

MSS Post Pregnancy Targeted Risk Factor Matrix

MSS Risk Factor	Definition	Desired Outcome	Rationale for Risk Factor	Risk Factor Criteria
Maternal Race	<p>Client (woman) identifies herself as:</p> <ul style="list-style-type: none"> • African American or Black • 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.) • Pacific Islander 	<p>Address health disparities in maternal infant mortality and morbidity rates through:</p> <ul style="list-style-type: none"> • Risk assessment- SIDS and contributing factors to infant mortality • Health messages to promote protective factors 	<p>US: From 2000-2005, the infant mortality rate for non-Hispanic black women was 2.4 times the rate for non-Hispanic white women. Rates were also elevated for American Indian or Alaska Native women.</p> <p>Washington State: In 2007, African American (10.0 per 1,000) and Native American (13.1 per 1,000) infant mortality rates continued to exceed infant mortality rates of other race/ethnic groups. Total for WA Medicaid population was 5.9 per 1,000.</p> <p>In 2012, Pacific Islanders had the lowest rates among all racial groups for seeking prenatal care in the first trimester. They also had the second highest rate of preterm births behind African Americans.</p> <p>Maternal morbidity for these targeted groups is also of concern. MSS Targeted prenatal risks will continue to be addressed in the postpartum period.</p>	<p>A. Not an option for this risk factor B. Not an option for this risk factor C. American Indian, Alaska Native or non-Spanish speaking indigenous women from the Americas (see definition) Or African American or Black Or Pacific Islander</p>
Prenatal Care	<p>Late Entry prenatal care – no prenatal care established in pregnancy</p>	<ul style="list-style-type: none"> • Identify reason for no prenatal care • Postpartum care established for mother and infant 	<p>No prenatal care can also be an indicator of other risk factors associated with poor birth outcomes.</p> <p>Women who did not access prenatal health care due to mistrust may not access postpartum or infant health care for similar reasons.</p> <p>Postpartum care is important medical assessment including postpartum healing, complications, depression, and preventive interconception health messages including planning for next pregnancy.</p>	<p>A. Not an option for this risk factor B. No prenatal care established during pregnancy C. Not an option for this risk factor</p>

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Nutrition	Food insecurity	Food insecurity- Running out of food before the end of the month or cutting down on amount eaten to feed others	<ul style="list-style-type: none"> Accessing WIC or other food resources 	<p>Food insecurity places women at high risk for poor nutrition (malnutrition, anemia), weight gain issues, chronic stress, depression, and inability to address other issues in her life including medical appointments and infant needs.</p> <p>During the postpartum period families may not prepare or use infant formula properly. Breastfeeding women may give WIC food to others in family. There is also a higher risk of depression.</p>	<p>A. Runs out of food before the end of the month or cuts down on food to feed others</p> <p>B. Not an option for this risk factor</p> <p>C. Not an option for this risk factor</p>
	Pre-pregnancy BMI 25 to 29.9	Pre-pregnancy Body Mass Index (BMI) classified as overweight (Pre-pregnancy BMI 25.0 to 29.9). Use CDC BMI table for adults	<ul style="list-style-type: none"> Knowledge of healthy weight loss 	During the postpartum period, overweight women are at risk of weight retention and obesity if they gained more than the IOM guidelines.	<p>*A. Pre-pregnancy BMI 25.0 to 29.9</p> <p>B. Not an option for this risk factor</p> <p>C. Not an option for this risk factor</p>
	Pre-pregnancy BMI ≥ 30	Pre-pregnancy Body Mass Index (BMI) classified as obese (Pre-pregnancy BMI greater than and equal to ≥ 30.0). Use CDC BMI table for adults	<ul style="list-style-type: none"> Develop healthy post pregnancy meal plan Knowledge of healthy weight loss 	During the postpartum period, obese women are at higher risk for infection, infant feeding issues, poor healing, weight retention long term, and continued HTN and diabetes.	<p>*A. Pre-pregnancy BMI greater than or equal to (\geq) 30.0 and pregnancy weight gain within guidelines (See weight gain Rx on clarification table)</p> <p>*B. Pre-pregnancy BMI greater than or equal (\geq) 30.0 and weight gain outside guidelines (See weight gain Rx on clarification table)</p> <p>C. Not an option for this risk factor</p>
Short Inter-pregnancy Interval- less than 9 months		Period between end of last pregnancy and current pregnancy is less than (<) 9 months. (This includes miscarriages and terminations)	<ul style="list-style-type: none"> Increased knowledge of health related benefits for mother and infants of birth spacing. Family planning health education completed, decisions made, and methods implemented (if applicable). 	Shorten interval between pregnancies does not allow for a woman's body to return to optimum physiologic and nutrition status before pregnancy. The optimum birth spacing interval would be greater than or equal (\geq) 2 years and less than (<) 5 years.	<p>A. Current pregnancy conception less than (<) 9 months from end of last pregnancy</p> <p>B. Not an option for this risk factor</p> <p>C. Not an option for this risk factor</p>

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Medical	Fetal Death	Fetal death this pregnancy- fetus greater than (>) 20 weeks gestation and died in utero or was born dead	Women and family members who have experienced fetal death will receive: <ul style="list-style-type: none"> • Resources for grief support • Medical care • Health messages related to family planning 	The etiology of the fetal death influences the chance of recurrence. A complete evaluation following a loss is very beneficial in providing the best estimate of subsequent pregnancy outcomes.	<p>A. Not an option for this risk factor</p> <p>B. Fetal death this pregnancy- fetus greater than 20 weeks gestation and died in utero or was born dead</p> <p>C. Not an option for this risk factor</p>
	Diabetes	Diabetes diagnosed prior to pregnancy: <ul style="list-style-type: none"> • Type 1 is an insulin dependent diabetic • Type 2 is diet controlled and possibly taking oral medication 	<p>Stable blood sugars: Fasting 60mg -100mg/dl 1hr postprandial 100-140 mg/dl 2hr postprandial <120 mg/dl Before Bed 100-120mg/d</p> <ul style="list-style-type: none"> • Blood sugars within normal range • Knowledge of healthy meal plan to promote stable blood sugars • Knowledge of diabetes risk related to herself and infant long term 	<p>Type 1 or 2 diabetes places women at risks for depression, hypo & hyperglycemia, infection, and poor healing.</p> <p>Infants are at risk of birth defects, respiratory distress, jaundice, and hypoglycemia.</p>	<p>A. Not an option for this risk factor</p> <p>B. Not an option for this risk factor</p> <p>C. Diabetic Type 1 or 2</p>
	Gestational Diabetes	Gestational Diabetes: Pregnant women who did not have diabetes prior to pregnancy but have been diagnosed by a medical provider to have high blood sugar (glucose) levels during pregnancy (determined by glucose tolerance test)	<ul style="list-style-type: none"> • Knowledge of healthy meal plan to promote stable blood sugars • Knowledge of diabetes risk related to herself and infant long term 	<p>Gestational diabetes places women at risk for depression, infection, and chronic diabetes in the future.</p> <p>Infants are at higher risk for jaundice, hypoglycemia, macrosomia, birth injury due to macrosomia, feeding issues, and later in life diabetes.</p>	<p>A. Not an option for this risk factor</p> <p>B. Not an option for this risk factor</p> <p>C. Gestational diabetes with current pregnancy</p>
	Hypertension (HTN)	<p>Chronic high blood pressure (BP): Blood pressure screening greater than or equal to (\geq) 140/90 at more than one reading which started before the woman became pregnant or before 5 months of pregnancy (less than (<) 20 weeks gestation)</p> <p>Gestational Hypertension (GH): Blood pressure screening greater than or equal to (\geq) 140/90 and started when the woman was more than 5 months pregnant</p> <p>Postpartum Hypertension: Hypertension in the postpartum period. In some women, this can develop following delivery which wasn't present in PG.</p>	<p>Blood pressure less than or equal to (\leq) 120/80;</p> <ul style="list-style-type: none"> • Following prescribed care by medical provider • Stable blood pressure • Following diet and physical activity recommendations to promote blood pressure within normal limits 	<p>Women with hypertension during pregnancy resulting in Preeclampsia or eclampsia experience high risk deliveries/treatment which can put both mother and infant at risk in the post-pregnancy period. Women are also at increased risk of going into a hypertensive crisis after delivery – immediately or within the week after delivery.</p>	<p>A. Not an option for this risk</p> <p>B. Not an option for this risk factor</p> <p>C. Chronic Hypertension-diagnosed prior to pregnancy or before 20 weeks gestation</p> <p style="text-align: center;">Or</p> <p>Gestational Hypertension with this pregnancy</p> <p style="text-align: center;">Or</p> <p>Postpartum hypertension</p>

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Medical	Multiple Gestation	Delivered more than one baby	<ul style="list-style-type: none"> • Infants are receiving prescribed health care and any needed health related services • Family is knowledgeable of community resources • Families have received stress reduction health messages regarding coping and accessing support system • Mother has been screened for depression and referred to services if needed 	Multiple fetuses have the highest incidence of preterm/low birth rate. There is increased risk of long term health problems and developmental issues for multiples who are low birth weight/ preterm and/or experience high risk deliveries causing inadequate oxygen supply or other birth complications. Parental stress related to child rearing is increased with multiples. Incidence of the risk for postpartum depression is increased for mothers of multiples.	<p>A. Not an option for this risk factor</p> <p>B. Not an option for this risk factor</p> <p>C. Current pregnancy delivered multiple fetuses</p>
Maternal Age		17 years of age or younger at the time of screening	<ul style="list-style-type: none"> • Connected to a support system –family, school, WIC • Knowledge of Family planning • Parenting class referral 	All teens (as a population) are at risk for poor birth outcomes, challenges of parenting, and struggling with a lifetime of poverty due to a limited support system, education, resources, and decision making skills. Teens are also at increased risk for repeat pregnancies in less than (<) 2 years.	<p>A. Not an option for this risk factor</p> <p>B. 17 years of age or younger at the time of postpartum screening</p> <p>C. Not an option for this risk factor</p>
Tobacco/Nicotine Use		Maternal use of tobacco/nicotine or Second hand exposure	<ul style="list-style-type: none"> • Abstinence of tobacco and nicotine use • Client knowledgeable of resources to support tobacco and nicotine cessation • Client knowledgeable of risks related to second hand expose to infant • Plan in place to reduce second hand exposure if applicable 	Abstinence from tobacco and nicotine use will reduce risk for short and long term health problems for woman and family. Second hand smoke exposure of infants can increase risk for Sudden Infant Death Syndrome/ Sudden Unexplained Infant Death (SIDS/SUID), ear infections, asthma, and other breathing problems.	<p>A. Not an option for this risk factor</p> <p>B. Maternal tobacco/nicotine use- Currently smokes or uses tobacco or other nicotine products</p> <p style="text-align: center;">Or</p> <p>Second hand smoke exposure of infant- infant is exposed to active smoking in his/her living environment (i.e. inside the home, car, day care)</p> <p>C. Not an option for this risk factor</p>

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Alcohol and Substance Abuse or Addiction	Use or abuse of: <ul style="list-style-type: none"> • Alcohol • Illicit substances – i.e. cocaine, methamphetamine, marijuana, heroin • Non prescriptive use of prescription drugs i.e. Oxycodone, Xanax • Diagnosed with abuse or dependence to alcohol and/or substances and less than (<) 90 days of no use and/or inconsistent participation in Chemical Dependency treatment 	<ul style="list-style-type: none"> • No alcohol abuse, illicit substance use and/or non prescriptive use of prescription drugs For those who have abuse or addiction problems, encourage abstinence and active involvement with treatment.	Research has demonstrated that children of parents with substance use disorders are more likely to experience abuse (physical, sexual, or emotional) or neglect than children in other households. As infants, they may suffer from attachment difficulties that develop because of inconsistent care and nurturing, which may interfere with their emotional development. (Child Welfare Information Gateway, 2009).	<ul style="list-style-type: none"> A. Not an option for this risk factor *B. Stopped substance use upon diagnosis of pregnancy Or *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 (≥) 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 Time spent incarcerated does not count toward 90 day clean and sober.
Mental Health Severe Mental Illness Perinatal Mood Disorders	Severe Mental Illness (SMI): preexisting mental health diagnosis resulting in impairment of general functioning, i.e. current or previous suicidal ideation or attempts, previous psychiatric hospitalization, and current or recent (6 months or less) use of psychotropic medication Perinatal Mood Disorders: mood and anxiety symptoms that occur during pregnancy or up to one year postpartum which results in impairment of general functioning	<ul style="list-style-type: none"> • Knowledgeable of her individual mental health symptoms and possible impact on infant • Understands treatment options • Initiates and is compliant with prescribed care 	Symptoms of mental illness may inhibit a parents' capacity to care for their child. Depressed women, for example, may become less emotionally involved and invested in their newborn needs and development.	<ul style="list-style-type: none"> *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 Or 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 Or

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				Client has a mental health diagnosis and is exhibiting active symptoms which are interfering with general functioning
Developmental Disability (RCW 71A.10.020(4))	RCW 71A.10.020 defines developmental disability as a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, which originated before the individual attained age 18, can be expected to continue indefinitely and results in substantial limitations to an individual's intellectual and/or adaptive functioning	Post pregnant women with a developmental disability will receive health education, support, and case management services (including care coordination) to promote healthy parenting practices and self-care <ul style="list-style-type: none"> • Support System developed • Safety net for child 	Intellectual limitations can interfere with parenting of an infant, recognizing or accessing health care needs of infant and self, and accessing community resources for support and education.	<p>*A. Severe developmental disability which could impact the woman's ability to care for her infant, but has adequate social support and demonstrates evidence to follow through with health care appointments/advise and infant/self-care</p> <p>B. Not an option for this risk factor</p> <p>*C. Severe developmental disability which impacts the woman's ability to care for her infant, and has inadequate support system or does not demonstrate evidence of follow through with health care appointments/advice and infant/self-care.</p>
Intimate Partner Violence (IPV)	According to the CDC, IPV is a serious, preventable public health problem. Intimate partner violence describes physical, sexual, or psychological harm by a current or former partner or spouse. There are 4 main types of IPV (Saltzman et al. 2002): physical violence, sexual violence, threats of physical or sexual violence, and psychological/emotional violence	<ul style="list-style-type: none"> • All MSS clients are screened and provided health messages about IPV • Referrals are made and safety plans developed if indicated 	Women who experienced intimate partner violence have increased risk in delivering preterm infants, underweight infants, or infants spending time in Neonatal Intensive Care Unit. (PRAMS research project 2000-2003 data). Also there is an increased risk of abuse to infant.	<p>A. IPV occurred more than one year ago</p> <p>B. In the last year, the woman's intimate partner and/or FOB has committed/ threatened physical/sexual violence against her</p> <p>C. Not an option for this risk factor</p>
Child Protective Services (CPS)	CPS involvement means case is accepted for investigation, case file open, and services offered including child placement and/or parental rights terminated	Parents are interacting and providing care to infant in a way that promotes infant growth and development and protects the infant from harm.	Child abuse and neglect fatalities are a serious problem nationally, underscoring the extreme vulnerability of young children.	<p>A. Not an option for this risk factor</p> <p>*B. History of CPS involvement as the parent/caretaker, no current open/active case.</p> <p>*C. Client is identified as the parent/caretaker within a family unit that has an open CPS case.</p>

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Infant Risks	Low Birth Weight infant (LBW) and/or Preterm birth	<p>Current PG resulted in</p> <ul style="list-style-type: none"> • Low Birth Weight (LBW) infant. LBW = Birth weight less than (<)5 pounds 8 ounces (2500 gm) • Premature birth less than (<) 37 weeks 	<ul style="list-style-type: none"> • Stable infant growth • Child wellness appointments followed • Parent – infant bonding intact • Screen for depression and provide health message regarding coping 	<p>Preterm and LBW infants are at an increased risk for growth and development delays, Respiratory Distress Syndrome (RDS), feeding problems, medical issues, SIDS, hearing loss, decreased parent – infant bonding, etc., depending on gestational age, presence of inter-uterine growth restriction, complications at time of delivery, or other targeted risks during pregnancy. Maternal stress/grief can increase risk for postpartum depression.</p> <p>Potential for child abuse and neglect: Nearly 40 percent of very young children in foster care are born low-birth weight or premature or both, two factors which increase their likelihood of medical problems and developmental delay. (<i>Zero to Three 2005</i>)</p>	<ul style="list-style-type: none"> A. Not an option for this risk factor B. Not an option for this risk factor C. Pregnancy resulted in preterm and/or LBW infant
	Slow weight gain	<p>Slow weight gain should be determined by a medical provider or clinician trained to review weight gain. Examples:</p> <ul style="list-style-type: none"> • Loss of more than 7% of body weight since birth. • Has not gained back to birth weight by two weeks of age. • Deceleration of growth passed 2 percentiles. • Growth remains below 5th percentile 	<ul style="list-style-type: none"> • Stable growth 	<p>Weight for age is a sensitive indicator of acute nutrition inadequacy. The rate of weight gain during infancy is rapid. Slow growth can be an indicator of a medical condition, illness, feeding issue, parent lack of knowledge, and/or neglect.</p>	<ul style="list-style-type: none"> A. Not an option for this risk factor B. Not an option for this risk factor *C. Infant with slow weight gain

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Infant Risks Cont'd	<p>Breastfeeding Complications- inadequate milk transfer/ineffective suck or inadequate stools</p> <p>This should be determined by doctor or lactation consultant trained in breastfeeding assessment</p> <p>Documentation shall support the determination of inadequate milk transfer/ineffective suck and/or stool frequency and/or color per AAP</p>	<ul style="list-style-type: none"> • Lactation consultation • Stable growth • Continued breastfeeding if not contraindicated 	<p>Breastfeeding complications can lead to dehydration, slow weight gain, failure to thrive, jaundice, and termination of breastfeeding</p> <p>Exclusive breastfeeding is the model against which all alternative feeding methods must be measured with regard to growth, health, development, and all other short- and long-term outcomes.</p> <p>In addition, premature infants receive significant benefits with respect to host protection and improved developmental outcomes compared with formula-fed premature infants (AAP).</p>	<p>A. Not an option for this risk factor</p> <p>B. Not an option for this risk factor</p> <p>*C. Breastfeeding complications- inadequate milk transfer/ineffective suck and/or inadequate stools</p>
	<p>Infant with birth defect and/or health problems - this risk factor is referring to significant health problems needing medical follow up, case management, and MSS intervention by a clinician</p>	<p>Infants with birth defects or other health problems will receive early and prescribed pediatric care. Family will be knowledgeable of treatment and care of condition, and connected to community support and resources.</p>	<p>Infant Health: the sooner problems or potential risks are identified, the greater the chance of eliminating or minimizing existing problems or preventing future problems.</p>	<p>A. Not an option for this risk factor</p> <p>B. Not an option for this risk factor</p> <p>*C. Infant with birth defect and/or health problems</p>
	<p>Drug/alcohol exposed newborn. Substance Exposed Newborn is one who:</p> <ul style="list-style-type: none"> • Tests positive for substance(s) at birth or • The mother tests positive for substance(s) at the time of delivery or • The newborn is identified by a medical practitioner as having been prenatally exposed to substance(s) 	<p>Mother of infant achieves abstinence of drugs and alcohol and is engaged in chemical dependency treatment. Parents or care givers are:</p> <ul style="list-style-type: none"> • Providing a safe and caring environment • Knowledgeable of symptoms associated with drug and/or alcohol exposure • Connected to pediatric health care providers 	<p>A well-organized, developmentally oriented approach toward early recognition and intervention has the best chance to be a successful treatment outcome for drug-alcohol exposed children.</p>	<p>A. Not an option for this risk factor</p> <p>B. Not an option for this risk factor</p> <p>*C. Drug/alcohol exposed newborn</p>