

IMPLICIT interconception care toolkit

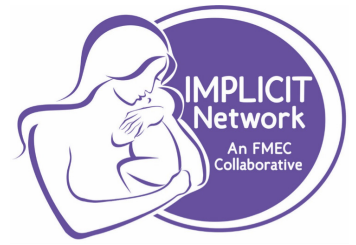
Incorporating maternal risk assessment into well-child visits to improve birth outcomes

Figure 4. IMPLICIT ICC Model screening questions

Figure 5. IMPLICIT ICC Model demographic questionnaire



IMPLICIT ICC Model screening questions

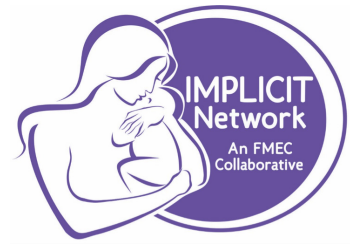


To download this form, go to: prematurityprevention.org

Age of child at visit (in months) _____

1. Is mother present at today's visit?
 Yes No
2. Is mother currently smoking?
 Yes No
3. If smoking, was an intervention done?
(May include the 5A's: Ask, advice, assess, assist, arrange)
 Yes No
4. Results of 2-item or PHQ2 screen?
 Positive Negative
5. If PHQ is positive, was PHQ9 score ≥ 10 ?
 Yes
 No, PHQ9 is < 10
 Not done
6. If depression risk was present, was an intervention in place or provided?
 Yes No
7. Maternal safety screen: Thoughts of self-harm present (PHQ9 #9 ≥ 1)
 Yes, mother has thoughts of harming self.
(PHQ9 #9 ≥ 1)
 No, mother has no thoughts of harming self.
(PHQ9 #9=0)
 Not done
8. If mother has thoughts of harming herself (PHQ9 #9), was the mother assessed for safety and triaged appropriately?
 Yes No
9. Has mother been pregnant since last visit?
 Yes No
10. Is mother using contraception?
 Yes, IUD or implant — Long acting reversible contraception (LARC)
 Yes, permanent sterilization methods (tubal, vasectomy, hysterectomy)
 Yes, other
 No, mother is currently pregnant
 No, mother is trying to conceive
 No
11. If not using contraception, was an intervention done (counseling about birth spacing, options/referral/prescription)?
 Yes No
12. Is mother currently taking a multivitamin, prenatal vitamin or folic acid at the time of this visit?
 Yes No
13. If no, was a multivitamin, prenatal vitamin or folic acid recommended?
 Yes, recommended but not provided
 Yes, recommended and provided (prescription/voucher/free MVI)
 No

IMPLICIT ICC Model demographic questionnaire



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Month of this child's birth

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Maternal education level

- Less than high school degree or equivalent (GED)
- High school degree or equivalent (GED)
- More than high school degree or equivalent (GED)

Insurance type

- Medical assistance
- Private insurance
- Self-pay
- Unknown

Mother's age at this child's birth _____

Number of living children
(including this child) _____

Maternal race (Select all that apply.)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Unknown

Maternal ethnicity

- Hispanic
- Non-Hispanic
- Unknown

Is mother a patient at this practice?

- Yes
- No
- Unknown