

FORWARDHEALTH PRENATAL CARE COORDINATION PREGNANCY QUESTIONNAIRE INSTRUCTIONS

The Prenatal Care Coordination Pregnancy Questionnaire, F-01105, **must** be completed as the prenatal care coordination (PNCC) initial assessment and **must** be updated whenever the member experiences significant changes. This form is required. Use an exact copy of this form. ForwardHealth will not accept other versions of this form (for example, retyped or reformatted versions).

Keep this information in the member's records. Do not send it to ForwardHealth unless specifically requested.

PURPOSE AND POLICY

The Prenatal Care Coordination Pregnancy Questionnaire is used to:

- Find out if a Medicaid member is eligible for PNCC services.
- Find out the member's physical, social, and emotional needs and strengths.
- Collect information that will help inform the member's care plan.

If possible, providers should schedule the initial assessment less than 10 working days after the member's request or referral. Providers should refer to the Key Prenatal Care Coordination Requirements section of the Prenatal Care Coordination service area of the ForwardHealth Online Handbook on the ForwardHealth Portal at www.forwardhealth.wi.gov/ for more information about the requirements of initial assessments.

Both the qualified professional and the member are required to review, sign, and date all pregnancy questionnaires completed by care coordination staff.

If the member is part of an HMO, this document must be shared with the Medicaid member's HMO.

INITIAL ASSESSMENT OVERVIEW

This form has questions about sensitive topics. Providers should use their professional judgment and discretion when filling out this questionnaire. Before administering this questionnaire, providers should ask the member:

- Would you like us to fill this form out in private or with a support person? (Note that the questions about the member's relationships should **always** be asked in private.)
- Do you need an interpreter?

The provider should fill out this questionnaire by having a face-to-face conversation with the member. Using a conversational style means that the member's family stories and personal observations are used to help show their strengths and needs.

Basic Screening Tool

This pregnancy questionnaire is a basic screening tool. Every question is important for the initial assessment. Completing this questionnaire together is often the first interaction a care coordinator has with a member and their support system. Forming this relationship is an important part of understanding and identifying the member's needs, which inform their PNCC care plan.

In addition to this pregnancy questionnaire, providers may decide whether to complete other assessments with members to assess other specific needs. If they are eligible, providers may be separately reimbursed for certain assessments that assess the member's mental health or substance abuse in more depth. Providers can find more information about mental health and substance abuse screenings in the Covered and Noncovered Services section of the Prenatal Care Coordination service area of the Online Handbook.

Optional Follow-Up Questions

This questionnaire serves as the initial assessment for the PNCC service provision process. The optional questions given in these instructions can help providers get more information about the member's risk factors, needs, and concerns to make sure that the care plan fully supports the member.

Using the Pregnancy Questionnaire to Determine Eligibility for PNCC Services

Providers are required to use the pregnancy questionnaire to determine eligibility for the PNCC benefit. Every Medicaid member receiving PNCC services must have a completed copy of this questionnaire in their file.

To determine eligibility, providers need to:

1. Fill out the entire questionnaire during a face-to-face contact with the member. Every question has to be filled out unless the question is not applicable or the member is not comfortable sharing information needed to answer a question. Some questions have background information given in Appendix A of these instructions. The instructions also include some optional follow-up questions providers can choose to ask.
2. When a risk factor applies to a member, check the box on the form next to the question that identifies that risk factor. Refer to the following table for the definition of risk factors and where to find them on the form.
3. Count the total number of risk factors. A pregnant member is eligible for PNCC services if either one of the following is true:
 - o They have four or more risk factors.
 - o They are under 18 years of age (regardless of how many risk factors they have).
4. Check Yes or No in Section V of the form to indicate whether the member is eligible for PNCC services or not. If they are, fill in the number of risk factors or their age, whichever made them eligible.
5. Have the qualified professional and member sign and date the form.
6. Let the member know whether or not they're eligible for PNCC services. If they're not eligible, give them the PNCC provider's contact information and ask them to contact the provider if they have significant family, medical, social, or economic changes during their pregnancy. Refer the member to other community resources as appropriate, depending on their strengths and needs.

Or

If the member is eligible and wants to receive services, develop a written care plan. See the Service Requirements chapter in the Key Prenatal Care Coordination Requirements section of the Prenatal Care Coordination service area of the Online Handbook for information about care plan requirements.

Definition of Risk Factors

The questions that identify risk factors are marked with an asterisk (*) in the instructions below and on the questionnaire. Providers can refer to Appendix A of these instructions for an explanation of why these questions identify risk factors.

Providers should use the following table to judge whether they should count a member's answer to a question as a risk factor.

Where to Find on the Form	Answer That Indicates Risk Factor
SECTION I – GENERAL INFORMATION	
Element 9: Age – Member	Younger than 20 or older than 35 Note: If the member is younger than 18, they are automatically eligible.
Element 10: Ethnicity	Hispanic
Element 11: Race	American Indian/Alaskan Native, Asian, Black/African American, Hawaiian/Pacific Islander, or Other
Element 12: Education	Did not complete high school or completed high school or equivalent
Element 13: Marital Status	Not married
SECTION II – CURRENT PREGNANCY	
Element 3: Date of member's first medical appointment for current pregnancy	Prenatal care started in second or third trimester (use the due date and date of appointment to determine which trimester the appointment was in) or no appointment yet
Element 4: Member receiving Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Yes

Where to Find on the Form	Answer That Indicates Risk Factor
Element 5: Member's height and weight	Body Mass Index (BMI) of less than 18.1 or equal to or more than 25 $\text{BMI} = 703 \times \frac{\text{weight in pounds}}{\text{height in inches}^2}$
Element 8: Timing of the pregnancy	Later or No pregnancy at all
SECTION III – PREGNANCY HISTORY	
Element 5: Preterm births	One or more
Element 6: Pregnancy loss at 20 weeks or later	One or more
Element 7: Pregnancy loss earlier than 20 weeks	One or more
Element 8: Low birth weight	One or more
Element 10: Time between pregnancies	Less than 18 months between pregnancies
SECTION IV – HEALTH INFORMATION	
Element 2: Health conditions	Any condition checked
Element 4: Dental concerns	Yes
Element 6: Tobacco use during pregnancy	Yes
Element 9: Alcohol use during pregnancy	Yes
Element 10: Drug use	Yes
Element 11: Symptoms of depression	Yes
Element 12: Stress level	High
Element 13: Mental health or substance use concerns	Yes
Element 14: Housing concerns	Yes
Element 15: Safe at home	No
Element 16: Experiencing hunger or food insecurity	Yes
Element 17: Unable to get to appointments	Yes
Element 18: Abuse	Yes
Element 19: Social supports	No
SECTION V – ELIGIBILITY AND SIGNATURE	
Element 1: English proficiency	No

INSTRUCTIONS

SECTION I – GENERAL INFORMATION

Element 1: Name – Member

Enter the member's last name, first name, and middle initial.

Element 2: Address – Member

Enter the member's street address, including their city, state, and zip+4 code. If they do not have a permanent address, enter a mailing address if they have one or N/A if they do not.

Element 3: County

Enter the member's county.

Element 4: Primary Phone Number – Member

Enter the member's phone number, including area code. If the member does not have a phone number, enter N/A.

Element 5: Email – Member

If the member has an email address, enter it here. If they don't have an email address, enter N/A.

Element 6

Enter the best way to contact the member (for example, phone or email) and the best time to contact them (for example, weekday evenings or Thursday mornings).

Element 7: Member ID Number

Enter the member's Medicaid ID number.

Element 8: Date of Birth – Member

Enter the member's date of birth in mm/dd/ccyy format.

*** Element 9: Age – Member**

Enter the member's age. Verify that their age matches their date of birth. Members less than 18 years old are automatically eligible for PNCC services, regardless of how many risk factors they have. For members who are 18–19 years of age, or older than 35, this question counts as one risk factor.

*** Element 10**

Check one box to indicate the ethnicity the member identifies as. Mark one risk factor if the member is Hispanic.

*** Element 11**

Check all boxes that apply. Mark one risk factor if the member identifies as American Indian/Alaska Native, Asian, Black/African American, Hawaiian/Pacific Islander, or Other. This question counts as one risk factor, no matter how many races the member identifies as.

*** Element 12: Education**

Check the box next to the **highest** grade the member completed. Only mark one box. Mark one risk factor if the member did not complete a college degree.

Optional follow up questions:

- How do you like to learn?
- Are you in school now?
- Have you ever been in special education classes or exceptional education classes?

*** Element 13: Marital Status**

Check the box that indicates the member's marital status. Mark one risk factor if the member is not married.

Optional follow-up question: How does your partner feel about the pregnancy?

Element 14: Name – Emergency Contact

Enter the name of the member's emergency contact person.

Element 15: Phone Number – Emergency Contact

Enter the phone number of the member's emergency contact person, including area code.

SECTION II – CURRENT PREGNANCY

Element 1

Check the box that indicates whether or not the member is pregnant with multiple babies.

Element 2

Enter the member's due date in mm/dd/ccyy format.

*** Element 3**

Check the box next to the appropriate statement. If the member has had an appointment, enter the month and year of their appointment. If they have an appointment scheduled, enter the date in mm/dd/ccyy format. Use the member's due date to determine whether the member received prenatal care in their first, second, or third trimester. Mark one risk factor if their first prenatal appointment was in their second or third trimester or if they do not have an appointment scheduled yet.

Optional follow-up question: If the member has had a prenatal care appointment, ask, "Have you seen your provider at least once a month during this pregnancy?"

*** Element 4**

Check the appropriate box to indicate whether or not the member is receiving services from WIC. If they are receiving services from WIC, mark one risk factor.

*** Element 5**

Enter the member's weight in pounds and height in inches. Calculate their BMI using their weight before their pregnancy. $BMI = 703 \times (\text{weight in pounds} / \text{height in inches}^2)$. If the member's BMI is less than 18.1 or equal to or greater than 25.0, mark one risk factor.

Element 6

Record what the member says is going well in their pregnancy so far (for example, medically, emotionally, or socially).

Element 7

Record the member's goals for this pregnancy (for example, nutritional goals, habit goals, or emotional goals).

*** Element 8**

Check the box that indicates whether the member would change their pregnancy to be earlier or later, if they wouldn't change the timing at all, or if they wish they had not gotten pregnant. Mark one risk factor if the member answers later or no pregnancy at all.

Element 9

Check the appropriate box to indicate whether the member is planning to breastfeed their baby, planning not to breastfeed their baby, or is undecided.

Element 10

Record the member's knowledge about, thoughts about, and experiences with breastfeeding.

Optional follow-up questions:

- Have you ever breastfed or pumped breast milk for your baby?
- Is there anything that would stop you from breastfeeding?

Element 11

Check the box that indicates whether or not the member has had any bleeding or cramping during this pregnancy.

SECTION III – PREGNANCY HISTORY

If this is the member's first pregnancy, skip to Section IV. This section has questions about sensitive and personal information. Providers should use their professional judgment and discretion when asking these questions and should consider asking these questions in private with the member.

Element 1

Check the appropriate box to indicate whether or not the member has been pregnant before.

Optional follow-up question: How many times have you been pregnant before?

Element 2

Enter the number of children the member has in their care, including children they have given birth to or adopted.

Element 3

Enter the total number of living babies the member has given birth to, including full-term and pre-term babies.

Element 4

Enter the number of births that were full-term live births (**not** premature delivery). Do not count miscarriages or pre-term births.

*** Element 5**

Enter the number of babies the member has given birth to more than three weeks early (premature delivery). Mark one risk factor if they have given birth to any babies three weeks or more before their due date. This question only counts for one risk factor, regardless of how many preterm babies the member has given birth to.

*** Element 6**

Enter the number of times a member has had a miscarriage or lost a pregnancy at 20 weeks or later. Mark one risk factor if they have lost any pregnancies after 20 weeks. Mark only one risk factor, even if they have had multiple miscarriages or lost multiple pregnancies.

*** Element 7**

Enter the number of times a member has had a miscarriage or lost a pregnancy before 20 weeks. Include spontaneous and elective abortions in this number. Mark one risk factor if the member has lost any pregnancies before 20 weeks. Mark only one risk factor, even if the member has lost multiple pregnancies.

*** Element 8**

Enter the number of babies the member has given birth to that weighed 5.5 pounds or less at birth. Mark one risk factor if the member has given birth to any babies under 5.5 pounds. Mark only one risk factor, even if the member has given birth to multiple underweight babies.

Element 9

Enter the number of babies the member has given birth to that weighed more than 9 pounds at birth.

*** Element 10**

Enter the amount of time since the member's last pregnancy ended. Enter the date their last pregnancy ended. Compare this date with the timing of the current pregnancy to determine how many months has passed between pregnancies. Mark one risk factor if the member got pregnant less than 18 months after their last pregnancy ended.

Element 11

Check the appropriate box to indicate whether the member's last pregnancy ended in loss or a live birth.

SECTION IV – HEALTH INFORMATION

This section has questions about sensitive and personal information. Providers should use their professional judgment and discretion when asking these questions and should consider asking these questions in private with the member.

Health and Dental Conditions

Element 1

Check the appropriate box to indicate whether or not the member has a primary care physician (PCP). If they do have a PCP, enter that provider's name and as well as their contact information (if available).

*** Element 2**

Check all boxes next to the conditions that the member currently has or has ever had that have required ongoing medical care. If the member has diabetes, enter whether it is type 1 or type 2. Mark one risk factor if the member has or has had a condition requiring ongoing care. Only mark one risk factor, regardless of how many conditions the member has or has had.

Optional follow-up questions:

- How long have you had this condition?
- How do you manage or treat your condition?
- Has your condition or treatment changed during your pregnancy?
- Do your health care providers know about your condition and your pregnancy?

Element 3

Check the appropriate box to indicate whether or not the member has been screened for sexually transmitted infections (STIs), including HIV and syphilis, during this pregnancy.

*** Element 4**

Enter the number of times the member has been to a dentist or dental clinic in the past two years. Check the appropriate box to indicate whether the member has dental concerns. Mark a risk factor if the member has painful or loose teeth, bleeding gums, or a bad taste or smell in their mouth.

Optional follow-up questions:

- Do you currently have any broken teeth, loose teeth, or a gum boil or abscess?
- Did you know that your oral health can affect your baby's health?

Mental Health and Substance Use

Element 5

Check the appropriate box to indicate whether or not the member used tobacco products (including cigarettes or e-cigarettes) before this pregnancy. If yes, record what tobacco products the member used.

* Element 6

Check the appropriate box to indicate whether or not the member has used tobacco products (including cigarettes or e-cigarettes) during this pregnancy. If yes, record what tobacco products the member used. Mark a risk factor if the member answered yes.

Optional follow-up questions:

- If you smoke cigarettes, approximately how many cigarettes are you smoking per day?
- During the three months before you were pregnant, how many cigarettes did you smoke on an average day?
- Do you use chewing tobacco?
- Have you ever tried to quit tobacco products? If yes, how many times?
- What do you think has kept you from quitting in the past?
- Do you have family members or friends who can help you quit?
- Would you like help quitting tobacco products?

Element 7

Check the appropriate box to indicate whether or not anyone in the member's household smokes or uses tobacco products.

Optional follow-up questions:

- Do people in your household smoke or vape around you or in places that you both share, like your home or car?
- Do the smokers in your household want help to quit smoking or vaping?

Element 8

Check the appropriate box to indicate whether or not the member drank alcohol in the three months before their current pregnancy. If yes, record the approximate number of drinks they had per week. Mark one risk factor if the member answered yes.

Optional follow-up questions:

- In the three months before your current pregnancy, about how many days a week did you have one or more standard drinks? (A standard drink is one 12-ounce bottle or can of beer or wine cooler, a 1.5-ounce shot of hard liquor, or a 5-ounce glass of wine.)
- How many drinks does it take to make you feel intoxicated?
- During the past year, have any family members, friends, or doctors been concerned about how much you drink?
- Have you ever felt like you needed to cut down or control your drinking?
- Have you ever lost a job because of your drinking?
- Has your drinking ever affected your family, especially your children?
- Have you ever been stopped by the police while you were drinking?
- Have you ever been hurt while you were drinking?
- Do you get nervous or shaky if you stop drinking for more than a day?
- Do you need to have a drink in the morning to start your day?
- Do you have any medical problems that could be related to drinking (for example, depression, suicidal ideation, anxiety, panic attacks, sleeping problems, headaches, chronic fatigue, liver dysfunction, repeated trauma, high blood pressure, or pancreatitis)?

* Element 9

Check the appropriate box to indicate whether or not the member has drunk alcohol during this pregnancy. If yes, record the approximate number of drinks they have per week. Mark one risk factor if the member answered yes.

* Element 10

Check the appropriate box to indicate whether or not the member has used drugs that weren't prescribed to them or used drugs in a way other than how they were prescribed in the past year. Mark one risk factor if they answer yes.

Optional follow-up questions:

- What drugs do you use?
- In the last year, have you used drugs more than you meant to?
- In the last year, have you felt a need to cut down on your drug use?

*** Element 11**

Check the appropriate box to indicate whether or not the member has felt little interest in doing things, been bothered by feeling down, felt depressed, or felt hopeless. Mark one risk factor if they answer yes.

Optional follow-up question: Providers may want to use a depression screening tool, such as the Center for Epidemiologic Studies Depression Scale, the Edinburgh Postnatal Depression Scale, or the Patient Health Questionnaire-9 (PHQ-9).

*** Element 12**

Check the appropriate box to indicate the member's current stress level. Mark one risk factor if they answer high.

*** Element 13**

Check the appropriate box to indicate whether or not the member has concerns about their mental health or substance use. Mark one risk factor if they answered yes. If desired, make notes in the space given.

Optional follow-up question: Providers may want to use a depression screening tool, such as the Center for Epidemiologic Studies Depression Scale, the Edinburgh Postnatal Depression Scale, or the PHQ-9.

Environmental and Social Factors

*** Element 14**

Check the appropriate box to indicate whether or not the member has had housing concerns in the past three months. Mark one risk factor if they answer yes.

Optional follow-up questions:

- What is your current living situation?
- Is your current housing environment suitable for you?
- Have you ever been homeless?
- Are you afraid of losing your housing in the future?

*** Element 15**

Check the appropriate box to indicate whether or not the member feels safe where they live. Mark one risk factor if they answer no.

*** Element 16**

Check the appropriate box to indicate whether or not the member has had to skip meals, not eaten when they were hungry, or used a food pantry because they did not have enough money for food. Mark one risk factor if they answer yes.

Optional follow-up questions:

- Do you often not have enough food or not have enough money for food?
- Do you have access to clean running water and working appliances (stove, refrigerator) to safely cook and store food?
- Do you have any specific dietary needs or preferences?
- Do you ever crave or eat things that are not food (for example, clay, dirt, laundry starch, corn starch, ice, freezer frost, plaster, or paint chips)?
- Do you have problems with nausea, vomiting, heartburn, or constipation?

*** Element 17**

Check the appropriate box to indicate whether or not the member has problems that stop them from getting to appointments. Mark one risk factor if they answer yes.

Optional follow-up question: What specific problems or barriers do you have when trying to keep appointments?

*** Element 18**

Check the appropriate box to indicate whether or not the member has been abused. Mark one risk factor if they answer yes.

Optional follow-up questions:

- In the past year, have you been hit, slapped, kicked, or physically hurt by someone in any way?
- Since you've been pregnant, have you been hit, slapped, kicked, or physically hurt by someone in any way?
- Within the last year, has anyone made you do anything sexual that you didn't want to do?
- Are you afraid of your partner or of anyone else?
- Does your partner ever humiliate you, shame you, put you down in public, keep you from seeing friends, or stop you from doing you want to do?

*** Element 19**

Check the appropriate box to indicate whether or not the member has people in their life they can count on when they need help. Mark one risk factor if they answer no.

Optional follow-up questions:

- How many people can you count on?
- Who can you count on (for example, your partner, family, or friends, or your community, social, or medical providers)?

Element 20

List the people the member can count on for help with everyday activities.

Member Needs

Element 21

Check boxes next to the items the member is very worried about. Check all that apply.

Element 22

Enter the concern the member is most worried about.

Element 23

Have the member describe how they cope with their problems and how they have overcome problems in the past.

Element 24

Check the boxes next to the topics the member would like to learn more about.

Element 25

Use this space for any additional information.

SECTION V – ELIGIBILITY AND SIGNATURE (To be completed by PNCC agency care coordinator, qualified professional reviewer, and member.)

*** Element 1**

Check the appropriate box to indicate whether or not the member is fluent in and comfortable with English. If the member has limited proficiency in English, mark one risk factor.

Element 2

Check the appropriate box to indicate whether or not the member is eligible for PNCC services, and if yes, why. If they're eligible due to their risk factors, enter the total number of their risk factors. If they're eligible due to their age, enter their age.

Element 3: Name – Care Coordinator Completing Assignment

Type or print the name of the care coordinator completing the questionnaire.

Note: If they don't meet the qualified professional standards defined in the Online Handbook, a qualified health professional who does meet those standards must also review, sign, and date the form.

Element 4: SIGNATURE – Care Coordinator

The care coordinator who completed the questionnaire with the member must sign and date the form.

Element 5: Date Signed – Care Coordinator

Enter the date the care coordinator signed the form.

Element 6: Name – Qualified Health Professional Reviewer

If the care coordinator is not a qualified professional, a qualified professional is required to review, sign, and date the form. Type or print the qualified health professional's name, if applicable.

Element 7: Signature – Qualified Health Professional Reviewer

If a qualified health professional is reviewing the form in addition to the care coordinator who completed it, they must sign and date the form.

Element 8: Date Signed – Qualified Health Professional Reviewer

Enter the date the qualified professional reviewer signed the document, if applicable.

Element 9: Signature – Member

The member is required to sign and date the form.

Element 10: Date Signed – Member

Enter the date the member signed in mm/dd/ccyy format.

APPENDIX A: BACKGROUND ON QUESTIONS AND RISK FACTORS

SECTION I – GENERAL INFORMATION

Element 9: Age – Member

Background for Risk Factor: Teens and individuals over the age of 35 years are at increased risk for adverse pregnancy outcomes¹. Risk factors associated with teen pregnancy include lack of sufficient prenatal care, as well as a higher risk of high blood pressure, sexually transmitted diseases, and postpartum depression². Pregnant individuals over the age of 35 face additional risk of chromosomal abnormalities and chronic medical conditions³.

Element 10: What ethnicity does the member identify as?

Background for Risk Factor: In Wisconsin in 2018, the Hispanic infant mortality rate of 6.3 deaths per 1,000 births to Hispanic women was higher than the white infant mortality rate (4.8 deaths per 1,000 births to white women)¹.

Element 11: What race does the member identify as?

Background for Risk Factor: Racial and ethnic identity are not themselves risk factors; however, there are health inequities in infant birth and mortality outcomes in Wisconsin that make it important to ask about this information. In 2020, individuals who identified as non-Hispanic Black, non-Hispanic American Indian and Alaska Native, non-Hispanic Asian, or Hispanic had higher rates of low birthweight, premature birth, and infant mortality compared to individuals who identified as Non-Hispanic White, even when adjusting for certain socioeconomic factors like education.⁹

These outcomes are not the fault of the individuals who are disproportionately harmed because of their racial or ethnic identity. It is important to ask about racial identity during this assessment to ensure that individuals receive the services they need and to mitigate the harm of health inequities in the state.

Element 12: Education (Check highest grade completed.)

Background for Risk Factor: Less than a high school education is associated with increased risk for adverse pregnancy outcomes. In 2018, Wisconsin individuals with less than a high school education had lower prenatal care utilization than individuals with a high school education and higher¹.

Element 13: Marital Status

Background for Risk Factor: Pregnant individuals who are married are at lower risk of preterm delivery, small for gestational age infants, and neonatal intensive care unit admission⁴.

SECTION II – CURRENT PREGNANCY

Element 1: Is the member pregnant with more than one baby (for example, twins or triplets)?

Background for Risk Factor: Medical complications associated with multiple gestation include low birth weight, premature birth, maternal anemia, pregnancy-induced hypertension, placental or umbilical cord problems, and birth defects⁵.

Element 3: When was the member's first medical appointment related to their current pregnancy (for example, a primary care or OB/GYN appointment)?

Background for Risk Factor: Late prenatal care beginning in the second or third trimester or no prenatal care is associated with increases of adverse pregnancy outcomes. Compared with the overall incidence of premature births in Wisconsin in 2018 (9.9 percent), a higher percentage of premature infants were born to Wisconsin individuals who received inadequate prenatal care (11.8 percent)¹.

Element 4: Is the member receiving nutrition services from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)?

Background for Risk Factor: Eligibility for WIC includes identification of risk factors associated with nutrition and health. Members who are not currently receiving WIC should be referred for services. The pregnancy questionnaire can be updated to reflect a change in status if they are later determined to be eligible for WIC services.

Element 5: Record the member's height and weight.

Background for Risk Factor: Having a high BMI during pregnancy can increase the risk of pregnancy complications including miscarriage and gestational diabetes⁶. Having a low BMI during pregnancy can increase the risk of premature birth and low birth weight⁷.

Element 8: If the member could change the timing of this pregnancy, would it be earlier, later, or no change, or would the member prefer to not be pregnant at all?

Background for Risk Factor: This question is assessing pregnancy intention. Unintended pregnancy is associated with increased risks of problems for mother and infant. Certain high-risk groups, such as teenagers and individuals who did not complete high school, are more likely to experience unintended pregnancies⁸.

Element 9: Is the member planning to breastfeeding their baby?

Background: Breastfeeding is promoted and supported due to the health benefits to mother and baby. Breastfeeding promotes bonding and protects infants from some infections and allergies.

Element 11: Has the member had any bleeding or cramping during this pregnancy?

Background: Recognizing the early warning signs of preterm labor is a key strategy to reduce preterm births.

SECTION III – PREGNANCY HISTORY

Element 1: Has the member ever been pregnant before?

Background: Individuals with multiple previous pregnancies may have increased risks for a poor birth outcome.

Element 3: How many living children has the member given birth to?

Background: Infant/child deaths are identified by comparing the number of living children with the total number of full-term and preterm babies.

Element 4: How many of the member's births were full-term live births (not premature delivery)?

Background: Assessment of previous full-term deliveries provides information about experience and educational needs related to pregnancy.

Element 5: How many of the member's births were more than three weeks early (premature delivery)?

Background for Risk Factor: History of preterm labor and preterm birth are major risk factors for preterm birth and other adverse pregnancy outcomes⁹.

Element 6: How many times has the member had a miscarriage or lost a pregnancy at 20 weeks or later?

Background for Risk Factor: A risk factor that may contribute to adverse pregnancy outcomes is a previous stillbirth¹⁰.

Element 7: How many times has the member had a miscarriage or lost a pregnancy before 20 weeks (including planned and unplanned end of pregnancy)?

Background for Risk Factor: A history of multiple pregnancy losses increases the risk of preterm delivery and other adverse perinatal outcomes¹¹.

Element 8: How many babies has the member given birth to that weighed 5.5 pounds or less at birth?

Background for Risk Factor: A risk factor that may contribute to adverse pregnancy outcomes, including another low birth-weight baby, is a previous low birth-weight baby¹².

Element 9: How many babies has the member given birth to that weighed more than 9 pounds at birth?

Background for Risk Factor: Infants with birth weights greater than 9 pounds can put both mother and infant at risk of injury during birth. High birth weight is associated with maternal diabetes and maternal age. History of high birth weight increases the risk of having another high birth-weight infant¹³.

Element 10: How long has it been since the member's last pregnancy? Enter the date their last pregnancy ended.

Background for Risk Factor: A short interpregnancy interval is associated with adverse perinatal and maternal outcomes, including preterm birth and placental abruption¹.

Element 11: What was the outcome of the member's last pregnancy?

Background: An individual who has experienced perinatal loss may have increased fears and concerns for the current pregnancy.

SECTION IV – HEALTH INFORMATION

Element 2: Check all conditions that the member has or has ever had that have required ongoing medical care. Check all that apply.

Background for Risk Factor: An illness or infection requiring ongoing medical care can cause pregnancy complications and affect the health of both mother and infant¹⁴.

Element 3: Has the member been screened for sexually transmitted infections (STIs), including HIV and syphilis, during this pregnancy?

Background for Risk Factor: The Centers for Disease Control and Prevention (CDC) recommend screening for infections such as HIV, viral hepatitis, STIs, and tuberculosis in order to prevent transmission of infections to infants and improve maternal health¹⁵.

Element 4: How many times has the member been to a dentist or dental clinic in the last two years?

Background for Risk Factor: Dental pain and bleeding gums are symptoms of periodontal disease. Research studies have identified associations between periodontal disease and preterm delivery, low birth weight, and preeclampsia¹⁶.

Element 5: Did the member use tobacco products (including cigarettes or e-cigarettes) before this pregnancy?

Background: Previous smokers may require support services to prevent relapse.

Element 6: Has the member used tobacco products (including cigarettes or e-cigarettes) during this pregnancy?

Background for Risk Factor: Smoking during pregnancy is a leading modifiable risk factor for pregnancy complications, adverse pregnancy outcomes, and adverse infant health outcomes such as preterm delivery, low birth weight babies, miscarriage, and sudden infant death syndrome¹⁷. In 2018, Wisconsin individuals who smoked during pregnancy had higher percentages of premature births (13.5 percent) when compared with the overall proportion of premature births in Wisconsin (9.9 percent)¹. In addition to cigarettes, vape pens, e-cigarettes, and other tobacco products contain a variety of volatile organic compounds (VOCs) and other chemicals and can lead to adverse perinatal outcomes^{26, 27}.

Element 7: Does anyone in the member's household smoke or use tobacco products?

Background for Risk Factor: Partner smoking is an important predictor of an individual's successful cessation attempt. Social support is an important component of smoking cessation efforts and a strategy to prevent relapse. Environmental tobacco smoke is a risk factor for sudden infant death syndrome and respiratory disease in infants¹⁷.

Element 8: Did the member drink alcohol in the three months before their current pregnancy?

Background: Assessment of previous alcohol use may provide information related to current use and the level of support and services needed to avoid alcohol use during pregnancy. Ongoing assessment is critical to identifying risk drinking. Follow-up assessment questions address frequency, binge use, tolerance, and family concern.

Element 9: Has the member drunk alcohol during this pregnancy?

Background for Risk Factor: Alcohol use during pregnancy is a risk factor for adverse pregnancy outcomes, including premature birth, low birth weight, stillbirth, and birth defects such as fetal alcohol spectrum disorders¹⁸.

Element 10: In the past year, has the member used drugs that weren't prescribed to them or used drugs in a way other than how they were prescribed?

Background for Risk Factor: The CDC defines substance use as "the use of selected substances, including alcohol, tobacco products, drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects." For the purposes of this question, alcohol and tobacco products are not included in the definition of substances since they have already been discussed with the member. Use of drugs during pregnancy is a risk factor for adverse pregnancy outcomes¹⁹.

Element 11: During the past month, has the member lost interest in doing things or been bothered by feeling down, depressed, or hopeless?

Background for Risk Factor: Perinatal depression can occur at any time during pregnancy or in the first 12 months following delivery. Apathy, depression, and hopelessness are all warning signs of clinical depression²⁰.

Element 12: How does the member rate their current stress level?

Background for Risk Factor: High levels of stress during pregnancy are associated with increased risk of premature birth and low birth weight. High levels of stress can also impact the pregnant individual in many ways, causing both physical and mental health concerns²¹.

Element 13: Does the member have concerns about their mental health or substance use?

Background for Risk Factor: Personal or family history of depression, stressful life events, and substance use can all contribute to perinatal depression or other mental health concerns during and after pregnancy²⁰.

Element 14: Has the member had any housing concerns in the past three months?

Background for Risk Factor: Housing problems can contribute to stress during pregnancy²¹ as well as perinatal depression²⁰. Housing problems are risk factors for pregnancy complications such as premature birth, low birth weight, and delivery complications²².

Element 15: Does the member feel safe where they live?

Background for Risk Factor: Housing instability, as well as an unsafe home environment, are risk factors for adverse pregnancy outcomes²².

Element 16: In the past month, has the member had to skip any meals, not eaten when they were hungry, or used a food pantry because they didn't have enough money for food?

Background for Risk Factor: Food insecurity and inadequate nutrition are associated with chronic disease in individuals, as well as adverse pregnancy outcomes²³.

Element 17: Does the member have any problems that stop them from getting to their health care or social services appointments (for example, problems with transportation or with getting childcare)?

Background for Risk Factor: Problems with keeping appointments, contributing to inadequate medical prenatal care and social services, are risk factors for adverse pregnancy outcomes¹.

Element 18: Has the member ever been physically, sexually, emotionally, or verbally abused by their current partner, an ex-partner, or anyone close to them?

Background for Risk Factor: Intimate partner/family violence is a risk factor for adverse pregnancy outcomes, as well as adverse physical and mental health outcomes for the pregnant individual. Pregnant individuals, as well as Black and Indigenous individuals, are at increased risk for intimate partner violence²⁴.

Element 19: Does the member have people in their life that they can count on when they need help?

Background for Risk Factor: Social support is very important for promoting positive maternal and infant health outcomes. Social isolation can lead to both physical and mental health concerns during and after pregnancy²⁵. For the purposes of PNCC benefit eligibility, a response of "no one" or "zero" is a risk factor. However, the structure of the member's support network should inform care planning. For example, if the member lacks an informal support network (such as a partner, family, or friends), they may rely more on formal support, or vice versa.

Element 20: Who can the member count on for help with everyday activities, like childcare, cooking, laundry, or transportation?

Background: Problems with keeping appointments for medical prenatal care and social services are risk factors for adverse pregnancy outcomes¹. Social support is very important for promoting positive maternal and infant health outcomes²⁵.

Element 21: Is the member very worried about any of the following?

Background: An assessment of stressors in the individual's life is needed to plan appropriate care coordination and education services.

Element 22: Which concern from Element 21 is the member most worried about?

Background: An assessment of the primary concern will allow for prioritization of needs and services.

Element 23: How does the member cope with their problems, and how has the member overcome problems in the past?

Background: An assessment of coping strategies may identify both strengths and needs.

Element 24: What topics would the member like to learn more about?

Background: Learning needs must be assessed and included in the care plan before providing health education and nutrition counseling.

SECTION V – ELIGIBILITY AND SIGNATURE

Element 1

Background for Risk Factor: Language barriers may contribute to difficulty accessing services and understanding educational materials.

APPENDIX B: REFERENCES

1. Office of Health Informatics, Division of Public Health. *Annual Wisconsin Birth and Infant Mortality Report*. Wisconsin Department of Health Services; 2018.
2. Buffum Taylor, R. Teenage Pregnancy. WebMD. Published August 8, 2022. <https://www.webmd.com/baby/teen-pregnancy-medical-risks-and-realities>.
3. Committee on Clinical Consensus-Obstetrics, Society for Maternal-Fetal Medicine. Pregnancy at Age 35 Years or Older. *American Journal of Obstetrics and Gynecology*. 2022;11. <https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2022/08/pregnancy-at-age-35-years-or-older>.
4. Barr JJ, Marugg L. Impact of Marriage on Birth Outcomes: Pregnancy Risk Assessment Monitoring System, 2012–2014. *The Linacre Quarterly*. 2019;86(2-3): 225–230. Doi:10.1177/0024363919843019.
5. Johns Hopkins Medicine. Complications of Multiple Pregnancy. Hopkins Medicine. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/staying-healthy-during-pregnancy/complications-of-multiple-pregnancy>.
6. Mayo Clinic Staff. Pregnancy and Obesity: Know the Risks. Mayo Clinic. Published December 2, 2022. <https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/pregnancy-and-obesity/art-20044409>.
7. Office on Women’s Health. Weight, fertility, and pregnancy. U.S. Department of Health & Human Services. Published February 17, 2021. <https://www.womenshealth.gov/healthy-weight/weight-fertility-and-pregnancy>.
8. Centers for Disease Control and Prevention. Unintended pregnancy. Published March 27, 2023. <https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm>.
9. American College of Obstetricians and Gynecologists. Preterm Labor and Birth. Published April 2023. <https://www.acog.org/womens-health/faqs/preterm-labor-and-birth>.
10. American College of Obstetricians and Gynecologists, Society for Maternal-Fetal Medicine, et. al. Management of Stillbirth. *Obstetric Care Consensus*. 2020;10. <https://www.acog.org/clinical/clinical-guidance/obstetric-care-consensus/articles/2020/03/management-of-stillbirth>.
11. Peled T, Nun ELB, Hochler H, Weiss A, et. al. Perinatal outcomes in nulliparous women with a history of multiple pregnancy losses according to number of previous pregnancy losses. *American Journal of Obstetrics & Gynecology*. 2023;5(7). doi: <https://doi.org/10.1016/j.ajogmf.2023.100946>.
12. Stanford Medicine Children’s Health. Low Birth Weight. <https://www.stanfordchildrens.org/en/topic/default?id=low-birthweight-90-P02382>.
13. Mayo Clinic Staff. Fetal macrosomia. Mayo Clinic. Published June 3, 2022. <https://www.mayoclinic.org/diseases-conditions/fetal-macrosomia/symptoms-causes/syc-20372579>.
14. Centers for Disease Control and Prevention. Pregnancy complications. Published February 8, 2023. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-complications.html>.
15. Centers for Disease Control and Prevention. Pregnancy and HIV, Viral Hepatitis, STD & TB Prevention. Published June 22, 2023. <https://www.cdc.gov/nchhstp/pregnancy/default.htm>.
16. Daalderop LA, Wieland BV, Tomsin K, Reyes L, Kramer BW, Vanterpool SF, Been JV. Periodontal Disease and Pregnancy Outcomes: Overview of Systematic Reviews. *JDR Clinical and Translational Research*. 2018;3(1): 10–27. Published September 25, 2017. doi:10.1177/2380084417731097.
17. Centers for Disease Control and Prevention. Smoking during pregnancy. Published April 28, 2020. https://www.cdc.gov/tobacco/basic_information/health_effects/pregnancy/index.htm.
18. Centers for Disease Control and Prevention. Alcohol Use During Pregnancy. Published October 3, 2023. <https://www.cdc.gov/ncbddd/fasd/alcohol-use.html>.
19. Centers for Disease Control and Prevention. Substance Use During Pregnancy. Published May 23, 2022. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/substance-abuse-during-pregnancy.htm>.
20. Wisconsin Department of Health Services. Wisconsin Pregnancy Risk Assessment Monitoring System (PRAMS). Published April 2019. <https://www.dhs.wisconsin.gov/publications/p0/p00242.pdf>.
21. American Institute of Stress. Stress and pregnancy. Published October 17, 2019. <https://www.stress.org/stress-and-pregnancy>.
22. DiTosto JD, Holder K, Soyemi E, Beestrum M, Yee LM. Housing instability and adverse perinatal outcomes: a systematic review. *American Journal of Obstetrics & Gynecology*. 2021;3(6). doi: <https://doi.org/10.1016/j.ajogmf.2021.100477>.

23. Dolin CD, Compher CC, Oh JK, Durnwald CP. Pregnant and hungry: addressing food insecurity in pregnant women during the COVID-19 pandemic in the United States. *American Journal of Obstetrics & Gynecology*. 2021;3(4). doi: <https://doi.org/10.1016/j.ajogmf.2021.100378>.
24. Goodman S. Intimate Partner Violence Endangers Pregnant People and Their Infants. National Partnership for Women & Families. Published May 2021. <https://nationalpartnership.org/report/intimate-partner-violence/>.
25. Wisconsin Maternal Mortality Review Program. The Importance of Increasing Social Support and Curbing Isolation. Wisconsin Department of Health Services. Published 2023. <https://www.dhs.wisconsin.gov/publications/p03496.pdf>.
26. Centers for Disease Control and Prevention. About Electronic Cigarettes (E-Cigarettes). Published November 2, 2023. https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html#:~:text=E%2Dcigarettes%20are%20not%20safe,not%20currently%20use%20tobacco%20product
27. Deprato A, Azzolina D, Murgia N, Davenport MH, Kaul P, Lacy P, Moitra S. Associations between Vaping During Pregnancy and Perinatal Outcomes: A Systematic Review and Meta-Analysis. Published November 3, 2023. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4619894.