



Maryland Prenatal Risk Assessment- MDH 4850

(Refer to the Instructions at the bottom of this document before completing this form)

Provider Demographic Information:

Date of Initial Prenatal Visit/ Form Completed: ____/____/____
 Provider NPI#: _____ Site NPI# _____
 Provider Name: _____ Provider Phone Number: ____-____-____

Patient Demographic Information:

Patient Last Name: _____ First Name: _____ Middle I: _____
 DOB: ____/____/____ Preferred Pronouns: _____
 Social Security Number: ____-____-____ Medical Assistance Number (MA): _____
 Current Address: Street _____ County _____ State _____ Zip Code _____
 Best Contact Phone Number: ____-____-____ Email: _____
 Emergency Contact Name: _____ Contact Phone Number: ____-____-____
 Communication Barrier: Yes ____ (Requires an Interpreter Y/N) No ____ Primary Language _____

Insurance Status (at time of prenatal visit):

| | | |
|----------------------------------|--------------------|---|
| Uninsured: Y ____ N ____ | FFS: Y ____ N ____ | Applied for Maryland MA: Y ____ N ____ Date: ____/____/____ |
| Maryland Medicaid: Y ____ N ____ | | MCO: _____ |

Demographics:

| | | | |
|------------------------------------|-------------------------------------|---|--------------------------|
| <u>Biologic Sex</u> | Male ____ Female ____ | Other: _____ | |
| <u>Gender Identity</u> | Cisgender: Male ____ Female ____ | Other: (Patient's own definition) _____ | |
| <u>Race (check all that apply)</u> | Black or African American ____ | Asian ____ | American Native ____ |
| | Hispanic ____ | Native Hawaiian/Pacific Islander _____ | Alaska Native ____ |
| | Non Hispanic White | Multiracial | Unknown |
| <u>Educational Level:</u> | Highest Grade Completed _____ | Currently in School: Yes ____ No ____ | GED: Yes ____ No ____ |
| <u>Marital Status:</u> | Married ____ | Unmarried ____ | Unknown ____ |
| | Separated ____ | Divorced ____ | |

Obstetric History Gravida ____ Para _____:

| | | | | | |
|------------------------|--|------------------------|--|----------------------|--|
| #Full Term Births | | #Preterm Births | | #Ectopic Pregnancies | |
| #Spontaneous Abortions | | #Therapeutic Abortions | | #Living Children | |

Entry to Prenatal Care:

| | | | |
|--------------------------|----------------|---------------------------------|----------------------------|
| Date of Initial OB visit | ____/____/____ | Trimester of 1st Prenatal visit | ____ 1st ____ 2nd ____ 3rd |
| LMP | ____/____/____ | EDC | ____/____/____ |

Risk Factor Assessment:

Psychosocial Risks (Check all that apply)

| | |
|---|---|
| Mental/Behavioral Health ¹ | Overwhelming Anxiety/Stress: Y ___ N ___ Poor Coping Skills: Y ___ N ___ Depression: (Active Diagnosis : Y ___ N ___, Past Hx: Y ___ N ___) Partner Dissatisfaction: Y ___ N ___ Intimate Partner/Family Violence/Abuse: Y ___ N ___ Developmental Disability: Y ___ N ___ |
| Behavioral Health Admissions ² | Recent Psychiatric Inpatient Admission within <1 year: Y ___ N ___ Admission Diagnosis: _____ |
| Substance Misuse ² | Drugs and/or Opioid Misuse/Addiction: Y ___ N ___ Drug: _____ Currently in SUD treatment: Methadone _____ Subutex _____ Recent SUD related Inpatient Admission. within <1 year: Y ___ N ___ Exchanging sex for drugs: Y ___ N ___ Nicotine/Tobacco/Vaping use: Y ___ N ___ Amount: _____ Alcohol: Y ___ N ___ Amount ___/day |
| Financial Insecurity ³ | Currently Unemployed: Y ___ N ___ Temporary Assistance for Needy Families (TANF) eligibility: Y ___ N ___ |
| Social Support/Network ⁴ | Identified lack of Friends/Family Social Support Network: Y ___ N ___ Housing Insecurity/Homelessness: Y ___ N ___ Lack of Transportation: Y ___ N ___ Child Care Issues: Y ___ N ___ Recent incarceration/Partner currently incarcerated: Y ___ N ___ |
| Nutrition | Food Insecurity/Poor Nutrition: Y ___ N ___ |
| Exercise//Self Care | Lack of regular exercise (30min/day for at least 3x/wk): Y ___ N ___ |

Medical Risks (Check all that apply)

| | |
|--|---|
| Maternal Age | Age < or = 16 _____ Age > or = 35 _____ |
| Maternal BMI | BMI < 18.5 _____ or BMI > 30 _____ |
| Sexually Transmitted Infection - STI. (GC/Chlamydia/HIV/Hep B/C or Syphilis) | Current/Recently Treated STI: STI Name: _____ STI screening (including Syphilis) completed for current Pregnancy: Y ___ N ___ Past STI Hx: (Syphilis) _____ (Herpes) _____ |
| Chronic Disease | Asthma: Y ___ N ___ Inhaler Rx: Y ___ N ___ Diabetes Y ___ N ___: If YES then Treatment Medication: _____ Chronic HTN/Heart Disease: Y ___ N ___ Sickle Cell Disease: Y ___ N ___ Sickle Cell Trait: Y ___ N ___ Anemia - HCT < 33 or HGB < 11: Y ___ No ___ Lab Result _____ Autoimmune Disorder: Y ___ N ___ If yes please name: _____ H/O - Thrombophilias/DVT: If yes please describe. _____ |

| | |
|-------------|--|
| Dental Care | Last Dental visit >1 year. Y ___ N ___ |
|-------------|--|

Pregnancy Risk Factors (Check all that apply)

| | |
|----------------------------|---|
| Identified obstetric risks | Patient's First Pregnancy: Yes ___ No ___ Covid Vaccinated: Yes ___ No ___ Covid Booster Current: Yes ___ No ___ Short Interval Pregnancy <9 Months from last birth: Yes ___ No ___ Late Entry into Care >14 week: Y ___ N ___ Previous H/O Preterm Labor/Birth: Y ___ N ___ H/O Previous Gestational Diabetes: Y ___ N ___ Current multiple gestation pregnancy: Y ___ N ___ H/O previous LBW Baby: Y ___ N ___ H/O previous Fetal Death In Utero >20 weeks: Y ___ N ___ Previous Pregnancy affected with Preeclampsia/Eclampsia/HELLP Syndrome: Y ___ N ___ H/O Cervical Incompetence: Y ___ N ___ H/O Previous infant affected with congenital defect: Y ___ N ___ Define: _____ |
|----------------------------|---|

DEFINITIONS (To help complete Risk Assessment)

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|---|---|
| ¹ Mental/Behavioral Health | Concern for the need of BH Services. |
| ¹ Intimate Partner/Family Violence/Abuse | Physical, psychological abuse or violence within the patient's environment. |
| ¹ Exposure to long-term stress | Partner-related, financial, personal, emotional. |
| ² Substance Misuse | <ul style="list-style-type: none"> Concern for use of illegal substances within the past 6 months. At "risk-drinker" as determined by a screening tool such as T-ACE, CAGE, or AUDIT. |
| ³ Financial Insecurity | Example: Unemployed > 3months. Involved in exchanging sex for drugs. |
| ⁴ Lack of social/emotional support | Absence of support system i.e. family/friends. Feeling isolated. |
| Family History/Genetic risk. | At risk for a genetic or hereditary disorder. Known genetic carrier. H/O congenital anomalies. |
| Communication barrier | In need of an interpreter. |
| Dental Care | Last Dental Visit > 1year. |
| Prior Preterm birth | H/O of preterm birth (prior to the 37th gestational age). |
| Prior LBW birth | Low birth weight birth (under 2,500 grams). |

**Maryland Prenatal Risk Assessment Form
(Instructions for use)**

Purpose of Form: Identifies pregnant women who may benefit from local health department Administrative Care Coordination (ACCU) services and serves as the referral mechanism. ACCU services complement medical care and may be provided by nurses, community health and outreach workers and may include education about Medicaid benefits, reinforcement of the medical plan of care, resource linkage and other related services.

Instructions: On the initial visit the provider/staff will complete the demographic and assessment sections for pregnant

Fax the MPRA to the local health department in the woman's county of residence See list of ACCU below)

| Mailing Address (client resides) | Phone Number |
|---|---|
| Allegany County ACCU 12501 Willowbrook Rd S.E. Cumberland, MD 21502 | 301-759-55107 Fax: 301-777-2401 |
| Anne Arundel County ACCU 3 Harry S. Truman Parkway, HD8 Annapolis, MD 21401 | 410-222-7177 Fax: 410-222-4150 |
| Baltimore City ACCU Healthcare Access Maryland 1 N. Charles St., #900 Baltimore, MD 21201 | 410-410-949-2357 Fax: 1-888-657-8712 |
| Baltimore County ACCU 6401 York Rd., 3rd Floor Baltimore, MD 21212 | 410-887- 4381 Fax: 410-828-8346 |
| Calvert County ACCU 975 N. Solomon's Island Rd, Prince Frederick, MD 20678 | 410-535-5400 Fax: 410-535-1955 |
| Caroline County ACCU 403 S. 7th St. Denton, MD 21629 | 410-479-8189 Fax: 410-479-4871 |
| Carroll County ACCU 290 S. Center St, Westminster, MD 21158-0845 | 410-876-4941 Fax: 410-876-4949 |
| Cecil County ACCU 401 Bow Street Elkton, MD 21921 | 410-996-5130 Fax: 410-996-0072 |
| Charles County ACCU 4545 Crain Highway White Plains, MD 20695 | 301-609-6760 Fax: 301-934-7048 |
| Dorchester County ACCU 3 Cedar Street Cambridge, MD 21613 | 410-901-8167Fax: 410-228-8976 |
| Frederick County ACCU 350 Montevue Lane Frederick, MD 21702 | 301-600-3131 Fax: 301-600-3372 |
| Garrett County ACCU 1025 Memorial Drive | 301-334-7695 Fax: 301-334-7771 |

women enrolled in Medicaid at registration and those applying for Medicaid.

- Enter both the provider and site/facility NPI numbers.
- Print clearly; use black pen for all sections. Press firmly to imprint. White-out previous entries on original completely to make corrections.
- If the client does not have a social security number, indicate zeroes.
- Indicate the person completing the form.
- Review for completeness and accuracy.

Faxing and Handling Instructions: Do not fold, bend, punch holes or staple forms. **Fax the MPRA to the local health department in the client's county of residence.** To reorder forms call the local ACCU.

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|--|--------------------------------------|
| Oakland, MD 21550 | |
| Harford County ACCU 2015 Pulaski Highway, #E, Havre De Grace, MD 21078 | 410-942-7909 Fax: 443-502-8975 |
| Howard County ACCU 8930 Stanford Blvd., . Columbia, MD 21045 | 410-313-7567 Fax: 410-313-5838 |
| Kent County ACCU 125 S. Lynchburg Street Chestertown, MD 21620 | 410-778-7035 Fax: 410-778-7019 |
| Montgomery County ACCU 1401 Rockville Pike, #2400 Rockville, MD 20852 | 240-777-1648 Fax: 240-777-1604 |
| Prince George's County ACCU 9314 Piscataway 'Rd., Clinton, MD 20735 | 301-301-856-9403Fax: 301-856-9628 |
| Queen Anne's County ACCU 206 N. Commerce Street Centreville, MD 21617 | 443-262-4456 Fax: 443-262-9357 |
| St Mary's County ACCU 21580 Peabody St. Leonardtown, MD 20650 | 301-475-6776 Fax: 301-309-4117 |
| Somerset County ACCU 8928 Sign Post Rd., Westover, MD 21871 | 443-523-1758 Fax: 410-651-2572 |
| Talbot County ACCU 100 S. Hanson Street Easton, MD 21601 | 410-819-5600 Fax: 410-819-5683 |
| Washington County ACCU 1302 Pennsylvania Avenue Hagerstown, MD 21742 | 240-313-3464 Fax: 240-313-3222 |
| Wicomico County ACCU 108 E. Main Street Salisbury, MD 21801 | 410-543-6942 Fax: 410-543-6987 |