VA-MATERNITY CARE COORDINATION

The following slides outline the edits/updates made to existing National Maternity Care Coordination Dialog

Version 4.3

Reminder Dialog Template: VA-MATERNITY CARE COORDINATION   ✕

Maternity Care Coordination Note Version 4.3
 SHAREPOINT LINK

  Please use the VA Maternity Care Coordinator Telephone Care Program Manual to guide your contact.

PREVIOUS MCC NOTES

   Click to view previous MCC notes

☐ Click here to complete/update the pregnancy clinical reminder when:
   – Entering the LMP/Estimated Due Date
   – Changing the Estimated Due Date
   – Documenting end of pregnancy information including delivery date,
     pregnancy outcome

  WHICH CONTACT IS THIS?
  ☐ First/Second/Third Trimester
  ☐ Delivery/Immediately Postpartum
  ☐ Postpartum – 3 months to 9 months
  ☐ Postpartum – 12 months/Final Call
  ☐ Additional contact
  ☐ Unable to contact patient

Outcomes

  ☐ Pregnancy Outcome
     ****
     ** Take Note: the pregnancy dialog at the beginning of the **
     ** template must be completed to close out the pregnancy in **
     ** CPRS.   **
     ****

    ☐ Live birth
    ☐ Other

☐ Tickler/Reminder:

| Visit Info | Finish | Cancel |

MATERNITY CARE COORDINATION NOTE
 Purpose of the Call: Maternity Care Coordination Needs

General Findings: **VIEW PROGRESS NOTE TEXT**

* Indicates a Required Field

The 'Contact' option names have been edited; from 1st trimester, 2nd trimester, 3rd trimester and 4th trimester to the four options you see here. The 'Additional Contact' and 'Unable to contact patient' options are unchanged

Reminder Dialog Template: VA-MATERNITY CARE COORDINATION   ✕

WHICH CONTACT IS THIS?
◉ First/Second/Third Trimester

Choose One Contact:
◯ First Trimester
◯ Second Trimester
◯ Third Trimester

Optional to choose any or all topics below:
☑ Pregnancy Information

    Link to EDD Calculator > EDD Calculator
    Patient's estimated Due Date:
    [...]
    Weeks gestation at time of call: weeks 0 [⇳] days 0 [⇳]

☐ VA Coverage of Maternity and Newborn Care

☐ WIC

☐ Health Problems

☐ Medication Review

☐ Tobacco Products

☐ Alcohol Use

☐ Homelessness and Food Insecurity

Under the PREGNANCY INFORMATION group:

The EDD CALCULATOR link has changed (see next slide)

[Visit Info]   [Finish]   [Cancel]

MATERNITY CARE COORDINATION NOTE
 Purpose of the Call: Maternity Care Coordination Needs

   Pregnancy Information
     Patient's estimated Due Date:
     Weeks gestation at time of call: weeks 0 days 0

General Finding: VIEW PROGRESS NOTE TEXT

* Indicates a Required Field

UpToDate®

gestational age calculator

Contents ∨   Calculators   Drug Interactions   UpToDate Pathways

‹ Back

Calculator: Estimated Date of Delivery (EDD)

Input

Current date	MM	DD	YYYY
Last menstrual period (LMP)	MM	DD	YYYY
Ultrasound (US) date	MM	DD	YYYY
Gestational age by US	Weeks	0 days	

Results

Current gestational age by LMP	
EDD by LMP	
Current gestational age by US	
EDD by US	

Reset form

WHICH CONTACT IS THIS?

☉ First/Second/Third Trimester

Choose One Contact:

☐ First Trimester

☐ Second Trimester

☐ Third Trimester

Optional to choose any or all topics below:

☐ Pregnancy Information

☐ VA Coverage of Maternity and Newborn Care

☐ WIC

☐ Health Problems

☑ Pregnancy Complications/Conditions

The PREGNANCY COMPLICATIONS/CONDITIONS group has been added

Complications during labor and post-partum:

☐ DVT/PE in pregnancy
☐ Eclampsia (seizures)
☐ Gestational diabetes
☐ Gestational hypertension
☐ Hemorrhage/Blood Transfusion
☐ Infection
☐ Preeclampsia
☐ Postpartum depression
☐ None
☐ Additional Comments:

Visit Info		Finish	Cancel

MATERNITY CARE COORDINATION NOTE
 Purpose of the Call: Maternity Care Coordination Needs

   Pregnancy Complications/Condition discussed
    Complications during labor and post-partum:

General Findings: **VIEW PROGRESS NOTE TEXT**

* Indicates a Required Field

☑ Health Problems

☐ Add the patient's PROBLEM LIST to the note:

Reported Health Problems:

○ The patient reported no health problems.
◉ The patient reported they have the following existing or new health conditions:

☐ Asthma
☐ Chronic Pain
☐ Diabetes
☐ HIV
☐ Hypercoagulable conditions and thrombophilia
☐ Hypertension
☐ Lupus
☐ Mental Health: Anxiety
☐ Mental Health: Bipolar Disorder
☐ Mental Health: Depression
☐ Mental Health: PTSD
☐ Mental Health: Not Otherwise Specified
☐ Obesity
☐ Renal Disease
☐ Seizure Disorder
☐ Sexually Transmitted Infections (STIs)
☐ Substance use disorder including narcotics/opioids
☐ Thyroid
☑ Thromboembolism
☐ Other Problems:
☑ Patient's provider notified of new health conditions that should be added to the patient's problem list. Name of provider:

Under the HEALTH PROBLEMS group:

Two options were added under "The patient reported they have the following existing or new health conditions":

- "Thromboembolism"
- "Patient's provider notified of new health conditions that should be added to the patient's problem list"

Visit Info   Finish   Cancel

MATERNITY CARE COORDINATION NOTE
 Purpose of the Call: Maternity Care Coordination Needs

Health Factors: **VA-MCC HISTORY OF THROMBOEMBOLISM**
General Findings: **VIEW PROGRESS NOTE TEXT**

* Indicates a Required Field

☑ Medication Review

The following medications are listed as Active in the patient's VA Health Record:
Active Inpatient, Outpatient and Clinic Medications (including Supplies):

Pending Outpatient Medications	Status
1) LITHIUM CARBONATE 300MG SR TAB TAKE ONE TABLET PO TWICE A DAY	PENDING
2) WARFARIN 2.5MG TAB TAKE ONE TABLET PO NOON ABCDE FGHIJK LMN	PENDING

Active Non-VA Medications	Status
1) Non-VA ACETAMINOPHEN TAB 325MG MOUTH EVERY 12 HOURS	ACTIVE
2) Non-VA CAPTOPRIL TAB 25MG MOUTH TWICE A DAY	ACTIVE

4 Total Medications

Medications reviewed/reported:

☐ Medications (including supplements and herbals) reviewed.

Patient reported:

⦿ Patient reports the following medication changes: _____

☐ Patient's provider notified of changes in medication as appropriate.   Name of provider: _____

☐ Patient reports no medication changes.

☐ Additional comments:

☐ Tobacco Products

Under the MEDICATIONS REVIEW group:

One option was added under "Patient reports the following medication changes":

- "Patient's provider notified of changes in medication as appropriate"

Visit Info	Finish	Cancel

MATERNITY CARE COORDINATION NOTE
  Purpose of the Call: Maternity Care Coordination Needs

General Findings: VIEW PROGRESS NOTE TEXT

* Indicates a Required Field

☐ Health Problems

☐ Medication Review

☑ Tobacco Products

    ☑ Tobacco National Clinical Reminder (calls #1, #5, and ad hoc)

Tobacco Use Screening
Ask the patient the following question(s)
Do you smoke cigarettes or use tobacco every day, some days, or not at all?
**Tobacco use includes: cigarettes, cigars, pipe smoking, snuff, dip, or chewing tobacco (smokeless tobacco categories). Tobacco products do NOT include electronic cigarettes, vaping devices, or any electronic nicotine delivery system.

    ☐ Every Day
    ☐ Some Days
    ☐ Not at all
    ☐ Declined to Answer

Choose one tobacco products option:
☐ Patient does not use tobacco products. Assessed/educated on second and third-hand smoke.
☐ Patient is currently using tobacco products. Assessed readiness to quit, and educated importance for the baby.
☐ Patient is contemplating quitting the use of tobacco products, resources/referral offered.
☐ Patient has stopped using tobacco products.
☐ Additional comments:

☐ Alcohol Use

☐ Homelessness and Food Insecurity National Clinical Reminder

☐ Depression and Suicide Screening

Under the TOBACCO PRODUCTS group:

The Tobacco Use Screening reminder dialog was added as an option to select.

| | Visit Info | | Finish | Cancel |

MATERNITY CARE COORDINATION NOTE
  Purpose of the Call: Maternity Care Coordination Needs

General Finding: **VIEW PROGRESS NOTE TEXT**

*Indicates a Required Field

☐ Tobacco Products

☑ Alcohol Use

　☑ Alcohol Screening National Clinical Reminder (calls #1, #5, and ad hoc)

　Annual screening for problem drinking, using the AUDIT-C is required for all patients.
　 -Screening questions should be asked verbatim -

　Alcohol Screen:

　　☐ Alcohol Screening
　　☐ Unable to Screen

　VA/DOD CPG for Mgmt of Substance Use Disorders

Under the ALCOHOL USE group:

The Alcohol Screen reminder dialog was added as an option to select.

　Is patient consuming alcohol while pregnant?

　　☐ Patient is not consuming alcohol. Educated on danger of alcohol to fetal development and that no amount of alcohol is safe.
　　☐ Patient is consuming alcohol. Strongly recommended patient stop consuming alcohol during pregnancy. Counseled on the danger of alcohol to fetal development and that no amount of alcohol is safe.

　☐ Additional comments:

☐ Homelessness and Food Insecurity National Clinical Reminder

☐ Depression and Suicide Screening

☐ PTSD Screening National Clinical Reminder
　 (Bypass any pre-set clinical reminder intervals and proceed with the current and subsequent screening of pregnant and postpartum Veterans, at recommended intervals, per MCC TCP Manual.)

☐ Relational Health and Well-Being (per Directive 1330.03 5(f)(3))

| | Visit Info | | Finish | Cancel |

MATERNITY CARE COORDINATION NOTE
　Purpose of the Call: Maternity Care Coordination Needs

General Findings: VIEW PROGRESS NOTE TEXT

* Indicates a Required Field

☐ Alcohol Use

☑ Homelessness and Food Insecurity National Clinical Reminder

HOMELESSNESS SCREEN: All Veterans should be screened for homelessness (and near-future risk) annually, unless the Veteran is a long-term resident of a nursing home/LTC facility. Select ONLY ONE (1) of the following options:

In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household?

☐ Yes - Living in stable housing

☐ No - Not living in stable housing

☐ Screening not performed

FOOD INSECURITY SCREEN: This screen is not intended for a resident of a nursing home/LTC facility.
INSTRUCTIONS: Read the following introduction to the Veteran:

I'm going to read you two statements that people have made about
their food situation. For each statement, please tell me whether
the statement was often true, sometimes true, or never true for
your household in the last 12 months.

Within the past 12 months, you worried whether your food would run out before you got money to buy more.

☐ Often true

☐ Sometimes true

☐ Never true

☐ Screening not performed

Homelessness educational materials:

http://www.va.gov/homeless/

☐ Additional comments:

> A Homelessness and Food Insecurity group was added, along with the Homelessness and Food Insecurity Screen reminder dialog.

☐ Depression and Suicide Screening

☐ PTSD Screening National Clinical Reminder

| | Visit Info | | Finish | Cancel |

MATERNITY CARE COORDINATION NOTE
Purpose of the Call: Maternity Care Coordination Needs

General Finding: VIEW PROGRESS NOTE TEXT

* Indicates a Required Field

☐ Alcohol Use

☐ Homelessness and Food Insecurity National Clinical Reminder

☑ Depression and Suicide Screening

> Perform EPDS *

Under the DEPRESSION AND SUICIDE SCREENING group:

The PHQ-2 mental health instrument was replaced with the EPDS (i.e., Edinburgh instrument)

☐ If mood worsens, patient encouraged to reach out to MCC, their mental health provider, primary care provider, or maternity provider; Veterans' Crisis Line number provided (Dial 988 then Press 1).
☐ Additional comments:

☐ PTSD Screening National Clinical Reminder
   (Bypass any pre-set clinical reminder intervals and proceed with the current and subsequent screening of pregnant and postpartum Veterans, at recommended intervals, per MCC TCP Manual.)

☐ Relational Health and Well-Being (per Directive 1330.09 5(f)(3))

☐ Safe to Sleep & Sudden Infant Death Syndrome (SIDS)

☐ Breastfeeding/chestfeeding and supplies

☐ Pregnancy-Related Classes

☐ Family Planning

☐ Contact Info and End Call

☐ Delivery/Immediately Postpartum
☐ Postpartum – 3 months to 9 months
☐ Postpartum – 12 months/Final Call

| Visit Info | | Finish | Cancel |

MATERNITY CARE COORDINATION NOTE
  Purpose of the Call: Maternity Care Coordination Needs

General Finding: **VIEW PROGRESS NOTE TEXT**

*Indicates a Required Field

☐ Alcohol Use

☐ Homelessness and Food Insecurity National Clinical Reminder

☐ Depression and Suicide Screening

☑ PTSD Screening National Clinical Reminder
   (Bypass any pre-set clinical reminder intervals and proceed with the current and subsequent screening of pregnant and postpartum Veterans, at recommended intervals, per MCC TCP Manual.)

   PTSD Screening Template Version 0.1

   PTSD using PC-PTSD-5 Screener is required annually for all Veterans for the first five years post separation, and every five years thereafter. Veterans who have been treated for PTSD within the past year are excluded.

     Select one of the following:
     ☐ PC-PTSD-5
     ☐ Unable to Screen

A PTSD Screening section was added along with the PTSD SCREENING dialog

☐ Relational Health and Well-Being (per Directive 1330.09 5(f)(3))

☐ Safe to Sleep & Sudden Infant Death Syndrome (SIDS)

☐ Breastfeeding/chestfeeding and supplies

☐ Pregnancy-Related Classes

☐ Family Planning

☐ Contact Info and End Call

☐ Delivery/Immediately Postpartum
☐ Postpartum - 3 months to 9 months
☐ Postpartum - 12 months/Final Call

	Visit Info		Finish	Cancel

MATERNITY CARE COORDINATION NOTE
   Purpose of the Call: Maternity Care Coordination Needs

General Findings: **VIEW PROGRESS NOTE TEXT**

☐ VISU Screening

☐ Relational Health and Well-Being (per Directive 1330.03 5(f)(3))

☑ Safe to Sleep & Sudden Infant Death Syndrome (SIDS)

   ☐ Discussed safe infant sleep practices, provided resources and referred as appropriate.
   ☐ Additional comments:

☐ Breastfeeding/chestfeeding and supplies

☐ Pregnancy-Related Classes

☐ Family Planning

☐ Contact Info and End Call

☐ Delivery/Immediately Postpartum
☐ PostPartum – 3 months to 9 months
☐ PostPartum – 12 months/Final Call
☐ Additional contact
☐ Unable to contact patient

Outcomes:

☐ Pregnancy Outcome
```
***********************************************************
** Take Note: the pregnancy dialog at the beginning of the  **
** template must be completed to close out the pregnancy in **
** CPRS.                                                     **
***********************************************************
```
   ☐ Live birth

A SAFE TO SLEEP & SUDDEN INFANT DEATH SYNDROME (SIDS) section was added

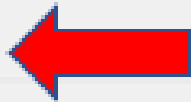Visit Info   Finish   Cancel

MATERNITY CARE COORDINATION NOTE
   Purpose of the Call: Maternity Care Coordination Needs

General Finding: VIEW PROGRESS NOTE TEXT

☐ Safe to Sleep & Sudden Infant Death Syndrome (SIDS)

☑ **Breastfeeding/chestfeeding and supplies** ⬅

   Choose one breastfeed/chestfeed option:

   ☐ Plans to breastfeed/chestfeed.

      ☐ Supplies(e.g. pump, bras, etc) ordered.

      ☐ Supplies(e.g. pump, bras, etc) received.

      ☐ Supplies to be ordered at a later date.

   ☐ Not interested in breastfeeding/chestfeeding.

   ☐ Patient is breastfeeding/chestfeeding.

   ☐ Stopped Breastfeeding/Chestfeeding (Note: Please update the lactation status using the lactation clinical reminder).

   ☐ Infant Diet

   ☐ Additional comments:

☐ Pregnancy-Related Classes

☐ Family Planning

☐ Contact Info and End Call

☐ Delivery/Immediately Postpartum
☐ Postpartum - 3 months to 9 months
☐ Postpartum - 12 months/Final Call
☐ Additional contact
☐ Unable to contact patient

Outcomes

Visit Info	Finish	Cancel

MATERNITY CARE COORDINATION NOTE
  Purpose of the Call: Maternity Care Coordination Needs

    Breastfeeding/chestfeeding and supplies

General Findings: **VIEW PROGRESS NOTE TEXT**

Under the BREASTFEEDING/CHESTFEEDING group:

A few new groups were added and some of the previous elements were moved under the newly created groups

☐ Relational Health and Well-Being (per Directive 1330.03 5(f)(3))

☐ Breastfeeding/chestfeeding and supplies

☑ Pregnancy-Related Classes

   ☐ Childbirth Classes

      ☐ Scheduled/Registered
      ☐ Completed
      ☐ Declined

   ☐ Lactation Classes

      ☐ Scheduled/Registered
      ☐ Completed
      ☐ Declined

   ☐ Parenting Classes

      ☐ Scheduled/Registered
      ☐ Completed
      ☐ Declined

   ☐ Additional comments:

☐ Family Planning

☐ Whole Health

Under the PREGNANCY-RELATED CLASSES group:

The entire group was revamped to document specific classes and whether they were scheduled, completed or declined

Visit Info | Finish | Cancel

MATERNITY CARE COORDINATION NOTE
  Purpose of the Call: Maternity Care Coordination Needs

General Findings: **VIEW PROGRESS NOTE TEXT**

* Indicates a Required Field

☐ Breastfeeding/chestfeeding and supplies

☐ Family Planning

☑ Whole Health

   ☐ Nutrition resources (e.g. the Healthy Teaching Kitchen Program).

   ☐ Exercise guides and weight management (e.g. the VA MOVE!).

   ☐ Complementary and integrative health guides (e.g. yoga and tai chi).

   ☐ Veteran handouts, brochures, fact sheets (e.g. VA Whole Health Print Products).

   ☐ Additional comments:

A Whole Health section was added. This is new section in the MCC template.

☐ Followup

☐ Contact Info and End Call

☐ Postpartum - 12 months/Final Call
☐ Additional contact
☐ Unable to contact patient

Outcomes

☐ Pregnancy Outcome
   ****
   ** Take Note: the pregnancy dialog at the beginning of the **
   ** template must be completed to close out the pregnancy in **
   ** CPRS. **
   ****

   ☐ Live birth
   ☐ Other

Visit Info		Finish	Cancel

MATERNITY CARE COORDINATION NOTE
 Purpose of the Call: Maternity Care Coordination Needs

   Whole Health (the following referrals, resources, and support given based
   on the Veteran's needs & goals)

General Findings: **VIEW PROGRESS NOTE TEXT**

* Indicates a Required Field

☑ Followup

Postpartum Visit with Maternity Provider

☐ Patient has had or has scheduled a postpartum visit on _____ with the maternity provider.

☐ Patient does not have a postpartum visit scheduled with her maternity provider. Encouraged patient to do so.

VA PCP Follow Up Recommendation

☐ Patient has medical/mental health conditions and was encouraged to see their VA-PCP within 2 months post-delivery.

☐ Patient does not have medical/mental health conditions and was encouraged to see their VA-PCP within 3 months.

Follow Up with PCP

☐ Return to Clinic (RTC) Order placed. Scheduling requested by _____ with _____ (Clinic/Provider).

☐ Patient has an appointment scheduled with VA/VA authorized community PCP on _____ .

☐ Patient saw VA/VA authorized community PCP on _____ .

☐ Patient does not have an appointment scheduled with VA/VA authorized community PCP. Encouraged and offered assistance with scheduling, provided contact information.

☐ Patient declines to make appointment with VA/VA furnished community PCP for the following reason:

  ☐ Transportation issues.
  ☐ Childcare issues.
  ☐ Patient using private pay for PCP follow up.
  ☐ Feels it is unnecessary.
  ☐ Veteran seen by VA/VA authorized community PCP within the last 3 months and has no medical or mental health conditions requiring immediate follow-up.
  ☐ Veteran scheduled with VA specialty clinic to address postpartum conditions/concerns (mental health, endocrinology, cardiology).
  ☐ Awaiting assignment to new VA PCP.

☐ Pertinent hospital, delivery and newborn information gathered per local protocol.

☐ Contact Info and End Call

The Followup section was revamped to group the choice so they would match how it is designed in the new EHR.

| Visit Info | | Finish | Cancel |

MATERNITY CARE COORDINATION NOTE
  Purpose of the Call: Maternity Care Coordination Needs

  Followup

General Findings: **VIEW PROGRESS NOTE TEXT**

* Indicates a Required Field

Reminder Dialog Template: VA-MATERNITY CARE COORDINATION

```
** Take Note: the pregnancy dialog at the beginning of the  **
** template must be completed to close out the pregnancy in **
** CPRS.                                                    **
**************************************************************
```

⦿ Live birth

Weeks gestation at time of delivery: weeks 0 [↕] days 0 [↕]

Patient had a (singleton, twins, or multiple gestation):

☑ Singleton birth

Infant Information:

Infant name: [_____]

Birth sex: ☐ male ☐ female ☐ other

Birth Weight:

☐ Below normal (less than 5lb 8oz)

☐ Normal (5lb 0 oz to 8lb 0 oz)

☐ Above normal (greater than 8lb 0 oz)

☑ Infant's weight: [_____]

Under the INFANT INFORMATION group:

One additional option was added:
- "Infant's weight"

Hospital/Birth Center stay:

☑ Infant ⬅

⦿ Infant days of stay:

number of days * [1]

☐ Infant remains hospitalized ⬅

☑ Birthing parent

number of days * [2]

Under the HOSPITAL/BIRTH CENTER STAY group:

The INFANT and BIRTHING PARENT choices were edited to capture health factors and the numeric value

☐ Twins

☐ Multiples greater than 2

Visit Info   Finish   Cancel

MATERNITY CARE COORDINATION NOTE
 Purpose of the Call: Maternity Care Coordination Needs

 Pregnancy Outcome

Health Factors: **VA-MCC BABY HOSPITAL STAY, VA-MCC BIRTH SINGLETON, VA-MCC LIVE BIRTH, VA-MCC MOM HOSPITAL STAY**
General Findings: **VIEW PROGRESS NOTE TEXT**

* Indicates a Required Field

Reminder Dialog Template: VA-MATERNITY CARE COORDINATION   ✕

WHICH CONTACT IS THIS?

☐ 1st Trimester contact

☐ 2nd Trimester contact

☐ 3rd Trimester contact

☐ 4th Trimester contact/Final Call

☐ Additional contact

☐ Unable to contact patient

Outcomes

☑ Pregnancy Outcome
```
      ************************************************************
      ** Take Note: the pregnancy dialog at the beginning of the  **
      ** template must be completed to close out the pregnancy in **
      ** CPRS.                                                     **
      ************************************************************
```

☐ Live birth

◉ Other

Weeks gestation at time of loss: 0 ⇕

☐ Offered emotional support and offered referral for counseling.

☑ Follow up with:

☐ Established maternity provider ⬅

☐ VA PCP

☐ VA Gynecologist

Under the OTHER group:

The word "Establish" was edited to "Established". Now reads "Established maternity provider"

☐ Additional comments:

☐ Tickler/Reminder:

| Visit Info | Finish | Cancel |

MATERNITY CARE COORDINATION NOTE
  Purpose of the Call: Maternity Care Coordination Needs

  Pregnancy Outcome

General Findings: **VIEW PROGRESS NOTE TEXT**

* Indicates a Required Field

VA-MATERNITY CARE COORDINATION

UPDATES TO THE PREGANCY/INTENTIONS/CONTRACEPTION Reminder Dialog ... it is embedded within the VA-MCC dialog

EXPECTED DUE DATE: FEB 06, 2023

Please document how that pregnancy ended.

Pregnancy End Date: * Feb 10,2022 ...

Reason Pregnancy Ended:

☐ Vaginal delivery
☐ C-section
☐ Vaginal delivery and C-section
☐ Stillbirth (fetal demise 20 weeks or greater)
☐ Miscarriage (early pregnancy loss less than 20 weeks)
☐ Abortion
☐ Ectopic
☐ Maternal mortality
◉ Patient declines to answer
☐ Patient lost to followup

☐ Add one or more end-of-pregnancy diagnoses to the historical encounter.

Please ask the patient "Are you currently breastfeeding?" and select the response below.

☐ Yes
◉ No

The patient is currently documented as lactating.

DATE	LACTATION STATE
DETAILS	

JUL 28, 2022@10:48:25 LACTATING

Please ask the patient "When did you last stop breastfeeding?" and enter the date below.

Lactation End Date: * [   ] ...

Visit Info   Finish   Cancel

MATERNITY CARE COORDINATION NOTE
Purpose of the Call: Maternity Care Coordination Needs

Current Status:
DATE   PREGNANCY STATE
  DETAILS
===
JUL 12 2022@06-44-58 PREGNANT

General Finding: EXPECTED DUE DATE, LACTATION END DATE, LAST MENSTRUAL PERIOD DATE, PATIENT IS NOT LACTATING, PATIENT IS PREGNANT, PATIENT MEDICALLY ABLE TO CONCEIVE, PREGNANCY END DATE, PREGNANCY ENDED REASON PT DECLINES TO ANSWER, VIEW PROGRESS NOTE TEXT, WH-LACTATION DATA SOURCE, WH-PREGNANCY DATA SOURCE, WH-TD LACTATION EDIT RECORD, WH-TD PREGNANCY EDIT RECORD

* Indicates a Required Field

Annotation (overlay box):

Under the REASON PREGNANCY ENDED group:

Two additional options were added:
- "Patient declines to answer"
- "Patient lost to followup"

VA-MATERNITY CARE COORDINATION

UPDATE TO THE LACTATION STATUS Reminder Dialog

Reminder Resolution: Update Lactation Status   ✕

Please ask the patient "Are you currently breastfeeding/chestfeeding?" and select the response below.

☐ Yes
☐ No

"chestfeeding" has been added to this question in the reminder dialog.

Clear	Clinical Maint	Visit Info	< Back	Next >	Finish	Cancel

General Findings: **WH-LACTATION DATA SOURCE**

* Indicates a Required Field