

Client: _____
 Nurse: _____

Date: _____
 County: _____

PRENATAL LEVELS OF CARE

Area	Tier I (1 point)	Tier II (2 points)	Tier III (3 points)
Financial ability to pay for prenatal care.	Payment source available for care or referral made. _____	Needs assistance for payment of care and/or applying for assistance. _____	No financial assistance available, client has great financial need. _____
Community resource utilization and referrals (Complete Community Resources Checklist)	Client utilizes resources appropriately. _____	Client requires assistance in identification/utilization of resources. _____	Client declines to utilize resources; declines recommendation. _____
Education (Provide basic pregnancy info packet)	Client needs more information about pregnancy related health concerns. _____ (If no, no further intervention needed.)	Direct client toward various educational resources in the community. _____	Provide individualized teaching. _____
Pregnancy risk factors (Complete Pregnancy Wellness Assessment)	Client is able to identify problems and develop a plan for solving problems. _____	Risk identification indicates referral and education needed. _____	Risk identification indicated referral, education, and follow-up. _____
Support systems	Client is able to identify many people who are available to her for help and support during the pregnancy. _____	Client is able to identify support people, but needs encouragement utilizing support people. _____	Client has no support people available to her. _____
Pregnancy Wellness Assessment Tier II or III based on Wellness Assessment using nursing judgement	No serious risks identified. No further intervention needed. _____	Any one of these issues equals Tier II: Emotional Issues _____ (Hx of MI or concerns) Substance Use _____ (Alcohol, tobacco, other drug use) Significant Losses _____ (Esp maternal relationship) Domestic Violence _____ (Quest. 48, 49, 50)	Any two of these issues equals Tier III: Emotional Issues _____ (Hx of MI or concerns) Substance Use _____ (Alcohol, tobacco, other drugs) Significant Losses _____ (Esp maternal relationship) Domestic Violence _____ (Quest. 48, 49, 50)
Column Totals:			
Grand Totals:	Tier I column + Tier II column + Tier III column = _____		
Scoring:	6-8 Points = Tier I 9-14 Points = Tier II 15-18 Points = Tier III		

Minimal Tier Guidelines:

Levels of Care	Activities	Minimum Contacts
Tier I	Appropriate referrals made, information provided about BB and other services.	Initial contact: Plan for scheduled contacts as needed.
Tier II	Assist in client referrals; establishing linkages in services; administrative/care coordination.	Initial contact, and at least one-two follow-up contacts.
Tier III	Perinatal care coordination.	Initial contact and at least one additional contact per trimester and one-two postpartum follow-up contacts.