



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 ≥ 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
-  Unwanted or unexpected pregnancy
-  Baby spacing less than 18 months
-  Late (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 TM

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 baby have a healthy start in life!



Please answer the following questions to find out if anything in your life could affect your health or your baby's health. Your answers are confidential. You may qualify for free services from the Healthy Start Program or the Healthy Families Program, no matter what your income level is! (Please complete in ink.)*

Today's Date: _____

	YES	NO
1. Have you graduated from high school or received a GED?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you married now?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any children at home younger than 5 years old?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any children at home with medical or special needs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is this a good time for you to be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
6. In the last month, have you felt down, depressed or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>
7. In the last month, have you felt alone when facing problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever received mental health services or counseling?	<input type="checkbox"/>	<input type="checkbox"/>
9. In the last year, has someone you know tried to hurt you or threaten you?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have trouble paying your bills?	<input type="checkbox"/>	<input type="checkbox"/>

11. What race are you? Check one or more.
☐ White ☐ Black ☐ Other

12. In the last month, how many alcoholic drinks did you have per week?
 _____ drinks ☐ did not drink

13. In the last month, how many cigarettes did you smoke a day? (a pack has 20 cigarettes)
 _____ cigarettes ☐ did not smoke

14. Thinking back to just before you got pregnant, did you want to be.....?
☐ pregnant now ☐ pregnant later ☐ not pregnant

15. Is this your first pregnancy?
☐ Yes ☐ No. If no, give date your last pregnancy ended:
 Date: (month/year) _____

16. Please mark any of the following that have happened.
☐ Had a baby that was not born alive
☐ Had a baby born 3 weeks or more before due date
☐ Had a baby that weighed less than 5 pounds, 8 ounces
☐ None of the above

PATIENT INFORMATION	Name: First _____ Last _____ A.I.	Social Security Number: _____	Date of Birth (mo/day/yr): _____	17. Age: <input type="checkbox"/> 1 - 18
	Street address (apartment complex name/number): _____	County: _____	City: _____ State: _____	Zip Code: _____
	Prenatal Care covered by: <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance _____ <input type="checkbox"/> No Insurance <input type="checkbox"/> Other _____	Best time to contact me: _____	Phone #1: _____ Phone #2: _____	
	I authorize the exchange of my health information between the Healthy Start Program, Healthy Start Providers, Healthy Start Coalitions, Healthy Families Florida, WIC, Florida Department of Health, and my health care providers for the purposes of providing services, paying for services, improving quality of services or program eligibility. This authorization remains in effect until revoked in writing by me.			

Patient Signature: _____ Date: _____

Please initial: _____ Yes _____ No I also authorize specific health information to be exchanged as described above, which includes any of my mental health, TB, alcohol/drug abuse, STD, or HIV/AIDS information.

* If you do not want to participate in the screening process, please complete the patient information section only and sign below:
 Signature: _____ Date: _____

PROVIDER ONLY	LMP (mo/day/yr): _____	EDD (mo/day/yr): _____	18. Pre-Pregnancy: Wt: _____ lbs. Height: _____ ft. _____ in. BMI: _____ <input type="checkbox"/> 1 - 19.8 <input type="checkbox"/> 2 > 35.8
	Provider's Name: _____	Provider's ID: _____	19. Pregnancy Interval Less Than 18 Months? <input type="checkbox"/> N/A <input type="checkbox"/> No <input type="checkbox"/> Yes
	Provider's Phone Number: _____	Provider's County: _____	20. Trimester at 1st Prenatal Visit? _____ <input type="checkbox"/> 1 2nd <input type="checkbox"/> 3rd
	Healthy Start Screening Score: _____	Check One: <input type="checkbox"/> Referred to Healthy Start. If score <6, specify: _____ <input type="checkbox"/> Not Referred to Healthy Start.	
	Provider's/Interviewer's Signature and Title _____ Date (mo/day/yr) _____		
	DH 3134, 6/3/05, 5048 (R0504) 5744-1100-3134-7 Distribution of copies: WHITE & YELLOW—County Health Department in county where screening occurred PINK—Retained in patient's record GREEN—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.

I authorize the exchange of my health information between the Healthy Start Program, Healthy Start Providers, Healthy Start Coalitions, Healthy Families Florida, WIC, Florida Department of Health, and my health care providers for the purposes of providing services, paying for services, improving quality of services or program eligibility. This authorization remains in effect until revoked in writing by me.

Patient Signature: _____ **Date:** _____

Please initial: Yes No I also authorize specific health information to be exchanged as described above, which includes any of my mental health, TB, alcohol/drug abuse, STD, or HIV/AIDS information.

* If you do not want to participate in the screening process, please complete the patient information section only and sign below:

Signature: _____ Date: _____

PROVIDER ONLY	LMP (mo/day/yr):	EDD (mo/day/yr):	18. Pre-Pregnancy: Wt: _____ lbs. Height: _____ ft. _____ in. BMI: _____	<input type="checkbox"/> ₁ < 19.8 <input type="checkbox"/> ₂ > 35.0
	Provider's Name:	Provider's ID:	19. Pregnancy Interval Less Than 18 Months? <input type="checkbox"/> N/A <input type="checkbox"/> No	<input type="checkbox"/> ₁ Yes
	Provider's Phone Number:	Provider's County:	20. Trimester at 1st Prenatal Visit? _____	<input type="checkbox"/> ₁ 2nd
			21. Does patient have an illness that requires ongoing medical care? Specify illness: _____ <input type="checkbox"/> No	<input type="checkbox"/> ₂ Yes
	Healthy Start Screening Score: _____	Check One: <input type="checkbox"/> Referred to Healthy Start. If score <6, specify: _____ <input type="checkbox"/> Not Referred to Healthy Start.		
Provider's/Interviewer's Signature and Title _____ Date (mo/day/yr) _____				

DH 3134, 4/08, Stock Number: 5744-100-3134-7

Distribution of copies: WHITE & YELLOW—County Health Department in county where screening occurred
PINK—Retained in patient's record
GREEN—Patient's Copy

4. Complete the “Provider Only” section at the bottom.

If the patient scores ≥ 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 ≥ 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 ≥ 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 **within FIVE (5) business days**. 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

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*Thank you to the Central Healthy Start Coalition
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