INLAND EMPIRE HEALTH PLAN

Pregnancy Notification/Outcome Report

Directions for Completion:

A. Pregnancy Notification Report: Complete online or fax **within 30 days of visit**. This visit should include, but is not limited to, medical history, physical, **pap smear**, **chlamydia cultures**, **High Risk conditions** and other appropriate prenatal labs/tests during pregnancy period.

B. Pregnancy Outcome Report: Complete online or fax **within 30 days of visit**.

Member/Provider Information		**OB Provider Information**	
Member Name		OB Provider Name	
IEHP# or SSN		Address	
Date of Birth		City & Zip	
Address		Phone #	
City & Zip		TIN #	
Phone #		License #	

Previous Pregnancy History

History of Pre-term labor/Premature delivery	Yes ☐	No ☐	History of low birth weight	Yes ☐	No ☐
History of fetal demise or neonatal death	Yes ☐	No ☐	History of bleeding with pregnancy	Yes ☐	No ☐
History of pre-eclampsia or toxemia	Yes ☐	No ☐	Other	Yes ☐	No ☐

A. Pregnancy Notification Report

1st Trimester	**2nd Trimester**	**3rd Trimester**
Date of visit	Date of visit	Date of visit
EDC	EDC	EDC
G P	G P	G P
Initial Prenatal Assessment-Z1032☐	**Initial Prenatal Assessment**-Z1032☐	**Initial Prenatal Assessment**-Z1032☐
Follow up Prenatal Assessment-Z1034☐	**Follow up Prenatal Assessment**-Z1034☐	**Follow up Prenatal Assessment**-Z1034☐

High Risk Conditions

Maternal age	____ <17 or >34	Diabetes	☐	Drug Use	☐	Poor Maternal Nutrition	☐
Multiple Pregnancy	☐	HTN	☐	Thyroid Disease	☐	ETOH Use	☐
Cardiac Disease	☐	Anemia	☐	Smoker	☐	Other	☐

B. Pregnancy Outcome Report

Postpartum Assessment-Z1038 ☐

Date of visit		Delivery date		Delivery physician	
Final EDD		Birth Weight		Breastfeeding:	Yes ☐ No ☐
				Depression:	Yes ☐ No ☐
Type of Delivery				Maternal death	Yes ☐ No ☐
Vaginal ☐	VBAC ☐	C-Section ☐		Fetal death	Yes ☐ No ☐

Submit online at www.iehp.org.

(Log into the Provider Secure site and click on the P4P button. Need Help? Refer to the online P4P Claims Submission Manual or call your Provider Services Representative. Fax (909) 890-2734, attn: HM Department)

For information regarding our "Car Seat Program" (1 FREE car seat for each eligible child) or other "Wellness Programs" please have the Member call our Member Services Department at 1 (800) 440-IEHP (4347).