

**NORTH CAROLINA MEDICAL ASSISTANCE PROGRAM  
CARE COORDINATOR  
PREGNANCY OUTCOME REPORT**

PROVIDERS OTHER THAN HEALTH DEPTS.  
MAIL TO:  
Baby Love Program  
Division of Medical Assistance  
2511 Mail Service Center  
Raleigh, N.C. 27699-2511

1. Last Name	2. First Name	3. MI	8. Provider Billing Number												
4. Date of Birth	5. County of Residence		9. Provider Name and Address												
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Mo.	Day	Year													
6. Race															
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other															
7. Medicaid ID Number															
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10. Enter reason why client is no longer receiving care coordination services

1=Pregnancy Ended	3=Moved	5=Dropped out of prenatal care	<input style="width: 40px; height: 30px;" type="checkbox"/>
2=Lost to follow-up	4=Died	6=Transfer to other agency for MCC Services	

INSTRUCTION: Complete item #11 only if the answer to item #10 is "Pregnancy Ended"

11. Pregnancy Outcome

1=Live Birth	3=Elective Abortion	5=Fetal Death	<input style="width: 40px; height: 30px;" type="checkbox"/>
2=Spontaneous/Missed Abortion	4=Therapeutic Abortion		

INSTRUCTION: Complete items 12 through 19 only if answer to item #11 is "Live Birth"

12. Enter the infant's birth weight and birth date:

	INFANT #2		INFANT #1													
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Mo.	Day	Year														
Mo.	Day	Year														
B. Birth Date																

13. Indicate if the infant has received a Health Check (EPSDT)/Well Child screening    1=Yes    2=No

14. Indicate if the infant is receiving WIC    1=Yes    2=No

15. Enter number of weeks gestation when client began prenatal care

16. Enter total number of prenatal visits made by the client during this pregnancy

17. Indicate if client received WIC/supplemental food during this pregnancy    1=Yes    2=No

18. Indicate if client has received a postpartum or family planning exam    1=Yes    2=No

**19. CLIENT NEEDS**

INSTRUCTION: Indicate client needs that were met through care coordinator assistance by entering "1" (one) in the appropriate block(s). Indicate client needs that were not met at the completion of care coordination services by entering "2" (two) in the appropriate block(s).

- |                                          |                                                   |                                            |
|------------------------------------------|---------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Child Care      | <input type="checkbox"/> Nutrition Counseling     | <input type="checkbox"/> Employment        |
| <input type="checkbox"/> Food Assistance | <input type="checkbox"/> Psychological Counseling | <input type="checkbox"/> Job Training      |
| <input type="checkbox"/> Housing         | <input type="checkbox"/> Social Work Counseling   | <input type="checkbox"/> School Enrollment |
| <input type="checkbox"/> Transportation  |                                                   |                                            |

**INSTRUCTIONS FOR  
CARE COORDINATOR PREGNANCY OUTCOME REPORT**

**PURPOSE:** To collect information on the pregnancy outcome and service needs of Medicaid recipients who receive maternity care coordination services and to record those services provided to these individuals and their newborns.

**PREPARATION:** The **CARE COORDINATOR PREGNANCY OUTCOME REPORT** is to be submitted within thirty days after the termination of care coordination services. Local health departments are to submit their **PREGNANCY OUTCOME SUMMARY** on the HSIS data system.

Agencies other than health departments providing care coordination services should submit their **PREGNANCY OUTCOME REPORTS** to the:

Baby Love Program  
Division of Medical Assistance  
2511 Mail Service Center  
Raleigh, NC 27699-2511

**SPECIAL NOTE:** A pregnancy outcome report is not to be completed for those clients who only receive care coordination during their period of presumptive eligibility.

**RECORDER:** Additional copies of the **CARE COORDINATOR PREGNANCY OUTCOME REPORT** may be ordered from:

Mail Management Section  
Division of Medical Assistance  
2513 Mail Service Center  
Raleigh, NC 27699-2513