

# **Prenatal Screening Manual**



# **Every Baby Deserves a Healthy Start!**

The goal of Healthy Start is to reduce infant mortality, reduce the number of low birth weight babies, and improve overall health and developmental outcomes.

This manual will serve as a reference tool for prenatal providers regarding proper screening, effective explanation of Healthy Start services and the referral process.

If you ever have a question that is not covered in this manual, please contact

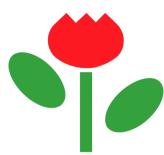
(305) 541-0210 or outreach@hscmd.org.

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# What is Healthy Start?

Healthy Start is a statewide program that can help your patients have a healthy baby.

All pregnant women (and infants up to age three) are eligible to receive

FREE Healthy Start services - regardless of income, insurance or immigration status.

The program is voluntary and all information is kept strictly confidential.

## **Program Description**

Healthy Start was created in 1991 by Florida Legislators to support healthier pregnancies and babies, and lower infant mortality rates. The prenatal risk screen is a tool which helps identify women who may be at risk of adverse health outcomes including preterm labor and low birth weight babies. Studies have shown that a woman who scores  $\geq 6$  on the Healthy Start prenatal risk screen is **1.8** times more likely to experience preterm labor and/or have a low birth weight baby than a woman who scores < 6. Once referred into the Healthy Start program, each woman works closely with a Care Coordinator who is there to help support them in reducing their risk factors.

## **Key Elements of Healthy Start Legislation**

- Passed in April 1991 by Governor Lawton Chiles
- Designed universal risk screens for pregnant women and newborn infants
- Increased Medicaid eligibility for pregnant women and infants
- Increased Medicaid reimbursement for obstetrical services
- Creation of Healthy Start Coalitions to direct services for mothers and babies
- ▼ Implementation of Healthy Start care coordination/case management

## Florida Statute 383.14

## **Healthy Start Universal Risk Screen**

Florida Statute 383.14 mandates that all pregnant women be offered the Healthy Start prenatal risk screen at their first prenatal visit.





# Why do we need Healthy Start?

Infant mortality is a complex issue that impacts everyone regardless of circumstances. That is why infant mortality has always been viewed as a good overall indicator of a community's quality of life, as well as the health of its citizens. Improving, reducing and eliminating risk factors to reduce infant mortality has been the primary goal of Healthy Start since the program's inception.

#### **Prenatal Risk Factors**

- Less than high school education
- Less than 18 years old
- Unmarried mother
- Mother's race is black
- First pregnancy
- Alcohol, tobacco and/or drug use
- Depression, prenatal or pre-existing
- Tunwanted or unexpected pregnancy
- \*Baby spacing less than 18 months
- Tate (after 12 weeks) entry to prenatal care
- Previous poor pregnancy or birth outcome
- Illness requiring ongoing medical care

These risk factors are identified on the Healthy Start prenatal risk screen and may indicate that the pregnant woman or infant is at risk for poor pregnancy, birth, health or developmental outcomes.

Once the screen is completed and the mother is referred to Healthy Start, our Care Coordinators work with the mother to determine which services are available to reduce or eliminate the risks. Some factors cannot be changed (ex. age, race) and are addressed through education and support.

## **Benefits to Prenatal Care Provider/OBGYN**

Because Healthy Start is based on identifying a pregnant woman's risk of poor pregnancy and birth outcomes, prenatal care and OB providers play an essential role in the Healthy Start system of care. Through understanding the program you can help ensure that all pregnant women in need of Healthy Start services are properly referred.

# What services does Healthy Start provide?

Healthy Start offers FREE services to pregnant women and babies, up to age three.

Our services are based on needs, not income or insurance. Once a patient is referred to Healthy Start, a Care Coordinator will assist them with reducing their risks and promoting a healthy pregnancy and birth outcome.

We have included the next page to use as a cover sheet and help explain the program.

#### Services provided are as follows:

#### **Care Coordination**

Healthy Start provides a personal Care Coordinator to assist the mother with services throughout her prenatal care and after the birth of her baby.

#### **Childbirth Education**

Childbirth education can help the mother have the most positive birth experience and outcomes for their baby including understanding changes to your body during pregnancy, preparing for labor and delivery, breathing and relaxation exercises, and caring for the health of mom and her baby.

#### **Breastfeeding Education and Support**

Breastfeeding is beneficial for the mother and the health of her baby. Services are offered by their Care Coordinator on a one-on-one basis and tailored to the mother's needs. She will learn techniques for successful breastfeeding, get answers to questions or concerns, receive support and encouragement, and understand how breastfeeding benefits her and her baby.

#### **Interconceptional Care Education**

A woman's health plays an important role in the health of her future baby. Services are available to help the mother be healthy between the end of one pregnancy and the beginning of the next. She will receive help planning for future pregnancies, taking care of herself after the birth of her baby and making healthy lifestyle choices for herself and her family.

#### **Parenting Education and Support**

Healthy Start will empower the mother and her family with information on supporting healthy growth and development for baby. She will prepare for baby to come home, learn how to take care of her new baby, understand the growth and development of baby, and learn new ways to play and connect with her baby.

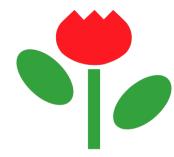
#### **Smoking and Tobacco Cessation Education and Support**

Quitting smoking is one of the best things a mother can do for her baby. Quitting means having a healthier baby and being a healthier mom. Services are available to the mother, her partner and her family members to create a smoke free environment for the baby.

#### **Psychosocial Counseling**

Healthy Start provides emotional, situational, and developmental assistance in a confidential setting to individuals, couples, groups, or families.





# Every baby deserves a Healthy Start!

We strive to ensure our patients have the healthiest pregnancy possible. One way we do this is by offering the Healthy Start program to complement our patient care. These free services are available to **ALL** pregnant women and infants through age three. Healthy Start is based on needs, **not** income.

# FREE services available through Healthy Start include

**Care Coordination** 

Zika Education

Childbirth Education and Classes

**Breastfeeding Education and Support** 

**Interconceptional Care Services** 

Parenting Education and Support

**Smoking and Tobacco Cessation Education and Support** 

Moving Beyond Depression <sup>™</sup>
Psychosocial Counseling

Please take a moment to complete the risk screen. If you choose to receive Healthy Start services, a Healthy Start Care Coordinator will contact you. If you choose not to receive Healthy Start services, please complete and sign the patient information section and request to not be referred.

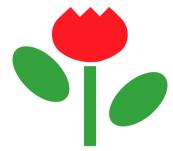
#### Thank you!

**Healthy Start Coalition of Miami-Dade** 

7205 N.W. 19 Street, Suite 500 Miami, FL 33126 Phone:(305)541-0210

Fax: (305)541-0213

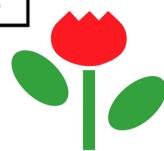




# Administering the Screen And Identifying Risks

Help your by Please answer the following or your baby's health. Your Healthy Start Program or to (Please complete in link.)*	g questions to fine answers are con	d out if anything in you fidential. You may qu	alify for free services fro	health om the
Today's Date:	YES NO	5		
Have you graduated from high sch	oolor	11. What race are you? Check one or more.		
received a GED?				lic drinks did you
<ol> <li>Are you married now?</li> <li>Are there any children at home you</li> </ol>	uncer .	12. In the last month, how many alcoholic drinks did you have per week?		•
than 5 years old?	anger .	13 to the last	drinks , 🗆 did not dr month, how many cigare	
<ol> <li>Are there any children at home wit medical or special needs?</li> </ol>	h	smoke a d	ay? (a pack has 20 cigari	ettes)
5. Is this a good time for you to be pro	egnant?		cigarettes -	
6. In the last month, have you felt do		14. Thinking b want to be	ack to just before you got ?	pregnant, did you
depressed or hopeless?			nt now 🕒 pregnant later	□ 1 not pregnant
7. In the last month, have you felt alo				
when facing problems?		U <sub>2</sub> Yes U	☐₂ Yes ☐ No. If no, give date your last pregnancy ended: Date: (month/year)	
<ol> <li>Have you ever received mental he services or counseling?</li> </ol>		16. Please mark any of the following that have happened		it have happened.
9. In the last year, has someone you	know		oaby that was not born ali	
tried to hurt you or threaten you?	- 200		saby born 3 weeks or mor aby that weighed less than	
<ol><li>Do you have trouble paying your b</li></ol>	illa?		the above	. , ,
Name: First Last	N.I.	Social Security Number:	Date of Birth (mo/day/yr):	17. Ago: □ <sub>1</sub> <18
Street address (apartment complex name/numb	er):	County:	City: State:	Zip Code:
Proratal Care covered by:		Best time to contact me:	Phone #1	
			Phone #2	
I authorize the exchange of my health info Healthy Families Florida, WIC, Florida Depa services, improving quality of services or pro Patient Signature:  Please Initial: Yes	ortment of Health, and ogram eligibility. This No. I also authoriz includes any o	d my health care providers authorization remains in or Date is specific health informati if my mental health, TB, at slate the patient information of	for the purposes of providing effect until revoked in writing e: on to be exchanged as described by the cohol/drug abuse, STD, or H	g services, paying for by me.
LNP (mo/day/yr): EDD (mo	/day/yetjc	18. Pre-Pregnancy:		<b>■</b> 4 × 19.8
		Wt:lbs. Helg	ht:ftin. BWI:	■ <sub>2</sub> ≥ 35.0
Provider's Harne: Provider	Provider's ID: 19. Pregnancy Interval Less Than 18 Months? □ II/A □ No □, Yes		☐ No ☐ Yes	
8		20. Trimester at 1st Prena		■ <sub>1</sub> 2nd
DIADIS	's Counity:		ness that requires ongoing medi	E <sub>2</sub> Yes
Healthy Start Check Screening Score:	One: Referred to Not Referre	o Healthy Start. If score ed to Healthy Start.	<6, specify:	
Provider's/Interviewer's Signature and Title			Date (mo/daylyr)	
DH 3134, 69/68, 93/48 number 5744-1108-3134-7	C6070.80	n of copies: WHITE & YELLOW- PINK—Retained in ;	County Health Department in county w satisfat's record GREEN—	nera screening occurred Patient's Copy





# **Completing the Prenatal Risk Screen**

The easiest way to ensure the screen is completed on all of your patients is to include it with your standard intake forms at the first prenatal visit. Because some patients may have questions, it is best to have them complete the screen while in the office.

1. Ask the patient to complete questions 1-16 and the box titled "Patient Information".

Assure your patient that all information is kept confidential and there is no fee for our services.

2. Review the questions with the patient and make sure they didn't forget anything in the "Patient Information" section. Answer any questions they might have.

This is also useful background information as you provide her prenatal care services.

3. Make sure the patient is consenting to be screened by signing and initialing the correct lines.

Patient Signature:		Date:			
	includes a	norize specific health information to be exchanged as described about of my mental health, TB, alcohol/drug abuse, STD, or HIV/AIDS			
* If you do not want to participal Signature:	te in the screening process, please	complete the patient information section only and sign below:  Date:	\$19 E		
LMP (mo/day/yr):	EDD (mo/day/yr):	18. Pre-Pregnancy:  Wt:lbs. Height:ftin. BMI:	$algraphi_1 < 19.8$ $algraphi_2 > 35.0$		
Provider's Name:	Provider's ID:	19. Pregnancy Interval Less Than 18 Months? N/A No	■ <sub>1</sub> Yes		
	section of the form, lists to	20. Trimester at 1st Prenatal Visit?			
Provider's Phone Number:	Provider's County:	21. Does patient have an illness that requires ongoing medical care?  Specify illness:   No	■ <sub>2</sub> Yes		
Healthy Start	Check One: ☐ Referr	ed to Healthy Start. If score <6, specify:			

4. Complete the "Provider Only" section at the bottom.

If the patient scores  $\geq$ 6, or otherwise wishes to receive Healthy Start services, please check referred.





# **Completing the Prenatal Risk Screen**

Staff trainings are available upon request. Every effort will be made to accommodate staff schedules. If you have any questions about completing the Healthy Start prenatal risk screen, please contact (305) 541-0210 or outreach@hscmd.org.

## **Calculating the Score**

The subscript numbers on the Healthy Start prenatal risk screen are used to calculate the screening score. You can circle the subscript number next to each question where the patient received points. Simply add these points to calculate the score. Detailed instructions on calculating the score can be found on the back of the prenatal risk screen form. A woman can be eligible for Healthy Start services when:

Patient has a screening score of  $\geq 6$ Patient who, in the provider's professional judgment, is at risk for a poor pregnancy outcome Patient requests services for herself

## Referring Based on Other Factors Than Score

Factors other than the Healthy Start score of  $\geq$  6 may be present and should be considered when referring a patient. Use professional judgment to identify other things that can put a mother or baby at risk.

Domestic violence
Sexual abuse
Child abuse or neglect
Substance abuse
Positive HIV status

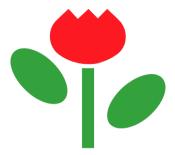
Positive Hepatitis B status
Safety concerns
Language barriers
Food or housing needs

### **Sending the Completed Screen**

You must send the White and Yellow copies of the Healthy Start prenatal risk screen to your local County Health Department <u>within FIVE (5) business days</u>. Best practice is to mail them once weekly. Pre— addressed envelopes are made available to you by HSCMD.

Florida Department of Health in Miami-Dade County Healthy Start Data Management Office 18255 Homestead Avenue Miami, Florida 33157-5564





# **Contact Your Local Healthy Start Coalition**

Medical staff is requested to monitor screens. Brochures, cover sheets and informational rack cards to be used with the screen are also available by request. When quantities are low, please contact:

## **Healthy Start Coalition of Miami-Dade Contact List**

**Natalia Cap MD** 

(305) 541-0210

ncap@hscmd.org

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Healthy Start Coalition of Miami-Dade R HSCMD



Thank you to the Central Healthy Start Coalition for contributing to this manual.



