



## Webinar Viewer's Guide

### TRACK B – CHILD HEALTH AND PRENATAL SERVICES

#### Webinar B4: Meeting the Unique Needs of Families through the Required Postpartum Visit

##### Summary

This session will examine the comprehensive purpose of the two week postpartum visit in an effort to meet the unique needs of the infant, mother and family. The presenters will discuss strategies for a successful visit including linking families with community partners.

##### Key Messages

- The 2-week postpartum visit is an opportunity to identify and discuss a family's interests related to their newborn's development.
- The 2-week postpartum visit is facilitated by a trained qualified individual.
- The 2-week postpartum visit is an opportunity to link the family with a medical home and to offer support to a family as they adjust to their new-born.
- A successful 2-week postpartum visit is a unique opportunity to expand and strengthen the relationship with the family.

##### Learning Objectives

At the end of the session participants will be able to:

- Describe the purpose and goals of the Early Head Start -2 week postpartum visit.
- Identify the competences / training staff need to provide the postpartum visit.



- Identify strategies for including the father or other key caregivers in the visit and ongoing work with the mother and child.
- Identify strategies to engage other agencies in supporting or providing the postpartum visit.

## Presenters

**Dr. Guylaine L. Richard** is a medical graduate from the School of Medicine and Pharmacy in Haiti, and a graduate from the George Washington University School of Medicine and Public Health and the John Hopkins University School of Professional Studies in Business and Education. She brings more than 25 years of experience leading successful programs, educating, and providing training and technical assistance in the fields of public health, administration, and education to various national and international agencies serving at-risk populations. She has held several positions in Head Start and has had the distinct privilege to be recognized as a National Head Start Fellow. She is known for her passion for children, youth, pregnant women, and her true commitment to delivery of quality services.

**Nick Wechsler, MA**, Infant Specialist, is the director for program Development for the Ounce of Prevention Fund in Illinois. For the Ounce, he has developed, trained, and supported numerous program strategies and services to promote secure parent-child relationships in both home- and center-based programs. He leads the work of family engagement and support in early childhood education schools throughout the Educare Learning Network, including the training and development of the Touchpoints Approach. He is a co-author of the book *Teenagers and Their Babies: A Perinatal Home Visitors Guide* and contributed the chapter concerning working with teen parents in Early Head Start programs for the book *Beacon of Hope: The Promise of Early Head Start for America's Youngest Children*. He has published numerous articles concerning the practice of home visitation and working with adolescent parents. He is the co-creator and facilitator of the Infant Mental Health Learning Group provided in Illinois through the Ounce of Prevention Fund. Mr. Wechsler speaks, trains, and consults both in Illinois and throughout the country.

**Laura Annunziata** has over 20 years of experience in the areas of early childhood and health services. In addition to her clinical preparation as a family nurse practitioner, she has extensive administrative, supervisory, training, and program experience in Head Start, Migrant and Seasonal Head Start, and child care environments, and was selected as a National Migrant Health Fellow. Ms. Annunziata holds a Bachelor of Arts in political science from Davidson College, a Bachelor and Master of Science in Nursing from the University of Virginia, and is bilingual in English and Spanish.

## Relevant Head Start Program Performance Standards

1304.40(i)(6) Grantee and delegate agencies serving infants and toddlers must arrange for health staff to visit each newborn within two weeks after the infant's birth to ensure the well-being of both the mother and the child.



### 1304.40(a)(2) Family partnerships/Family Goal Setting

As part of this ongoing partnership, grantees must offer parents (including expectant families) opportunities to develop and implement individualized family partnership agreements that describe family goals, responsibilities, timetables, and strategies for achieving goals as well as progress in achieving them.

## Key Definitions

**Medical Home-** A place where an individual will receive routine health care, and ideally, establish an ongoing relationship with a familiar health care provider.

**Well-being** – A state of safety, health, emotional and financial security.

## Presentation Slides and Notes

Slide 1

17<sup>th</sup> Annual Birth to Three Institute  
Webinar B3

**Meeting the Unique Needs of Families Through the Required Postpartum Visit**

Guylaine Richard, M.D., M.P.H., Richardetc., LLC  
Nick Wechsler, M.A., Ounce of Prevention Fund

Moderator: Laura Annunziata, MSN, Early Head Start National Resource Center

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Slide 2

**Welcome**

**Nick Wechsler    Guylaine Richard    Laura Annunziata**

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Slide 3

**Learning Objectives**

- Describe the purpose and goals of the EHS postpartum visit.
- Identify the competencies/training staff need to provide the visit.
- Identify strategies for including fathers and other key caregivers in the visit and ongoing work with Mother and child.
- Identify strategies to engage other agencies in supporting or providing the postpartum visit.

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Slide 4

**Head Start Performance Standards**

**1304.40(i)(6)**  
 Grantee and delegate agencies serving infants and toddlers must arrange for health staff to visit each newborn within two weeks after the infant's birth to ensure the well-being of both the mother and the child.

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Slide 5

**"Well-Being of Newborn and Parents"**



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Slide 6

**In the best circumstances well-being.....**

**is commonly defined as a state of safety, health and financial security . . .**



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Slide 7

**Birth Changes Everything**



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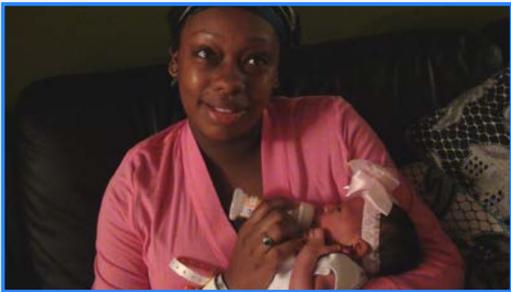
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Slide 8

**Biological to Social**



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Slide 9

EHS staff walk gently into these new relationships



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Slide 10

The Postpartum Period is Filled With Joy



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Slide 11

And Anxiety



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Slide 12

**Imagined Baby – Real Baby**



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Slide 13

**New Parenting Requires Self & Co-regulation**



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Slide 14

**Parents Benefit From**

- being held in the mind of another
- having the other build self-confidence.
- support systems dedicated to helping the parent feel heard ,understood, and able
- receiving sensitive responsive guidance, modulated and accurate information and a helping hand

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14

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Slide 15

**Co-Creating a Strength-Based Relationship**

Parents and EHS/MSHS staff meet each other only because they want the best for the child; both are driven by their passion and commitment on behalf of the child.



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Slide 16

**Assessing the Family's Needs**

Within the context of 1304.40(a)(2) – The Family Partnership Agreement

- Identify goals for participating expectant families
- Create strategies through which goals will be achieved
- Determine EHS staff and parent responsibilities
- Develop a timeline to carry out the plan

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Slide 17

**How Families Experience Us Stepping into "Midst of Their Business"**

- **Honest communication**
- **Respect for culture and beliefs**
- **Build on established networks**
- **Collaboration with community partners**



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Slide 18

### Walking in the Shadows of Past Experiences



Parenthood is the primary vehicle for transmitting cultural, religious and family beliefs and cultures from one generation to another

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Slide 19

### Common Experiences for All Parents

- Crying
- Sleeping
- Feeding
- New decisions



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Slide 20

### Staff Intentions and Strategies



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Slide 21

**Social and Emotional Experiences**

- Focus on new family
- Emotional space for the baby
- Impact of the “firsts”
- Bonding with staff
- Postpartum depression Moms and Dads
- Cultural beliefs

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Slide 22

**The Importance of 2-Week Home Visit**

**Being available and connecting to parents**



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Slide 23

**Strategies for the visit**

- Focus first on the parent
- Follow parent’s lead in relation to baby
- Devote initial energy on nurturing the parents’ well-being:
- Ask about birthing experience
- Inquire what they have already learned about their baby.

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Slide 24

**Strength Based Approach.....**

**can demonstrate to the family what they can expect from staff: to have their experiences and feelings heard, held, honored; to experience that staff respect their expertise and competence.**




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Slide 25

**The 2-week visit allows for . . .**

- **Assessment of mother’s and infant’s physical health**
- **Assessment of mental health**
- **Assessment of nutritional needs**
- **Making immediate referrals necessary**
- **Strengthen relationship with families**
- **Discovering new ways of supporting families/establishing community relationships**
- **Meeting the Performance Standards**




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Slide 26

**The Postpartum Visit**



**Who?  
When?  
Length?**




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Slide 27

**The Postpartum Visit**



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Slide 28

**Balancing the Needs of Parents, Baby.....**



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Slide 29

**And Program**



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Slide 30

**In Conclusion**



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Slide 31

**Question and Answer**

Submit your question through the chat box feature

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Slide 32

**In Conclusion**



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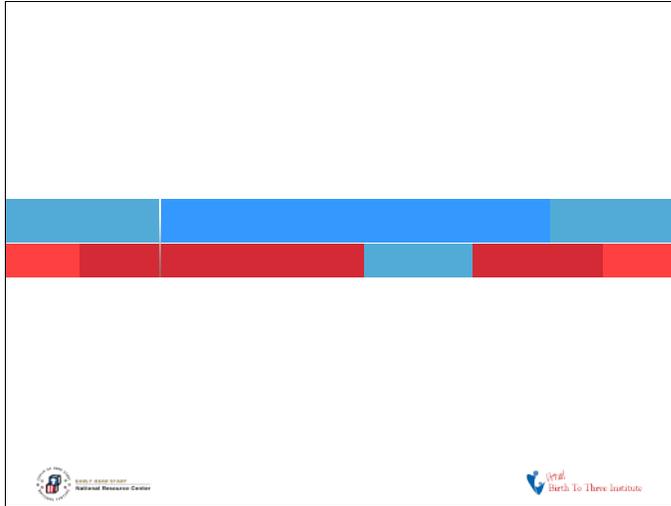
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Slide 33




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## Resources

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