

# EARLY HEAD START TIP SHEET

No. 40

## Program Options & Pregnant Women

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### Does EHS enroll pregnant women within a specific program option?

#### Response:

Programs funded to serve pregnant women enroll them into the EHS program but do not enroll pregnant women within a specific program option. It is after the baby is born and ready to begin child development services that EHS enrolls the baby into a specific program option.

The EHS program options are: center-based, home-based, family child care, and combination model. These program options are designed to provide child development services for the child. Therefore, pregnant women are not enrolled within these program options. Many programs choose to provide home visits to participating pregnant women; however, the pregnant women receiving such home visits are not enrolled in a home-based program option. Services designed to meet the needs of the pregnant women are described in the program narrative of the grant application.

#### *EHS services for pregnant women (expectant families)*

Programs must **assist** enrolled pregnant women/expectant families in accessing comprehensive prenatal and postpartum care and must **provide** prenatal education and information on the benefits of breast feeding.

The Performance Standards do not require programs to use a specific curriculum for pregnant women and their families. Rather, it is through the Family Partnership Agreement process that the program ensures individualized services for each family. With the help of staff, each family identifies the family's goals, strengths, and needed services.

#### *Continuity of EHS services after pregnancy*

The program must plan for continuity of EHS services for expectant families from pregnancy to when the child is three years of age. Planning for the transition to the appropriate child development program option should begin at the time the pregnant woman is enrolled in the EHS program. Near the end of pregnancy and after the baby is born, staff work with the family to negotiate the best time for the child to be enrolled into a child development program option.

Programs should ensure that appropriate services continue for the pregnant woman (new mother), the family, and the new-born baby after medical release and prior to receiving child development services within the program option. The Family Partnership Agreement typically details the services provided during this time, including the two week post-delivery visit to ensure the well-being of the mother and child.

Providing continuous services requires a significant amount of program planning and flexibility in order for the program to have the program slot available at the right time. Factors to assist in the process include:

- **Ensuring a program option slot is available for the baby.** Many programs consider the enrolled pregnant women as a child development program slot.

- **Needs of the new mother and the newborn.** For example, if the baby was born premature and requires hospitalization, the program will need to be sensitive to when it would be feasible to enroll the child in the appropriate program option.
- **State regulations** stating the age an infant must be in order to attend group care settings (typically, the baby needs to be at least at six weeks old).

### *Number of pregnant women to be enrolled*

The number of pregnant women to be enrolled is identified within the grant application; however, it is anticipated this number will vary. Programs are not required to maintain a certain number of pregnant women throughout the entire program year. Enrolling pregnant women should remain flexible so that the EHS program can ensure it has the appropriate program slot open for the baby's enrollment.

Programs should consider the program option slot's availability as part of the enrollment process for pregnant women. Many programs enroll pregnant women according to the:

- Number of the expected vacancies within the program
- Dates of the expected vacancies within the program

For example, the program knows it will have a center-based slot available in 5 months. The pregnant women on the current wait list all have similar eligibility criteria. However, one woman is eight-months pregnant and wants center-based services six weeks after delivery. Another woman is 6-months pregnant and wants center-based services eight weeks after delivery. The program selects the candidate that they are better able to provide continuous services for the family. In some cases, the program may opt to enroll the 6-month pregnant woman since her delivery date and wish for enrollment matches with their slot availability.

If programs are challenged with filling their enrollment for pregnant women (for example, they are funded to serve 6 pregnant women, but only 2 pregnant women are identified during the third year of the grant), they should work with their Regional Office to determine the appropriate number of pregnant women to be served through their grant. The number of pregnant women to be served may be addressed during the refunding application process.

### **Questions to Consider for Planning and Programming:**

- How does the EHS program ensure available slots for children when they are born?
- How does the program ensure that services and program option for the newborn child meet the family's needs and expectations?
- What does the Community Assessment reveal about the needs of expectant families in the community?
- What services for pregnant women and expectant families already exist in the community?
- How does the Health Services Advisory Committee assist in creating linkages to these services?
- How is the program collaborating with community partners to provide the service(s)?
- What partnership agreements related to services for expectant families does the program have in place?
- How does the program plan and communicate with community partners?
- What is the program's system for tracking, documenting, and monitoring services for expectant families?

- How does the program provide training and staff development opportunities on topics regarding services to pregnant women and families?
- How does the program ensure that continuity of care is maintained once the child is born, when serving expectant families?

### **Performance Standards, Title 45, Code of Federal Regulations:**

- 1304.40(c)(1-3) 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 breast feeding to all pregnant and nursing mothers.
- 1304.40(i)(6) Grantees 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) As part of the ongoing partnership, grantee and delegate agencies must offer parents opportunities to develop and implement individualized Family Partnership Agreements that describe family goals, responsibilities, timetables and strategies for achieving these goals as well as progress in achieving them.

### **Resources:**

#### **Giving Children the Earliest Head Start: Developing an Individualized Approach to High-Quality Services for Pregnant Women. Technical Assistance Paper No. 3.**

DHHS/ACF/HSB. 2000. Retrieved October 7, 2009 from

<http://www.ehsnrc.org/pdffiles/TANo3.pdf>

#### **Policy Clarifications.** *The Early Childhood Learning and Knowledge Center.*

DHHS/ACF/OHS. Retrieved October 7, 2009 from

<http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management/Head%20Start%20Requirements/Policy%20Clarifications%20and%20FAQs>

- **I-025: For the purpose of determining eligibility based on family income, how is a pregnant women counted? An IM from 2002 says to count the pregnant woman as 2 members of the household – can you please clarify?**
- **I-077: If an Early Head Start child's mother becomes pregnant, does the mother have to re-apply for her second child?**

“Services and Outcomes for Early Head Start Families Enrolled During Pregnancy: Is There a Magic Window?” **Early Head Start Research to Practice**. DHHS/ACF/OPRE. 2006. Retrieved October 7, 2009 from [http://www.acf.hhs.gov/programs/opre/ehs/ehs\\_resrch/reports/pregnancy/pregnancy.pdf](http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/reports/pregnancy/pregnancy.pdf)

**Services to Expectant Families Participating in Early Head Start**. ACYF-IM-HS-09-04. DHHS/ACF/HSB. 2009. Retrieved October 7, 2009 from [http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management/Head%20Start%20Requirements/IMs/2009/resour\\_ime\\_004\\_072209.html](http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management/Head%20Start%20Requirements/IMs/2009/resour_ime_004_072209.html)

**Should EHS programs enroll pregnant women/expectant families? Early Head Start Tip Sheet No. 15**. DHHS/ACF/HSB. 2004. Retrieved October 7, 2009 from <http://eclkc.ohs.acf.hhs.gov/hslc/Program%20Design%20and%20Management/Management%20and%20Administration/Eligibility%20&%20Enrollment/Program%20Options/ShouldEHSProgram.htm>

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*This Tip Sheet is not a regulatory document. Its intent is to provide a basis for dialogue, clarification, and problem solving among Office of Head Start, Regional Offices, TA consultants, and grantees. If you need further clarification on Head Start Policies and regulations, please contact your Regional Program Specialist.*