

**Comprehensive Perinatal Services Program  
MULTI-CHART REVIEW TOOL**

Provider:

Date:

Name & Title of Staff Present:

Perinatal Services Coordinator:

Policy	Client ID 1:	Client ID 2:	Client ID 3:	Client ID 4:	Client ID 5:
Gestational week of entry to care					
Number of obstetric visits/follows ACOG recommended schedule					
Client Orientation is documented					
Assessments conducted using approved forms					
Initial Psychosocial Assessment (within 4 weeks of entry to care)					
Second Trimester Psychosocial Assessment					
Third Trimester Psychosocial Assessment					
Postpartum Psychosocial Assessment					
Initial Health Education Assessment (within 4 weeks of entry to care)					
Second Trimester Health Education Assessment					
Third Trimester Health Education Assessment					
Postpartum Health Education Assessment					
Initial Nutrition Assessment (within 4 weeks of entry to care)					
Second Trimester Nutrition Assessment					
Third Trimester Nutrition Assessment					
Postpartum Nutrition Assessment					
Diet evaluation:	24-hour Food Recall Food Frequency Questionnaire	24-hour Food Recall Food Frequency Questionnaire	24-hour Food Recall Food Frequency Questionnaire	24-hour Food Recall Food Frequency Questionnaire	24-hour Food Recall Food Frequency Questionnaire
Weight gain:	Weighed at each visit Weight plotted on correct grid	Weighed at each visit Weight plotted on correct grid	Weighed at each visit Weight plotted on correct grid	Weighed at each visit Weight plotted on correct grid	Weighed at each visit Weight plotted on correct grid
All documentation includes time spent in minutes					
All entries signed with practitioner's name and CPSP title					
Appropriate use of Steps to Take or other guidance					

Policy	Client ID 1:	Client ID 2:	Client ID 3:	Client ID 4:	Client ID 5:
ICP identifies client's strengths					
ICP addresses identified obstetric, psychosocial, health education, and nutrition needs					
ICP is updated each trimester and postpartum					
Dates of each ICP update provided in notes					
Followed up on risks and concerns identified in ICP					
Documented Women, Infants, and Children (WIC) referral					
Documented Child Health and Disability Prevention (CHDP) referral					
Documented Family Planning, Access, Care and Treatment (FPACT) referral					
Documented Genetic Disease Screening Program (GDSP) referral					
Documented Medi-Cal Dental Program referral					
Followed up on other referrals, as appropriate					
Practitioner providing Case Coordination services					
Dispensed or prescribed vitamin and mineral supplements					
Physician Supervision documented per protocol					
Delivery Record in client's chart documenting baby's vital statistic data	Gender: M F Birth weight: lbs oz Gestational age: wks Delivery method: V C Feeding method: breast formula combination	Gender: M F Birth weight: lbs oz Gestational age: wks Delivery method: V C Feeding method: breast formula combination	Gender: M F Birth weight: lbs oz Gestational age: wks Delivery method: V C Feeding method: breast formula combination	Gender: M F Birth weight: lbs oz Gestational age: wks Delivery method: V C Feeding method: breast formula combination	Gender: M F Birth weight: lbs oz Gestational age: wks Delivery method: V C Feeding method: breast formula combination

**Corrective Action Plan**

Issue	Action Required	Person Responsible	Target Date
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