Brazos Valley Community Action Agency, Inc

Health Services

Policies and Procedures

Policy Subject / Title: Obstetric Services

Applicability: All BVCAA Community Health Centers providing obstetric services

Purpose: To be able to provide consistent, high quality obstetric care to clients seeking

care from BVCAA Community Health Centers.

I. Registration and Eligibility

Client will register with BVCAA Registration / Eligibility personnel to determine appropriate funding source(s) for the client.

PROCEDURE: See Admin Policy and Procedure Manual for Registration and Eligibility,

including documentation requirements for individual funding sources.

II. Consents and Contracts for Care

- A. The general consent for treatment, including the counseling and consent for HIV and other standard prenatal and postpartum testing, shall be obtained before or at the initial visit.
- B. Due to the vital nature of timely and appropriate delivery of obstetric care serves toward a positive pregnancy outcome, a Prenatal Client Contract was developed to ensure the obstetric client is duly informed of the expectations both she and the Center's staff may have of one another as partners toward that positive pregnancy outcome. This contract shall be discussed and signed at the initial prenatal visit.
- C. Quadruple testing for antenatal screening (Quad-Screen) shall be offered to all obstetric clients between 15-20 weeks following thorough counseling regarding the risks and benefits of such testing. Should a client decline to have the Quad-Screen performed, a Patient Declination Form for Quad-Screen shall be signed.
- D. A client that desire permanent sterilization following her current pregnancy via postpartum bilateral tubal ligation (BTL) shall receive thorough counseling regarding the risks and benefits of the BTL procedure, and the Sterilization Consent shall be signed no sooner than 90 days and no later than 30 days prior to the client's anticipated date of delivery.

PROCEDURE: See Appendix 1 of this policy for sample documentation of the BVCAA

General Consent (1-A), Prenatal Client Contract (1-B), Patient

Declination Form for Quad-Screen (1-C) and Sterilization Consent (1-D). All signed documents pertinent to the care of the client shall be made

part of the client's electronic record.

III. Documentation of Care

Documentation of care provided to an obstetric client must be maintained within the electronic health record (EHR) system, specifically the "OB Flow Sheet" portion which shall be routinely updated to ensure compliance with all regulatory agencies governing the funding sources applicable to BVCAA clients.

PROCEDURE: See Appendix 2 to this policy for screen shots and detailed

documentation specifications for obstetric clients.

IV. Standards of Care

The BVCAA Medical Staff has adopted standards of care guidelines for a variety of common chronic diseases and conditions notable to the scope of care provided throughout the CHCs. These standards are maintained at www.bvcaa.org/guidelines.html. The guidelines are routinely monitored and updated as needed to reflect the latest acceptable standards.

PROCEDURE: Pertinent to this policy is the "Routine Prenatal Care" guideline. See

<u>Appendix 3</u> to this policy for pages 1-2 of this guideline which summarizes care expectations (Screening Maneuvers, Counseling Education Intervention and Immunization & Chemoprophylaxis) by

weeks of gestation.

V. Missed Appointments

BVCAA staff will make an attempt to contact those patients who fail to keep their appointments and document interaction with patient in the EHR system.

PROCEDURE: See Admin Manual for "Missed Appointment Policy and Procedure".

VI. New OB Packet

Each new obstetric client shall be given a "New OB Packet" at their initial OB visit which contains important pregnancy and child health-related documents, some mandated by the state law that patients receive. The New OB Packet Contents (see <u>Appendix 4</u>) lists required documentation that must be included in each packet. Other helpful items from local, state and medical resources may be included in the packet, when available.

PROCEDURE:

- Each clinic site shall designate one or more staff members to assemble New OB Packets which must contain all items listed on the New OB Packet Contents list.
- 2. If a required item is not available as packets are being assembled, the clinic/practice manager should be notified immediately.
- 3. Providers should also be made aware if a New OB Packet is missing required documentation, and a note of missing item(s) should be made on the Plan Tab of the client's OB Flow Sheet. Missing required documentation shall be offered at the clients next prenatal visit, and a note made in the client's OB Flow Sheet as to the date the missing required document was given.

APPENDIX 1B

ABC Women's Clinic



Prenatal Client Contract

The Client agrees to:

- Be presentable for all prenatal visits which include clean personal hygiene, being properly dressed for all prenatal visits with provider, and be respectful toward the center staff.
- · Be an active participant in prenatal education.
- Keep appointments, and if unable to keep appointment, will notify the center as soon as
 possible to cancel and reschedule appointment in a timely manner.
- Ask questions when instructions or information given by staff is not understood.
- Keep the center staff informed when address or telephone number is changed.
- Follow the health care plan the Nurse Practitioner and Physician have developed.
- Once the baby has been born, notify the center as soon as possible for a post-partum appointment.

The Community Health Center staff agrees to:

- Follow all center guidelines and provide safe, courteous, and individualized care.
- Maintain confidentiality of all information obtained.
- Provide information and services to help each client meet their health care needs.
- Assist in linking client to community resources, e.g., transportation, special services, etc.

Patient's signature	Date
Center Staff	Date

APPENDIX 1C



I understand that I have been offered the screening test that could detect birth defects. These tests include screening for:

- Neural Tube Defect
- Heart Defects
- Down syndrome
- Trisomy 18
- Abdominal Wall Defects
- Cystic Fibrosis

I have been given the opportunity to have the following tests and/or procedures:

- Ultrasound
- MSAFP (Triple Screen)
- Amniocentesis
- Cystic Fibrosis Genetic Screening

The risks and benefits of the above procedure(s) have been explained to me as well as the risks of NOT having the procedure(s) performed. I have been given the opportunity to discuss these procedures with my physician and ask questions.

-	letect these conditions. I understand my child n understand that the risk by not performing thes ns.	
Patient Signature	Date	
Witness Signature	Date	

BVCHC122007

APPENDIX 1D

Sterilization Consent Form

(Fax Consent Form to 1-512-514-4229) Client Medicaid or Family Planning Number. Date Client Signed (month/day/year) Notice: Your decision at any time not to be startized will not result in the withdrawal or withholding of any benefits provided by programs or projects receiving federal funds. I have asked for and received information about sterilization from College Consont to Sterilization (doctor or clinic). When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible i understand that the sterilization must be considered permanent and not reversible. I have decided that I do not want to become pregnant, bear children or father children was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterlized. I understand that I will be sterilized by an operation known as a Tubal Sterilization (a associated with the operation have been explained to me. All my questions have been answered to my satisfaction. (specify type of operation). The discomforts, risks and benefits I understand that the operation will not be done until at least 30 days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs. __ (month), ____(day), ____ (year). I. tern at least 21 years of see and was born on _ sterilized by (ALM) Setton (HC , hereby consent of my own free will to be (doctor or clinic) by a method called Tubal Steril 170 tron _ (specify type of operation). My consent expires 180 days from the date of my signature below. I also consent to the release of this form and other medical records about the operation to: Representatives of the Department of Health and Human Services or Employees of programs or projects funded by that Department but only for determining if Federal laws were observed. I have received a copy of this form. (month/day/year) Date of Signature: Client's Signature: Notice: You are requested to supply the following information, but it is not required. Race and Ethnicity Designation □ Native Hawaiian or Other Pacific Islander □ Black or African American □ Not Hispanic or Letino Race (mark one or more) Ethnicity ☐ American Indian or Alaska Native
☐ Asian C White Hispanic or Latino. Interpreter's Statement If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice and presented orally to the individual to be sterifized by the person obtaining this consent. I have also read him/her the consent form language and explained its contents to him/her. To the best of my knowledge and belief, he/she has understood this explanation. Date of Signature: (month/day/year) Interpreter's Signature Statement of Person Obtaining Consent (client's full name), signed the consent form, I explained to him/her the nature of the sterilization operation Before (specify type of operation), the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it. I counseled the individual to be sterlized that atternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be startized that his/her consent can be withdrawn at any time and that halshe will not lose any health services or any benefits provided by Federal funds. To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure Date of Signature: (month/day/year) Signature of Person Obtaining Consent: Ste 102 Pollege Station Tu Facility Address: 1651 Rock Prairie 77840 Station MC Facility Name: (17) SECL Physician's Statement _ (name of individual to be sterilized), on_ Shortly before I performed a sterilization operation upon _ (specify type of operation), the fact that it is intended to be a final sterilization), I explained to him/her the nature of the sterilization operation. and irroversible procedure and the discomforts, risks and benefits associated with it. counseled the individual to be startized that alternative methods of birth control are available which are temporary. I explained that startization is different because it is permanent informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds. To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure. (Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.) (1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the starilization was performed (2) This startization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested): (month, day, year) Premature delivery - Individual's expected date of delivery: Emergency abdominal surgery (describe circumstances): (month/day/year) Date of Signature: Physician's Signature: Paperwork Reduction Act Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid QMB control number for this information collection is 0937-0166. The time required to complete this information collection is estimated to average 1 hour 15 minutes per OWE control number for this information consecutions velocities, the unite required to complete this entertaint detection is estimated to average 1 nour to ministes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Senices, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 537-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer HHS-683 All Fields in This Box Required for Processing

TPI:

Benefit Code:

Title Billed (check one): U V

Provider/Clinic Telephone:

 $\Box x$

☐ XIX (Medicaid)

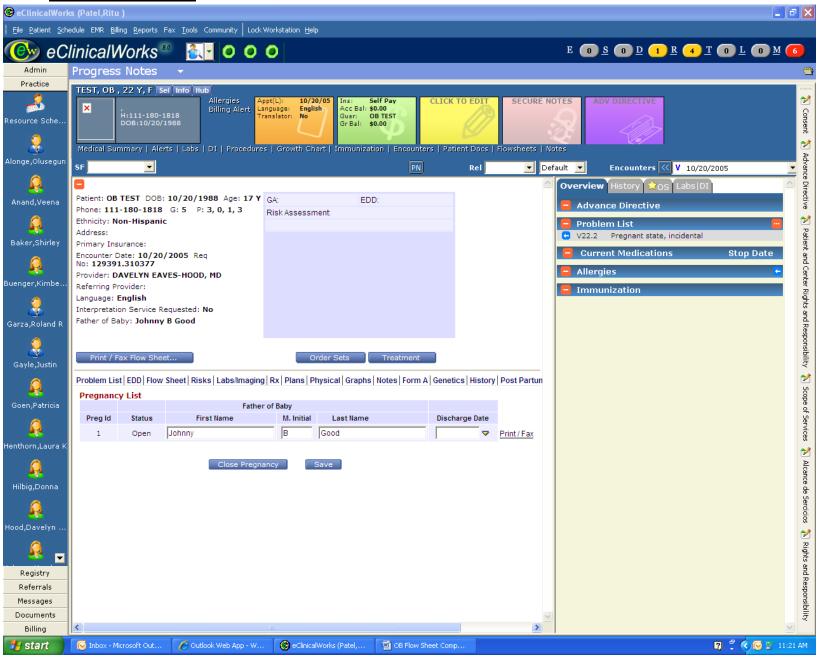
Taxonomy:

Effective Data 09012010/Revised Date_07012010

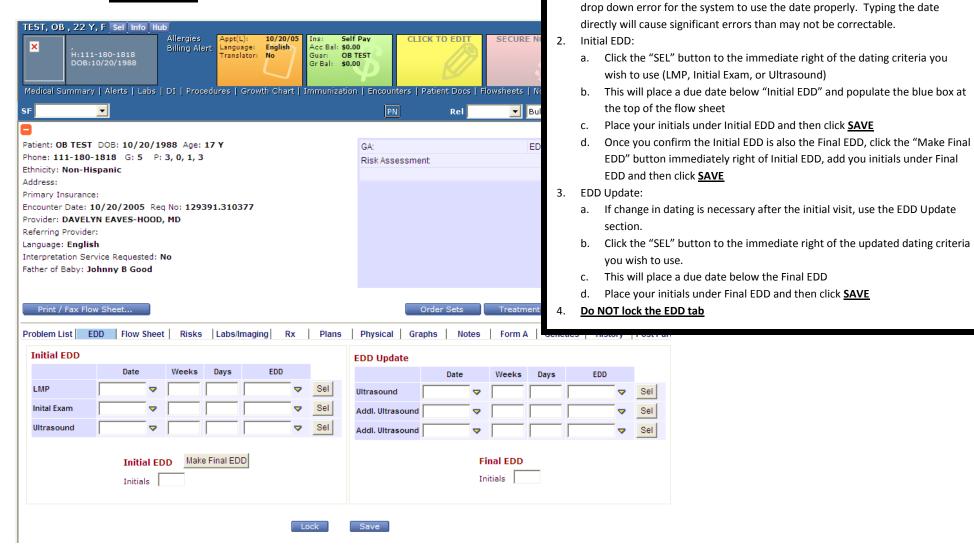
Provider/Clinic Fax Number

APPENDIX 2

Pregnancy List:

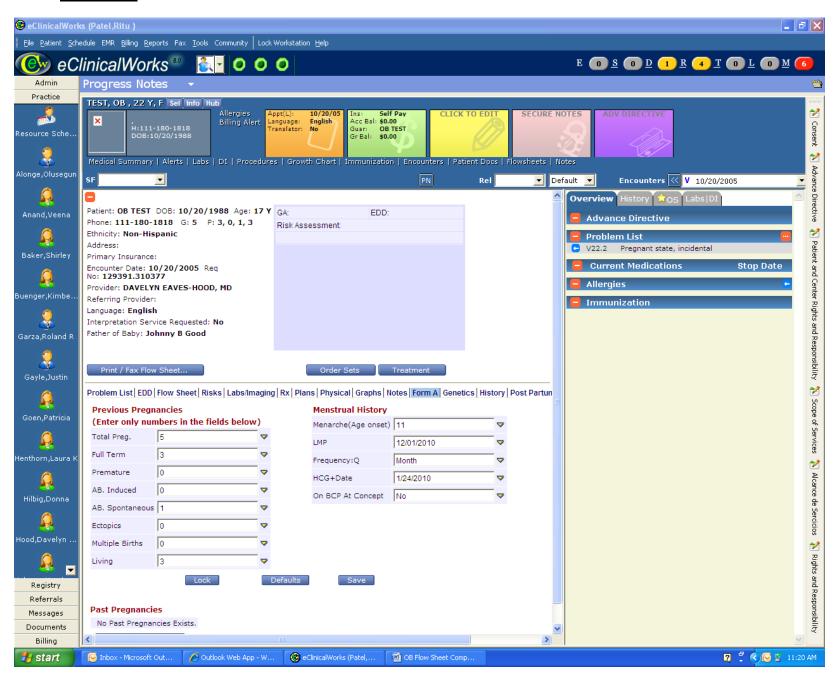


EDD Tab:



1. When adding date for LMP or other items under the EDD tab, you MUST use the

Form A:



History, Gathered at Initial Visit:

HPI:	
Initial Prenatal Visit	
105 year old female presents with c/o initial pregnancy visit with our cl	linic at weeks gestation Unreviewed
Gravida Para	•
PMH affecting pregnancy	
c/o Pertinent PMH	
Genetic Screening	
Previous child with genetic condition Family member Adult Immunization Screening	with genetic condition
c/o Influenza Vaccine c/o Tetanus c/o Hepatitis B c/o Immunizations pa	atient wishes to receive today: UNREVIEWED
TB Questionnaire	
c/o TB Exposure c/o Place of Birth c/o Travel c/o High-risk Exposure c/o	o Previous TB Test
TB TEST REQUIRED BASED ON SCREENING UNREVIEWED .	
Current Medication:	
Medical History:	
Allergies/Intolerance:	
Gyn History:	
OB History:	Utilize the "BVCAA – Initial OB Visit" templat
	sections.
• See OB Flow Sheet, for details	
Surgical History:	- There are numerous questions in the
Hospitalization:	so be sure to answer all of them.
Family History:	 Genetic screening lists pertinent pos
Social History:	then select "None"
Social History.	 Assessment and Billing section are p
ROS:	remove the ones that do not apply.
unremarkable upon review of major systems, see HPI above	 Standard OB labs are pre-ordered. I removed, as appropriate.
Objective:	- Do not lock this note until the labs re
Vitals:	received. This will allow the results
Past Results:	which will be important for patient's
Examination:	

<u>GYN</u>

Utilize the "BVCAA – Initial OB Visit" template and complete ALL sections.

- There are numerous questions in the Pertinent PMH section, so be sure to answer all of them.
- Genetic screening lists pertinent positives, if none present then select "None"
- Assessment and Billing section are pre-populated. Be sure to remove the ones that do not apply.
- Standard OB labs are pre-ordered. Labs may be added or removed, as appropriate.
- Do not lock this note until the labs results have been received. This will allow the results to appear on this H&P which will be important for patient's L&D records.

GENERAL: <u>UNREVIEWED</u>. HEENT: <u>UNREVIEWED</u>. NECK: <u>UNREVIEWED</u>. HEART: <u>UNREVIEWED</u>. LUNGS: <u>UNREVIEWED</u>.

BREASTS: **UNREVIEWED**. ABDOMEN: **UNREVIEWED**. EXTERNAL GENITALIA: **UNREVIEWED**. VAGINA: **UNREVIEWED**.

CERVIX: UNREVIEWED. UTERUS: UNREVIEWED. ADNEXA: UNREVIEWED. ANUS/PERINEUM: UNREVIEWED. EXTREMITIES: UNREVIEWED.

SKIN: **UNREVIEWED**. DEEP TENDON REFLEXES **UNREVIEWED**.

Physical Examination:

Assessment:

Assessment:

- Supervision of normal first pregnancy V22.0 (Primary)
- Supervision of other normal pregnancy V22.1

Plan:

Treatment:

Procedures:

Immunizations:

Diagnostic Imaging:

Lab Reports:

Lab:***Pap Lb, Ct-Ng, rfx HPV ASCU***

<u>Lab:***Urine Culture, Routine***</u>

<u>Lab:***HIV w/ WBlot Confirmation***</u>

<u>Lab:Prenatal Profile I</u>

Lab: Drug Profile, Ur, 9 Drugs

<u>Lab:IH - Urinalysis</u>

Preventive Medicine:

Next Appointment:

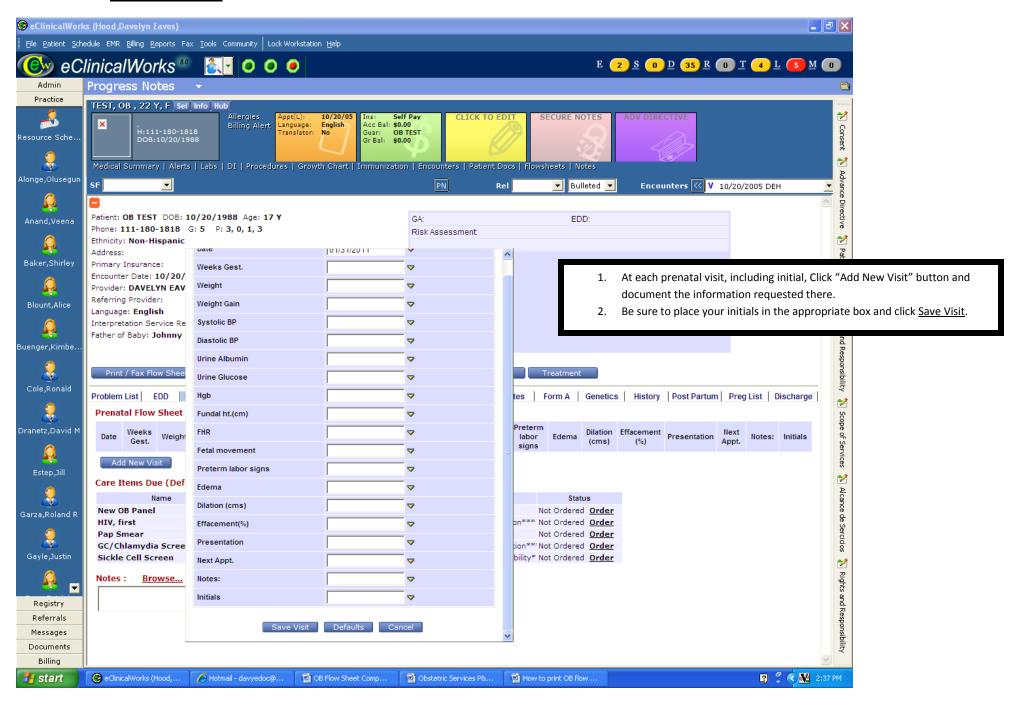
Billing Information:

Visit Code:

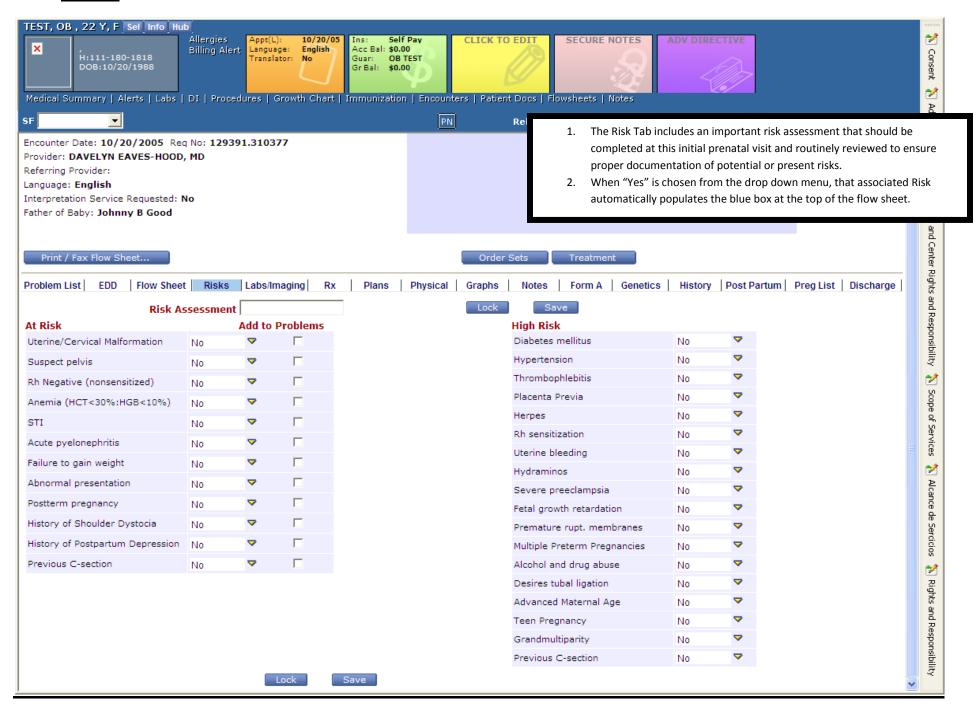
- 99203 Office Visit, New Pt., Level 3.
- 99214 Office Visit, Est Pt., Level 4.

Procedure Codes:

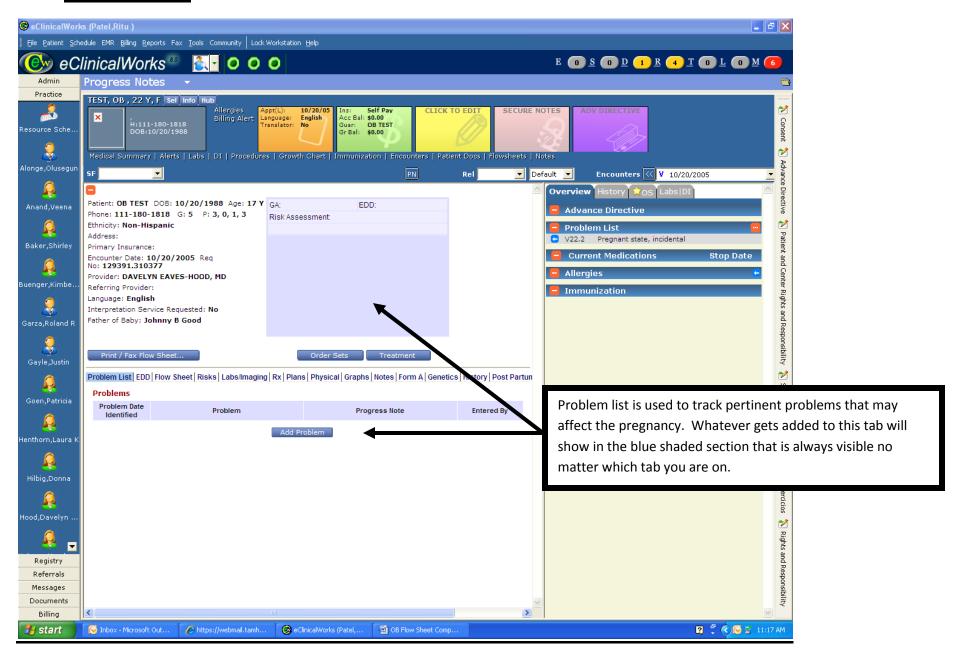
Flow Sheet:



Risks:



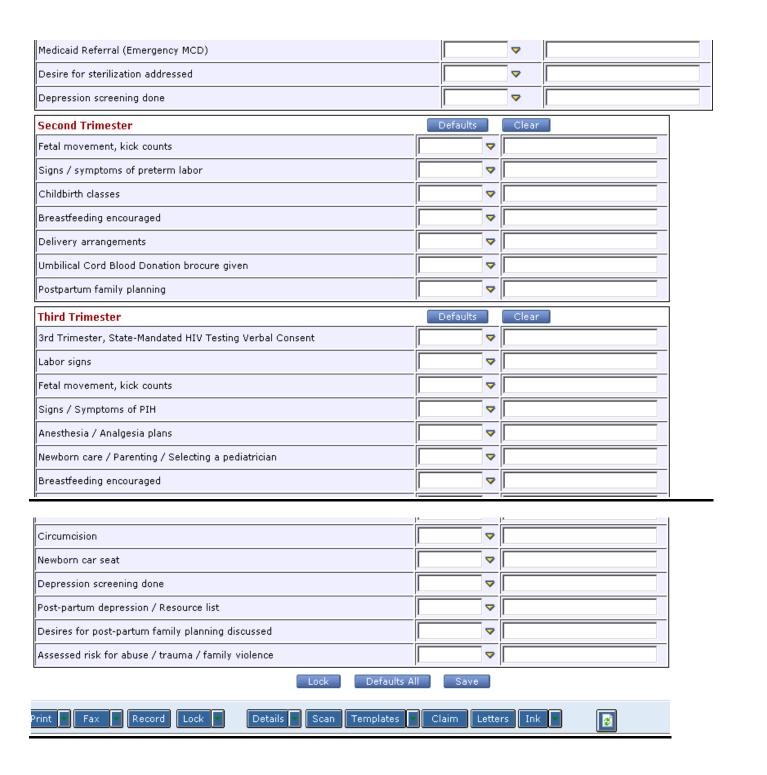
Problem List:



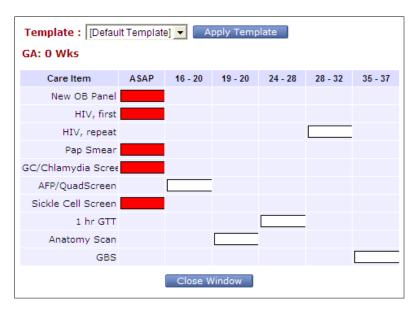
Plan:

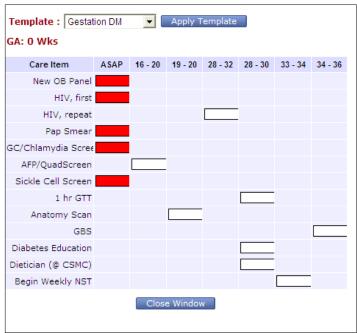
First Trimester	Defaults	Clear
Initial OB packet given & clinic routine discussed	▼	
Information for Parents of Newborns resource guide given to patient	□ マ	
Rights & Responsibilities; Prenatal Client Contract	□ マ	
Routine prenatal care / Physical changes / Fetal development	□ マ	
Nutrition / WIC / weight gain counseling	□ マ	
Breastfeeding encouraged	□ マ	
Substance Abuse (alcohol / tobacco / drugs)	□ マ	
Assessed risk for abuse / trauma / family violence	▼	
Danger signs / Problems / Emergency care	▼	
STI testing, including HIV, in pregnancy	□ マ	
Sexual activity, including safe safe and STI prevention	□ マ	
Health promotion, including dental care and immunizations	□ マ	
Exercise / Activity / Rest	□ マ	
Discomfort / relief measures discussed	□ マ	
Medications safe to use in pregnancy (incl. supplements, vitamins,herbs or otc drugs)	□ マ	
Toxoplasmosis precautions(cats/raw meat)	□ マ	
Environmental / X-ray hazards	▼	
Travel	□ マ	
Injury prevention / safe seat belt use	▽ ▽	

- 1. Education and care reminders, separated by trimester, are located under the Plans Tab.
- 2. These items are not optional. Based on state law and/or funding regulations, each item MUST be addressed.
- 3. Documentation is accomplished by using the drop down arrow to reveal a calendar. Choose the date the item was addressed.



Care Items:

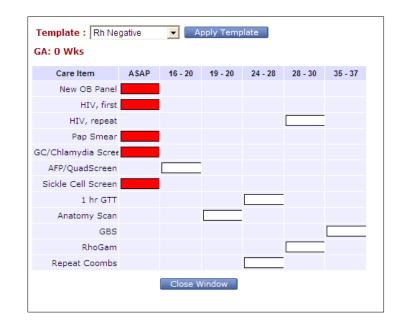




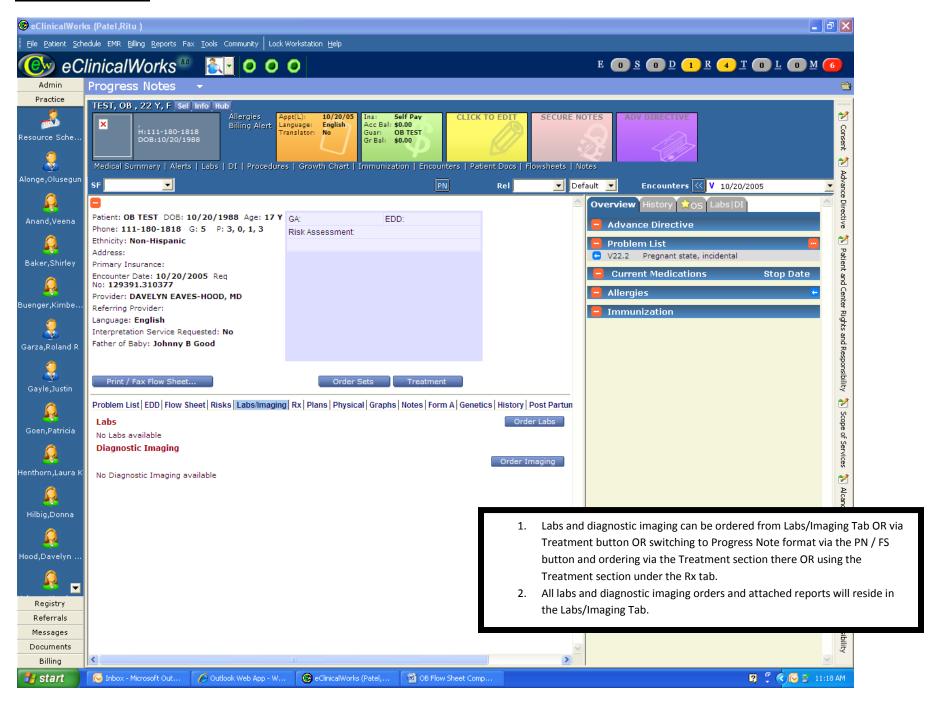
Care Items allow you to look at a one glance to see what items the patient may be due to have done:

- 1. All patients should begin with the Default Care Item Template. Templates also exist for Gestational Diabetes and Rh Negative patients.
- 2. Once the patient has been determined to fit either the Gestational DM or Rh Negative template:
 - a. Click the drop-down arrow to the immediate right of "Default Template" box.
 - b. Choose the appropriate template
 - c. Click "Apply Template" button
- 3. If item is ordered from the Care Item Screen, the color of the bar will change:
 - a. Red is "Due / Past Due"
 - b. White is "Not Due"
 - c. Green is "Done"

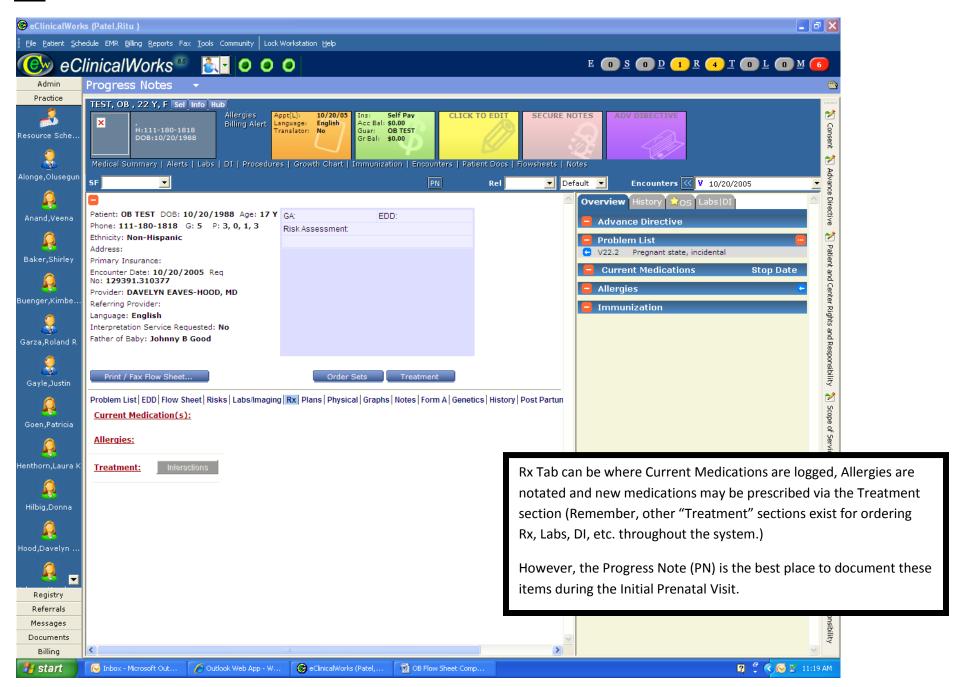
If the items are not ordered from the Care Items section, then the item will remain on the page.



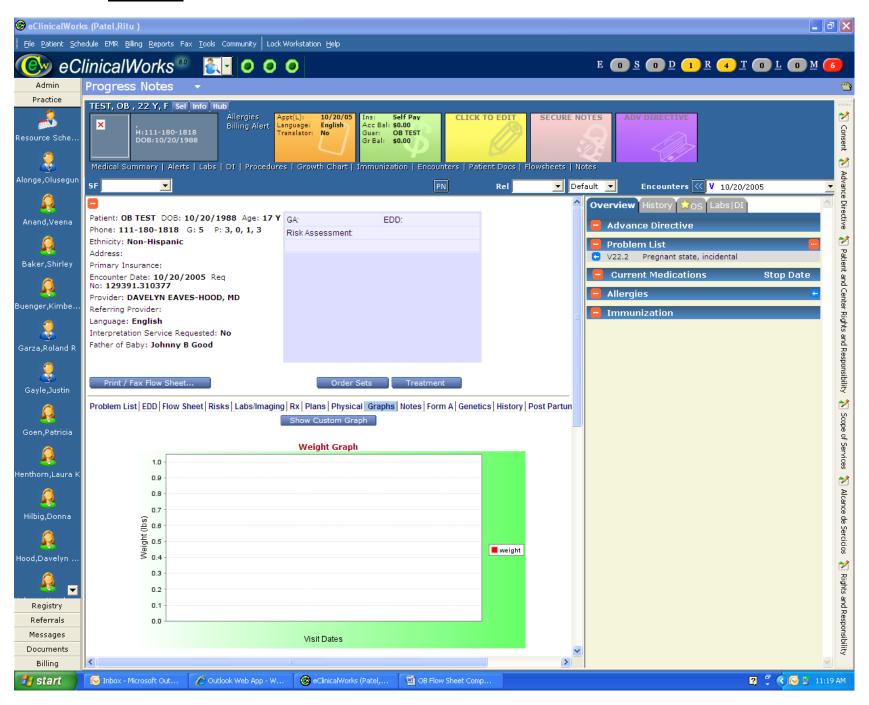
Labs/Imaging:



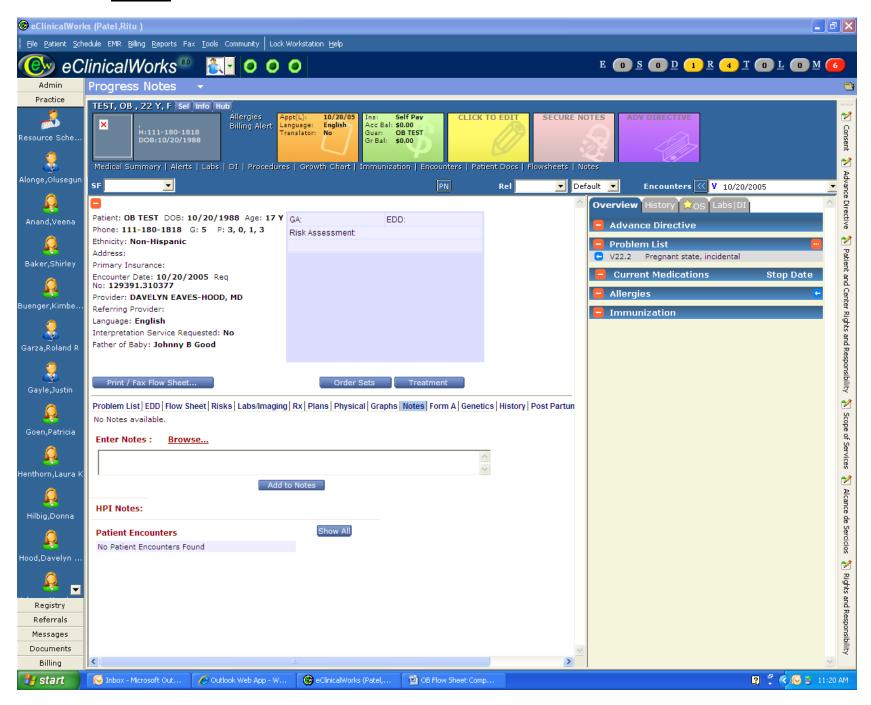
Rx:



Graphs: (self explanatory)



Notes: (place to add additional information about any visit – more space)



Post Partum:

HPI: ▽

Postpartum

Delivery: Date. Delivery by: <u>UNREVIEWED</u>. Maternal complications: <u>UNREVIEWED</u>. Newborn complications: <u>UNREVIEWED</u>. Mother and Infant Bonding: <u>UNREVIEWED</u>. Postpartum course: <u>UNREVIEWED</u>. Infant feeding: <u>UNREVIEWED</u>. Contraception plan: <u>UNREVIEWED</u>.

Depression Screening

c/o PHQ-2

ROS: ▼

unremarkable upon review of major systems, see HPI above

Objective:

Examination: ∇

GYN

HEART: <u>UNREVIEWED</u>. LUNGS: <u>UNREVIEWED</u>. BREASTS: <u>UNREVIEWED</u>. ABDOMEN: <u>UNREVIEWED</u>. EXTERNAL

GENITALIA: **UNREVIEWED**. VAGINA: **UNREVIEWED**. CERVIX: **UNREVIEWED**. UTERUS: **UNREVIEWED**. ADNEXA: **UNREVIEWED**.

ANUS/PERINEUM: **UNREVIEWED**. EXTREMITIES: **UNREVIEWED**.

Assessment:

Assessment:

• Routine postpartum follow-up - V24.2 (Primary)

Plan:

Preventive Medicine:

Postpartum: Normal physiologic body changes following delivery . Signs and symptoms of common complications discussed . Care of the breast discussed . Care of the perineum and/or abdominal incison discussed . Advancement of physical activity and exercise discussed . Resumption of sexual activity discussed . Family planning discussed . Postpartum depression discussed .

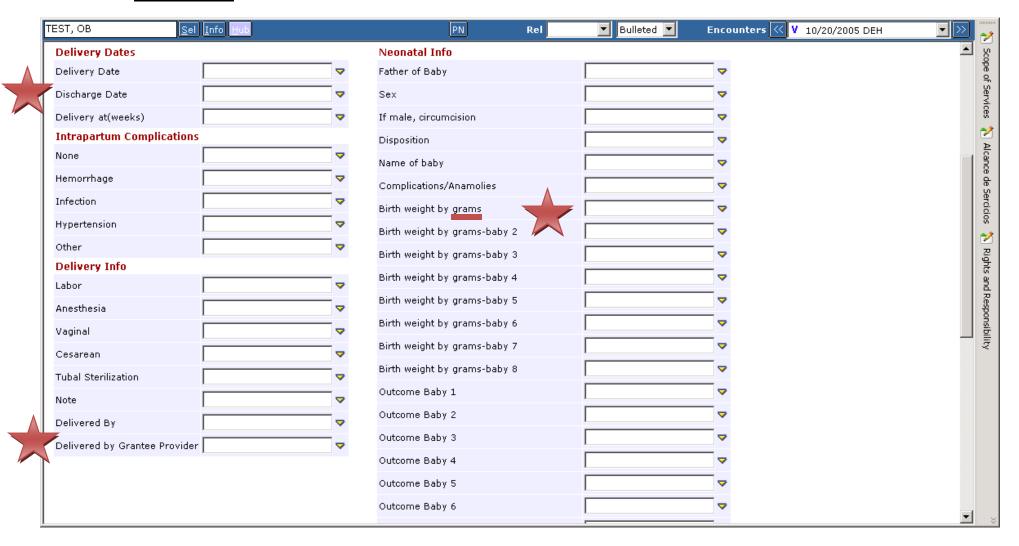
Next Appointment:

Billing Information:

Visit Code:

• 99213 Office Visit, Est Pt., Level 3.

Discharge:



The starred areas on this page must be completed before closing the pregnancy. In particular, birth weight MUST be documented in grams. If it is not, it will negatively affect required reports to the federal government that we are required to make each year. It can be completed by nursing or provider when then delivery note is scanned into the patient's chart.

The remaining information is best captured on the postpartum visit template.

APPENDIX 3

Health Care Guideline:

Routine Prenatal Care

Event 1	Preconception Visit 2	Visit 13 6-8 weeks ***	Visit 2 10-12 weeks	Visit 3 16-18 weeks	Visit 4 22 weeks
Screening	Risk profiles ⁴ Height and weight/BMI ⁵ Blood pressure ⁶ History and physical ⁷ Cholesterol & HDL. ² Cervical cancer soreening ² Rubella/ rubeola ⁸ Varicella ⁹ Domestic violence ¹⁰ Depression ¹¹	Risk profiles 4 CC/Chlamydia 4 Height and weight/BMI 5 Blood pressure 6 History and physical 7* Rubella 8 Varicella 9 Domestic violence 10 Depression 11 CBC 16 ABO/Rh/Ab 17 Syphilis 18 Urine culture 19 HIV 20 [Blood lead screening 21] [VBAC 22]	Weight 5 Blood pressure 6 Fetal aneuploidy screening24 Fetal heart tones 28	Weight 5 Blood pressure 6 Blood pressure 6 Depression 11 Fetal aneuploidy screening 24 Fetal heart tones 28 OB Ultrasound (optional) 29 Fundal height 30	Weight ⁵ Blood pressure ⁶ Fetal heart tones ²⁸ Fund al height ³⁰
Counseling Education Intervention	Preterm labor ed uca fron and prevention 12 Substance use 2 Nutrifion and weight 2 Domestic violence 10 List of medications, herbal supplements, vitamins 13 Accura te recording of menstrual dates 14	Preterm la bor education and prevention 12 Prenatal and lifestyle education 23 • Physical activity • Nutrition • Follow-up of modifiable risk factors • Nausea and vomiting • Warning signs • Course of care • Physiology of pregnancy Discuss fetal aneuploidy screening 24	Pretern labor education and prevention 12 Prenatal and lifestyle education 23 • Fetal growth • Review labs from visit 1 • Breastfeeding • Nausea and vorming • Physiology of pregnancy • Follow-up of modifiable risk factors	Preterm labor education and prevention 12 Prena tal and lifestyle education 23 • Follow-up of modifiable nisk factors • Physiology of pregrancy • Second-trimester growth • Quickening	Preterm labor education and prevention 12 Prenatal and lifestyle education 23 • Follow-up of modifiable risk factors • Classes • Family issues • Family issues • Length of stay • Gestational diabeles mellitus 32 (GDM)
Immunization & Chemoprophylaxis	Tetanus booster 7, 27 Rubella/ MMR 4 [Varicella/VZK 9] Hepatitis B vaccine 7, 26 Folic acid supplement 15	Tetanus booster 7, 27 Nutritional su pplements 25 Influenza 27 [Varicella /VZIG 9] Pertussis 27		[Progesterone 31]	

Numbers refer to specific annotations.

[Bracketed] items refer to high-risk groups only.

^{*} It is acceptable for the history and physical and laboratory tests listed under Visit 1 to be deferred to Visit 2 with the agreement of both the patient and the provider.

^{**} Should also include all subjects listed for the preconception visit if none occurred.

Event	Visit 5 28 weeks	Visit 6 32 weeks	Visit 7 36 weeks	Visit 8-11 38-41 weeks
Screening Maneuvers	Preterm labor risk 4 Weight 5 Blood pressure 6 Depression 11 Fetal heart tones 28 Fundal height 30 Gestational diabetes mellitus (GDM) 32 Domestic abuse 10 [Rh antibody status 17] [Hepatitis B Ag 25]	Weight ⁵ Blood pressure ⁶ Fetal heart tones 28 Fundal height 30	Weight 5 Blood pressure 6 Fetal heart tones 28 Fundal height 30 Cervix exam 34 Confirm fetal position 35 Culture for group B streptococcus 36	Weight 5 Blood pressure 6 Fetal heart tones 28 Fundal height 30 Cervix exam 34
Counseling Education Intervention	Psychosocial risk factors 4 Preterm labor education and prevention 12 Prenatal & lifestyle education 23 • Follow-up modifiable risk factors • Work • Physiology of pregnancy • Preregistration • Fetal growth Awareness of fetal movement 33	Preterm labor education and prevention 12 Prenatal & lifestyle education 23 • Follow-up of modifiable risk factors • Travel • Contraception • Sexuality • Pediatric care • Episiotomy Labor & delivery issues Warning signs/pregnancy- induced hypertension [VBAC 22]	Prenatal & lifestyle education 23 • Follow-up of modifiable insk factors • Postpartum care • Maragement of late pregrancy symptoms • Contraception • When to call provider • Discussion of postpartum depression	Prenatal & lifestyle education 23 • Follow-up of modifiable risk factors • Postpartum vaccinations • Infant CPR • Post-term management Labor & delivery update
Immunization & Chemoprophylaxis	[RhoGAM17]			

Numbers refer to specific annotations.

[Bracketed] items refer to high-risk groups only.

APPENDIX 4

OB Packet To Contain:

- 1) OB prenatal guide information
- 2) A parent's guide to raising healthy, happy children/calendar (Mandatory)
- 3) Umbilical cord blood donation-DSHS stock #6-73 (Mandatory)
- 4) Information for parents of Newborns-DSHS stock# 1-316 (Mandatory)
- 5) Folic Acid –CDC stock# 099-5141,099-6767 (Mandatory)
- 6) Pertussis Information (Mandatory)
- 7) Shaken Baby Syndrome Information (Mandatory)
- 8) Mama's Club information/ parenting classes(provided by Aggieland Pregnancy Outreach)
- 9) Tobacco/substance abuse information
- 10) Breastfeeding information
- 11) Immunization information for adult/newborns
- 12) Babytalk magazine w/samples (ordering information go to www.babytalk.com)
- 13) STD facts-DSHS stock# 6-40
- 14) Safe medication List
- 15) HPV/Gardasil handout
- 16) A more comfortable pregnancy DSHS stock#13-172
- 17) Prevent Anemia-DSHS stock#13-67
- 18) Parent's guide to childhood immunizations-CDC
- 19) Clinic Provider flyer
- 20) WHP pamplet