

Chapter 21: Healthy Start Services Interconception Education and Counseling

Introduction

Interconception education and counseling services are based on a comprehensive curriculum that is culturally sensitive and applicable for the participant receiving the service. When possible, services should be offered in the participant's native language or an interpreter should be provided. The curriculum content should have a prevention-based focus to reduce factors that are associated with poor birth outcomes of any subsequent pregnancies. Consideration should be given to the timing of interconception education and counseling. The care coordinator should assess the client's needs and readiness to receive this information. Education offered too early in a pregnancy may be forgotten; education offered immediately following a loss may not be retained and would be more effectively provided when the client has had an opportunity to grieve. Care coordinators should consider each client's specific needs and offer education and counseling when most beneficial to the client.

Definition of Service

Interconception education and counseling services are a partnership relationship between a Healthy Start participant, caregivers, parents, and the Healthy Start service providers to support healthy environments and lifestyles. Interconception education and counseling services provide comprehensive information and education related to the optimal health status needed by any eligible woman of reproductive age to improve the birth outcome of a potential subsequent pregnancy. This service includes information on access to care, baby spacing, nutrition, physical activity, maternal infections, chronic health problems, substance abuse, smoking, mental health, and environmental risk factors. An eligible woman is defined as any woman who is capable of becoming pregnant in the future who has risk factors that may lead to a poor pregnancy outcome and is also a Healthy Start prenatal client, a mother who is being provided services on behalf of her Healthy Start infant, a prenatal Healthy Start client who has gone beyond the 8 week post-partum period, or any non-pregnant woman who had a pregnancy and 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 may be eligible for Healthy Start services during the interconception period for up to three years postpartum.

Standards and Criteria

Standard 21.1 Healthy Start interconception education and counseling services will be offered to all participants who are determined through the care coordination process to need them.

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Criteria:

21.1.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.

21.1.b Interconception education and counseling services will be provided with consideration to the cultural, language, educational/literacy, and accessibility needs of the participant.

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

21.1.d Interconception education and counseling services include the following components:

- Assessment,
- Development of a plan of care,
- Counseling and education consistent with the plan of care and approved curriculum that includes presentation, follow-up, and feedback, and
- Evaluation of progress.

21.1.e Interconception education and counseling services follow an established curriculum approved by the Healthy Start Coalition.

21.1.f Providers of interconception education and counseling services assure classes and support services are prevention-based and adaptable to reflect participant needs.

21.1.g The duration of interconception education and counseling classes or individual sessions is specified in contracts and memoranda of agreement.

21.1.h Interconception education and counseling services include at least one information session and additional sessions based on identified need.

Standard 21.2 The provider of interconception education and counseling services will provide follow-up information 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 21.3 Providers of interconception education and counseling services will offer and initiate services in a timely manner.

Criterion:

Interconception education and counseling services are initiated within 30 days after receipt of referral or identified need unless the need for more immediate initiation of services is evident.

Standard 21.4 Providers of interconception education and counseling services will respond to any additional identified needs.

Criteria:

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21.4.a Additional identified needs are addressed directly by the provider or by coordination with the participant's Healthy Start care coordinator.

21.4.b Interconception education and counseling service providers communicate with the care coordinator who develops the individualized plan of care, and will collaborate as a part of the interdisciplinary team as indicated by individual need.

Standard 21.5 Providers of interconception education and counseling services will accurately code service information in a timely manner for Health Management Systems (HMS) data entry.

Criterion:

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

Standard 21.6 Providers of interconception education and counseling 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:

21.6.a Documentation of services is recorded in the record of the individual receiving services. In the event that services are provided on behalf of a participant, the services are only referenced in the Healthy Start program participant's record (the actual documentation occurs in the recipient's record).

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

Standard 21.7 Interconception education and counseling service providers will develop and implement an internal quality management /program improvement (QM/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 21.8 Interconception education and counseling services will be provided by qualified and trained providers.

Criteria:

21.8.a Qualifications and services are met as outlined in this chapter and as specified in rule 64F-3.006, F.A.C.

21.8.b Competency and up-to-date knowledge related to interconception education and counseling is maintained.

Guidelines

Interconception education and counseling can be provided in the clinic or other sites such as home, school, church, library, or other community center. The content, method, and location for interconception education and counseling services should be tailored to best meet the needs of the individual family. The method of service delivery can be provided in the three following ways:

1. One-to-one education and counseling using service sites such as the clinic, home, school, or work place.
2. Interconception education and counseling support groups that empower parents. Leaders should have interconception education and counseling knowledge and expertise and promote group sharing of participant experiences and knowledge. The leader provides education and counseling based on approved curricula and the needs of participants. These groups meet on a regular basis, with the frequency and length of time decided by the participants.
3. A formal or educational group format. A formal or educational group format differs from the support and information format in that the group has a fixed curricula provided in a set number of sessions.

Incentives such as transportation, childcare, or completion certificates may be necessary to encourage consistent participation in classes. The curriculum content should be designed to provide participants with the information, education, and counseling related to the optimal health status needed by any woman to improve the birth outcome of a potential pregnancy. This service includes information on, but is not limited to:

- access to care,
- baby spacing,
- nutrition,
- physical activity,
- maternal infections,
- chronic health problems,
- substance abuse,
- smoking,
- mental health, and
- environmental risk factors

Interconception education and counseling services include the following structural components: presentation, demonstration activity with participant, follow-up, and feedback to assess understanding by the participant. It is essential that the provider of interconception education and counseling services share information with the Healthy Start care coordinator and other members of the team to reinforce the process of successful learning. Linkages with other service providers in the community should be maintained to improve the quality of service provision. Communication between service providers should include:

- Consent for routine release of protected health information (DH 3206), or other appropriate form as determined by the agency's information security officer, signed by the participant for any information that is to be shared among payers, providers, or others.

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- Referrals to outside sources to assist the family in accessing services in the community. An excellent resource for information is the Family Health Line at 1-800-451-2229.
- Documentation of unmet family needs to be addressed by the care coordinator, or, if system related, this information should be shared with the Healthy Start coalition.
- The sharing of accomplishments and progress on goals identified during the family support plan process with the care coordinator and other interdisciplinary members.

Provider Qualifications

Interconception education and counseling services are provided by trained and qualified health-related professionals and paraprofessionals using locally-approved protocols, procedures, and a curriculum with learning objectives. Individuals with, at a minimum, the following credentials, knowledge, and skills are recommended to provide interconception education and counseling services:

- A high school diploma or equivalent GED.
- Knowledge of local community resources for health, education, and social services.
- Knowledge of interconception health concepts.
- Knowledge of the basics of a healthy lifestyle.
- Knowledge of cultural health beliefs.
- Training and experience in using an education-based curriculum.

Documentation

The provider should give the Healthy Start care coordinator a copy of the participant's certification of interconception education and counseling course completion and a written summary of any issues needing follow-up by the Healthy Start care coordinator. Follow-up on referral to interconception education and counseling services should be documented in the participant's record. Documentation in the record may include any of the following suggested forms as appropriate or comparable forms for the non-CHD provider:

- Consent for release of information signed by the participant, for any information that is to be shared among payers, providers, or others.
- Problem List
- Progress Notes/SOAP format
- Family Support Plan for Single Agency Care Coordination (DH 3151)

Sample Questionnaires/Tools:

Questionnaires may be helpful in identifying Healthy Start participants who may benefit from interconception education and counseling. Questionnaires must be written and approved by the coalition. Listed below are some examples (see appendix B).

Woman's Health Questionnaire

"Tell Us About Yourself" psychosocial questionnaire (DH 3131)

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 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. .or online at

<http://www.leg.state.fl.us/Statutes/index.cfm>

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 HMS with a program component code. The program component coded indicates the funding source. A prerequisite to coding is determining the funding source for the services provided.

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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

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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 HMC code 8013 for interconception education and counseling.
- Code whenever the service is provided by a qualified provider.
- Code one service for every 15 minutes of time spent providing interconception education and counseling.

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

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/Performance Improvement Performance Measures

Interconception education and counseling is designed as a preventive strategy to empower women and families to reduce risk factors that may affect the health and well-

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being of the mother and child, and that of any future children. Evaluation of services should include outcomes that address:

1. Access to and utilization of preventative health services by the family.
2. Ability to access community resources and build on their own strengths.
3. Subsequent pregnancy intervals.
4. Reduction of unhealthy health behaviors.
5. Reduction of environmental risk factors.

Methods to evaluate process outcomes for effectiveness of interconception education and counseling services include the following:

1. Verification of improvement of original Healthy Start risk factors or their underlying causes.
2. Chart review for documentation of presentation, demonstration activity with participant, follow-up, and communication with the Healthy Start care coordinator.
3. Observation of service provision.
4. Random interviews with class participants.
5. Individual surveys for participants to evaluate their educational gain from this service (post-test evaluation).
6. Review of rates of participation and program completion by families.
7. Review of participant satisfaction surveys.
8. Review of curriculum content and service delivery methodology.
9. Review for needed improvements to the service delivery format.

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Notes:

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

1. Who is eligible for Healthy Start interconception education and counseling?
2. What components should be included in the interconception education and counseling provided to a Healthy Start client?
3. Once a provider receives a referral for interconception education and counseling services, how quickly should she/he make contact with the client?
4. In what three ways may the method of service delivery for interconception education and counseling be provided?
5. Interconception education and counseling should provide information on what subject areas?
6. What structural components should be included in interconception education and counseling services?
7. What are the provider qualifications for interconception education and counseling services?
8. QM/PI evaluation protocols for interconception education and counseling should include outcomes that address what issues?
9. What are the methods that should be used to evaluate process outcomes for effectiveness of interconception education and counseling services?