Services to Pregnant Women and Expectant Families in Early Head Start

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Whether or not an Early Head Start (EHS) program serves pregnant women and their families is dependent upon their community assessment and resulting program approach. EHS programs are not required to enroll pregnant women, but if they do, the program must plan for continuity of EHS services for the newborn baby. Program services designed to meet the needs of the pregnant women and expecting families must be described in the program narrative of the grant application.

Although not all EHS programs enroll expectant families, programs are certainly encouraged to think about ways to work with these families. It is a special period in a family's life, which can have very important impacts on family well-being and children's learning, development, and future school success.

Services for pregnant women and expectant families

The Head Start Program Performance Standards (HSPPS) Subpart H specifies the services to enrolled pregnant women and their families. Services can be delivered by the program or via referrals.

It is through the Family Partnership 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. Services are either delivered by the program or through referrals to appropriate community partners.

The HSPPS do not require programs to use a specific curriculum for pregnant women and their families; however, some programs may be using a research-based parenting curriculum that includes a prenatal component.

Review the HSPPS for the full details of the following summary of services:

Programs must **facilitate** the ability of enrolled pregnant women and expectant families in accessing:

- **Ongoing health care** and **health insurance**, as appropriate
- **Comprehensive services** such as nutritional counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic violence

Programs must provide:

- A newborn visit with each mother and baby. This visit is scheduled within two weeks after the birth of the child
- **Prenatal and postpartum information, education and services** that address fetal development, importance of nutrition, risks of alcohol, drugs, and smoking, labor and delivery, postpartum recovery, parental depression, infant care, safe sleep practices, and the benefits of breast feeding

Programs must address:

- The needs for appropriate support for **emotional well-being, nurturing and responsive caregiving, and father engagement** during pregnancy and early childhood

Staff professional development

Working with expectant families requires specialized knowledge that is directly related to pregnancy and child birth as well as other areas that effect child health and development.

Programs need to ensure that staff who work with expectant families have sufficient knowledge, training, experience, and competencies to effectively support pregnant women and expectant fathers. The needs vary due to family and cultural differences, personality and coping styles, health and medical status, stage of pregnancy, and other factors. Programs that are implementing a parenting curriculum with a prenatal component may be able to access training via the curriculum developers.

Enrolling pregnant women

Programs funded to serve pregnant women enroll them into the EHS program but do not enroll pregnant women within a specific program option. Program options are center-based, home-based, family child care, and locally-designed. Since they are designed to provide education and child development services for the child, pregnant women are not enrolled within these program options. It is after the baby is born and ready to begin education and child development services that EHS enrolls the baby into a specific program option.

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. Program services designed to meet the needs of the pregnant women must be described in the program narrative of the grant application.

Number of pregnant women to be enrolled

The number of pregnant women to be enrolled is identified within the grant application. Programs are not required to maintain this number of pregnant women throughout the entire program year. Instead, programs must ensure they reach the total number of pregnant women identified within their grant application within their program year.

Enrolling pregnant women should remain flexible so that the 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

The number of pregnant women to be enrolled can be changed with Regional Office approval

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

For example, the program knows it will have a center-based slot available in five 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 six months pregnant and wants center-based services eight weeks after delivery. The program selects the candidate

and family for whom they are better able to provide continuous services. In some cases, the program may opt to enroll the six-month pregnant woman since her delivery date and wish for enrollment matches with their slot availability.

Continuity of EHS services after pregnancy

The program must plan for continuity of EHS services for expectant families from pregnancy until the child is three years of age. Planning for the transition to the appropriate 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 (now a 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 woman 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** determine the age an infant must be in order to attend group care settings. Typically, the baby needs to be at least at 6 weeks old.
- **Changing preferences of families.** Depending upon the particular program design, families may have different options to choose from for their child over time: home-based, center-based, or family child care. Expectant parents may think they want center-based services but once the baby is born, they decide upon home-based services for the first year.
- **Special considerations for pregnant women and newborns experiencing homelessness.** If a program determines from the community assessment there are families experiencing homelessness in the area, the program may reserve one or more enrollment slots for pregnant women and children experiencing homelessness when a vacancy occurs. No more than 3 percent of a program's funded enrollment slots may be reserved, and the enrollment slot must be filled within 30 days.

Questions to Consider for Planning and Programming:

- How does the program ensure available slots for children when they are born?
- How does the program ensure that the 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? Are memoranda of understanding (MOUs) 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 EHS program ensure available slots for children when they are born?
- 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:

Family support services for health, nutrition, and mental health, 45 CFR § 1302.46

(b)(1) Such [parent] collaborations must include opportunities for parents to:

(i) Learn about preventive medical and oral health care, emergency first aid, environmental hazards, and health and safety practices for the home including health and developmental consequences of tobacco product use and exposure to lead, and safe sleep

(iii) Learn about healthy pregnancy and postpartum care, as appropriate, including breast feeding support and treatment options for parental mental health or substance abuse problems, including perinatal depression

Enrolled pregnant women, 45 CFR § 1302.80

(a) Within 30 days of enrollment, a program must determine whether each enrolled pregnant woman has an ongoing source of continuous, accessible health care—provided by a health care professional that maintains her ongoing health record and is not primarily a source of emergency or urgent care—and, as appropriate, health insurance coverage.

(b) If an enrolled pregnant woman does not have a source of ongoing [health] care… and, as appropriate, health insurance coverage, a program must, as quickly as possible, facilitate her access to such a source of care that will meet her needs.

(c) A program must facilitate the ability of all enrolled pregnant women to access comprehensive services through 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 cases of domestic violence.

(d) A program must provide a newborn visit with each mother and baby to offer support and identify family needs. A program must schedule the newborn visit within two weeks after the infant's birth.

Prenatal and postpartum information, education, and services, 45 CFR § 1302.81

(a) A program must 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.

(b) A program must also address needs for appropriate supports for emotional well-being, nurturing and responsive caregiving, and father engagement during pregnancy and early childhood.

Family partnership services for enrolled pregnant women, 45 CFR § 1302.82

(a) A program must engage enrolled pregnant women and other relevant family members, such as fathers, in the family partnership services as described in 1302.52 and include a specific focus on factors that influence prenatal and postpartum maternal and infant health.

(b) A program must engage enrolled pregnant women 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.

Human Resources Management, 45 CFR § 1302.91

(a) Programs need to ensure that staff working with expectant families have sufficient knowledge, training and experience, and competencies to fulfill their role and responsibilities.

Resources

Early Essentials Webisode 3: Expectant Families. HHS/ACF/OHS/EHSNRC.

Prenatal Brain Development: Nurturing Babies in a Healthy Environment Webcast. HHS/ACF/OHS/EHSNRC.

Technical Assistance Paper 3: Giving Children the Earliest Head Start: Developing an Individualized Approach to High-Quality Services for Pregnant Women. HHS/ACF/ACYF/HSB. 2000.

Early Head Start Research and Evaluation Project. Research to Practice Brief: Services and Outcomes for Early Head Start Families Enrolled During Pregnancy: Is There a Magic Window? HHS/ACF/OPRE. April 2006.

Exploring Parenting Curricula Options. HHS/ACF/OHS. Head Start Program Performance Standards Showcase: Pregnant Women. HHS/ACF/OHS. 2017.

Weaving Connections: Health Services Advisory Committee Training Kit. HHS/ACF/ECD/OHS. 2014.

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For more information about this resource, please contact us:
PFCE@ecetta.info | 1-866-763-6481

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