

PREGNANCY RELATED SERVICES PROGRAM QUARTERLY REPORT

County	Reporting Period (Month / Year)	To (Month / Year)
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- 1. Number of Pregnant Women Informed about the Importance of Prenatal Care**
 Personal contacts _____
 Written correspondence _____
 TOTAL women informed _____
- 2. Pregnant Women Identified as Not Receiving Prenatal Care** _____
- 3. Prenatal Risk Assessment Forms Received** _____
- 4a. Care Compliance Referrals from Providers** _____
- 4b. How many of those women were you able to contact?**
 Personal (Home Visits, Telephone) _____
 Written correspondence _____
- 4c. Of the women contacted, how many received prenatal care?** _____
- 5. Support Services Delivered**
 Transportation Cab/Bus/Vendor/Volunteer/Relative _____
 Assistance with making appointment _____
 Accompany to appointment _____
 Referrals to other agencies _____
 Other _____
 TOTAL support services delivered _____
- 6. Current Providers Contacted**
 Face-to-face/ Telephone calls _____
 In writing _____
 TOTAL providers contacted _____

Are there any changes or events involving your county's Pregnancy Related Services program that you would like to report?

Submitted by (Please print)	Position/Title
Telephone	Date Submitted

**DIRECTIONS FOR COMPLETING
THE PREGNANCY RELATED SERVICES PROGRAM QUARTERLY REPORT**

1. Number of Pregnant Women Informed about the Importance of Prenatal Care
Enter the number of women informed by each method (personal contacts, written correspondence) during the quarter. Add the two numbers and enter the total on the **total women informed** line. (5101:1-38-06)

2. Pregnant Women Identified as Not Receiving Prenatal Care
Enter the number of women who have been identified as pregnant who are not receiving prenatal care. (5101:1-38-06)

Definition: "Pregnant Woman who is not receiving prenatal care" means that the Medicaid eligible woman has not started her prenatal care visits to a physician, clinic or HMO after she acknowledged she is pregnant, or ceased prenatal care after the pregnancy was verified by a physician.

3. Prenatal Risk Assessment Forms (C8A \$3535) Received
Enter the number of prenatal risk assessment forms received from providers during the quarter.

4 a. Care Compliance Referrals from Providers
Enter the number of referrals made by a medical provider for any support services. Count each woman one time per referral. (Example: Dr. Smith called the Pregnancy Related Services coordinator two times about Mary Price. Mary missed one appointment; Dr. Smith's office could not locate her, so they called for help. She missed a second visit, and Dr. Smith made a second referral call to the coordinator. Count as 2 referrals.) (5101:1-38-06)

4 b. How many of those women were you able to contact?
For those pregnant women who were contacted as a result of the providers' care compliance referrals, enter the number of completed personal contacts that were made, and enter the number of written correspondence contacts which were made.

4 c. Of the women contacted, how many received prenatal care?
Count **ONLY** the number of women contacted as a result of Care Compliance Referrals from Providers. See 4a above.

5. Support Services Delivered
Transportation: Enter the number of transportation units provided by all sources. A unit is one trip, either round trip or one way. **Assistance with making appointment:** If CDJFS staff arranged or otherwise assisted in making an appointment, count here. **Accompany to appointment:** If CDJFS staff accompanied the woman to her appointment, count here.
Referrals to other agencies: Count referrals per woman, not per number of agencies the woman was referred to.
Other: Count any other assistance or intervention made on the woman's behalf. Do not include WIC referrals because all pregnant women are to be referred to WIC.
TOTAL: Add numbers of support services counted and enter on TOTAL support services delivered line. (5101:1-38-06)

6. Current Providers Contacted.
Enter the number of contacts made with current providers by method of contact. Add the numbers together and enter on the TOTAL providers contacted line. (5101:1-38-06)

Please note any changes or events involving your county's Pregnancy Related Services program that you would like to report, including staffing or organizational changes that affect the program. If there is any specific technical assistance that your Pregnancy Related Services program staff need, it may also be noted here. Submit this completed form no later than the 15th day of the month following the end of the quarter; i.e., (January, February, March - due April 15); (April, May, June - due July 15); (July, August, September - due October 15); (October, November, December - due January 15) to:

~~XXXXXXXXXX~~ Ohio Department of Transportation
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