

CLIENT NAME

DATE OF BIRTH

CLIENT ID

MSS Post Pregnancy Screening Tool

- Instructions:**
- An * asterisk indicates a MSS clinician (CHN, RD, BHS) needs to make the final determination of the clients risk criteria (A, B, or C).
 - After screening the client for the MSS targeted risk factors, document the date(s) in the appropriate A, B or C column for any identified criteria, sign the last page and assign the level of service.

TARGETED RISK FACTOR	DO NOT USE SHADED AREAS			RISK FACTOR CRITERIA
	A	B	C	
Maternal Race				C. American Indian, Alaska Native or non-Spanish speaking indigenous women from the Americas (e.g. women whose primary language is Mixteco, Mam, or Kanjobal, etc.)
				C. African American or Black
				C. Pacific Islander
Prenatal Care				B. No prenatal care started during pregnancy
Nutrition				Food Insecurity: A. Runs out of food before the end of the month or cuts down on the amount eaten to feed others
				Pre-pregnancy BMI: IOM = Institute of Medicine A. Pre-pregnancy BMI 25.0 to 29.9
				*A. Pre-pregnancy BMI greater than or equal to (\geq) 30 and gained weight within the IOM guidelines *B. Pre-pregnancy BMI greater than or equal to (\geq) 30 and gained weight outside of the IOM guidelines
Medical				A. Inter-pregnancy interval - Current pregnancy: conception less than (<) 9 months from end of last pregnancy
				B. Fetal death this pregnancy- fetus greater than 20 weeks gestation that died in utero or was born dead
				Diabetes: C. Type 1 or 2 C. Gestational Diabetes with this pregnancy
				Hypertension: C. Chronic Hypertension: Chronic Hypertension diagnosed prior to pregnancy, or before 20 weeks gestation C. Gestational Hypertension or post partum hypertension with this pregnancy
				C. Multiples: Delivered more than one infant with this pregnancy
Maternal Age				B. 17 years of age or younger at the time of post pregnancy screening
Tobacco/ Nicotine				B. Maternal tobacco/nicotine use – smokes or uses tobacco or nicotine products
				B. Second hand smoke- infant is exposed to active smoking in their living environment (i.e. inside the home, car, day care)
Alcohol and Substance Abuse or Addiction				*B. Stopped substance use upon diagnosis of pregnancy.
				*B. Used alcohol and substances during pregnancy but actively engaged in alcohol/drug treatment program and has not used for more than or equal to (\geq) 90 days *C. Used alcohol, illicit substances, or non prescriptive use of prescription drugs during pregnancy or abstinent from use of alcohol, illicit substances, or non prescriptive use of prescription drugs for less than (<) 90 days
Mental Health Severe Mental Illness (SMI) and Perinatal Mood Disorder				* A. No history of mental health diagnosis, but answers “Yes” to “In the last month, have you felt down, depressed or hopeless?” or showing potential symptoms of depression, but has negative score on standardized depression screening tool. i.e. Edinburgh, CES-D
				*B. History of mental health treatment but is stable, or history of postpartum depression with previous pregnancy, and negative score on standardized depression screening tool
				*B. Current mental health diagnosis and is engaged in a mental health treatment
				*C. Mental health symptoms are evidenced by positive score on standardized depression screening tool *C. Client has a mental health diagnosis and exhibiting active symptoms which are interfering with general functioning

TARGETED RISK FACTOR	DO NOT USE SHADED AREAS			RISK FACTOR CRITERIA
	A	B	C	
Developmental Disability				*A. Severe developmental disability which could impact the woman's ability to take care of her infant, but has adequate support system, and demonstrates evidence of follow through with health care appointments/advice and infant/self-care
				*C. Severe developmental disability which impacts the woman's ability to take care of her infant and has an inadequate support system or does not demonstrate evidence of follow through with health care appointments/advice and infant/self-care
Intimate Partner Violence				A. IPV has occurred more than one year ago B. In the last year, the woman's intimate partner (FOB) has committed or threatened physical/sexual violence against her
CPS				*B History of CPS involvement as the parent/caretaker and no active case
				*C. Client is identified as the parent/caretaker within a family unit that has an open CPS case
Infant				C. Delivered LBW infant (less than 5lb 8 oz)
				C. Delivered Preterm infant (born less than 37 weeks gestation)
				*C. Slow weight gain i.e. loss of more than 10% of body weight since birth, has not gained back to birth weight by two weeks of age
				*C. Breastfeeding complications- inadequate milk transfer/ineffective suck, inadequate stools
				*C. Infant with birth defect and/or health problems
				*C. Drug/alcohol exposed newborn per program definition

Client received MSS during this pregnancy

Check this box to acknowledge all the MSS targeted risk factors have been screened for and initial _____

Screen date _____ Completed by _____ Level of service _____

Screen date _____ Completed by _____ Level of service _____

Level of Service:

Basic = No targeted risk factor or any As and no Bs or Cs

Expanded = At least one B and no Cs

Maximum = At least one C

To determine how many units the client can receive during the post pregnancy period:

1. Determine client's eligibility post pregnancy (basic, expanded or maximum) by using this form.
2. If the client's eligibility increased post pregnancy (i.e. basic to expanded), subtract the units used prenatally from the max prenatal units for the current level of service determined post-pregnancy (i.e. expanded or maximum). Those remaining units may be used during the post pregnancy period, based on client need.

NOTE: If the client's eligibility stayed the same or declined post pregnancy, no additional units can be assigned.

Client **did not receive MSS during this pregnancy and entered MSS ONLY post pregnancy**

Check this box to acknowledge all the MSS targeted risk factors have been screened for and initial _____

Screen date _____ Completed by _____ Level of service _____

Screen date _____ Completed by _____ Level of service _____

Level of Service (available through two months post pregnancy; see Provider Guide for number of units):

- Post Pregnancy Basic = No risk factor or at least one A and no Bs or Cs
- Post Pregnancy Expanded = At least one B and no Cs
- Post Pregnancy Maximum = At least one C