

Nutrition/Health Volume  
Certification Section

Risk Factor 321 History of Spontaneous Abortion, Fetal Death or Neonatal Loss  
(2.04460)

ER# 2.04460

Authority 2008 7CFR 246.7(e)(2)(ii)  
Issued 07/09  
Revised 10/11

**POLICY:** Risk Factor 321 shall be assigned to a pregnant woman with any \*history of fetal or neonatal loss or 2 or more spontaneous abortions as reported or documented by a physician, or someone working under physician's orders or as self reported by applicant/participant/caregiver; a breastfeeding woman whose most recent pregnancy was a multifetal gestation with one of more \*fetal or neonatal deaths but with one or more infants still living; or a non breastfeeding woman's most recent pregnancy was a fetal or neonatal death or spontaneous abortion.

**PROCEDURES:**

**A. For Pregnant Women:**

**1. Obtaining Data**

- a. Obtain information from the participant regarding any \*history of fetal or neonatal death or 2 or more spontaneous abortions.
- b. Obtain acceptable documentation or verification of diagnosis from health care provider. The following will be accepted: a note on a physician's prescription pad, referral form, medical record, other reliable record or verbal confirmation from physician or someone working under physician's order. A telephone call for verification is acceptable, as long as it is documented as such in the General Notes in MOWINS. A written statement from the health care provider must be obtained as follow-up.
- c. Obtain diagnosis or condition as self reported by applicant/participant/caregiver.

**2. Documenting**

- a. Complete the woman's health pregnancy information in MOWINS.
- b. Scan any acceptable documentation or verification of diagnosis of History of Spontaneous Abortion, Fetal Death or Neonatal Loss in the participant's file in MOWINS, such as a physician's prescription pad, referral form, medical record, other reliable documentation. If data was provided by a referral source, scan the referral form in MOWINS.
- c. If a participant's/applicant's caregiver self reports participant having been diagnosed with History of Spontaneous Abortion, Fetal Death or Neonatal Loss, document the following in MOWINS General/SOAP Notes:
  - i. the name and contact information of the physician or health care provider.

3. Assessing Risk Factor

- a. Assess program category and review diagnosis or condition to verify it substantiates the presence of any \*history of fetal or neonatal loss or 2 or more spontaneous abortions
- b. Refer to the Risk Factor Detail Guide for additional information.

4. Assigning Risk Factor

Risk Factor 321 will be automatically assigned by MOWINS.

- a. When any History of the fetal or neonatal death or 2 or more Spontaneous Abortion' checkbox(s) on the woman's pregnancy health information is selected
- b. Refer to the Risk Factor Detail Guide for additional information.

B. For non-breastfeeding women who are less than 6 months postpartum and breastfeeding women who are less than 12 months postpartum:

1. Obtaining Data

- a. Obtain information about the outcome of pregnancies from the participant.
- b. Obtain acceptable documentation or verification of diagnosis from health care provider. The following will be accepted: a note on a physician's prescription pad, referral form, medical record, other reliable record or verbal confirmation from physician or someone working under physician's order. . A telephone call for verification is acceptable, as long as it is documented as such in the General Notes in MOWINS. A written statement from the health care provider must be obtained as follow-up.
- c. Obtain diagnosis or condition as self reported by applicant/participant/caregiver.

2. Documenting

- a. Complete the woman's health postpartum information in MOWINS.
- b. Scan any acceptable documentation or verification of diagnosis of History of Spontaneous Abortion, Fetal Death or Neonatal Loss in the participant's file in MOWINS, such as a physician's prescription pad, referral form, medical record, other reliable documentation. If data was provided by a referral source, scan the referral form in MOWINS.
- c. If a participant's/applicant's caregiver self reports participant having been diagnosed with History of Spontaneous Abortion, Fetal Death or Neonatal Loss, document the following in MOWINS General/SOAP Notes:
  - i. the name and contact information of the physician or health care provider.

3. Assessing Risk Factor

- a. Assess program category and review diagnosis or condition to verify it substantiates the presence of any \*history of fetal or neonatal loss or 2 or more spontaneous abortions
- b. Refer to the Risk Factor Detail Guide for additional information.

4. Assigning Risk Factor

Risk Factor 321 will be automatically assigned by MOWINS.

a. When History of the fetal or neonatal loss of Spontaneous Abortion checkbox(s) on the woman's postpartum health information is selected for the following:

i. Breastfeeding women most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living

ii. Non-Breastfeeding: most recent pregnancy

b. Refer to the Risk Factor Detail Guide for additional information.

C. Providing Appropriate Counseling (See Counseling Guides for suggested counseling.) Refer to the Nutrition Training Manual for more information.

1. Counseling and education shall be provided by the CPA.

2. Document counseling contact in MOWINS.

D. Providing Referrals

1. Provide appropriate referral information and document in MOWINS.

\*Note:

- A spontaneous abortion (SAB) is the spontaneous termination of a gestation at < 20 weeks gestation or fetus weighing < 500 grams.
- Fetal death is the spontaneous termination of a gestation at ≥ 20 weeks.
- Neonatal death is the death of an infant within 0-28 days of life.
- Pregnant women: any history of fetal or neonatal death or 2 or more spontaneous abortions.
- Breastfeeding women: most recent pregnancy in which there was a multifetal gestation with one or more fetal or neonatal deaths but with one or more infants still living.
- Non-Breastfeeding: most recent pregnancy.