

Chapter 19: Healthy Start Enhanced Services Childbirth Education (code 8006)

Introduction

Childbirth education services are provided to give information, dispel common myths, alleviate fears, increase women’s confidence in their ability to give birth and to empower women to be more in control of their birthing experience.

This chapter discusses the standards and guidelines for a Healthy Start worker providing childbirth education services. Healthy Start “Childbirth Education” is an enhanced service that goes beyond general information offered in a supportive manner as health promotion, education and anticipatory guidance. Only qualified Healthy Start workers using a Department of Health approved childbirth curriculum face-to-face with the participant will code 8006, “Childbirth Education.”

If Healthy Start does not or is not able to provide this enhanced service, a referral should be made to a certified childbirth educator in the community. When funding allows, Coalitions will work diligently to ensure that Healthy Start clients have access to childbirth education through the certification of Healthy Start staff, contracting with external certified childbirth educators, coordinating with the participant’s health insurance carrier, or by creating agreements with community partners to provide childbirth education to Healthy Start clients for low or no cost.

Definition of Service

Childbirth education refers to those activities that provide information and education to a pregnant woman and her family, both during early and late pregnancy, which promote healthy outcomes for the woman and her infant. Childbirth education services include information on labor, birth, relaxation techniques, pain management, medical procedures and birth planning among other topics. Childbirth education should also include information about the postpartum period including breastfeeding and basic parenting skills for the first month of life.

Provider Qualifications

Healthy Start childbirth educators must hold current certification from a nationally recognized organization as a Certified Childbirth Educator.

The Healthy Start childbirth educator is expected to have the following competencies:

- Experience with childbearing women and practical knowledge of the birth process;
- An understanding of learning styles, literacy levels, and learning aptitudes or disabilities;
- Skills for the identification of a support person, if one is not readily available; and

- Ability to attend and facilitate a group class.

Childbirth education must be provided in accordance with the constraints of the professional's practice act, established protocols and the individual's education, training, and experience.

Paraprofessionals must provide services under the supervision of a professional supervisor.

Standards and Criteria

Standard 19.1 Healthy Start childbirth education services will be offered to all prenatal participants who are determined to be in need of childbirth education when funding is available.

Criteria:

19.1.a Level of service is based upon the participant's risk and needs identified on the Prenatal Risk Screen and from information obtained during the initial intake, initial assessment and/or ongoing care; local resources, local Healthy Start coalition funding decisions, and consideration of Healthy Start as the payer of last resort.

19.1.b With the participant's approval, the expectant father, significant other, or support person are encouraged to participate in the education process.

19.1.c Childbirth education follows an established and approved curriculum that includes topics described in the Guidelines section of this chapter.

19.1.d Childbirth education services are provided in a manner that adheres to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care <https://www.thinkculturalhealth.hhs.gov/clas>.

Standard 19.2 Childbirth education services will be provided by qualified and trained providers.

Criteria:

19.2.a Qualifications are met as outlined in this chapter.

19.2.b Childbirth education services shall be provided by individuals who have documentation of current certification from a nationally recognized organization.

19.2. c Competency and up-to-date knowledge related to childbirth education is maintained.

Standard 19.3 Providers of childbirth education services will offer and initiate services in a timely manner.

Criterion:

Providers of childbirth education will contact participants at least 90 calendar days before the

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estimated delivery date or within 14 calendar days after receipt of referral if the participant is in the third trimester of pregnancy at the time of referral.

Standard 19.4 The provider of childbirth education services will provide follow-up with the Healthy Start worker.

Criteria:

19.4.a When the provider of childbirth education services is not the Healthy Start worker, written follow-up documenting receipt of referral, plan for initiation of services and progress notes is provided to the Healthy Start worker within 30 calendar days.

19.4.b The childbirth educator participates in multidisciplinary team meetings.

Standard 19.5 Providers of childbirth education services will respond to any additional identified needs.

Criteria:

19.5. a Additional identified needs are directly addressed by the childbirth educator or by notifying the participant's Healthy Start worker. The participant's need, intervention provided and, when appropriate, follow-up for any referrals given, are documented in the person's record.

19.5.b Childbirth education providers communicate with the Healthy Start worker who develops the individualized plan of care and the family support plan and collaborates as a part of the interdisciplinary team as indicated by individual need.

Standard 19.6 Providers of childbirth education services will accurately code service information in the approved data management system within three business days of service completion.

Criteria:

19.6.a Coding complies with the requirements of the Department of Health publication DHP 50-20 and as specified in Chapter 23, Healthy Start Coding, of these Healthy Start Standards and Guidelines.

19.6.b In order to code "Childbirth Education" (code 8006), the childbirth education services MUST be provided face-to-face with the prenatal participant using a Department of Health approved childbirth curriculum.

Standard 19.7 Providers of childbirth education services will document services in the approved data management system in a format determined by the local coalition and service provider within three business days of service completion.

Criteria:

19.7.a Services and attempts to provide services are documented in the approved data management system in the electronic record of the individual receiving the service.

19.7.b Documentation occurs in other components of the record, such as the family support plan, as appropriate.

Standard 19.8 Childbirth education service providers will develop and implement an internal continuous quality improvement (CQI) process.

Criterion:

The continuous quality improvement (CQI) process, developed in collaboration with the local Healthy Start coalition, includes an assessment of strengths, an assessment of areas needing improvement and a plan for assuring maintenance of program quality and improvement.

Guidelines

Childbirth education will be provided using an approved curriculum. Childbirth education should include, but is not limited to, the following topics:

- Anatomy and physiology of pregnancy and birth
- Basic nutrition during pregnancy
- Benefits of breastfeeding and resources
- Cesarean delivery
- Coping strategies for labor, both non-medicated and medicated
- Danger signs of pregnancy and the postpartum period
- Family planning
- Immunizations for pregnancy
- Infant safe sleep
- Initiating skin-to-skin contact
- Parent/Child attachment
- Physical and emotional changes related to pregnancy
- Potential risks associated with non-medically indicated elective deliveries prior to 39 weeks
- Postpartum changes
- Prenatal and infant risk screening

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- Prenatal care
- Preparation for labor and birth
- Signs and symptoms of preterm labor
- Stress management

While following the approved curriculum, childbirth education must be tailored to the unique needs, interest, experiences, language, educational level, environmental limitations, cultural patterns, capabilities and lifestyle of the participant or group. The curriculum should be adapted to meet individual or group needs and the educator should be trained to work with an adult, low-literacy population as well as with adolescents. Different cultural beliefs and ethnic differences should be considered when presenting information. An interpreter may be necessary when education is provided to non-English speaking participants.

Although group sessions are preferred because the format provides group interaction, support for the pregnant woman, and is cost effective, education may also be provided one-on-one. No matter the service delivery method, anyone the participant chooses as a support person (husband, partner, relative, friend, etc.) should be encouraged to attend all childbirth education sessions.

Sessions can be provided in the home, neighborhood, school, workplace, or clinic, wherever the concerns, priorities, and needs of the participant and family can best be met. Locations for group sessions should meet the needs of the participants by encouraging and supporting attendance. Incentives such as transportation, child care or completion certificates may be necessary to encourage consistent participation in classes.

The childbirth educator should be familiar with the resources within the community for prenatal women and new mothers and the quality of the services delivered. A list of resources on postpartum support, breastfeeding support and parenting courses offered in the community should be made available to all participants. The statewide resource for information is the Family Health Line 1-800-451-2229.

Communication between the childbirth educator and other members of the team is essential to support the likelihood of a positive outcome. Multidisciplinary team communication should consist of:

1. Consent for routine release of protected health information (DH 3206), or other appropriate forms as determined by the Department of Health's information security officer, signed by the participant for any information that is to be shared among payers, providers, or others;
2. Referrals to outside sources to assist the family in accessing services in the community;
3. Documentation of unmet family needs to be addressed by the Healthy Start worker, or, if system related, this information should be shared with the Healthy Start coalition; and
4. The sharing of accomplishments and progress on goals identified during the family support plan process with the Healthy Start worker and other interdisciplinary members.

Documentation

Childbirth education services, or the provision of childbirth education services, must be documented in the participant's electronic record in the approved data management system within three business days of service. Childbirth education documentation in the participant's electronic record must include progress notes documenting curriculum content of each class/session and evaluation of effectiveness of content (e.g., pretest, post-test; participant satisfaction survey)

Coding

Healthy Start services for childbirth education should be coded in accordance with approved protocols and procedures for coding. Healthy Start childbirth education services require a specific code for service delivery. Service code 8006, "Childbirth Education," should be entered into the approved data management system, by participant name, within three business days of service completion. The Healthy Start worker or the provider of the service should code one unit for every 15 minutes of services provided discussing childbirth education to the appropriate program component.

No group coding is allowed. This is necessary to provide for tracking, analysis, and program evaluation of client specific data. If a provider meets with two or more Healthy Start participants at the same time (group or classes), codes should be entered individually for each participant present.

Refer to Chapter 23, Healthy Start Coding, in the Healthy Start Standards and Guidelines for more specific information on coding, including coding for referrals and follow-ups.

Continuous Quality Improvement (CQI)

The CQI process should be designed to measure and help improve the extent to which childbirth education services are provided to Healthy Start prenatal participants as a strategy to empower women to make informed decisions about their bodies and the birth of their child.

The Healthy Start Coalition should verify that the childbirth educator continues to meet provider qualifications, has continued their training in childbirth education and has taught childbirth education classes within the past 12 months. Details of continuing education units, workshops, and training relevant to childbirth education should be documented in the provider's file and maintained.

Examples of targeted outcomes to be measured through the CQI process include:

1. Reduction or elimination of the original Healthy Start risk factors or their underlying situations as it related to Childbirth Education services.
2. Increased knowledge of pain management techniques, relaxation techniques, birthing plans, etc.

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3. Increase in correct documentation in the approved data management system to show childbirth education was offered and/or provided to Healthy Start participants.
4. Increase in correct coding of “Childbirth Education” (code 8006) in the approved data management system to show childbirth education was provided to Healthy Start participants by qualified providers.
5. Adequate training opportunities for Healthy Start workers and childbirth educators in the area of childbirth.

See Chapter 30, Continuous Quality Improvement, for additional information.

Resources and References

Healthy People 2020	www.healthypeople.gov/
InJoy Birth and Parenting Education	www.injoyvideos.com
International Childbirth Education Association	www.icea.org
Lamaze International	www.lamaze.org

Simkin, P. et al. (2010). *Pregnancy, childbirth and the newborn: The complete guide* (4th ed.) New York: Meadowbrook Press.

Frequently Asked Questions

Q. What distinguishes “Childbirth Education” services from the services offered through care coordination?

A. Healthy Start “Childbirth Education” is provided by a Healthy Start certified childbirth educator using an approved childbirth curriculum with approved protocols, procedures, and learning objectives. When general childbirth information is offered in a supportive manner as education or anticipatory guidance, it is considered care coordination.

If all of the following criteria are met, it is considered an enhanced service and the provider will code the service as “Childbirth Education” (code 8006):

- The provider must meet the Provider Qualifications listed in this chapter.
- The service must be provided face-to-face.
- An approved childbirth curriculum must be utilized.
- Specific educational or supportive topics relating to the childbirth service must be selected, presented, and listed in the participant’s progress notes by the provider.

If the above requirements are not met, time spent is coded as “Care Coordination Face to Face” (code 3320) or “Care Coordination Tracking/ Not Face to Face” (code 3321), as appropriate.

Q. Does taking the Florida Outreach Childbirth Education Program (FOCEP) training qualify me as a Healthy Start childbirth education provider?

A. Taking the FOCEP training alone no longer meets the provider qualification to code “Childbirth Education” (code 8006). You must be a Certified Childbirth Educator in order to code 8006. The childbirth certification program must be approved by a nationally recognized organization such as, but not limited to:

- American College of Nurse-Midwives (ACNM)
- American College of Obstetricians and Gynecologists (ACOG)
- American Nurses Credentialing Center (ANCC)
- American Public Health Association (APHA)
- Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)
- DONA International
- International Childbirth Education Association (ICEA)
- International Lactation Consultant Association (ILCA)
- Lamaze International

If the certification program allows, FOCEP can be used as a step towards becoming a Certified Childbirth Educator.

Q. Can Childbirth Education (code 8006) be coded to a prenatal client after she delivers?

A. No. In order to code “Childbirth Education” (code 8006), the service must be provided before the infant is born.

Q. An infant is being seen as a new Healthy Start client and mom was not a Healthy Start client prenatally. The mom has concerns and questions about postpartum changes, sibling preparation/rivalry, and emotional changes after the birth. The Healthy Start worker is also a certified childbirth educator and provides help to the mom. In this scenario, can Childbirth Education (8006) be coded to the infant since the mother is not open to Healthy Start?

A. No. In order to code “Childbirth Education” (code 8006), the service must be provided

before the infant is born.

NOTES:
