

Prenatal Services

Performance Standards

1302.80 Enrolled pregnant women.

- (a) Within 30 days of enrollment, a program must determine whether each enrolled pregnant woman has an ongoing source of continuous, accessible health care – provided by a health care professional that maintains her ongoing health record and is not primarily a source of emergency or urgent care – and, as appropriate, health insurance coverage.
- (b) If an enrolled pregnant woman does not have a source of ongoing care as described in paragraph (a) of this section and, as appropriate, health insurance coverage, a program must, as quickly as possible, facilitate her access to such a source of care that will meet her needs.
- (c) A program must facilitate the ability of all enrolled pregnant women to access comprehensive services through referrals that, at a minimum, include nutritional counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic violence.
- (d) A program must provide a newborn visit with each mother and baby to offer support and identify family needs. A program must schedule the newborn visit within two weeks after the infant's birth.

*In addition to these standards our goal is to be a **coordinator of services** for the expectant families we serve. We strive to work closely with the agencies that have been identified by the families as places that they receive services (PHN, WIC, PCAP, CPS, FAR, etc.).

Coordination of Services may include:

1. Assisting the family in accessing prenatal care if they do not have it.
2. Assisting the family in connecting with a Public Health Nurse and/or WIC if they are not already receiving these services.

We do not want to duplicate services provided by other agencies.

We must document all services in the Prenatal Home Visit Action Log/Communication Log on Child Plus.

Early Head Start staff must provide any missing components as identified by the Performance Standards and/or families.

Enrollment

1. At the first home visit with the prenatal family, complete the following paperwork:
 - Commitment to Child, Family and Staff Well-Being
 - Prenatal Wellness Assessment
 - Authorization to Exchange Information
2. Orient the family to the program
 - Introduce the Parents As Teachers curriculum and the Maternal Mental Health Curriculum.
 - Introduce Mobility Mentoring.
 - Introduce accessibility of mental health and nutrition supports.

First Date of Service:

1. Enroll in Child Plus
2. Email supervisor with Child Plus ID number and First Date of Service

Setting up the File:

The Prenatal section of the file will be **ONE SECTION**. The file should include, in the following order:

- Prenatal Monitoring Log
- Commitment to Child, Family and Staff Well-Being Form
- Authorization to Exchange Information (for each service provider)
- Prenatal Wellness Assessment
- Mobility Mentoring Bridge
- Family Strengths and Goal Planning Form
- Prenatal Home Visit Action Log (most recent on top)

Prenatal Services:

Planning for the Visits:

- All families will receive the eight Parents As Teachers (PAT) Foundational Prenatal Visits, and these must be documented on the Prenatal Home Visit Action Log.
- At the first visit, you will schedule weekly 90-minute home visits with the family.
- Prenatal families are offered a referral to speak with the nutritionist regarding their nutritional questions/concerns during pregnancy.
- Prenatal families are offered a referral to speak with the mental health specialist regarding questions/concerns during pregnancy.

PAT Curriculum:

1302.81 Prenatal and postpartum information, education, and services.

- a) A program must provide enrolled pregnant women, fathers, and partners or other relevant family members the prenatal and postpartum information, education and services that address, as appropriate, fetal development, the importance of nutrition, the risks of alcohol, drugs, and (smoking, labor and delivery, postpartum recovery, parental depression, infant care and safe sleep practices, and the benefits of breastfeeding.
- b) A program must also address needs for appropriate supports for emotional well-being, nurturing and responsive caregiving, and father engagement during pregnancy and early childhood.

1302.82 Family partnership services for enrolled pregnant women

- a) A program must engage enrolled pregnant women and other relevant family members, such as fathers, in the family partnership services as described in §1302.52 and include a specific focus on factors that influence prenatal and postpartum maternal and infant health.
- (b) A program must engage enrolled pregnant women and other relevant family members, such as fathers, in discussions about program options, plan for the infant's transition to program enrollment, and support the family during the transition process, where appropriate.

Use the Parents as Teachers Curriculum and ***Prenatal 1*** "First Trimester Plan" ***Prenatal 2*** "Second Trimester Plan", ***Prenatal 3*** "Third Trimester Plan" and ***Prenatal 4*** "After the Baby is Born" as a guide for resources and ideas. At a minimum the home visitor will need to use the following sections/handouts with all families. You need to document work/services/needs on the Prenatal Home Visit Action Log and follow up as needed. Follow up must be documented.

First Trimester:

- 1. Prenatal Care: What to Expect-The First Trimester**
- 2. Your Unborn Baby's Development: First Trimester 1-2 months**
- 3. Your Unborn Baby's Development: First Trimester 3 months**
- 4. Directions for My Daily Food Plan and My Daily Food Plan*
- 5. Neurotoxins: Substances that Can Harm your Unborn Baby*
- 6. Invisible Dangers to Your Child's Brain*
- 7. How Smoke Harms Young Children*
- 8. The Effects of Substance Abuse on Child Development*

9. *Prenatal Attachment*
10. *Be Ready for Our Next Pregnancy*
11. *Why Breastfeed?*
12. *Coping with Stress*
13. *Relaxation Breathing and Other Ways to Release Stress*
14. *What Mom's Should Know About Dads*

Second Trimester:

1. **Prenatal Care: What to Expect-The Second Trimester**
2. **Your Unborn Baby's Development: Second Trimester 4 months**
3. **Your Unborn Baby's Development: Second Trimester 5 months**
4. **Your Unborn Baby's Development: Second Trimester 6 months**
5. *Directions for My Daily Food Plan and My Daily Food Plan****
6. *Neurotoxins: Substances that Can Harm your Unborn Baby****
7. *Invisible Dangers to Your Child's Brain****
8. *How Smoke Harms Young Children****
9. *The Effects of Substance Abuse on Child Development****
10. *Prenatal Attachment****
11. *Be ready for Your next Pregnancy****
12. *Why Breastfeed? ****
13. *How Long Will I Breastfeed? ****
14. *Coping with Stress****
15. *Relaxation Breathing and Other Ways to Release Stress****
16. *What Mom's Should Know About Dads****

Third Trimester:

1. **Prenatal Care: What to Expect-The Third Trimester**
2. **Prenatal Care: What to Expect-The 9th Month**
3. **Your Unborn Baby's Development: Third Trimester 7 months**
4. **Your Unborn Baby's Development: Third Trimester 8 months**
5. **Your Unborn Baby's Development: Third Trimester 9 months**
6. *Directions for My Daily Food Plan and My Daily Food Plan****
7. *Neurotoxins: Substances that Can Harm Your Unborn Baby****
8. *Invisible Dangers to your Child's Brain****
9. *How Smoke Harms Young Children****
10. *The Effects of Substance Abuse on Child Development ****
11. *Prenatal Attachment ****

12. Be Ready for Our Next Pregnancy***
13. **Helping to Prevent Child Abuse**
14. **Don't Shake Your Baby**
15. **Safe Sleep for Your Baby**
16. **Planning for Our Baby's Birth**
17. **My Birth Plan**
18. **Baby Blues? Or Something More?**
19. **Adjusting After Your Baby's Birth**
20. *Coping with Stress****
21. *Relaxation Breathing and Other Ways to Release Stress****
22. **Family Support for Maternal Depression**
23. **Tips On Breastfeeding**
24. **After Giving Birth (pamphlet)**
25. *What Mom's Should Know About Dad's****

***These topics are to be covered one time during pregnancy, regardless of trimester, or as needed.

After Baby is Born:

Performance Standards

1302.80 Enrolled pregnant women.

(d) A program must provide a newborn visit with each mother and baby to offer support and identify family needs. A program must schedule the newborn visit within two weeks after the infant's birth.

Two-Week Visit:

1. Visit mother and baby **within two weeks** of delivery date.
2. During the two-week visit, you **must** complete the *Early Head Start Two Week Newborn Visit Action Log*.
3. The *Early Head Start Two Week Newborn Visit Action Log* will be kept in the Action Log section of the file.
4. HV/FA will have parent sign Well Child Exam form and will fax for the two week well child exam with follow up as needed.

Post-Partum Mental Health Services for Pregnant Mothers and Families:

All post-partum mothers are encouraged to complete a referral for a postpartum depression screening at four to eight weeks after the birth of child.

*Complete the Request for Post-Partum Depression Screening referral form **4-8 weeks** after the birth of the child and turn it in to your supervisor.

If a family declines referral document on the Prenatal Home Visit Action Log and/or Child Plus.

Transition from Prenatal Enrollment to Child Enrollment:

After the child is born, the mother will stay in the prenatal status until the child is approximately **ONE** month old. Once the child has reached one month the staff person will need to complete:

1. **Child Eligibility Form. (See *Child Enrollment Procedures*).**
2. Move Prenatal file to the back of the Child file.

Once Child is enrolled, **ALL PROCEDURES** for a new child enrollment begin.

1. Email supervisor with family Child Plus ID number and First Date of Service.