User Guide

New Jersey
Perinatal Risk Assessment Plus
(PRA Plus)

Improving birth outcomes through early risk identification

All users must be registered with FHI prior to completing forms

Manual provided courtesy of Family Health Initiatives
Manual produced with support from New Jersey Department of Human Services,
Department of Health under agreement with Division of Medical Assistance and Health Services

Revised February 2020
What is Family Health Initiatives?

Family Health Initiatives (FHI) is a private, nonprofit subsidiary of the Southern New Jersey Perinatal Cooperative (SNJPC) contracted by the Department of Health (DOH) under agreement with the Division of Medical Assistance and Health Services (DMAHS) to process and warehouse the Perinatal Risk Assessment Plus (PRA Plus) data. FHI works in collaboration with DOH and DMAHS, Medicaid Managed Care Organizations (MMCOs), and New Jersey prenatal providers to oversee completion and analysis of the PRA Plus data.

Communicating with FHI

Support and technical assistance are available during business hours:

**E-MAIL**  
PRA@fhiworks.org

**PHONE**  
856-665-6000

**BUSINESS HOURS**  
9AM–5PM MONDAY-FRIDAY

To download a copy of this guide visit  
www.praspect.org
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Perinatal Risk Assessment Plus (PRA Plus) Overview

**WHAT IS PRA Plus**
A universal screening form set collaboratively designed by a New Jersey team to facilitate the highest quality of prenatal care. PRA Plus determines factors that could affect a pregnancy and captures the six areas of risk management: demographics, medical conditions, pregnancy factors, psychosocial factors, environmental exposure, and substance use. The form set supports efficient care coordination between prenatal providers, community based agencies, healthcare organizations, and project partners. PRA Plus cultivates a communal approach to healthcare, and is currently utilized across the state to refer patients to essential services that support healthy pregnancy and positive birth outcome. The form set is designed for easy integration into office procedures, and meets the requirements of state and insurance risk assessment programs. PRA Plus captures all information required from OB providers for delivery hospitals to complete electronic birth certificates. Completed forms are submitted electronically to a data repository for processing. Prenatal providers can access patient data at any time on the Perinatal Risk Assessment Single Point Entry Client Tracker (PRA|SPECT) web portal, which is HIPAA compliant and encrypted to ensure privacy and security of patient information.

**IMPORTANCE OF RISK ASSESSMENT**
During pregnancy, it is imperative to identify women at risk for poor outcomes, such as infant or maternal death. Early identification and intervention are key to preventing and/or treating conditions associated with poor pregnancy outcomes. Completing PRA Plus assists clinicians in their prevention efforts, as it assures linkage to appropriate services and resources through referral. In New Jersey, risk assessment is conducted at the first prenatal appointment using the First Visit form, and between 30-36 weeks gestational age using the Third Trimester form. The information collected can be updated during the pregnancy using the Follow-up form. The use of the uniform risk assessment form set allows health officials and partner organizations to better meet the needs of pregnant women in New Jersey.

**VALUE OF FIRST VISIT FORM**
By accurately identifying prenatal risk factors, the First Visit form reduces administrative burden on busy obstetric practices. The form automatically screens patient eligibility for 17P therapy initiation (if patient had a prior preterm delivery and is ≤ 24 weeks gestation), and standardizes insurance authorization forms. Additionally, the form automates optional patient referral for Tobacco Cessation and Community Based Services. The assessment also includes the clinically validated 4Ps Plus Screen for substance use, prevention education, and referral. The Referrals/Education section provides a simple checklist for OB staff to record plan of care for follow-up at subsequent office visits. Furthermore, the form serves as an authorization for payment to providers from New Jersey Medicaid Managed Care Organizations (MMCOs).
**PRA Plus Overview**

**IMPORTANCE OF FOLLOW-UP FORM**
The Follow-up form is used to make updates to the First Visit form, and can be completed **until the Third Trimester form is started**. Updates include MMCO changes, new risk factor information, subsequent 4Ps Plus Screening, test results, EDD changes, and/or additional Referrals/Education items. All insurance updates must be entered on the Follow-up form **prior** to starting the Third Trimester form.

**BENEFIT OF THIRD TRIMESTER FORM**
The Third Trimester form is used as an additional risk checkpoint. The form collects state required prenatal information for the [New Jersey Vital Information Platform (VIP)](https://www.nj.gov/health/psr/vip/) electronic birth and fetal death records system. The supplemental assessment is completed at 30-36 weeks gestation, and enables OB providers to create a prepopulated birth worksheet to send with the prenatal packet to the delivery hospital. Submitting the prepopulated birth worksheet eliminates hospital callbacks.
Partner Roles and Responsibilities

**Prenatal Provider**
- Registers site and all PRA Plus users with FHI
  - Designates a primary contact to communicate with project partners
  - Assigns a local administrator to manage user accounts
  - Assures all form users register and understand training materials
  - Completes forms for all prenatal patients regardless of insurance type
  - Enters forms online within 24 hours of first OB visit
  - Enters updated Follow-up form as new risk factors are identified, new referrals are made, or insurance changes are made
  - Reviews site-specific summary PRA Plus data
  - Participates in PRA Plus data review process with project partners

**Family Health Initiatives**
- Oversees data and develops and updates program materials with input from state agencies and project partners
  - Provides training materials to all PRA|SPECT users
  - Assures secure storage and transmission of PRA|SPECT data
  - HIPAA compliant server security methods
  - Encrypted data transmission
  - Daily data backup to secure off-site facility
  - Analyzes PRA|SPECT data and submits reports to project partners

**Collaborates with prenatal providers to transmit PRA Plus data:**
- Receives completed forms
- Validates data for quality and accuracy
- HIPAA compliant and encrypted PRA|SPECT web portal for return of updated patient information, MMCO status, and feedback regarding quality of data

**Collaborates with MMCOs to access PRA Plus data:**
- Verifies and ensures timely accessibility of PRA Plus data

**Collaborates with Community Based Agencies to facilitate patient referrals:**
- Verifies and ensures Community Based Services referrals received by appropriate county specific Central Intake Hub for distribution to local programs

**Collaborates with Mom’s Quit Connection (MQC) to receive patient referrals:**
- Verifies and ensures Tobacco Cessation referral received by MQC program
Roles and Responsibilities

**Medicaid Managed Care Organization**

Authorizes payment for services and assigns case management based on the screening criteria
- Assigns a primary contact to communicate with FHI and project partners
- Accesses forms on assigned patients from FHI on HIPAA compliant and encrypted PRA|SPECT web portal
- Reviews summary PRA Plus data on enrolled prenatal patients
- Participates in PRA Plus data review process with project partners
- Authorizes payment to prenatal providers

**Community Based Services Agency**

Receives Community Based Services referral when desired by patient for engagement in program or services
- Accesses forms on assigned patients from FHI on HIPAA compliant and encrypted PRA|SPECT web portal
- Provides free, local, and voluntary services to referred patients

**Mom’s Quit Connection**

Receives Tobacco Cessation referral when desired by patient for engagement in program
- Accesses forms on assigned patients from FHI on HIPAA compliant and encrypted PRA|SPECT web portal
- Provides free, local, and voluntary services to referred patients

**Delivery Hospital**

Receives all state required prenatal information via prepopulated birth worksheet submitted by OB provider
- Eliminates time-consuming callbacks for additional information
**User Information**

**PRA|SPECT**

Perinatal Risk Assessment Single Point Entry Client Tracker (PRA|SPECT) is a HIPAA compliant and encrypted web portal designed to integrate the uses of prenatal providers, insurance agencies, and project partners to provide excellent care to pregnant women in New Jersey.

Users will need Adobe Reader installed to use PRA|SPECT. For optimal results, use the latest version of Firefox or Google Chrome.

**SITE REGISTRATION**

Register online or call 856-665-6000 to access PRA|SPECT.

**To complete online registration:**

www.praspect.org > Click New Office Registration > Enter practice Information > Click Continue > Enter Physician Information > Click Continue > Enter User Information > Click Continue > Click Review and Submit > Click Submit Registration

**USER REGISTRATION**

All users must be registered with FHI prior to accessing PRA|SPECT, and must have access to an email address to receive FHI correspondence. For security, each user must have his/her/they own username and password. Do not share account information.

The primary contact (see page 10) is able to add new users and remove user access. The local administrator (see page 10) is able to unlock user accounts and remove user access.

**ONLINE TRAINING**

All users must accept the HIPAA End User Agreement and view required online training materials prior to completing forms.

**To accept HIPAA End User Agreement:**

www.praspect.org > Login > Click Documents > Click Documents > Click End User Agreement > Read through the document and select I Agree > Click Course Update

**To access online training materials:**

www.praspect.org > Login > Click Training Center > Click Courses > Click Course
User Information

ACCOUNT UPDATE OPTIONS
Allows user to change his/her/they password.

To change password:
www.praspect.org > Login > Click My Account > Click Account Administration > Click Account Update Options > Click Change password > Click Update Account

FORGOT YOUR PASSWORD
Allows user to request an email with a new temporary password.

To request an email with instructions to create a new password:
www.praspect.org > Click Reset Forgotten Password > Enter email address > Click Submit

ACCOUNT SECURITY – INACTIVITY LOCKOUT
A user account is automatically locked after (11) consecutive business days inactivity. The local administrator(s) (see page 10) can unlock accounts.

ACCOUNT SECURITY – UNSUCCESSFUL LOGIN TEMPORARY LOCKOUT
A user account is locked out for (30) minutes after (5) unsuccessful login attempts. FHI and local administrator(s) are unable to override the temporary lockout.
Account Administration

**PRIMARY CONTACT**
A primary contact is required, and is able to update site information. To change the primary contact for the site, contact FHI at PRA@fhiworks.org or 856-665-6000.

**To add a user (primary contact only):**
www.praspect.org > Login > Click My Account > Click Account Administration > Click Practice Update Options > Click User Information > Click add new > Click Save Changes
Note: New user must contact FHI at PRA@fhiworks.org or 856-665-6000 to receive account login.

**To remove user access (primary contact only):**
www.praspect.org > Login > Click My Account > Click Account Administration > Click Practice Update Options > Click User Information > Click last name > Select No, Remove Access > Click Save Changes

**To update practice information (primary contact only):**
www.praspect.org > Login > Click My Account > Click Account Administration > Click Practice Update Options > Click Practice Information > Click Edit Practice Information > Click Save Changes

**To add a new physician (primary contact only):**
www.praspect.org > Login > Click My Account > Click Account Administration > Click Practice Update Options > Click Physician Information > Click Add New > Click Save Changes

**To update physician information (primary contact only):**
www.praspect.org > Login > Click My Account > Click Account Administration > Click Practice Update Options > Click Physician Information > Click last name > Click Save Changes

**LOCAL ADMINISTRATOR**
A local administrator is required, and is able to unlock user accounts and remove user access. If desired, a secondary local administrator can be assigned. The local administrator should be a user that frequently accesses PRA|SPECT. Deactivated user accounts can only be reactivated by FHI. To reactivate user accounts or change a local administrator, contact FHI at PRA@fhiworks.org or 856-665-6000.

**To unlock a user account (local administrator only):**
www.praspect.org > Login > Click My Account > Click Staff Account Administration > Click Staff Account Options > Click first letter of user’s last name > Select Unlock > Click Save

**To remove user access (local administrator only):**
www.praspect.org > Login > Click My Account > Click Staff Account Administration > Click Staff Account Options > Click first letter of user’s last name > Select Remove Reason > Click Save
Form Submission Process

Complete First Visit form at first prenatal visit

Enter form on PRA|SPECT within 3-5 business days

Entry complete?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit to FHI</td>
<td>Save and submit when complete</td>
</tr>
</tbody>
</table>

Community Based Service referral?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral forwarded to appropriate Central Intake Hub</td>
<td>Referral not generated</td>
</tr>
</tbody>
</table>

Tobacco Cessation referral?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral forwarded to Mom’s Quit Connection (MQC)</td>
<td>Referral not generated</td>
</tr>
</tbody>
</table>

MMCO Assignment?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMCO accesses form to authorize payment for services</td>
<td>FHI houses data</td>
</tr>
</tbody>
</table>

Make updates to First Visit form

Submit updates on Follow-up form on PRA|SPECT until Third Trimester form is started. All insurance updates must be made on the Follow-up form prior to starting Third Trimester form.

Complete Third Trimester form when patient is 30-36 weeks gestation

Enter form on PRA|SPECT to generate prepopulated birth worksheet to include with prenatal packet for patient's delivery hospital
**First Visit Form Instructions**

The First Visit form must be completed by OB staff (patients should not fill out forms). Accurate form completion will expedite continuity of treatment and care for mother and baby.

**ALL FIELDS MUST BE COMPLETED**
All fields are required, and are essential to the treatment and care for mother and baby.

**COMMON RULES**
- When asked to select ‘Yes’ or ‘No’, choose only ONE option. ‘Yes’ or ‘No’ questions must have a selection.
- Do not use any symbol or letter to indicate unknown or not applicable.
- Provide a complete date. If day is unknown — enter 15 as day.
- If month is unknown, provide a reasonable estimate.
- **Partial dates are unacceptable. Estimates are permitted.**

**GROUP NPI # AND PHYSICIAN NPI #**
The National Provider Identifier (NPI) is the 10-digit identification number used to identify providers. If applicable, both the Group NPI # and the Physician NPI # should be included.
First Visit Form (page 1)

STATE OF NEW JERSEY
PERINATAL RISK ASSESSMENT
First Visit Form

ALL FIELDS REQUIRED
PLEASE PRINT CLEARLY

Provider Information

Date of Form Completed:
SSN:
Insurance ID/Prepaid Card:
Insurance Effective Date:

Patient Information

Chart #: Planned Delivery Site Code:

Last Name: First Name: Date of Birth:

Shovel Address:
City:

Zip Code: County: Primary Phone:

Emergency Contact Name:
Emergency Contact Phone:

Name of Father of the Baby:
Father of Baby Involved:
Married:

Race: Ethnicity: Hispanic: Yes

Primary Language:
Health Insurance:
Medicaid MCO:

MCO:

Entry into Prenatal Care

1st Visit Under MCO:
LMP:
EDD:

Perinatal History

First pregnancy:
Date of last live birth:
Date of last early pregnancy outcome:

Death: live birth: abortion: miscarriage:

Perinatal Risk Factors

Pregnancy Risk Factors

Current Pregnancy

Prior Pregnancy

Low Birth Weight <2500 g
Preterm Birth
Hypertension
Obesity
Gestational Diabetes
Insulin Dependent
Intrauterine Growth Restriction
Placenta Previa
Ectopic Pregnancy
Spinal Defects
Verbal Incompetence
Multiple Gestation

Infectious Disease

HIV
Hepatitis
Rho D Incompatibility

PRA ID:

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# First Visit Form (page 2)

## Current Medical Conditions/Risks

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>On Toddlers</th>
<th>On Preschoolers</th>
<th>On School Age</th>
<th>On Teenagers</th>
<th>On Adults</th>
<th>On Elderly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerebrovascular</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>USDHHA Medicaid Eligible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Psychosocial Risk Factors

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
<th>Reason for Late Entry in Prenatal Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Completion</td>
<td></td>
<td></td>
<td></td>
<td>Transportation</td>
</tr>
<tr>
<td>College Degree</td>
<td></td>
<td></td>
<td></td>
<td>Insurance Enrollment Delay</td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td></td>
<td>Financial</td>
</tr>
<tr>
<td>Maternal Health Education</td>
<td></td>
<td></td>
<td></td>
<td>Child Care Issues</td>
</tr>
<tr>
<td>Substance Use</td>
<td></td>
<td></td>
<td></td>
<td>Access to Prenatal Services</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td></td>
<td></td>
<td></td>
<td>Abortion Desired/Unsuccessful</td>
</tr>
</tbody>
</table>

## Smoking/Tobacco Use

<table>
<thead>
<tr>
<th>Smoking Status</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Referrals/Education

<table>
<thead>
<tr>
<th>Referral Category</th>
<th>Referral Needed</th>
<th>Referral Made</th>
<th>Referral Needed</th>
<th>Referral Made</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preterm Labor Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional Consult</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Based Services*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Indicates referral is to local Community Health Workers, Community Health Coordinators, and Utilization Coordinators

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**PRA ID:** 16152

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www.pramped.org

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FVF Page 2 of 2
First Visit Form Data Entry

NEW PATIENT RECORD
Allows user to enter a new First Visit forms.

To enter a First Visit form:
www.praspect.org > Login > Click Patient Records > Click New Patient >

- Patient Information
  Click save to proceed to next section. The user can access subsequent sections in any order by clicking the title in the navigation bar (see image below). Click Review | Submit | Exit at any point to save and exit record. Click Save in each section: Medical Information, Pregnancy Risk Factors, Current Medical Conditions, Psychosocial Risk Factors, 4Ps Plus, and Referrals/Education.
- Review | Submit | Exit
  Select Submit > Click Enter Selection (other options include Save and Remove)

INCOMPLETE FIRST VISIT FORMS
Saved forms will appear as incomplete entries, and can be completed and submitted at a later time. All users registered at the site can access incomplete entries. MMCOs do not receive incomplete forms.

To access an incomplete form:
www.praspect.org > Login > Click Patient Records > Click Incomplete Forms > Click Access Form

To sort incomplete records:
www.praspect.org > Login > Click Patient Records > Click Incomplete Forms > Click blue column header
Automatic 17P Therapy Screening Instructions

**17P Therapy**
17P alpha-hydroxyprogesterone caproate is a synthetic form of progesterone given by injection in the gluteus muscle or anterior thigh to reduce a woman’s risk of recurrent preterm birth. One of the strongest clinical risk factors for premature delivery is a prior preterm birth. Ideal initiation of 17P therapy is between 16-21 weeks gestation. Eligible mothers late to care can be started up until 24 weeks gestation.

**Automatic 17P Therapy Screening**
If a ≥1 indicated in the preterm birth field on the First Visit form and the patient is ≤ 24 weeks gestation, her record will automatically move to the 17P Eligibility List.

**17P Medicaid Request Form**
New Jersey Medicaid Managed Care Organizations (Aetna Better Health, Amerigroup, Horizon NJ Health, UnitedHealthcare, and WellCare) universally adopted the prepopulated 17P Medicaid Request form (see page 18) generated on PRA|SPECT www.praspect.org to simplify 17P therapy authorization. The 17P Medicaid Request form prepopulates patient data from the First Visit form further expediting the process.

**17P Eligibility List**
Provides patient list by insurance category for standardization of enrollment paperwork and tracking.

**Eligible Medicaid Patients**
Displays Aetna Better Health, Amerigroup, Horizon NJ Health, UnitedHealthcare, and WellCare patients.

**To access the Eligible Medicaid Patient list:**
www.praspect.org > Login > Click 17P > Click 17P > Click Eligible Medicaid Patients > Click Show All

**To complete the 17P Medicaid Request form:**
www.praspect.org > Login > Click 17P > Click 17P > Click Eligible Medicaid Patients > Click Show All > Click Complete Form > Enter information > Click Save and Print > Fax form with prescription (see fax numbers below) > Record moves to Patients In Need of Outcome list

**To record an outcome:**
www.praspect.org > Login > Click 17P > Click 17P > Click Patients In Need of Outcome > Click Show All > Select Outcome > Click Save > Record moves to 17P Patients Completed list

**To update an outcome:**
www.praspect.org > Login > Click 17P > Click 17P > Click 17P Patients Completed > Click Show All > Click Update Outcome > Select Outcome > Click Update Outcome

**Fax completed 17P Medicaid Request form (also serves as prescription) accordingly:**

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Fax Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Better Health</td>
<td>855-296-0323</td>
</tr>
<tr>
<td>Amerigroup</td>
<td>877-244-1962</td>
</tr>
<tr>
<td>Horizon NJ Health</td>
<td>no need to fax</td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>888-840-9284</td>
</tr>
<tr>
<td>WellCare</td>
<td>888-340-9512</td>
</tr>
</tbody>
</table>
Automatic 17P Therapy Screening Instructions

**Eligible Non-Medicaid Patients**
Displays commercial, uninsured, and Medicaid Presumptive Eligibility (PE) patients.

**To access the Eligible Non-Medicaid Patient list:**
[www.praspect.org](http://www.praspect.org) > Login > Click 17P > Click 17P > Click Eligible Non-Medicaid Patients > Click Show All

**To initiate for commercial patients:**
Complete plan-specific preauthorization form and fax it along with prescription to insurance company.
[www.praspect.org](http://www.praspect.org) > Login > Click 17P > Click 17P > Click Eligible Non-Medicaid Patients > Click Show All > Click Ref Form > Record moves to Patients In Need of Outcome list

**To initiate for uninsured and Medicaid PE patients:**
Complete Makena Prescription form and fax it along with prescription to Makena at 800-847-3413.
[www.praspect.org](http://www.praspect.org) > Login > Click 17P > Click 17P > Click Eligible Non-Medicaid Patients > Click Show All > Click Ref Form > Generates Makena Prescription form for print > Record moves to Patients In Need of Outcome list

**To record an outcome:**
[www.praspect.org](http://www.praspect.org) > Login > Click 17P > Click 17P > Click Patients In Need of Outcome > Click Show All > Select Outcome > Click Save > Record moves to 17P Patients Completed list

**To update an outcome:**
[www.praspect.org](http://www.praspect.org) > Login > Click 17P > Click 17P > Click 17P Patients Completed > Click Show All > Click Update Outcome > Select Outcome > Click Update

**To remove a patient from the 17P List (patient refusal, miscarriage, transfer, etc.):**
[www.praspect.org](http://www.praspect.org) > Login > Click 17P > Click 17P > Click patient list > Click Show All > Click patient name > Click to left of patient name > Click Exclude Patient from Lists > Select Reason > Click Exclude > Record moves off list
17P Medicaid Request form

17 alpha-hydroxyprogesterone caproate (17P) Request Form

Patient meets FDA-approved indication (current pregnancy is singleton and patient has a history of singleton spontaneous preterm birth less than 37 weeks of gestation)? Yes No
Reason for preterm labor or preterm delivery:

Complete and Sign Rx:
Prescriber’s Name: ____________________________
Practice Name: ____________________________
Address: __________________
City: __________________ State: __ Zip: ________
Office Phone: __________________ Office Fax: ______
Group NPI: __________________ Office Tax ID #: ______
Medicaid Provider #: __________________
Primary Office Contact: Direct Phone #: __________________
After-hours Phone #: __________________
Email: __________________
Preferred Method of Communication: Phone Fax Email

Is the patient currently receiving 17P? Yes No

ICD-10 Code:
- 069.212 - Supervision of pregnancy with history of preterm labor, second trimester
- 069.213 - Supervision of pregnancy with history of preterm labor, third trimester
- 069.219 - Supervision of pregnancy with history of preterm labor, unspecified trimester

Rx:
- Makena® hydroxyprogesterone caproate injection) Subcutaneous Auto-Injector
- Hydroxyprogesterone Caproate Injection 250mg/mL (17P)
- Comprised 17P
- Dispense: 4 x 1 mL single-dose, preservative-free vials (64011-247-02)
- 4 x Subcutaneous Auto-Injectors
- Sig: Inject 1 mL IM each week
- 18-g needles 3 mL syringe #
- 21-g 1 1/2 needle #

Is the patient on strict bedrest? Yes No
Preferred Injection Setting:
- Healthcare Provider Office
- Home Setting / Self Administered
- Home Health Care Agency if approved by insurance:

Desired Start Date: _______ Desired End Date: _______

I certify that this therapy is medically necessary and that this information is accurate to the best of my knowledge.

Prescriber’s Signature ____________________________ Date: _______ _______

For MCO Use Only:
Approved: _______ Denied: _______ Current MCO: _______
Medicaid/Insurance ID #: __________________

Number of Injections: _______ Authorization #: _______
Date of Notification to Provider: _______ Reviewer Name and Title: _______
Follow-up Form Instructions

FOLLOW-UP FORM
The Follow-up form is used to communicate updates to the First Visit form, and must be used to update insurance enrollments and changes.

All of the information from the First Visit form prepopulates into the data entry screens for the Follow-up form. The Follow-up form should be completed as many times as necessary to keep the patient’s record current until the Third Trimester form is started between 30-36 weeks gestation.

All insurance updates must be completed on the Follow-up form prior to starting the Third Trimester form.
### Follow-up Form (page 1)

**STATE OF NEW JERSEY**  
**PERINATAL RISK ASSESSMENT**  
**Follow-up Form**

**ALL FIELDS REQUIRED**  
**PLEASE PRINT CLEARLY**

#### Provider Information
- **Chart #**  
- **Planned Delivery Site Code**

#### Patient Information
- **Last Name**  
- **First Name**  
- **Date of Birth**

- **Street Address**
- **City**
- **Zip Code**
- **County**
- **Primary Phone**

#### Emergency Contact Information
- **Emergency Contact Name**
- **Emergency Contact Phone**

#### Father of Baby Involved
- **Yes**
- **No**

#### Married
- **Yes**
- **No**

#### Race
- **Choose and**:  
  - White
  - African American
  - Native American
  - Hispanic

#### Ethnicity
- **Choose and**:  
  - Native American
  - Multi-Racial
  - African American
  - Other

#### Language
- **Primary Language**:  
  - English
  - Spanish
  - Other (specify)

#### Health Insurance
- **Choose and**:  
  - Medicaid
  - Commercial
  - Other

#### Medicaid MCO
- **Choose and**:  
  - 01 Family Care
  - 14 Family Care
  - 16 State

#### Perinatal History
- **First pregnancy?**:  
  - Yes
  - No

- **No. Others, Unusual Physical Assessment**:  
  - Yes
  - No

#### Entry into Prenatal Care
- **1st Visit**
- **1st Visit Under MCO**
- **LMP**
- **EDD**

#### Physical Assessment
- **Bleeding During Pregnancy**:  
  - 1st Trimester
  - 2nd Trimester
  - 3rd Trimester
  - None

#### Infertility Treatment
- **Choose and**:  
  - Taken by Mother
  - Taken by Father
  - Transplantation

#### Pregnancy Risk Factors

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Birth Weight ≤2,500 g</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Hypertension</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Gestational Diabetes</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Pre-eclampsia</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Eclampsia</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Placebo Provia</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Cesarean Incompetence</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Multiple Gestation</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>
Follow-up Form (page 2)

[Image of the follow-up form]

- **Current Medical Conditions/Risks**
  - [ ] Neurological Condition
  - [ ] Seizures
  - [ ] Depression/Mental Illness
  - [ ] Asthma
  - [ ] Tuberculosis
  - [ ] Cystic Fibrosis
  - [ ] Heart Condition
  - [ ] Chronic Hypertension
  - [ ] Thalassemia
  - [ ] Phlebitis/DVT
  - [ ] Anemia

- **Psychosocial Risk Factors**
  - [ ] Disabled
  - [ ] Nutritional Concerns
  - [ ] Unemployed
  - [ ] Homeless
  - [ ] Unstable Housing
  - [ ] Transportation
  - [ ] Smoking/Tobacco Use: [ ] Non-Smoker

- **4Ps Plus**
  - Did either of your parents have a problem with drugs or alcohol: [ ] Yes
  - Does your partner have any problem with drugs or alcohol: [ ] Yes
  - Have you ever felt manipulated by your partner: [ ] Yes
  - Have you ever felt out of control or helpless: [ ] Yes
  - Over the past 2 weeks: [ ] Yes

- **4Ps Plus Follow-up Questions**
  - In the month before you knew you were pregnant: [ ] Yes
    - About how many days a week did you usually drink beer/wine/liquor: [ ]
    - Use any drug such as marijuana, cocaine or heroin: [ ]
    - And now, about how many days a week do you usually drink beer/wine/liquor: [ ]
    - Use any drug such as marijuana, cocaine or heroin: [ ]

- **Medications/Comments**
  - [ ] Tobacco Cessation
  - [ ] Substance Abuse Assessment
  - [ ] Mental Health Assessment
  - [ ] Domestic Violence Assessment
  - [ ] Diabetes Care Program
  - [ ] Preventive Health Care
  - [ ] Nutrition
  - [ ] Community-Based Services

- **Provider Chart #:** 16152

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Follow-up Form Data Entry

**PATIENT SEARCH**
Allows user to access patient record to complete follow-up forms.

To complete a Follow-up form:
- [www.praspect.org](http://www.praspect.org) > Login > Click Patient Records > Click Patient Search > Enter search information > Click Search Patients > Click ☑ to left of patient name > Click Complete New Follow-up
- **Patient Information**
  - Click save to proceed to next section. The user can access subsequent sections in any order by clicking the title in the navigation bar (see image below). Click Save in each section: Medical Information, Pregnancy Risk Factors, Current Medical Conditions, Psychosocial Risk Factors, 4Ps Plus, and Referrals/Education.
- **Review | Submit | Exit**
  - Select Submit > Click Enter Selection (other is Remove)

Follow-up Review | Submit | Exit Page

[Image of Follow-up Form Review/Submit]

Select Submit > Click Enter Selection (other is Remove)
Automatic Referrals

COMMUNITY BASED SERVICES
If desired by the patient, the First Visit form serves as the paperwork for optional automatic Community Based Services referral. Community Based Services are programs to support social services including home visiting, case management, recovery support, doula, and various short-term workshops. Programs address specific topics including asthma, parenting, early childhood play, etc. If declined at the first appointment, referral can be initiated later in the pregnancy on the Follow-up form.

All patients should be offered Community Based Services referral at all office visits by asking, “Are you interested in learning about free and local services to support you and your baby?”

If yes, select ‘Referred’ for Community Based Services (in the Referrals/Education section), and advise the patient she will be contacted by a program representative. If no, select ‘Refused’. If the patient is currently connected to a program, select ‘Not Needed’.

Selecting ‘Referred’ for Community Based Services automatically forwards the referral to the Central Intake Hub in the patient’s residential county to connect her to a local program. Should a patient choose to enroll in a program, the agency details may display on her record under Program History.

Programs vary per county, to learn more about the offerings contact the Central Intake Hubs.

TOBACCO CESSATION
If desired by the patient, the First Visit form serves as the paperwork for optional automatic Tobacco Cessation referral. If declined at the first appointment, referral can be initiated later in the pregnancy on the Follow-up form.

If the patient uses tobacco or smokes cigarettes or used in the month before she knew she was pregnant, offer Tobacco Cessation referral by asking, “Do you want to cut down, quit, or receive support to prevent relapse?” and “Would you like a Quit Coach to contact you?”

If yes, select ‘Referred’ for Tobacco Cessation (in the Referrals/Education section), and advise the patient she will be contacted by a qualified Quit Coach. If no, select ‘Refused’. If nonsmoker, select ‘Not Needed’.

Selecting ‘Referred’ for Tobacco Cessation automatically forwards the referral to Mom’s Quit Connection (MQC) to connect her to a Quit Coach.

To schedule a free onsite Ask, Advise and Refer: Brief Intervention professional training, contact Barbara Heinz bheinz@snjpc.org. MQC will automatically reach out to the primary contact after new user training.

Note: Community Based Services and Tobacco Cessation are the only automatic Referrals/Education items. Aggregate data from Referrals/Education is used by state agencies and project partners to assess needs and inform future funding to benefit pregnant women.
Third Trimester Form Instructions

THIRD TRIMESTER FORM
The Third Trimester form is completed when the patient is 30-36 weeks gestation, and captures critical third trimester risk factor information required to complete the patient’s electronic birth certificate.

All insurance updates must be completed on the Follow-up form prior to starting the Third Trimester form.

All of the information from the First Visit form or most recent Follow-up form prepopulates into the data entry screens for the Third Trimester form.

ALL FIELDS MUST BE COMPLETED
All fields are required by New Jersey Department of Health (DOH) Office of Vital Statistics (OVSR) to complete the birth certificate, and are essential to the treatment and care for mother and baby.

COMMON RULES
• When asked to select ‘Yes’ or ‘No’, choose only ONE option. ‘Yes’ or ‘No’ questions must have a selection.
• Do not use any symbol or letter to indicate unknown or not applicable.
• Provide a complete date. If day is unknown – enter 15 as day.
• If month is unknown, provide a reasonable estimate.
• Partial dates are unacceptable. Estimates are permitted.

Once the Third Trimester form is submitted, the prepopulated birth worksheet can be generated from the patient’s record to send with the prenatal chart to the delivery hospital.
## Third Trimester Form (page 1)

### PERINATAL RISK ASSESSMENT

**Third Trimester Form**

**Provider Information**

<table>
<thead>
<tr>
<th>PRA OBYN - (Provider Address, Phone, Fax)</th>
</tr>
</thead>
</table>

**Patient Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Address</th>
<th>Primary Phone</th>
<th>County</th>
<th>SSN#</th>
</tr>
</thead>
</table>

**New Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>SSN#</th>
</tr>
</thead>
</table>

**Prenatal Care**

<table>
<thead>
<tr>
<th>Planned Delivery Site Code</th>
<th>Date of last prenatal care visit</th>
</tr>
</thead>
</table>

**Current Pregnancy Risk Factors**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Y N Unit</th>
<th>Status Y N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herpesvirus</td>
<td>☑ ☑ CMV</td>
<td>☑</td>
</tr>
<tr>
<td>Listeria</td>
<td>☑ ☑ HPV</td>
<td>☑</td>
</tr>
<tr>
<td>Influenza</td>
<td>☑ ☑ Chlamydia</td>
<td>☑</td>
</tr>
<tr>
<td>Venereal Zea</td>
<td>☑ ☑ Syphilis</td>
<td>☑</td>
</tr>
<tr>
<td>Rubella</td>
<td>☑ ☑ Germane</td>
<td>☑</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>☑ ☑ Group B Streptococcus</td>
<td>☑</td>
</tr>
<tr>
<td>West Nile Virus</td>
<td>☑ ☑ Trauma</td>
<td>☑</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>☑ ☑ Rr Sensation</td>
<td>☑</td>
</tr>
<tr>
<td>Malaria</td>
<td>☑ ☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

**Current Medical Conditions/Risks**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Y N Unit</th>
<th>Status Y N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurological Condition</td>
<td>☑ ☑ Phenytoin</td>
<td>☑</td>
</tr>
<tr>
<td>Seizures</td>
<td>☑ ☑ Amantadine</td>
<td>☑</td>
</tr>
<tr>
<td>Epilepsy/Seizure Disorder</td>
<td>☑ ☑ Blood Uremia</td>
<td>☑</td>
</tr>
<tr>
<td>Depression/Mental Illness</td>
<td>☑ ☑ Thyroid Disease</td>
<td>☑</td>
</tr>
<tr>
<td>Asthma</td>
<td>☑ ☑ Sick Cell Trait</td>
<td>☑</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>☑ ☑ Thalassemia</td>
<td>☑</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>☑ ☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

**Current Psychosocial Risk Factors**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Y N Unit</th>
<th>Status Y N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>☑ ☑</td>
<td>☑</td>
</tr>
<tr>
<td>Homelessness</td>
<td>☑ ☑ Education &lt;12 Years</td>
<td>☑</td>
</tr>
<tr>
<td>Unemployed Housing</td>
<td>☑ ☑ Unemployed or Inadequate Income</td>
<td>☑</td>
</tr>
<tr>
<td>Transportation Problems</td>
<td>☑ ☑ Husband/Father Unemployed</td>
<td>☑</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>☑ ☑ Inadequate Social Support</td>
<td>☑</td>
</tr>
<tr>
<td>Nutritional Concerns</td>
<td>☑ ☑ Currently in Foster Care</td>
<td>☑</td>
</tr>
</tbody>
</table>

**Prenatal Fetal Diagnoses**

- Congenital Heart Defects
  - Patent Anus
  - Double Outlet Right Ventricle
  - Tetralogy of Fallot
  - Transposition of Great Arteries
  - Intact Atrioventricular Septum
  - Hypoplastic Left Heart
  - Truncus Arteriosus
  - Pulmonary Atresia
  - Other

**Other Cardiac Anomaly**

<table>
<thead>
<tr>
<th>Specify</th>
</tr>
</thead>
</table>

**Current Fetal Weight**

<table>
<thead>
<tr>
<th>Y N Unit</th>
<th>Status Y N</th>
</tr>
</thead>
</table>

**PRA ID**

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Page 1 of 2
# Third Trimester Form (page 2)

**Patient Information**

- **Patient Name:**
- **PRA ID:**
- **ALL FIELDS REQUIRED:** Please print clearly.

## HIV

- **Was mother known HIV positive before receiving prenatal care?**
  - Yes
  - No

- **HIV testing obtained upon receipt of prenatal care?**
  - Yes
  - No

- **1st Trimester HIV Specimen Information**
  - **Practitioner:**
  - **Association:**
  - **Refusal:**

- **3rd Trimester HIV Specimen Information**
  - **Practitioner:**
  - **Association:**
  - **Refusal:**

## Hepatitis B Serology

- **Hepatitis B Serology Obtained?**
  - Yes
  - No
  - Unknown

## Hepatitis B Surface Antigen

- **Hepatitis B Surface Antigen Obtained?**
  - Yes
  - No
  - Unknown

## Human Papillomavirus (HPV) Test

- **HPV Testing Obtained During 3rd Trimester of Pregnancy?**
  - Yes
  - No
  - Refusal

## Chlamydia Screening

- **Chlamydia Screening Obtained During 3rd Trimester of Pregnancy?**
  - Yes
  - No
  - Refusal

## Syphilis Screening

- **Syphilis Screening Obtained During 3rd Trimester of Pregnancy?**
  - Yes
  - No
  - Unknown

## Prenatal Procedures

- **Tocolysis**
- **Cervical Cerclage**
- **External Cephalic Version Attempted**
- **Amnio Gonadotropin Screening**
- **Successful**
- **Selective Fetal Reduction**
- **Amnio Assay Lung Maturity**
- **Failed**
- **Cell Free DNA Test**
- **Amnio Other Purpose**

## Smoking/Tobacco Use

- **Non-Smoker**
- **If Non-Smoker skip to 4Ps Plus**
- **Number of cigarettes or packs per day during each of the following time periods?**

## 4Ps Plus

- **Did either of your parents have a problem with drugs or alcohol?**
- **Have you ever drunk beer/wine/liquor?**

## 4Ps Plus Follow-Up Questions (if Any above was checked)

- **In the month before you knew you were pregnant, how many days a week did you usually:**
  - **Drink beer/wine/liquor?**
  - **Use any drug such as marijuana, cocaine or heroin?**

## Referrals/Services

- **Referral Provider**
- **Referral Service**
- **Referral Needed?**
- **Not Needed?**

## Medications/Comments

- **Medications/Comments:**

---

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Page 2 of 2
Third Trimester Form Data Entry

**Upcoming Patient Due Dates**
Allows user to access list of patients >28 weeks gestation in need of Third Trimester form completion.

To complete a Third Trimester form:
[www.praspect.org](http://www.praspect.org) > Login > Click Patient Records > Click Upcoming Patient Due Dates > Click name > Click to left of name > Click Start Third Trimester

- **Patient Information**
  Click save to proceed to next section. The user can access subsequent sections in any order by clicking the title in the navigation bar (see image below). Click Save in each section: Medical Information, Pregnancy Risk Factors, Current Medical Conditions, Psychosocial Risk Factors, 4Ps Plus, and Referrals/Education.

- **Review | Submit | Exit**
  Select Submit > Click Enter Selection (other options are Save and Remove)

**Third Trimester Form Review | Submit | Exit Page**

![Navigation Bar]

**INCOMPLETE THIRD TRIMESTER FORMS**
Saved forms will appear as incomplete entries, and can be completed and submitted at a later time. All users registered at the site can access incomplete entries.

To access an incomplete form:
[www.praspect.org](http://www.praspect.org) > Login > Click Patient Records > Click Incomplete Forms > Click Access Form
Form Section Notes

- **Date Completed**
  Provide full date; include the month, day, and year.

- **SSN (Social Security Number)**
  If the patient is undocumented or a noncitizen, write zero (0) in all blocks.
  Undocumented – 000-00-0000
  If the patient is a citizen and refuses to give a SSN, enter nine (9) in all blocks.
  Refusal – 999-99-999

- **Insurance ID/Medicaid #**
  If none, leave blank.

  **Note:** Once the First Visit form is completed, all insurance updates must be made on the
  Follow-up form prior to starting the Third Trimester form.

- **Insurance Effective Date**
  Date the patient’s insurance became effective; found on the patient’s insurance card.

**PROVIDER INFORMATION**

- **Provider Chart #**
  Enter the patient chart number assigned by the prenatal provider. If the provider does not use
  chart numbers, leave this section blank.

- **Planned Delivery Site Code**
  Select the name of the hospital where the patient intends to deliver.

**PATIENT INFORMATION**

- **Last Name, First Name**
  Do not use an alias or nickname.

- **Address**
  Use current address where the patient resides.

- **Primary Phone**
  Enter current home or cell phone number where the patient can be reached.

- **Preferred Contact Method**
  Select text or cell.

- **Emergency Contact Name**
  Provide name of person to contact in an emergency OR if patient has no working phone.

- **Emergency Contact Phone**
  Provide current phone number of the emergency contact person.

- **Name of the Father of the Baby**
  Provide first and last name of the father of the baby. If unknown or not involved, leave blank.

- **Father of Baby Involved**
  Choose only ONE option.

- **Married**
  Choose only ONE option.
Form Section Notes

- **Race**  
  Choose only ONE option.

- **Ethnicity**  
  Select ‘Yes’ if Hispanic.

- **Primary Language**  
  Choose ONE language most frequently spoken by the patient. If other, specify language.

- **Health Insurance**  
  Select every type of insurance in which the patient is currently enrolled.
  - **Medicaid**  
    PE – Presumptively eligible  
    FFS – Fee for service  
    MC – Managed Care

- **MMCO**  
  Select ‘None’ for PE, FFS, Commercial or Uninsured. Select MMCO for Medicaid MC and NJ Family Care patients. *This field is used to sort and transmit forms to MMCOs.*

ENTRY INTO PRENATAL CARE

- **1st Visit**  
  Enter the date of the initial medical examination during this pregnancy.

- **1st Visit Under MMCO**  
  Enter the date of the first prenatal appointment completed after assigned to MMCO.

- **Last Menstrual Period (LMP)**  
  Enter the date of the first day of the patient’s last menstrual period. If unknown, best guess must be entered.

- **Estimated Date of Delivery (EDD)**  
  Enter the estimated date of delivery. If unknown, best guess is accepted, and can be updated on the patient’s Follow-up form *(see page 19)*.

PERINATAL HISTORY

- **First Pregnancy**  
  If Yes, skip to Physical Assessment.

- **Date of last live birth**  
  Provide a complete date. If date is unknown – enter 15 as day.

- **Date of last other pregnancy outcome**. Other pregnancy outcomes include ectopic and molar.  
  Provide a complete date. If date is unknown – enter 15 as day.

- **# of Pregnancies including Current**  
  Total of all pregnancies including current pregnancy.

- **# of Previous Live Births**  
  Total deliveries in which baby was born with signs of life.

- **# Live Births Now Living**  
  Total number of living children.
Form Section Notes

- # Term Births ≥ 37 weeks
  Total number of births greater than or equal to 37 weeks.
- # Preterm Births 20-37 weeks
  Total number of births between 20-37 weeks whether or not born with signs of life.
- # Previous Cesarean Sections
  Total number of previous C-sections planned or unplanned.
- # Miscarriages < 20 weeks
  Total number of losses less than 20 weeks.
- # Fetal Deaths ≥ 20 weeks
  Total number of births with no signs of life greater than or equal to 20 weeks.
- # Induced Terminations
  Total number of induced terminations. Does not include reductions.
- # Ectopic or Molar Pregnancies
  Total number of ectopic or molar pregnancies.

PHYSICAL ASSESSMENT

- Blood Pressure
- Pre Pregnancy Weight, Current Weight, and Height
  Information collected in these fields is used to determine the patient's BMI, as well as weight related risks.

INFERTILITY TREATMENT

If 'No', skip to Pregnancy Risk Factors. If 'Yes', select all that apply.

PREGNANCY RISK FACTORS

Select 'Yes' or 'No' for all items to indicate the presence of risk factors in the patient's current or prior pregnancy(ies). Current Pregnancy Risk Factors can be 'Unknown'.

CURRENT MEDICAL CONDITIONS/RISKS

Select 'Yes' or 'No' to indicate whether patient has the listed medical factors. Current Medical Conditions can be 'Unknown'. Select 'Patient History' if there is a personal history of the condition.

PSYCHOSOCIAL RISK FACTORS

Select 'Yes' or 'No' for each risk factor listed. Transportation selection 'Yes' indicates the patient does not have reliable transportation. Psychosocial Risk Factors can be 'Unknown'.

REASON FOR LATE ENTRY INTO PRENATAL CARE

Complete this section only when a patient enters prenatal care anywhere for the first time in the 2nd or 3rd trimester. This section is not completed for transfer patients. Select 'Yes' for all reasons that apply.
Form Section Notes

**SMOKING/TOBACCO USE**
Select ‘Non Smoker’ if the patient did not smoke in the three months before pregnancy. Enter # cigarettes or packs if the patient smoked in the three months before patient knew she was pregnant.

**4Ps PLUS**
This is a required section. Each question must be answered for processing. The evidence-based screen for substance use and referral is designed to be administered as written by prenatal staff.

**4Ps PLUS FOLLOW-UP QUESTIONS**
Complete this section if ‘Any’ is selected. The 4Ps Plus Follow-up questions guide providers to refer for external assessment or provider prevention education. These actions should be recorded in the Referrals/Education section (see Referrals/Education section below)

Contact the Maternal and Child Health Consortium (MCHC) (see page 43) in your region for specific training on 4Ps Plus screening, prevention education, referral for assessment, and for information about available substance use treatment and recovery support options.

**REFERRALS/EDUCATION**
The Referrals/Education section provides a quick and easy checklist for organizing and ensuring optimal patient plan of care. The checklist should be used at subsequent office visits for follow up. State agencies and project partners use Referrals/Education information for data-driven interventions to support the health and wellness of New Jersey mothers and babies.

Select ‘Referred’ if your office provides referral to an external agency.
Select ‘Receiving Services’ if your office provides or patient is currently receiving from an external agency.
Select “Referral Needed’ if patient is referred to Community Based Services (see page 23) to indicate any referrals to be initiated by agency connected to patient.
Select ‘Refused’ if patient declines referral to an external agency.
Select ‘Not Needed’ if not applicable or patient does not need.

**MEDICATIONS/COMMENTS**
List medications the patient is currently taking if ‘On Meds’ is selected in the Current Medical Conditions/Risks section. It is not necessary to list the dosage/frequency of medications. Include the specific type of medical condition(s) for any of the broader medical categories (i.e. Mental Health/Depression, STI, etc.)
Form Retrieval

**PATIENT SEARCH**
Allows user to view a patient’s record. For optimal results, **limit search to one or two fields**. Incomplete First Visit Forms will not appear in Patient Search until completed.

**To search for a patient record:**
[www.praspect.org](http://www.praspect.org) > Login > Click Patient Records > Click Patient Search > Enter search information > Click Search Patients > Click **patient name**

**To download a PDF file or print patient’s prepopulated birth worksheet to include in prenatal chart for delivery hospital:**
[www.praspect.org](http://www.praspect.org) > Login > Click Patient Records > Click Patient Search > Enter search information > Click Search Patients > Click **patient name** > Click Print Birth Record > Click arrow facing down to download

---

**Patient Record (unexpanded)**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>DOB</th>
<th>Plan</th>
<th>Process Date</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday</td>
<td>Great</td>
<td>02/01/90</td>
<td>UnitedHealthcare Community</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PRA Plus Testing Provider</td>
<td>8/13/19</td>
<td>3TM</td>
</tr>
</tbody>
</table>

**Click to expand patient record**

---

**Patient Record (expanded)**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>DOB</th>
<th>Plan</th>
<th>Process Date</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday</td>
<td>Great</td>
<td>02/01/90</td>
<td>UnitedHealthcare Community</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PRA Plus Testing Provider</td>
<td>8/13/19</td>
<td>3TM</td>
</tr>
</tbody>
</table>

**Patient Information**
Name: Great Thursday
Address: 123 Lolly Lane, Camden, 98765 Camden County
Home Phone: 856-636-3636
Work Phone: 856-636-3636
Primary Language: English
Race: Multi-Racial
Emergency Contact:

**PRA History**

<table>
<thead>
<tr>
<th>Processed Date</th>
<th>Form Type</th>
<th>EDC</th>
<th>MCO</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/13/19</td>
<td>Follow-up</td>
<td>9/12/19</td>
<td>None</td>
<td>Updates to Insurance must be made on the follow up form prior to chart closure</td>
</tr>
<tr>
<td>02/28/19</td>
<td>Follow-up</td>
<td>9/12/19</td>
<td>UnitedHealthcare Community</td>
<td>Trimester Form</td>
</tr>
<tr>
<td>02/28/19</td>
<td>First Vis</td>
<td>9/12/19</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

**Click to print birth record**

---

**Click to exclude patient from list**
**PRA|SPECT Functions**

**PATIENT GROUP PRINT**
Allows user to access all First Visit forms processed in a specified date range.

To print forms by process date(s):
www.praspect.org > Login > Click Patient Records > Click Patient Group Print > Enter dates > Click Search Patients > Click Select All to select/deselect all checkboxes (Click individual checkboxes to select/deselect forms) > Click Retrieve forms > Click Open > Click PDF file > Click Open

**PATIENT LIST BY ENTRY**
Generates a list of patients by date of entry into prenatal care and includes most recent screen and date.

To view a list of patients by entry:
www.praspect.org > Login > Click Patient Records > Click List by Entry > Enter dates > Click Get List

**PATIENT LIST BY ALPHA**
Displays an alphabetical list of patients by last name.

To view a list of patients by alpha:
www.praspect.org > Login > Click Patient Records > Click Patient List by Alpha > Click letter to view list

**CURRENT PATIENTS REPORT**
Displays all forms entered within the last 9 months.

To view current patients list:
www.praspect.org > Login > Click Patient Records > Click Current Patients Report

**PROJECTED EDD REPORT**
Displays all forms with an estimated due date in the next 3 months.

To view projected EDD list:
www.praspect.org > Login > Click Patient Records > Click Projected EDD Report

**UPCOMING PATIENT DUE DATES**
Displays patients that are >28 weeks and in need of Third Trimester form completion.

To view a list of patients by upcoming due dates:
www.praspect.org > Login > Click Patient Records > Click Upcoming Patient Due Dates > Click name to access patient record
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st trimester</td>
<td>1 to 12 weeks of pregnancy.</td>
</tr>
<tr>
<td>2nd trimester</td>
<td>13 to 27 weeks of pregnancy.</td>
</tr>
<tr>
<td>3rd trimester</td>
<td>28 to 40 weeks of pregnancy.</td>
</tr>
<tr>
<td>Abdominal Surgery</td>
<td>Surgical procedure involving maternal abdominal organs.</td>
</tr>
<tr>
<td>Abnormal APF</td>
<td>Abnormal result of test for maternal serum Alpha Feto protein; used to identify structural nervous system malations in the fetus.</td>
</tr>
<tr>
<td>Abnormal Amniocentesis</td>
<td>Fetal chromosomal abnormality detected by analysis of amniotic fluid removed from amniotic sac.</td>
</tr>
<tr>
<td>Abnormal Pap Smear</td>
<td>Premalignant (before cancer) or malignant (cancer) changes detected in a sample of cells taken from a woman's cervix.</td>
</tr>
<tr>
<td>Access to pregnancy testing</td>
<td>Ability to determine how and where to get a pregnancy test.</td>
</tr>
<tr>
<td>AIDS</td>
<td>Acquired immunodeficiency syndrome. A disease of the immune system caused by the HIV virus.</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>The consumption of any alcoholic substance including beer, wine, or liquor, during pregnancy.</td>
</tr>
<tr>
<td>Allergies</td>
<td>An exaggerated immune response to substances in the environment.</td>
</tr>
<tr>
<td>Amnio Assess Lung Maturity</td>
<td>Fetal lung maturity testing involves taking a sample of amniotic fluid and testing it to determine whether the baby's lungs are mature enough for birth.</td>
</tr>
<tr>
<td>Amnio Genetic Screening</td>
<td>Genetic amniocentesis involves taking a sample of amniotic fluid and testing it for certain conditions, such as Down syndrome.</td>
</tr>
<tr>
<td>Anemia</td>
<td>Decreased ability of the blood to carry oxygen because of a reduction in the number and qualities of red blood cells.</td>
</tr>
<tr>
<td>Artificial Insemination</td>
<td>Injection of semen into the vagina or uterus other than by sexual intercourse.</td>
</tr>
<tr>
<td>Assisted Reproductive Technology</td>
<td>Technology used to achieve pregnancy in procedures such as fertility medication, artificial insemination, in vitro fertilization and surrogacy.</td>
</tr>
<tr>
<td>Asthma</td>
<td>Chronic lung disorder categorized by shortness of breath, wheezing, coughing, and tightness of the chest.</td>
</tr>
</tbody>
</table>
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism Spectrum Disorder</td>
<td>A serious developmental disorder that impairs the ability to communicate and interact.</td>
</tr>
<tr>
<td>Bleeding during current pregnancy</td>
<td>Episodes of vaginal bleeding during current pregnancy.</td>
</tr>
<tr>
<td>Blood Disorder</td>
<td>Affects one or more parts of the blood and prevents blood from doing its job.</td>
</tr>
<tr>
<td>Blood Dyscrasia</td>
<td>Abnormality in the cellular components of the blood or bone marrow.</td>
</tr>
<tr>
<td>Blood Type</td>
<td>Classification of blood based on the presence or absence of inherited antigenic substances on the surface of red blood cells. A, B, AB, or O.</td>
</tr>
<tr>
<td>Breast Feeding Consult</td>
<td>Consultation with International Board Certified Lactation Consultant.</td>
</tr>
<tr>
<td>Cancer</td>
<td>Abnormal cells with uncontrolled cell growth.</td>
</tr>
<tr>
<td>Cardiac Anomaly</td>
<td>Heart conditions that include diseased vessels, structural problems, and blood clots.</td>
</tr>
<tr>
<td>Cell Free DNA Test</td>
<td>Measures the relative amount of free fetal DNA in the mother’s blood which consists of approximately 2-6% of the total.</td>
</tr>
<tr>
<td>Cervical Cerclage</td>
<td>Treatment for cervical incompetence or insufficiency, when the cervix starts to shorten and open too early during a pregnancy causing either a late miscarriage or preterm birth.</td>
</tr>
<tr>
<td>Cervical Incompetence</td>
<td>Cervix that dilates painlessly, without contractions.</td>
</tr>
<tr>
<td>Chart #</td>
<td>Medical record number assigned by OB site.</td>
</tr>
<tr>
<td>Childcare Issues</td>
<td>Difficulty with locating or enrolling in childcare.</td>
</tr>
<tr>
<td>Childbirth Education</td>
<td>Course designed for expectant parents that reviews what to expect during pregnancy, labor, and delivery.</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>A common sexually transmitted infection that may not cause symptoms. The bacteria that causes chlamydia usually infects a woman's cervix or it may infect the urethra in men and women.</td>
</tr>
<tr>
<td>Chronic Hypertension</td>
<td>High blood pressure; transitory or sustained elevation of systematic arterial blood pressure to a level likely to induce cardiovascular disorder.</td>
</tr>
<tr>
<td>CMV</td>
<td>Cytomegalovirus is a genus of viruses in the order Herpesvirales, in the family Herpesviridae, in the subfamily Betaherpesvirinae.</td>
</tr>
</tbody>
</table>
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coarctation of the Aorta</td>
<td>A narrowing of the large blood vessel (aorta) that leads from the heart.</td>
</tr>
<tr>
<td>Cocaine</td>
<td>A powerful drug that is used in medicine to stop pain or is taken illegally for pleasure.</td>
</tr>
<tr>
<td>Commercial/Private Insurance</td>
<td>Non-Medicaid health insurance.</td>
</tr>
<tr>
<td>Community Based Services (CBS)</td>
<td>Supportive services provided by evidence-based and other programs - either in the home or at a mutually agreed upon location.</td>
</tr>
<tr>
<td>Community Based Services (CBS) Referral</td>
<td>New Jersey CBS referral that links men, women, and children to local programs and services based upon individual needs.</td>
</tr>
<tr>
<td>Congenital Anomalies</td>
<td>An often-inherited medical condition that occurs at or before birth.</td>
</tr>
<tr>
<td>Congenital Syndrome</td>
<td>Also known as congenital disease, birth defect or anomaly, is a condition existing at or before birth regardless of cause.</td>
</tr>
<tr>
<td>Couldn’t Find a Health Provider</td>
<td>Difficulty with locating or enrolling in primary healthcare services, including prenatal care.</td>
</tr>
<tr>
<td>Currently in Foster Care</td>
<td>Living in a home of a foster parent who is supervised by DCP&amp;P.</td>
</tr>
<tr>
<td>CVS</td>
<td>Chorionic villus sampling, often referred to as CVS, is a diagnostic test for identifying chromosome abnormalities and other inherited disorders.</td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
<td>Also known as CF or mucoviscidosis; a hereditary disease affecting the exocrine (mucus) glands of the lungs, liver, pancreas, and intestines, causing progressive disability due to multisystem failure.</td>
</tr>
<tr>
<td>DCP&amp;P</td>
<td>Division of Youth and Family Services: child welfare services unit in New Jersey. Formerly known as DYFS.</td>
</tr>
<tr>
<td>Department of Health (DOH)</td>
<td>Government agency that protects health and provides essential health services.</td>
</tr>
<tr>
<td>Department of Human Services (DOHS)</td>
<td>Government agency that protects health and provides essential health services.</td>
</tr>
<tr>
<td>Depression/Mental Illness</td>
<td>Clinical symptoms of depression or mental illness requiring medication or treatment.</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Disorder of carbohydrate metabolism resulting from insulin deficiency. Characterized by high blood sugar levels that result in weakness, frequent urination, increased thirst and hunger.</td>
</tr>
<tr>
<td>Diabetes Care Program</td>
<td>Disease management program specific to diabetes.</td>
</tr>
</tbody>
</table>
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled</td>
<td>Lack of ability relative to a personal or group standard or norm. May involve physical impairment such as sensory, cognitive or intellectual impairment, mental disorder, or chronic medical disease.</td>
</tr>
<tr>
<td>Division of Medical Assistance and Health Services (DMAHS)</td>
<td>Government agency that administers Medicaid's state and federally funded NJ FamilyCare and Medical Assistance.</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>A pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship.</td>
</tr>
<tr>
<td>Double Outlet Right Ventricle (DORV)</td>
<td>(DORV) is a heart disease that is present from birth (congenital).</td>
</tr>
<tr>
<td>Eating Disorder/Disorderly eating</td>
<td>Present when a person experiences severe disturbances in eating behavior, such as extreme reduction of food intake, extreme overeating, or feelings of extreme distress or concern about body weight or shape.</td>
</tr>
<tr>
<td>Ebstein Anomaly</td>
<td>A congenital heart defect in which the septal and posterior leaflets of the tricuspid valve are displaced towards the apex of the right ventricle of the heart.</td>
</tr>
<tr>
<td>Eclampsia</td>
<td>Severe and potentially fatal pre-eclampsia causing seizures (convulsions) or coma during or after pregnancy.</td>
</tr>
<tr>
<td>Ectopic Pregnancy</td>
<td>Fertilized egg implanted outside the uterus. Potentially life-threatening, must be terminated, and often requires surgery.</td>
</tr>
<tr>
<td>Education &lt; 12 yrs</td>
<td>Education level is less than high school graduate.</td>
</tr>
<tr>
<td>Emergency Assistance</td>
<td>Essential food, clothing, shelter and household furnishings, temporary rental assistance or back rent or mortgage payments, utility payments, and moving expenses for those who are homeless or at immediate risk of becoming homeless. Administered by the New Jersey Division of Family Development.</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>A disorder in which nerve cell activity in the brain is disturbed, causing seizures.</td>
</tr>
<tr>
<td>External Cephalic Version Attempted</td>
<td>External cephalic version, or version, is a procedure used to turn a fetus from a breech position or side-lying (transverse) position into a head-down (vertex) position before labor begins.</td>
</tr>
</tbody>
</table>
# Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Health Initiatives (FHI)</td>
<td>A private, nonprofit subsidiary of the Southern New Jersey Perinatal Cooperative contracted by the DOH under agreement with DMAHS.</td>
</tr>
<tr>
<td>Fertility Enhancing Drugs</td>
<td>A drug used to increase a woman's fertility.</td>
</tr>
<tr>
<td>Fetal/Genetic/Structural Abnormalities</td>
<td>Abnormalities in the fetus (heart, kidneys, lungs, etc) determined by ultrasounds or chromosomal analysis.</td>
</tr>
<tr>
<td>Fetal Death</td>
<td>Fetus born ≥ 20 weeks gestation with no signs of life.</td>
</tr>
<tr>
<td>Fetal Reduction</td>
<td>Selective termination of one or more fetuses in a multi-fetal pregnancy.</td>
</tr>
<tr>
<td>Financial</td>
<td>Difficulty with personal finances.</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>Program offered by the Food and Nutrition Services, which provides benefits to low-income people that can be used to buy food to improve their diets.</td>
</tr>
<tr>
<td>Gestational Diabetes</td>
<td>Occurrence or worsening of diabetes during pregnancy.</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>A sexually transmitted bacterial infection that, if untreated, may cause infertility.</td>
</tr>
<tr>
<td>Group B Strep (GBS)</td>
<td>Streptococcal infection occurring in the mother’s vagina and throat.</td>
</tr>
<tr>
<td>Heart Condition</td>
<td>Diagnosed heart problem requiring medications or limitations of physical activity.</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>Highly contagious liver infection caused by the hepatitis A virus.</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Infectious disease that affects the liver.</td>
</tr>
<tr>
<td>Hepatitis B Serology</td>
<td>Testing involves measurement of several hepatitis B viruses.</td>
</tr>
<tr>
<td>Hepatitis B Surface Antigen</td>
<td>“Surface antigen” is part of the hepatitis B virus that is found in the blood of someone who is infected.</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>An infection caused by a virus that attacks the liver and leads to inflammation.</td>
</tr>
<tr>
<td>Heroin</td>
<td>An opioid drug made from morphine that is used as a recreational drug for its euphoric effects.</td>
</tr>
<tr>
<td>History of PROM</td>
<td>History of premature rupture of the membranes (amniotic sac).</td>
</tr>
<tr>
<td>HIV Positive</td>
<td>Serologic presence of human immunodeficiency virus (HIV).</td>
</tr>
</tbody>
</table>
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless</td>
<td>Current lack of permanent housing.</td>
</tr>
<tr>
<td>Home Visiting (Community Based Services)</td>
<td>Supportive services provided by evidence-based and other programs- in the home.</td>
</tr>
<tr>
<td>HPV</td>
<td>An infection that causes warts in various parts of the body, depending on the strain.</td>
</tr>
<tr>
<td>Hyperemesis</td>
<td>Severe nausea, dehydration, and vomiting during pregnancy. Occurs most frequently during the 1st trimester.</td>
</tr>
<tr>
<td>Hypertension</td>
<td>A condition in which the force of the blood against the artery walls is too high.</td>
</tr>
<tr>
<td>Hypoplastic Left Heart</td>
<td>A rare congenital heart defect in which the left heart is severely underdeveloped.</td>
</tr>
<tr>
<td>Illicit Drug Use</td>
<td>Abuse of illegal drugs and/or the misuse of prescription medications or household substances ... use of any illegal or street drug during pregnancy.</td>
</tr>
<tr>
<td>Inadequate Social Support</td>
<td>Lacking family or other supportive relationships.</td>
</tr>
<tr>
<td>Influenza</td>
<td>Influenza is a viral infection that attacks your respiratory system — your nose, throat and lungs. May be fatal in at-risk populations.</td>
</tr>
<tr>
<td>Interrupted Aortic Arch</td>
<td>(IAA) is a relatively rare genetic disorder that usually occurs in association with a nonrestrictive ventricular septal defect (VSD) and ductus arteriosus or, less commonly, with a large aortopulmonary window or truncus arteriosus.</td>
</tr>
<tr>
<td>Intrauterine Insemination</td>
<td>(IUI) is a fertility treatment that involves placing sperm inside a woman's uterus to facilitate fertilization.</td>
</tr>
<tr>
<td>Listeria</td>
<td>Listeriosis, a serious infection usually caused by eating food contaminated with the bacterium Listeria monocytogenes.</td>
</tr>
<tr>
<td>Low Income</td>
<td>Insufficient monetary funds to support an individual or household.</td>
</tr>
<tr>
<td>Lung Disease</td>
<td>Any problem in the lungs that prevents the lungs from working properly.</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>A bacterial infection primarily transmitted by Ixodes ticks.</td>
</tr>
<tr>
<td>Malaria</td>
<td>A mosquito-borne infectious disease of humans and other animals caused by parasitic protozoans belonging to the Plasmodium type.</td>
</tr>
<tr>
<td>Marijuana</td>
<td>Cannabis, also known as marijuana among other names, is a preparation of the Cannabis plant intended for use as a psychoactive drug or medicine.</td>
</tr>
<tr>
<td>Glossary</td>
<td>Definition</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Medicaid MC &amp; MCO</td>
<td>Managed Care (MC) are healthcare organizations that contract with a network of providers to cover services to their enrollees. Medicaid Managed Care Organizations (MMCOs) are responsible for providing or arranging for the full range of healthcare services.</td>
</tr>
<tr>
<td>Medicaid PE</td>
<td>Presumptive eligibility (PE) allows children and pregnant women to get access to Medicaid or Chip services without having to wait for their application to be fully processed.</td>
</tr>
<tr>
<td>Medicare</td>
<td>Provides health insurance for Americans aged 65 and older who have worked and paid into the system. It also provides health insurance to younger people with disabilities, end stage renal disease and amyotrophic lateral sclerosis.</td>
</tr>
<tr>
<td>NJ Family Care</td>
<td>New Jersey's publicly funded health insurance program including CHIP, Medicaid and Medicaid expansion populations.</td>
</tr>
<tr>
<td>Opiate Dependence</td>
<td>Physical reliance on opioids (substance found in certain prescription pain medication and illegal drugs like heroin).</td>
</tr>
<tr>
<td>Opioid Replacement Treatment</td>
<td>Also called opioid substitution therapy or opioid maintenance therapy – replaces an illegal opioid such as heroin with a longer acting but less euphoric opioid. Such as methadone or buprenorphine.</td>
</tr>
<tr>
<td>Parvovirus</td>
<td>(CPV) infection is a highly contagious viral illness that affects dogs.</td>
</tr>
<tr>
<td>Planned Delivery Site Code</td>
<td>Three-digit code assigned to patient’s intended delivery hospital.</td>
</tr>
<tr>
<td>PRA</td>
<td>SPECT</td>
</tr>
<tr>
<td>Preeclampsia</td>
<td>Preeclampsia is high blood pressure that occurs after 20 weeks of pregnancy. Signs of preeclampsia include headache and nausea.</td>
</tr>
<tr>
<td>Prevention Education</td>
<td>Educational methods or activities that seek to reduce or deter specific or predictable problems, protect the current state of well-being, or promote desired outcomes or behaviors.</td>
</tr>
<tr>
<td>Primary Care</td>
<td>A patient's main source for regular medical care, ideally providing continuity and integration and coordination of health care services.</td>
</tr>
</tbody>
</table>
# Glossary

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Pulmonary Atresia</td>
<td>A form of heart disease that occurs from birth (congenital heart disease), in which the pulmonary valve does not form properly.</td>
</tr>
<tr>
<td>Pyelonephritis</td>
<td>Inflammation of the kidney due to a bacterial infection.</td>
</tr>
<tr>
<td>Rh Factor</td>
<td>An inherited protein found on the surface of red blood cells. If blood has protein, it is positive. If blood lacks protein, it is negative.</td>
</tr>
<tr>
<td>Rh Sensitization</td>
<td>A woman with a negative blood type (Rh negative) who has produced antibodies against her fetus with a positive blood type (Rh positive). The mother's body considered the fetal blood cells a foreign object and mounted an immune attack on it.</td>
</tr>
<tr>
<td>Rubella</td>
<td>A contagious viral infection preventable by vaccine and best known by its distinctive red rash.</td>
</tr>
<tr>
<td>Seizure Disorder</td>
<td>A disorder in which nerve cell activity in the brain is disturbed, causing seizures.</td>
</tr>
<tr>
<td>Selective Fetal Reduction</td>
<td>The practice of reducing the number of fetuses in a multifetal pregnancy.</td>
</tr>
<tr>
<td>Sensitive/Bleeding Gums</td>
<td>Swollen, red, tender gums that bleed when flossed or brushed. Also known as pregnancy gingivitis.</td>
</tr>
<tr>
<td>Single Ventricle</td>
<td>A type of heart defect that a child is born with. It occurs when one of the two pumping chambers in the heart, called ventricles, isn’t large enough or strong enough to work correctly.</td>
</tr>
<tr>
<td>Substance Abuse Prevention Education</td>
<td>Information on the effects of substance use.</td>
</tr>
<tr>
<td>Syphilis</td>
<td>A highly contagious disease spread primarily by sexual activity, caused by the bacteria Treponema pallidum.</td>
</tr>
<tr>
<td>Syphilis Serology</td>
<td>Tests detect antibodies in the blood and sometimes in the cerebrospinal fluid (CSF)</td>
</tr>
<tr>
<td>Tetralogy of Fallot</td>
<td>A rare congenital heart defect which is classically understood to involve four anatomical abnormalities of the heart in which blood flow is obstructed out of the right ventricle and into lungs.</td>
</tr>
<tr>
<td>Thalassemia</td>
<td>A blood disorder involving less than normal amounts of an oxygen-carrying protein.</td>
</tr>
<tr>
<td>Tocolysis</td>
<td>Tocolytics are medications used to suppress premature labor. They are given when delivery would result in premature birth.</td>
</tr>
</tbody>
</table>
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Anomalous Pulmonary Venous Return</td>
<td>A rare congenital malformation in which all four pulmonary veins do not connect normally to the left atrium.</td>
</tr>
<tr>
<td>Toxoplasmosis</td>
<td>Results from infection with a common parasite found in cat feces and contaminated food.</td>
</tr>
<tr>
<td>Transposition of Great Arteries</td>
<td>(TGA) is a congenital heart condition that is present at birth in which the aorta and pulmonary are abnormally connected to the heart.</td>
</tr>
<tr>
<td>Trauma</td>
<td>A deeply distressing or disturbing experience or physical injury.</td>
</tr>
<tr>
<td>Truncus Arteriosus</td>
<td>A rare type of heart disease that occurs at birth (congenital heart disease), in which a single blood vessel (truncus arteriosus) comes out of the right and left ventricles, instead of the normal two vessels (pulmonary artery and aorta).</td>
</tr>
<tr>
<td>Tricuspid Atresia</td>
<td>A form of congenital heart disease whereby there is a complete absence of the tricuspid valve. Therefore, there is an absence of right atrioventricular connection. This leads to a hypoplastic (undersized) or absent right ventricle.</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>A method of producing images of the inside of the body by using a machine that produces sound waves which are too high to be heard.</td>
</tr>
<tr>
<td>Uninsured/Self Pay</td>
<td>Includes charity pay, persons with no health insurance, and persons who pay cash for their healthcare.</td>
</tr>
<tr>
<td>Varicella Zoster</td>
<td>Virus (VZV) causes chickenpox and herpes zoster (shingles).</td>
</tr>
<tr>
<td>Vital Information Platform (VIP)</td>
<td>Web-enabled application <a href="http://www.vip.nj.gov">www.vip.nj.gov</a> used to register New Jersey vital events and related medical data.</td>
</tr>
<tr>
<td>West Nile Virus</td>
<td>West Nile fever is a mosquito-borne infection by the West Nile virus, and can cause neurological disease and death in people.</td>
</tr>
</tbody>
</table>
# MCHC Contacts & Delivery Hospitals

**Contact the Regional Maternal and Child Health Consortia and the NJ Prevention Network for behavioral health referral assistance:**

- **Partnership for Maternal & Child Health of Northern NJ:**
- **Central Jersey Family Health Consortium:**
  - Hunterdon, Middlesex, Mercer, Somerset, and Union (Plainfield portion) counties: 732–937–5437
  - Monmouth and Ocean counties: 732–363–5400
- **Southern New Jersey Perinatal Cooperative:**
  - Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, and Salem counties: 856–665–6000

## Delivery Site Codes (by county):

### Atlantic County
- 395 – AtlantiCare Regional Medical Center
- 700 – Shore Medical Center

### Bergen County
- 180 – Englewood Hospital and Medical Center
- 270 – HMH Hackensack University Medical Center
- 530 – HMH Pascack Valley Medical Center
- 290 – Holy Name Medical Center
- 830 – The Valley Hospital

### Burlington County
- 080 – Virtua Memorial Hospital

### Camden County
- 508 – Virtua Our Lady of Lourdes Hospital
- 115 – Cooper University Hospital
- 897 – Virtua Voorhees Hospital

### Cape May County
- 077 – Cape Regional Medical Center

### Cumberland County
- 485 – Inspira Medical Center Vineland

### Essex County
- 055 – RWJBH Newark Beth Israel Medical Center
- 385 – RWJBH Clara Maass Medical Center
- 470 – HMH Mountainside Medical Center
- 480 – University Hospital
- 640 – RWJBH Saint Barnabas Medical Center

### Gloucester County
- 595 – Inspira Medical Center Mullica Hill
- 887 – Jefferson Washington Township Hospital

### Hudson County
- 100 – CarePoint Health Christ Hospital
- 433 – RWJBH Jersey City Medical Center
- 502 – HMH Palisades Medical Center
- 609 – Hudson Regional Medical Center
- 670 – CarePoint Health Hoboken University Medical Center

### Hunterdon County
- 305 – Hunterdon Medical Center

### Mercer County
- 415 – Capital Health Regional Medical Center
- 440 – Capital Health Medical Center Hopewell

### Middlesex County
- 333 – HMH JFK Medical Center
- 445 – RWJBH Robert Wood Johnson University Hospital
- 555 – HMH Raritan Bay Medical Center
- 570 – Penn Medicine Princeton Medical Center
- 685 – Saint Peter’s University Hospital

### Monmouth County
- 215 – CentraState Healthcare System
- 220 – HMH Jersey Shore University Medical Center
- 455 – RWJBH Monmouth Medical Center
- 610 – HMH Riverview Medical Center

### Morris County
- 097 – Chilton Medical Center
- 465 – Morristown Medical Center
- 643 – Saint Clare’s Denville Hospital
- N/A – Our Birthing Center

### Ocean County
- 070 – HMH Ocean Medical Center
- 122 – RWJBH Community Medical Center
- 626 – HMH Southern Ocean Medical Center

### Passaic County
- 660 – St. Joseph’s University Medical Center
- 675 – St. Mary’s General Hospital

### Salem County
- 177 – Inspira Elmer

### Somerset County
- 705 – RWJBH Somerset Medical Center

### Sussex County
- 490 – Newton Medical Center

### Union County
- 510 – Overlook Medical Center
- 645 – Trinitas Regional Medical Center
- N/A – The Birth Center of New Jersey
Notes

PRA MMCO Contacts

AETNA BETTER HEALTH 855-232-3596
AMERIGROUP 800-454-3730
HORIZON NJ HEALTH 800-682-9094
UNITEDHEALTHCARE 800-599-5985
WELLCARE 866-530-9491

For further assistance please contact FHI 856-665-6000 or pra@fhiworks.org