

## Chapter 7: Healthy Start Core Services

### Prenatal Education

---

#### Introduction

---

Prenatal education is used to inform women about important prenatal topics in order to promote a healthy lifestyle during pregnancy.

This chapter discusses the standards and guidelines for a Healthy Start worker providing Healthy Start Prenatal Education services. Healthy Start “Prenatal Education” is a core Healthy Start service that goes beyond general information offered in a supportive manner as health promotion, education and anticipatory guidance. Only qualified Healthy Start workers using the *Partners for a Healthy Baby Home Visiting Curriculum – Before Baby Arrives* face-to-face will provide Healthy Start Prenatal Education.

#### Definition of Service

---

“Prenatal education is an important component of supporting healthy pregnancies. Prenatal education promotes the maintenance of healthy lifestyles during pregnancy, helping expectant mothers manage stress, support a healthy diet, avoid harmful chemicals and situations, recognize warning signs and symptoms that mean something may be wrong with their pregnancy, and prepare for labor and delivery.” (March of Dimes, 2017).

#### Provider Qualifications

---

The Healthy Start worker must, at a minimum, meet the qualifications and competencies as specified in Chapter 6, The Healthy Start Program. In addition, the Healthy Start worker must have the following competencies:

- Successful completion and documentation of receiving specialized training in using the *Partners for a Healthy Baby Home Visiting Curriculum – Before Baby Arrives*;
- Training using approved screening tools for perinatal depression, substance use, tobacco use and intimate partner violence; and
- Knowledge of:
  - Local community resources for health, education, and social services;
  - The normal progression of pregnancy;
  - Preterm labor signs, danger signs of pregnancy and the protocol for situations where a woman may be experiencing these signs;
  - Cultural health beliefs;

- Up-to-date topics related to the prenatal period;
- Other health promotion referral and education topics that are unique to the individual participant such as, but not limited to, intimate partner violence, chronic disease management, substance use or mental health services;

Healthy Start Prenatal 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.** If a participant is referred for additional services such as substance abuse treatment, mental health counseling, or clinical medical services, the Healthy Start worker must ensure the participant is being referred to entities or individuals with the appropriate credentials or licensing to provide the service.

## **Standards and Criteria**

---

### **Standard 7.1 Healthy Start Prenatal Education services will be provided to all prenatal participants.**

#### *Criteria:*

**7.1.a** Healthy Start Prenatal Education follows the established curriculum, *Partners for a Healthy Baby Home Visiting Curriculum – Before Baby Arrives*, and includes topics described in the Guidelines section of this chapter.

**7.1.b** With the participant's approval, the expectant father, significant others, and other household members are encouraged to participate in the education process.

**7.1.c** Prenatal 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 7.2 Healthy Start Prenatal Education services will be provided by qualified and trained providers.**

#### *Criteria:*

**7.2.a** Qualifications are met as outlined in Chapter 6, The Healthy Start Program, and this chapter.

**7.2.b** Competency and up-to-date knowledge related to prenatal education and social issues that affect pregnant women including risk factors for preterm birth, low birth weight, and infant mortality is maintained.

### **Standard 7.3 Providers of Healthy Start Prenatal Education services will initiate services within 30 calendar days of the completion of the Initial Assessment and enrollment into the Healthy Start Program.**

*Criterion:*

Healthy Start Prenatal Education services will be initiated with the prenatal participant within 30 calendar days of completion of the Initial Assessment unless the need for more immediate initiation of services is evident.

**Standard 7.4 Healthy Start workers will respond to any additional identified needs.**

*Criteria:*

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

**7.4.b** Follow-up of any referrals for additional services must occur at a minimum of every 30 calendar days unless the need for more immediate follow-up is evident or unless specifically stated otherwise for a particular service outlined in the Standards and Guidelines.

**Standard 7.5 Providers of Healthy Start Prenatal Education services will accurately code service information in the approved data management system within three business days of service completion.**

*Criteria:*

**7.5.a** Coding complies with the specified in Chapter 23, Healthy Start Coding, of these Healthy Start Standards and Guidelines

**7.5.b** Healthy Start Prenatal Education MUST be provided face-to-face with the prenatal participant using the *Partners for a Healthy Baby Home Visiting Curriculum – Before Baby Arrives* and is coded to Care Coordination Face-to-Face (code 3320).

**Standard 7.6 Providers of Healthy Start Prenatal 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:*

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

**7.6.b** Documentation occurs in other components of the record, such as the Family Support Plan, as appropriate.

**Standard 7.7 Healthy Start Prenatal Education service providers will develop and implement an internal continuous quality improvement (CQI) process.**

*Criterion:*

The 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**

---

The approved prenatal curriculum for Healthy Start is the *Partners for a Healthy Baby Home Visiting Curriculum – Before Baby Arrives*. Prenatal education should include pregnancy related topics such as:

- Accessing prenatal care
- Body changes during pregnancy
- Danger signs of pregnancy including signs of preterm labor
- Diet and nutrition
- Emotional health
- Empowerment
- Exercise and physical activity
- Fatherhood
- Fetal development
- Finances
- Importance of prenatal care
- Intimate partner violence
- Oral Health
- Relationships and support
- Sexually transmitted infections
- Stress reduction
- Substance use during pregnancy (including over-the-counter medications, prescription medications including opioids, tobacco, alcohol and illicit drugs)
- Weight gain during pregnancy

While following the *Partners for a Healthy Baby Home Visiting Curriculum – Before Baby Arrives*, prenatal 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.

Healthy Start Prenatal Education is provided to all prenatal participants. The method of service delivery can be provided one-on-one or in a group format

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.

Healthy Start workers should be familiar with the resources within the community for additional prenatal support and the quality of the services delivered. A list of resources on prenatal education and support offered in the community should be available for all participants. The statewide resource for information is the Family Health Line at 1-800-451-2229.

Communication between the Healthy Start worker 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 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 multidisciplinary members.

## **Documentation**

---

Healthy Start Prenatal Education, or the provision of Healthy Start Prenatal Education services, must be documented in the participant's electronic record in the approved data management system within three business days of service. Healthy Start Prenatal Education documentation in the participant's electronic record must include progress notes documenting curriculum content of each class/session.

## **Coding**

---

Healthy Start Prenatal Education services should be coded in accordance with approved protocols and procedures for coding. Healthy Start Prenatal Education services should be coded to “Care Coordination Face-to-Face” (code 3320) and entered into the approved data management system, by participant name, within three business days of service completion. The Healthy Start worker should code one unit for every 15 minutes of services provided Healthy Start Prenatal 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 Healthy Start Prenatal Education services are provided to Healthy Start participants and their families as a preventative strategy to reduce risk factors that may affect their pregnancy and their infant’s health and well-being.

The Healthy Start Coalition should verify that the Healthy Start worker continues to meet provider qualifications and has continued their training in prenatal education. Details of continuing education units, workshops, and training relevant to prenatal 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.
2. Percentage of prenatal Healthy Start participants who receive the recommended number of prenatal visits with their health care provider.
3. Percentage of prenatal Healthy Start participants who receive a postpartum visit by their health care provider.
4. Percentage of prenatal Healthy Start participants who received the recommended number of Healthy Start Program visits during their prenatal period.
5. Percentage of prenatal Healthy Start participants who give birth to a term infant.
6. Percentage of prenatal Healthy Start participants who give birth to a low weight or very low weight infant.
7. Increase in community resource utilization.
8. Increase in correct documentation in the approved data management system to show prenatal education was offered and/or provided to Healthy Start participants by qualified providers.

9. Adequate training opportunities for Healthy Start workers in the area of prenatal care. See Chapter 30, Continuous Quality Improvement, for additional information.

## **Resources and References**

---

American Congress of Obstetricians and Gynecologists	<a href="http://www.acog.org/">www.acog.org/</a>
CDC	<a href="http://www.cdc.gov/pregnancy/">www.cdc.gov/pregnancy/</a>
FSU Partners for a Healthy Baby Curriculum	<a href="http://www.cpeip.fsu.edu/PHB/">www.cpeip.fsu.edu/PHB/</a>
Healthy People 2020	<a href="http://www.healthypeople.gov/">www.healthypeople.gov/</a>
March of Dimes	<a href="http://www.marchofdimes.org">www.marchofdimes.org</a>
Office of Women’s Health	<a href="http://www.womenshealth.gov/pregnancy">www.womenshealth.gov/pregnancy</a>
Safe Haven for Newborns	<a href="https://asafehavenfornewborns.com/">https://asafehavenfornewborns.com/</a>
U.S. Preventative Services Task Force	<a href="http://www.uspreventiveservicestaskforce.org/">www.uspreventiveservicestaskforce.org/</a>

March of Dimes (2017). *Prenatal education and outreach*. Retrieved from <http://www.marchofdimes.org/mission/prenatal-education-and-outreach.aspx>

## **NOTES:**

---