

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
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Department of Health under agreement with Division of Medical Assistance and Health Services

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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 \(VIP\)](#) 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.

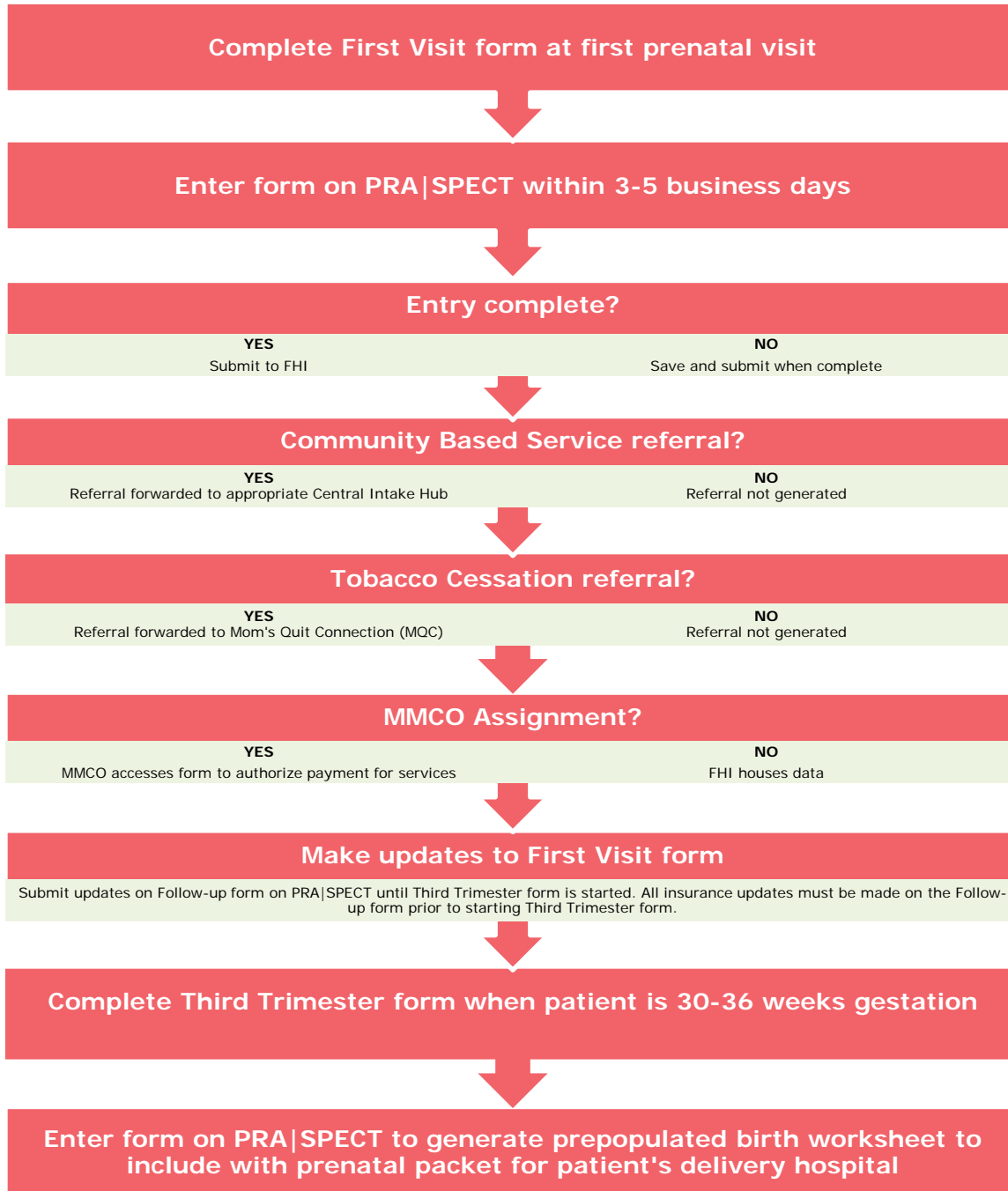
To unlock a user account (local administrator only):

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



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



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ALL FIELDS REQUIRED **PLEASE PRINT CLEARLY**

Date Form Completed SSN Insurance ID/Medicaid # Insurance Effective Date

Provider Information

Chart #

Planned Delivery Site Code

Patient Information Last Name First Name Date of Birth

Street Address City

Zip Code County Primary Phone - - Preferred Contact Text Call

Emergency Contact Name Emergency Contact Phone - -

Name of Father of the Baby Father of Baby Involved Yes No
Married Yes No

Race <i>(Choose one)</i> <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> Other	Ethnicity Hispanic <input type="radio"/> Yes <input type="radio"/> Native American <input type="radio"/> Multi-Racial <input type="radio"/> Alaskan/Pacific Islander <input type="radio"/> Other	Primary Language <i>(Choose one)</i> <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other <i>(specify)</i> _____	Health Insurance <i>(Select all that apply)</i> <input type="radio"/> Medicare <input type="radio"/> Medicaid PE <input type="radio"/> Medicaid FFS <input type="radio"/> Medicaid MCO <input type="radio"/> NJ Family Care <input type="radio"/> Commercial/Private <input type="radio"/> Uninsured/Self Pay	Medicaid MCO <i>(Choose one)</i> <input type="radio"/> Aetna Better Health <input type="radio"/> Amerigroup <input type="radio"/> Horizon NJ Health <input type="radio"/> UnitedHealthcare Community <input type="radio"/> WellCare <input type="radio"/> None
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Entry into Prenatal Care 1st Visit <input type="text"/> - <input type="text"/> - <input type="text"/> 1st Visit Under MCO <input type="text"/> - <input type="text"/> - <input type="text"/> LMP <input type="text"/> - <input type="text"/> - <input type="text"/> EDD <input type="text"/> - <input type="text"/> - <input type="text"/>	Perinatal History First pregnancy? <input type="radio"/> Yes <input type="radio"/> No <i>If Yes, skip to Physical Assessment</i> Date of last live birth <input type="text"/> - <input type="text"/> - <input type="text"/> Date of last other pregnancy outcome <input type="text"/> - <input type="text"/> - <input type="text"/> # Pregnancies Including Current _____ # Previous Live Births _____ # Live Births Now Living _____ # Term Births ≥ 37 wks _____ # Preterm Births < 37 wks _____ # Previous Cesarean Sections _____	Physical Assessment Blood Pressure <input type="text"/> / <input type="text"/> Pre Pregnancy Weight (lbs) <input type="text"/> Current Weight (lbs) <input type="text"/> # Miscariages < 20 wks _____ # Fetal Deaths ≥ 20 wks _____ # Induced Terminations _____ # Ectopic or Molar Pregnancies _____ Height (ft-inches) <input type="text"/> - <input type="text"/> Bleeding During Current Pregnancy <input type="radio"/> 1st Trimester <input type="radio"/> 2nd Trimester <input type="radio"/> 3rd Trimester <input type="radio"/> None
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Infertility Treatment No Fertility enhancing drugs, artificial insemination or intrauterine insemination Assisted reproductive technology (IVF, GIFT, ZIFT)
If No Skip to Pregnancy Risk
 Taken by Mother Taken by Father Insemination

Pregnancy Risk Factors	Current Pregnancy			Prior Pregnancy			Current Pregnancy			Prior Pregnancy									
	Y	N	Unk	Y	N	Unk	Y	N	Unk	Y	N	Unk							
Low Birth Weight (< 2500gm)	na	na	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fetal Reduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	Group B Strep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of PROM	na	na	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Macrosomia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Urinary Tract Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	IUGR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hepatitis A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	Oligo/Polyhydramnios	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Gestational Diabetes <i>Insulin Dependent</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	<input type="radio"/>	Abnormal Amniocentesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hepatitis C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PIH/Preeclampsia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abnormal AFP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eclampsia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Maternal Fetal Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Illicit Drug Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placenta Previa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abdominal Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	Opiate Dependence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical Incompetence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fetal Genetic/Structural Abnorm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Opioid Replacement Tx	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multiple Gestation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	Pyelonephritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cats or Birds in Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na

PRA ID


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First Visit Form (page 2)



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ALL FIELDS REQUIRED

Provider Chart #

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Current Medical Conditions/Risks

	Yes	No	Unk	On Meds	Patient History		Yes	No	Unk	On Meds	Patient History		Yes	No	Unk	On Meds	Patient History
Neurological Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Blood Dyscrasia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Congenital Abnormalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	<input type="radio"/>
Seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abnormal Pap Smear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	<input type="radio"/>
Depression/Mental Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Insulin Dependent	<input type="radio"/>	<input type="radio"/>	na	na	na	STD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thyroid Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuberculosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sickle Cell Trait	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	Sensitive/Bleeding Gums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na
Cystic Fibrosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	Sickle Cell Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	2nd or 3rd Hand Smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na
Heart Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Liver Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Home Built Before 1978	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na
Chronic Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Renal Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Dental Visit w/in the Year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na
Thalassemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	Lupus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	HIV Positive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na
Phlebitis/DVT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na
Anemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Uterine Abnormalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	HIV Test Refused	<input type="radio"/>	<input type="radio"/>	na	na	na

Psychosocial Risk Factors

Yes	No	Unk	Yes	No	Unk	Yes	No	Unk	Reason for Late Entry to Prenatal Care			
Disabled	<input type="radio"/>	<input type="radio"/>	Nutritional Concerns	<input type="radio"/>	<input type="radio"/>	Unemployed/Inadequate Income	<input type="radio"/>	<input type="radio"/>	Transportation	<input type="radio"/>	Insurance Enrollment Delay	<input type="radio"/>
Homeless	<input type="radio"/>	<input type="radio"/>	Unplanned Pregnancy	<input type="radio"/>	<input type="radio"/>	Husband/Partner is Unemployed	<input type="radio"/>	<input type="radio"/>	Financial	<input type="radio"/>	Couldn't Find a Health Provider	<input type="radio"/>
Unstable Housing	<input type="radio"/>	<input type="radio"/>	Perinatal Depression	<input type="radio"/>	<input type="radio"/>	Inadequate Social Support	<input type="radio"/>	<input type="radio"/>	Child Care Issues	<input type="radio"/>	Unaware of Importance of PNC	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	Domestic Violence	<input type="radio"/>	<input type="radio"/>	Currently in Foster Care	<input type="radio"/>	<input type="radio"/>	Access to Preg Test	<input type="radio"/>	Abortion Desired/Unsuccessful	<input type="radio"/>
Eating Disorder	<input type="radio"/>	<input type="radio"/>	Education <12 Years	<input type="radio"/>	<input type="radio"/>				Unaware of Pregnancy	<input type="radio"/>		

Smoking/Tobacco Use

Non Smoker How many cigarettes OR packs did you smoke per day in the three months before pregnancy? Cigarettes OR Packs

4Ps Plus

	Yes	No		Yes	No
Did either of your parents have a problem with drugs or alcohol	<input type="radio"/>	<input type="radio"/>	Have you ever drunk beer/wine/liquor	<input type="radio"/>	<input type="radio"/>
Does your partner have any problem with drugs or alcohol	<input type="radio"/>	<input type="radio"/>	In the month before you knew you were pregnant	<input type="radio"/>	<input type="radio"/>
Have you ever felt manipulated by your partner	<input type="radio"/>	<input type="radio"/>	How many cigarettes did you smoke	<input type="radio"/>	<input type="radio"/>
Have you ever felt out of control or helpless	<input type="radio"/>	<input type="radio"/>	How much beer/wine/liquor did you drink	<input type="radio"/>	<input type="radio"/>
Over the past 2 weeks			How much marijuana did you use	<input type="radio"/>	<input type="radio"/>
Have you felt down, depressed or hopeless	<input type="radio"/>	<input type="radio"/>			
Have you felt little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>			

If Any is checked, continue with the 4Ps Follow-Up Questions


4Ps Plus Follow-up Questions (if *Any above was checked)

In the month before you knew you were pregnant :	Refer for Assessment Every Day	3-6 Days/Wk	Prevention Education 1-2 Days/Wk	<1 Day/Wk	No Referral Needed Did Not Drink/Use Drugs
About how many days a week did you usually drink beer / wine / liquor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use any drug such as marijuana, cocaine or heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
And now, about how many days a week do you usually drink beer / wine / liquor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use any drug such as marijuana, cocaine or heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Referrals/Education


	Referred	Receiving Services	Referral Needed	Refused	Not Needed		Referred	Receiving Services	Referral Needed	Refused	Not Needed	Medications/Comments
Tobacco Cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Childbirth Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Substance Abuse Prevention Ed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Breastfeeding Consult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Substance Abuse Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Emergency Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mental Health Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	TANF/GA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Domestic Violence Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	WIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Diabetes Care Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SSI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Preterm Labor Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DCP&P	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Nutritional Consult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food Stamps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Community Based Services*	<input type="radio"/>	na	na	<input type="radio"/>	<input type="radio"/>	Dental Referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

* Includes referrals to local Community Health Worker, Community Home Visiting and other supportive services



16152

PRA ID



16152

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Version 2: TF1931201706

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)

First Visit Form Review | [Submit](#) | [Exit Page](#)

<ul style="list-style-type: none"> • Patient Information • Medical Information • Pregnancy Risk Factors • Current Medical Conditions • Psychosocial Risk Factors • 4Ps Plus • Referrals/Education • Review Submit Exit 	<p>PRA Form Review / Submit</p> <table border="1"> <thead> <tr> <th colspan="3">PRA Form Options</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/> Save</td> <td>Save the PRA Form</td> <td>The form will be retrievable by any member of your practice site. All required fields must be complete to submit the form.</td> </tr> <tr> <td><input type="radio"/> Submit</td> <td>Submit the PRA Form</td> <td>The form will be accessible by the healthcare plans. Submitted forms cannot be removed from the system.</td> </tr> <tr> <td><input type="radio"/> Remove</td> <td>Remove the PRA Form</td> <td>The form will be removed from the system and all information will be deleted.</td> </tr> <tr> <td colspan="2">Internal Message</td> <td>You may add notes regarding the form that are only accessible by members of your practice site.</td> </tr> <tr> <td colspan="2"> <input type="text"/> </td> <td></td> </tr> </tbody> </table> <p style="text-align: right;">Enter Selection</p>	PRA Form Options			<input type="radio"/> Save	Save the PRA Form	The form will be retrievable by any member of your practice site. All required fields must be complete to submit the form.	<input type="radio"/> Submit	Submit the PRA Form	The form will be accessible by the healthcare plans. Submitted forms cannot be removed from the system.	<input type="radio"/> Remove	Remove the PRA Form	The form will be removed from the system and all information will be deleted.	Internal Message		You may add notes regarding the form that are only accessible by members of your practice site.	<input type="text"/>		
PRA Form Options																			
<input type="radio"/> Save	Save the PRA Form	The form will be retrievable by any member of your practice site. All required fields must be complete to submit the form.																	
<input type="radio"/> Submit	Submit the PRA Form	The form will be accessible by the healthcare plans. Submitted forms cannot be removed from the system.																	
<input type="radio"/> Remove	Remove the PRA Form	The form will be removed from the system and all information will be deleted.																	
Internal Message		You may add notes regarding the form that are only accessible by members of your practice site.																	
<input type="text"/>																			

Click navigation bar to access sections in any order

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:

Aetna Better Health	855-296-0323	UnitedHealthcare	888-840-9284
Amerigroup	877-244-1962	WellCare	888-340-9512
Horizon NJ Health	<i>no need to fax</i>		

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 > 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 > 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 > 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 > 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

To remove a patient from the 17P List (patient refusal, miscarriage, transfer, etc.):

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-hydroxprogesterone caproate (17P) Request Form

First Name Last Name DOB - -

Street Address City

State Zip Code Primary Phone# - -

Current Gestational Age: week(s) days Date Recorded: - -

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 <input type="radio"/> Phone <input type="radio"/> Fax <input type="radio"/> Email	Is the patient currently receiving 17P? <input type="radio"/> Yes <input type="radio"/> No ICD-10 Code: <input type="radio"/> O09.212 - Supervision of pregnancy with history of preterm labor, second trimester <input type="radio"/> O09.213 - Supervision of pregnancy with history of preterm labor, third trimester <input type="radio"/> O09.219 - Supervision of pregnancy with history of preterm labor, unspecified trimester Rx: <input type="radio"/> Makena® (hydroxyprogesterone caproate injection) Subcutaneous Auto-Injector <input type="radio"/> Hydroxyprogesterone Caproate Injection 250 mg/mL (J1725) <input type="radio"/> Compounded 17p <input type="radio"/> Dispense: 4 x 1 mL single-dose, preservative-free vials (64011-247-02) or 4 x Subcutaneous Auto-Injectors _____ refills <input type="radio"/> Sig: Inject 1 mL IM each week <input type="radio"/> 18-g needles & 3 mL syringe _____ # <input type="radio"/> 21-g 1 1/2 needle _____ #
--	--

Is the patient on strict bedrest? Yes No **Please Ship To:**
 Prescriber
 Patient

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 _____

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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**

Date Form Completed: -- SSN: -- Insurance ID/Medicaid #: Insurance Effective Date: --

Provider Information
Chart #: Planned Delivery Site Code:

Patient Information
Last Name: First Name: Date of Birth: --
Street Address: City:
Zip Code: County: Primary Phone: -- Preferred Contact: Text Call
Emergency Contact Name: Emergency Contact Phone: --
Name of Father of the Baby: **Father of Baby Involved** Yes No
Married Yes No

Race (Choose one): Black White Asian Other
Ethnicity (Choose one): Hispanic Native American Multi-Racial Alaskan/Pacific Islander Other
Primary Language (Choose one): English Spanish Other (specify) _____
Health Insurance (Select all that apply): Medicare Medicaid PE Medicaid FFS Medicaid MCO NJ Family Care Commercial/Private Uninsured/Self Pay
Medicaid MCO (Choose one): Aetna Better Health Amerigroup Horizon NJ Health UnitedHealthcare Community WellCare None

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

Perinatal History First pregnancy? Yes No *If Yes, skip to Physical Assessment*
Date of last live birth: -- Date of last other pregnancy outcome: --
Pregnancies Including Current: _____ # Miscariages < 20 wks: _____
Previous Live Births: _____ # Fetal Deaths ≥ 20 wks: _____
Live Births Now Living: _____ # Induced Terminations: _____
Term Births ≥ 37 wks: _____ # Ectopic or Molar Pregnancies: _____
Preterm Births < 37 wks: _____ # Previous Cesarean Sections: _____

Physical Assessment
Blood Pressure: /
Pre Pregnancy Weight (lbs): Current Weight (lbs):
Height (ft-inches): -
Bleeding During Current Pregnancy
 1st Trimester 2nd Trimester 3rd Trimester None

Infertility Treatment No Fertility enhancing drugs, artificial insemination or intrauterine insemination Assisted reproductive technology (IVF, GIFT, ZIFT)
If No Skip to Pregnancy Risk
[] Taken by Mother [] Taken by Father [] Insemination


Pregnancy Risk Factors	Current Pregnancy			Prior Pregnancy		
	Y	N	Unk	Y	N	Unk
Low Birth Weight (< 2500gm)	na	na	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of PROM	na	na	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	<input type="radio"/>
Gestational Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insulin Dependent	<input type="radio"/>	na	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PIH/Preeclampsia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eclampsia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Placenta Previa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical Incompetence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multiple Gestation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	<input type="radio"/>
Fetal Reduction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Macrosomia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IUGR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oligo/Polyhydramnios	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abnormal Amniocentesis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abnormal AFP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal Fetal Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	<input type="radio"/>
Fetal Genetic/Structural Abnorm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rh Negative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na	na	<input type="radio"/>
Pyelonephritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group B Strep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urinary Tract Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na
Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illicit Drug Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opiate Dependence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioid Replacement Tx	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cats or Birds in Home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	na

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F-VF Page 1 of 2

Follow-up Form (page 2)


 16152

ALL FIELDS REQUIRED

Provider Chart #

--	--	--	--	--	--	--	--	--	--

Current Medical Conditions/Risks

	Yes			No			Unk			On Meds			Patient History		
	Y	N	U	Y	N	U	Y	N	U	Y	N	U	Y	N	U
Neurological Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression/Mental Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuberculosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cystic Fibrosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thalassemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phlebitis/DVT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Psychosocial Risk Factors

Yes			No			Unk					
Y	N	U	Y	N	U	Y	N	U			
Disabled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nutritional Concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Unemployed/Inadequate Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Unplanned Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Husband/Partner is Unemployed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unstable Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Perinatal Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Inadequate Social Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Currently in Foster Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Education <12 Years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

Reason for Late Entry to Prenatal Care

Yes		No	
Y	N	Y	N
Transportation	<input type="radio"/>	Insurance Enrollment Delay	<input type="radio"/>
Financial	<input type="radio"/>	Couldn't Find a Health Provider	<input type="radio"/>
Child Care Issues	<input type="radio"/>	Unaware of Importance of PNC	<input type="radio"/>
Access to Preg Test	<input type="radio"/>	Abortion Desired/Unsuccessful	<input type="radio"/>
Unaware of Pregnancy	<input type="radio"/>		

Smoking/Tobacco Use

Non Smoker How many cigarettes OR packs did you smoke per day in the three months before pregnancy?

Cigarettes Packs
 OR

4Ps Plus

Yes		No			
Y	N	Y	N		
Did either of your parents have a problem with drugs or alcohol	<input type="radio"/>	<input type="radio"/>	Have you ever drunk beer/wine/liquor	<input type="radio"/>	<input type="radio"/>
Does your partner have any problem with drugs or alcohol	<input type="radio"/>	<input type="radio"/>	In the month before you knew you were pregnant	*Any	None
Have you ever felt manipulated by your partner	<input type="radio"/>	<input type="radio"/>		How many cigarettes did you smoke	<input type="radio"/>
Have you ever felt out of control or helpless	<input type="radio"/>	<input type="radio"/>	How much beer/wine/liquor did you drink	<input type="radio"/>	<input type="radio"/>
Over the past 2 weeks			How much marijuana did you use	<input type="radio"/>	<input type="radio"/>
Have you felt down, depressed or hopeless	<input type="radio"/>	<input type="radio"/>			
Have you felt little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>			

If Any is checked, continue with the 4Ps Follow-Up Questions


4Ps Plus Follow-up Questions (if *Any above was checked)

	Refer for Assessment		Prevention Education		No Referral Needed Did Not Drink/Use Drugs
	Every Day	3-6 Days/Wk	1-2 Days/Wk	<1 Day/Wk	
In the month before you knew you were pregnant:					
About how many days a week did you usually drink beer / wine / liquor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use any drug such as marijuana, cocaine or heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
And now, about how many days a week do you usually drink beer / wine / liquor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use any drug such as marijuana, cocaine or heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Referrals/Education

	Referrals					Education					Medications/Comments
	Referred	Receiving Services	Referral Needed	Refused	Not Needed	Referred	Receiving Services	Referral Needed	Refused	Not Needed	
Tobacco Cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Childbirth Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Prevention Ed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Breastfeeding Consult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Emergency Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	TANF/GA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	WIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes Care Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SSI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preterm Labor Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DCP&P	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutritional Consult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food Stamps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Based Services*	<input type="radio"/>	na	na	<input type="radio"/>	<input type="radio"/>	Dental Referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Includes referrals to local Community Health Worker, Community Home Visiting and other supportive services


 16152

PRA ID


 16152

Version 3: TF11531 201706

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FVF Page 2 of 2

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 > 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](#)

- Patient Information
- Medical Information
- Pregnancy Risk Factors
- Current Medical Conditions
- Psychosocial Risk Factors
- 4Ps Plus
- Referrals/Education
- Review | Submit | Exit

Follow-up Form Review / Submit

Follow-up Form Options		
<input type="radio"/>	Submit	Submit the PRA Form
The form will be accessible by the healthcare plans. Submitted forms cannot be removed from the system.		
<input type="radio"/>	Remove	Remove the PRA Form
The form will be removed from the system and all information will be deleted.		

Form Completion Summary	
PRA Form Section	Data Entered
Patient Information*	Required Information Completed
Medical Information*	Required Information Completed
Pregnancy Risk Factors*	Required Information Completed
Current Medical Conditions*	Required Information Completed
Psychosocial Risk Factors*	Required Information Completed
4Ps Plus*	Required Information Completed
Referrals/Education *	Required Information Completed

Click navigation bar to access sections in any order

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 \(OVS\)](#) 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

42628
Date Form Completed - -

ALL FIELDS REQUIRED **PLEASE PRINT CLEARLY**

Provider Information

PRA OBGYN - (Provider Address, Phone, Fax)

Patient Information

Name _____ Date of Birth _____
 Address _____ Primary Phone _____
 County _____ SSN# _____
 Provider Chart # _____

New Information

Name _____ SSN# _____
 Address _____
 County _____
 Primary Phone _____ Preferred Contact Call Text

Current Pregnancy Risk Factors

	Y	N	Unk		Y	N	Unk	Status		Status		
								Y	N	Y	N	
Toxoplasmosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CMV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Maternal Fetal Infection	<input type="radio"/>	<input type="radio"/>
Listeria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	HPV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abdominal Surgery	<input type="radio"/>	<input type="radio"/>
Influenza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Chlamydia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Fetal Genetic/Structural Abnorm	<input type="radio"/>	<input type="radio"/>
Varicella Zoster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Syphilis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pyelonephritis	<input type="radio"/>	<input type="radio"/>
Rubella	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gonorrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Urinary Tract Infection	<input type="radio"/>	<input type="radio"/>
Parvovirus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Group B Strep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hepatitis A	<input type="radio"/>	<input type="radio"/>
West Nile Virus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hepatitis B	<input type="radio"/>	<input type="radio"/>
Lyme Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Rh Sensitization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Hepatitis C	<input type="radio"/>	<input type="radio"/>
Malaria	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>	<input type="radio"/>	Alcohol Use	<input type="radio"/>	<input type="radio"/>
								<input type="radio"/>	<input type="radio"/>	Illicit Drug Use	<input type="radio"/>	<input type="radio"/>
								<input type="radio"/>	<input type="radio"/>	Opiate Dependency	<input type="radio"/>	<input type="radio"/>
								<input type="radio"/>	<input type="radio"/>	Opioid Replacement Tx	<input type="radio"/>	<input type="radio"/>
								<input type="radio"/>	<input type="radio"/>	Abnormal AFP	<input type="radio"/>	<input type="radio"/>

Prenatal Care

Planned Delivery Site Code

of prenatal care visits

Date of last prenatal care visit - -

EDD - -

Current Medical Conditions/Risks

	Yes	No	Unk	On Meds		Yes	No	Unk	On Meds		Yes	No	Unk	On Meds
Neurological Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Phlebitis/DVT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Liver Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Anemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Renal Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Epilepsy/Seizure Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Blood Dyscrasia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Lupus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression/Mental Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thyroid Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Uterine Abnormalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sickle Cell Trait	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Abnormal Pap Smear	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuberculosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Thalassemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Allergies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>										

Child(ren) diagnosed with an Autism Spectrum Disorder?

Yes No Unknown N/A

Family History of Congenital Anomalies or Syndromes

Yes No Unknown N/A

Current Psychosocial Risk Factors

	Yes	No		Yes	No
Disabled	<input type="radio"/>	<input type="radio"/>	Perinatal Depression	<input type="radio"/>	<input type="radio"/>
Homeless	<input type="radio"/>	<input type="radio"/>	Domestic Violence	<input type="radio"/>	<input type="radio"/>
Unstable Housing	<input type="radio"/>	<input type="radio"/>	Education <12 Years	<input type="radio"/>	<input type="radio"/>
Transportation Problems	<input type="radio"/>	<input type="radio"/>	Unemployed/Inadequate Income	<input type="radio"/>	<input type="radio"/>
Eating Disorder	<input type="radio"/>	<input type="radio"/>	Husband/Partner Unemployed	<input type="radio"/>	<input type="radio"/>
Nutritional Concerns	<input type="radio"/>	<input type="radio"/>	Inadequate Social Support	<input type="radio"/>	<input type="radio"/>
			Currently in Foster Care	<input type="radio"/>	<input type="radio"/>

Prenatal Vitamins

1st Trimester None
 2nd Trimester Unknown
 3rd Trimester

Blood Type

A AB Negative
 B O Positive

Prenatal Fetal Diagnoses Select all that apply

Coarctation of the Aorta Double Outlet Right Ventricle Tricuspid Atresia Transp of Great Arteries Interrupted Aortic Arch Tetralogy of Fallot

Total Anomalous Pulmonary Venous Return Ebstein Anomaly Hypoplastic Left Heart Truncus Arteriosus Pulmonary Atresia None of the above

Other Cardiac Anomaly Other Non-Cardiac Anomaly Single Ventricle Unknown

Specify Specify


PRA ID

Version 1: TP11931291706

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Third Trimester Form (page 2)



42628

Patient Name

ALL FIELDS REQUIRED

PLEASE PRINT CLEARLY

HIV Was mother known HIV positive entering prenatal care? *If Yes, Skip to Prenatal Procedures*

Yes No

Was mother counseled regarding the benefits of HIV testing during the pregnancy? Yes No

If Yes, when? 1st Trimester 2nd Trimester 3rd Trimester

If Yes, where? Provider Office Hospital Labor/Delivery

1st Trimester HIV Specimen Information

HIV testing obtained upon receipt of prenatal care? Yes No Refused

Where? Prenatal Provider HIV Provider Hospital Labor/Delivery None Other Specify _____

Date Specimen Obtained - -

3rd Trimester HIV Specimen Information

HIV testing obtained during 3rd trimester of pregnancy? Yes No Refused

Where? Prenatal Provider HIV Provider Hospital Labor/Delivery None Other Specify _____

Date Specimen Obtained - -

Source of HIV Information

Source of HIV related information *Select all that apply* Mother's Medical Records Patient's Verbal History Medical Provider Interview None

Hepatitis B Serology Obtained? Yes No Unknown

Hepatitis B Surface Antigen Positive? (HBsAg) Yes No Unknown

Date of HBsAg Test - -

Syphilis Serology Obtained? Yes No Unknown

If Yes, Date Syphilis Serology Obtained? - -

Prenatal Procedures *Select all that apply*

Toccolysis Cervical Cerclage External Cephalic Version Attempted

CVS Amnio Genetic Screening Successful

Selective Fetal Reduction Amnio Assess Lung Maturity Failed

Cell Free DNA Test Amnio Other Purpose None of these procedures performed

Fetal Ultrasound Performed Yes No

If Yes, When? 1st Trimester 2nd Trimester 3rd Trimester

Number of Ultrasounds

Smoking/Tobacco Use

Non Smoker

If Non Smoker skip to 4Ps Plus

How many cigarettes OR packs did you smoke per day during each of the following time periods? *If none during any time period enter zero (0)*

1st Trimester Cigarettes OR Packs 2nd Trimester Cigarettes OR Packs 3rd Trimester Cigarettes OR Packs

4Ps Plus

Did either of your parents have a problem with drugs or alcohol Yes No

Does your partner have any problem with drugs or alcohol Yes No

Have you ever felt manipulated by your partner Yes No

Have you ever felt out of control or helpless over the past 2 weeks Yes No

Have you felt down, depressed or hopeless Yes No

Have you felt little interest or pleasure in doing things Yes No

Have you ever drunk beer/wine/liquor Yes No

In the month before you knew you were pregnant ***Any None**

How many cigarettes did you smoke Yes No

How much beer/wine/liquor did you drink Yes No

How much marijuana did you use Yes No

If Any is checked, continue with the 4Ps Follow-Up Questions.

4Ps Plus Follow-up Questions (if *Any above was checked)

In the month before you knew you were pregnant:

About how many days a week **did you** usually drink beer/wine/liquor Every Day 3-6 Days/Wk 1-2 Days/Wk <1 Day/Wk Did Not Drink/Use Drugs

use any drug such as marijuana, cocaine or heroin Every Day 3-6 Days/Wk 1-2 Days/Wk <1 Day/Wk Did Not Drink/Use Drugs

And now, about how many days a week **do you** usually drink beer/wine/liquor Every Day 3-6 Days/Wk 1-2 Days/Wk <1 Day/Wk Did Not Drink/Use Drugs

use any drug such as marijuana, cocaine or heroin Every Day 3-6 Days/Wk 1-2 Days/Wk <1 Day/Wk Did Not Drink/Use Drugs

Referrals/Education

	Referred	Receiving Services	Referral Needed	Refused	Not Needed		Referred	Receiving Services	Referral Needed	Refused	Not Needed
Tobacco Cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Childbirth Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Prevention Ed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Breastfeeding Consult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Emergency Assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	TANF/GA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	WIC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes Care Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SSI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preterm Labor Prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DCP&P	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutritional Consult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Food Stamps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Based Services*	<input type="radio"/>	na	na	<input type="radio"/>	<input type="radio"/>	Dental Referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						Oral Health Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Includes referrals to local Community Health Worker, Community Home Visiting and other supportive services

Medications/Comments

PRA ID

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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 > 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

<ul style="list-style-type: none"> • Patient Information • Medical Information • Pregnancy Risk Factors • Current Medical Conditions • Psychosocial Risk Factors • 4Ps Plus • Referrals/Education • Review Submit Exit 	<p>PRA Form Review / Submit</p> <table border="1"> <thead> <tr> <th colspan="3">PRA Form Options</th> </tr> </thead> <tbody> <tr> <td><input type="radio"/> Save</td> <td>Save the PRA Form</td> <td>The form will be retrievable by any member of your practice site. All required fields must be complete to submit the form.</td> </tr> <tr> <td><input type="radio"/> Submit</td> <td>Submit the PRA Form</td> <td>The form will be accessible by the healthcare plans. Submitted forms cannot be removed from the system.</td> </tr> <tr> <td><input type="radio"/> Remove</td> <td>Remove the PRA Form</td> <td>The form will be removed from the system and all information will be deleted.</td> </tr> <tr> <td colspan="2">Internal Message</td> <td>You may add notes regarding the form that are only accessible by members of your practice site.</td> </tr> </tbody> </table> <p style="text-align: right;">Enter Selection</p>	PRA Form Options			<input type="radio"/> Save	Save the PRA Form	The form will be retrievable by any member of your practice site. All required fields must be complete to submit the form.	<input type="radio"/> Submit	Submit the PRA Form	The form will be accessible by the healthcare plans. Submitted forms cannot be removed from the system.	<input type="radio"/> Remove	Remove the PRA Form	The form will be removed from the system and all information will be deleted.	Internal Message		You may add notes regarding the form that are only accessible by members of your practice site.
PRA Form Options																
<input type="radio"/> Save	Save the PRA Form	The form will be retrievable by any member of your practice site. All required fields must be complete to submit the form.														
<input type="radio"/> Submit	Submit the PRA Form	The form will be accessible by the healthcare plans. Submitted forms cannot be removed from the system.														
<input type="radio"/> Remove	Remove the PRA Form	The form will be removed from the system and all information will be deleted.														
Internal Message		You may add notes regarding the form that are only accessible by members of your practice site.														

Click navigation bar to access sections in any order

To remove a record from the Upcoming Patient Due List (due to miscarriage, transfer, etc.):

www.praspect.org > Login > Click Patient Records > Click Upcoming Patient Due Dates > Click name > Click  to left of name > Click Exclude Patient from Lists > Select Reason > Click Exclude > Record moves off list

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 > 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 \geq 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 \geq 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 of 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 > Login > Click Patient Records > Click Patient Search > Enter search information > Click Search Patients > Click  to left of 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 > Login > Click Patient Records > Click Patient Search > Enter search information > Click Search Patients > Click  to left of patient name > Click Print Birth Record > Click arrow facing down to download

Patient Record (unexpanded)

Click to expand patient record

Last Name	First Name	DOB	Plan	Process Date	Form
Thursday	Great	02/01/90	UnitedHealthcare Community PRA Plus Testing Provider	8/13/19	3TM

Patient Record (expanded)

Last Name	First Name	DOB	Plan	Process Date	Form
Thursday	Great	02/01/90	UnitedHealthcare Community PRA Plus Testing Provider	8/13/19	3TM
Patient Information		Name	Great Thursday		
		Address	123 Lolly Lane Camden, 98765 Camden County		
		Home Phone	856-636-3636	Work Phone	
		Primary Language	English	Race	Multi-Racial
		Emergency Contact			
PRA History					
Processed Form	EDC	MCO	Options		
08/13/19	Follow-up	9/12/19	None	Updates to insurance must be made on the follow up form prior to birth record	
02/28/19	Follow-up	9/12/19	UnitedHealthcare Community	Trimester Form	
02/28/19	First Visit	9/12/19	None	- Print 3rd Trimester Form - Print Birth Record - Exclude Client from Lists	

Click to print birth record

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

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

Glossary

Autism Spectrum Disorder	A serious developmental disorder that impairs the ability to communicate and interact.
Bleeding during current pregnancy	Episodes of vaginal bleeding during current pregnancy.
Blood Disorder	Affects one or more parts of the blood and prevents blood from doing its job.
Blood Dyscrasia	Abnormality in the cellular components of the blood or bone marrow.
Blood Type	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.
Breast Feeding Consult	Consultation with International Board Certified Lactation Consultant.
Cancer	Abnormal cells with uncontrolled cell growth.
Cardiac Anomaly	Heart conditions that include diseased vessels, structural problems, and blood clots.
Cell Free DNA Test	Measures the relative amount of free fetal DNA in the mother's blood which consists of approximately 2-6% of the total.
Cervical Cerclage	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.
Cervical Incompetence	Cervix that dilates painlessly, without contractions.
Chart #	Medical record number assigned by OB site.
Childcare Issues	Difficulty with locating or enrolling in childcare.
Childbirth Education	Course designed for expectant parents that reviews what to expect during pregnancy, labor, and delivery.
Chlamydia	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.
Chronic Hypertension	High blood pressure; transitory or sustained elevation of systematic arterial blood pressure to a level likely to induce cardiovascular
CMV	Cytomegalovirus is a genus of viruses in the order Herpesvirales, in the family Herpesviridae, in the subfamily Betaherpesvirinae.

Glossary

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

Glossary

Disabled	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.
Division of Medical Assistance and Health Services (DMAHS)	Government agency that administers Medicaid's state and federally funded NJ FamilyCare and Medical Assistance.
Domestic Violence	A pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship.
Double Outlet Right Ventricle	(DORV) is a heart disease that is present from birth (congenital).
Eating Disorder/Disorderly eating	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.
Ebstein Anomaly	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.
Eclampsia	Severe and potentially fatal pre-eclampsia causing seizures (convulsions) or coma during or after pregnancy.
Ectopic Pregnancy	Fertilized egg implanted outside the uterus. Potentially life-threatening, must be terminated, and often requires surgery.
Education < 12 yrs	Education level is less than high school graduate.
Emergency Assistance	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.
Epilepsy	A disorder in which nerve cell activity in the brain is disturbed, causing seizures.
External Cephalic Version Attempted	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.

Glossary

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

Glossary

Homeless	Current lack of permanent housing.
Home Visiting (Community Based Services)	Supportive services provided by evidence-based and other programs- in the home.
HPV	An infection that causes warts in various parts of the body, depending on the strain.
Hyperemesis	Severe nausea, dehydration, and vomiting during pregnancy. Occurs most frequently during the 1 st trimester.
Hypertension	A condition in which the force of the blood against the artery walls is too high.
Hypoplastic Left Heart	A rare congenital heart defect in which the left heart is severely underdeveloped.
Illicit Drug Use	Abuse of illegal drugs and/or the misuse of prescription medications or household substances ... use of any illegal or street drug during pregnancy.
Inadequate Social Support	Lacking family or other supportive relationships.
Influenza	Influenza is a viral infection that attacks your respiratory system — your nose, throat and lungs. May be fatal in at-risk populations.
Interrupted Aortic Arch	(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.
Intrauterine Insemination	(IUI) is a fertility treatment that involves placing sperm inside a woman's uterus to facilitate fertilization.
Listeria	Listeriosis, a serious infection usually caused by eating food contaminated with the bacterium <i>Listeria monocytogenes</i> .
Low Income	Insufficient monetary funds to support an individual or household.
Lung Disease	Any problem in the lungs that prevents the lungs from working properly.
Lyme Disease	A bacterial infection primarily transmitted by Ixodes ticks.
Malaria	A mosquito-borne infectious disease of humans and other animals caused by parasitic protozoans belonging to the Plasmodium type.
Marijuana	Cannabis, also known as marijuana among other names, is a preparation of the Cannabis plant intended for use as a psychoactive drug or medicine.

Glossary

Medicaid MC & MCO	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.
Medicaid PE	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.
Medicare	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.
NJ Family Care	New Jersey's publicly funded health insurance program including CHIP, Medicaid and Medicaid expansion populations.
Opiate Dependence	Physical reliance on opioids (substance found in certain prescription pain medication and illegal drugs like heroin).
Opioid Replacement Treatment	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.
Parvovirus	(CPV) infection is a highly contagious viral illness that affects dogs.
Planned Delivery Site Code	Three-digit code assigned to patient's intended delivery hospital.
PRA SPECT	Perinatal Risk Assessment & Single Point Entry Client Tracker is New Jersey's online web portal www.praspect.org that serves as secure and integral system of care to streamline health navigation and reduce duplication of services.
Preeclampsia	Preeclampsia is high blood pressure that occurs after 20 weeks of pregnancy. Signs of preeclampsia include headache and nausea.
Prevention Education	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.
Primary Care	A patient's main source for regular medical care, ideally providing continuity and integration and coordination of health care services.

Glossary

Pulmonary Atresia	A form of heart disease that occurs from birth (congenital heart disease), in which the pulmonary valve does not form properly.
Pyelonephritis	Inflammation of the kidney due to a bacterial infection.
Rh Factor	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.
Rh Sensitization	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.
Rubella	A contagious viral infection preventable by vaccine and best known by its distinctive red rash.
Seizure Disorder	A disorder in which nerve cell activity in the brain is disturbed, causing seizures.
Selective Fetal Reduction	The practice of reducing the number of fetuses in a multifetal pregnancy.
Sensitive/Bleeding Gums	Swollen, red, tender gums that bleed when flossed or brushed. Also known as pregnancy gingivitis.
Single Ventricle	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.
Substance Abuse Prevention Education	Information on the effects of substance use.
Syphilis	A highly contagious disease spread primarily by sexual activity, caused by the bacteria <i>Treponema pallidum</i> .
Syphilis Serology	Tests detect antibodies in the blood and sometimes in the cerebrospinal fluid (CSF)
Tetralogy of Fallot	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.
Thalassemia	A blood disorder involving less than normal amounts of an oxygen-carrying protein.
Tocolysis	Tocolytics are medications used to suppress premature labor. They are given when delivery would result in premature birth.

Glossary

Total Anomalous Pulmonary Venous Return	A rare congenital malformation in which all four pulmonary veins do not connect normally to the left atrium.
Toxoplasmosis	Results from infection with a common parasite found in cat feces and contaminated food.
Transposition of Great Arteries	(TGA) is a congenital heart condition that is present at birth in which the aorta and pulmonary are abnormally connected to the heart.
Trauma	A deeply distressing or disturbing experience or physical injury.
Truncus Arteriosus	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).
Tricuspid Atresia	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.
Ultrasound	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.
Uninsured/Self Pay	Includes charity pay, persons with no health insurance, and persons who pay cash for their healthcare.
Varicella Zoster	Virus (VZV) causes chickenpox and herpes zoster (shingles).
Vital Information Platform (VIP)	Web-enabled application www.vip.nj.gov used to register New Jersey vital events and related medical data.
West Nile Virus	West Nile fever is a mosquito-borne infection by the West Nile virus, and can cause neurological disease and death in people.

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:
Bergen, Essex, Hudson, Morris, Passaic, Sussex, Union, and Warren counties: 973-942-3630

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

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



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