
Start-Up Planner Tips for Working with EHS Grantees

Pregnant Women and Expectant Families



EHS NRC

Developed by the
EHS Start-Up Planner Project



This project is funded through Task Order ACF21473



Start-Up Planner Tips for Working with EHS Grantees

Pregnant Women and Expectant Families

Did You Know?

- Programs must assist pregnant women in accessing comprehensive prenatal and postpartum care (including health and mental health) through referrals immediately after they enroll in the program. [45 CFR 1304.40\(c\)\(1\)](#)
- Information on the benefits of breastfeeding must be provided to all pregnant and nursing mothers; and for those who choose to breastfeed in center-based programs, arrangements must be provided as necessary. [45 CFR 1304.40\(c\)\(3\)](#)
- Programs serving infants and toddlers must arrange for health staff to visit each newborn within 2 weeks of the infant's birth to ensure the well-being of mother and child. [45 CFR 1304.40\(i\)\(6\)](#)
- Most of the prenatal standards addressing expectant families and pregnant mothers are located under Sub Part C: Family Partnerships. [45 CFR 1304.40](#)
- Programs must provide prenatal education, including information about fetal development, labor and delivery, and the risks of smoking and alcohol. [45 CFR 1304.40\(c\)\(2\)](#)
- Early Head Start staff must work to prepare parents to become their children's advocates through transition periods. [45 CFR 1304.40\(h\)\(2\)](#)

As Early Head Start (EHS) programs expand or build services to pregnant women and expectant families, systems and services must be created or revised to encompass the special requirements related to them. The following *Start-Up Planner Tips for Working with EHS Grantees* provides the Head Start Program Performance Standards, policy clarifications, strategies, and resources necessary to implement prenatal, perinatal, and postpartum services. This document provides:

- Information regarding Federal requirements.
- Answers to challenging policy questions.
- Ideas for planning and implementation.
- Resources for program planning and implementation.

EHS Start-Up Planners, administrators, and staff will learn key components to services for expectant families to use in everyday practice, as well as broader planning for continuous program improvement.

Head Start Program Performance Standards

Performance Standards, Title 45, Code of Federal Regulations:

[1304.40\(c\)](#) Services to pregnant women who are enrolled in programs serving pregnant women, infants, and toddlers.

(1) Early Head Start grantee and delegate agencies must assist pregnant women to access comprehensive prenatal and postpartum care, through referrals, immediately after enrollment in the program. This care must include:

(i) Early and continuing risk assessments, which include an assessment of nutritional status as well as nutrition counseling and food assistance, if necessary;

(ii) Health promotion and treatment, including medical and dental examinations on a schedule deemed appropriate by the attending health care providers as early in the pregnancy as possible; and

(iii) Mental health interventions and follow-up, including substance abuse prevention and treatment services, as needed.

(2) Grantee and delegate agencies must provide pregnant women and other family members, as appropriate, with prenatal education on fetal development (including risks from smoking and alcohol), labor and delivery, and postpartum recovery (including maternal depression).

(3) Grantee and delegate agencies must provide information on the benefits of breastfeeding to all pregnant and nursing mothers. For those who choose to breastfeed in center-based programs, arrangements must be provided as necessary.

[1304.40\(i\)\(6\)](#) Grantee and delegate agencies serving infants and toddlers must arrange for health staff to visit each newborn within 2 weeks after the infant's birth to ensure the well-being of both the mother and the child.

Other Performance Standards may be relevant to services to pregnant women and expectant families, although they are not as explicit as the standards listed.

Policy Clarifications

[OHS – PC – A – 032 Can Head Start program funds be used to cover a family's health insurance co-payment, or deductible?](#)

[OHS – PC – B – 024 If a Head Start program enrolls \(as part of its 10%\) children from families who are not low-income and these families do not have medical insurance, how would the program pay for health services provided to these children?](#)

[OHS – PC – B – 050 May Head Start grant funds be used to pay for mental health services for parents of Head Start children?](#)

[OHS – PC – D – 014 What is the role of the mental health professional serving our program in providing or coordinating services for Head Start parents who need mental health](#)

[services? May Head Start provide payment for direct services for parents needing mental health services? What is the professional's role in helping staff who may need mental health services?](#)

[OHS – PC – I – 025 For the purpose of determining eligibility based on family income how is a pregnant woman counted? An IM from 2002 says to count the pregnant woman as 2 members of the household – can you please clarify?](#)

[OHS – PC – I – 026 An 18 year old is still living at home and being supported by his/her parent\(s\). Can this 18 year old be counted as a family member for purposes of determining Head Start eligibility?](#)

[OHS – PC – I – 060 If a 16 year old is pregnant, not working and living at home with her parents, how do we determine income and family size?](#)

[OHS – PC – I – 077 If an Early Head Start child's mother becomes pregnant, does the mother have to reapply for her second child?](#)

[OHS – PC – I – 089 What are the general eligibility requirements for Early Head Start and Head Start?](#)

[OHS – PC – K – 014 Many Early Head Start programs include some number of pregnant women as part of their total enrollment. Are these enrollment slots included when determining the program's compliance with the 10% disabilities requirement?](#)

Strategies

While working with programs that are beginning or reconceptualizing services to expectant families in their start-up planning and implementation, there are several key areas to consider. Partnerships, prenatal education, health services, parenting support/education, and transition planning are some of the crucial areas in which to build systems and service plans. The following section offers some suggestions for planners to share with programs as they build systems and services in each of these areas.

Partnerships

When guiding programs through the process of partnership building, encourage them to:

- Develop formal agreements with local community/tribal health centers; Women, Infants, and Children (WIC) programs; and hospitals to formalize relationships to ensure ongoing health support.
- Invite obstetricians, gynecologists, neonatologists, and pediatricians to participate on Health Services Advisory Committees (HSACs) to support planning for healthy pregnancies and deliveries.
- Build relationships with local dentists and oral health centers to improve oral health outcomes for parents and children.

- Ensure that any mental health consultants and professionals working with programs have experience supporting prenatal and postpartum depression, due to high rates of depression in Early Head Start (EHS) populations.
- Develop Memoranda of Understanding (MOUs) with Part C agencies to plan services when prenatal screenings indicate an infant could be born with a disability (see this prenatal screening resource for more information: http://kidshealth.org/parent/system/medical/prenatal_tests.html).

Prenatal Education

As programs create prenatal education programs, suggest they:

- Create a pregnancy journal or binder to collect information (and refer to) about pregnancy, labor/delivery, breastfeeding, oral health, and infants' first few weeks.
- Develop interactive workshops on various topics using facilitators who are nurses, health educators, mental health professionals, and physicians (e.g., OB/GYN, family medicine, pediatrics, dentists).
- Form a mentoring model using parents as peer health educators on topics such as health advocacy (how to advocate on behalf of their child when seeking medical care), navigating the health system, and sharing experiences (e.g., breastfeeding, newborn care).
- Define a schedule of guest speakers for staff professional development to discuss breastfeeding (e.g., storing breast milk), maternal and paternal depression, and fetal alcohol syndrome.
- Plan educational opportunities for expectant fathers to ensure readiness for the impending birth.
- Develop a record-keeping process to track participation in educational activities.
- Create a system for identifying expectant families with significant risk factors (smoking, alcohol, exposure to violence), providing education regarding these risk factors, and referring individuals on for other social services.
- Learn about curricula for prenatal education already being used by existing EHS programs, such as "Partners for a Healthy Baby" and "Parents as Teachers."

Health Services

To facilitate full implementation of the HSPPS regarding prenatal health services, use your expertise to guide programs as they:

- Identify a medical home for pregnant women within your service delivery area.
- Build a record-keeping system that monitors pre- and postnatal physician visits, concerns of pregnant women and expectant fathers, and risk factors.
- Develop and/or collect information on resources for health services related to pregnancy and health concerns.
- Create a case-management system to support problem-solving issues throughout the pre-, peri-, and postnatal period.
- Develop referral lists for professionals who support families during pregnancy including physicians, nurses, mental health counselors, doulas, lactation specialists, and birth coaches.

Parenting Support/Education

Support programs' development of high-quality programs for expectant families by demonstrating how they can:

- Develop a curriculum of workshops for expectant families including: “What to Expect During the First 2 Weeks,” diapering, breast/bottle feeding, developmental milestones at various ages, infant hygiene, “What to Do with a Colicky Child,” typical infant illnesses, and supporting an infant with disabilities.
- Create support groups for expectant mothers, expectant fathers, new mothers, new fathers, and grandparents caring for newborns.
- Plan a system for identifying family needs and supporting expectant families in meeting critical postnatal concerns such as:
 - Coping with new financial concerns.
 - Creating safe home and car environments.
 - Connecting with family-centered social service organizations (e.g., peer support groups, La Leche, WIC, and medical/dental homes).
 - Identifying baby-appropriate activities within the community.
- Develop systems for tracking education and support activities.

Transition Planning

Offer guidance to programs to avert future enrollment issues by assuring they:

- Develop a Family Partnership Agreement process that staff members use to discuss with pregnant women and expectant families goals and placements for after the baby is born.
- Create contingency plans for expectant families who change their minds regarding placement or experience or who confront unexpected or tragic birth situations (e.g., miscarriage, baby in neonatal intensive care unit).
- Network with other partner organizations within the community to support temporary services when contingency planning for the possibility of an unavailable slot after the baby is born.
- Define a system for supporting families after the baby is born and before the baby is placed in a program option (home, center, combination, or family child care).

Resources

Depression During and After Pregnancy: A Resource for Women, Their Families, and Friends

For many mothers, the experience of pregnancy and childbirth is often followed by sadness, fear, anxiety, and difficulty making decisions. Many women have difficulty finding the energy to care for themselves, their infants, and their families. Some even have feelings about harming themselves and their children.

Source: *Maternal and Child Health Bureau*

Website: <http://mchb.hrsa.gov/pregnancyandbeyond/depression/>

PDF Document: <ftp://ftp.hrsa.gov/mchb/pregnancyandbeyond/depression.pdf>

Services to Pregnant Women Participating in Early Head Start ACF-IM-HS-09-04

The purpose of this Information Memorandum is to address the Head Start Program Performance Standards for services to pregnant women [45 CFR 1304. 40(c)] in Early Head Start programs and to describe best practices that will help support the implementation of these standards.

Source: *Early Childhood Learning and Knowledge Center (ECLKC)*

http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management/Head%20Start%20Requirements/IMs/2009/resour_ime_004_072209.html

Giving Children the Earliest Head Start: Developing an Individualized Approach to High-Quality Services for Pregnant Women

The prenatal period of growth and development is critical to optimal child development in the first 3 years of life and beyond. From conception to age 3, human development occurs more rapidly than at any other time in life. Fetal development, like all stages of development, is progressive, involves critical periods, and benefits from supportive practices administered through a range of supports and services offered as early as possible. Inadequate prenatal care is associated with a host of health and developmental problems: low birth weight, premature delivery, birth defects, poor growth. Furthermore, these babies are at an increased risk of learning, social, and behavioral problems. Thus, Early Head Start is poised to make a significant and long-lasting impact on the future of America's most vulnerable children

Source: *Early Childhood Learning and Knowledge Center (ECLKC)*

http://eclkc.ohs.acf.hhs.gov/hslc/resources/ECLKC_Bookstore/PDFs/TANo3%5B1%5D.pdf

Breastfeeding: Guide to Online Resources

Breastfeeding offers a true head start to children and families. Yet the latest National Study of Children's Health found that only 32.1% of children under the federal poverty line were breastfed for the 6 months recommended by the American Academy of Pediatrics. Staff in Early Head Start and Migrant and Seasonal Head Start programs can make a difference! In March, 2007, the Early Head Start National Resource Center hosted an Expert Work Group (EWG) on Breastfeeding on behalf of the Office of Head Start (OHS). The goals of the EWG were to identify the barriers to breastfeeding for low-income families, and to offer recommendations to the OHS on how to respond. The EWG identified a variety of meaningful resources already available to families and staff on the Internet. This Guide to On-Line Breastfeeding Resources offers a connection to resources that can offer families information and support and can help staff in their work.

Source: *Early Head Start National Resource Center*

<http://www.ehsnrc.org/Publications/Breastfeeding.html>

It Takes Two to Tango: Defining the Role of Fathers

Historically, the role of fathers is one aspect of the family unit widely researched when discussing the health and well-being of children. However, the role of the expectant father and the significance of paternal impact on maternal and child health (MCH) are often overlooked. We know that men play a vital role in pregnancy and childbirth, but additional research is needed to further identify which aspects of paternal involvement lead to better outcomes or what theories best explain paternal involvement. Despite the fact that men are important to MCH, we have not yet come to a consensus on exactly what it means to be an involved expectant father during pregnancy. There is also little knowledge regarding best and promising practices for involving expectant fathers in family planning and preconception health and care, as well as during pregnancy. This, in combination with policies that have prevented male figures from being present in the homes and lives of children, leaves us with a plethora of multifactorial barriers to father involvement during and after pregnancy.

Source: *National Healthy Start Association*

http://healthystartassoc.org/NHSA_Fatherhood_Brief.pdf