AmeriHealth Caritas Next
A product of AmeriHealth Caritas VIP Next, Inc.

BRIGHTSTART®

# Obstetrical Needs Assessment Form (ONAF)

Phone: **1-866-577-0833** | Fax: **1-833-329-7708**

## FAX INFORMATION

| Date initially faxed: | 28 – 32 week fax date: | Postpartum fax date: |
|---|---|---|

## PROVIDER INFORMATION

| Provider name: | Provider number: |
|---|---|
| Practice phone number: | Practice fax number: |

## MEMBER INFORMATION

| Member name (first, middle initial, last): | |
|---|---|
| Date of birth: | Member ID number or Medical Assistance recipient number: |
| Home phone number: | Alternate phone number: |

| Hospital for delivery: | | |
|---|---|---|
| Gestational age first visit: | Date of first prenatal visit: | |
| Estimated date of confinement (EDC): | Date of last Pap test: | |
| Date last chlamydia screen: | Gravida: | Para: |
| Depression screen? ☐ Yes ☐ No | Live births: | TAB: |

| 17-P candidate? ☐ Yes ☐ No | Women, Infants, and Children (WIC): ☐ Yes ☐ No | Dental visit past six months? ☐ Yes ☐ No |
|---|---|---|

## PAST OB COMPLICATIONS

| ☐ **No past OB complications** | ☐ Postpartum depression | ☐ Preterm delivery 32 – 36 weeks |
|---|---|---|
| ☐ Gestational diabetes | ☐ Pre-eclampsia or eclampsia | ☐ Preterm labor < 32 weeks |
| ☐ Incompetent cervix | ☐ Premature rupture of membranes (ROM) | ☐ Previous cesarean section |
| ☐ Intrauterine growth restriction | ☐ Preterm delivery < 32 weeks | ☐ Recurrent second trimester loss |

## PRENATAL VISIT DATES

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| SOCIAL, ECONOMIC, AND LIFESTYLE RISKS | TRIMESTER First | Second | Third |
|---|---|---|---|
| **No social, economic, or lifestyle concern** | ☐ | ☐ | ☐ |
| Currently using tobacco, with cessation services offered | ☐ | ☐ | ☐ |
| Domestic violence | ☐ | ☐ | ☐ |
| Eating disorder (specify): | ☐ | ☐ | ☐ |
| Homelessness | ☐ | ☐ | ☐ |
| Intellectual impairment | ☐ | ☐ | ☐ |
| English is not primary language | ☐ | ☐ | ☐ |
| Barriers identified to MAT? | ☐ | ☐ | ☐ |
| Opioid therapy (specify) | ☐ | ☐ | ☐ |
| Substance use: alcohol, street, or Rx drugs | ☐ | ☐ | ☐ |
| Teen pregnancy, with head of household aware | ☐ | ☐ | ☐ |
| Other social issues (specify): | ☐ | ☐ | ☐ |

| CURRENT RISKS | TRIMESTER First | Second | Third |
|---|---|---|---|
| **No current risk** | ☐ | ☐ | ☐ |
| Second or third trimester bleeding | ☐ | ☐ | ☐ |
| Abnormal placenta | ☐ | ☐ | ☐ |
| Gestational diabetes | ☐ | ☐ | ☐ |
| Multiple gestations | ☐ | ☐ | ☐ |
| Missed prenatal care | ☐ | ☐ | ☐ |
| Perinatal depression | ☐ | ☐ | ☐ |
| Periodontal disease | ☐ | ☐ | ☐ |
| Poor weight gain | ☐ | ☐ | ☐ |
| Pre-eclampsia or eclampsia<br>Placed on Low Dose Aspirin | ☐<br>☐ | ☐<br>☐ | ☐<br>☐ |
| Premature ROM | ☐ | ☐ | ☐ |
| Preterm dilation of cervix (> 1.5 cm) or preterm labor (< 32 weeks) | ☐ | ☐ | ☐ |
| Previous delivery within one year | ☐ | ☐ | ☐ |

| ACTIVE MEDICAL OR MENTAL HEALTH CONDITIONS | TRIMESTER First | Second | Third |
|---|---|---|---|
| **No active medical or mental health conditions** | ☐ | ☐ | ☐ |
| Anemia HbA1C < 10 | ☐ | ☐ | ☐ |
| Asthma | ☐ | ☐ | ☐ |
| Bipolar disorder | ☐ | ☐ | ☐ |
| Cardiac disease (specify):<br><br>Placed on Low Dose Aspirin | ☐<br><br>☐ | ☐<br><br>☐ | ☐<br><br>☐ |
| Chronic hypertension | ☐ | ☐ | ☐ |
| Clotting disorder (specify): | ☐ | ☐ | ☐ |
| Depression | ☐ | ☐ | ☐ |
| Diabetes, pregestational | ☐ | ☐ | ☐ |
| Hepatitis (specify): | ☐ | ☐ | ☐ |
| HIV | ☐ | ☐ | ☐ |
| Renal disease (specify): | ☐ | ☐ | ☐ |
| Schizophrenia | ☐ | ☐ | ☐ |
| Seizure disorder | ☐ | ☐ | ☐ |
| Sickle cell disease | ☐ | ☐ | ☐ |
| STD (specify): | ☐ | ☐ | ☐ |
| Thyroid disease (specify): | ☐ | ☐ | ☐ |
| Other medical issues: | ☐ | ☐ | ☐ |

| DELIVERY INFORMATION |
|---|
| Delivery date: |
| At weeks of gestation |
| Elective delivery: ☐ Yes ☐ No |
| ☐ Vaginal ☐ Cesarean section<br>Vertex: ☐ Yes ☐ No |
| Birth weight: |
| Viable: ☐ Yes ☐ No |
| ☐ Neonatal intensive care unit (NICU) admission |
| Antenatal steroids: ☐ Yes ☐ No |

| **Postpartum visit** (Should be between 7 and 84 days after delivery) |
|---|
| Date of postpartum visit: |
| Feeding method: ☐ Breast ☐ Bottle ☐ Both |
| Postpartum depression present: ☐ |
| Postpartum contraception discussed: ☐ |
| Quit tobacco during pregnancy: ☐ |
| Remains tobacco free: ☐ |
| Any barriers identified to MAT? |
| Opioid therapy (specify) |
| Comments: |
| Community referrals made: |

## ONAF instructions for completion

This form serves as the initial notification of a member's pregnancy to the AmeriHealth Caritas Next Bright Start program. Prompt submission from your office allows us to enroll the member into our Bright Start maternity program as early as possible.

- Please fill in the demographics section in its entirety for the first submission.
- Please complete the clinical section in its entirety for each submission by checking the trimester in which the risk or medical or mental health condition was noted.
  - Checked boxes indicate that the condition **was** identified by the provider's office in that trimester.
  - Unchecked boxes indicate the risk **was not** identified.
- Please fill in the dates of all visits, including the postpartum visit.
- The ONAF does not need to be filled out by a physician.
- The ONAF can also be used to notify us regarding additional prenatal visits and newly identified risk factors. You do not need to complete the top part of the form each time. Simply add the new office visit(s) or risk factor(s) to the original form and fax it again.
- Please **fax** the ONAF to the Bright Start program as soon as possible after the initial office visit to enable enrollment into our maternity care management program.

The requested clinical information helps AmeriHealth Caritas Next risk-stratify our members to make appropriate referrals into our care coordination program.

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