

Chapter 6: Healthy Start Services

Childbirth Education

Introduction

Childbirth Education includes a comprehensive curriculum that is culturally sensitive and applicable for the participants receiving the service. When possible, classes should be offered in the participant's native language or an interpreter should be provided. Childbirth education services are intended to provide information to pregnant women in order to assure the most positive birth experience and outcomes possible for her and her family.

Definition of Service

Childbirth education refers to those activities that provide information and education to the pregnant woman and her family, both during early and late pregnancy, which promote healthy outcomes for the woman and her infant. Childbirth education can be provided at any location in the community. The location should meet the needs of the participant by encouraging and supporting attendance.

Standards and Criteria

Standard 6.1 Healthy Start childbirth education services will be offered to all participants who are determined through the care coordination process to need them.

Criteria:

6.1. a Level of service is based upon local resources, local Healthy Start coalition funding decisions, and consideration of Healthy Start as the payer of last resort.

6.1. b Childbirth education is provided with consideration to the cultural, language, educational/literacy, and accessibility needs of the participant.

6.1. c With the participant's approval, the infant's father, significant others, and other household members are encouraged to participate in the education process.

6.1. d Childbirth education follows an established and approved curriculum that includes topics described in the Guidelines section of this chapter.

6.1. e The duration of childbirth education classes is specified in contracts or memoranda of agreement.

Standard 6.2 The provider of childbirth education services will provide follow-up to the Healthy Start care coordinator.

Criterion:

Written follow-up documenting receipt of referral and plan for initiation of services is provided to the Healthy Start care coordinator within 30 days.

Standard 6.3 Providers of childbirth education services will offer and initiate services in a timely manner.

Criterion:

Providers of childbirth education will contact participants at least 90 days before the estimated delivery date or at the time of the referral or identified need if during the third trimester of pregnancy to initiate a plan of care for receipt of services.

Standard 6.4 Providers of childbirth education will respond to any additional identified needs.

Criteria:

6.4. a Additional identified needs are addressed directly by the provider or by notifying the participant's Healthy Start care coordinator.

6.4. b Childbirth education providers communicate with the care coordinator who develops the family support plan and will collaborate as a part of the interdisciplinary team as indicated by individual need.

Standard 6.5 Providers of childbirth education will accurately code service information in a timely manner for Health Management System (HMS) data entry.

Criterion:

Coding complies with the requirements of the Department of Health publication DHP 50-20.

Standard 6.6 Providers of childbirth education will document services in the participant's existing clinical record or, in the absence of a clinical record, in a format determined by the local coalition and provider.

Criteria:

6.6. a Documentation of services is recorded in the record of the individual receiving services. In the event that services are provided to another person on behalf of a Healthy Start program participant, the services are only referenced in the Healthy Start program participant's record. The actual detailed documentation occurs in the record of the individual receiving the service.

6.6. b Documentation occurs in other components of the record such as the problem list or family support plan as appropriate.

Standard 6.7 Childbirth education providers will develop and implement an internal quality management (QM) and program improvement (PI) process.

Criterion:

The QM/PI process is developed in concert with the local Healthy Start coalition and includes an assessment of strengths and areas needing improvement and a plan for assuring maintenance of quality and program improvement.

Standard 6.8 Childbirth education will be provided by qualified and trained providers.

Criteria:

6.8. a Qualifications are met as outlined in this chapter and as specified in rule 64F-3.006(2), F.A.C. (formerly 10D-114.011).

6.8. b Competency and up-to-date knowledge related to childbirth education is maintained.

Guidelines

Childbirth education should be provided to the pregnant woman and her support persons when determined to be necessary by the care coordinator (and the participant) during initial contact or assessment. It is not necessary for these participants to receive ongoing care coordination if they are able to access other support services independently.

A curriculum should be used both for group classes and for one-to-one or individual instruction. The curriculum should have outcome based learning objectives and address characteristics of the target population, such as providing materials for culturally diverse participants. The curriculum may be adapted to meet individual or group needs, and the educator should be trained to work with an adult, low-literacy population.

Childbirth education may be provided in individual or group sessions. Group sessions are preferred, because this format provides for group interaction, support for the pregnant women, and is cost effective. The classes may be held at a clinic, school, childcare center, library, doctor's office, or other suitable public or private facility. If circumstances make it impossible for a woman to attend group classes, individual classes may be held in the home or other location mutually agreed upon by the client and educator. Anyone the participant chooses as a support person (husband, partner, relative, friend, etc.) is encouraged to attend all childbirth education classes.

Childbirth education includes the following topics: Healthy Start prenatal and infant screening, anatomy and physiology of pregnancy and birth, physical and emotional changes related to pregnancy, basic nutrition and breastfeeding, prenatal care, self-empowerment, stress management, danger signs of pregnancy and the postpartum period, signs and symptoms of preterm labor, preparation for labor and birth, parent/child attachment, normal newborn growth and development, newborn care and safety, immunizations, postpartum changes, family planning, and sibling preparation. Different cultural beliefs and ethnic differences should be considered when presenting the childbirth education curriculum. An interpreter may be necessary when education is provided to non-English speaking participants.

The Healthy Start care coordinator should be familiar with the resources within the community for childbirth education and the quality of the services delivered. Assessments may be made by talking to parents and professionals to informally determine the quality and appropriateness of the classes given, and through formal review of the curriculum used in the classes. The quality management/program improvement performance measures section at the end of this chapter provides additional assessment information. Parents should be provided with consistent and accurate information throughout the perinatal period. The care coordinator should assist in assuring this occurs in the clinic, home, hospital, and other community settings. A list of postpartum resources on parenting courses offered in the community should be made

available to all participants. Two statewide resources for information are the Family Health Line at 1-800-451-2229, and the Parent HelpLine at 1-800-FLA-LOVE.

Provider Qualifications

The Healthy Start childbirth education provider should have the following competencies:

- Experiences with childbearing women and practical knowledge of the birth process
- An understanding of learning styles, literacy levels, and learning aptitudes or disabilities
- Skills for the identification of a support person, if one is not readily available
- Ability to attend and facilitate a group class

Rule 64F-3.006(2), F.A.C., (formerly 10D-114.011) requires that trained personnel who meet one of the following criteria shall provide childbirth education:

1. Certification by a nationally recognized childbirth education organization
2. Completion of the Florida Outreach Childbirth Education certification requirements
3. Approval by the Healthy Start prenatal and infant health care coalition in the service delivery area

In addition, it is recommended that all childbirth educators have knowledge or experience in working with participants from culturally diverse backgrounds.

Documentation

Childbirth education services documentation should include:

- Authorization for release of information, signed by the participant for any information that is to be shared among payers, providers, or others
- Curriculum content of each class
- Log of attendance
- Evaluation of effectiveness of content (e.g., pretest, post-test; participant satisfaction survey)

HMS Coding

Each Healthy Start component should be coded in accordance with approved protocols and procedures. The following codes should be used when coding Healthy Start activities:

1. Special Group Coding

The SPECIAL GROUP field (#19 on the demographic section of the Healthy Start encounter form) is used to track the provision of services to substance abusing pregnant women or to substance-exposed infants/children. The information will be aggregated to provide a count of this special needs population that is being reached by each Healthy Start program.

Special Group Rules: Code a “2” in the special group field every time a service is provided to a participant who is:

- EITHER a woman who has abused schedule I or II drugs during pregnancy, as

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- documented by
 - Her own admission
 - A positive drug screen
 - A staff member witnessing the use
 - A report from a reliable source such as a family member or professional
- OR an infant prenatally exposed to schedule I or II drugs, as documented by the above criteria.

(A list of schedule I and II drugs can be found in §893.03, F.S.)

The special group field must be completed when services are provided to a participant meeting the above criteria.

To remove a “2” once it has been entered in the “Special Group” box, check the “Update Demographic Information” box on the Healthy Start encounter form and include a note to the data entry operator to remove the “2” from the participant file. This pertains to the substance abusing pregnant women once the substance use is stopped or the woman is no longer pregnant. The “2” is not removed from an infant prenatally exposed to schedule I or II drugs since that exposure will not “go away”.

*Note: All providers currently utilizing HMS will document the existence of substance abusing pregnant women or substance exposed infants in the extended demographic field of HMS. For prenatal participants, the Special Group indicator should be removed from the extended demographic field at the end of the pregnancy.

Although family income and size (#20 and #21) are required fields for data entry, Healthy Start does not require this information for participation. The code 9999 may be inserted for family income and 01 for family size.

For providers using the HMS, this substance abusing pregnant women or substance exposed infants information must be entered into the system under the “Extended Demographics” tab.

2. Program Component

Each service delivered to a Healthy Start participant is coded into the HMS with a program component code. The program component coded indicates the funding source. As a provider of Healthy Start services, a prerequisite to coding is determining the funding source for the services provided. Providers receive funding either directly from the Healthy Start coalition or from an allocation by the Healthy Start coalition to the county health department. Different encounter forms correspond to the different program components, depending on who receives funding, as noted below.

HEALTHY START ENCOUNTER FORM (not for use by Department of Health entities)

This encounter form is used with program components 22, 26, and 30 when the funding flows directly from the Healthy Start coalition to a non-county health department provider.

- ◆ Program component code 22 is the Healthy Start interconception program component code used for all Healthy Start care coordination and Healthy Start services provided to a woman between pregnancies (interconception) who is beyond

the 8 week post-delivery period included in the prenatal program component or has entered Healthy Start after a pregnancy loss (described in detail below).

The Healthy Start Interconception woman is a non-pregnant woman who has risk factors that may lead to a poor subsequent pregnancy outcome, but has no infant to code services to due to pregnancy loss, miscarriage, fetal death, infant death, or an infant who was adopted or removed from the home. Women are eligible for Healthy Start services during the interconception period up to three years post delivery.

- ◆ Program component code 26 is the Healthy Start prenatal program component code used with all non-clinical Healthy Start care coordination and Healthy Start services provided to or on the behalf of prenatal participants and their families.
- ◆ Program component 30 is the Healthy Start child program component code used with all non-clinical Healthy Start care coordination and Healthy Start services provided to or on the behalf of child participants and their families.

Note: Healthy Start care coordination services may be provided in the clinical setting using one of the appropriate Healthy Start care coordination program codes 22, 26, or 30 with location code 98..

COUNTY HEALTH DEPARTMENT AND COUNTY HEALTH DEPARTMENT CONTRACT PROVIDER HEALTHY START ENCOUNTER FORM

This encounter form is used with program components 27, 31, and 32 when the funding source is a coalition allocation to the county health department.

- ◆ Program component code 27 is the Healthy Start prenatal program component code used with all non-clinical Healthy Start care coordination and services provided to or on behalf of prenatal participants and their families.
- ◆ Program component 31 is the Healthy Start infant/child program component code used with all non-clinical Healthy Start care coordination and services provided to or on the behalf of infant participants and their families.
- ◆ Program component code 32 is the Healthy Start interconception program component code used for all Healthy Start care coordination and Healthy Start services provided to a woman between pregnancies (interconception) who is beyond the 8 week post-delivery period included in the prenatal program component or has entered Healthy Start after a pregnancy loss (described in detail below).

The Healthy Start Interconception woman is a non-pregnant woman who has risk factors that may lead to a poor subsequent pregnancy outcome, but has no infant to code services to due to pregnancy loss, miscarriage, fetal death, infant death or an infant who was adopted or removed from the home. Women are eligible for Healthy Start services during the interconception period up to three years post delivery.

Note: Healthy Start care coordination services may be provided in the clinical setting using one of the appropriate Healthy Start care coordination program codes 27, 31, or 32 with location code 39.

3. Service Codes

Use the Healthy Start participant's individual participant identification number (SSN, etc.) when coding Healthy Start services. **No group coding is allowed.** This is necessary to provide for tracking, analysis, and program evaluation of participant specific data.

- Use HMS code 8006 for childbirth education.
- Code whenever a qualified childbirth educator provides the service.
- Code one service for every 15 minutes of time spent providing childbirth education.

Service codes are identical for services provided to pregnant women and infant participants (or their families). See Chapter 14, Coding, for complete coding information.

4. Service Location Coding

Service location coding (#17, Section B, Healthy Start Encounter Form) provides information on where the Healthy Start service was provided.

Providers determine the location codes for home visits or services delivered in varied sites by the location of the actual activity or attempt, and use one of the following codes on the encounter form depending on the location. A list of service codes can be found in the Personal Health Coding Pamphlet DHP 50-20. Service locations for delivering Healthy Start services are:

Service location	Code
CHD Office	31
CHD Clinic	39
Private premise	84
School	92
Other	98

Quality Management/ Program Improvement Performance Measures

The pregnant woman and her support person, whether provided with this service in a group session or individually, should evaluate childbirth education classes. Written evaluations should be maintained by the provider, and should be reviewed at least annually by the Healthy Start Coalition as part of the QM/PI of the childbirth education service. The following questions should be answered by the evaluation:

- Did the participant have increased knowledge and skills?
- Did the classes provide information the participant felt was necessary and helpful?
- Did the classes fulfill the objectives in the childbirth education plan?
- Was the information presented in a way the participant could understand?
- Was an interpreter available if needed?
- Were the classes held in an accessible location for the participant?
- Were the classes held at a time that was convenient for the participant?
- What did the participants like most and least about the classes?
- What could be changed to improve the classes?

Instructor credentials and curricula should be reviewed.

A questionnaire should be used to verify that the educator has continued her training in childbirth education and has taught childbirth education classes within the past 12 months. Details of continuing education units, workshops, and training relevant to childbirth education should be recorded.

A sampling of participant evaluations from each educator should be reviewed to evaluate whether the childbirth educator provided the following:

- a) Content appropriate for the participants' needs.
- b) Location accessible and centrally located for the target population.
- c) Materials appropriate for a culturally diverse population.
- d) Classes free or low-fee.
- e) Scholarships available for pregnant women who cannot pay.
- f) Maximum class size designated by the local Healthy Start coalition.
- g) Participants benefited from and satisfied with the classes.
- i) Attempts by educator to reduce identified problems.

Examine attendance records to determine if participants are attending and what percentage of the target population is being reached.

Review data that include information on the participant's length of labor, type of delivery, infant birth weight, gestational age of infant, and whether or not the participant initiated breastfeeding. This data should be compared with that for individuals who did not receive childbirth education.

References

Childbirth education curricula and resources are available from the following sources:

Childbirth Education: Practice, Research and Theory 2nd Edition; Francine Nichols and Sharron Smith Humenick, 2000.

Florida Outreach Childbirth Education Program, The Lawton and Rhea Chiles Center for Healthy Mothers and Babies, 877-724-2359.

Innovative Teaching Strategies Handbook for Birth Professionals; Connie Livingston and Sandy Denny, 2003.

NOTES:

Self Study Questions: (Answers to these questions may be found in Appendix H)

1. What is the definition of childbirth education as it relates to Florida's Healthy Start program?
2. Once a provider receives a referral for childbirth education, how quickly should she/he make contact with the client?
3. What components should be included in the curriculum for childbirth education, whether it is for group classes or one-to-one/individual instruction?
4. Why are group sessions preferred over one-to-one/individual instruction?
5. What topics should be covered in childbirth education?
6. Is it necessary for a women enrolled in childbirth education through Healthy Start to be concurrently receiving ongoing care coordination?
7. Who may provide childbirth education?
8. What competencies should the Healthy Start childbirth education provider possess?
9. What performance measures should be reviewed as part of the QM/PI process for childbirth education?