release of information/protected health information that is HIPAA compliant, then you may use that form instead of the provided Authorization for Use or Disclosure of Protected Health Information form (See Appendix L)

Representatives from the North Dakota Department of Health and the North Dakota Department of Human Services signed an agreement that allows local agency OPOP staff to share specific client information with Department of Human Services Programs. This agreement allows OPOP staff to release specific information from the client's chart.

This information is released only for purposes of establishing program or service eligibility and conducting outreach for designated programs. Programs entering into the agreement have agreed that their staff will not disclose any of the OPOP client information received without specific written consent from the client. The information that may be released to these programs includes name, DOB, address, phone number, income, height, weight, hemoglobin values, immunization status and appointment times.

### Procedure:

1. Identify the client: name, DOB and complete address.
2. Record the name and address of the OPOP site that will release the client information.
3. Enter the name of the person and agency requesting information.



SECTION: Medical Records Administration
SUBJECT: Release of Information

### OPOP RELEASE OF INFORMATION CONTINUED...

4. Describe the specific type of information needed (e.g., weight gain with pregnancy, hemoglobin, urinalysis or information provided).
5. State the general purpose and how the information will be used.
6. Inform the client of the type of information requested and why it was requested.
  - Inform the client that the agreement will last one year, unless they want to specify a shorter or longer time frame.
  - Inform the client that this agreement may be cancelled at any time.
7. Have the client (or guardian) sign the form except in these instances:
  - Persons unable to sign their name may use some other means to indicate approval: marks or verbal statements should be witnessed and initialed by staff or notarized.
  - Pregnant adolescents may sign their own Authorization for Use or Disclosure of Protected Health Information form.
8. Record each separate instance when information was released from this client's chart under this specific release of information.
9. Keep the original signed Authorization for Use or Disclosure of Protected Health Information form in the OPOP chart. Send a copy of the release and information requested to the agency requesting the information.
10. Refer to health unit policy regarding the uses and disclosures of protected health information for additional information.



SECTION: Medical Records Administration
SUBJECT: Records Retention/Safeguarding Confidential Information

## **OPOP RECORD RETENTION/ SAFEGUARDING CONFIDENTIAL INFORMATION**

### **Policy:**

Each public health unit must develop a policy/procedure for retaining OPOP clients' medical records, including paper or electronic records. They must also safeguard confidential information from any intentional or unintentional use or disclosure.

### **Procedure:**

1. All OPOP medical records must be kept securely in a locked location while considered an active client.
2. Inactive OPOP medical records should be removed from the active files and stored per agency protocol.
3. OPOP staff will also follow their public health unit policy on record destruction/retention/safeguarding confidential information.
4. Refer to health unit policy on privacy/security officer for additional information.

# Quality Assurance



SECTION: Quality Assurance
SUBJECT: Site Visit

## OPOP SITE VISIT

### Policy:

The State OPOP Director will make at least one OPOP site visit each biennium.

### Procedure:

1. The OPOP Director shall arrange to visit each OPOP site per biennium.
2. Information from the site visit shall be recorded by the OPOP Director.
3. A follow-up letter will be sent to the local OPOP Coordinator.
4. The local OPOP Coordinator shall attempt to have all OPOP staff present that site visit day.
5. The local OPOP staff collaborates with the State OPOP Director and assist as needed.



SECTION: Quality Assurance
SUBJECT: Client Satisfaction Survey/Report

## CLIENT SATISFACTION SURVEY/REPORT

### Policy:

Client satisfaction shall be evaluated by each OPOP program.

### Procedure:

1. A client satisfaction survey shall be given to each client on their last visit to the OPOP program (see Appendix N).
2. Each OPOP Coordinator from each site will review surveys and address concerns and make changes as necessary.
3. A yearly client satisfaction summary report shall be sent to the OPOP Director by February 5th of the following year.



SECTION: Quality Assurance
SUBJECT: Chart Audit/Review

## OPOP CHART AUDIT/REVIEW

### Policy:

OPOP charts shall be included in the public health unit's policy for audit/review of charts

### Procedure:

1. The OPOP Director will create & maintain a chart audit tool for OPOP Coordinator to complete annually.
2. Charts to be reviewed should include 6 current charts and 6 discharged charts. (See appendix S).

# **Education**

# **Referral**

# **Counseling**



SECTION: Education/ Referral/ Counseling
SUBJECT: OPOP Activities and Scope of Practice

## OPOP ACTIVITIES AND SCOPE OF PRACTICE

### Nursing:

1. May assist with early entry into a medical prenatal care system
2. Should obtain a health history
3. Should conduct nursing interviews regarding lifestyles and identify risk factors
4. Should assess learning needs and provide educational guidance
5. Conduct nursing assessments of the mother (prenatal); this may include:
  - o blood pressure, fundal height, weight gain, fetal heart tones
  - o hemoglobin screening
  - o macroscopic urine screening
6. May conduct postpartum assessment of the mother (see Appendix G).
7. Educational materials will be decided upon and kept current by the OPOP Director and Coordinators, on an ongoing basis and annually.
8. May conduct newborn assessment (see Appendix G).
9. May discuss optimal pregnancy spacing and family planning referral (see Appendix K)
10. May discuss parenting skills and referral for parenting classes
11. May provide information on parenting resources and referrals



SECTION: Education/ Referral/ Counseling
SUBJECT: OPOP Activities and Scope of Practice

**Nursing continued:**

12. May refer to health related programs and community resources
13. May provide prenatal vitamins and/or iron supplements.

**Social Worker:**

1. Should obtain psycho-social and economic history
2. Should conduct psycho-social assessments and identify risk factors
3. May provide limited social and therapeutic short-term counseling and referral as appropriate
4. Should identify barriers to accessing prenatal care and explore options for overcoming barriers
5. May assist in exploring options regarding parenting, infant care, child care, returning to work, etc.
6. May assist in exploring options for transportation and childcare to enable attendance at provider and OPOP visits
7. May identify needs and refer to appropriate programs and community resources and assist client in accessing support services
8. Should advocate for client in service coordination
9. Should assist client in accessing services referred by the nurse, nutritionist, or other professionals



SECTION: Education/ Referral/ Counseling
SUBJECT: OPOP Activities and Scope of Practice

**Nutritionist:**

1. Obtain a dietary history
2. Conduct a nutritional assessment and identify nutritional risk factors
3. Educate regarding nutrition choices and appropriate patterns of weight gain during pregnancy
4. Distribute prenatal vitamins and/or iron supplements (either nurse or nutritionist)
5. Promote breastfeeding, educate and support clients on breastfeeding and bottle feeding
6. Educate and counsel regarding infant eating patterns and nutritional needs
7. Refer clients to nutritional support programs such as WIC, food stamp programs, and commodity programs
8. Certify infant and recertify mother for WIC, if eligible
9. Provide WIC voucher to eligible clients

SECTION: Education/ Referral/ Counseling
SUBJECT: Nursing Education

## PRENATAL EDUCATION

1. Review fetal growth and development information (with visual aid)
2. Teach anatomy and physiology of pregnancy
3. Discuss common complaints of pregnancy at each visit as appropriate for that month
  - nausea and vomiting
  - urinary frequency
  - breast tenderness
  - round ligament pain
  - vaginal discharge
  - fatigue
  - headaches
  - constipation
  - leg cramps
  - backache
  - varicosities
  - hemorrhoids
  - edema
  - nasal stuffiness
  - heartburn/indigestion
4. Discuss danger signs of pregnancy at each visit
  - bleeding from the vagina
  - continuous and severe headaches
  - blurry, spotty or double vision
  - abdominal pain
  - sudden swelling of the hands and/or face
  - persistent vomiting
  - fever over 100 degrees F or chills
  - leaking of fluid from the vagina
  - painful urination
  - marked decrease or cessation of fetal movement
  - discuss symptoms of preterm labor
  - discuss symptoms of Pregnancy Induced Hypertension (PIH)

SECTION: Education/ Referral/ Counseling
SUBJECT: Nursing Education

### PRENATAL EDUCATION CONTINUED

5. Discuss hazards during pregnancy such as:
  - alcohol, tobacco and other drugs
  - cat feces
  - chemical products (pesticides, paints, etc.)
  - communicable diseases & immunizations
  - environmental (temperature extremes, exercising, etc.)
  - hot-tubs and saunas
  - raw meat
  - x-rays
  
6. Discuss fetal movement
  - quickening
  - baby kick counts
  
7. Discuss symptoms of labor
  - lightening
  - bloody show
  - rupture of membranes

#### True Labor

- Contractions become stronger, last longer, and come closer together as labor progresses.
- Cervical dilation progresses from 0 cm to 10 cm.
- Leaking or gushing fluid from the vagina.
- Uterus hardens over entire surface.
- Change in mother's activity level does not affect the progress.
- Walking tends to make the contractions stronger.
- Contractions usually begin in the back and progress to the front.

#### False Labor (Braxton-Hicks)

- Contractions stay the same or diminish in intensity.
- There is no cervical dilation.
- Only a portion of the uterus hardens.
- Relaxing and decreasing activity level slows down the progress.
- Walking tends to space contractions out.

SECTION: Education/ Referral/ Counseling
SUBJECT: Nursing Education

### PRENATAL EDUCATION CONTINUED

8. Discuss alcohol, tobacco and other drug use
  - discuss effects on pregnancy and fetus/baby
  - refer to cessation programs and/or addiction treatment, if needed
9. Discuss the use of medications/supplements when pregnant
  - refer to health care provider regarding medication usage
  - discuss vitamins and folic acid
10. Discuss emotional changes during pregnancy
  - May conduct depression screening
11. Discuss support systems
  - family
  - friends
  - neighbors
12. Discuss domestic violence, abuse and safety
13. Discuss exercise during pregnancy/postpartum period
14. Discuss sexually transmitted infections (STI's)
15. Discuss Urinary Tract Infections (UTI's)
16. Discuss sexual health during pregnancy
  - alternatives
  - protection
  - positions
17. Review clinical testing during pregnancy
  - blood and Rh type
  - rubella immunity
  - urine tests
  - pap smear
  - blood pressure
  - anemia
  - sexually transmitted infections
  - genetic disorder screening

SECTION: Education/ Referral/ Counseling
SUBJECT: Nursing Education

### PRENATAL EDUCATION CONTINUED

- chorionic villus sampling
- alpha-fetoprotein (AFP)
- ultrasound
- amniocentesis
- glucose tolerance (diabetes)
- group B strep
- fetal fibronectin
- vaginal/pelvic exams

18. Discuss recommended immunizations during pregnancy

19. Reinforce oral health

- provide a toothbrush, if available
- refer to a dentist if mother has not seen one in the last 6 months

20. Discuss feeding options (If nutritionist does not address)

- promote breastfeeding
- discuss breast/bottle feeding
- discuss working and breastfeeding

21. Discuss the partner's role in the pregnancy

- importance of partner during pregnancy
- their need to understand changes she is going through
- ambivalence towards pregnancy and new role
- how to deal with new stressors, such as financial, etc.

22. Discuss travel and seat belt safety

23. Distribute resources as appropriate

24. Refer to appropriate agencies and/or programs:

- See SUBJECT: Referrals in this section

25. Discuss exercise during pregnancy/postpartum period

- distribute appropriate OPOP educational fact sheets

SECTION:

Education/ Referral/ Counseling

SUBJECT:

Nursing Education

### **PRENATAL EDUCATION CONTINUED**

26. Discuss personal hygiene

- bathing
- clothing
- vaginal discharge

27. Discuss body Mechanics

- posture
- position for comfort
- exercise for relaxation

28. Discuss Family Planning/Birth Control

29. Inform of the availability of child birth classes and encourage to attend

30. Discuss Labor and Delivery

- labor and delivery plan
- breathing and relaxation exercises for labor
- stages of labor
- hospital procedures and routines
- admission
- examinations
- IV fluids
- fetal monitoring
- causes of discomfort
- comfort measures
- analgesia and anesthesia
- induction
- pushing techniques
- episiotomy
- forceps
- cesarean birth
- emergency delivery
- involvement of father and significant others
- delivery room procedures
- birth of the baby
- recovery

SECTION: Education/ Referral/ Counseling
SUBJECT: Nursing Education

### PRENATAL EDUCATION CONTINUED

31. Discuss newborn/infant care
  - feeding and feeding cues
  - newborn screening test
  - bonding/interaction
  - safe sleep practices
  - Child Passenger Safety Program
  - coping with a crying baby/colic
  - Shaken Baby Syndrome (SBS)
  - bathing
  - cord care
  - child care
  - circumcision care
  - diaper rash
  - heat rash
  - fever
  - jaundice
  - new born behaviors
  - stool patterns
  - sunburn
  - thrush
  - recommended immunization schedule (ACIP)
  - appropriate parenting classes
32. Discuss hospital preparation
  - packing bags for stay
  - childbirth plan
  - child care for siblings
33. Discuss child care options/assistance if mother working
34. Discuss issues/concerns related to working and parenting

SECTION: Education/ Referral/ Counseling
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SUBJECT: Nursing Education
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## POSTPARTUM TEACHING

1. Review the postpartum assessment of the mother and newborn
2. Discuss labor and delivery - Birthing experience
3. Reinforce nutrition and importance of fluids
4. Discuss elimination (bowel/bladder)
5. Discuss breast care
6. Discuss care for episiotomy/incision
7. Discuss activity/exercise
8. Discuss sleep/rest
9. Discuss medications/supplements
10. Discuss family planning/birth control/sexual relationships
11. Discuss postpartum emotional changes
  - baby blues
  - postpartum depression
12. Discuss support systems at home
  - family
  - friends
  - neighbors
13. Discuss domestic violence, abuse and safety
14. Discuss follow-up visits with provider for mom and baby
15. Discuss issues/concerns related to working and parenting

SECTION: Education/ Referral/ Counseling
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SUBJECT: Nursing Education
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## POSTPARTUM TEACHING CONTINUED

16. Discuss parent, infant and family relationships
  - new role identity
17. Discuss parenting issues
  - coping measures
  - shaken baby syndrome
  - going back to work
18. Discuss newborn/infant care and related information, such as:
  - feeding and feeding cues
  - newborn screening test
  - bonding/interaction
  - safe sleep practices
  - Child Passenger Safety Program
  - coping with a crying baby/colic
  - Shaken Baby Syndrome (SBS)
  - bathing
  - cord care
  - child care
  - circumcision care
  - diaper rash
  - heat rash
  - fever
  - jaundice
  - new born behaviors
  - stool patterns
  - sunburn
  - thrush
  - recommended immunization schedule (ACIP)
  - appropriate parenting classes
19. Discuss infant development



SECTION: Education/ Referral/ Counseling
SUBJECT: Nursing Education

### **POSTPARTUM TEACHING CONTINUED**

- 20. Discuss child care options
- 21. Discuss tobacco use/exposure. Offer cessation options as needed (Ask, Advise, Refer)
- 22. Discuss resources/access to health care providers
- 23. Refer to appropriate agencies and/or programs:
  - o See SUBJECT: Referrals in this section
- 24. Distribute resources as appropriate

SECTION: Education/ Referral/ Counseling
SUBJECT: Social Worker Education

## SOCIAL WORKER EDUCATION

### First Trimester:

1. Sign consent forms
2. Inform and educate regarding confidentiality
  - o discuss mandated reporting law when appropriate
3. Complete a social history
4. Give a doctor list if necessary
5. Discuss the fathers role in the pregnancy:
  - o importance of fathers during pregnancy
  - o his need to understand changes she is going through
  - o sexual adjustments
  - o ambivalence
6. Discuss Domestic Violence issues:
  - o Ask: Have you ever been emotionally or physically abused (hit, slapped, kicked, shoved, etc.) by your partner or someone important to you?  
 Yes or  No
7. Refer to appropriate agencies and/or programs:
  - o See SUBJECT: Referrals in this section
8. Distribute resources as appropriate

### Second Trimester

1. Discuss any health, financial, or social issues that are pertinent to the client.
2. Confirm support systems and give any referrals that are needed.

SECTION: Education/ Referral/ Counseling
SUBJECT: Social Worker Education

## SOCIAL WORKER EDUCATION CONTINUED

### Second Trimester (continued)

3. Discuss Domestic Violence issues:
  - Ask: Have you ever been emotionally or physically abused (hit, slapped, kicked, shoved, etc.) by your partner or someone important to you?  
 Yes or  No
4. Refer to appropriate agencies and/or programs:
  - See SUBJECT: Referrals in this section
5. Discuss the fathers role in the pregnancy:
  - importance of fathers during pregnancy
  - his need to understand changes she is going through
  - sexual adjustments
  - ambivalence
6. Distribute resources as appropriate.

### Third Trimester:

1. Discuss support systems for delivery and the postpartum period.
2. Discuss any financial or social concerns of the client (Job, school, etc.)
3. Discuss family planning and birth control.
4. Discuss Domestic Violence issues:
  - Ask: Have you ever been emotionally or physically abused (hit, slapped, kicked, shoved, etc.) by your partner or someone important to you?  
 Yes or  No
5. Refer to appropriate agencies and/or programs:
  - See SUBJECT: Referrals in this section

SECTION: Education/ Referral/ Counseling
SUBJECT: Social Worker Education

## SOCIAL WORKER EDUCATION CONTINUED

### Third Trimester (continued)

6. Discuss the fathers role in the pregnancy:
  - importance of fathers during pregnancy
  - his need to understand changes she is going through
  - sexual adjustments
  - ambivalence
7. Discuss childcare options/plans.
8. Discuss preparations/readiness for baby.
9. Assess home dynamics.
10. Discuss parenting issues:
  - coping measures
  - parental expectations
  - returning to work
11. Discuss postpartum emotional changes:
  - baby blues
  - postpartum depression
12. Distribute resources as appropriate

SECTION: Education/ Referral/ Counseling
SUBJECT: Social Worker Education

## SOCIAL WORKER EDUCATION CONTINUED

### Postpartum:

1. Assess family/home dynamics.
2. Assess support systems
3. Discuss child care options
4. Discuss parenting concerns and issues
  - coping measures
  - parental expectations
5. Discuss financial concerns
6. Discuss sleep issues
7. Enhance use of and discuss community resources available
8. Assess for risk factors that need referral.
9. Refer to appropriate agencies and/or programs:
  - See SUBJECT: Referrals in this section
10. Complete social history, if the infant is in Health Tracks
11. Distribute resources as appropriate.



SECTION: Education/ Referral/ Counseling
SUBJECT: Nutrition Education

## PRENATAL NUTRITION EDUCATION

### First Trimester:

1. Utilize nutrition questionnaire
2. Discuss recommendations for healthy eating during pregnancy
3. Address alcohol use
4. Discuss nausea, heartburn, and constipation
5. Discuss prenatal vitamins and/or iron supplements
  - o may dispense
6. Encourage and discuss appropriate weight gain
7. Discuss dental care during pregnancy
8. Assess iron needs
9. Discuss anemia prevention
  - o use WIC standards
  - o iron needs assessment
  - o check hemoglobin
10. Discuss hydration and the importance of fluids during pregnancy
11. Introduce the benefits of breastfeeding for mother and baby
12. Refer to appropriate nutritional support programs:
  - o See SUBJECT: Referrals in this section
13. Distribute resources as appropriate.

SECTION: Education/ Referral/ Counseling
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SUBJECT: Nutrition Education
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## PRENATAL NUTRITION EDUCATION CONTINUED

**Second Trimester:** (Include First Trimester education if the client was not seen)

1. Encourage breastfeeding
  - promote benefits of breastfeeding for mother and baby
2. Discuss gestational diabetes
3. Perform nutrition assessment if needed
4. Perform iron needs assessment, if not done in first trimester
  - check hemoglobin
5. Discuss appropriate weight gain
6. Discuss smoking and second-hand smoke (nurse or nutritionist)
7. Discuss exercise (nurse or nutritionist)
8. Refer to appropriate nutritional support programs:
  - See SUBJECT: Referrals in this section
9. Distribute resources as appropriate.

SECTION: Education/ Referral/ Counseling
SUBJECT: Nutrition Education

## PRENATAL NUTRITION EDUCATION CONTINUED

**Third Trimester:** (Include First and Second Trimester education if the client was not seen)

1. Encourage breastfeeding
  - promote benefits of breastfeeding for mother and baby
  - discuss breastfeeding positions
  - may show bras and pads
  - consider discussing inverted/flat nipples
2. Discuss breast pumps, expressing and storing breast milk
  - returning to school or work
3. Discuss formula feeding
  - bottle
  - WIC formula
  - mixing formula
  - budgeting for formula
4. Perform iron needs assessment, if not done in first trimester
  - check hemoglobin
5. Encourage Mom to remain smoke-free
6. Discuss newborn/infant nutrition related information, such as
  - bowel movements
  - growth spurts
7. Refer to appropriate nutritional support programs:
  - See SUBJECT: Referrals in this section
8. Distribute resources as appropriate.

SECTION: Education/ Referral/ Counseling
---

SUBJECT: Nutrition Education
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## PRENATAL NUTRITION EDUCATION CONTINUED

### Postpartum:

1. Folic acid
2. Second-hand smoke
3. Give prenatal vitamins and/or iron supplements, if needed
4. Certify baby, for WIC at first postpartum visit, if appropriate
5. Recertify mom for WIC at second postpartum visit, if appropriate
6. Review infant feeding
  - delay solids
  - breast/bottle feeding
  - mixing formula
  - feeding cues
  - infant growth
7. Refer to appropriate nutritional support programs:
  - See SUBJECT: Referrals in this section
8. Distribute resources as appropriate.

SECTION: Education/ Referral/ Counseling
SUBJECT: Referrals

## REFERRALS

Refer to appropriate agencies and/or programs, such as:

- Adoption Services
- Adult Learning Center
- American Indian service programs
- Baby “boutiques”
- Car Seat Check-Up Programs
- Catholic/Lutheran Family Services
- Child Care Assistance Program
- Child Care Aware of North Dakota
- Child Support
- Children's Special Health Services (CSHS)
- Community Action
- Community Health Nurse
- Community Roads Program (Cross Roads)
- Counseling Services
- Cribs 4 Kids
- Crisis Center (Domestic Violence, Sexual Assault)
- Dentist
- Education Programs/Classes
- Emergency Crisis Line
- Extension/Expanded Food and Nutrition Program (EFNEP) - Food Nutrition Program (FNP)
- Faith-based organizations
- Family/friends support systems
- Family Planning/Reproductive Health
- First Link (2-1-1/Suicide Prevention)
- Food Pantry
- Food Stamps/Commodities
- Fuel Assistance
- Head Start/Early Head Start
- Health Care Coverage Options
- Health Care Provider
- Health Tracks (EPSDT)
- Healthy Steps
- Healthy Families
- Home Visiting
- Homeless and/or Abuse Shelters
- Housing



SECTION: Education/ Referral/ Counseling
SUBJECT: Referrals

### REFERRALS CONTINUED

- Human Service Center
- Immunizations
- Infant Development
- Imagination Library
- Job Corp
- Job Service
- Kay's Place
- Lactation consultant
- Meal programs
- Medicaid/Medical Assistance
- New American services
- Parents/Kids Play Groups
- Pregnancy Counseling Center
- Public Health
- Public Schools
- Right Track Program
- Salvation Army
- School Breakfast/Lunch
- Self Help groups
- Social Services
- SSI
- TANF/TEEM
- Targeted Case Management for High Risk Pregnant Women and Infants
- Tobacco Cessation Programs/Quitline
- WIC
- Women's Pregnancy Center



## APPENDICES

- A. OPOP Brochure (2015)
- B. Statement of Understanding (SFN 51259)
- C. Tickler File (SFN 19512)
- D. Maximum Hemoglobin Values
- E. OPOP Health History (SFN 16852)
- F. OPOP Prenatal Flow Records (SFN 16846)
- G. OPOP Postpartum/Newborn Records (SFN 16847)
- H. OPOP Continuation Record (SFN 17041)
- I. Women's Nutrition Questionnaire
- J. OPOP Social History (SFN 50260)
- K. OPOP Referrals (SFN 16849)
- L. Authorization for Use or Disclosure of Protected Health Information  
(May use your own clinic form)
- M. Letter to Physicians
- N. Client Satisfaction Survey
- O. PHQ-2
- P. PHQ-9
- Q. New Employee Checklist
- R. Medicaid 1500 Claim Form Instructions
- S. OPOP Chart Audit Form

## OPOP Services

**Your physical health affects the growth and development of your unborn baby. Your visit with a nurse will include:**

- Health history and assessment
- Discuss healthy choices for you and your baby
- Pregnancy and child-care education

**There are many different types of stress that can affect your pregnancy. Your visit with a social worker will include:**

- Social and living assessment
- Limited counseling services
- Referrals to available resources

**The food you eat is important for you and your baby. Your baby eats what you eat. Your visit with a nutritionist will include:**

- A review of what kind of foods you typically eat
- Education on healthy food options
- Breastfeeding education and assistance
- Prenatal vitamins/iron supplements



**Prenatal care is the most precious gift you can give your baby.**

---

## OPOP Clinics

**Bismarck-Burleigh Public Health**  
500 East Front Ave.  
Bismarck, ND 58504 / 701.355.1540

Valley Health

**360 Division Avenue, Suite 200**  
Grand Forks, ND 58201 / 701.775.4251

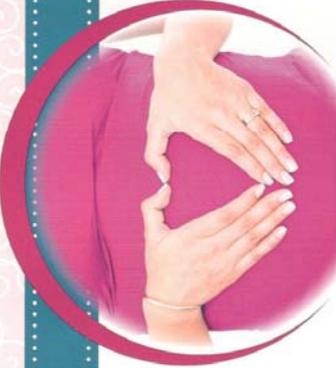
**Ransom County Public Health Department**  
404 Forest Street  
Lisbon, ND 58054 / 701.683.6140

**First District Health Unit**  
801 11th Avenue SW  
Minot, ND 58701 / 701.852.1376

**Richland County Health Department**  
413 3rd Avenue North  
Wahpeton, ND 58075 / 701.642.7735

**For more information about North Dakota OPOP, contact:**  
**Optimal Pregnancy Outcome Program**  
Division of Family Health  
**North Dakota Department of Health**  
701.328.2228 or 800.472.2286  
E-mail: [familyhealth@nd.gov](mailto:familyhealth@nd.gov)  
[www.ndhealth.gov/opop](http://www.ndhealth.gov/opop)

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**PTIMAL**  
PREGNANCY  
OUTCOME PROGRAM

This project is supported by the Health Resources and Services Administration (HRSA) through a grant awarded to the North Dakota Department of Health (NDDoH) under the title of "Optimal Pregnancy Outcome Program" for the period of October 1, 2014 through March 31, 2015 by HRSA Grant #5U49CE000620. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



**NORTH DAKOTA**  
DEPARTMENT OF HEALTH

[www.facebook.com/ndhealth](http://www.facebook.com/ndhealth)

R: 4-2015

## You're Expecting!

### Congratulations on your pregnancy!

Expecting a baby can be one of the happiest times in your life, but it may leave you feeling scared, anxious, and unsure of what to expect. During your pregnancy, your body will go through many physical and emotional changes. Although these feelings may be overwhelming, pregnancy and the birth of a child can be one of the most fulfilling and life changing experiences you'll ever have.

The most important thing you can do for your baby is take care of yourself during this time. Early and routine prenatal care is the most important gift you can give your baby so that he or she has a healthy start in life.



## What is the Optimal Pregnancy Outcome Program (OPOP)?

The Optimal Pregnancy Outcome Program (OPOP) is a program designed to help pregnant women make healthy choices that lead to healthy babies.

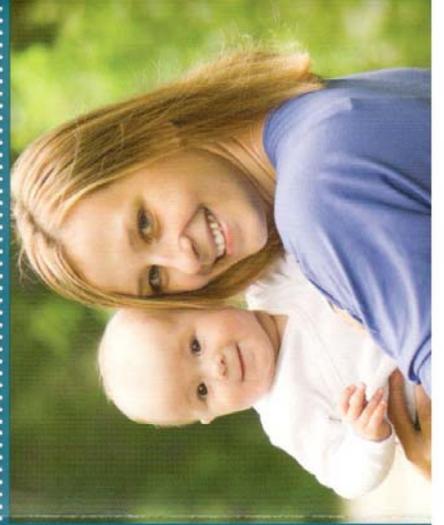
In addition to your regular prenatal visits with your physician, OPOP can offer you monthly prenatal visits with a nurse, social worker, and nutritionist to help you make healthy lifestyle choices for you and your baby. Once your baby is born, you and your newborn can have up to two visits to make sure you are both doing well.

OPOP is available to all pregnant women free of charge.

## OPOP Facts

### OPOP will help you understand:

- Why prenatal care is so important for you and your baby
- How you can help your baby grow healthy and strong before he or she is born
- How to live a healthy lifestyle for you and your growing baby
- How to adjust to the physical and emotional changes that come with pregnancy
- Where to go for medical care and financial help during your pregnancy and after your baby is born



**OPOP STATEMENT OF UNDERSTANDING**

NORTH DAKOTA DEPARTMENT OF HEALTH  
 OPTIMAL PREGNANCY OUTCOME PROGRAM  
 SFN 51259 (Rev. 9-2015)



I understand that participation in the Optimal Pregnancy Outcome Program (OPOP) is voluntary. The purpose of the program is to help me make healthy lifestyle choices for a healthy baby.

I understand that nursing, nutritional, and social work services that I receive through OPOP are in addition to prenatal care by a doctor and do not replace doctor visits.

As an OPOP participant, I agree to:

1. Attend OPOP visits as recommended and scheduled.
2. If I cannot come to an OPOP visit, I agree to notify the OPOP staff to cancel and reschedule the visit.
3. See a doctor regularly during my pregnancy.

Notes:

Notes:
--------

OPOP Client Signature	Date
Witness Signature	Date



## OPTIMAL PREGNANCY OUTCOME PROJECT TICKLER FILE

### Purpose:

- 1) The tickler system is an up-to-date ready-reference of all OPOP clients.
- 2) The system will provide readily accessible data needed for reports and budget purposes.
- 3) When the system is used properly and kept current, you can readily determine:
  - \* client attendance pattern
  - \* # of client prenatal visits
  - \* delivery status for a client
  - \* # of deliveries during a given month
  - \* # of undelivered clients
  - \* # of prenatal visits during a month
  - \* # of PP/NB visits during a month

### Suggestions for Use:

- 1) Use a three-ring binder.
- 2) Indicate the prenatal visit # in corner.
- 3) Write in the date of the OPOP visit.
- 4) Indicate post partum/newborn visits after delivery date.
- 5) Update tickler file after each OPOP clinic.
- 6) At the end of the year - transcribe all open/active client cases to a tickler file for the new year.  
Keep past tickler file to the back of the binder for quick reference.

## Maximum Hemoglobin Values

TABLE 6. Maximum hemoglobin concentration and hematocrit values for anemia\* (45,72)

	Hemoglobin concentration (<g/dL)	Hematocrit (<%)
<b>Children (age, in years)</b>		
1-<2†	11.0	32.9
2-<5	11.1	33.0
5-<8	11.5	34.5
8-<12	11.9	35.4
<b>Men (age, in years)</b>		
12-<15	12.5	37.3
15-<18	13.3	39.7
≥18	13.5	39.9
<b>Nonpregnant women and lactating women (age, in years)</b>		
12-<15	11.8	35.7
15-<18	12.0	35.9
≥18	12.0	35.7
<b>Pregnant women</b>		
Weeks' gestation		
12	11.0	33.0
16	10.6	32.0
20	10.5	32.0
24	10.5	32.0
28	10.7	32.0
32	11.0	33.0
36	11.4	34.0
40	11.9	36.0
Trimester		
First	11.0	33.0
Second	10.5	32.0
Third	11.0	33.0

\* Age- and sex-specific cutoff values for anemia are based on the 5th percentile from the third National Health and Nutrition Examination Survey (NHANES III), which excluded persons who had a high likelihood of iron deficiency by using the same methods described by Looker et al. (45). Maximum values for anemia during pregnancy are based on values from pregnant women who had adequate iron supplementation (39-42, 72).

† Although no data are available from NHANES III to determine the maximum hemoglobin concentration and hematocrit values for anemia among infants, the values listed for children aged 1-<2 years can be used for infants aged 6-12 months.

Reference: MMWR, Vol. 47, No. RR-3, April 3, 1998.

**OPOP HEALTH HISTORY**

NORTH DAKOTA DEPARTMENT OF HEALTH  
OPTIMAL PREGNANCY OUTCOME PROGRAM  
SFN 16852 (Rev. 9-2015)



Name	Date of Birth
------	---------------

**HEALTH HISTORY****PATIENT**

1. Congenital Anomalies	
2. Genetic Diseases	
3. Diabetes Mellitus	
4. Emotional Health (PHQ-2/9 Score)	
5. History of Abuse	
6. Infections/STDs	
7. Neurological Disorders (Seizures)	
8. Anemia	
9. ATOD (Alcohol, Tobacco and Other Drugs)	
10. Other Diseases (Please List)	
11. Pertinent Family History	

Menstrual History		Previous Birth Control		
Gravida	Term	Preterm	Abortions <input type="checkbox"/> S <input type="checkbox"/> I	Living

**PREGNANCY HISTORY**

No.	Month/Year	Sex	Weight at Birth	Weeks Gestation	Type of Delivery	Details of Delivery
1						
2						
3						
4						
5						

Client's Main Concern
-----------------------

Information Received By	Date
-------------------------	------

**OPOP PRENATAL FLOW RECORD**  
 NORTH DAKOTA DEPARTMENT OF HEALTH  
 OPTIMAL PREGNANCY OUTCOME PROGRAM  
 SFN 16846 (Rev. 9-2015)



LABORATORY	DATE	RESULTS	1st Prenatal Visit		GBS Status <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
Ultrasound			Allergies			
Blood Type/Rh			Height		Pre-pregnancy Weight	
GCT			LMP	EDC	Corrected EDC	

DATE								
Weight								
Gestational Age								
Prenatal Education								
Fundal Height								
Fetal Heart Rate								
Fetal Movement								
Blood Pressure								
Edema								
Hemoglobin								
Urine								
Tobacco Use								
Exposure to Second-Hand Smoke								
Alcohol Use								
Drug Use								
Current Medications								
Prenatal Vitamin								
Next OB Visit								
TDaP								
Provider Initials								

DATE	ADDITIONAL NOTES		
Name	Birthdate	Doctor	

**OPOP POSTPARTUM/NEWBORN RECORD**

NORTH DAKOTA DEPARTMENT OF HEALTH  
OPTIMAL PREGNANCY OUTCOME PROGRAM  
SFN 16847 (Rev. 9-2015)



FIRST POSTPARTUM VISIT		FIRST NEWBORN VISIT		
Labor & Delivery Summary		Medical Doctor		
		Birthdate		
		Weight at Birth	Present Weight	
Blood Type		Head Circumference at Birth	Present Head Circumference	
Gestational Age at Delivery	Weight Gain	Length at Birth	Present Length	
Weight	Blood Pressure	Eyes	Ears	
Urine	Hgb	Nose	Mouth	
Fundus	Flow	Throat	Chest	
Breastfeeding <input type="checkbox"/> Yes <input type="checkbox"/> No	How Long	Respirations	Apical Pulse	
Incision/Episiotomy		Fontanelle/Head	Temperature	
		Reflexes	Abdomen	Cord
PP Appointment		Hips	Genitals	Stools
		Urine		
Education/Notes		Immunizations		
		Education/Notes		
Contraception				
Referrals				
Tobacco Usage		Referrals		
Alcohol Use				
Drug Use				
Signature		Date	Signature	
			Date	
SECOND POSTPARTUM VISIT		SECOND NEWBORN VISIT		
Weight	Blood Pressure	Medical Doctor		
Urine	Hgb	Weight	Head Circumference	Length
Fundus	Flow	Eyes	Ears	Nose
Breastfeeding <input type="checkbox"/> Yes <input type="checkbox"/> No	How Long	Mouth		Throat
Incision/Episiotomy		Chest		
Education/Notes		Abdomen	Cord	
		Hips	Genitals	
		Stools	Urine	
Referrals		Temperature	Apical Pulse	Respiration
		Immunizations		
		Referrals		
Signature		Date	Signature	
			Date	
Name		Birthdate	Newborn Name	Doctor



## Women's Nutrition Questionnaire

Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. How much weight do you think you should gain with this pregnancy?  
\_\_\_\_\_ pounds

I don't know or have no opinion.

2. Are you having any problems with the following?

Constipation

Diarrhea

Nausea

Vomiting

Heartburn

No problems with any of these

3. In the month before you were pregnant, how many times a week did you take a multivitamin?

\_\_\_\_\_ times/week

4. Have you taken any vitamins or minerals in the past month, including those prescribed by a doctor and/or over-the-counter vitamins or minerals?

Yes     No

5. Are you taking any vitamins or minerals now?

Yes     No

If yes, what?

Prenatal vitamin

Multi-vitamin (not a prenatal)

Iron supplement

Herbal supplement

Other supplements: \_\_\_\_\_

6. How many times a day do you usually eat?

\_\_\_\_\_ meals/day

\_\_\_\_\_ snacks/day

7. In a typical week, how many meals do you eat from a restaurant, including fast food?

\_\_\_\_\_ meals/week

8. Are there any foods that you think you don't eat enough of?

Yes     No

If yes, which foods?

Milk, yogurt, cheese

Meat, fish, eggs, beans

Fruits

Vegetables

Bread, cereal, rice, and pasta

9. Are you following a special diet?

Yes     No

If yes, what kind of diet?

Vegetarian

Vegan diet

Low calorie

Food allergy or intolerance

Other: \_\_\_\_\_

10. Some women crave things like clay, starch, ice, or baking soda when they are pregnant. Do you eat any of these things?

Yes     No

If yes, what and how much?

11. Do you drink milk?

Yes     No

If yes, what kind? (Check only one.)

Fat-free milk (skim)

Low-fat milk (1%)

Reduced fat milk (2%)

Whole milk

Other milk: \_\_\_\_\_

How often do you drink milk?

Several times a day

Once a day

Less than once a day

12. What other beverages do you drink in a typical day? (Check all that apply.)

- Juice
- Water
- Fruit drinks
- Sports drinks
- Regular pop
- Diet pop
- Coffee/Tea
- Other: \_\_\_\_\_

19. Which of these programs are you participating in? (Check all that apply.)

- Food Stamps
- School lunch
- EFNEP/FNP
- Commodity program
- Emergency food pantry
- None of these

13. What is your main source of drinking water?

- City or rural water system
- Private well
- Bottled water

14. Is the water fluoridated?

- Yes
- No
- Don't know

**If you don't have a private well, go to question 17.**

15. Has your well been tested for bacteria?

- Yes
- No
- Don't know

If yes, is it:

- Safe
- Unsafe
- Don't know

16. Has your well been tested for nitrates?

- Yes
- No
- Don't know

If yes, is it:

- Safe
- Unsafe
- Don't know

17. In the past month, did you or anyone in your household ever eat less than you felt you/they should because there wasn't enough money for food?

- Yes
- No
- Don't know

18. In the past month, did you or anyone in your household ever not eat for a whole day because there wasn't enough money for food?

- Yes
- No
- Don't know

20. What do you think about breastfeeding?

**OPOP SOCIAL HISTORY**

NORTH DAKOTA DEPARTMENT OF HEALTH  
OPTIMAL PREGNANCY OUTCOME PROGRAM  
SFN 50260 (Rev. 9-2015)



Name		Birthdate		Doctor	
Address		City		State	ZIP Code
Telephone Number					
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		Referral Source		EDC	
Health Insurance		Medical Assistance Number			
Emergency Contact		Address		Telephone Number	Relationship
Employment History/Financial Concerns					
Academic History					Highest Grade Completed
Current Living Situation					
Other Children					
Family/Peer Relationships					
Parental Awareness of Pregnancy					
Relationship with Baby's Father					
How Did You Feel About Becoming Pregnant?					
1 <input type="checkbox"/> I wanted to be pregnant sooner		4 <input type="checkbox"/> I didn't want to be pregnant then or any time in the future			
2 <input type="checkbox"/> I wanted to be pregnant later		5 <input type="checkbox"/> I was unsure how I felt about being pregnant			
3 <input type="checkbox"/> I wanted to be pregnant then		6 <input type="checkbox"/> Other: _____			
Future Plans Regarding Infant					
Emotional Health					
History of Physical, Emotional, Verbal or Sexual Abuse					
Main Concerns					
Comments					
Date		Social Worker			



**OPOP AUTHORIZATION FOR RELEASE OF INFORMATION**

NORTH DAKOTA DEPARTMENT OF HEALTH  
OPTIMAL PREGNANCY OUTCOME PROGRAM  
SFN 19513 (Rev. 10-2015)



Name		Birthdate	
Address	City	State	ZIP Code

**CLIENT RELEASE AND SIGNATURE**

I hereby authorize (Name and Address of Person/Agency)
To release information to (Name and Address of Person to Recieve Information)
The Following Information is Requested (Be Specific)
Indicate How the Information Identified Above will be Used (Be Specific)
This release of information consent remains in effect until <input type="text" value="Date"/> or <input type="text" value="Specific Event Terminating Operation of the Release"/>

**CLIENT CONSENT**

This authorization is voluntary and reamins in effect until the above date or event, unless specifically revoked by written notice to the agency or person. Any information rleased prior to my written revocation of this authorization shall not be a creach of confidentiality. A photocopy of this release is as effective as the original.

Signature of Client	Date
Signature of Parent/Guardian or Custodian (if needed)	Date
Signature of Witness (if needed)	Date

(Place on your own letterhead)

(Current date here)

Your patient, \_\_\_\_\_, has received nutritional and pregnancy education and social counseling through our Optimal Pregnancy Outcome Program (OPOP). In order to evaluate the effectiveness of our program and to complete our records, the following information is needed. Please provide the requested delivery information and return the entire form in the envelope provided.

The appropriate release-of-information authority for this communication is enclosed.

Thank you,

\_\_\_\_\_, Coordinator  
Optimal Pregnancy Outcome Program (OPOP)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Wt. on Admission: \_\_\_\_\_

EDC: \_\_\_\_\_ Date of Delivery: \_\_\_\_\_ Wks Gestation: \_\_\_\_\_

Sex: \_\_\_\_\_ Birth Weight: \_\_\_\_\_ lbs. \_\_\_\_\_ oz. or \_\_\_\_\_ grams

Type of delivery: \_\_\_\_\_

Labor/Delivery Complications: \_\_\_\_\_

Postpartum Complications: \_\_\_\_\_

Newborn Complications: \_\_\_\_\_

Signature of Reporter: \_\_\_\_\_ Date: \_\_\_\_\_





**OPOP SATISFACTION SURVEY**  
 NORTH DAKOTA DEPARTMENT OF HEALTH  
 OPTIMAL PREGNANCY OUTCOME PROGRAM

Please complete the following survey to help us improve our services.

Date Completed: \_\_\_\_\_

1. Were you seen promptly at your scheduled appointment time?  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

2. Was there sufficient time for each visit?  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

3. Were your questions and concerns answered to your satisfaction?  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

4. Were you treated with dignity and respect?  Yes  No

Comments: \_\_\_\_\_

5. Overall, how would you rate the OPOP services for each of the following:

Staff:  Excellent  Good  Fair  Poor

Information:  Excellent  Good  Fair  Poor

Educational Materials:  Excellent  Good  Fair  Poor

What type(s) of educational materials were most helpful for you?

Electronic/Online  Written  Both  Other \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

6. What do you feel was the most valuable part of the OPOP program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. If you could change one thing about the OPOP program, what would you change?

\_\_\_\_\_

\_\_\_\_\_

How would you change it? \_\_\_\_\_

\_\_\_\_\_

**Thank you for your time and input!**

H:\MCH\OPOP\Satisfaction Survey

5/2016

## The Patient Health Questionnaire-2 (PHQ-2) - Overview

The PHQ-2 inquires about the frequency of depressed mood and anhedonia over the past two weeks. The PHQ-2 includes the first two items of the PHQ-9.

- The purpose of the PHQ-2 is not to establish final a diagnosis or to monitor depression severity, but rather to screen for depression in a “first step” approach.
- Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

### Clinical Utility

Reducing depression evaluation to two screening questions enhances routine inquiry about the most prevalent and treatable mental disorder in primary care.

### Scoring

A PHQ-2 score ranges from 0-6. The authors<sup>1</sup> identified a PHQ-2 cutoff score of 3 as the optimal cut point for screening purposes and stated that a cut point of 2 would enhance sensitivity, whereas a cut point of 4 would improve specificity.

### Psychometric Properties<sup>1</sup>

Major Depressive Disorder (7% prevalence)				Any Depressive Disorder (18% prevalence)			
PHQ-2 Score	Sensitivity	Specificity	Positive Predictive Value (PPV*)	PHQ-2 Score	Sensitivity	Specificity	Positive Predictive Value (PPV*)
1	97.6	59.2	15.4	1	90.6	65.4	36.9
2	92.7	73.7	21.1	2	82.1	80.4	48.3
<b>3</b>	<b>82.9</b>	<b>90.0</b>	<b>38.4</b>	<b>3</b>	<b>62.3</b>	<b>95.4</b>	<b>75.0</b>
4	73.2	93.3	45.5	4	50.9	97.9	81.2
5	53.7	96.8	56.4	5	31.1	98.7	84.6
6	26.8	99.4	78.6	6	12.3	99.8	92.9

\* Because the PPV varies with the prevalence of depression, the PPV will be higher in settings with a higher prevalence of depression and lower in settings with a lower prevalence.

1. Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. *Medical Care* 2003, (41) 1284-1294.

## The Patient Health Questionnaire-2 (PHQ-2)

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

**Over the past 2 weeks, how often have you been bothered by any of the following problems?**

	<b>Not At all</b>	<b>Several Days</b>	<b>More Than Half the Days</b>	<b>Nearly Every Day</b>
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

## The Patient Health Questionnaire (PHQ-9) - Overview

The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression:

- The PHQ-9 incorporates DSM-IV depression diagnostic criteria with other leading major depressive symptoms into a brief self-report tool.
- The tool rates the frequency of the symptoms which factors into the scoring severity index.
- Question 9 on the PHQ-9 screens for the presence and duration of suicide ideation.
- A follow up, non-scored question on the PHQ-9 screens and assigns weight to the degree to which depressive problems have affected the patient's level of function.

### Clinical Utility

The PHQ-9 is brief and useful in clinical practice. The PHQ-9 is completed by the patient in minutes and is rapidly scored by the clinician. The PHQ-9 can also be administered repeatedly, which can reflect improvement or worsening of depression in response to treatment.

### Scoring

See PHQ-9 Scoring on next page.

### Psychometric Properties

- The diagnostic validity of the PHQ-9 was established in studies involving 8 primary care and 7 obstetrical clinics.
- PHQ scores  $\geq 10$  had a sensitivity of 88% and a specificity of 88% for major depression.
- PHQ-9 scores of 5, 10, 15, and 20 represents mild, moderate, moderately severe and severe depression.<sup>1</sup>

1. Kroenke K, Spitzer R, Williams W. The PHQ-9: Validity of a brief depression severity measure. *JGIM*, 2001, 16:606-616

## The Patient Health Questionnaire (PHQ-9) Scoring

### **Use of the PHQ-9 to Make a Tentative Depression Diagnosis:**

*The clinician should rule out physical causes of depression, normal bereavement and a history of a manic/hypomanic episode*

#### **Step 1: Questions 1 and 2**

Need one or both of the first two questions endorsed as a "2" or a "3"  
(2 = "More than half the days" or 3 = "Nearly every day")

#### **Step 2: Questions 1 through 9**

Need a total of five or more boxes endorsed within the shaded area of the form to arrive at the total symptom count. (Questions 1-8 must be endorsed as a "2" or a "3"; Question 9 must be endorsed as "1" a "2" or a "3")

#### **Step 3: Question 10**

This question must be endorsed as "Somewhat difficult" or "Very difficult" or "Extremely difficult"

### **Use of the PHQ-9 for Treatment Selection and Monitoring**

#### **Step 1**

A depression diagnosis that warrants treatment or a treatment change, needs at least one of the first two questions endorsed as positive ("more than half the days" or "nearly every day") in the past two weeks. In addition, the tenth question, about difficulty at work or home or getting along with others should be answered at least "somewhat difficult"

#### **Step 2**

Add the total points for each of the columns 2-4 separately  
(Column 1 = Several days; Column 2 = More than half the days; Column 3 = Nearly every day. Add the totals for each of the three columns together. This is the Total Score  
The Total Score = the Severity Score

#### **Step 3**

Review the Severity Score using the following TABLE.

PHQ-9 Score	Provisional Diagnosis	Treatment Recommendation <i>Patient Preferences should be considered</i>
5-9	Minimal Symptoms*	Support, educate to call if worse, return in one month
10-14	Minor depression ++ Dysthymia* Major Depression, mild	Support, watchful waiting Antidepressant or psychotherapy Antidepressant or psychotherapy
15-19	Major depression, moderately severe	Antidepressant or psychotherapy
>20	Major Depression, severe	Antidepressant and psychotherapy (especially if not improved on monotherapy)

\* If symptoms present  $\geq$  two years, then probable chronic depression which warrants antidepressants or psychotherapy (ask "In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?")

++ If symptoms present  $\geq$  one month or severe functional impairment, consider active treatment

## The Patient Health Questionnaire (PHQ-9)

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

**Column Totals** \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

**Add Totals Together** \_\_\_\_\_

10. If you checked off any problems, how difficult have those problems made it for you to  
Do your work, take care of things at home, or get along with other people?

Not difficult at all     Somewhat difficult     Very difficult     Extremely difficult

Name of Employee:

**New Employee OPOP Checklist:**

- Review OPOP Mission, Philosophy, Goals & Measurable Outcomes and History
- Review OPOP Policy and Procedure Manual
- Review employee position requirements, responsibilities and functions
- Orientation to OPOP Forms (see Appendix in Policy and Procedure Manual)
- Orientation to the OPOP Excel Database and requirements for reporting in PRS
- Familiarize employee with the [OPOP Website](#) and educational materials available

\_\_\_\_\_  
Signature of New Employee

\_\_\_\_\_  
Date of Completion

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date of Completion

PLEASE DO NOT STAPLE IN THIS AREA

# EXAMPLE CMS-1500 CLAIM FORM

CARRIER

PICA	Payor Code	HEALTH INSURANCE CLAIM FORM										PICA
<input checked="" type="checkbox"/> MEDICARE	<input type="checkbox"/> MEDICAID	<input type="checkbox"/> CHAMPUS	<input type="checkbox"/> CHAMPVA	<input type="checkbox"/> GROUP HEALTH PLAN	<input type="checkbox"/> FECA BLK LUNG	<input type="checkbox"/> OTHER	INSURED'S I.D. NUMBER <b>000-00-0000</b> → Recipient Number					
1. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>DOE, JOHN</b> → Recipient Name			3. PATIENT'S BIRTH DATE <b>MM DD YY</b> → Recipient Birth Date			4. INSURED'S NAME (Last Name, First Name, Middle Initial)						
5. PATIENT'S ADDRESS (No., Street)			6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>			7. INSURED'S ADDRESS (No., Street)						
CITY			CITY			CITY			STATE			
ZIP CODE			ZIP CODE			ZIP CODE			STATE			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) b. AUTO ACCIDENT? c. OTHER ACCIDENT? 10d. RESERVED FOR LOCAL USE			11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN?						
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE			13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE									
14. DATE OF FIRST SYMPTOM OR INJURY (Accident) OR PREGNANCY (LMP)			15. DATE PATIENT WAS TOLD SAME OR SIMILAR ILLNESS			16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION						
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE <b>JOHN SMITH, MD</b>			17a. I.D. NUMBER OF REFERRING PHYSICIAN <b>99999</b>			18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES						
19. RESERVED FOR LOCAL USE			20. RESERVED FOR LOCAL USE			21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY						
22. MEDICARE RESUBMISSION CODE			23. PRIOR AUTHORIZATION			24. PROCEDURES, SERVICES, OR SUPPLIES						
25. FEDERAL TAX I.D. NUMBER <b>99-9999999</b>			26. PATIENT ACCOUNT NO. <b>ABCDEFG</b>			27. TOTAL CHARGE <b>10 00</b>						
28. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED			29. AMOUNT PAID			30. BALANCE DUE <b>10 00</b>						
31. SIGNATURE OF PHYSICIAN OR SUPPLIER			32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED			33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #						
34. SIGNATURE AND DATE			35. PROVIDER NAME AND ADDRESS			36. PROVIDER NAME (BILLING) ADDRESS (BILLING) CITY, STATE, ZIP CODE						
						37. ND Medicaid Provider # <b>99997</b>						

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION



**Corrective action implemented for those criteria not met:**

Chart #: \_\_\_\_\_ Criteria not met: \_\_\_\_\_

Corrective action: \_\_\_\_\_

Chart #: \_\_\_\_\_ Criteria not met: \_\_\_\_\_

Corrective action: \_\_\_\_\_

Chart #: \_\_\_\_\_ Criteria not met: \_\_\_\_\_

Corrective action: \_\_\_\_\_

Chart #: \_\_\_\_\_ Criteria not met: \_\_\_\_\_

Corrective action: \_\_\_\_\_

Chart #: \_\_\_\_\_ Criteria not met: \_\_\_\_\_

Corrective action: \_\_\_\_\_

Chart #: \_\_\_\_\_ Criteria not met: \_\_\_\_\_

Corrective action: \_\_\_\_\_

Chart #: \_\_\_\_\_ Criteria not met: \_\_\_\_\_

Corrective action: \_\_\_\_\_

Chart #: \_\_\_\_\_ Criteria not met: \_\_\_\_\_

Corrective action: \_\_\_\_\_

Follow-up by OPOP director:       Yes    No   If yes, document reason for follow up: \_\_\_\_\_