COMPREHENSIVE PERINATAL SERVICES PROGRAM PROTOCOLS

Los Angeles County

APRIL 14, 2025

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
600 S. Commonwealth Ave., Suite 800, Los Angeles, CA 90005
(213)639-6419 • http://publichealth.lacounty.gov

Comprehensive Perinatal Services Program Protocols

Table of Contents

Introduction 4
Client Orientation Protocol 5
Prenatal Assessment and Individualized Care Plan Protocol 7
- Personal Information 10
- Economic Resources 14
- Housing 15
- Transportation 17
- Current Health Practices 17
- Pregnancy Care 21
- Educational Interests 26
- Nutrition: Anthropometric 29
- Nutrition: Biochemical 31
- Nutrition: Clinical 32
- Nutrition: Dietary 35
- Coping Skills 38

Group Education Protocol 43
Mandated Reporting Protocol 43
Postpartum Assessment and Individualized Care Plan Protocol 46
- Baby 48
- Clinical-Delivery 48
- Clinical-Infant 49
- Clinical-Maternal 49
- Nutrition: Anthropometric 49
- Nutrition: Biochemical (Postpartum) 50
- Nutrition: Clinical 51
- Nutrition: Dietary 51
- Nutrition: Infant 52
- Psychosocial 54
- Health Education 58
- Health Education: Family Planning 59
- Health Education: Infant Safety & Care 59
- Other 60

Protocol Attachment Checklist 61

CPSP Protocol Signature Page

Name of CPSP Practice:

Address:

City/State/ZIP:

Phone:

The undersigned have reviewed and approved the attached CPSP protocols:

CPSP Supervising Physician

Name and Credentials (typed): _____

Signature: _____ Date: _____

Health Education Consultant

Name and Credentials (typed): Tyla Jones, MPH, CHES, CLES

Signature: Tyla Jones Date: 7/8/24

Social Work Consultant

Name and Credentials (typed): Elizabeth Norato, MSW, LCSW, CLES

Signature: Elizabeth Norato Date: 7/8/24

Nutrition Consultant

Name and Credentials (typed): Jocceline Hernandez, RD

Signature: Jocceline Hernandez, RD Date: 9/30/22

Introduction

This protocol template was developed by the Los Angeles County Department of Public Health for use by providers of the Comprehensive Perinatal Services Program (CPSP) in Los Angeles County. These protocols are to be used with the **CPSP Provider Handbook, 2018 Edition**, and the **CPSP Steps to Take Guidelines, 2019 Edition**.

Protocols are site-specific. Interventions and materials recommended in the protocols may be replaced by those preferred by your clinic's CPSP Provider or Coordinator. Adapt the protocols to reflect your actual practice as needed. For more ideas on developing site-specific protocols, refer to the section of the CPSP Provider Handbook called *Implementing and Maintaining CPSP*.

Copies of your customized protocols must be submitted to your local CPSP Coordinator within 6 months of CPSP certification. Protocols are a staff resource and should be shared with and readily accessible for all CPSP practitioners, including Comprehensive Perinatal Health Workers (CPHWs).

The protocols are generally organized in the following manner: 1) the question as it appears on the assessment tool, 2) information about the topic, 3) reference to the appropriate section of Steps to Take Guidelines, 4) specific interventions designed to meet needs identified by asking the client that particular question, and 5) referral or other resources.

For further instructions, information or technical assistance regarding CPSP, you may call your local CPSP Coordinator at the following numbers:

Los Angeles County (213) 639-6419

Client Orientation Protocol

Purpose:

- To inform the client about her prenatal and postpartum care and services available through the Comprehensive Perinatal Services Program (CPSP)
- To review danger signs and what to do if they happen

Staffing:

The following level of staff will conduct Client Orientation (mark all that apply):

□ Comprehensive Perinatal Health Worker (CPHW)
□ RN/LVN
□ Other:_____

Procedure:

1. Client orientation will be provided to each new prenatal CPSP client (mark all that apply):
   - □ At confirmation of pregnancy
   - □ At first obstetric visit
   - □ At initial CPSP assessment
   - □ Other: _____
2. Refer to Steps to Take Guidelines (STT): *First Steps - Orientation to Your Services* and Health Education – *What to Discuss at the First Visit*
3. Confidentiality is a critical component of CPSP. During the client orientation, limits of the client's confidentiality should be outlined such as mandatory reporting laws for child abuse, domestic violence, etc. Inform the client that other members of the health care team will share the information among themselves, on a need to know basis, as needed to deliver the best care possible. Provide a copy of the office's HIPAA Privacy Practices to the client.
4. Initial client orientation must be individual and face-to-face. At least one unit (minimum 8 minutes) must be provided
5. At the initial client orientation, a CPSP practitioner will review with the client a copy of the STT Health Education handout, ***Welcome to Pregnancy and Postpartum Care***, and will discuss the importance and content of postpartum care. Required topics include:
   - Perinatal services to be provided, including CPSP
   - Who will provide services
   - Where services will be provided
   - Danger signs of pregnancy & what to do
   - Client rights and responsibilities (including client confidentiality)
6. Additional orientation may be needed before a new procedure or referral. Review orientation topics previously discussed as needed. If the client has transferred care from another CPSP provider, repeat the client orientation to inform the client of practices at this site.

7. Additional topics/handouts to discuss during client orientation include:
    - Substances to avoid during pregnancy (STT Health Education handout – ***Pregnant Steps for a Healthy Baby***)
    - Group classes available (at the clinic, hospital, or community)
    - Routine lab tests and procedures, including HIV (STT Health Education handout – ***What You Should Know About HIV***)
    - Prenatal Screening Program (formerly AFP)
    - Delivery site options, including locations, information on tours available, pre-admission information requested by the hospital and routine practices of the hospital
    - Financial responsibility
    - Fetal kick counts (22-28 wks.) (STT Health Education handout – ***Count Your Baby's Kicks***)
    - Other information about services and procedures such as ultrasound, glucose tolerance testing, stress testing, amniocentesis, etc., as these issues arise. Explain the procedures, who will do them, and why they are important. Reinforce any pre- or post-procedure instructions.
8. Provide postpartum orientation to services and referrals; for example, lactation support services, on-going primary care for the client

<u>Documentation:</u>

- Documentation is important for communication and billing and should be clear and complete
- Document all topics discussed, either on the Client Orientation Checklist or Progress Notes. Include orientation content, date, number of minutes, and staff signature and CPSP title
- Written consent to participate in CPSP is not required
- If the client declines to participate in CPSP, a note must be made in the client's medical record which includes any particular reason the client gives for declining services. The client may begin CPSP services at any point throughout her pregnancy, so if she declines during the initial orientation, you may offer at a later time.

Prenatal Assessment and Individualized Care Plan Protocol

Purpose:

- To help the client have a healthy baby by identifying her strengths, as well as problems and learning needs that affect the pregnancy during the first, second and third trimester of her pregnancy
- To develop an Individualized Care Plan to address those needs and build on those strengths

Prenatal Assessment Staffing

The following level of staff will conduct Prenatal Assessments and develop the Individualized Care Plan (mark all that apply):

□ Comprehensive Perinatal Health Worker (CPHW)
□ RN/LVN
□ Registered Dietitian
□ Health Educator
□ Social Worker
□ Other:_____

Supervising Provider Oversight

Indicate how the supervising physician will provide oversight of the CPSP services provided by all CPSP practitioners (CPHW, RN, LVN, RD, etc.):

The supervising physician (or his/her designee) will review and sign (select at least one):

□ Prenatal Assessment & Individualized Care Plan
□ 2nd Trimester Reassessment
□ 3rd Trimester Reassessment
□ Postpartum Assessment & Individualized Care Plan

The supervising physician maintains responsibility of CPSP services but will delegate day-to-day oversight to:

_____

(Must be licensed clinician only – PA, NP, CNM)

_____

Supervising Provider Signature Date

Procedure:

1. Refer to STT Guidelines: First Steps - *Assessment*
2. The Prenatal Assessment and Individualized Care Plan Tool is designed to be completed by any qualified CPSP practitioner, as defined in Title 22, Section 51179.7. The practitioner must be listed on the provider application or staff update form.
3. A CPSP practitioner must complete the assessment face-to-face with the client in a private setting. It is not appropriate for a client to complete this form by herself or to be conducted over the phone.
4. Conduct the assessment in a conversational manner, and use language appropriate to the client's culture and education level when asking about the topics included in the form.

5. Complete the initial assessment as early as possible in the client's prenatal care, ideally within 4 weeks of entry to care. The initial assessment may occur in the first, second, or third trimester depending on when the client begins her prenatal care. Reassessment must occur in each of the following trimester(s). For example, if a client enters prenatal care in the second trimester, enter the date of the initial assessment in the "Initial" space and "Late Entry" in the 2nd trimester space at the top of the first page. All questions must be asked (unless they are not applicable) at the initial assessment, no matter when in the pregnancy that initial assessment occurs.
6. Responses that are shaded are possible risk factors and usually will require additional questioning for clarification. If risks are identified, intervention(s) are needed according to the protocol, such as education, counseling, and/or referral to other CPSP support services practitioners, community based organizations, public resources, or specialists.
7. Reassessments must occur in the trimester(s) following the initial assessment. The purpose of the reassessments is to follow up on unresolved issues and identify any new problems. Before conducting the reassessments, review the previous assessments and individualized care plan. Not all questions need to be asked again after the initial assessment. The numbers of the reassessment questions that must be repeated are shaded so they can be easily recognized during reassessments.
8. Complete all sections of the assessment form during the appropriate trimester, and use N/A for questions that are not applicable. If the client declines to respond to a question, document "declines to state" on the form and continue with the assessment.
9. At the completion of the assessment, summarize the needs and strengths that have been identified and assist the client in prioritizing them. Work with her to set reasonable goals and plans and document them on the Individualized Care Plan Summary.

Documentation:

Client Information:

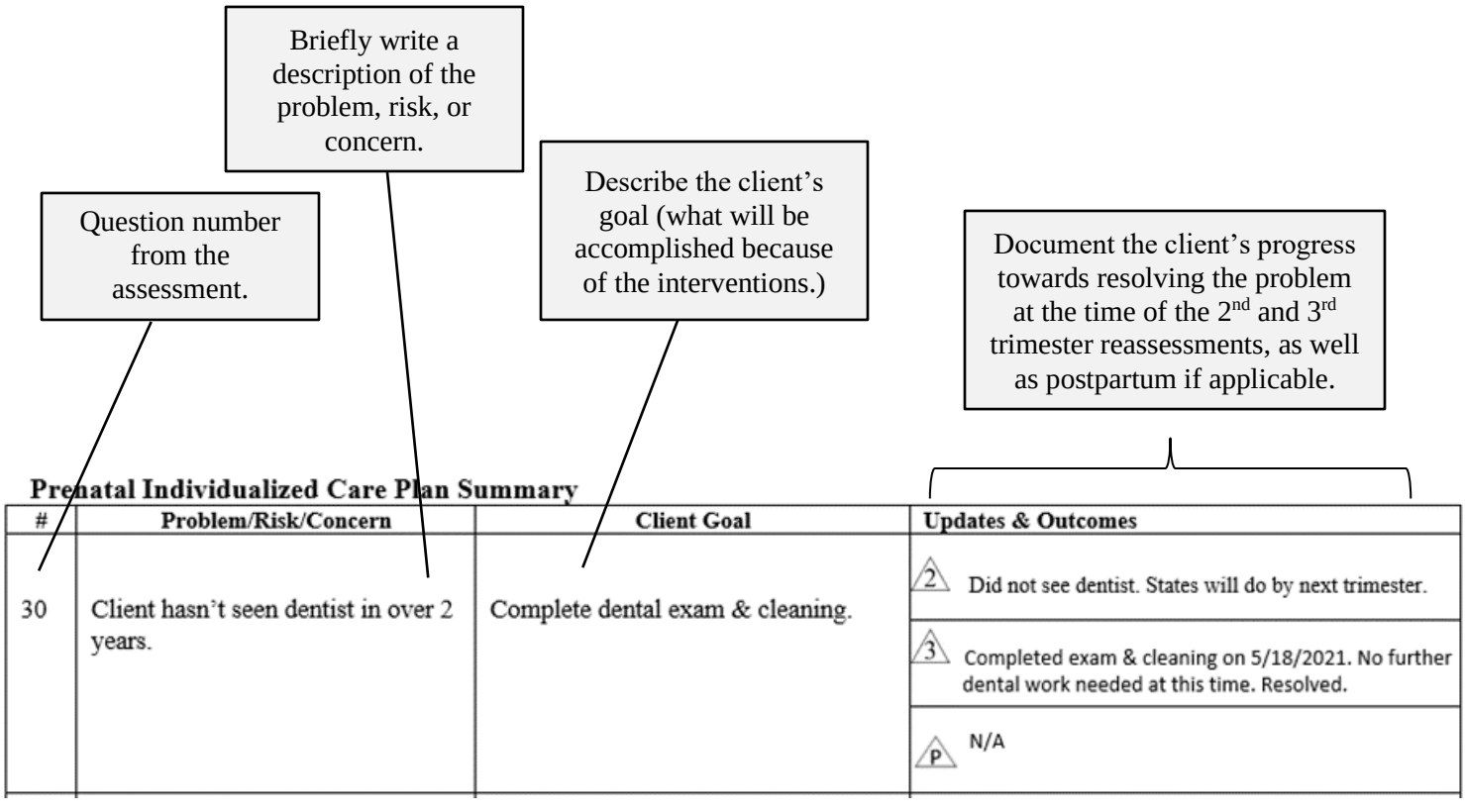
- *Date/Weeks:* Date the assessment is conducted and the gestation of the pregnancy in weeks
- *Client Name:* Client's first name, middle initial, and last name
- *Date of Birth:* Client's month, date, and year of birth
- *Health Plan:* Client's health plan, if applicable
- *ID Number:* If applicable, the ID number assigned to your client by your clinic
- *Provider:* The physician or other provider in charge of the client's overall OB/CPSP care
- *Hospital:* Hospital or location where the client plans to deliver
- *Case Coordinator:* Name and CPSP title of the Case Coordinator
- *EDD:* Estimated Date of Delivery, or the due date, is the calculated birthdate of the infant using the first day of the client's last menstrual period. Charts or "OB wheels" can be used for the calculation. Write in the month/day/year.
- *Diagnosis of OB High Risk Condition:* Review the OB record and any notes documented by the OB provider and summarize any high risk conditions noted here. Examples are hypertension, diabetes, sexually transmitted infection.
- *Gravida:* Write in the number of times the client has been pregnant including this one. All pregnancies should be counted regardless of whether they resulted in a live birth or not.
- *Para:* Write in the number of previous deliveries resulting in infants weighing 500 grams or more or having a gestational age of 20 weeks or more, whether alive or dead at delivery. A multiple fetal pregnancy (twins, triplets, etc.) counts as only one delivery.

Individualized Care Plan & Summary

The Individualized Care Plan (ICP) is integrated into the assessment form and provides a simple way to document the interventions described in the protocols. The ICP consists of education topics, specific handouts in the Steps to Take Guidelines (STT), and referrals to clinic or community resources. The protocols contain additional background information and details about each risk/problem and appropriate interventions and should always be reviewed before planning an intervention. Based on the client's specific needs, mark the appropriate STT section(s) or handout(s) used to provide education or counseling. Each referral should be documented with the name of the person/agency and the date the referral was made.

Acknowledging the client's past and current strengths empowers her to make positive changes during the current pregnancy and in the future. Client strengths should be summarized in the space provided above the Individualized Care Plan Summary. Review STT Guidelines: First Steps - *Essential Elements of Every Client Interaction* for examples of appropriate strengths.

Problems identified on the assessment should be prioritized and summarized in the Individualized Care Plan Summary (ICP). The ICP will be a quick, brief way for the client's CPSP team to view the findings of her assessment. In the first three columns, indicate the question number and a brief summary of the problem and goal. Use the last column to document any updates or outcomes at the time of the 2nd and 3rd trimester reassessments and postpartum, as applicable. Describe the client's progress towards resolving the problem. For example, was the problem resolved? What has changed since the last assessment? This information can include whether she has followed through on the referrals provided, or made changes to her behavior such as her eating or exercise habits, etc.



Prenatal Individualized Care Plan Summary

#	Problem/Risk/Concern	Client Goal	Updates & Outcomes
30	Client hasn't seen dentist in over 2 years.	Complete dental exam & cleaning.	2 Did not see dentist. States will do by next trimester. 3 Completed exam & cleaning on 5/18/2021. No further dental work needed at this time. Resolved. P N/A

Once the Prenatal Assessment and Individualized Care Plan documentation has been completed, the assessor must sign their name, and write their CPSP title, the date, and the amount of time (in minutes) that it took to complete BOTH the Prenatal Assessment and the Individualized Care Plan (ICP). CPSP progress notes should also be legibly signed and the writer's CPSP title, date and minutes spent should also be included.

Personal Information	Individualized Care Plan
1. Client age: □ Less than 12 years □ 12-17 years □ 18-34 years □ 35 years or older	**Clients Age 17 or Younger** Teens may be at higher risk medically, psychosocially, nutritionally, and in terms of their health education needs. Teenage pregnancy is associated with an increased risk of preterm delivery & low birth weight. Teen girls may limit their food intake in order to stay slim and hide their pregnancy. Such poor eating habits can lead to health problems for her and baby. Additionally, a minor (age 12 or older) can receive pregnancy-related care (including abortion) without her parents' permission, as long as she is capable of giving informed consent. A pregnant minor is eligible for a type of Medi-Cal called "sensitive services" or "minor consent services." Neither the provider nor Medi-Cal may contact the parents. Teens may also need referrals to AFLP, Cal-Learn, home visitation program, or other teen mother programs. When a client has been the victim of sexual abuse, she is at risk for engaging in sexual activity at an early age. If you are providing services for a pregnant teen, listen carefully for any information that she may have a history of sexual abuse, may have been coerced/forced to have sex, or had sex under any other circumstances that were not voluntary (i.e., she was too intoxicated to give consent, unconscious, etc.). You may need to refer your client to a social worker for further evaluation and support, and/or make a child abuse report. **Interventions:** • If you suspect sexual assault or other abuse toward the teen, you are mandated to report to the LA County Child Protective Hotline at: 1-800-540-4000. Refer to the clinic's mandated reporting protocol on pages 43-45 • Refer to STT First Steps: *Approaching Clients of Different Ages* and STT Psychosocial: *Teen Pregnancy and Parenting* • Refer client to Text4Baby by texting BABY to 511411 (English) or BEBE to 511411 (Spanish). Text4Baby is a free service that will send her 3 health tips per week during pregnancy and the first year of the baby's life • Refer to your local Adolescent Family Life Program (AFLP), which offers case management for pregnant and parenting teens • Offer a referral to a home visitation program such as Nurse Family Partnership (NFP) or Early Head Start • Refer to social worker **Clients Over 35** Women over 35 years of age (advanced maternal age) at time of delivery may need additional genetic screening. **Interventions:** • Refer to provider to determine if a genetic counseling referral is needed and provide orientation as needed • Refer to STT First Steps: *Approaching Clients of Different Ages* • Refer client to Text4Baby by texting BABY to 511411 (English) or BEBE to 511411 (Spanish). Text4Baby is a free service that will send her 3 health tips per week during pregnancy and the first year of the baby's life

2. Are you: □ Married □ Single □ Living with partner □ Divorced/Separated □ In a relationship □ Widowed □ Other_____ *If the patient indicates stress in any of the above please refer to the intervention and add to the care plan.	This question may give you an idea of the client's support system. **Interventions:** • Refer to a social worker or applicable community resources for assistance identifying or accessing social support as needed
3. How long have you lived at your current home? □ Over one year □ Under one year, previously lived:_____ □ Familiar with local area □ Not familiar with local area Place of birth:_____	If the client has lived in their current home for less than a year or has recently emigrated from another country, she may have a weaker support system, be less familiar with community resources, and need more orientation and guidance. A client's place of birth may give information about the client's cultural background. **Interventions:** • Refer to STT First Steps: *Cultural Considerations, Cross-Cultural Communication,* and *Clients with Alternative Health Care Experiences* and STT Psychosocial: *New Immigrant* • Provide additional orientation to the client as needed
4. Do you plan to stay in this area for the rest of your pregnancy? □ Yes □ No, explain: _____ □ Unsure, explain: _____	If the client does not plan to stay in the area, she will need assistance to transfer her care and need counseling on the importance of ongoing and consistent prenatal care. **Interventions:** • Discuss the benefits and importance of regular prenatal care for her and the baby • If the client is a Medi-Cal Managed Care Member and is staying in the same county, refer to the appropriate Member Services phone number for help finding a new provider • If the client is leaving the county, she will need to call the Department of Social Services in that county to transfer her Medi-Cal and get a referral to a new provider
5. Delivery Hospital: _____ □ Informed/agrees □ Informed/disagrees	When your client chooses their OB doctor, they choose the delivery hospital. An OB doctor has admitting privileges at a specific hospital(s) and cannot deliver anywhere else. The doctor's admitting privileges are at a local hospital (s) and the patient is expected to deliver their baby there. Keep in mind that there is no guarantee that the selected OB doctor will be available when the baby decides to arrive. Some hospitals have a group of OB doctors that are on-call or take turns covering baby deliveries at the hospital. If this is the case, the on-call provider will deliver the baby. In other cases, the selected OB doctor may be able to deliver the patient. To increase the chances of a safe delivery, it is important that the client delivers at a hospital affiliated with their assigned OB. The assigned doctor knows the client & their medical history. If the client delivers at a non-affiliated hospital, the doctors do not have the client's full medical history, and that puts the client and baby at risk for adverse consequences. **Intervention:** • Educated per protocol • Explained the risk of not delivering at the affiliated hospital • Notified provider • Other _____

6. How many years of school have you completed? □ 0-8 years □ 9-11 years □ 12-16 years □ 16+ years	Years of school completed may give you a general idea of the client's reading and comprehension levels. Clients under the age of 18 are required by law to attend school unless they have graduated or passed the California High School Proficiency Exam. The Cal-Learn program helps pregnant and parenting teens to attend and graduate from high school or its equivalent. Pregnant/parenting teens who are receiving CalWORKs are required to participate in Cal-Learn if they are under the age of 19 and haven't received a high school diploma/GED. **Interventions:** • Provide written information based on her education/reading level • If under 18 and has not completed school, provide referral to a school program for pregnant/parenting teens • If over 18, offer referrals to Adult School, English as a Second Language (ESL), or GED programs if the client is interested
7. What language do you prefer to speak? □ English □ Spanish □ Other: _____ What language do you prefer to read? □ English □ Spanish □ Other: _____	Clarify with the client what language she feels most comfortable expressing herself, and what language she would like to receive informational materials. **Interventions:** • Refer to STT First Steps: *Cross Cultural Communication, Dealing with Language Barriers,* and *Guidelines for Using Interpreters* • Contact interpreter service if needed
8. Which of the following bests describes how you read: □ Like to read and read often □ Can read, but don't read very often □ Can't read	If the client doesn't read very often or can't read, tailor your health education services to her ability. For example, use more audio-visual materials, verbal instruction, or written materials with a lot of pictures. **Interventions:** • Provided verbal/visual/written information appropriate for client's ability • Refer to STT First Steps: *Low Literacy Skills* • Offer referral to public library or adult literacy program
9. Father/Partner/Caregiver of baby: Name:_____ Language:_____ Education:_____ Age:_____	This response can give you additional information about their support system. You are not required to ask a teen under the age of 18 the age of the baby's father/partner/caregiver. However, if the teen tells you the age of the father of her baby, you may be required to make a mandated child abuse report depending on the client's age and the age of the father of the baby. For example, if the client is under 14, and the father/partner/caregiver of the baby is 14 or older, you must make a mandated child abuse report. You must also report if the client is under age 16, and the father of the baby is 21 or older. You can also make a child abuse report any time based on your clinical judgement, regardless of the client's/partner's ages if you have reasonable suspicion that the client engaged in sexual intercourse that was coerced/forced or was in any other way not voluntary (i.e., she was too intoxicated to give consent, unconscious, etc.). If parents are unmarried, establishing paternity is not automatic. The process should be started as soon as possible. Establishing paternity will give the child rights such as the right to financial support from both parents, access to parent's medical benefits,

	etc. Unmarried parents can establish paternity by signing the voluntary Declaration of Paternity at the hospital or after the child is born. For more information about California's Paternity Opportunity Program (POP) visit: www.childsup.ca.gov/resources/establishpaternity.aspx **Interventions:** • Provide referral for legal assistance where the client can obtain advice regarding paternal responsibilities, including child support • Educate the client about options for declaring paternity. Refer to STT Psychosocial: *Teen Pregnancy and Parenting* (even if client is not a teen) • You are not required to ask the teen under 18 the age of the baby's father. However, if the teen client tells you the age of the father/partner/caregiver of her baby, review "When Mandated Reporters Must Report Sexual Activity by Minors in California" http:/publichealth.lacounty.gov/dhsp/Providers/toolkit3.pdf for guidance on whether or not you need to file a report • If you suspect sexual assault or other abuse toward the teen, you are mandated to report to the LA County Child Protective Hotline at: 1-800-540-4000. Refer to the clinic's mandated reporting protocol on pages 43-45 • Refer to STT Psychosocial: *Teen Pregnancy and Parenting*, *Child Abuse and Neglect*, and *Legal/Advocacy Concerns* for more information
10. Is this a planned pregnancy? □ Yes □ No, describe: _____ Is this a wanted pregnancy? □ Yes □ Unsure □ No, describe:_____	Planned pregnancies may mean different things to different cultures. Using open ended questions can help you understand what her beliefs are about pregnancy and family planning. Let her know that you will be asking her questions about family planning later in the pregnancy.
11. Are you thinking about abortion or adoption? □ No □ Yes: □ Adoption □ Abortion	**Interventions:** • Ask if her unplanned or unwanted pregnancy was due to her partner interfering with her birth control or forcing her to have unprotected sex. If so, inform the client that there are birth control methods her partner does not have to know about that she can discuss with the provider • Encourage client to wait at least 18 months before becoming pregnant again. This will give her time to recover and bond with her baby • Review & discuss STT Psychosocial: *Unwanted Pregnancy*, and handouts ***Uncertain About Pregnancy?*** and ***Choices*** • Provide information about Baby Safe Surrender Program, where a parent may drop off a newborn baby within 72 hours (3 days) of birth to any hospital or fire station with no questions asked. The Safe Surrender hotline is: 1-877-222-9723 • Offer referral to adoption services • Refer to OB provider if she would like more information about abortion and a referral to abortion services (if not offered in your clinic) • Offer referral to social worker for counseling
12. How do you feel about being pregnant now? 0-13 Weeks: □ Good □ Unsure □ Troubled Explain:_____ 14-27 Weeks: □ Good □ Unsure □ Troubled Explain:_____	If the client expresses negative feelings and thoughts about being pregnant, ask for more information to identify appropriate ways to support her. **Interventions:** • Offer a referral to a social worker or local mental health clinic if client is feeling troubled, depressed or anxious

28-40 Weeks: □ Good □ Unsure □ Troubled Explain:_____	• Refer to the home visitation program • If she has financial or legal concerns, review & discuss: STT Psychosocial: *Financial Concerns* and *Legal/Advocacy Concerns*
13. How does the father/partner/caregiver of the baby feel about the pregnancy? _____ Your family? _____ Your friends? _____	If the father/partner/caregiver of the baby is not supportive, you can help the client identify supportive family and/or friends to provide assistance during pregnancy and postpartum. Clients may also find support through their church or other groups/organizations they are involved with in the community. **Interventions:** • If client lacks support, provide referral to home visitation program • Refer to social worker for assistance identifying additional support • Provide information on declaring paternity (per STT PSY: Teen Pregnancy and Parenting – even if client is not a teen) • Review/discuss STT Psychosocial: *Financial Concerns* and *Legal/Advocacy Concerns*

Economic Resources

14. a) Are you currently working or going to school? □ No □ Yes, Type of school/work: _____ Hours per week: _____ b) Do you plan to work or go to school while you are pregnant? □ Yes □ No c) Do you plan to return to work/school after baby is born? □ Yes □ No	This question provides information about the client's financial resources and any safety issues in her school or work environment. This is also an opportunity to discuss childcare and breastfeeding plans if she plans to return to work or school after the baby is born. **Interventions**: • If she is under 18 (and has not graduated or passed the California High School Proficiency Exam) she is required by law to attend school. Refer to local school program for pregnant/parenting teens • Refer to STT Health Education: *Workplace Safety* and handout ***Keep Safe at Work*** • Refer to STT Psychosocial: *Financial Concerns, Legal/Advocacy Concerns* • Review and discuss information on pumping/storing breastmilk per STT Nutrition: *Breastfeeding* • Refer to childcare resource
15. Will the father/partner/caregiver provide financial support for you and the baby? □ Yes □ No □ Unsure Other sources of financial help:_____	This question gives an indication of the father's involvement and the client's sources of financial support. Support can include not only money, but also groceries, infant supplies, transportation, etc. **Interventions:** • Refer to STT Psychosocial: *Financial Concerns* for information on the father's requirement to pay child support • Refer to STT Psychosocial: *Legal/Advocacy Concerns* • Refer to Los Angeles County Child Support Services Department at: 1-866-901-3212
16. Are you receiving any of the following? Yes / No WIC □ / □ CalFresh (Food Stamps) □ / □ CalWORKs □ / □ Medi-Cal □ / □ Emergency Food Assistance □ / □ Pregnancy disability benefits □ / □ Other:_____ □ / □	All pregnant Medi-Cal recipients should be eligible for WIC and must be referred. **Interventions:** • Refer to STT First Steps: *Making Successful Referrals*, *Women, Infants and Children (WIC) Supplemental Nutrition Program*, and STT Psychosocial: *Financial Concerns* • Refer to local WIC Program

17. a) In the past 12 months, have you worried whether your food would run out before you got money to buy more? □ No □ Yes, explain: _____ b) In the past 12 months, did you experience that the food you bought just didn't last and you didn't have money to get more? □ No □ Yes, explain: _____	Skipping meals and/or eating less due to financial problems during the last year may put the client at risk for poor diet and poor nutrition during her pregnancy. If the client doesn't have enough to eat, it could also poorly affect her birth outcome. In addition to referring to WIC and CalFresh in Question #15, it might also be helpful to educate the client about shopping on a budget, and/or provide information about local food banks where additional free food items may be obtained. **Interventions:** • Refer to STT Nutrition: *Getting Healthy Foods* and STT Nutrition handouts: ***Tips for Healthy Food Shopping, You Can Buy Healthy Food on a Budget,*** and ***You Can Stretch Your Dollars: Choose These Easy Meals and Snacks*** • Refer to food bank

Housing

18. What type of housing do you currently live in? □ House □ Hotel/Motel □ Apartment □ Farm Worker Camp □ Trailer Park □ Emergency Shelter □ Public Housing □ Car □ Other:_____ Any changes in housing? 14-27 Weeks: □ No □ Yes, explain:_____ 28-40 Weeks: □ No □ Yes, explain:_____ 19. Members of household (not including client): Number of adults:_____ Relationship to client:_____ Number of children:_____ Relationship to client:_____ 20. Was your house or apartment built before 1978? □ No □ Yes □ Unsure Is there chipping or peeling paint inside or outside the home? □ No □ Yes □ Unsure 21. Is your current housing safe and adequate for you and your children)? 0-13 Weeks: □ Yes □ No, explain:_____ 14-27 Weeks: □ Yes □ No, explain:_____ 28-40 Weeks: □ Yes □ No, explain:_____	The client may need referrals for housing resources if she does not have a stable housing situation or if she feels her housing situation is unsafe. Unstable and/or unsafe housing can be a major source of stress. Safety issues can include environmental safety issues like gang activity. Asking about who lives in her home can give information about whether the home is overcrowded. The health of the client may be at risk if the home is overcrowded or has water leaks, mold, cockroaches, or other issues. Additionally, if her home was built before 1978 and there is chipping or peeling paint, she may be exposed to toxic levels of lead which can increase the risk of fetal growth restriction, maternal hypertension, and miscarriage. It can also be poisonous for any infants or children in the house and cause long-term mental and behavioral problems. **Interventions:** • Refer to STT Psychosocial: *Financial Concerns* for information about housing options • If she says she feels that her housing is not safe for her, ask for more information and make referrals as needed • Refer to the LA County Housing Resource Center to help clients find affordable, special-needs, accessible, and emergency housing at: 1-877-428-8844 • Refer to an emergency shelter if she is homeless. If you are not able to find an emergency shelter that can accept her, notify your supervisor before she leaves the clinic. The medical provider or other licensed practitioner is responsible for appropriate evaluation and referrals **If her home was built before 1978 and/or has peeling/chipping paint:** • Refer to the provider to see if a blood lead test is needed • Refer to the LA County Childhood Lead Poisoning Prevention Hotline at: 1-800-LA-4-LEAD

22. Do any of your children or your partner's children live with someone else?
- □ N/A
- □ No
- □ Yes, explain:_____

If yes, provide a brief description of where the children live and why. Parents separated from their children may have issues with grief and loss.

Interventions:
- If the children have been removed from the home by the Department of Child & Family Services (Child Protective Services) or a custody order, offer referral to parenting classes or social worker
- Refer to STT Psychosocial: *Parenting Stress, New Immigrant*, and *Legal/Advocacy Concerns* as appropriate
- Refer to National Parent Helpline at: 1-855-4A PARENT or 1-855-427-2736
- Refer to local family support/counseling or child abuse prevention program
- Refer to a social worker or local mental health clinic for issues with grief, loss, and/or guilt

23. Do you have the following where you live?

	0-13 Wks		14-27 Wks		28-40 Wks	
	Yes	No	Yes	No	Yes	No
Toilet	□	□	□	□	□	□
Stove/place to cook	□	□	□	□	□	□
Tub/shower	□	□	□	□	□	□
Electricity	□	□	□	□	□	□
Refrigerator	□	□	□	□	□	□
Hot/cold water	□	□	□	□	□	□
Phone	□	□	□	□	□	□
Smoke/Carbon Monoxide detectors	□	□	□	□	□	□
Windows that open/close	□	□	□	□	□	□

Plumbing, electricity, and safe food storage/preparation areas are important for health, safety, and nutrition. If the client does not have any of these items, ask her for more information about the problem and make appropriate referrals as needed.

Interventions:
- As needed, refer to STT Nutrition: *Cooking and Food Storage*, *Food Safety* and handouts ***When You Cannot Refrigerate: Choose These Foods, Tips for Cooking and Storing Food,*** and ***Don't Get Sick From the Foods You Eat***
- If her housing is not safe or appropriate, refer to Housing Resources such as the LA County Housing Resource Center to help her find housing at: 1-877-428-8844
- Refer to HUD for housing needs at: 1-213-894-8000.
- Refer to Housing Rights Center to learn about housing rights at: 1-800-477-5977.
- Refer to Housing Resources for information about tenant's rights
- Refer to local fire department for smoke alarm information
- Offer referral to social worker for counseling

24. Do you have a gun in your home?
- □ No
- □ Yes, how is it stored? _____

Guns are a leading cause of death for children. In homes where there is violence, guns lead to a higher risk of injury or death. If there are guns kept in the home, the parents should make sure they are stored safely.

Interventions:
- Counsel parents who have guns at home to keep them unloaded in a locked case, with the ammunition locked separately, and out of reach of children
- If the client would like to get rid of a gun, educate her that most police stations allow people turn in their unwanted guns

Transportation

25. Will you have any problems coming to your appointments or attending classes due to transportation, childcare, work, school, or another reason? 0-13 Weeks: □ No □ Yes: _____ 14-27 Weeks: □ No □ Yes: _____ 28-40 Weeks: □ No □ Yes: _____	Discuss how keeping appointments and attending classes are important for the health of the baby and help the client identify solutions. Remind client about clinic policy to cancel appointments. If the client depends on another person for transportation, encourage them to be a part of her prenatal care. **Interventions:** • Offer patient choice of appointment/class times • Offer bus tokens or taxi vouchers if possible • Provide referrals for childcare or transportation services
26. a) When you ride in a car, do you use seatbelts? □ Always □ Sometimes □ Never b) Do you know how to use a seat belt when pregnant? □ Yes □ No	If she has questions, counsel the patient on how to wear the seatbelt safely. The lap strap should go under the belly. The shoulder strap should go between her breasts and to the side of her belly. **Interventions:** • Review and discuss STT Health Education handout: ***Pregnant? Steps for a Healthy Baby***
27. Do you have a car seat for the new baby? 14-27 Weeks: □ Yes □ No 28-40 Weeks: □ Yes □ No	As a way to make sure the client is following the law, the delivery hospital will not allow the baby to go home without being secured in a car seat. By the third trimester, the client should have an infant car seat and be able to describe or demonstrate its correct usage. **Interventions:** • Refer to STT Health Education: *Infant Safety and Health* • Review and discuss STT Health Education handout: ***Keep Your Baby Safe and Healthy*** • Give referral to free or low-cost car seat program • Discuss whether delivery hospital will provide car seat to client prior to discharge
28. How will you get to the hospital? 14-27 weeks:_____ □ Unsure □ No transportation available 28-40 weeks:_____ □ Unsure □ No transportation available	This is an opportunity to discuss client's plans for care of her other children and transportation to the delivery hospital during labor. This also offers you a chance to discuss what to do if labor starts too early. **Interventions:** • Refer to STT Health Education: *Preterm Labor* and *Hospital Orientation* • Refer to STT Health Education handout: ***If Your Labor Starts Too Early*** • Assist client in scheduling tour of delivery hospital • Offer bus tokens or taxi vouchers if possible • Provide referrals for childcare or transportation services

Current Health Practices

29. Do you have a primary care doctor for you and your family? □ Yes □ No	Discuss the importance of preventive care for the client and her family, including well woman visits. **Interventions**: • Refer to STT Appendix: *Introduction to Managed Care* • Give referral to primary care provider or community clinic

30. Do you have a doctor for your baby?

14-27 Weeks: □ No □ Yes, who?_____

28-40 Weeks: □ No □ Yes, who?_____

The Child Health & Disability Prevention (CHDP) Program provides free health check-ups to help children and teens stay healthy. Children in low to moderate income families are eligible for free immunization shots and health check-ups.

Interventions:

- Refer to STT Health Education: *Infant Safety and Health*
- Review and discuss STT Health Education handouts: ***When Your Newborn Baby is Ill*** and ***Your Baby Needs to be Immunized***
- Refer to CHDP provider

31. a) Have you been to a dentist in the last 6 months?

□ Yes □ No

b) Do you have any problems with your teeth, gums or mouth such as toothaches, bleeding gums, or a bad taste or smell?

0-13 Weeks: □ No □ Yes:_____

14-27 Weeks: □ No □ Yes:_____

28-40 Weeks: □ No □ Yes:_____

Lack of dental care can seriously impact a pregnant woman's health, possibly leading to chronic infection, difficulty eating, and may even be linked to preterm labor. Denti-Cal is a benefit that covers preventive dental services for ALL pregnant women with Medi-Cal, including Presumptive Eligibility (PE).

Interventions:

- Refer to STT Health Education: *Oral Health During Pregnancy.*
- Review and discuss STT Health Education handouts: ***Prevent Gum Problems When You Are Pregnant, See a Dentist When You Are Pregnant,*** and ***Keep Your Teeth and Mouth Healthy! Protect Your Baby Too***
- Refer to registered dietitian if dental problems are causing her pain while eating
- Give referral to dentist if needed

32. How many total hours do you sleep at night?

0-13 Weeks:	
14-27 Weeks:	
28-40 Weeks:	

How many total min/hours do you nap during the day?

0-13 Weeks:	
14-27 Weeks:	
28-40 Weeks:	

This is an opportunity to discuss pregnancy discomforts and possible solutions. Too much or too little sleep may be a symptom of perinatal depression and may need further assessment and referral.

Interventions:

- Discuss using extra pillows for joint or back discomfort
- If the client is unable to relax, offer deep breathing, visualization and relaxation techniques
- Review and discuss STT Psychosocial: *Emotional or Mental Health Concerns*, *Depression*, and ***How Bad are Your Blues?***
- Notify provider if patient is sleeping too much (more than 10 hours) or too little (less than 6 hours)
- Refer to social worker or local mental health clinic if problems with sleeping are due to stress or mood
- Refer to the PHQ-4 depression screening at question 92 and follow the appropriate protocols if her score is more than 2

33. Do you exercise?

0-13 Weeks: □ No
□ Yes, type/frequency:_____

14-27 Weeks: □ No
□ Yes, type/frequency:_____

28-40 Weeks: □ No
□ Yes, type/frequency:_____

Regular and safe exercise can reduce stress, control weight gain, and help a woman prepare for childbirth. Provide education about the benefits of prenatal exercise, including Kegels.

Interventions:

- Refer to STT Health Education: *Safe Exercise and Lifting*
- If needed, refer to provider for discussion of vigorous exercise (lifting heavy weights, running, etc.) during pregnancy
- Review and discuss STT Health Education handouts: ***Exercises To Do When You Are Pregnant, Stay Active When You Are Pregnant,*** and ***Keep Safe When You Exercise***
- Give referral to free or low-cost exercise classes or facilities in your area

34. Are you currently smoking or using any tobacco products (including hookah or vaping)?

0-13 Weeks:	□ No	□ Yes: How much per day?_____ For how many years?_____ Have you tried to quit? □ Yes □ No
14-27 Weeks:	□ No	□ Yes, how much per day?_____ Have you tried to quit? □ Yes □ No
28-40 Weeks:	□ No	□ Yes, how much per day?_____ Have you tried to quit? □ Yes □ No

35. Are you often around other people who smoke cigarettes or any other tobacco products?
□ Yes □ No

Smoking or using any tobacco products during pregnancy can lead to serious problems like preterm birth, miscarriage, and problems with the placenta. The infant of a mother who smokes is at higher risk of low birth weight, Sudden Infant Death Syndrome (SIDS), and learning disabilities.

Secondhand smoke can have serious effects on both the mother and the baby. Children who are exposed to secondhand smoke experience more respiratory problems and are at greater risk for SIDS.

Interventions:

- Refer to STT Health Education: *Tobacco Use* and/or *Secondhand Tobacco Smoke*
- Review and discuss STT Health Education handout: ***You Can Quit Smoking***
- Give referral to local smoking cessation program
- Refer to California Smokers' Helpline for free counseling or information on secondhand smoke at: 1-800-NO-BUTTS or 1-800-45-NO-FUME (Spanish)
- Refer to provider for additional counseling on smoking cessation

36. Do you handle or have exposure to any of the following at home, work, or doing any hobbies?

	0-13 Weeks	14-27 Weeks	28-40 Weeks
Products like bleach, ammonia or oven cleaners	□	□	□
Pesticides or chemicals	□	□	□
Cooking with clay pottery	□	□	□
Jewelry making	□	□	□
Glue	□	□	□
Fertilizers	□	□	□
Cat litter box	□	□	□
Pet turtles or reptiles	□	□	□
Rodents	□	□	□
Douching	□	□	□
Hot baths or saunas	□	□	□
X-Rays	□	□	□
Other:_____	□	□	□
None	□	□	□

Exposure to chemicals, bacteria, viruses, and other substances can cause problems for the fetus, including birth defects, low birth weight, etc. Review appropriate steps for clients who work in at-risk settings. Notify the provider if client is exposed to a teratogenic or toxic substance, or if client is unmotivated to follow safety practices.

Interventions:

- Refer to STT Health Education: *Cautions While Pregnant*, and *Workplace Safety*
- Notify provider of any harmful exposure to chemicals at home or work
- Review and discuss STT Health Education handout: ***Pregnant? Steps for a Healthy Baby*** and ***Keep Safe at Work***
- Refer to MotherToBaby for information on medications, herbal products, infections, vaccines, maternal medical conditions, illicit substances, and other common exposures such as paint, pesticides, hot tubs, etc. The client or provider can call 1-866-626-6847 or visit: www.mothertobaby.org

37. At home, where do you store the following?:
Vitamins _____
Medications _____
Cleaning Supplies _____

Are these things kept out of the reach of children?
□ Yes □ No

All medications, even those considered "safe" like vitamins and iron, should be stored in a secure location, such as a locked cabinet. Cleaning products, perfumes, spices, and other potentially poisonous substances should be stored in their original containers, away from food and medicines, and secure from children (i.e., placed in high or locked cabinets).

Interventions:

- Review and discuss STT Health Education handout: ***Keep Your New Baby Safe and Healthy***

38. Have either of your parents had a drug or alcohol problem?
□No □Yes, describe:_____

Does your partner have a problem with drugs or alcohol?
□No □Yes, describe:_____

Have you had a problem with drugs or alcohol in the past?
□No □Yes, describe:_____

Parental Drug/Alcohol Problem: Childhood abuse, neglect, and traumatic stressors such as parental drug/alcohol problems can increase the client's risk for health and social problems. Additionally, women are more at risk for substance use/abuse if their mother has a history of alcohol/drug use. She may need referrals to support resources.

39. Have you used drugs or alcohol during this pregnancy? Drugs would include things like marijuana, heroin, cocaine, or ecstasy and alcohol would include things like beer, wine, or liquor.

0-13 Weeks: □ No □ Yes, describe:_____
14-27 Weeks: □ No □ Yes, describe:_____
28-40 Weeks: □ No □ Yes, describe:_____

If you use drugs and/or alcohol, are you interested in quitting?
0-13 Weeks: □ N/A □ Yes □ No
14-27 Weeks: □ N/A □ Yes □ No
28-40 Weeks: □ N/A □ Yes □ No

Partner Drug/Alcohol Problem: Drug or alcohol abuse by a partner can be a risk factor for violence including domestic violence and/or intimate partner violence. If the client reports that her partner has a problem with drugs or alcohol, listen for information on how it affects their relationship. Additionally, women are more at risk for substance use/abuse if their partners use drugs and/or alcohol.

Past Drug/Alcohol Problem: Women are more at risk to use alcohol and/or drugs during their pregnancy if they have a history of substance use or were frequent users before they became pregnant. There is **no** safe level of street drug or alcohol use for pregnant women. Alcohol is the leading cause of preventable birth defects. Encourage all pregnant women to avoid all drugs and alcohol. Any drug/alcohol consumption can put the mother and baby at risk for a miscarriage, complications with pregnancy, intrauterine death, premature birth, low birth weight, fetal alcohol syndrome, and other physical and mental disabilities.

Interventions:

- Refer to STT Health Education: *Drug and Alcohol Use* and handout ***You Can Quit Using Drugs or Alcohol***
- Refer to STT Psychosocial: *Perinatal Substance Use/Abuse* and handouts ***Your Baby Can't Say "No,"*** and ***Drugs and Alcohol, When You Want to STOP Using***
- Refer to SST Psychosocial: *Neonatal Abstinence Syndrome*
- Notify provider immediately if patient responds yes to any of the questions
- Referred to Alcoholics Anonymous (AA)
- Referred to Narcotics Anonymous (NA)
- Refer patient to local Medi-Cal Drug Treatment facility
- Refer patient to social worker for additional counseling and referrals
- If client considers one of her parents to be an addict or alcoholic, refer to Adult Children of Alcoholics, Al-Anon, or Alateen

40. Are you taking a prenatal vitamin every day? 0-13 Weeks: □ Yes □ No 14-27 Weeks: □ Yes □ No 28-40 Weeks: □ Yes □ No 41. Are you taking any prescription, over-the-counter, or herbal medications? Examples: iron, pain medication, antidepressants, antacids, allergy medication, laxatives, or herbal remedies like yerba buena, ginseng, or manzanilla? 0-13 Weeks: □ No □ Yes:_____ 14-27 Weeks: □ No □ Yes:_____ 28-40 Weeks: □ No □ Yes:_____	It is possible for pregnant women to get most of the extra vitamins and minerals they need through a balanced diet, but because certain nutrients are still needed, all pregnant women should take a prenatal vitamin every day. Many women may also take herbal supplements that come from plants or plant parts. These products are often labeled "natural," leading women to believe they are safe, which may not always be true. Inform the provider of any over the counter or herbal supplements the client is taking. **Interventions:** • Confirm that provider has dispensed or prescribed prenatal vitamins if client does not already have a supply • Encourage client to continue taking prenatal vitamins (and any other supplements recommended by provider) • Notify to the provider of any herbal remedies or medications the client is taking • Refer to STT Nutrition: *Prenatal Supplements: Vitamins, Minerals, and Other Supplements* and handouts ***Take Prenatal Vitamins and Minerals, If You Need Iron Pills,*** and ***You May Need Extra Calcium*** • Refer to MotherToBaby for information on medications, herbal products, infections, vaccines, maternal medical conditions, illicit substances, and other common exposures such as paint, pesticides, hot tubs, etc. The client or provider can call 1-866-626-6847 or visit: www.mothertobaby.org

Pregnancy Care

42. Besides having a healthy baby, what are your goals for this pregnancy? _____	The client may be able to use this opportunity to make personal changes in her life (e.g., stop smoking, finish school, etc.), rather than focusing on only one goal of "a healthy baby." Provide resources and support as needed.
43. Do you plan to have someone with you: During labor? 14-27 Weeks: □ No □ Yes:_____ 28-40 Weeks: □ No □ Yes:_____ When you first come home with the baby? 14-27 Weeks: □ No □ Yes:_____ 28-40 Weeks: □ No □ Yes:_____	If the client cannot identify a support person for labor, you should discuss possible resources, including childbirth classes. If she has no support in the immediate postpartum period, this is an opportunity to help the client talk about who will be available to help her care for herself, the newborn (including breastfeeding support), and other children, if any. **Interventions:** • Refer to childbirth classes • Refer to home visitation program • Refer to Medi-Cal doula services
44. If you had a baby before, where was it delivered? □ N/A □ Clinic □ Hospital □ Home □ Other:_____ Did you or the baby have any problems? □ No □ Yes, explain:_____	If the patient delivered at home or in a clinic, it may have been because of complications. Assist the client in making plans to avoid them with this pregnancy. **Interventions:** • Notify provider if there were prior complications • If the client is delivering at a different hospital than before, offer her information about the delivery hospital, including tours, registration, parking, and how to get there from her home

45. Have you ever lost any children? (miscarriage, stillbirth, SIDS, immigration, custody, etc.)
□ No
□ Yes, please explain:_____

"Lost" children may include miscarriages, stillbirths, adoptions, abortions, SIDS (Sudden Infant Death Syndrome), children placed in foster care, etc. The client may have unresolved grief, guilt, depression, anxiety, or trauma that can impact her pregnancy and care of the newborn.

Interventions:

- Refer to STT Psychosocial: *Perinatal Loss*
- Review and discuss STT Psychosocial handouts: ***Loss of Your Baby*** and ***Ways to Remember Your Baby***
- Refer to First Candle grief support line at: 1-800-221-7437
- Provide Return to Zero materials (available at www.rtzhope.org)
- Refer to social worker or local mental health clinic if her mental symptoms affect her ability to take care of herself, family, or work functioning
- Refer her to a local grief and loss resources appropriate for her type of loss

46. Do you have any questions about any prenatal tests or procedures?

0-13 Weeks: □ No □ Yes:_____
14-27 Weeks: □ No □ Yes:_____
28-40 Weeks: □ No □ Yes:_____

Assess the client's understanding of her current pregnancy health status, provide education about any tests, and answer her questions.

Interventions:

- Refer to STT Appendix: *Prenatal Laboratory and Diagnostic Tests*
- Answer questions and refer to provider as needed

47. Have you experienced any of these discomforts during your pregnancy?

	0-13 Weeks		14-27 Weeks		28-40 Weeks
Edema (Swelling in hands feet)	□		□		□
Diarrhea	□		□		□
Constipation	□		□		□
Nausea/Vomiting	□		□		□
Leg cramps	□		□		□
Hemorrhoids	□		□		□
Heartburn	□		□		□
Varicose veins	□		□		□
Headaches	□		□		□
Backaches	□		□		□
Vaginal bleeding	□		□		□
Cramping or contractions	□		□		□
None	□		□		□

All danger signs described for the client during CPSP Orientation must be reported to the health care provider immediately. Danger signs include: fever or chills, swollen face and/or hands, bleeding from the vagina, change in vision, difficulty breathing, severe headaches, sudden weight gain, accident with a hard fall or blow to the abdomen, cramps in the stomach or uterus, pain or burning with urination, sudden flow or leaking of fluid from the vagina, severe nausea/vomiting. See below for specific interventions for each condition.

Edema

Edema (swelling of the hands or feet): 60 to 80% of pregnant women will experience edema sometime during their pregnancy.

Interventions:

- Notify provider if there is sudden weight gain or swelling of the face
- Check client's blood pressure and notify provider if it is higher than normal
- Assess dietary intake for nutritional adequacy, especially protein
- Encourage client to elevate her feet, avoid eating salty foods, and drink at least 8 glasses of water a day

Diarrhea:

Diarrhea may be caused by a number of things, including lactose intolerance, food poisoning, or excessive iron. It is also common later in pregnancy or during early labor.

Interventions:

- Notify health care provider immediately if diarrhea is accompanied by cramping or fever, if it has lasted for more than a few days, if it contains blood or mucus, or if she starts to get dehydrated
- If client is lactose intolerant, refer to STT Nutrition: *Lactose Intolerance*. Review and discuss STT Nutrition handouts: ***Do You Have Trouble with Milk Foods?*** and ***Foods Rich in Calcium***

Constipation

Constipation is a common discomfort in pregnancy. Many women may wish to use laxatives for the relief of constipation. Taking certain laxatives can be harmful to pregnant women and their babies.

Interventions:

- Refer to STT Nutrition: *Constipation*
- Review and discuss STT Nutrition handouts: ***Constipation: What You Can Do*** and ***Constipation: What Products You Can and Cannot Use***
- Notify health care provider if the client also complains of back pain or has not had a bowel movement for more than several days

Nausea/Vomiting

Nausea and vomiting occurs in about half of all pregnancies, especially between the 2nd and 16th weeks gestation. These symptoms are usually worse in the morning, but can happen at any time. Nausea and vomiting can be caused by hormonal changes, psychological factors such as anxiety about the pregnancy, and poor diet habits. Hyperemesis gravidarum is a serious problem in pregnancy that involves uncontrolled, repeated episodes of vomiting. It can also cause rapid weight loss and other problems.

Interventions:

- Notify health care provider if:
  - Current weight loss is more than 5 lbs. below pre-pregnancy weight or more than 3 lbs. from her last visit
  - If symptoms have worsened and vomiting is not controlled
  - If there is no weight gain by 16 weeks
  - If she has dizziness, weakness, fainting or headaches that do not go away
  - If vomiting lasts for 24 hours or it cannot be stopped except by not having any food and fluids
- Refer to STT Nutrition: *Nausea and Vomiting* and STT Nutrition handouts: ***Nausea: Tips that Help***, ***Nausea: What To Do When You Vomit***, and ***Nausea: Choose These Foods***

Leg Cramps

Leg cramps may occur in some women during the second half of pregnancy. The cause of leg cramps during pregnancy is unknown, but good nutrition without excessive amounts of any nutrients is a good idea.

Interventions:

- Encourage adequate calcium intake from foods such as milk and milk products
- Encourage adequate magnesium intake from eating dark leafy green vegetables (spinach, kale or Swiss chard), beans, lentils, bananas, and whole grain breads and cereals
- Encourage the client to stretch her legs (especially her calves) before going to bed to help reduce chances of getting leg cramps. Tell her to avoid pointing her toes when stretching or exercising
- Notify health care provider if the pain is frequent and severe or if she has any redness, warmth, swelling or tenderness in her leg

Hemorrhoids

Hemorrhoids are caused by the pressure of the pregnant uterus interfering with circulation and are aggravated by constipation.

Interventions:

- Instruct the client in the prevention and treatment of constipation
- Discuss use of cold compresses with or without witch hazel or Epsom salts
- Talk about careful hygiene - keeping the anal area clean helps prevent itching and burning
- Discuss use of any topical medications with the health care provider before use
- Notify health care provider if there are symptoms unrelieved by cold compresses and/or witch hazel (witch hazel is inexpensive and available over-the-counter)

Heartburn

Heartburn (gastroesophageal reflux) is a burning pain that happens in the mid chest area when the opening to the stomach relaxes and food and acid comes back up from the stomach to the esophagus.

Interventions:

- Refer to STT Nutrition: *Heartburn*
- Review and discuss STT Nutrition handouts: ***Heartburn: What You Can Do*** and ***Heartburn: Should You Use Antacids?***
- Refer to the health care provider if heartburn continues or worsens, if weight gain is inadequate, or if the woman is taking large amounts of antacids

Varicose veins

Varicose veins may affect the legs, vulva, and pelvis. They can be caused by heredity, pressure of the pregnant uterus on the large veins of the pelvis, prolonged standing, or restrictive clothing.

Interventions:

- Encourage client to avoid restrictive clothing, elevate legs and hips on pillows, use supportive stockings, and take frequent breaks to sit down if standing for long periods of time
- Refer to the health care provider if varicose veins are causing pain or discomfort

Headaches

Severe, persistent headache is a danger sign and must be reported to the health care provider immediately.

Intervention:

- Occasional headaches may be relieved by relaxation techniques, massage, bath or shower, cool compress, and/or mild analgesics when recommended by the health care provider

Backaches

Backaches in pregnancy may be caused by normal strain on the back from carrying the extra weight of pregnancy. Backaches may also be a sign of preterm labor so it is important to remind all clients of the signs of preterm labor and the procedure to follow if they occur.

Interventions:

- Refer to STT Health Education: *Preterm Labor* and STT Health Education handout: ***If Your Labor Starts Too Early***
- Refer to STT Health Education: *Safe Exercise and Lifting* and handout: ***Exercises To Do When You Are Pregnant***

Vaginal bleeding

Vaginal bleeding is a danger sign in pregnancy and must be reported to the health care provider immediately.

Interventions:

- Notify healthcare provider immediately
- Refer to STT Health Education: *Preterm Labor*
- Review and discuss STT Health Education handout: ***If Your Labor Starts Too Early***

Abdominal cramping/contractions

Abdominal cramping and/or contractions are danger signs in pregnancy and must be reported to the health care provider immediately.

Interventions:

- Notify healthcare provider immediately
- Refer to STT Health Education: *Preterm Labor*
- Review and discuss STT Health Education handout: ***If Your Labor Starts Too Early***

48. Does the doctor say there are any problems with this pregnancy? 0-13 Weeks: □ No □ Yes:_____ 14-27 Weeks: □ No □ Yes:_____ 28-40 Weeks: □ No □ Yes:_____	This question offers an opportunity to assess the client's understanding of her current pregnancy health status and provide teaching, counseling and referrals. **Interventions:** • Refer to the provider or health educator for complex medical or obstetrical problems • See the STT Nutrition Introduction for a list of problems that may require referral to a registered dietitian • Depending on the problem, refer to: STT Health Education - *Preterm Labor, Kick Counts, Labor Induction, Multiple Births - Twins and More* • Review and discuss the appropriate STT Health Education handouts***: If Your Labor Starts Too Early, Count Your Baby's Kicks, What You Need to Know About Labor Induction,*** and ***Getting Ready for Multiples*** • Refer to Prenatal Diagnostic Center (PDC) as appropriate
49. Compared to your previous pregnancies, is there anything you would like to change about the care you receive this time? □ N/A □ No □ Yes, explain:_____	Do not ask this question unless there have been previous pregnancies. The information the client shares can be an empowering way for her to ask for what she wants or doesn't want during this pregnancy. **Interventions:** • Notify provider of the client's requests or concerns • Provide information or referrals as appropriate
50. Who has given you the most advice about your pregnancy? □ Mother □ Grandmother □ Partner □ Mother-in-law □ Friend □ No one □ Doula □ Other:_____ 51. What are the most important things they have told you? Describe:_____	This question will help identify who is involved in the client's care. The client's responses may reveal misinformation, cultural practices, and/or what type of social support she has. **Interventions:** • Notify provider regarding any harmful advice • Encourage client to have support person participate in prenatal education/classes
52. Do you have any traditions, customs or religious beliefs about pregnancy? □ No □ Yes: Please explain:_____ _____ If yes, Conflicts with medical recommendations? □ No □ Yes	Acknowledging cultural and religious customs may increase the client's participation in her pregnancy care. In some cases, the client's customs may be in conflict with medical recommendations. It is important to take the time to evaluate these situations with the medical provider. **Interventions:** • Refer to provider for discussion of any potentially harmful practices • Refer to STT First Steps: *Cultural Considerations*, *Cross-Cultural Communication*, and *Clients with Alternative Health Care Experiences*
53. Would you like to become pregnant in the next 18 months? 14-27 Weeks: □ Yes □ No 28-40 Weeks: □ Yes □ No	Unplanned pregnancies are known to have worse health outcomes for both the mother and the infant. Unplanned pregnancies can also lead to social problems such as increasing family stress, increasing the need for financial support programs, and increasing the risk for family violence. It is recommended for most women to space their pregnancies at least 18 months to ensure that their pregnancy is wanted, planned, and as healthy as possible. **Interventions:** • Emphasize the importance of waiting 18 months between pregnancies. • Review and discuss STT Health Education: *Family Planning Choices*
54. Has your partner ever pressured you to become pregnant, interfered with your birth control, or refused to wear a condom? □ Never □ Sometimes □ Often	

55. Do you plan to use birth control after this pregnancy?

14-27 Weeks: □ No □ Undecided □ If yes, what method(s):
28-40 Weeks: □ No □ Undecided □ If yes, what method(s):

Most effective methods (when used correctly)

□ IUD □ Vasectomy □ Patch
□ Implant □ Injection/shot □ Ring
□ Tubal ligation □ Pills

Less effective methods (higher failure rate)

□ Condoms □ Diaphragm □ Abstinence
□ Spermicides □ Cervical cap □ Withdrawal
□ Fertility awareness methods
□ Other:_____

- Refer to the provider to discuss the effectiveness of her chosen birth control method and the different options available based on plans for spacing future pregnancies
- If the client reports that her partner pressures her to become pregnant or interferes with her birth control, encourage client to talk to an OB or family planning provider about birth control methods that are less detectable (such as a shot, implant, or an IUD with the strings trimmed)
- Birth control methods with estrogen may interfere with breastmilk production. Refer to provider for further discussion of options that do not interfere with breastfeeding
- Medi-Cal clients who request sterilization have a mandatory 30-day waiting period after signing the informed consent form

56. These questions help us identify any risk factors for diseases like chlamydia, gonorrhea, genital herpes, hepatitis B & C, syphilis or HIV:

Have you or your partner recently had sex with anybody else?	□ Yes	□ Unsure	□ No
Have you or any partners ever had an STD?	□ Yes	□ Unsure	□ No
Have you ever had sex while using alcohol or drugs?	□ Yes	□ Unsure	□ No
Have you or any partners exchanged sex for drugs, money, or shelter?	□ Yes	□ Unsure	□ No
Have you or any partners ever shared needles?	□ Yes	□ Unsure	□ No

57. Any change in HIV/STI risk status?

14-27 Weeks: □ Yes □ No
28-40 Weeks: □ Yes □ No

The client should, if possible, be alone when asked these questions. Whether or not she has a sexually transmitted infection (STI), it is important for every client to know how to protect herself and her baby. Research shows that pregnant women are more likely to become infected with STDs - possibly because they no longer think they need to use condoms if their primary purpose is viewed as the prevention of pregnancy.

Interventions:

- Notify the provider of any risky sexual behaviors or symptoms of STIs
- Refer to STT Health Education: *STIs (Sexually Transmitted Infections)* and *HIV and Pregnancy*
- Review and discuss STT Health Education: ***What You Should Know About STDs, What You Should Know About HIV,*** and ***You Can Protect Yourself and Your Baby from STDs***
- Refer to Los Angeles County STD Program Hotline for more information and referrals to STD clinics and HIV test sites in Los Angeles County at: 1-800-758-0880 (English & Spanish)
- Refer to local confidential/anonymous STD testing locations in your area

Educational Interests

58. How do you like to learn new things?

□ Text messages/apps □ One-on-one education
□ Reading/handouts □ Videos
□ Group classes □ Other:_____

Tailor your health education services to her preferred learning style such as using more written materials if she prefers those.

Interventions:

- Refer clients who prefer text messaging to Text4Baby by texting BABY (or BEBE for Spanish) to 511411
- Provide education in client's preferred learning methods

59. Will someone be able to attend prenatal classes with you?

□ No
□ Unsure
□ Yes, who? _____

The client's response may give you information about her support system.

Interventions:

- Encourage the client to share prenatal education materials with a support person like the partner/father of the baby, friend, parent, or close relative

60. Do you have any physical, mental, or emotional conditions, such as learning disabilities, Attention-Deficit/Hyperactivity Disorder, depression, hearing or vision problems that may affect the way you learn?

□ No □ Yes:_____

If her disability, such as vision, has been corrected so that it doesn't interfere with her learning, you don't need to check 'Yes'. If the client has learning disabilities, she may learn better in individual or small group health education appointments instead of large

	classes. She may also find it helpful to have a partner or family member present during health education. **Interventions:** • Contact the client's health plan or visit Medi-Cal's website for more information about hearing and/or vision services and eligibility • Clients with developmental disabilities or other learning challenges may need to be referred to a health educator for more support and education
61. Do you have experience with pregnancy, prenatal care, labor & delivery, postpartum self-care, and infant care & safety? □ Yes □ No	New moms may need extra education and support to learn about pregnancy, prenatal care, labor & delivery, postpartum self-care, and infant care & safety. Home visitation programs for new moms can be a great support, especially when she has additional risk factors or her support system is limited. **Interventions:** • Sign up for Text4Baby by texting BABY or (BEBE for Spanish) to 511411 • Review/discuss STT HE handouts: ***Pregnant? Steps for a Healthy Baby*** and ***Keep Your New Baby Safe and Healthy*** • Refer to home visitation program • Refer to Medi-Cal doula services • Refer to group education classes

62. Would you like information about the following topics?	0-13 Weeks	14 -27 Weeks	28 – 40 Weeks
How your baby grows (fetal development)	□	□	□
How your body changes during pregnancy	□	□	□
Habits for a healthy pregnancy/baby	□	□	□
What happens during labor/delivery	□	□	□
Preparing for the delivery hospital	□	□	□
Helping your child(ren) get ready for a new baby	□	□	□
How to take care of yourself after the baby comes	□	□	□
Chest/Breastfeeding	□	□	□
How to take care of your baby (infant health & safety)	□	□	□
Infant development	□	□	□
Circumcision	□	□	□
Immunizations needed during pregnancy (flu and Tdap)	□	□	□
Birth control methods	□	□	□
Other	□	□	□

Provide information on perinatal topics based on the client's requests.

Interventions:
- Document the date the education was provided and specify the teaching method

62a. Do you plan on receiving Tdap vaccine in your 3rd trimester? 14-27 Weeks: □ Yes □ No □ Unsure 28-40 Weeks: □ Yes □ No □ Unsure	Pertussis (also called whooping cough) is a highly contagious disease that can cause babies to have coughing fits, gasp for air, and turn blue from lack of oxygen. In newborns, pertussis can be a life-threatening illness. When a woman gets the whooping cough vaccine (also called Tdap) during her 3rd trimester, she will pass antibodies to her baby. This will help keep the baby protected during their first few months of life, when they are most vulnerable to Pertussis and its complications. Tdap should be given for each pregnancy, regardless of the client's vaccination history. **Interventions:** **14-26 weeks** • Review and discuss STT Health Education: *Immunizations and Pregnancy* • Provide education on the benefits of getting Tdap between 27-36 weeks in the 3rd trimester **After 27 weeks** • Review and discuss STT Health Education: *Immunizations and Pregnancy* • Provide additional education on the benefits of getting Tdap between 27-36 weeks in the 3rd trimester • Provide a referral for the Tdap vaccine • Administer Tdap to client • If client declines Tdap during pregnancy, discuss client receiving Tdap after delivery • Document if client declines Tdap
62b. Do you plan on receiving the influenza vaccine during pregnancy? 0-13 Weeks: □ Yes □ No □ Unsure 14-27 Weeks: □ Yes □ No □ Unsure 28-40 Weeks: □ Yes □ No □ Unsure	According to the CDC, influenza is more likely to cause severe illness in pregnant and postpartum women than in women who are not pregnant. Vaccination has been shown to reduce the risk of flu-associated acute respiratory infection in pregnant women by about one-half. Getting a flu shot can reduce a pregnant woman's risk of being hospitalized with flu by an average of 40 percent. Pregnant women who get a flu shot are also helping to protect their babies from flu illness for the first several months after their birth, when they are too young to get vaccinated. **Interventions:** • Provide additional education on the benefits of influenza vaccine during pregnancy • Provide referral for influenza vaccine • Administer influenza vaccine • Document if client plans to receive influenza vaccine after delivery • Document if client declines influenza vaccine.

63. Is there anything else that you would like to learn? _____ _____	Provide any additional health education based on the client's requests. **Interventions:** • Document any additional education provided

Nutrition: Anthropometric

64. Weight gain in last pregnancy: _____ lbs. □ Unknown □ N/A 65. Pre-pregnant weight: _____ lbs. Height: _____ Recommended weight gain goal for this pregnancy: Single Pregnancy □ Underweight: 28-40 lbs □ Normal weight: 25-35 lbs □ Overweight: 15-25 lbs □ Obese: 11-20 lbs Twin Pregnancy □ Normal: 37-54 lbs □ Overweight: 31-50 lbs □ Obese: 25-42 lbs	Asking a pregnant person about their weight gain during their last pregnancy can give you an idea about their possible weight gain pattern for this pregnancy. If they gained too little or too much weight in their last pregnancy, you can take the opportunity to provide education to assist them in having a healthier weight gain pattern for this pregnancy. All pregnant people should gain weight during pregnancy. An appropriate weight gain goal is determined by their height and pre-pregnant weight, and whether it is a single or twin pregnancy. Pregnant people who are overweight or underweight may need more comprehensive nutrition care. **Interventions:** • Refer to STT Nutrition: *Weight Gain During Pregnancy*- Section: *"How to Determine Gestational Weight Gain Goals and Assess Weight Gain*" • Review and discuss STT Nutrition handouts: ***MyPlate for Pregnant and New Parents including Breastfeeding*** and ***Tips to Gain Weight*** Underweight: • Refer to STT Nutrition: *Weight Gain During Pregnancy* – Section: "*Underweight"* • Review and discuss STT Nutrition handouts: ***MyPlate for Pregnant and New Parents including Breastfeeding*** and ***Tips to Gain Weight*** • Recommend regular meals and larger portions • Discuss weight gain goal per month = 3-4 lbs for single pregnancy Overweight: • Refer to STT Nutrition: *Weight Gain During Pregnancy* – Section: "*Overweight"* • Review and discuss STT Nutrition handout: ***MyPlate for Pregnant and New Parents including Breastfeeding*** Recommend smaller portions, more fruits and vegetables, and low/nonfat foods • Discuss weight gain goal per month = 2-3 lbs after 16th week for single pregnancy Obese: • Refer to STT Nutrition: *Weight Gain During Pregnancy* – Section: " *Obese"* • Review and discuss STT Nutrition handout: ***MyPlate for Pregnant and New Parents including Breastfeeding*** • Recommend smaller portions, more fruits and vegetables, and low/nonfat foods • Discuss weight gain goal per month = 2.5 lbs after 16th week for single pregnancy

66. Net Weight Gain 0-13 Weeks: _____lbs. □ Adequate □ Inadequate □ Excessive □ Weight Loss 14-27 Weeks: _____lbs. □ Adequate □ Inadequate □ Excessive □ Weight Loss 28-40 Weeks: _____lbs. □ Adequate □ Inadequate □ Excessive □ Weight Loss **Table 2: RECOMMENDATIONS FOR TOTAL AND RATE OF WEIGHT GAIN DURING PREGNANCY BASED ON PRE-PREGNANCY BMI[1]** | Pre-pregnancy BMI Category | BMI | Total Weight Gain Range (lbs) | Rates of Second and Third Trimester Weight Gain* | |---|---|---|---| | Underweight | <18.5 | 28-40 | 1-1.3 | | Normal Weight | 18.5-24.9 | 25-35 | 0.8-1.0 | | Overweight | 25.0-29.9 | 15-25 | 0.5-0.7 | | Obese | ≥30.0 | 11-20 | 0.4-0.6 | * Calculations assume a 0.5-2.0 kg (1.1-4.4 lbs) weight gain the first trimester (based on Siega-Riz et al., 1994; Abrams et al., 1995; Carmichael et al., 1997) 1 Institute of Medicine. *Nutrition During Pregnancy, Part 1, Weight Gain*. National Academy Press: Washington, DC. 1990. **Example** The overweight woman in the previous example should gain a total of 15 to 25 pounds and 0.5 to 0.7 pounds per week after the first trimester.	In pregnancy, the total amount gained and rate of weight gain are important for good health. Net weight gain is based on pre-pregnant weight. Some clients, including many teen girls, may limit their food intake in order to stay slim and/or hide their pregnancy. Encourage healthy eating habits and make appropriate referrals, since poor eating habits can lead to health problems for her and baby. **Interventions:** • Refer to STT Nutrition: *Weight Gain During Pregnancy* to determine client's recommended net weight gain • Provide information to the client about any age-related nutritional needs (i.e., extra iron/calcium) • Give referral to registered dietitian if: o Weight loss of 5 or more lbs in the first 12 weeks of gestation o More than 5 lbs below reported pre-pregnant weight o Weight loss of 3 or more lbs since the last visit o Eating disorders are found or if she is choosing not to eat enough food Excessive Weight Gain: • Discuss risk of larger baby and delivery complications • Review and discuss STT Nutrition handout: ***Tips to Slow Weight Gain*** • Recommend low fat foods, more water, and less sugary drinks like soda and juice Inadequate Weight Gain: • Discuss risk of preterm/low birth weight baby • Review and discuss STT Nutrition handout: ***Tips to Gain Weight*** • Recommend more frequent, calorie-dense meals Weight Loss: • Notify provider • Discuss risk of preterm/low birth weight baby • Review and discuss STT Nutrition handout: ***Tips to Gain Weight*** • Recommend more frequent, calorie-dense meals

Nutrition: Biochemical

67. Consult with provider if there are abnormal lab values and discuss treatment prescribed.

0-13 Weeks: Date blood drawn: _____

Hgb: _____ (<11g/L) Hct: _____ (<33%)
Glucose: _____ MCV: _____

14-27 Weeks: Date blood drawn: _____

Hgb: _____ (<10.5 g/L) Hct: _____ (<32%)
Glucose: _____ MCV: _____

28-40 Weeks: Date blood drawn: _____

Hgb: _____ (<11 g/L) Hct: _____ (<33%)
Glucose: _____ MCV: _____

OGTT

Initial Prenatal Visit *(if applicable)*
Date:_____
Fasting: _____ 1 Hr: _____ 2 Hr: _____
□ N/A

24-28 weeks:
Date :_____
Fasting: _____ 1 Hr: _____ 2 Hr: _____

These tests can tell the medical provider if the client is anemic or diabetic.

Anemia means she does not have enough iron in her red blood cells. Lack of iron can restrict the amount of oxygen that gets to her cells. Anemia increases the risk for preterm birth, low birth weight, and other medical problems.

Abnormal glucose values may indicate the need for further screening for Gestational Diabetes Mellitus (GDM).

Screening for GDM: Oral Glucose Tolerance Test (OGTT)
ACOG recommends that women with any of the following risk factors be tested for GDM at their first prenatal visit:

- Increased weight (i.e., BMI greater than 25)
- Decreased physical activity
- First degree relative with diabetes
- Member of ethnic group with high prevalence of diabetes (African American, Latino, American Indian, Asian American, Pacific Islander)
- Prior history of GDM or delivery of a baby greater than 9 lbs
- Metabolic abnormalities (hypertension, HDL <35mg/dL, triglyceride level >250mg/dL
- Polycystic ovarian syndrome
- HbA1C 5.7% or higher
- Impaired glucose tolerance or impaired fasting glucose testing in the past
- Evidence of insulin resistance (acanthosis or severe obesity)
- History of cardiovascular disease

Women with no known history or risk factors should be tested between 24-28 weeks.

Diagnostic blood glucose values (with a 75gm, 2 hour OGTT):

- Fasting: ≥ 92 mg/dL
- 1 hour: ≥ 180 mg/dL
- 2 hours: ≥ 153 mg/dL

One abnormal value is diagnostic of GDM

Interventions:

- Notify provider of any abnormal lab values
- Test results of less than 11gms for hemoglobin or less than 33% for hematocrit may indicate anemia; however, variations in these values can also be related to normal pregnancy changes
- Clients whose results indicate anemia should be encouraged to eat foods high in iron and vitamin C
- Refer to interventions in question 69 if she has iron deficiency anemia
- Refer to interventions in question 70 if she has GDM

Nutrition: Clinical

68. Current serious infections? (Ex: Kidney infection, HIV, TB, etc.) 0-13 Weeks: □ No □ Yes:_____ 14-27 Weeks: □ No □ Yes:_____ 28-40 Weeks: □ No □ Yes:_____	Nutritional needs increase with serious infections due to problems with digestion and absorption of foods and increased need for nutrients to help repair body tissues. **Interventions:** • Refer to dietitian and/or medical/OB provider for HIV, hepatitis, tuberculosis, kidney infection, or any other type of infection
69. Anemia 0-13 Weeks: □ No □ Yes:_____ 14-27 Weeks: □ No □ Yes:_____ 28-40 Weeks: □ No □ Yes:_____	Anemia occurs when there is a problem with the red blood cells. This can cause a lack of enough oxygen getting to the cells and organs in the body. Iron-deficiency anemia - the most common form of anemia (low hemoglobin and hematocrit levels in the blood) Folic acid deficiency anemia - high MCV value (>95) Vitamin B_{12} anemia - the least common form of anemia, but can occur if the client is a strict vegetarian who eats no animal proteins (also known as a vegan diet) **Interventions:** • Refer to STT Nutrition: *Iron Deficiency and Other Anemias* • Refer to registered dietitian and/or medical/OB provider if: - Anemia has not improved within 1 month of the start of treatment - Client has a history of Sickle Cell disease or other medical disorders known to cause anemia - Client is unable or unwilling to take iron supplements due to discomforts - Vegan food practices with limited food choices Iron-deficiency anemia • Provide client with a copy of STT Nutrition handouts: ***Get the Iron You Need, Iron Tips, Iron Tips – Take Two!,*** *and* ***My Action Plan for Iron*** Folic Acid Deficiency Anemia • Review and discuss STT Nutrition handouts: ***Get the Folic Acid You Need*** *and* ***Folic Acid: Every Woman, Every Day*** Vitamin B_{12} Deficiency Anemia • Refer to STT Nutrition: *Vegetarian Eating* • Review and discuss STT Nutrition handouts: ***When You Are Vegetarian: What You Need to Know*** • Review and discuss STT Nutrition handout: ***Vitamin B_{12} is Important*** • Refer to provider to discuss Vitamin B_{12} injections

70. Diabetes Pre-pregnancy: □ No □ Yes Past pregnancy: □ No □ Yes Current pregnancy: 0-13 Weeks: □ No □ Yes 14-27 Weeks: □ No □ Yes 28-40 Weeks: □ No □ Yes	Having diabetes either as a pre-pregnancy condition or a condition that develops during pregnancy increases the risk for birth defects and for having a big (large for gestational age) baby. **Interventions:** • If client had diabetes in past pregnancy and was told that her diabetes went away after delivery (gestational diabetes mellitus - GDM), stress the importance of keeping all prenatal appointments and labs, as well as maintain a healthy diet and moderate exercise. Women with GDM are at increased risk for developing Type 2 diabetes later in life. • Review and discuss STT Gestational Diabetes: *Gestational Diabetes Mellitus (GDM)* • Review and discuss STT Gestational Diabetes handouts: ***MyPlate for People with Gestational Diabetes, If You Have Diabetes While You Are Pregnant: Questions You May Have,*** and ***If You Have Diabetes While You Are Pregnant: Ways to Lower Your Stress*** • Refer to a diabetes specialist • Refer to registered dietitian
71. Hypertension Pre-pregnancy: □No □ Yes Past pregnancy: □No □ Yes Current pregnancy: 0-13 Weeks: □ No □ Yes 14-27 Weeks: □ No □ Yes 28-40 Weeks: □ No □ Yes 72. History of poor pregnancy outcome (low birth weight, preterm labor/delivery, large for gest. age, preeclampsia) □No □ Yes: _____ 73. Any risk factors indicating the use of Aspirin? (have the patient complete the *Should I do Aspirin?* pocket card) □No □ Yes: _____ 74. Other medical/OB problems? (Ex: thyroid, cancer, lupus, etc.) 0-13 Weeks: □ No □ Yes:_____ 14-27 Weeks: □ No □ Yes:_____ 28-40 Weeks: □ No □ Yes:_____	Hypertension is another name for high blood pressure. Chronic (ongoing) hypertension may affect the baby's growth. The use of certain hypertension medications may interfere with the digestion and absorption of certain nutrients, and may not be safe during pregnancy. Hypertension can also increase the risk of heart disease. Preeclampsia - is a potentially dangerous pregnancy complication characterized by high blood pressure, protein in the urine, swelling, headaches, and blurred vision. Preeclampsia may occur between 24 and 27th weeks of pregnancy or soon after giving birth (postpartum). Treatment is necessary to avoid life-threatening complications. Patient should be monitored closely by a healthcare provider if experiencing any of these symptoms. **Interventions:** • Stress the importance of keeping all health care provider appointments for any existing medical/OB problems. • Review and discuss STT Health Education handout: ***Signs and Symptoms of Heart Disease During Pregnancy and Postpartum*** • Refer to registered dietitian and/or medical/obstetrical provider if hypertension exists in current pregnancy. The provider should discuss treatment options, including medication, and should discuss whether exercise is safe or not • Refer to MotherToBaby for information on medications, herbal products, infections, vaccines, maternal medical conditions, illicit substances, and other common exposures such as paint, pesticides, hot tubs, etc. The client or provider can call 1-866-626-6847 or visit: www.mothertobaby.org
75. Pregnancy interval < 18 months? □ Yes □ No 76. High parity? (≥ 4 births) □ Yes □ No	These conditions put the client at risk for low birth weight babies, preterm delivery, and prenatal morbidity and mortality due to a decreased nutritional status. **Interventions:**

<table>
<tr><td></td><td>

- Discuss the importance of a healthy diet to get the nutrients and calories she needs
- Discuss the importance of taking prenatal vitamins every day
- Discuss with the client her increased risk of low birth weight, preterm delivery and the pregnancy interval recommended by her healthcare provider

</td></tr>
<tr><td>77. Multiple gestation? □ Yes □ No</td><td>

Nutritional needs and weight gain goals will change if the client is carrying more than one baby. Multiple gestation also puts the client at an increased risk for preterm labor.

Use the appropriate weight gain grid for twins. Just like with a single pregnancy, the amount of weight a woman should gain depends on her pre-pregnancy weight.

Weight Category	Single	Twins
Underweight	28-40 lbs.	N/A
Normal	25-35 lbs.	37-54 lbs.
Overweight	15-25 lbs.	31-50 lbs.
Obese	11-20 lbs.	25-42 lbs.

Interventions:

- Refer to STT Health Education: *Multiple Births—Twins and More*
- Review & discuss STT Health Education handouts: ***Getting Ready for Multiples***
- Review & discuss STT Health Education handout: ***If Your Labor Starts Too Early***. Encourage her to call immediately if she experiences those warning signs
- Refer to registered dietitian for regular nutrition assessments and counseling

</td></tr>
<tr><td>78. Are you currently chest/breastfeeding? □ Yes □ No</td><td>

Chest/Breastfeeding while pregnant is safe for most people, but extra calories and nutrients are needed for both chest/breastfeeding and for the pregnancy itself. The client will need to make sure she is getting enough calories and nutrients in her diet to gain an appropriate amount of weight each month.

Interventions:

- Refer to provider, especially if the client has a history of miscarriage or preterm labor and she is currently chest/breastfeeding while pregnant
- Discuss STT Nutrition handout: ***MyPlate for Pregnant and New Parents including Breastfeeding*** and the importance of adequate food intake and meeting her weight gain goals each month
- Give referral to registered dietitian if client wishes to keep chest/breastfeeding, but is not gaining enough weight

</td></tr>
</table>

Nutrition: Dietary

79. Have your eating habits changed since you've been pregnant? 0-13 Weeks: □ No □ Yes:_____ 14-27 Weeks: □ No □ Yes:_____ 28-40 Weeks: □ No □ Yes:_____	Pregnant people should strive to eat balanced, regular meals of the recommended amount from each food group. Pregnant people may experience cravings from time to time, but binge eating or skipping meals can be harmful to pregnant person and baby. **Interventions:** • Review client's pregnancy weight, BMI, and weight gain goal for each month. Check to see if they are meeting the weight gain goal according to their BMI • If the client is not gaining enough weight or is eating less of any core nutrient, review & discuss STT Nutrition handout: ***MyPlate for Pregnant and New Parents including Breastfeeding***, highlighting the food groups they are lacking and proper proportions on a 10-inch healthy plate. • If the client is gaining too much weight or is eating too much of any core nutrient (especially fats & sweets), review & discuss STT Nutrition handout: ***MyPlate for Pregnant and New Parents including Breastfeeding***, highlighting more nutritious food groups and proper proportions on a 10-inch healthy plate.
80. Do you ever crave/eat any of the following: □ Yes: Ice, freezer frost, corn starch, dirt, paint chips, plaster, clay, pottery, paste, other:_____ □ No	Pica is the craving for nonfood items. Excessive intake of these nonfood items may take the place of nutritious foods in the diet and can interfere with the body's absorption of iron. Some of these nonfoods may include items with lead and be toxic. **Interventions:** • Refer to STT Nutrition: *Pica* • Review STT Nutrition handout: ***MyPlate for Pregnant and New Parents including Breastfeeding*** with the client to help reinforce what the client needs to eat for a healthy pregnancy • Refer to provider and/or registered dietitian to assess for potential medical problems, determine if the item contains toxic substances, or could result in medical or nutrition problems
81. a) Number of meals/day:_____ b) Meals often skipped? □ Yes □ No c) Number of snacks/day:_____	Eating fewer than 3 meals a day and/or skipping meals may result in a diet that is inadequate for pregnancy. If the client often skips meals, this may indicate a more serious problem. **Interventions:** • Review STT Nutrition handout: ***MyPlate for Pregnant and New Parents including Breastfeeding*** and discuss the amount of food she needs for a healthy pregnancy • Talk about the importance of eating foods from all of the different food groups, and the need to eat meals and snacks at regular times throughout the day • Encourage the client to carry small snacks if she will be out, and to try to eat every 4-6 hours • If her diet assessment indicates that she is low in several food groups and/or the client skips meals on a regular basis, this may indicate a greater problem and/or an eating disorder, and increases the risk for poor nutrition. Refer to CPSP provider and/or registered dietitian

82. Who does the following in your home? a) Buys food:_____ b) Cooks/prepares food:_____	Food choices and availability may be limited if the client has little control over what foods are purchased and/or how these foods are prepared. If she is the one who cooks, she will need to know how to safely store and prepare food to prevent food-borne illnesses. **Interventions:** • Refer to STT Nutrition: *Getting Healthy Foods* • Review and discuss STT Nutrition handouts: ***Tips for Healthy Food Shopping, You Can Buy Healthy Food on a Budget,*** and ***You Can Stretch Your Dollars: Choose These Easy Meals*** • Refer to STT Nutrition: *Cooking & Food Storage* and *Food Safety* • Review and discuss STT Nutrition handouts: ***Tips for Cooking and Storing Food, Don't Get Sick From the Foods You Eat, Eat Fish Safely – Tips, Checklist for Food Safety, Lower Your Chances of Eating Food with Unsafe Chemicals in Them,*** and ***Tips for Keeping Foods Safe***
83. Are you on any special diet (medical diet, personal diet, etc.)? 0-13 Weeks: □ Yes, explain:_____ □ No 14-27 weeks: □ Yes, explain:_____ □ No 28-40 weeks: □ Yes, explain:_____ □ No	Sometimes clients are placed on diets by a healthcare professional for medical reasons (i.e., diabetic diet, low salt diet, gluten-free diet, etc.). Other times clients go on diets for personal reasons, including weight loss. It is important to ask the client to describe what specific diet she is on and why. **Interventions:** • If client is on a weight loss diet, stress that pregnancy is not the time to lose weight, but to gain it. Weight loss interferes with the needs of the growing baby. Refer to STT Nutrition: *Weight Gain During Pregnancy* and discuss her specific weight gain goals based on their pre-pregnancy weight category • Review & discuss STT Nutrition handout: ***MyPlate for Pregnant and New Parents including Breastfeeding*** emphasize proportions of food groups on a 10-inch plate recommended for pregnancy • Refer to registered dietitian and/or medical/obstetrical provider for conditions requiring medical nutrition therapy such as diabetes, liver disease, renal disease, cancer, and GI disturbances that exist in current pregnancy
84. Any food allergies? □ No □ Yes:_____ Any foods/beverages you avoid? □ No □ Yes:_____	Food allergies are not the same as food intolerance. Food allergies can cause mild or more severe symptoms such as hives, swelling, difficulty breathing, vomiting and can be life threatening. Food intolerance may cause gas, cramps, diarrhea, headaches, and heartburn, but are not considered life threatening. Foods or beverages may be avoided for religious, cultural, ethnic or personal preference reasons. Avoiding foods/beverages is a problem if it interferes with the client's nutritional status. **Interventions:** • Clients should never be advised to eat foods to which they are allergic • Refer to STT Nutrition: *Lactose Intolerance* and review STT Nutrition handouts: ***Do You Have Trouble with Milk Foods?*** and ***Foods Rich in Calcium***

	• Refer to health care provider and/or registered dietitian if she has allergies that lead to a poor diet or if her calcium intake remains low despite education
85. Are you vegetarian or vegan? □ No □ Yes: Do you eat: □ Milk Products □ Eggs □ Nuts □ Beans □ Chicken/Fish	Most vegetarian diets can provide adequate nutrition for pregnant and breastfeeding women. Vegans (people who do not eat any animal products, including dairy or eggs) are at risk for Vitamin B_{12} deficiency anemia if they do not supplement their diet. **Interventions:** • Notify provider if client is Vegan • Refer to STT Nutrition: *Vegetarian Eating* and review STT Nutrition handout: ***When You Are a Vegetarian: What You Need to Know*** and ***Vitamin B_{12} is Important*** • Refer to registered dietitian and/or medical/obstetrical provider if the client is vegan, has anemia that has not improved within 1 month after the start of treatment, or is unwilling to accommodate pregnancy nutrient requirements into daily intake
86. 0-13 weeks: a) How do you plan to feed your baby? □ Chest/Breastfeed □ Formula □ Chest/Breastfeed + Formula □ Undecided b) Have you ever chest/breastfed or tried to chest/breastfeed? □ If yes, for how long?_____ □ No □ N/A c) Did you chest/breastfeed for as long as you wanted? □ Yes □ No, explain:_____ □ N/A	Breastfeeding is the normal food for infants. Doctors recommend that women feed their babies nothing but breastmilk for the first six months and continue breastfeeding through the first year with additional foods. Your role is to assess breastfeeding desires and barriers, to listen to her choices and concerns, and to offer correct information, support, and referrals. Even if the woman plans to formula feed, offer education that breastfeeding is the normal feeding choice and provide more information as needed. **Interventions:** 0-13 Weeks • If a parent wants to use formula (exclusively or in addition to chest/breastfeeding), explore their reasons and provide information about the risks of formula feeding or combo feeding so that she can make an informed decision • Refer to STT Nutrition: *Breastfeeding* and *Tips for Addressing Breastfeeding Concerns* and ***My Birth Plan***. • Review and discuss WIC handout (available online): ***How Does Formula Compare to Breastmilk?*** • Refer to WIC and/or breastfeeding education classes
14-27 weeks: a) What do you think about breastfeeding your new baby? □ Not interested □ Thinking about it □ Wants to □ Definitely will □ Other: _____ b) What questions do you have about feeding your baby? _____	14-27 Weeks • If the client is not interested or is undecided about chest/breastfeeding, explore her questions and concerns • Refer to STT Nutrition: *Breastfeeding* and *Tips for Addressing Breastfeeding Concerns* • Review and discuss STT Nutrition handout: ***My Birth Plan*** and ***My Action Plan for Breastfeeding*** • Refer to WIC and/or chest/breastfeeding education classes
28-40 weeks: a) How do you plan to feed your baby during the first month? □ Chest/Breastfeed □ Formula □ Chest/Breastfeed + Formula b) If you are going to chest/breastfeed, who can you go to for chest/breastfeeding help? _____	28-40 Weeks • If client is planning to chest/breastfeed, refer to STT Nutrition: *Breastfeeding*, *Tips for Addressing Breastfeeding Concerns*, and *What to Expect While Breastfeeding: Birth to Six Weeks.* Review and discuss STT Nutrition handouts: ***My Action Plan for Breastfeeding, My Birth Plan,*** and ***Nutrition and Breastfeeding: Common Questions and Answers***

c) What questions do you have about feeding your baby? _____	• If client is planning to formula feed, discuss formula preparation including proper hygiene, measuring, mixing, and storage. Discuss how she should always hold her baby while formula feeding and never prop the bottle • If the client is planning to both chest/breastfeed and formula feed her baby, discuss how supplementing with formula (especially during the first month) prevents the baby from telling their body to make more milk and they may have some problems, including low milk supply, engorgement, or ductal narrowin. The baby may also have a harder time latching onto the breast after receiving a bottle • Refer to WIC and/or breastfeeding education classes
87. Dietary intake assessment completed: 0-13 weeks: □ Perinatal Food Group Recall (PFGR) □ Perinatal Food Group Recall *for Gestational Diabetes* (PFGR) □ 24-hour Perinatal Dietary Recall □ Perinatal Food Frequency Questionnaire (PFFQ) Diet adequate as assessed?: □ Yes □ No 14-27 weeks: □ Perinatal Food Group Recall (PFGR) □ Perinatal Food Group Recall *for Gestational Diabetes* (PFGR) □ 24-hour Perinatal Dietary Recall □ Perinatal Food Frequency Questionnaire (PFFQ) Diet adequate as assessed?: □ Yes □ No 28-40 weeks: □ Perinatal Food Group Recall (PFGR) □ Perinatal Food Group Recall *for Gestational Diabetes* (PFGR) □ 24-hour Perinatal Dietary Recall □ Perinatal Food Frequency Questionnaire (PFFQ) Diet adequate as assessed?: □ Yes □ No	Interview the patient and complete a dietary intake assessment. If the client is not eating the recommended proportions of **2 or more** food groups, then their diet is considered **inadequate**. The client is high risk nutritionally if they are lacking the minimum proportions from 2 or more food groups after nutrition education has been offered and diet reassessment has been completed at their next visit. **Interventions:** • If the client's diet is inadequate, or if she needs education about meeting the guidelines of a particular food group, review & discuss STT Nutrition handout: ***MyPlate for Pregnant and New Parents including Breastfeeding/ MyPlan for Pregnant and New Parents including Breastfeeding*** or ***MyPlate for People with Gestational Diabetes/MyPlan for People with Gestational Diabetes*** highlighting the food groups they are lacking and proper proportions on a 10-inch plate • Refer to CalFresh • Refer to WIC • Refer to foodbank • Refer to a registered dietitian if client is lacking the minimum proportions from 2 or more food groups after nutrition education has been offered and diet reassessment has been completed, and notify provider

Coping Skills

88. Are you currently having problems/concerns with any of the following?	0-13 Weeks	14-27 Weeks	28-40 Weeks
Divorce/separation	□	□	□
Recent death	□	□	□
Illness (cancer, abnormal Pap smear, etc.)	□	□	□
Unemployment	□	□	□
Immigration	□	□	□
Legal	□	□	□
Probation/parole	□	□	□
Child Protective Services/DCFS	□	□	□
Other:_____	□	□	□
None	□	□	□

If they respond yes to any of the problems or concerns listed, reassure the client that all information will be kept confidential and used only to help connect her to appropriate resources and referrals.

Interventions:
- Depending on her needs, refer to Steps to Take Psychosocial: *Financial Concerns, Legal/Advocacy Concerns, New Immigrant,* and *Emotional or Mental Health Concerns*
- Refer to legal assistance (free or low-cost)
- Refer to home visitation program for additional support
- Refer to provider or social worker for further evaluation and follow-up

89. What things in your life do you feel good about? _____ 90. What things in your life would you like to change? _____ 91. Who do you turn to for emotional support? □ FOB/partner □ Family member □ Friend □ Doula □ Other:_____ 92. What do you do when you are upset? _____ 93. What do you do when you and your partner have disagreements? _____	These questions provide information about the client's strengths, her hopes, her support system, and her coping skills. Reinforce all strengths and positive responses. **Interventions:** • Provide referrals as appropriate • Refer to provider or social worker if her comments raise concern, indicate a danger to herself or others, or need additional assessment and follow-up
94. Perinatal Depression Screening (use PHQ-9 or Edinburgh Postnatal Depression Scale [EPDS]) 0-13 Weeks: Patient Health Questionnaire-9 (PHQ-9) Total Score: □ 0-4 (None/Minimal) □ 5-9 (Mild) □ 10-14 (Moderate) □ 15-19 (Moderate Severe) □ 20-27 (Severe) 14-27 Weeks: Patient Health Questionnaire -9 (PHQ-9) Total Score: □ 0-4 (None/Minimal) □ 5-9 (Mild) □ 10-14 (Moderate) □ 15-19 (Moderate Severe) □ 20-27 (Severe) 28-40 Weeks: Patient Health Questionnaire -9 (PHQ-9) Total Score: □ 0-4 (None/Minimal) □ 5-9 (Mild) □ 10-14 (Moderate) □ 15-19 (Moderate Severe) □ 20-27 (Severe)	The PHQ-9 is a validated nine-item tool used specifically for depression screening. Maternal depression is the leading complication of pregnancy and childbirth, striking at least one in six new mothers in Los Angeles County. Untreated depression can lead to bigger problems for the mother and baby if not identified and treated early. **Interventions:** **For PHQ-9 scores of 5+ higher** • Notify the provider of score of 5+ higher (PHQ-9) • Refer to STT Psychosocial: *Emotional or Mental Health Concerns and Depression* • Review and discuss STT Psychosocial handout: ***How Bad Are Your Blues?*** • Provide handout(s): _____ • Refer to Postpartum Support International at: 1-800-944-4773 • Refer to your mental health clinic or social worker for further evaluation, treatment, and support • Call the Los Angeles County Department of Mental Health Access Line at: 1-800-854-7771 for additional referrals, support, or psychiatric mobile response services • Refer to Maternal Mental Health Hotline at: 1-833-TLC-MAMA (call/text)

95. Are you currently receiving services from a local agency such as case management, home visiting, counseling, etc.? □ No □ Yes, please explain:_____	Work with other agencies as much as possible (with the client's signed consent) to provide and coordinate services. For example, your client may have a case manager with a program such as the Adolescent Family Life Program. With permission, you can consult with her case manager about what resources the client has been referred to. You can also work with the case manager to problem solve if there are any barriers to the client accessing services or attending appointments. In order to consult with other agencies, you will need the client to sign an authorization to release information form. The client has the right to decline signing the release form and the right to decline case coordination with other agencies. **Interventions:** • Obtain client's consent to contact agency to coordinate services by having client sign an authorization to release information form
96. Have you ever attended individual or group counseling or therapy? □ No □ If Yes, when and why? _____ Have you ever been prescribed medications for emotional problems (sadness, anger, nervousness, irritability, difficulty sleeping, etc.)? □ No □ If Yes, what medication? _____ Have you ever been hospitalized for emotional problems or thinking about hurting yourself, etc.? □ No □ If Yes, when and why? _____	This information tells you about the client's history of mental illness. If a client has a history of emotional problems or suicidal thoughts/attempts, these symptoms could reemerge during pregnancy and/or postpartum. Listen carefully for information the client may have had emotional problems in the past. She may need to be evaluated by a social worker or other mental health professional or be provided additional support during pregnancy/postpartum. **Interventions:** • Refer to STT Psychosocial: *Emotional or Mental Health Concerns* and *Depression* • If the client has a past history of serious depression, mental illness, or attempted suicides, the provider should be notified and an appropriate referral made to the social worker or local mental health clinic for further assessment • Refer to home visitation program for additional support
97. Have you ever been emotionally or physically abused by your partner or someone important to you? □ No □ Yes, please explain:_____ 98. Do you ever feel afraid of your partner? □ No □ Yes, please explain:_____ 99. Within the last year have you been hit, slapped, kicked, or otherwise physically hurt by someone? □ No □ Yes, by whom? _____ How many times:_____	Inform the client that because of your concern for her health and an increased risk for violence and abuse during pregnancy, you ask everyone questions about violence in the home. It is recommended, but not required, that you also tell the client that you must report the abuse if (1) she has current physical injuries from abuse, or (2) she is under the age of 18. If the client reports no abuse, tell her that if the situation changes, she should discuss it with her health care provider or CPHW. Many women will not admit abuse initially, but may discuss it later in the pregnancy when she feels safer and more trusting of her health care providers. Do not pressure the woman to respond to the abuse questions, even when there is evidence that she is not being honest. **Interventions if she reports abuse (with or without injuries):** • Inform the client of your mandated reporting requirement if (1) she has current/physical injuries from abuse, or (2) she is under the age of 18 • Notify provider • Refer to STT Psychosocial: *Spousal/Intimate Partner Abuse*

100 Since you've been pregnant, have you been slapped, kicked or otherwise physically hurt by someone?

0-13 Weeks: □ No □ Yes, by whom? _____
How many times? _____

14-27 Weeks: □ No □ Yes, by whom? _____
How many times? _____

28-40 Weeks: □ No □ Yes, by whom? _____
How many times? _____

101. Within the last year, has anyone forced you to have sexual activities?

0-13 Weeks: □ No □ Yes, by whom? _____
How many times? _____

14-27 Weeks: □ No □ Yes, by whom? _____
How many times? _____

28-40 Weeks: □ No □ Yes, by whom? _____
How many times? _____

- Review and discuss STT Psychosocial handout: ***Cycle of Violence*** and ***Safety When Preparing to Leave***
- If the client is under age 18, refer to STT Psychosocial: *Child Abuse and Neglect* and follow the mandated child abuse reporting procedure below on pages 43-45
- Refer to the LA County Domestic Violence Hotline at 1-800-978-3600 or the National Domestic Violence Hotline at: 1-800-799-7233. Contact for additional guidance and referrals
- Refer to a domestic violence shelter in your area for assistance with legal matters, housing for the client and any other questions
- If client reports stalking or threats (with no evidence or report of physical abuse), encourage her to go to the law enforcement agency in the area where this stalking took place. Her statements will be documented and law enforcement will determine if a crime took place and should be further investigated
- Refer to STT Health Education: *Family Planning Choices*
- Refer to family planning provider
- Refer to health educator
- Refer to social worker

Interventions if she reports abuse AND has injuries:

- Inform the client of your mandated reporting requirement if (1) she has current/physical injuries from abuse, or (2) she is under the age of 18
- STOP the assessment and consult with the provider for help with this section. Refer to the clinic's mandated reporting protocol on pages 43-45
- The provider should complete the Danger Assessment form (see Appendix) and document physical injuries on the body map
- Call your local law enforcement agency immediately. They can offer her an Emergency Protective Order (EPO), which is an immediate, temporary restraining order so that she can be protected from batterer
- Within 48 hours of making this phone call, you are required to submit OCJP 920: Suspicious Injury Report Form (see Appendix) and send to your local law enforcement agency
- In the report, include any special instructions for safely contacting the client, and mention special needs (such as what language she speaks)
- Advocate for the client's rights and needs with police officers.
- All health care providers involved are equally responsible for making a report according to the law. When two or more health care providers know of the abuse, only one person is required to submit the report
- It is **against the law** for a supervisor or administrator to prevent staff from reporting abuse
- File a copy of the report in the client's medical record. Include written documentation of all communication with police officers and reporting agencies, including name(s) of individuals you speak to, the file number, and other important information
- Keep the report confidential. No one can see it without the client's consent.

102. Are your children, or have your children ever been, victims of physical abuse, sexual abuse, or neglect? □ N/A □ No □ Yes, please explain:_____	According to California State law, health care practitioners must report when they reasonably suspect or have knowledge that a child is being abused and/or neglected. Refer to clinic's mandated reporting protocol on pages 43-45. If you suspect child abuse or neglect: **<u>Interventions:</u>** • Notify provider • Immediately call the LA County Child Protection Hotline at: 1-800- 540-4000 • Within 36 hours of making this phone call, you are required to submit form SS 8572: Suspected Child Abuse Report. This report can also be completed online after calling the LA County Child Protection Hotline: www.mandreptla.org • You are required to report all instances of current and past child abuse and neglect as long as the victim is younger than 18 years of age. If the victim is now an adult and the abuse took place when the victim was younger than 18 years of age, you are not required to report the past abuse. However, if the abuser has access to other children and you reasonably suspect that these children may be currently in danger, you are required to report this to the LA County Child Protection Hotline at: 1-800-540-4000 • For additional information, refer to STT Psychosocial: *Child Abuse and Neglect* • Refer to social worker for additional support

Group Education Protocol

Purpose:

- To provide the client with perinatal education and peer support in a group setting

Procedure:

- □ We will not be providing group education classes at this site
- □ We will be providing group education classes at this site (choose one):
  - □ We will be using the March of Dimes' Becoming a Mom/Comenzando Bien Curriculum
  - □ We will be using our own curriculum and will keep a copy of it on file for review by CPSP or Medi-Cal

Staffing:

The following level of staff will conduct Group Education Classes (mark all that apply):

- □ N/A
- □ Comprehensive Perinatal Health Worker (CPHW)
- □ RN/LVN
- □ Registered Dietitian
- □ Health Educator
- □ Social Worker
- □ Other:_____

Documentation:

Two or more CPSP clients comprise a group. Reimbursement is available for face-to-face encounters only. A video may be used during part of a group class, but a CPSP practitioner must be present the entire time. The following documentation is needed for group CPSP services:

- Maintain outlines identifying the class/group content (these should be part of the protocols)
- Include the date, topic, and name of the instructor on client sign-in sheets
- Record attendance at the session in each client's record including the elapsed time (in minutes) of the session
- Retain the sign-in sheet and the group class outline or curriculum. They must be available to auditors if requested. Do not put copies of the sign-in sheet in the client's charts because they contain information about other clients.

Mandated Reporting Protocol

Purpose:

- To comply with all mandated reporting laws for abuse towards minors under the age of 18, dependent adults/elders, and other victims of violence
- To describe how the clinic will provide comprehensive support for all victims of abuse/neglect

Procedure & Staffing:

After assessing and interviewing a client, if a CPSP practitioner determines that s/he must file a report according to the mandated reporting law, it is strongly advised to follow this procedure for all mandated reports:

- It is recommended, but not required, that you inform the client of clinician's duty to report. Tell her about the likely response(s) by law enforcement and what will happen.
- In all cases of reported or suspected abuse, telephone the proper authorities **immediately**, or as soon as is practically possible

Which clinic staff person(s) will call law enforcement or the appropriate reporting agency? List person(s) by name and title:

_____

Which clinic staff person(s) will file the written report? List this person by name and title:

_____

Enter the name and phone number of your local law enforcement agency here:

_____

- Provide all the information required by law in reporting abuse
- Include any special instructions for safely contacting the client, and address special needs, i.e. language needs, in the report
- All health care providers involved are equally responsible to see that the report is made according to State requirements. When two or more health care providers have knowledge of a known or suspected instance of violence required to be reported, only one person is required to submit the report. If the designated person does not follow through with making the report then the responsibility falls on the other person involved to file the report. By law, a supervisor or administrator CANNOT prevent a staff member from reporting abuse.
- File a copy of the report in the client's medical record. Include written documentation of all communication with law enforcement and reporting agencies, including the name(s) of individuals you speak to, the file number, and any other critical information.
- Ask client what she would like to happen; advocate for the client's needs with authorities

Which clinic staff member(s) will assist your client in finding resources and referrals? List this person by name and title:

_____

Which clinic staff member(s) will attend to the client while waiting for law enforcement to arrive? List this person by name and title:

_____

Which clinic staff member(s) will provide details of the alleged abuse to law enforcement if the client declines to do so herself? List this person by name and title:

_____

- Keep the report confidential; it cannot be accessed by friends, family or other third parties without the client's consent

<u>Required Mandated Reporting Forms</u> (See Appendix)

- Suspected Child Abuse Reporting Form & Instructions (SS8572, Rev. 12/2002)
- Suspected Dependent Adult/Elder Abuse Report Form & Instructions (SOC341, Rev. 3/2015)
- Suspicious Injury Report Form & Instructions (Cal OES 2-920, Rev. 2001)
- Danger Assessment & Body Map

<u>Intimate Partner Violence, Domestic Violence, and/or Suspicious Injuries</u>

- If client reports stalking or terrorizing threats (with no evidence or report of physical abuse), encourage her to go to the law enforcement agency in the area where this abuse took place. Her statements will be documented and law enforcement will determine if a crime took place and should be further investigated.
- "Any health practitioner, who provides medical services for a physical condition to a client whom s/he knows, or reasonably suspects suffering from injuries of firearm, assaultive or abusive conduct, is required to generate a

report." (Penal Code 11160-11163.6). Additionally, if a patient reports domestic violence or has marks, bruises, or injuries caused by domestic violence:

- Complete the "Lethality Assessment" form, which can be found in your protocols or on the LA County CPSP website. The purpose of this assessment is to determine the level of danger and severity of the situation. The provider should document physical injuries on the body map.
- Call your local law enforcement agency immediately. Do not allow her to bargain with you to not call the authorities. Law enforcement can offer her an Emergency Protective Order (EPO), which is an immediate, temporary restraining order so that she can be protected from batterer.
- Within 48 hours of making this phone call, you are required to submit OCJP 920: Suspicious Injury Report Form and send to your local law enforcement agency
- Contact the LA County Domestic Violence Hotline for additional guidance: 1-800-978-3600
- For additional information, refer to Steps to Take: Psychosocial - *Spousal/Intimate Partner Abuse*
- Refer to your clinic protocols for a list of local shelters, counseling resources, and hotlines. Call a domestic violence shelter in your area for assistance with legal matters, housing for the client and any other questions.

- Notify provider of any mandated report filed
- Notify Psychosocial Consultant of any mandated report filed, if applicable
- File any reporting forms in the client's chart

Suspected Child Abuse

- You are required to file a report if you reasonably suspect child abuse, including physical abuse/violence, emotional abuse, sexual abuse, or neglect against anybody under the age of 18 (California Penal Code 11164-11173)
- If you suspect child abuse or neglect:
  - Immediately call the LA County Child Protection Hotline: (800) 540-4000
  - Within 36 hours of making this phone call, you are required to submit form SS 8572: Suspected Child Abuse Report. This report can also be completed online after calling the LA County Child Protection Hotline: www.mandreptla.org
  - You are required to report all instances of current and past child abuse and neglect as long as the victim is younger than 18 years of age. If the victim is now an adult and the abuse took place when the victim was younger than 18 years of age, you are not required to report the past abuse. However, if the abuser has access to other children and you reasonably suspect that these children may be currently in danger, you are required to report this to the LA County Child Protection Hotline: (800) 540-4000
  - For additional information, refer to Steps to Take: Psychosocial - *Child Abuse and Neglect*
- Notify provider of any mandated report filed
- Notify Psychosocial Consultant of any mandated report filed, if applicable
- File any reporting forms in the client's chart

Suspected Dependent Adult/Elder Abuse

- You are required to file a report if you suspect physical abuse, abandonment, abduction, isolation, financial abuse, and/or neglect towards any dependent adults (ages 18-64 who are physically or mentally impaired) or any individuals 65 or older
- If you suspect abuse against a dependent adult or elder:
  - Immediately call LA County Adult Protective Services Elder Abuse Hotline at (877) 477-3646
  - Within 48 hours of making this phone call, you are required to complete and submit the SOC 341: Report of Suspected Dependent Adult/Elder Abuse
- Notify provider of any mandated report filed
- Notify Psychosocial Consultant of any mandated report filed, if applicable
- File any reporting forms in the client's chart

Postpartum Assessment and Individualized Care Plan Protocol

Purpose:

- To identifying issues affecting the client's health and her baby's health, assess her readiness to take action, and select resources needed to address the issues
- To develop an Individualized Care Plan to address any needs/issues and build on her strengths

Postpartum Assessment Staffing

The following level of staff will conduct Postpartum Assessments and develop the Individualized Care Plan (mark all that apply):

□ Comprehensive Perinatal Health Worker (CPHW)
□ RN/LVN
□ Registered Dietitian
□ Health Educator
□ Social Worker
□ Other:_____

Procedure:

1. Refer to the Provider Handbook, Delivering CPSP Services to Clients: Postpartum Assessment and Care Plan
2. The Postpartum Assessment and Individualized Care Plan Tool is designed to be completed by any qualified CPSP practitioner, as defined in Title 22, Section 51179.7. The practitioner must be listed on the provider application or staff update form.
3. A CPSP practitioner must complete the assessment face-to-face with the client in a private setting. It is not appropriate for a client to complete this form by herself or to be conducted over the phone.
4. Conduct the assessment in a conversational manner, and use language appropriate to the client's culture and education level when asking about the topics included in the form
5. Familiarize yourself with the assessment questions and the client's medical/delivery record before completing the assessment
6. Complete the postpartum assessment within 60 days of delivery
7. Responses that are shaded are possible risk factors and usually will require additional questioning for clarification. If risks are identified, intervention(s) are needed according to the protocol, such as education, counseling, and/or referral to other CPSP support services practitioners, community based organizations, public resources, or specialists.
8. Complete all questions on the assessment form and use N/A for questions that are not applicable. If the client declines to respond to a question, document "declines to state" on the form and continue with the assessment.
9. At the completion of the assessment, summarize the needs and strengths that have been identified and assist the client in prioritizing them. Work with her to set reasonable goals and plans and document them on the Individualized Care Plan Summary.

Documentation:

Client Information:

- *Client Name:* Client's first name, middle initial, and last name
- *Date of Birth:* Client's month, date, and year of birth
- *Health Plan:* Client's health plan, if applicable
- *ID Number:* If applicable, the ID number assigned to your client by your clinic
- *Provider:* The physician or other provider in charge of the client's overall OB/CPSP care
- *Delivery Facility:* Hospital or location where the client delivered
- *Case Coordinator:* Name and CPSP title of the Case Coordinator

Individualized Care Plan & Summary

The Individualized Care Plan (ICP) is integrated into the assessment form and provides a simple way to document the interventions described in the protocols. The ICP consists of education topics, specific handouts in the Steps to Take Guidelines (STT), and referrals to clinic or community resources. The protocols contain additional background information and details about each risk/problem and appropriate interventions and should always be reviewed before planning an intervention. Based on the client's specific needs, mark the appropriate STT section(s) or handout(s) used to provide education or counseling. Each referral should be documented with the name of the person/agency and the date the referral was made.

Acknowledging the client's past and current strengths empowers her to make positive changes during the postpartum period and in the future. Client strengths should be summarized in the space provided above the Individualized Care Plan Summary. Review STT Guidelines: First Steps - *Essential Elements of Every Client Interaction* for examples of appropriate strengths.

Problems identified on the assessment should be prioritized and summarized in the Individualized Care Plan Summary (ICP). The ICP will be a quick, brief way for the client's CPSP team to view the findings of her assessment. In the first three columns, indicate the question number and a brief summary of the problem and goal. Use the last column to document any updates or outcomes as applicable. Describe the client's progress towards resolving the problem. For example, was the problem resolved? What has changed since the last assessment? This information can include whether she has followed through on the referrals provided, or made changes to her behavior such as her eating or exercise habits, etc.

Baby

Date of birth: _____ Baby's name: _____ □ Male □ Female □ other Additional Information: _____ Birth weight (lbs./oz.): _____ Birth length (inches): _____ Current weight (lbs./oz.): _____ Current length (inches): _____ Type of delivery: □ NSVD □ VBAC □ Vacuum □ Forceps □ C-Section (□ Primary or □ Repeat) (□ LTCS or □ Classical)	Information to complete these fields should be readily available from the delivery record. Additional Information line can be used to note any other information the provider/CPHW determines to be relevant including APGAR, NICU, stillbirth, infant death, placement in foster care, etc.

Clinical-Delivery

1. Delivery record filed in chart? □ Yes □ No	**Interventions:** Contact delivery hospital to obtain a copy of the delivery record, with elements including: • Baby's height • Baby's weight • Apgar scores • Delivery type • Complications
2. Gestational age: _____ □ > 37 weeks □ < 37 weeks	A copy of either the dictated delivery summary or the actual delivery room record (must be legible) should be in the chart and include the infant's height, weight, Apgar scores, type of delivery, and any complications to the client or the baby. **Interventions:** • Review & discuss STT Health Education handout: ***Did You Have Complications During Pregnancy*** • Review & discuss STT Psychosocial: *Perinatal Loss,* ***Loss of Your Baby****, and* ***Ways to Remember Your Baby*** • Refer to health educator • Refer to social worker • Infants more than two weeks old who do not weigh more than they did at birth should be referred to a pediatric provider if infant follow-up care is not in place • Clients who delivered their infants prematurely (less than 37 weeks gestational age) should be referred to the provider or health educator for preconception counseling/anticipatory guidance prior to becoming pregnant again • Clients who delivered by primary (first) C-section should be referred to the provider or health educator for counseling related to VBAC prior to becoming pregnant again, depending on the reason for C-section and type of incision
3. Pregnancy/Delivery complications? (i.e. preeclampsia, hemorrhaging, etc.) □ No □Yes: _____	
4. Postpartum complications. (i.e. postpartum preeclampsia, hemorrhaging, c-section complications, etc.) □ No □Yes: _____	
5. Client had multiple births? □ No □ Yes	**Interventions:** • Refer to STT Heath Education: *Multiple Births- Twins and More*

Clinical-Infant

6. Infant has a pediatric provider? □ No □ Yes, provider: _____	This section provides the opportunity to assess the infant's health and any special needs. Anyone can refer children with special needs to California Children Services (CCS). All infants born to HIV+ women should be referred to CCS. **Interventions:** • Notify provider of infant health problems • Notify provider of infant exposure to alcohol, drugs, and/or non-prescribed medications • Refer to STT Psychosocial: *Birth Defects* • Encourage the client to ensure her baby receives all checkups and immunizations as recommended by the pediatric provider • Refer to CHDP provider • If the baby has not been seen by a pediatric provider and no appointment is scheduled at the time of the postpartum CPSP support services assessment, schedule an appointment for the baby before the client leaves • Refer managed care members to the appropriate Medi-Cal Managed Care Member Services Department for assistance in locating a pediatric provider and establishing a "medical home" for her baby
7. Has infant had a newborn check-up? □ Yes: Any problems? □ No □ Yes, describe: _____ □ No: when scheduled? _____	
8. Infant prenatal exposure to: (check all that apply) □ Tobacco □ Alcohol □ Drugs □ Non-prescribed Medication	

Clinical-Maternal

9. Have you had your postpartum check-up? □ Yes, date: _____ □ No, when scheduled? _____	**Interventions:** • All health problems should be brought to the attention of the provider • If no postpartum checkup appointment has been scheduled at the time of the CPSP Postpartum Assessment, schedule one for the client before they leave • Refer to clinic eligibility worker • Refer to Medi-Cal. For individuals not eligible for Medi-Cal, refer to My Health LA
10. Any health problems since delivery? □ No □ Yes: please explain: _____	
11. Do you have health insurance so you can receive your own health care in the future? □ Yes □ No	

Nutrition: Anthropometric

12. Total pregnancy weight gain: _____ 13. Current weight: _____ 14. Current weight category: □ Underweight □Normal □ Overweight □ Obese 15. Postpartum Weight Goal: _____	Most birthing people lose more than 10 pounds during childbirth, including the weight of the baby, placenta and amniotic fluid. During the first week after delivery, new birthing people will lose additional weight as they shed extra fluids — but the fat stored during pregnancy won't disappear on its own. Through diet and exercise, it is safe to lose 1-2 pounds per week. It might take six months or even longer to return to pre-pregnancy weight. Chest/Breastfeeding burns extra calories and can help a client lose weight faster. Review client's prenatal assessment for their height and pre-pregnancy weight. Subtract the pre-pregnancy weight from the last recorded weight prior to delivery to calculate the total pregnancy weight gain. Refer to STT Nutrition: *Weight Gain During Pregnancy* to find the normal weight range based on their height. **Interventions:**

	• Review & discuss STT Nutrition handout: ***MyPlate for Pregnant and New Parents including Breastfeeding*** and ***MyPlan for Pregnant and New Parents including Breastfeeding*** with the client • Refer to STT Health Education: *Safe Exercise and Lifting* • Review & discuss STT Health Education handout: ***Keep Safe When You Exercise*** • If the client would like to lose weight, assist in setting a reasonable weight goal based on a loss of no more than 1-2 pounds per week • Encourage regular physical activity such as walking • Review how chest/breastfeeding can support weight loss goals • Refer to exercise & fitness resources • Refer to registered dietitian • Refer to health educator

Nutrition: Biochemical (Postpartum)

16. Blood – date collected:_____ Hgb: _____ (< 10.5) Hct: _____ (< 32) 17. OGTT – date:_____ Fasting: _____ (≥ 126 mg/dL) 2 Hr: _____ (≥ 200 mg/dL) □ N/A Comments: _____	Blood tests are used to screen for problems such as anemia, which can lead to a woman feeling more tired than normal. Postpartum hemoglobin and hematocrit levels should return to first trimester levels within 4 weeks of delivery. A client who developed diabetes during pregnancy must have a 2-hour 75-gram oral glucose tolerance test (OGTT) 6 weeks or more after the baby is born and every year after to make certain her diabetes has gone away and has not reoccurred. These clients are at risk for developing Type 2 diabetes later in life and should also receive preconception counseling related to their diabetes prior to becoming pregnant again. <u>Diagnostic blood glucose values (with 75gm, 2 hour OGTT):</u> • Fasting: ≥ 126 mg/dL • 2 hours: ≥ 200 mg/dL Both fasting <u>AND</u> 2 hour values must be within range in order for results to be considered normal. You may use the comments line to provide additional information, or note if labs are pending or have been rescheduled. **<u>Interventions:</u>** • Notify the provider of any abnormal values • Refer to WIC. Clients who are anemic are considered a priority for WIC, and receive additional nutrition counseling • Refer to STT Nutrition: *Iron Deficiency and Other Anemias* • Review & discuss STT Nutrition handouts: ***Get the Iron You Need, Iron Tips, Iron Tips– Take Two!, My Action Plan for Iron*** □ Review & discuss STT Gestational Diabetes Mellitus handout: *Gestational Diabetes Mellitus (GDM)* □ ***If You Had Diabetes While You Were Pregnant: Now That Your Baby is Here*** • ***Now That Your Baby is Here***

	• Discuss the importance of obtaining a checkup and preconception counseling prior to becoming pregnant again • Refer to health educator • Refer to registered dietitian

Nutrition: Clinical

18. Follow up needed for: □ Diabetes: □ Type 1 □ Type 2 □ GDM □ Hypertension □ Other: _____ □ N/A	**Interventions:** • For GDM refer to a diabetes specialist • Refer to Diabetes Prevention Program (DPP) provider at: http://publichealth.lacounty.gov/phcommon/public/nationaldpp.cfm • Refer to provider for follow up • Refer to STT Gestational Diabetes: *Gestational Diabetes Mellitus (GDM), and* ***If You Had Diabetes While You Were Pregnant: Now That Your Baby is Here*** • Review & discuss STT Health Education handout: ***Did You Have Complications During Pregnancy*** • Discuss the importance of obtaining a checkup and preconception counseling before to becoming pregnant again • Provide Preconception Health Council of California handouts as applicable, available at: http://everywomancalifornia.org/
19. Are you currently taking prenatal vitamins? □ Yes □ No	**Interventions:** • Encourage client continue to take prenatal vitamins until gone • If client is chest/breastfeeding, encourage them to take vitamins with 400mcg folic acid daily

Nutrition: Dietary

20. Dietary intake assessment completed: □ Perinatal Food Group Recall (PFGR) □ Perinatal Food Group Recall *for Gestational Diabetes* (PFGR) □ Perinatal Food Frequency Questionnaire (PFFQ) □ 24-hour Perinatal Dietary Recall Diet adequate as assessed?: □ Yes □ No	Interview the patient and complete a dietary intake assessment. If the client is not eating the recommended proportions from a 10-inch plate of 2 or more food groups, then the diet is considered inadequate. The client is high risk nutritionally if they are lacking the minimum number of proportions from 2 or more food groups after nutrition education has been offered and diet reassessment has been completed at their next visit. **Interventions:** • If the client's diet is inadequate, or if they need education about meeting the guidelines of a particular food group, review & discuss STT Nutrition handout: ***MyPlate for Pregnant and New Parents including Breastfeeding/MyPlan for Pregnant and New Parents including Breastfeeding,*** or ***MyPlate for People with Gestational Diabetes/MyPlan for People with Gestational Diabetes*** highlighting the food groups they are lacking and proper portions to a 10-inch plate. • Refer to CalFresh • Refer to WIC • Refer to foodbank • Refer to a registered dietitian if client is lacking the minimum proportions from 2 or more food groups after nutrition education has been offered and diet reassessment has been completed, and notify provider

Nutrition: Infant

21. What are you feeding your baby? □ Chest/Breastmilk only □ Formula only □ Chest/Breastmilk + formula 22. Do you have questions about mixing or feeding formula? □ Yes □ No □ N/A 23. # Wet diapers/day: _____ 24. How many times in a 24 hour period do you feed your baby? __	About half of clients who started chest/breastfeeding will still be nursing at 6 weeks postpartum. This is the time to help them picture chest/breastfeeding working for them over the long run. Chest/Breastfeeding is the best way to feed a baby in most circumstances. Chest/Breastmilk supply is determined by how often the baby chest/breastfeeds. A client who tries to chest/breast-and-formula feed her baby may have trouble maintaining their chest/breastmilk supply. During the first week, the baby should have a minimum number of wet diapers equal to its age in days. At 6-8 weeks the number of wet diapers may decrease, but the baby should still have at least 5 wet diapers per day. It is normal for a baby to feed 12 to 20 times in a 24 hour period during the first week. As chest/breastfeeding infants grow, they will breastfeed fewer times per day and night. It is normal for babies to have short, frequent feedings. It is also normal for them to feed on an irregular schedule. Babies should not be expected to go longer than about 3 hours in between feedings until they reach about 10 lbs (or around 2 months of age). It is not normal for a baby less than 4 months old to sleep more than 5 hours at a time between feedings. **Interventions:** • Discuss benefits of exclusive chest/breastfeeding for 6 months • Discuss risks of supplementing chest/breastmilk with formula • Refer to STT Nutrition: *Breastfeeding* and *Tips for Addressing Breastfeeding Concerns* • Refer to WIC • Refer to chest/breastfeeding education classes • Refer to chest/breastfeeding/lactation consultant • Refer to chest/breastfeeding support group • Refer to chest/breastfeeding help line • Refer to health educator • Refer to provider

If Chest/Breastfeeding: □ N/A 25. Is chest/breastfeeding comfortable for you? □ Yes □ No: _____ 26. Are you planning on returning to work or school within the next 6 months? □ No □ Yes: _____ 27. Do you have any of the following concerns? □ I can't tell if my baby is getting enough milk □ My baby is not latching on well □ I have cracked and/or sore nipples □ Other: _____ □ NA	Chest/Breastfeeding should be comfortable, not painful. Cracked, sore nipples are most commonly a result of improper positioning of the baby's mouth on the breast. If a client has pain during or between feedings or has any bleeding or visible cracks of the nipples, refer to a lactation expert. **Interventions:** • Refer to STT Nutrition: *Breastfeeding*, *Tips for Addressing Breastfeeding Concerns*, and *What to Expect While Breastfeeding: Birth to Six Weeks* • Review & Discus STT Nutrition handout: ***Breastfeeding Checklist for Baby and Me, My Breastfeeding Resource*** and ***Nutrition and Breastfeeding: Common Questions and Answers*** • Utilize education materials which specifically address positioning if the client complains of sore or cracked nipples • Refer to breastfeeding education classes • Refer to breastfeeding/lactation consultant • Refer to breastfeeding support group • Refer to breastfeeding help line • Refer to WIC or provider for breast pumps and related information • Provide information about Lactation Accommodation Laws • Refer to provider • Refer to childcare resources
If formula is used: □ N/A 28. Type of formula: _____ With Iron? □ Yes □ No _____ oz. _____ times/day	Feeding instructions for each baby will vary based on their individual needs. The client should check with their pediatrician for specific feeding advice. In general, after the first few days, a formula-fed newborn will take about 2-3oz of formula per feeding. They will typically eat every 3-4 hours during the first few weeks. During the first month, the baby should go no longer than 4-5 hours between feedings. By the end of the first month, the baby will be taking up to 4oz per feeding, and feeding about every 4 hours. The American Academy of Pediatrics currently recommends that iron-fortified formula be used for all infants who are not breastfed, or who are only partially chest/breastfed, from birth to one year of age. Iron-fortified formulas reduce the rate of iron-deficiency anemia in infancy, and promote the baby's growth and development. **Interventions:** • Provide the client with information regarding safe and appropriate bottle feeding techniques based on the client's questions and responses • Review recommendations for iron-fortified formula

Psychosocial

29. Depression Screening Tool Used: □ PHQ-9 (Patient Health Questionnaire) □ EPDS (Edinburgh Postnatal Depression Scale) <u>Patient Health Questionnaire-9 (PHQ-9)</u> Total Score: □ 0-4 (None/Minimal) □ 5-9 (Mild) □ 10-14 (Moderate) □ 15-19 (Moderate Severe) □ 20-27 (Severe) <u>Edinburgh Postnatal Depression Scale (EPDS)</u> Total Score: □ 0-8 Depression not likely □ 9-11 Depression Possible □ 12-13 Fairly High Poss. of Depression □ 14-30 Probable Depression	The PHQ-9 is a validated nine-item tool, the EPDS is a scale consisting of 10 short statements used specifically for depression screening. Maternal depression is the leading complication of pregnancy and childbirth, striking at least one in six new mothers in Los Angeles County. Untreated depression can lead to bigger problems for the mother and baby if not identified and treated early. **<u>Interventions:</u>** **For PHQ-9 scores of <u>5+ higher or scores of 9+ higher EPDS</u>** • Notify the provider of suicidal thoughts • Refer to STT Psychosocial: *Emotional or Mental Health Concerns and Depression* • Review and discuss STT Psychosocial handout: ***How Bad Are Your Blues?*** • **Provide handout:_____** • Refer to Postpartum Support International at: 1-800-944-4773 • Refer to a mental health clinic or social worker for further evaluation, treatment, and support • Call the Los Angeles County Department of Mental Health Access Line at: 1-800-854-7771 for additional referrals, support, or psychiatric mobile response services • Refer to local mental health urgent care clinic • Refer to Maternal Mental Health Hotline at: 1-833-TLC-MAMA (call/text)
30.Are you getting the support you need from your family/partner? □ Yes □ No, explain: _____ 31. Are you having any difficulty coping with the demands of your baby? □ No □ Yes, explain: _____	**<u>Interventions:</u>** • Refer to STT Psychosocial: *Parenting Stress* and *Emotional or Mental Health Concerns* • Refer to National Parent Helpline at: 1-855-4-A-PARENT or 1-855-427-2736 • Refer to mental health clinic • Refer to family counseling/support program • Refer to Early Head Start. To locate the nearest program call: 1-877-773-5543 • Refer clients 18 and under to Adolescent Family Life Program (AFLP) • Refer to the LA County Domestic Violence Hotline at 1-800-978-3600 or the National Domestic Violence Hotline at: 1-800-799-7233 • Refer to domestic violence shelter • Refer to social worker for additional evaluation/support resources
32.Have you had any changes in your mood since your baby was born? □ No □ Yes, please explain: _____	Postpartum depression affects between 10-22% of mothers. It usually develops within 3-14 days postpartum, but can develop anytime within the 1st year. Postpartum depression is different from "baby blues," which only lasts about 2-3 weeks. If the client is still experiencing changes in mood at 5-6 weeks postpartum, she could have postpartum depression or another postpartum mood or anxiety disorder. The good

33 a) How many hours of sleep are you getting? _____ b) Are you able to sleep when your baby is sleeping? □ Yes □ No, please explain: _____ c) Are you able to sleep if someone else is taking care of the baby? □ Yes □ No, please explain: _____	news is postpartum depression and other disorders are treatable, but early assessment and treatment is key. Sleep is also important for mental health, but often it is difficult a new mom to get enough sleep. A major red flag for depression is the mother not being able to sleep, even when her baby is sleeping. It is important to ask the client if there are any problems with sleeping, since this could be a sign of postpartum depression, or other mental health problems. **Interventions:** • Refer to STT Psychosocial: *Emotional or Mental Health Concerns* and *Depression* • Review/provide the "Speak Up When You're Down" brochure by Maternal Mental Health Now/LA County Perinatal Mental Health Task Force • Referred to Postpartum Support International at: 1-800-944-4773 • Refer to mental health clinic for evaluation • If the client has a past history of serious depression, mental illness, or attempted suicides, the provider should be notified and an appropriate referral made to the social worker or mental health clinic for further assessment • Call the Los Angeles County Department of Mental Health Access Line at 1-800-854-7771 for additional referrals, support, or psychiatric mobile response services • If the client is currently receiving mental health services, work with the other agencies as much as possible (with the client's written consent) to provide and coordinate services
34 Within the last year, have you been hit, slapped, kicked, choked, or otherwise physically hurt by someone? □ No □ Yes, by whom? _____ How many times? _____ 35 Within the last year, has anyone forced you to have sexual activities? □ No □ Yes, by whom? _____ How many times? _____	Inform the client that because of your concern for her health and increased risk for violence and abuse during/after a pregnancy, you ask everyone questions about violence in the home. It is recommend, but not required, that you also tell the client that you must report abuse (if) she has current injuries from abuse, or (2) she is under the age of 18. If the client reports no abuse, tell her that if the situations changes, she should discuss it with her health care provider or CPHW. Many women will not admit abuse initially, but may discuss it later when she feels safer and more trusting of her health care providers. Do not pressure the woman to respond to the abuse questions, even when there is evidence that she is not being honest. **Interventions if she reports abuse (with or without injuries):** • Inform the client of your mandated reporting requirement if (1) she has current injuries from abuse, or (2) she is under the age of 18 • Notify the provider • Refer to STT Psychosocial: *Spousal/Intimate Partner Abuse* • Review & discuss STT Psychosocial handouts: ***Cycle of Violence*** and ***Safety When Preparing to Leave***

	• If the client is under age 18, refer to STT Psychosocial: *Child Abuse and Neglect* and follow the mandated reporting procedure on pages 43-45. • Refer to the LA County Domestic Violence Hotline at 1-800-978-3600 or the National Domestic Violence Hotline at 1-800-799-7233. Contact for additional guidance and referrals • Refer to a domestic violence shelter in your area for assistance with legal matters, housing for the client, and any other questions • If client reports stalking or threats (with no evidence or report of physical abuse), encourage her to go to the law enforcement agency in the area where the stalking took place. Her statements will be documented and law enforcement will determine if a crime took place and should be further investigated • Refer to health educator • Refer to social worker **<u>Interventions if client reports abuse AND has injuries:</u>** • Inform the client of your mandated reporting requirement if (1) has current injuries from abuse, or (2) is under the age of 18 • STOP the assessment and consult with the provider for help with this section • Refer to the clinic's mandated reporting protocol on pages 43-45 • The provider should complete the "Danger Assessment" form (see Appendix) and document physical injuries on the body map • Call your local law enforcement agency immediately. They can offer her an Emergency Protective Order (EPO), which is an immediate, temporary restraining order so that she can be protected from the batterer • Within 48 hours of making this phone call, you are required to submit OCJP 920: Suspicious Injury Report Form (see Appendix) and send it to your local law enforcement agency • In the report, include any special instructions for safely contacting the client, and mention special needs (such as what language she speaks) • Advocate for the client's rights and needs with the police officers • All healthcare providers involved are equally responsible for making a report according to the law. When two or more health care providers know of the abuse, only one person is required to submit the report • It is **against the law** for a supervisor or administrator to prevent staff from reporting abuse • File a copy of the report in the client's medical record. Include written documentation of all communications with police officers and reporting agencies, including name(s) of individuals you speak to, the file number, and other important information • Keep the report confidential. No one can see it without the client's consent
36 Do you feel like you have everything you need for your baby? □ Yes □ No: (please specify)	The status of the client's resources may have changed since the birth of her baby. This question allows the assessor to

□ clothing □ diapers □ a safe place to sleep □ childcare □ other:_____	determine the client's need for and knowledge of available resources for housing, baby supplies, etc. **Interventions:** • Refer to STT First Steps: *Making Successful Referrals* and *Women, Infants and Children (WIC) Supplemental Nutrition Program* • Refer to STT Psychosocial: *Financial Concerns* • Provide referral Los Angeles County Department of Social Services (DPSS) for financial resource programs including: CalFresh, CalWORKS, and CalLearn • Refer clients 18 and under to Adolescent Family Life Program (AFLP) • Provide childcare resources • Provide housing resources • Provide infant care supply resources • Refer to employment resource center • Refer to social worker for assistance identifying additional resources

Health Education

37 Do you have any sore/bleeding gums, sensitive/loose teeth, bad taste or smell in mouth, or other oral health problems? □ No □ Yes: _____ 38 Have you seen a dentist in the last 6 months? □ Yes □ No	**Interventions:** • Refer to dentist (FQHC dental clinic or dentist that takes Medi-Cal) • Review & discuss STT Health Education handout: ***Keep Your Teeth and Mouth Healthy! Protect Your Baby Too***
39 Do you have any postpartum discomforts? □ No □ Yes: _____	**Interventions:** • Refer to provider for any discomforts • Review & discuss STT Health Education handout: ***Signs & Symptoms of Heart Disease During Pregnancy & Postpartum*** • Refer to TEXT4BABY by texting BABY to 511411 (English) or BEBE to 511411 (Spanish). Text4Baby is a free service that will send her 3 health tips per week during pregnancy and the first year of the baby's life • Refer to registered dietitian as appropriate • Refer to health educator as appropriate
40 Have you used drugs or medications other than as prescribed in the past year? □ No □ Yes, explain: _____	**Interventions:** • Notify provider • Refer client to MotherToBaby for information on medications, herbal products, infections, vaccines, maternal medical condition, illicit substances, and other common exposures such as paint, pesticides, hot tubs, etc. The client or provider can call 1-866-626-6847 or visit: www.mothertobaby.org • Encourage client to delay another pregnancy until drug-free • Refer to substance abuse treatment • Refer to Medi-Cal drug treatment facility • Refer to Narcotics Anonymous • Review mandated reporting protocols on pages 43-45 if you think that client's drug use may result in abuse or neglect to her child/children. These protocols will include contacting the LA County Child Protection Hotline and completing a Suspected Child Abuse Report • Refer to STT Psychosocial: *Child Abuse and Neglect*
41 Do you drink alcohol? □ No □ Yes: □ < 3 drinks/day, 7 drinks/week in past 3 months □ > 3 drinks/day, 7 drinks/week in past 3 months	**Interventions:** • Encourage to delay another pregnancy until alcohol-free • Encourage to wait at least 3 hours after having alcohol before chest/breastfeeding • Refer to provider • Refer to social worker • Refer to Alcoholics Anonymous • Refer to health educator
42 Do you smoke any tobacco products (including hookah or vaping), or are you exposed to secondhand smoke? □ No □ Yes: _____	Infants who are exposed to secondhand smoke are at a higher risk of sudden infant death syndrome (SIDS), ear infections, coughs, colds, and other breathing problems. **Interventions:** • Encourage not to allow smoke around the baby • Refer to STT Health Education: *Tobacco Use* and/or *Secondhand Smoke* • Discuss quitting for client's own health and for the health of her baby • Review and discuss STT Health Education handout: ***You Can Quit Smoking*** • Refer to California's Smokers' Helpline for free counseling or information on secondhand smoke at:

	1-800-NO-BUTTS (1-800-662-8887) or for Spanish: 1-800-NO-FUME (1-800-456-6386) • Refer to provider for additional counseling on smoking cessation or secondhand smoke

Health Education: Family Planning

43 Would you like to become pregnant in the next 18 months? □ No □ Yes: _____	It is usually recommended to wait at least 18 months before getting pregnant again. Spacing pregnancies 18 months allows the body to recover and be ready for the next pregnancy. Birth spacing is important because it helps both the mom and baby to be as healthy as possible. After delivery, the mother will build up her supply or nutrients and heal from any infection or inflammation. Too little time in between pregnancies can increase the risk of the baby being born premature and/or being born with low birth weight. **Interventions:** • Discuss the importance of spacing 18 months between pregnancies • Encourage to take folic acid 400 mcg daily • Encourage to avoid chemical exposure before conceiving again • Encourage preconception counseling before next pregnancy • Refer to STT Health Education: *Family Planning Choices* • Reviewed/discussed Handout: ***MyPlate for People who May Become Pregnant***
44 Any plans to use birth control? □ Yes: _____ □ No: _____	**Interventions:** • Discuss birth control methods • Refer to STT Health Education: *Family Planning Choices* • Refer to family planning provider • Refer to provider
45 Has your partner ever pressured you to become pregnant, interfered with your birth control, or refused to wear a condom? □ Never □ Sometimes □ Often	**Interventions:** • Refer to OB or family planning provider • Encourage client to talk to an OB or family planning provider about birth control methods that are less detectable (such as a shot, implant, or an IUD with the strings trimmed) • Refer to STT Health Education: *Family Planning Choices*

Health Education: Infant Safety & Care

46 Are you around any dangerous chemicals in your household, environment, or workplace? □ No □ Yes: _____	**Interventions:** • Refer to STT Health Education: *Workplace Safety* • Review & discuss STT Health Education handout: ***Keep Safe at Work*** • Encourage to avoid lead and mercury • Encourage to avoid BPA and use BPA free bottles and formula • Refer to Los Angeles County Department of Public Health-Environmental Health for soil/water testing at: 1-800-700-9995 • Refer to health educator

47 Do you have questions about your baby's health or safety? □ No □ Yes: _____	Maintaining the health of babies involves knowing when health problems are serious, when to get medical help, and keeping babies protected from serious disease. Safety issues for babies focus on car seat travel and safety at home. **Interventions:** • Refer to STT Health Education: *Infant Safety and Health* and *Oral Health During Infancy* • Review & discuss STT Health Education handouts: ***Keeping Your Baby Safe and Healthy, Protect Your Baby From Tooth Decay; Keep Your Teeth and Mouth Healthy! Protect Your Baby, Too; When Your Newborn Baby is Ill;*** and ***Your Baby Needs to be Immunized*** • Reinforce the importance of well child checkups and immunizations as a means of preventing illness and disability • Discuss safe infant sleeping positions, including "Back to Sleep" materials • Review & discuss car seat safety information in *STT Health Education: Infant Safety and Health* • Refer to 1-800-745-SAFE for additional car seat safety information • Refer to provider as needed • Refer to health educator as needed
48 Would you like more information about the following topics? □ Infant bathing □ Infant diapering □ Safe Sleep □ SIDS □ Car seat safety □ Other: _____ □ N/A	**Interventions:** • Review and discuss sleeping positions, including "Back to Sleep" materials • Refer to STT Health Education: *Infant Safety and Health* • Refer to 1-800-745-SAFE for additional car seat safety information • Refer to provider as needed • Refer to health educator as needed

Other

49 Any other outstanding issues from the Prenatal Assessment/Reassessment? □ No □ Yes: _____ _____	**Interventions:** • Refer to services and provide resources as needed based on the issue that needs follow-up • Provide education as needed based on the issue that needs follow-up

Protocol Attachment Checklist

Please attach the additional following documents with your protocols:

- □ Client Orientation Checklist (or equivalent)
- □ Client Orientation Brochure (Welcome to Pregnancy Care/Bienvenida a Cuidado Prenatal)
- □ Prenatal Assessment & Individualized Care Plan
- □ Postpartum Assessment & Individualized Care Plan
- □ Perinatal Food Group Recall Form & Instructions (or PFFQ or 24-hour recall)
- □ My Plate for Moms/My Nutrition Plan for Moms
- □ Weight Gain Grids & Instructions
- □ Patient Health Questionnaire (PHQ-9)
- □ Edinburgh Perinatal Depression Screening Tool (EPDS)
- □ Should I do Aspirin? pocket card
- □ Suspected Child Abuse Report Form & Instructions (SS8572, Rev. 04/2017)
- □ Report of Suspected Dependent Adult/Elder Abuse Form & Instructions (SOC341, Rev. 11/2018)
- □ Suspicious Injury Report Form & Instructions (Cal OES 2-920, Rev. 04/2009)
- □ Danger Assessment & Body Map
- □ CPSP Resource & Referral Guide (Customized for your clinic)
- □ Group Education Sign-In Sheet (if applicable)