

## Pregnancy Care Management Referral

*Working together to  
improve the health of  
mothers and babies in the  
NC Medicaid population*

Pregnancy Care Management services are available to pregnant and postpartum women receiving Medicaid who have risk factors which may put them at risk for poor birth outcomes. We are working together to improve birth outcomes in the Medicaid population through coordinated, evidence-based maternity care for women at risk for poor birth outcomes, with a focus on quality improvement.

### Priority risk factors include:

- History of preterm birth (less than 37 completed weeks)
- Chronic medical and/or behavioral health conditions which may complicate pregnancy
- Unsafe living environment (violence/abuse or homelessness/unstable housing)
- History of low birth weight (less than 2500 grams/5 lbs 8 oz)
- Fetal complications
- Substance use (use in the month prior to pregnancy or current use) or tobacco use (quit smoking after learning of pregnancy or smokes now)
- Late entry to prenatal care (after 14 weeks)
- Multiple gestation
- Missing two or more prenatal appointments without rescheduling

Patient Name: \_\_\_\_\_ Date of birth: \_\_/\_\_/\_\_\_\_ Due Date: \_\_/\_\_/\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work/other phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Insurance type:  Medicaid  None  Other: \_\_\_\_\_ Medicaid ID#: \_\_\_\_\_

### Reason for Referral:

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Referral Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

***I give permission for this information to be shared with Pregnancy Care Management services.***

Patient Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_