AmeriHealth Caritas Delaware

Obstetrical Needs Assessment Form (ONAF)

Fax Information	
Date of first fax:	28-32 weeks fax date:
Postpartum fax date:	Fax number:

Member Information

Member name (first, middle initial, last):					
Date of birth:		Member ID:			
Home phone:		Cell phone:			
Hospital for delivery:		Gestational age at first visit (in weeks):			
Date of 1st prenatal visit:	Estimated due date:	Gravida:	Para:	Live births:	TAB:
Date of last PAP:	Date of last chlamydia screen:	Depression screen? ☐ Yes ☐ No	Dental visit past 6 months? ☐ Yes ☐ No		WIC: ☐ Yes ☐ No

Provider Information

Provider name:	Provider ID:
Phone:	Fax:

Past OB Complications	
	No past diagnosis
☐	Gestational diabetes
☐	Incompetent cervix
☐	Preeclampsia/Eclampsia
☐	Premature ROM
☐	Preterm delivery wks
☐	Preterm labor <32 wks
☐	Previous C-section
☐	Previous fetal demise
☐	Recurrent 2nd trimester loss
☐	Postpartum Depression

Prenatal Visit Dates

Current Risks	Trimester 1st	2nd	3rd
No Current Risks	☐	☐	☐
2nd/3rd trimester bleeding	☐	☐	☐
Abnormal placenta	☐	☐	☐
English not primary language Language preference	☐	☐	☐
Gestational diabetes	☐	☐	☐
Missed prenatal care visit	☐	☐	☐
Multiple gestation	☐	☐	☐
Perinatal depression	☐	☐	☐
Periodontal disease	☐	☐	☐
Poor weight gain	☐	☐	☐
Preeclampsia/Eclampsia	☐	☐	☐
Placed on low dose aspirin	☐	☐	☐
Premature ROM	☐	☐	☐
Preterm dilation of cervix (<1.5 cm) or Preterm labor, <32 wks	☐	☐	☐
Previous delivery within 1 year	☐	☐	☐

Health-Related Social Needs	Trimester 1st	2nd	3rd
No social, economic or lifestyle concerns	☐	☐	☐
Domestic violence	☐	☐	☐
Economic instability	☐	☐	☐
English not primary language Language preference	☐	☐	☐
Food insecurity	☐	☐	☐
Housing insecurity	☐	☐	☐
Lack of support system	☐	☐	☐
Housing insecurity	☐	☐	☐
Lack of support system	☐	☐	☐
Literacy concerns	☐	☐	☐
Transportation	☐	☐	☐
Other social issues (specify):	☐	☐	☐

Active Diagnosis	Trimester 1st	2nd	3rd
No current diagnosis	☐	☐	☐
Anemia Hb<10	☐	☐	☐
Asthma	☐	☐	☐
Autoimmune disorders	☐	☐	☐
Behavioral health diagnosis (specify): medications:	☐	☐	☐
Cardiac disease (specify):	☐	☐	☐
Depression	☐	☐	☐
Diabetes	☐	☐	☐
Eating disorder (specify):	☐	☐	☐
Hepatitis (specify):	☐	☐	☐
High blood pressure	☐	☐	☐
Placed on low dose aspirin	☐	☐	☐
HIV	☐	☐	☐
Intellectual/developmental disability	☐	☐	☐
Obesity	☐	☐	☐
Opioid use disorder	☐	☐	☐
On MAT:			
Barriers to MAT:			
Renal disease (specify):	☐	☐	☐
RH Factor incompatibility	☐	☐	☐
Seizure disorder	☐	☐	☐
Sickle cell disease	☐	☐	☐
Substance use disorder (specify):	☐	☐	☐
STI (specify):	☐	☐	☐
Tobacco use (current) Cessation services offered	☐	☐	☐
Thyroid disease (specify):	☐	☐	☐
Other medical issues	☐	☐	☐

Postpartum Visit					
Date of postpartum visit:				Postpartum depression present ☐	
Community referrals made ☐				Postpartum contraception discussed ☐	
Feeding method :	☐ Breast	☐ Bottle	☐ Both	☐ Quit tobacco during pregnancy	☐ Remains tobaco free
Method of delivery:	☐ Vagina	☐ C-section	☐ VBAC	Delivery date:	Weeks of gestation at deliver:

ONAF Instructions for Completion

This form serves as the initial notification of a member's pregnancy to the AmeriHealth Caritas Delaware Bright Start program.

Prompt submission from your office allows us to enroll the member into our Bright Start maternity program as early as possible.

- Please fill in the demographics section in its entirety for the first submission.
- Please complete the clinical section in its entirety for each submission by checking the trimester in which the risk or medical or mental health condition was noted.
  - Checked boxes indicate that the condition was identified by the provider's office in that trimester.
  - Unchecked boxes indicate the risk was not identified.
- Please fill in the dates of all visits, including the postpartum visit.
- The ONAF does not need to be filled out by a physician.
- The ONAF can also be used to notify us regarding additional prenatal visits and newly identified risk factors.

You do not need to complete the top part of the form each time. Simply add the new office visit(s) or risk factor(s) to the original form and fax it again.

- Please fax the ONAF to the Bright Start program as soon as possible after the initial office visit to enable enrollment.

The requested clinical information helps AmeriHealth Caritas Delaware risk-stratify our members to make appropriate referrals into our care coordination program.

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AmeriHealth Caritas™ Delaware