



**DEPARTMENT OF FAMILY AND SUPPORT SERVICES
CITY OF CHICAGO**

**Children Services Division
Services to Pregnant Women in Early Head Start**

I. INTRODUCTION

Pregnancy is a critical period in the lives of families. Research has shown that a healthy pregnancy has a direct influence on the health and development of a newborn child. Early Head Start (EHS) has always strived to have the greatest possible positive impact on participating children as early in life as possible. The goal of EHS is to support and provide services for pregnant women to ensure the delivery of healthy babies.

The 2002 EHS Research Report supports these early services and indicates that when EHS families were enrolled during their pregnancy, the children had better outcomes than those enrolled after birth. Therefore, programs are encouraged to consider ways to work with this population within the Early Head Start framework. This document seeks to outline a service delivery model for the Department of Family & Support Services regarding pregnant women in the City of Chicago. Any delegate agency, without exception, choosing to enroll pregnant mothers and teens in the Early Head Start program, must provide the full array of services outlined in this policy.

II. PLANNING

a) Community Assessment and Resources

Prior to making a decision to serve pregnant women, programs must consider several factors in their planning process. The first and primary source is the Community Assessment. Through the Community Assessment, agencies must first identify the needs of pregnant women in their service area(s) and the resources currently available to meet those needs. Factors such as rates of teen pregnancies, availability of prenatal care and other medical services should also be considered. The triennial assessment completed by Chapin Hall can be a source for some of this information. Additionally, agencies should seek input from their Health Service Advisory Committee, current community partners and program participants.

b) Planning for enrollment into Early Head Start

Even when the Community Assessment indicates that pregnant women may be in need of services, it is important for agencies to understand that not all of these women will be suitable candidates for enrollment. If women are enrolled during pregnancy, the program must plan for the baby to be enrolled in Early Head Start at birth. Families need to be

informed ahead of time that the EHS program is intended to serve the family prenatally and through the first three years of the child's life. The family must be made aware of the EHS service model and anticipate a need for those services upon the baby's birth. If the mother does not intend to enroll the baby in Early Head Start, she should not be placed in the Services to Pregnant Moms Program.

III. COMMUNITY PARTNERSHIPS AND RECRUITMENT

Community Partners are a key component and some of the best resources in recruiting pregnant women into the program. Agencies such as WIC, Healthy Start, Health Connect One, Chicago Department of Public Health (Maternal and Child Health Program), local hospital based or community based clinics, La Leche League, local OB/GYN doctors and midwives, and Doula programs may be considered as potential partners with EHS. Before determining whether or not to begin serving pregnant women, agencies should consider some or all of the following questions in relation to community partners.

- What partnership agreements related to services for expectant families does the program currently have in place?
- Can those partnerships be expanded?
- How can the Health Services Advisory Committee assist in creating linkages to services?
- How will the program communicate with their partners to work together in the area of recruitment
- When formal agreements for referrals are developed, do they include the necessary confidentiality guidelines about the kind of information to be shared, define who needs to receive specific kinds of information, and outline procedures to ensure that communication occurs in a timely manner?

IV. PROGRAM OPTIONS AND ENROLLMENT

a) Program Options

DFSS will require its delegate agencies and partners to use the home visiting or combination models for the Pregnant Teens and Moms program.

The combination model may consist of center-based services, family child care homes and a required number of home visits and class sessions that are outlined in Performance Standard 1306.34.

When determining the number of individuals enrolled in the agency's EHS program, the agency may consider the pregnant woman as the one enrolled. Pregnant women may therefore fill the slot and be counted toward enrollment. The baby is enrolled at six weeks after birth in the slot being held by the mother. A pregnant mother shall not be

enrolled in Early Head Start unless she intends to enroll the baby in the program after its birth.

b) Enrollment Procedures

Begin the enrollment process by completing the COPA “Prenatal/Unborn” enrollment form. Also, initiate the “Pregnancy Pathway” and follow the directions and guidance for completing all the necessary forms and activities for the mother.

V. PROGRAM GOVERNANCE

Pregnant mothers should be afforded the opportunity to participate in the decision making process of the Early Head Start program. This participation can occur in a few ways:

1. Each EHS program may develop their own EHS Policy Committee which would be comprised of the EHS pregnant moms enrolled in the program.
2. Each EHS program may include the pregnant mothers as a part of the compositional make up for the agency’s committee.
3. Each EHS Pregnant Moms program should convene monthly parent committee meetings to address the needs of the pregnant moms and their unborn children.

VI. PROGRAM SERVICES

a) Home Visits

Pregnant women are assigned a Home Visitor within the Early Head Start Home Visiting Program. The assigned home visitor develops a supportive relationship and assists the expectant mothers through the entire pregnancy process, serves as a social/emotional support, monitors prenatal visits, provides referral services, and advocacy. The home visitor is the primary contact with the mothers and their families. Each visit will be inclusive of all program content areas. Each home visit must last at least 90 minutes. The caseload for a home visitor is no more than twelve (12) families.

The Partners for a Healthy Baby curriculum will be used by the Pregnant Teens and Moms Program to guide the home visits. It is important, when possible, to begin contact and home visits during the first trimester. Prenatal home visits should occur monthly or as often as necessary to assure the health of the mother and the developing fetus. If mother is to be at-risk, based on the High-risk assessment, then the visits should be tailored to accommodate the assessment from the doctor. For teen mothers, the frequency of the visits should at least be monthly during the first trimester, twice monthly in the second trimester and weekly in the third trimester. A home visit by a nurse must be made at two weeks after birth to both mom and baby. An assessment of the baby must also occur at this time. It is also important to hold socialization groups for the mothers

for them to meet and exchange ideas with each other. The home visitor should work in conjunction with her supervisor to resolve issues that may arise with mom and family.

b) Relationships in the Context of Home Visiting

The Head Start Performance Standards [1304.3 (a)(3)(ii), 1304.21(b)(1)(i)(ii), 1304-40(f)(4)(i-iii), 1306.33(b) and 1306.34(b)] address the important elements of the relationships that must be developed and nurtured through the home visiting process. The home visitor must understand the role of the self as well the relationship to the parent. It is therefore important to work respectfully, collaboratively with the parent (parent-home visitor relationship) to support the parent-unborn baby relationship and ultimately the newborn baby. The relationship with the family must be mutually respectful, including respect for the cultural practices of the family, and reciprocal. To this end, the grantee and its delegates and partners will make relationship-based, reflective practice training available to home visitors and supervisors.

c) Education and Training

An important part of each contact with a mother is training and education. This information may be shared through workshops, printed materials or other means depending on the individual parent. The Head Start Performance Standards identifies the following major areas:

- ii) Typical Fetal development
- iii) The risks of smoking and drinking alcohol
- iv) What to expect during labor and delivery
- v) Postpartum recovery
- vi) Maternal Depression
- vii) The importance of Breastfeeding

Other areas for training may include:

- i) Preparing for the Baby
- ii) Supports during the labor and delivery
- iii) Selecting a Pediatrician- What to Look for
- iv) Safety procedures in the home
- v) SIDS
- vi) Folic Acid in Pregnancy
- vii) Caring for the Newborn
- viii) Planning for the future

d) The Family Partnership Agreement Process

The Family Partnership process is to build trust with a family, help them to identify their goals and determine how EHS can help achieve those goals. Though agencies providing Head Start and Early Head Start services are already familiar with this process, it is important that they consider the need to adapt the process in order to meet the particular circumstances of each pregnant woman and her family. According to the Head Start

Performance Standards, the family partnership building process will be utilized to ensure that the pregnant mothers receive all necessary services in order to maintain good health for herself, her baby, the family and her partner.

The home visitor must work with the mother to establish goals for her family-- including the unborn baby and may include the father and/or grandparents. There must be strategies to achieve the goals, identifying the responsibilities for the parent and EHS staff. These strategies must also have timelines within which to carry out the plans.

Transitioning

Transition Planning must occur with the mom. Planning should begin during the initial assessments. Information should be provided about each program option. As the mom's delivery date nears, the Home Visitor should meet with her to determine which program option would best meet the family's needs. Accordingly, plans should be made with the family. The two-week nurse visit after the baby is born must occur as a part of the transition period. The home visitor must support the family until the child is enrolled in the desired program option at six weeks.

e) Maternal and Child Health Services

Medical/Dental/ Prenatal and Postnatal Services

The prenatal pregnancy pathway will be utilized by the home visitor to assess the level of a mother's need for services. The "Pathway" will be completed at the beginning of contact with the mother and will be used to track all services needed and provided to her. The agency will ensure that each mother has access to a medical and dental home as well as medical insurance. The results of a medical assessment must be available on-file for each mother. The home visitor will track the progress of the pregnancy with the mother and determine whether she is adhering to her scheduled appointments for needed services.

A postnatal visit should occur within two weeks of the birth of the baby to determine the mother's health status and conduct a newborn assessment. The nurse assigned to the program must utilize the "Newborn Assessment Procedures" to complete the newborn assessment. If the EHS program does not have a nurse on staff, the department's assigned health coordinator may be contacted in advance of the delivery date to set up the two week appointment with the mother and child. Any intervention or referral services needed for mother and baby may be addressed at this time. A medical home/pediatrician should be secured for the baby.

Oral Health Services

In addition to securing a dental home, each mother should receive permission from her primary care physician to receive an oral assessment from a dentist and the information maintained on file. According to organizations such the American Dental Association

(ADA) and the American Academy of Periodontology, there is evidence that children acquire caries-causing bacteria from mothers and that studies have shown a possible link between periodontal disease and preterm, low birth weight babies. In addition, about half of pregnant women experience gingivitis. Pregnancy has a significant impact on mother's teeth and gums. It is therefore necessary for pregnant mothers to receive oral health care assessments throughout her pregnancy as well as timely treatment when necessary.

Mental Health Services

The Mental Health portion of the Prenatal Pathway should be administered to mom during the assessment visit. In addition, the Home Visitor administers the Edinburgh Postnatal Depression Scale (EPDS) prenatally during the first trimester and postnatal after the two week visit. If the mom scores above thirteen, the home visitor should seek the assistance of the home visitor supervisor in referring the mother to the appropriate mental health resource. Mothers should also be educated about such issues as Alcohol and Drug use, Domestic Violence and depression as necessary.

Nutrition Services

The DFSS Nutrition Assessment Handbook provides guidelines for addressing the nutritional needs of the mothers. Mothers should be provided information about WIC, the importance of good nutrition during pregnancy and the benefits for the baby. In addition, mothers should be educated about the importance of breastfeeding their infants. The department encourages the use of breast pumps for those mothers who are working or attending school. Storage of breast milk is addressed in the Nutrition Handbook.

f) COPA Data Entry

All required services provided to mothers must be entered into COPA. For all enrolled pregnant moms, the following areas are to be entered into COPA:

- **Enrollment Information**—Enter, along with the beginning service date, the mother's delivery due date. At six weeks, after the baby is born, the actual delivered date must be entered into COPA. At that time, the baby is enrolled in the program and the mother is terminated as the pregnant mother. *Note: If two enrollments are appearing, it is an error because the mother was not properly terminated.*
- **Services Information**—all services provided to the mother must be entered into COPA. These include the health related services, screenings and assessments such as health insurance, medical, dental, mental health, nutrition and breastfeeding. In addition, any referrals and other social services must be recorded appropriately in COPA. Any specific services not otherwise identified in COPA must be recorded in the COPA case notes section as well.