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**Services to Expectant Families Policy and Procedure**

HSPPS 1302.80, 1302.81, 1302.82

* Within 30 days of enrollment, the CFS will determine if the enrolled pregnant woman has an ongoing source of continuous, accessible health/dental care and health/dental coverage. Any changes between application and enrollment will be shared with the R & H to update Child Plus.
* Enrolled expectant mothers will be supported in obtaining an ongoing source of continuous health/dental care and health/dental coverage as quickly as possible, if it is identified as a need.
* R & H will work with the enrolled pregnant woman’s health care provider to obtain a Prenatal Exam Form filled out by the health care provider at each doctor’s visit; the R & H will enter the information into Child Plus.
* R&H will work with the enrolled pregnant woman’s dental care provider to obtain a Dental Exam Form; the R&H will enter the information into Child Plus.
* As needed, CFS’s will facilitate referrals that, at a minimum, include nutritional counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in case of domestic abuse.
* A newborn visit to offer support and identify family needs will be completed within 2 weeks of the infant’s birth. We have contracts with the local health departments to complete this visit. CFS’s will partner with mother/expectant family during home visits to assure that this 2 week newborn visit is planned for ahead of time. The visit will be documented using the Two Week Newborn Visit Form. The preference is that the post-partum visit is completed by a health professional (accompanied by the CFS whenever possible). If the visit is not completed by a health care professional, the CFS will document the reason and will conduct the two-week home visit using the Two Week Newborn Visit form.
* The Parents as Teachers curriculum is implemented at home visits with the additional resource of Health Families.
* Home Visits provide enrolled pregnant women, fathers, and partners or other relevant family members the prenatal and postpartum information, education and services that address, as appropriate, fetal development, the importance of nutrition, the risks of alcohol, drugs, and smoking, labor and delivery, postpartum recovery, parental depression, infant care and safe sleep practices, and the benefits of breastfeeding. Appropriate supports for emotional well-being, nurturing and responsive caregiving, and father engagement during pregnancy and early childhood will also be part of the PAT Foundational Personal Visit Plan or the Personal Visit Planning Guide.
* The Family Partnership Agreement will support determining EHS staff and parent responsibilities. It will also be used to develop a timeline for the frequency of visits.
* The Family Needs Assessment and Family Outcome Tool along with the Family Goal Form serve as guides for enrolled pregnant moms and other relevant family members, such as fathers. These provide a framework to ensure individual needs are met, including a specific focus on factors that influence prenatal and postnatal maternal and infant health, identifying goals and strategies to achieve desired outcome.
* The Edinburgh Post Natal Depression Scale should be completed once during each trimester of the pregnancy, as well as within 30 days after the new baby is born. It may also be used at other times when concerns about depression have been identified by a mother or home visitor.
* The R&H will enter information on the 2 week Newborn Visit into Child Plus for both the pregnant mother and the new baby. The R&H will also upload a copy of the 2 week Newborn visit into Child Plus.
* When completing an intake for a pregnant mom, she is counted as two members of the household and her name goes on the application. When the baby is born, a new application needs to be completed to enroll the baby instead of the mother.
* CFS’s will engage the enrolled pregnant woman and other relevant family members, such as fathers, in discussions about program options, plan for the infant’s transition to program enrollment, and support the family during the transition process, where appropriate.

8/22 p:hs/ehs/expectant families

**Services to Expectant Families Checklist**

q Review the Family Partnership Agreement and decide how often visits will occur, documenting on the FPA.

q Determine if the enrolled pregnant woman has an ongoing source of continuous health and dental care, if she does not, support her in accessing continuous dental and health care

q Share the signed health and dental disclosures with the R & H

q Share the most recent prenatal exam and dental exam with the R & H, if either have not been completed, support the expectant mother setting up those appointments.

q Complete the EHS Prenatal Nutritional Assessment (within one month of enrollment)

q Prior to the infant being born, provide safe sleep information along with a sleep sack.

q Complete the Edinburgh, at a minimum:

q Trimester 1

q Trimester 2

q Trimester 3

q Within 30 days of infant’s birth

q As needed

q Provide referrals that, at a minimum include nutritional counseling, food assistance, oral health care, mental health care, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic abuse.

q Support the family in setting up a newborn visit within 2 weeks of the infant’s birth with the Health Department

q Home visits address, as appropriate, fetal development, the importance of nutrition, the risk of alcohol, drugs, and smoking, labor and delivery, postpartum recovery, parental depression, infant care and safe sleep practices, and the benefits of breastfeeding. Appropriate supports for emotional well-being, nurturing, responsive caregiving, and father engagement during pregnancy and early childhood will also be part of home visits.

q Complete the Family Outcomes Tool, Needs Assessment and Goal Sheet

q Collaborate with the R & H to complete the application for the infant once born

q Ensure the 2 Week newborn visit is set up

q Complete EHS Postnatal Assessment at 1st home visit after delivery

q Support the family in getting necessary documents ready to complete the application