Arizona Head Start T/TA Office
Infant /Toddler Summer Webinar Series:

Services to Pregnant Women and Families

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Objectives

Participants will:

- discuss Head Start Performance Standards related to serving expectant families
- explore eligibility and enrollment of expectant families
- understand how strong community partnerships serve as the foundation for services to expectant families
- review strategies for partnering with teen parents, parents with disabilities, parents experiencing miscarriage or still birth
Agenda

- Why does EHS serve expectant families?
- Eligibility and Enrollment of Expectant Families
- Head Start Performance Standards
- Community Assessment and Community Partnerships
- Importance of the Family Partnership Agreement
- Special Deliveries
- Ongoing Monitoring and Tracking
Why does EHS serve Expectant Families?

A healthy pregnancy has a direct influence on the health and development of a newborn child.
Why does EHS serve Expectant Families?

The pre-natal period of growth and development has a lasting impact on the child’s potential for healthy growth and development after birth.

~Attachment for Information Memorandum ACFY-IM-HS-0204 Services to Pregnant Women Participating in Early Head Start
Why does EHS serve Expectant Families?

Early, continuous support and services provide opportunities for:

– Healthy pregnancies and positive child birth outcomes
– Supportive postpartum care for parents and child
– Fully involving fathers in the lives of their very young children
– Nurturing and responsive care during infancy
Each Early Head Start program is responsible for determining its' own eligibility criteria related to expectant families.
Enrollment

- Pregnant women count as one enrollment slot
- According to 45CFR 1306 of the Performance Standards, pregnant women are not enrolled in Head Start Program Options
- Once the child is born, the child is enrolled in one of the EHS program options
Income Eligibility

• A pregnant woman is counted as 2 family members
  • One for the pregnant mom and one for the unborn child who will be enrolled in one of the program options after birth.
• Unmarried Pregnant Teen Mom
  • Her own income determines eligibility regardless of her parents’ income
Time to enroll…

Meet Anahi, Layla, Jasmine and Rebecca…
Let’s ask ourselves...

- What is the family size?
- Whose income needs to be used to determine income eligibility?
- Is EHS a good fit for this family? Why or why not?
- If so, which program option would appear to be the best fit for this family and why? (Although you do not have a lot of information, base your decision on what you do know about all members of the household)
Anahi is 16 years old. She and her 17 year old boyfriend Esteban are expecting their 1st child in 3 months. They live with Esteban’s parents and his 2 siblings. Esteban and Anahi go to school full time. They are interested in enrolling this pregnancy into EHS. Anahi’s family has not been supportive of the pregnancy. They have not spoken to Anahi in over 5 months. She is dependent upon Esteban and his family for food, shelter and clothing. Anahi has received minimal prenatal care and does not appear to understand the importance of regular doctor visits or maintaining a nutritious diet.
Meet Layla...

Layla is 24 years old. She is married to James. They are expecting their 2nd child in 6 months. James is working part time at a construction company and Layla works part time at CVS Pharmacy. They are interested in enrolling this pregnancy into EHS as well as enrolling their 15 month old daughter, Jada. Layla had major pregnancy complications with Jada and is very anxious about this pregnancy. She is also concerned about how Jada will respond to a new addition to the family.
Meet Jasmine...

Jasmine is 37 years old. She is married to Lou. They are expecting their 4th child in 7 months. They have a 7 year old daughter, a 5 year old daughter and a 30 month old son. Lou is working full time as manager at Red Lobster and Jasmine is a stay at home mother. They are interested in enrolling this pregnancy into EHS as well as enrolling their 30 month old son. Jasmine has expressed that it would be nice to have some help “dealing” with her other children while she is pregnant. She states she is “tired” and “does not have the energy to keep up with them”.
Meet Rebecca…

Rebecca is 15 years old. She is expecting her first child in 2 months. She is no longer dating the father of her baby and states she wants “nothing to do with him”. Rebecca recently enrolled in an online charter school because she was having a hard time getting to her regular school on time and had missed a lot of days. She lives with her mom and younger sister. Her mother works full time as a housekeeper at Holiday Inn and receives regular child support payments from Rebecca’s father. Rebecca is interested in enrolling her pregnancy into EHS.
What do the Performance Standards state?

1304.40 (c) (1)-(3):

EHS programs **must provide** expectant families pre-natal education on:

- **FETAL DEVELOPMENT**, including risks from smoking and alcohol
- **LABOR AND DELIVERY**
- **POSTPARTUM RECOVERY**, including information on maternal depression
- **BENEFITS OF BREASTFEEDING**
What do the Performance Standards state?

EHS programs **must assist** expectant families in accessing:

- **Comprehensive prenatal health care**
- **Postpartum health care**

This care includes:

- Early and continuing risk assessments
- Health promotion and treatment
- Mental health intervention and follow-up
The planning process for serving expectant families begins with the

Community Assessment
Community Assessments identify:

- Needs of the expectant families in the community
- Services expectant families require
- Resources available to meet identified needs
EHS grantees will collaborate with various community partners to provide prenatal education and comprehensive prenatal and postpartum care.
Family Partnerships

• The HS Performance Standards specify the supports and services that EHS programs must offer pregnant women and families

• Each program must determine how these supports and services will be accomplished

• These supports and services are outlined within Family Partnerships
Family Partnerships begin with Developing Professional Relationships with families
The development of an approach to services for pregnant women is best defined in the broadest terms as the goals and process for learning.
Performance Standard 1304.40 (a)(2) describes a process for developing a Family Partnership Agreement that can provide a framework for developing services for pregnant women.
This approach would include:

- identifying the goals with participating families
- creating the strategies through which they will achieve these goals
- determining EHS staff and parent responsibilities
- developing a timeline to carry out the plan
Special Deliveries

- Teen parents and Multigenerational families
- Expectant parents with disabilities or cognitive delays
- Parents experiencing miscarriage or still birth
Teen Parents

- Babies born to teens are more likely to be pre-term and of low birth weight.
- Babies born to teens are at a greater risk of serious long term illness, of developmental delays and of dying in the first year of life.
Partnering with Teen Parents in EHS

What are some effective strategies you can use to engage pregnant and parenting teens?
Partnering with Teen Parents in EHS

Strategies

• Persistence
• Creativity
• Let the teen teach you
• Listen, listen and listen some more
• Use your co-workers
• Try and try again
Partnering with Multigenerational Families

- According to the United States Census Bureau, multigenerational family households are defined as households that consist of "three or more generations of parents and their families."

- These types of living situations span all races and ethnicities.
Partnering with Multigenerational Families

What are some effective strategies you can use to partner with multigenerational families?
Partnering with Multigenerational Families

Strategies

• Gain an understanding of the role each family member plays within the family
• Develop professional relationships with all members of the family
Partnering with expectant parents with disabilities

- physical, visual and auditory disabilities
- intellectual disabilities
- diverse medical conditions
Partnering with expectant parents with disabilities

What are some effective strategies for working with expectant parents with disabilities?
Partnering with expectant parents with disabilities

Strategies:

- Knowledge of the disability
- Knowledge of challenges the expectant parent might face
- Communication with family members
- Communication with health care providers
- Knowledge of adaptive equipment that may assist the expectant parent
- Understanding that a disabled woman who is pregnant is quite similar to a non-disabled pregnant woman
Partnering with parents experiencing miscarriage and stillbirth

**Miscarriage**
- term used for a pregnancy that ends on its own, within the first 20 weeks of gestation
- most common type of pregnancy loss, according to the American College of Obstetricians and Gynecologists (ACOG)

**Stillbirth**
- term used for the delivery of a baby who has died, and is greater than 20 weeks gestation
- cannot be predicted, nor can we predict whom it will affect
Partnering with parents experiencing miscarriage and still birth

What are some effective strategies for partnering with parents experiencing miscarriage and still birth?
Partnering with parents experiencing miscarriage and still birth

Strategies

- Give parents time
- Acknowledge their grief and loss
- Communicate with family members
- Communicate with health care providers
- Provide resources in a timely manner
- Acknowledge your own feelings
Head Start Program Performance Standard 1304.40 (b)(2) requires programs to follow up with each family to determine whether the kind, quality, and timeliness of services received through referrals meet family expectations and circumstances.
Ongoing Monitoring and Tracking

✓ Record Keeping
✓ Reporting
✓ Self Assessment and Monitoring
Let’s sum it up...

- There are HS Performance Standards related to enrolling and serving expectant families that we must be sure to follow
- Developing professional relationships is ESSENTIAL when developing family partnerships
- Community Partnerships are a key piece to this work
- There are various strategies that can be used when working with expectant families with special circumstances
- A process for ongoing monitoring and tracking is critical to providing comprehensive services
When you hang up the phone...

Some questions to consider:

• How are you currently serving expectant families? Are the required Performance Standards being met?
• Are the Family Partnership Agreements you have developed with families guiding your work with the family? Is the family doing their part? Are you doing yours?
• Have you established strong community partnerships? If not, what do you need to do to make this happen?
• Do you have a strong system in place to monitor and track services? If not, what steps do you need to take to develop or revise the system?
Final Thought...

Whether pregnancy is meticulously planned or happens by surprise, one thing is certain -- life will never be the same.
The Arizona Head Start Training and Technical Assistance Office and STG International thank you for joining our webinar today!

Please continue to join the 2010 Summer Webinar Series occurring every Tuesday and Thursday during the months of June and July at 3:00 Pacific Daylight Time.

Please contact Mary Kramer Reinwasser at mary.reinwasser@stginternational.com for more information.