



Healthy Start Data Collection Forms Training Session 2

Prenatal Form Overview
April 28, 2020



Agenda

Housekeeping	Tess Pritchard, TA & Support Center
Welcome	Kenn Harris, TA & Support Center
Greeting	Benita Baker, MCHB DHSPS
Prenatal Form Overview	Robin Harwood, MCHB DHSPS
Q&A	All
Closing	Kenn Harris

Meeting Logistics

Please note the following:



This session is being recorded, and will be archived for future viewing.



All participants are muted upon entry. We ask that you remain muted to limit background noise.

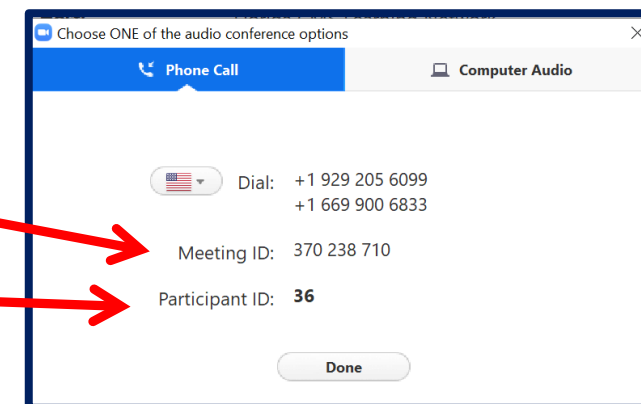
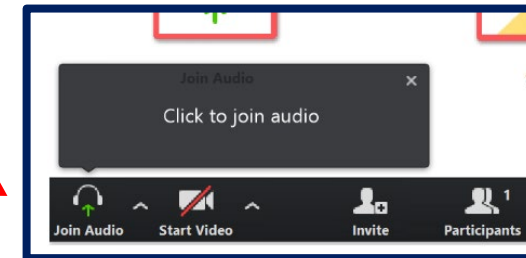


Members are encouraged to participate in the discussion by typing your comment/asking questions using the chat box.

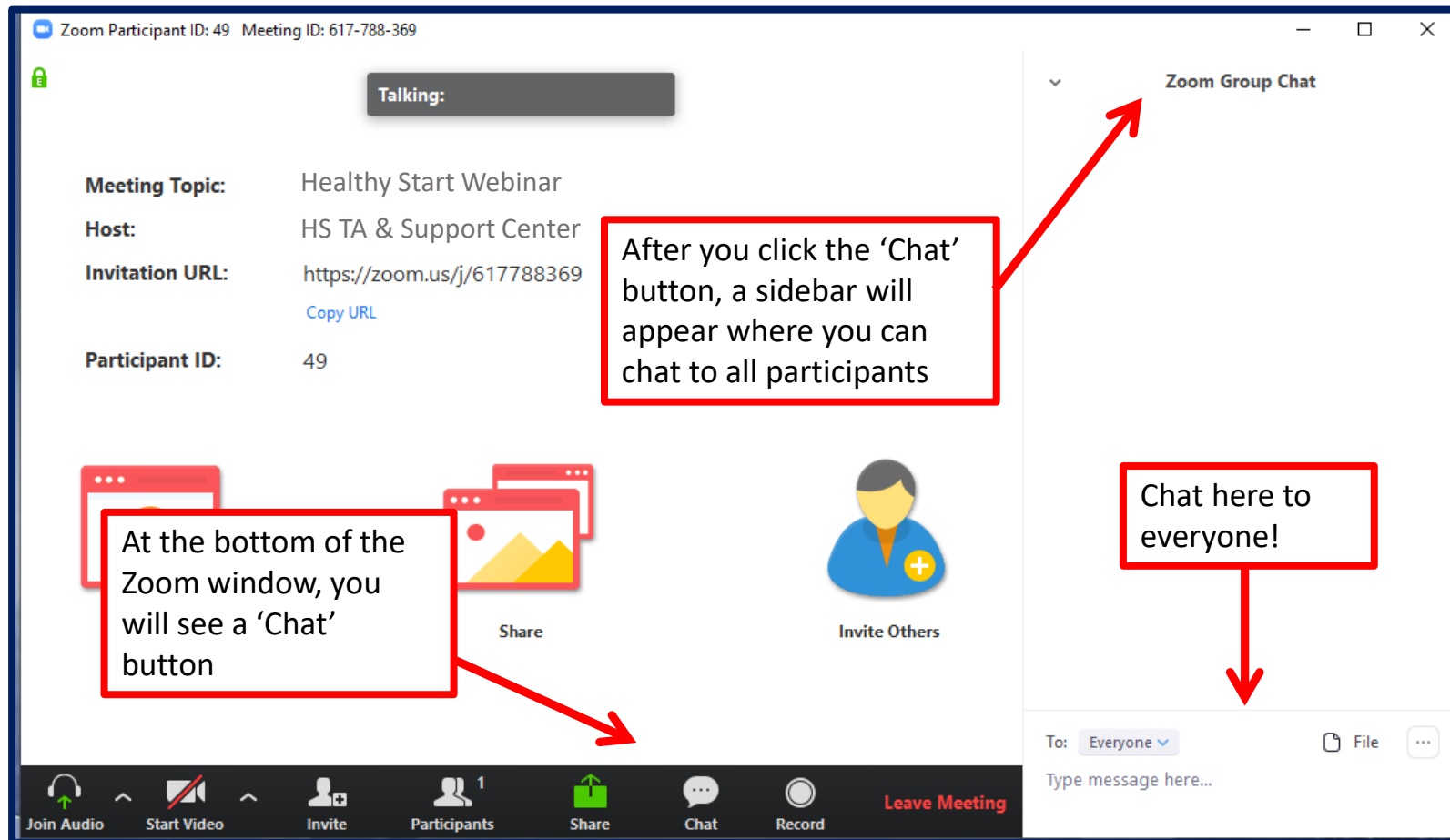
Connecting to the Audio Conference

- Join Zoom Meeting by **clicking Zoom Meeting link** & launching the Zoom application
- An audio conference box will appear
 - If you do not see the box click the **'Join Audio' button**
- From the audio conference box: Select to **"Phone Call" or "Computer Audio"**
- If using the phone:
 - dial the number next to "Dial"
 - You will be prompted to enter the **"Meeting ID"**
 - Then you will be prompted to enter the **"Participant ID"**

Join Zoom Meeting:
<https://zoom.us/j/237206404>



Ways to Participate: Chat



Welcome

Kenn Harris
Healthy Start TA & Support Center

Greeting

Benita Baker

Healthy Start Branch Chief

Division of Healthy Start and
Perinatal Services

Maternal and Child Health Bureau

Healthy Start Data Collection Forms Training Session 2: Prenatal Form

Division of Healthy Start and Perinatal Services
April 28th 2020



Outline

- 1) Review from last session
- 2) Review timeline
- 3) Introduction for Prenatal Form
- 4) Prenatal Form Demo
- 5) Practice
- 6) Q&A



- Background Information
- **Prenatal**
- Parent/Child



Follow Up Q&A Document Forthcoming



Answers to Highlight

- Start using Data Collection Forms (DCFs) by **May 15, 2020**
- DCFs and Crosswalk available on the EPIC website now:
 - www.healthystartepic.org/healthy-start-implementation/data_collection_forms/
- Spanish versions of DCFs forthcoming
- ALL training recordings and slides will be posted to the EPIC website
 - DCF Training Session 1: Forms Overview & Background Information Form (www.healthystartepic.org/event/three-part-training-series-on-the-new-healthy-start-data-collection-forms/)
 - Background Information Form Demo Video: hwww.outube.com/watch?v=DR2A-orwsfs&feature=youtu.be

Review Timeline

Release of Forms	March 2, 2020
Training on Forms	April 2020
Practice Using Forms	April – May 2020
Begin using Data Collection Forms	May 15, 2020
Virtual Grantee Meeting – CAREWare Database* Demo & Data Forms TA	June 2020
Training on CAREWare Database	June/July 2020
Begin entering data into CAREWare Database (should include data collected from May 15 th onward)	August 1, 2020
Release of HSMED v2	October 2020
Training on HSMED v2	October 2020
Data reporting via HSMED v2	October 15, 2020

***CAREWare is not mandatory.** CAREWare is a *free* option for ALL grantees, which will be aligned to the new Data Collection Forms and will have case management capabilities.



Healthy Start Data Collection Forms Training Session 2

Robin Harwood, PhD

Senior Health Scientist

Division of Healthy Start and
Perinatal Services

Maternal and Child Health Bureau

Prenatal Form: Overview



- General Instructions
- Structure of Questionnaire

General Instructions

- Grantee Records/Reporting Requirements
- Unique ID
- Post-pregnancy Follow-up



Unique ID Number

GENERAL INFORMATION to be completed by staff before uploading data for this prenatal form:

1. PRIMARY PARTICIPANT UNIQUE ID#: _____

- [Enter as One Number: Grantee Org Code + PP + Unique ID]

2. ACCOMPANYING ADULT (IF APPLICABLE) UNIQUE ID#: _____

- [Enter as One Number: Grantee Org Code + AA + Unique ID]

Example: 123PP0001

Post-Pregnancy Follow Up

The Mandatory Prenatal Form is Complete POST-PREGNANCY FOLLOW-UP

Date: _____

Enrolled Woman Unique ID# _____

Staff: Please complete the questions below regarding the outcome of this pregnancy once you have been able to confirm the details.

- **IT IS IMPORTANT TO RECORD THE PREGNANCY OUTCOME FOR EVERY WOMAN WHO WAS IN HEALTHY START DURING HER PRENATAL PHASE, EVEN IF SHE LEAVES THE PROGRAM.**
- **Do not read these questions to the woman. Instead, determine the outcome in a way that is sensitive to the woman's feelings, and record below:**

Structure of Prenatal Form

1. Cover Sheet and Instructions
 - ✓ 5 questions
2. Pregnancy and Health
 - ✓ Questions 1-8
3. Home Life,
 - ✓ Questions 9-10
4. Tobacco and Alcohol
 - ✓ Questions 11-13
5. Post-Pregnancy Follow-up
 - ✓ 5 questions

Demonstration



Healthy Start Data Collection Forms Prenatal Form Demo Video



Created by the Healthy Start TA & Support Center
Featuring Morgan Taylor & Becky Cruz-Crosson of Boston Healthy Start Initiative



Frequently Asked Questions About the Prenatal Form

- How should the form be dated since there are two sections and the form is subject to update?

3. DATES OF ENROLLMENT IN HEALTHY START:

- ☐ Primary Participant Enrollment Date _____
- ☐ Accompanying Adult Enrollment Date _____

4. INITIAL COMPLETION OF THIS FORM BY PRIMARY PARTICIPANT:

- ☐ Date of initial completion of this Prenatal form: _____

5. THIS FORM HAS BEEN UPDATED FOLLOWING ITS INITIAL COMPLETION BASED ON [select below as applicable]:

- ☐ Pregnancy ends (PLEASE COMPLETE THE POST-PREGNANCY FOLLOW-UP AT THE END OF THIS FORM)
 - ☐ Date post-pregnancy follow-up completed: _____
- ☐ Other update (eg, woman chooses to exit HS before end of pregnancy)
 - ☐ Date updated: _____
 - ☐ Specify reason for update: _____

Frequently Asked Questions About the Prenatal Form

- Within what timeframe should the post-pregnancy follow-up section be completed (after at least 27 days, in case a neonatal death occurs)?

The Mandatory Prenatal Form is Complete POST-PREGNANCY FOLLOW-UP

Date: _____

Enrolled Woman Unique ID# _____

Staff: Please complete the questions below regarding the outcome of this pregnancy once you have been able to confirm the details.

- **IT IS IMPORTANT TO RECORD THE PREGNANCY OUTCOME FOR EVERY WOMAN WHO WAS IN HEALTHY START DURING HER PRENATAL PHASE, EVEN IF SHE LEAVES THE PROGRAM.**
- **Do not read these questions to the woman. Instead, determine the outcome in a way that is sensitive to the woman's feelings, and record below:**

Frequently Asked Questions About the Prenatal Form (continued)

- *Question #1* asks about the baby's due date. Does this only relate to the due date at intake or, if the due date changes, should it be updated?

Pregnancy and Health Section

1. *First, what is your baby's due date?* [Staff: if woman does not yet know her due date, then this question must be completed when she does.]

- ☐ Due Date: [month/day/year]_____/_____/_____
- ☐ Don't know
- ☐ Declined to answer

Frequently Asked Questions About the Prenatal Form (continued)

- *Question #5* asks if the woman has had her first prenatal visit. Does this include any prenatal visit or a prenatal visit at our organization?

Pregnancy and Health Section

5. *How many months pregnant were you when you had your first visit for prenatal care?* [Staff, Please indicate number of months].

- ☐ _____ Months
- ☐ I haven't gone for prenatal care yet
- ☐ Don't know
- ☐ Declined to answer

Frequently Asked Questions About the Prenatal Form (continued)

- *Question #10* asks if the woman has a supportive partner. How do we respond if they have a partner who is supportive but unable to be involved? (e.g., someone incarcerated) or they have a partner who passed recently and was supportive of the pregnancy?

Home Life Section

10. Would you describe your partner or the father of this baby as:

Select only one.

- ☐ Involved in my pregnancy and supportive of me and the child I'm carrying
- ☐ Involved with the child I'm carrying but not supportive of me
- ☐ Involved and supportive of me but not the child I'm carrying
- ☐ Not involved/supportive of either me or the child I'm carrying
- ☐ Not aware I am pregnant
- ☐ Declined to answer

Frequently Asked Questions About the Prenatal Form (continued)

- *Question #11* asks about current smoking habits but the response option if they don't smoke is, " I didn't smoke then." Is this question asking about current smoking habits or previous habits?

Tobacco and Alcohol Section

Finally, I'd like to ask you some additional questions about your current use of tobacco and alcohol.

11. How many cigarettes are you smoking now on an average day? A pack has 20 cigarettes.

- ☐ 41 cigarettes or more
- ☐ 21 to 40 cigarettes
- ☐ 11 to 20 cigarettes
- ☐ 6 to 10 cigarettes
- ☐ 1 to 5 cigarettes
- ☐ Less than 1 cigarette
- ☐ I didn't smoke then
- ☐ Don't know
- ☐ Declined to answer

Questions?



Closing

Kenn Harris
Healthy Start TA & Support Center



Join us for the third and final DCF Training!

Session 3: Parent/Child Form

Thursday, 4/30 from 12:30-2:00 p.m. EST (9:30-11:00 a.m. PST)

How We Can Support You in Practicing and Using the Forms



- Next training (4/30)
- Ongoing grantee TA and development of FAQ
- Ongoing PO support and training

Survey

- Please take 5 minutes to complete a short evaluation survey
- The link will be sent to everyone who registered for this webinar
- Or visit:
<https://bit.ly/DCFprenatalform>

Thank you!

Questions?
Email the
TA & Support Center at
healthystart@nichq.org