

**Attachment:**

**Services to Pregnant Women Participating in Early Head Start**

A healthy pregnancy has a direct influence on the health and development of a child. The prenatal period has a lasting impact on the child's potential for healthy growth and development. Early Head Start (EHS) programs provide services to pregnant women and expectant families, and to the child from birth to age three.

Early, continuous supports and services provide the best opportunity for:

- healthy pregnancies and positive childbirth outcomes;
- supportive postpartum care for the parents and child;
- fathers to become fully involved in the lives of their very young children;
- supporting and enhancing parent child attachments; and
- parents to develop as nurturing and responsive caregivers during infancy.

It is the intention of the EHS program to serve pregnant women and their families and to provide services for the child and family upon delivery. The goal of serving pregnant women and expectant families in EHS is to provide early, continuous, intensive, and comprehensive child development and family support services. Planning for the newborn child's transition to the appropriate EHS Program Option (e.g. home-based or center-based family child care) can begin when the pregnant woman is enrolled in the EHS program.

Effective planning requires ongoing discussions with parents and other participating family members to best understand and serve their needs. It also requires an understanding of the requirements of the *Head Start Program Performance Standards*, as well as planning for appropriate program services based on the Community Assessment and guidance from the grantee's Health Services Advisory Committee and Policy Council.

**Head Start Program Performance Standards Requirements for Services to Pregnant Women**

The *Head Start Program Performance Standards* [45 CFR 1304.40(c)(1)-(3)] describe the requirements for EHS grantees serving pregnant women:

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.

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).

Grantee and delegate agencies **must provide** information on the benefits of breastfeeding to all pregnant and nursing mothers. For those who choose to breast-feed in center-based programs, arrangements must be provided as necessary (e.g. ensure appropriate storage for breast milk, provide a private place to breast-feed).

EHS grantees will collaborate with various community partners to provide the prenatal education and comprehensive prenatal and postpartum care specified in the *Head Start Program Performance Standards*.

### **The Community Assessment**

Program planning for services to expectant families begins with the Community Assessment. Regulation 45 CFR Part 1305.3(c) requires that each EHS grantee conduct a Community Assessment within its service area once every three years and update it annually. This process identifies community needs and resources, which are used to develop both long- and short-term objectives for the program and appropriate plans to meet the identified needs.

The Community Assessment drives the decision about how a program will provide services to pregnant women in their community. This process identifies the needs of the pregnant women in the community (including a specific focus on the needs of underserved populations), the services they require, and the resources available to meet identified needs. EHS grantees use this information to develop the specific types of services and outreach efforts for the pregnant women in their community. The Community Assessment paints a picture of a community at a point in time. It identifies community resources as well as needs or gaps in services. For example, a Community Assessment in a rural area might reveal that there is a shortage of obstetricians, and that pregnant women are not receiving adequate prenatal care because they do not have transportation to medical facilities in neighboring towns. The EHS program might address this need by designing their program to assist the EHS pregnant women in accessing transportation, and by identifying and developing partnerships with other agencies that could support access to qualified health care providers. Alternatively, a Community Assessment might reveal a high rate of teenage pregnancy. In this case, the EHS program might collaborate with local schools to offer supportive services that allow teens to remain in school while planning for the birth of their child.

The Community Assessment data can identify pregnant women who may be most in need of support services, including pregnant women who are: experiencing homelessness, involved in the child welfare system, learning English as a second language, living in rural or isolated areas, and/or coping with family crises (such as substance abuse, abuse and neglect issues, or violence).

### **The Health Services Advisory Committee**

In addition to the Community Assessment, the process for planning comprehensive services includes input from community partners, program participants, and the Health Services Advisory Committee. The Health Services Advisory Committee (HSAC) includes Head Start parents, professionals, and other volunteers from the community [see 45 CFR 1304.41(b)]. The HSAC may advise the program around planning, delivering, and evaluating services for pregnant women in EHS. Members of the HSAC can assist with developing health care guidelines, identifying community resources, and developing effective health and mental health collaborations for services to pregnant women. Committee members offer their professional expertise and experience in the community to address the issues affecting local families. They can be instrumental, for example, in identifying dental providers who are knowledgeable about oral health during pregnancy, recognize the link between the mother's oral health and her child's healthy development, and who can skillfully provide this care.

## **Policy Council**

The Policy Council provides the opportunity for parents to assist in the development and planning of services to pregnant women. Parents who received EHS services while pregnant can offer additional insight in the planning and implementation of services, to help ensure the program's services meet the needs of expectant families in the community.

## **Staff Development**

Program staff is integral to providing quality services to pregnant women. Staff development and reflective supervision are essential elements of high-quality services. Grantee and delegate agencies must provide a structured approach to staff training and development [45 CFR 1304.52(k)(2) and Section 645A(h) and (i) of the Head Start Act]. Working with expectant parents requires specialized knowledge across a broad array of topics. Staff must be trained in areas directly related to pregnancy and child birth such as fetal health and development, child birth, lactation, mother and infant nutrition, as well as other areas that affect child health and development such as substance abuse, family functioning, and mental health. Home visitor staff [Section 645A(i) of the Head Start Act] must have home visiting skills that support the relationship of health and well-being of pregnant women and healthy prenatal through early child development.

Because of the potential for staff to encounter mental health challenges when working with mothers who are enrolled in EHS during pregnancy (such as anxiety about childbirth and parenting, or postpartum depression) it is important to plan for staff to receive training to recognize when they need to refer or bring in additional help to address issues beyond the scope of the staff person's professional training and background.

Staff working closely with families in EHS benefit from opportunities to reflect on their work. Reflective supervision is a valuable and effective professional development experience that can enhance staff's effectiveness in working with families. Supervisors and supervisees work collaboratively in the reflective supervision model, developing a working relationship that supports the most effective strategies for working with individual families. The ability to explore options and problem solve with a trained supervisor is one strategy that helps to ensure the highest quality services for pregnant women, their family, and their very young children.

## **Planning of Program Services**

Planning is an ongoing activity and program services evolve as information is gathered about the effectiveness of those services. Developing a plan for services to pregnant women and their families is unique because programs have significant flexibility to determine the frequency, duration, and location of services provided. Services for pregnant women could be provided for example through any of the following:

- Prenatal education in the mother's home in a series of weekly visits. These visits could be of any duration necessary to meet the family goal. In one instance a 45-minute visit for following up on a prenatal appointment might be the goal; in another instance a 90-minute visit to discuss childbirth and delivery options could be the appropriate choice.
- Prenatal education classes held at a community center or high school. EHS staff could visit the mother's home every other week for support and follow up.
- EHS services in a community setting. In this example, the EHS program might have a staff person working in the same building where an OB/GYN clinic operates. This EHS staff member could meet regularly with the pregnant women at the clinic following prenatal health care appointments, as well as during weekly support groups for pregnant women that are facilitated by the EHS staff.

In each example, EHS staff has the flexibility to design a plan of services that fulfills the requirements of the *Head Start Program Performance Standards* while meeting the particular needs of participating families.

## **Recruitment, Eligibility, and Enrollment [45 CFR 1305]**

### ***Recruitment***

A recruitment plan can be developed that ensures all pregnant women in the service area are identified, and have the opportunity to learn about Early Head Start. The plan should address the recruitment of women who are experiencing homelessness, whose first language is not English, and women with special needs.

A recruitment plan can also include strategies to best recruit pregnant teens in the community, including those who are experiencing homelessness and in foster care. A recruitment plan might address questions such as: What might be the most effective avenue for communicating with teens? Another very important question for programs to consider is: When possible and appropriate, how will the father of the child be involved in the program?

### ***Eligibility***

For the purpose of determining eligibility based on family income, the pregnant woman is counted as two members of the household. In the case of an unmarried teenage girl, her own income determines her eligibility regardless of her parents' income. The intent of the EHS program is to serve those with the greatest need, and the selection criteria [45 CFR 1305.6] can ensure that those enrolled are in greatest need. It is important to remember that even when the pregnant mom is a minor, the program's relationship is with the pregnant mom. Pregnant women who are experiencing homelessness or in the foster care system are categorically eligible for Early Head Start services.

### ***Enrollment***

For the purpose of determining the number of individuals enrolled in an EHS program, the pregnant woman is counted as the one who is enrolled. Once the child is born, it is the child who is enrolled in the EHS program. Furthermore, pregnant women and their families are not enrolled in Head Start Program Options [45 CFR 1306]. The regulations governing Program Options do not apply to pregnant women. For example, while many services to expectant families may be delivered through home visits, EHS staff are not required to follow the frequency and duration of home visits that are required in the Home Based Program Option for children. Together, program staff and families have the flexibility to determine how services will be provided through the individualized Family Partnership Agreement process.

## **The Family Partnership Agreement**

The development of the Family Partnership Agreement [45 CFR 1304.40(a)(2)] is a process of collaborating with parents to develop a plan of program services that is driven by parents' identification of family strengths, needs, resources, and goals. It is a process of building trust with families, helping them identify their goals, and determining how the EHS program can support them in reaching those goals. The Family Partnership Agreement determines how the services for pregnant women and expectant families that are required in the *Head Start Program Performance Standards* are individualized for each family. It is important to adapt EHS services to the particular circumstances of each pregnant woman and her family. Whenever possible, fathers are to be included as full participants in the EHS services to pregnant women, as well as following the birth of the baby. The

circumstances of the pregnancy, cultural practices, and the nature of the relationship between the mother and father will determine how EHS staff works with the entire family.

EHS programs provide services to pregnant women and their families in their homes, in community-based settings, and through referrals to community partners, depending on individual family circumstances, needs, resources, and goals. The EHS staff person could invite the pregnant woman to visit an EHS center, or arrange to visit with the woman and her family in their home (or current living circumstances) to discuss the opportunities available through the EHS program. Building a strong relationship with pregnant women and their families is central to the family partnership process. Initial contact should always focus on establishing a comfortable and trusting relationship. The time it takes to establish partnerships with pregnant women and their families may vary, and staff should be aware that families may be sensitive about sharing information before the relationship has had the time to develop. The Family Partnership Agreement process should occur as early as possible in the enrollment period so that the specific needs of each pregnant woman and her family can be determined, the goals set, and the services planned.

The Family Partnership Agreement provides a framework for staff and pregnant women and their families to jointly determine individual needs and interest, to set goals, and plan for services. The process allows time for the staff and pregnant woman and her family to establish a relationship and cooperatively engage in a goal setting process. Family Partnership Agreements can be collectively reevaluated and updated on an ongoing basis.

It is important to note here that it is important to engage pregnant women in the EHS program as early as possible in the pregnancy to achieve the best outcomes. As a result, grantees may sometimes encounter more alternate birth outcomes (such as miscarriage, and stillbirth). Grantees should identify and develop referral relationships with community support and mental health services for women and families in these circumstances. Developing policies and procedures to address the issue of alternate birth outcomes will provide support for the enrolled pregnant woman and her family, and support and counseling for grantee staff working with these women and their families.

### **EHS Services to Pregnant Teens**

EHS programs that provide services to pregnant teenagers will consider the particular needs of this population. Teenage girls and their partners are in a unique developmental stage that has implications for how EHS staff might design and deliver services. Recruitment efforts are based on the needs of pregnant teens as identified in the community assessment.

The living arrangements of the teen mother are a primary consideration. Many pregnant teens are living in the same household as their parents. It is important to talk with the teenager to determine their communication and confidentiality preferences. They will guide EHS staff on who is to be included when planning EHS services. EHS staff should be knowledgeable about the issues of working with multigenerational families. For example, the mother or grandmother of the pregnant teen may play an important role in child rearing values and expect to assume a certain amount of responsibility for the care of the new baby. In this case it would be important for EHS staff to help all the members of the family to clarify roles and expectations for the child's care prior to the birth of the child.

After the birth of the child, EHS staff would work to support the relationship between the teen mother and her newborn while working with the new mother to include the other important extended family relationships in the child's life.

## Transition Planning

The Family Partnership Agreement process offers the opportunity to begin planning for EHS services following the birth of the baby. This requires long term planning on two levels. First, EHS programs need to consider how they will simultaneously provide services to pregnant women while ensuring that there will be space available for the infants (once they are born) in the appropriate EHS program options. This type of planning begins when EHS programs are initially funded and are developing their program of services. The second level of long-term planning occurs with the expectant family at the time of enrollment as they work to determine the appropriate program option for the child after birth. EHS program staff learn more about family needs and make plans to prepare for a smooth transition for the family when the baby is born.

Following delivery there is a period of time during which the mother is recovering from childbirth and the newborn is adjusting to the early weeks of life. Within two weeks of birth, EHS programs are required to arrange for health staff to visit the newborn to ensure the well being of the mother and child [45 CFR 1304.40(i)(6)]. Ideally, the individual who conducts this visit will have an existing relationship with the mother and family. If the EHS program does not have health staff with the necessary training and experience, this visit can be conducted in collaboration with a community partner. This could be accomplished, for example, by contracting with the clinic where the mother was receiving prenatal care, or in collaboration with a public health program which offers postpartum home visits. This first postpartum visit offers the opportunity to assess such things as success with nursing, sleeping and feeding issues, and the mother's emotional state, as well as the family's resources and social support for coping with challenges.

The time frame for the child to begin EHS program services in the selected Program Option depends on family needs. Children transitioning into a home-based option have flexibility to begin program services when deemed appropriate by the family and EHS program. EHS agencies should be aware of State child care regulations which may determine the earliest age at which a child can enter center-based care.

## Community Partnerships

- **Developing and sharing recruitment strategies with community partners.** Recruitment strategies play an important role in finding appropriate candidates for the EHS program. Community partners are some of the best resources for referrals. Strong partnerships with service agencies that come into contact with pregnant women increase the exposure of EHS in the community. Formal agreements for collaboration might include agreements with programs such as WIC, La Leche League, Healthy Start, and a local mental health center. OB/GYN physicians, midwives, doulas, and clinics routinely come into contact with pregnant women and are excellent resources as well as providers of referrals.
- **Communicating relevant information to all the parties involved.** Communication systems are developed to ensure that pregnant women receive comprehensive, individualized services, and that community partners are well prepared to work in collaboration with EHS. The issue of how much information should be shared and with whom is a sensitive matter that needs to be addressed within formal confidentiality guidelines. These guidelines will consider both the privacy of the family and what the professionals working with the family need to know in order to provide the best possible care. As relationships are strengthened among EHS grantees and medical providers working with pregnant women, HIPAA regulations both protect and support helpful communication regarding EHS programs and expectant families.
- **Formal Agreements.** A formal agreement for referrals between EHS and community agencies should include confidentiality guidelines about the kind of information to be shared, a definition of who needs to receive specific kinds of information, and outlined procedures to ensure that communication occurs in a timely manner. For example, an EHS program may

receive a referral from WIC. The WIC representative would inform the EHS representative of the potential referral and have a protocol for arranging a meeting between the family and the EHS representative. Part of the collaborative agreement with WIC might include sharing information such as a nutritional assessment, with EHS ensuring that a dietician reviews the assessment and provides follow-up.

### **In Summary**

Pregnancy and the newborn period are recognized as opportune times to have a positive and lasting impact on the health and development of very young children. EHS programs are able to provide supportive and flexible services that complement community resources, respond to the needs of the family, and build on family strengths and resources. This unique opportunity to support children and their families from the earliest possible point through the first years of life provides the greatest potential for the healthy growth and development of children.