

Chapter C

Activities and Services



Chapter C- Activities and Services

In this chapter section:

- I. Screenings and Assessments
- II. Interventions

Key activities and services of the Babies First! Program include: screenings and assessments and interventions, which include health education, motivational interviewing, and case management.

I. Screenings and Assessments

Perinatal

The Babies First! Program perinatal period includes pregnancy and postpartum. When a pregnant woman enrolls in Babies First!, she and the PHN explore her interests, concerns, and knowledge about her pregnancy. This is a formative time and can be challenging. The postpartum period is one of profound change for a woman and her family. Thoughtful preparation during pregnancy can help a client be confident about giving birth and feel better able to make the shift to her new role. There is much to know and learn. The support of friends and family and community resources can ease this transition and allow the new mother time to recover from birth and form a close relationship with her new baby.

- Recommended prenatal screenings and assessments (see Table 1) provide information about strengths and risks, her general health and the health of the pregnancy.
- Recommended post-partum screenings and assessments (see Table 2) provide information about strengths and risks, and her postpartum health.

Infants and Children

[Bright Futures](#) is a national initiative to promote children's health and development and prevent illness and injury. The Bright Futures Guidelines serve as the framework for the recommended screenings and assessments for infants and children.

- Recommended screenings and assessments for infants and children (see Table 3).

Parent or Primary Caregiver

Activities and services for primary caregivers of eligible children are focused on case management. Complete a TCM Assessment.

NOTE: All cited protocols may be found in Appendix B.

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Table 1: Prenatal Recommended Screenings and Assessments

| Recommended Screenings and Assessments (Prenatal) | Timing | Resources for Home Visitors |
|---|---|--|
| Prenatal History and Physical Assessment: A thorough nursing intake assessment of the client's physical and emotional health will provide essential information to enable the nurse to develop a care plan with individualized interventions to promote a healthy pregnancy and optimal birth outcomes. | Initial visit/s. Subsequent visits should include focused assessment on areas of identified need and review of any changes. | See Prenatal History and Physical Assessment Protocol (link) University of Washington First Steps Nutrition Assessment Module |
| Social Determinants of Health: Assess for the availability of resources to meet daily needs (safe housing, transportation, food security), social network and support and access to needed services. | Initial visit/s, TCM assessment and plan should be reviewed at every visit | See Social Determinants of Health Screening Protocol (link) See also TCM Assessment The Hunger Vital Sign |
| Blood Pressure: Taking an initial blood pressure reading will establish a baseline for future evaluation; successive blood pressure readings will assist in evaluating alterations that may be detrimental to the client and/or the pregnancy. | Every visit | See Blood Pressure Assessment Protocol (link) ACOG Hypertension in Pregnancy |
| Height, Weight, and Body Mass Index (BMI): Document client report of pre-pregnancy weight and height. Weigh client and document at initial visit. Successive measurements will assist in evaluating areas of concern. | Every visit | Prenatal Weight Assessment Protocol (link) |
| Gestational Diabetes Mellitus: During the pregnancy intake process, assess for diagnosis of GDM and for previous diagnosis of GDM with an earlier pregnancy. | Initial visit/s, review for changes at every visit | Perinatal Gestational Diabetes Assessment Protocol (link) |

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| Environment and Environmental Exposure: An assessment of home environment and potential environmental exposures will augment the History and Physical assessment of the pregnant client. | Initial visit/s, 3rd trimester, any time client moves, review for changes at every visit | Perinatal Environment and Environmental Exposure Protocol (link) March of Dimes Pregnancy and Radiation Toxoplasmosis and Pregnancy |
| Prenatal Substance Use: Implement routine and universal screening for unhealthy substance use, including smoking. Use a reliable screening tool. | Initial visit/s, 3rd trimester, and as needed based on clinical judgement | Perinatal Substance Use Screening Protocol (link) CDC Alcohol Use During Pregnancy |
| Intimate partner violence: Implement routine and universal screening. Use a standardized tool to screen for IPV. | Initial visits (consider waiting until relationship established), 3rd trimester, | Perinatal IPV Screening Protocol (link) Futures Without Violence |
| Perinatal Mood Disorders: Implement routine and universal screening. Use a standardized tool. | Initial visit/s, 3rd trimester, and as needed based on clinical judgement | Perinatal Mood Disorder Screening Protocol (link) Oregon Maternal Mental Health Webpage Postpartum Support International |
| Breastfeeding Promotion: Assess the woman's breast health history, breastfeeding history, and her desires around breastfeeding. | Initial visits, throughout pregnancy | Breastfeeding Promotion and Support Protocol (link) NIH Breastfeeding |
| Reproductive Life Plan: assess pregnancy intention and need for contraception. | 3rd trimester | Perinatal Reproductive Life Planning Protocol (link) |

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Table 2: Postpartum recommended screenings and assessments

| Recommended Screenings and Assessments (Postpartum) | Timing | Resources for Home Visitors |
|--|---|--|
| Social Determinants of Health: Assess for the availability of resources to meet daily needs (safe housing, transportation, food security), social network and support and access to needed services. | Initial visit/s, TCM assessment and plan should be reviewed at every visit. | Social Determinants of Health Screening Protocol (link) TCM Assessment The Hunger Vital Sign |
| Postpartum History and Physical Assessment: A thorough nursing intake assessment of the client's physical and emotional health will provide essential information to enable the nurse to develop a care plan that supports the most appropriate interventions. | Initial visit/s. Subsequent visits should include focused assessment on areas of identified need and review of any changes. | Postpartum History and Physical Assessment Protocol (link) |
| Blood Pressure Assessment | Every visit until 6 weeks post-partum for all clients and until hypertension resolved in hypertensive clients (whichever is longer) | Perinatal Blood Pressure Assessment Protocol (link) |
| Gestational Diabetes Mellitus: Advise client with a GDM diagnosis that she will need to be tested 6-12 weeks postpartum to ensure her blood glucose levels have returned to normal, and screened at least every 3 years for life. | Initial visit/s, review for changes at every visit | Gestational Diabetes Protocol (link) |
| Substance Use: Implement routine and universal screening for unhealthy substance use, including smoking postpartum. Use a reliable screening tool. | Initial visit/s. 1-2, 6, 12 months postpartum, and as needed based on clinical judgement | Perinatal Substance Use Screening Protocol (link) |
| Intimate Partner Violence: Implement routine and universal screening postpartum. Use a standardized tool to screen for IPV. | Initial visit/s (consider waiting until relationship established). 1-2, 6, 12 months postpartum, and as needed based on clinical judgement. | See Perinatal IPV Screening Protocol (link) |
| Perinatal Mood Disorders: Implement routine and universal screening postpartum and at any other time concerns arise. Use a standardized tool. | Initial visit/s. 1-2, 6, 12 months postpartum, PRN | Perinatal Mood Disorder Screening Protocol (link) |

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| Breastfeeding: Assess supply, latch, milk transfer, and pain. Assess for signs of mastitis: fever, erythema of breasts and flu-like symptoms. | Every visit | Breastfeeding Promotion and Support Protocol (link) |
| Reproductive Life Plan: assess pregnancy intention and need for contraception. | Initial visit/s. 1-2, 6, 12 months postpartum, PRN | Reproductive Life Planning Protocol (link) Preconception/Interconception Resource Guide for Clinicians One Key Question |

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Table 3: Recommended screening and assessment for infants and children

| Recommended Screenings and Assessments | | Resources for Home Visitors |
|--|---|--|
| Social Determinants of Health: Assess for the availability of resources to meet daily needs (safe housing, transportation, food security), social network and support and access to needed services. | Initial visit/s, TCM assessment and plan should be reviewed at every visit. | Social Determinants of Health Screening Protocol (link) TCM Assessment The Hunger Vital Sign |
| Parent-Child Interaction | Newborn, 1-2, 3, 7, 10, 12 months, or more often as needed based on assessment. | Parent Child Interaction Protocol (link) |
| Physical Assessment, including measurements | Every visit | Newborn, Infant, Toddler History and Physical Assessment Protocol (link) |
| Development | 1-2, 3, 5, 7, 10, 12 months and then every 6 months | Newborn, Infant, Toddler Developmental Screening Protocol |
| Environment and Environmental Exposure: An assessment of home environment and potential environmental exposures. | Initial visit, any time client moves, review for changes at every visit | Perinatal Environment and Environmental Exposure Protocol (link) |
| Oral health: Perform an oral health risk assessment. Conduct a basic oral health screening and initiate appropriate preventive interventions. Refer infants and children to a dentist. | Starting at age 4-6 months, and every 6 months ongoing | Oral Health Screening Protocol (link) |

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II. Interventions

Case Management

Case management activities should include referral to needed health services and community resources and monitoring of referrals. Ensuring access to prenatal care and the post-partum checkup should be a focus of the perinatal period. For infants and children, case management activities should assure medical and dental home engagement to include preventive care/well-checks, dental exams, and immunizations. [211 Info](#) is a good place to start for referral information. Babies First! activities and services for primary caregivers of eligible children are focused on case management. For the requirements of billing for case management services, see Chapter D, Targeted Case Management.

Motivational Interviewing (MI)

MI a method for facilitating and engaging intrinsic motivation within the client in order to change behavior. MI is a goal-oriented, client-centered technique for eliciting behavior change by helping clients to explore and resolve ambivalence.

Health education

Careful and thorough information gathering can give the PHN a basis for planning care and a clue to what the first topics for health education should be. Babies First! does not have prescribed health education for clients; however, there are recommended topics by developmental phase.

- Recommended prenatal health education (see Table 4)
- Recommended postpartum health education (see Table 5)
- Recommended health education for infants and children (see Table 6)

Key resources that provide appropriate client educational material across the prenatal and early childhood period include [Just in Time Parenting](#) and [CDC's Act Early](#) or [Oregon Act Early](#).

Table 4: Prenatal Recommended Health Education

| Recommended Health Education | Resources for Home Visitors and Clients |
|------------------------------|---|
| Warning Signs | Oregon Prenatal and Newborn Resource Guide (Premature labor and delivery) |
| Emotional Health | Oregon Prenatal and Newborn Resource Guide (Emotional Health) Perinatal Mental Health Resources for Oregon Families (pdf) Ten Facts About Depression and Anxiety in Pregnancy and Postpartum (pdf) Depression and Anxiety During Pregnancy and Postpartum (pdf) Perinatal Mood and Anxiety Disorders Fact Sheet (pdf) Oregon Health Authority Maternal Mental Health |

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| Gestational Diabetes | Gestational Diabetes (See Protocol) Oregon Prenatal and Newborn Resource Guide (Gestational Diabetes) CDC Gestational Diabetes and Pregnancy |
| Fetal Movement | Just in Time Parenting (prenatal 2nd Trimester) |
| Nutrition and Physical Activity | <p>Guidelines for safely eating fish during pregnancy and while breastfeeding can be found here and here.</p> <p> Oregon Prenatal and Newborn Resource Guide (Nutrition and Healthy Weight Gain) Oregon Prenatal and Newborn Resource Guide (Exercise) Oregon Prenatal and Newborn Resource Guide (Fish) WIC/USDA Making Healthy Food Choices Recommendations on Folic Acid March of Dimes Nutrition, Weight and Fitness CDC Weight Gain During Pregnancy </p> |
| Infections | Oregon Prenatal and Newborn Resource Guide (Infection) Oregon Prenatal and Newborn Resource Guide (HIV) Zika (CDC) Hepatitis B (CDC) Hepatitis C (CDC) |
| Immunizations | Oregon Prenatal and Newborn Resource Guide (Immunizations) CDC Maternal Vaccines |
| Environmental Exposure | Oregon Prenatal and Newborn Resource Guide (Lead Poisoning) Oregon Prenatal and Newborn Resource Guide (Pesticides) |
| Reproductive Life Planning | Planning for Pregnancy (CDC) |
| Substance Use | Oregon Prenatal and Newborn Resource Guide (Alcohol and other drugs) Oregon Prenatal and Newborn Resource Guide (Tobacco) USDA Give Your Baby a Healthy Start CDC Treating for Two CDC Tobacco Use and Pregnancy CDC Marijuana Fact Sheet Marijuana and Your Baby |

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| Social Network and Support | Oregon Prenatal and Newborn Resource Guide (Fathers, partners) |
| Healthy Relationships | Oregon Prenatal and Newborn Resource Guide (Safe and Nurturing Relationships) Futures Without Violence |
| Oral Health | Oregon Prenatal and Newborn Resource Guide (Oral Health) |
| Labor and Delivery | March of Dimes Labor and Birth |
| Getting Ready for Baby | Oregon Prenatal and Newborn Resource Guide (Newborn Screening) Oregon Prenatal and Newborn Resource Guide (Hearing Screening) Oregon Prenatal and Newborn Resource Guide (Car Seat Safety) Oregon Prenatal and Newborn Resource Guide (Child Care) Oregon Prenatal and Newborn Resource Guide (Safe Sleep) Oregon Prenatal and Newborn Resource Guide (Home Safety) |

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Table 5: Postpartum Recommended Health Education

| Recommended Health Education | Resources for Home Visitors and Clients |
|---------------------------------|---|
| Warning Signs | March of Dimes Warning Signs after Birth March of Dimes Postpartum Hemorrhage |
| Emotional Health | Oregon Prenatal and Newborn Resource Guide (Emotional Health) Tips Para La Familia Para Prevenir Una Crisis de Postparto (pdf) Tips for Postpartum Dads and Partners (pdf) |
| Gestational Diabetes | See Gestational Diabetes Protocol |
| Breastfeeding Promotion | See Perinatal and Breastfeeding Support Protocol Oregon Prenatal and Newborn Resource Guide (Breastfeeding) |
| Nutrition and Physical Activity | Guidelines for safely eating fish during pregnancy and while breastfeeding can be found here and here . Oregon Prenatal and Newborn Resource Guide (Fish) WIC/USDA Making Healthy Food Choices March of Dimes Losing Baby Weight |
| Reproductive Life Planning | Planning for Pregnancy |
| Substance Use | Oregon Prenatal and Newborn Resource Guide (Tobacco) WIC materials |
| Social Network and Support | Oregon Prenatal and Newborn Resource Guide (Fathers, partners) |
| Healthy Relationships | Oregon Prenatal and Newborn Resource Guide (Safe and Nurturing Relationships) |

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Table 6: Recommended Health Education Infants and Children

| Recommended Health Education | Resources for Home Visitors and Clients |
|---|--|
| Social Determinants of Health | Community resources: 211 Info Oregon WIC |
| Parent and Family Health and Well-being: Family medical care, family relationships, child care | Bright Futures Guidelines, 4 th Edition, pages 25-37 Bright Futures Pocket Guide, 4 th Edition. Age specific guidelines. |
| Behavior and Development: sleeping and waking, fussiness and attachment, media, playtime | Bright Futures Guidelines, 4 th Edition, Pages 15-39 Bright Futures Pocket Guide, 4 th Edition. Age specific guidelines. Healthy Children.org |
| Oral Health | Bright Futures Pocket Guide, 4 th Edition. Age specific guidelines. Refer to Appendix on pages 113-117 Healthy Children.org |
| Nutrition and Feeding: feeding plans and choices, breastfeeding and formula-feeding guidance, solid food introduction | Oregon WIC |
| Safety: car seat safety, safe sleep, preventing falls, safe home environment | Bright Futures Pocket Guide, 4th Edition. Age specific guidelines. Handout is available in English and Spanish TIPP-The Injury Prevention Program, AAP Bright Futures Pocket Guide, 4 th Edition. Age specific guidelines Healthy Children.org Oregon Public Health Safe sleep for babies Safe Kids Oregon |
| Home Environment | HealthyChildren.org (Environmental Hazards) |

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Period of Purple Crying

The Period of PURPLE Crying program is the name given to the National Center on Shaken Baby Syndrome's evidenced-based shaken baby syndrome prevention program that includes a booklet and DVD or booklet and App package. The program has two aims: to support caregivers in their understanding of early increased crying, and to reduce the incidence of shaken baby syndrome/abusive head trauma. The Period of PURPLE Crying program is based on a three dose model.

- Dose One: Delivery of the Purple Program materials by a trained educator or provider within the first 2 weeks of baby's life
- Dose Two: Reinforcement of the messages generally occurring throughout the first three months following birth
- Dose Three: Public Education Campaign to make sure that all members of community understand the Period of Purple Crying

Dose 2 should be implemented within the Babies First! Program. Please see the Dose 2 Implementation Checklist for steps to getting started. Based on our knowledge of the Dose 1 implementing hospitals in Oregon, most clients should be receiving materials in the hospital. As you work on implementing this program, please check in with your MCH Nurse Consultant regarding your need for training and materials. For more information on the Period of Purple Crying and to access program materials and training, click here: <https://dontshake.org/purple-crying>.

Vroom

Vroom is a free parenting tool that prompts simple, everyday moments of parent-child interactions that are fun brain-building activities. Based on the latest science and designed to fit into parents' existing routines, Vroom's brain-building tips can be accessed via its free Smartphone app (Daily Vroom) or other free materials in English, Spanish, Chinese, Russian, and Vietnamese at www.joinvroom.org. Vroom is also available via text by sending the keyword "CHILD" in English or "HIJO" in Spanish to 48258. The Oregon Department of Education's Early Learning Division has partnered to launch Vroom in Oregon. For more about promoting brain science using VROOM go to: <http://www.brainbuildingoregon.com/project/vroom/>