

MATERNAL RISK IDENTIFIER (MRI) Scoring Algorithm

Note: Each Domain's questions/scores are in ORDER of importance. Ex: Family Planning - if question #1 is answered "don't know", the Score is "Unknown" and you don't have to check any more answers. If #1 has an answer other than "don't know or refused", then you ask the question for Moderate score. Once you have a Score, skip checking the rest of the answers for that domain.

Domain	Score	Question	Response	
Family Planning	UNKNOWN	How do you feel about becoming pregnant?	DON'T KNOW	
			REFUSED	
	MODERATE	How do you feel about becoming pregnant?	Not want to be pregnant now or anytime in the future	
		OR		
		At the time when you became pregnant were you using any birth control?	DON'T KNOW	
	LOW	How do you feel about becoming pregnant?	Want to be pregnant later	
		OR		
		At the time when you became preganat were you using any birth control?	Not using BC at time of becoming pregnant	
	NO RISK		ANY OTHER RESPONSE	
Hypertension	MODERATE	Do you have Hypertension?	YES	
		AND		
		Are you currently under care for this condition?	YES	
		AND		
	MODERATE	Have you been in the hospital or ER for this condition?	YES	
		OR		
		Do you have Hypertension?	YES	
		AND		
	MODERATE	Are you currently under care for this condition?	NO	
		LOW	Do you have Hypertension?	YES
			AND	
	Are you currently under care for his condition?		YES	
	AND			
LOW	Have you been in the hospital or ER for this condition?	NO		
	NO RISK		ANY OTHER RESPONSE	

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Domain	Score	Question	Response
Diabetes	MODERATE	Do you have Diabetes?	YES
		AND	
		Are you currently under care for this condition?	YES
	AND		
	Have you been in the hospital or ER for this condition?	YES	
	OR		
	Do you have Diabetes?	YES	
	AND		
	Are you currently under care for this condition?	NO	
	OR		
	Are you Insulin dependent?	YES	
	LOW	Do you have Diabetes?	YES
	AND		
	Are you currently under care for this condition?	YES	
AND			
Have you been in the hospital or ER for this condition?	NO		
NO RISK		ANY OTHER RESPONSE	
Asthma	MODERATE	Do you have asthma?	YES
		AND	
		Are you currently under care for this condition?	YES
	AND		
	Have you been in the hospital or ER for this condition?	YES	
	OR		
	Do you have asthma?	YES	
	AND		
	Are you currently under care for this condition?	NO	
LOW	Do you have asthma?	YES	
AND			

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Domain	Score	Question	Response
		Are you currently under care for this condition?	YES
		AND	
		Have you been in the hospital or ER for this condition?	NO
	NO RISK		ANY OTHER RESPONS
Health History Pregnancy & Prenatal	UNKNOWN	How many months pregnant were you when you had your fist visit for prenatal care?	I don't know
	HIGH	How many months pregnant were you when you had your fist visit for prenatal care?	I haven't gone for prenatal care
		AND	
		Do you have an appointment scheduled?	I don't have an appointment scheduled
		OR	
		Have you had any trouble getting the prenatal care you want or need?	Yes, OB refused to schedule an appointment because pregnancy is advanced
	MODERATE	Have you had any trouble getting the prenatal care you want or need	YES
		AND	
		OB won't schedule an appointment until end of 1st trimester	At least one of these was chosen
		I couldn't get an appointment when I wanted one	
		I couldn't find a Dr. or clinic that accepted Medicaid	
		It is hard to communicate with the Dr. or clinic staff	
		It is hard to understand the info the Dr. or clinic gives me	
		I haven't had enough money or insurance to pay for my visits	
		I haven't had my Medicaid card or Guarentee of payment letter	
		I couldn't take time off work	
		I had no one to take care of my children	
		I have had too many other things going on in my life	
		I didn't want anyone to know I was pregnant	
		Other	
		OR	
		Miscarriage in the 4th month of pregnancy or later?	YES

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Domain	Score	Question	Response
		OR	
		Stillbirth	YES
		OR	
		Baby weighing less than 5.5 pounds at birth	YES
		OR	
		*Baby born more than 3 weeks early	YES
		OR	
		Infant weighed 9lbs or more	YES
		OR	
		Did baby stay in hospital after you went home?	YES
		OR	
		Was baby born with congenital defects?	YES
		OR	
		Baby died before one year of age	YES
	NO RISK		ANY OTHER RESPONSE
Smoking	UNKNOWN	Which of the following statements would you say best describes your cigarette smoking?	REFUSED
	MODERATE	Which of the following statements would you say best describes your cigarette smoking?	I generally now-about the same amount as before finding out I was pregnant
			I smoke regulary now, but I've cut down since finding out I was pregnant.
		OR	I smoke every once in a while
		Do you use smokeless tobacco?	YES
	NO RISK		ANY OTHER RESPONSE
Alcohol	UNKNOWN	Which of the following statements would you say best describes your alcohol consumption?	REFUSED
Based on T-ACE score		OR	
		Which of the following statements would you say best describes your alcohol consumption?	I have quit drinking alcohol since I found I was pregnant

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Domain	Score	Question	Response
		AND (1 of the following)	
		How many drinks does it/did it take to make you feel high?	REFUSED
		OR	
		Have people annoyed you by criticizing your drinking?	REFUSED
		OR	
		Have you ever felt you ought to cut down on your drinking?	REFUSED
		OR	
		Have you ever had a drink first thing in the morning?	REFUSED
	HIGH	Which of the following statements would you say best describes your alcohol consumption?	I drink regulary now-about the same amount as before finding out I was pregnant
			I drink alcohol regularly now, but I've cut down since I found out I was pregnant
			I drink alcohol every once in a while
	MODERATE	Which of the following statements would you say best describes your alcohol consumption?	I have quit drinking alcohol since finding out I was pregnant
	Points >=2	AND	
		How many drinks does it/did it take to make you feel high?	3 or more (2 points)
		OR	
		Which of the following statements would you say best describes your alcohol consumption?	I have quit drinking alcohol since finding out I was pregnant
		AND	
Based on T-ACE score		Two of the following questions were answered as "Yes"	
		Have people annoyed you by criticizing your drinking?	YES (1 point)
		OR	
		Have you ever felt you ought to cut down on your drinking?	YES (1 point)
		OR	
		Have you ever had a drink first thing in the morning?	YES (1 point)
		OR	
	NO RISK		ANY OTHER RESPONSE
Drug Use	UNKNOWN	In the month before you knew you were pregnant, did you use any street drugs, diet pills or drugs not prescribed by a physician?	REFUSED

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Domain	Score	Question	Response
		OR	
		Since learning you are pregnant have you used any drug not prescribed by a physician?	REFUSED
	HIGH	Since learning you are pregnant have you used any drug not prescribed by a physician?	YES
		What drugs have you used since becoming pregnant?	AT LEAST ONE RESPONSE WAS CHOSEN
		Marijuana	
		Crack	
		Heroin	
		Downers/Barbiturates/Quaaludes/Tranquilizers	
		Diet Pills	
		PCP	
		Cocaine	
		Uppers/Crank/Meth/Speed	
		LSD/Mushrooms	
		Prescription drugs not prescribed for you	
		Methadone/Subutex/Suboxone	
	MODERATE	In the month before you knew you were pregnant, did you use any street drugs, diet pills or drugs not prescribed by a physician?	YES
		What drugs did you use?	AT LEAST ONE WAS CHOSEN
		Marijuana	
		Crack	
		Heroin	
		Downers/Barbiturates/Quaaludes/Tranquilizers	
		Diet Pills	
		PCP	
		Cocaine	
		Uppers/Crank/Meth/Speed	
		LSD/Mushrooms	
		Prescription drugs not prescribed for you	
		Methadone/Subutex/Suboxone	

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Domain	Score	Question	Response
	NO RISK		ANY OTHER RESPONSE
Stress/Depression	UNKNOWN	Have you ever been treated for or told that you have depression, bipolar disorder, etc.?	REFUSED
	HIGH Edinburg score >=13	Depression Follow Up Screening: The thought of harming myself has occurred to me.	YES, quite often or sometimes
		OR	
		Depression Follow Up Screening: I have been able to laugh and see the funny side of things	0 - as much as I always could, 1 - not quite so much now, 2 - definitely not so much now, 3 - not at all
		I have looked forward with enjoyment to things	0 - as much as I ever did, 1 - rather less than I used to, 2 - definitely less than I used to, 3 - hardly at all
		I have blamed myself unnecessarily when things went wrong	3 - yes most of the time, 2 - yes some of the time, 1 - not very often, 0 - no never
		I have been anxious or worried for no good reason	0 - no not at all, 1 - hardly ever, 2 - yes sometimes, 3 - yes, most of the time
		I have felt scared or panicky for no very good reason	3 - yes quite a lot, 2 - yes sometimes, 1 - no, not much, 0 - no, not at all
		Things have been getting the best of me	3 - yes most of the time, 2 - yes sometimes, 1 - no most of the time I cope well, 0 - no I have been coping well
		I have been so unhappy that I have had difficulty sleeping	3 - yes most of the time, 2 - yes sometimes, 1 - not very often, 0 - no not at all
		I have felt sad or miserable	3 - yes most of the time, 2 - yes quite often, 1 - not very often, 0 - no not at all
		I have been so unhappy that I have been crying	3 - yes most of the time, 2 - yes quite often, 1 - only occasionally, 0 - no not at all
		The thought of harming myself has occurred to me.	3 - yes quite often, 2 - sometimes, 1 - hardly ever, 0 - no never
	MODERATE Edinburg score >=9 <=12	I have been able to laugh and see the funny side of things	0 - as much as I always could, 1 - not quite as much now, 2 - definitely not so much now, 3 - not at all
		I have looked forward with enjoyment to things	0 - as much as I ever did, 1 - rather less than I used to, 2 - definitely less than I used to, 3 - hardly at all
		I have blamed myself unnecessarily when things went wrong	3 - yes most of the time, 2 - yes some of the time, 1 - not very often, 0 - no never
		I have been anxious or worried for no good reason	0 - no not at all, 1 - hardly ever, 2 - yes sometimes, 3 - yes, most of the time
		I have felt scared or panicky for no very good reason	3 - yes quite a lot, 2 - yes sometimes, 1 - no not much, 0 - no not at all
		Things have been getting the best of me	3 - yes most of the time, 2 - yes sometimes, 1 - no most of the time I cope well, 0 - no I have been coping well

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Domain	Score	Question	Response
		I have been so unhappy that I have had difficulty sleeping	3 - yes most of the time, 2 - yes sometimes, 1 - not very often, 0 - no not at all
		I have felt sad or miserable	3 - yes most of the time, 2 - yes, quite often, 1 - not very often, 0 - no not at all
		I have been so unhappy that I have been crying	3 - yes most of the time, 2 - yes sometimes, 1 - only occasionally, 0 - no never
		The thought of harming myself has occurred to me	3 - yes quite often, 2 - sometimes, 1 - only occasionally, 0 - no never
		OR	
		Have you ever been treated for or told that you have depression, bipolar disorder, etc	YES
	Edinburg score >=9 <=12	OR (Perceived Stress Scale)	
			Perceived Stress Score >=9 and score <=16
		In the last month, how often have you felt that you were unable to control the important things in your life?	0 - never, 1 - almost never, 2 - sometimes, 3 - fairly often, 4 - very often
		In the last month, how often have you felt confident about your ability to handle your personal problems?	4 - never, 3 - almost never, 2 - sometimes, 1 - fairly often, 0 - very often
		In the last month, how often have you felt that things were going your way?	4 - never, 3 - almost never, 2 - sometimes, 1 - fairly often, 0 - very often
		In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0 - never, 1 - almost never, 2 - sometimes, 3 - fairly often, 4 - very often
	NO RISK		ANY OTHER RESPONSE
Social Support	MODERATE	Is there someone in your life who you can count on to help you during this pregnancy and with your new baby?	NO
	NO RISK		ANY OTHER RESPONSE
Abuse/Violence	UNKNOWN	Do you feel safe in your present relationship?	REFUSED
		OR	
		Within the last year, have you been hit, kicked, slapped, or otherwise physically hurt by someone?	REFUSED
		OR	
		As a child, were you ever involved with CPS?	REFUSED
		OR	
		Have you ever been involved with CPS with any of your children?	REFUSED
		OR	

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Domain	Score	Question	Response
		Has your partner or someone else now in your life called you names, humiliated you or made you feel that you don't count?	REFUSED
		OR	
		Has your partner or someone else now in your life kept you from seeing or talking to your family, friends or other people?	REFUSED
		OR	
		Has your partner or someone else now in your life thrown away or destroyed your belongings, threatened pets, or done other things to bully or scare you?	REFUSED
		OR	
		Has your partner or someone else now in your life controlled your use of money, your access to money or your ability to work?	REFUSED
		OR	
		Have you ever been emotionally or physically abused by your partner or someone important to you?	REFUSED
	HIGH	Do you feel safe in your present relationship?	NO
		OR	
		Since you have been pregnant, have you been hit, slapped, kicked or otherwise physically hurt by someone?	YES
		OR	
		Within the last year, has anyone forced you to have sexual activities?	YES
		OR	
		Have you ever been involved with CPS with any of your children?	YES
	MODERATE	Has your partner or someone else now in your life called you names, humiliated you or made you feel that you don't count?	YES
		OR	
		Has your partner or someone else now in your life kept you from seeing or talking to your family, friends or other people?	YES
		OR	
		Has your partner or someone else now in your life thrown away or destroyed your belongings, threatened pets or done other things to bully or scare you?	YES
		OR	
		Has your partner or someone else now in your life controlled your use of money, your access to money or your ability to work?	YES

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Domain	Score	Question	Response
		OR	
		Within the last year, have you been hit, kicked, slapped or otherwise physically hurt by someone?	YES
		OR	
		Within the last year, have you been hit, kicked, slapped or otherwise physically hurt by someone?	YES
		OR	
		Have you ever been emotionally or physically abused by your partner or someone important to you?	YES
		OR	
		A a child were you ever involved with CPS?	YES
	NO RISK		ANY OTHER RESPONSE
Basic Need Housing	HIGH	Do you currently have any concerns or worries about your housing situation?	YES
		AND	
		Are you homeless?	YES
	MODERATE	Do you currently have any concerns or worries about your housing situation?	YES
		AND	
		<i>Answer yes to one of the following:</i>	
		Eviction or being forced to move out	
		House/apartment too crowded	
		Safety of neighborhood	
		Safety of house/apartment	
		Sanitation/waste removal	
		Affordability of current house or apartment	
		Strained relations with others in the household	
		Lack of continuous functioning basic utility service	
		Code violations	
		Pest control	
		OR	

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Domain	Score	Question	Response
		Do you live in an old house with ongoing renovations that generate a lot of dust?	YES
	NO RISK		ANY OTHER RESPONSE
Basic Needs Food	MODERATE	In the last 12 months, did you ever cut the size of your meals or skip meals?	YES
		AND	
		How often did this happen?	ALMOST EVERY MONTH
	NO RISK		ANY OTHER RESPONSE
Basic Needs Transport	MODERATE	Do you have access to routine transportation?	NO
		OR	
		I have no way to get to the doctor's appointment	YES
	NO RISK		ANY OTHER RESPONSE
Nutrition	UNKNOWN	Have you ever had an eating disorder?	REFUSED
	HIGH	Do you regularly eat non-food items (ashes, carpet fibers, cigarettes or cigarette butts, clay, dust, foam rubber, pain chips, soil, laundry or corn starch)	YES
	MODERATE	Have you ever had an eating disorder?	YES
		OR	
		For this pregnancy has one of the following	
		Some weight loss during pregnancy	
		Severe nausea and vomiting	
		Gestational Diabetes Mellitus	
		Expecting to deliver twins or more	
		Fetal Growth Restriction	
		High blood pressure due to pregnancy	

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Domain	Score	Question	Response
	LOW	Do you eat or drink MOST DAYS any of the following?	YES
		Energy drinks	
		Coffee/tea	
		Artificial sweeteners	
		Raw juice or milk	
		Soft cheese	
		Raw or undercooked meat, fish, poultry or eggs	
		Raw sprouts	
		Raw or undercooked tofu	
		Refrigerated pate or meat spreads or refrigerated smoked sea food hot dogs, lunchmeats, and other deli meats not reheated to steaming hot.	
		hot dogs, lunchmeats, and other deli meats not reheated to steaming hot.	
		Michigan fish	
Overall Risk Score	UNKNOWN	No domain score out as High and at least one domain scored out as Unknown	
	HIGH	At least one domain scored out as High	
	MODERATE	No domain scored out as High or Unknown and at least one domain scored out as Moderate	
	LOW	No domain scored out as High or Unknown or Moderate and at least one domain scored out as Low	
	NO RISK	All domains scored out as No Risk	