

## **Pregnant Teen Services at UMCHS**

When a pregnant teen is recruited for Early Head Start services, she is enrolled only if there is an available slot and there is not a teen parent enrolled at the high school or the equivalent on the waiting list.

At enrollment, the Family Advocates (FA) will work with the pregnant teen to complete a Prenatal Health History form. Once the pregnant teen is enrolled, the family advocate should do the Family Partnership Agreement with her within two weeks of enrollment. Within the first month of enrollment, the family advocate assigned to her convenes an interagency/multidisciplinary meeting that should include (but is not limited to): the teen parent, the family advocate, parents of teen (if available), the school counselor, WIC, nutrition/health services staff, county health, as well as any other agency the teen parent is involved with or the teen parent would like invited.

At the staffing, a plan should be developed regarding necessary supports and which agency is able to provide these, as well as a calendar of home visits and topics to be covered. (The MDT staffing form may be used to document agreements made at this meeting. The family partnership agreement may be used as a guide for this meeting in determining needs and services and may or may not be changed to reflect goals agreed upon at this meeting.)

The pregnant teen will receive prenatal care on a schedule deemed necessary by their medical provider. The Family Advocate will assist the family with any barriers in scheduling and keeping their prenatal appointments. The Family Advocate will ensure the Prenatal Health Appraisal Form is completed by the provider and follow-up on any concerns as needed.

The Family Advocates will educate the pregnant teen on the importance of preventive dental care and the role dental health can have on their pregnancy. The pregnant mom will have dental care on a schedule deemed appropriate by their medical provider. The Family Advocate will ensure the Prenatal Dental Exam Form is completed by the provider and follow-up on any concerns as needed.

The Family Advocate will assist the parent in completing the Edinburgh Postnatal Depression Scale (EPDS) EPDS will be completed early in the pregnancy if any indicators are present, at 32-36 weeks prenatal, and at 2-12 weeks postnatal. The Family Advocate will score the Depression Scale and forward any concerns to the Health Services Director and Mental Health Director.

If the teen parent is in her first trimester (1-13 weeks into her pregnancy), the family advocate should do at least one home visit per month, as well as two to three contacts. Below are suggested topics to be covered, but they should be decided upon based on the individual teen parent's specific identified needs:

- **Prenatal care (If pregnant teen does not have insurance and/or no prenatal care this is priority-contact the Family Development Director for assistance.)**  
Urgent, unmet basic needs
- Feelings about the pregnancy-including the father's and parents' feelings
- Personal and family goals
- School situation-plans for being gone, teachers/friends reactions (school counselor may address this)
- Physical changes in her body
- Stress, smoking, alcohol, illicit drugs, and medications
- Nutrition \*
- The baby's development

If the teen parent is in her second trimester (14-26 weeks into her pregnancy), the family advocate should do at least two home visits a month, as well as two additional contacts. Below are suggested topics to be covered, but they should be decided upon based on the individual teen parent's specific identified needs:

- **Prenatal care (If pregnant teen does not have insurance and/or no prenatal care this is priority-contact the Family Development Director for assistance.)**
- Effects of pregnancy at school and within her nuclear family
- Ways her partner and/or family can be supportive
- Personal and family goals-obstacles to dreams and ways to succeed
- Conflict in relationships and cycles of violence
- Common tests during pregnancy and what to expect
- Signs of pre-term labor
- Physical changes in her body
- Nutrition-weight gain, exercise, positive self-image, oral health\*
- Stress, smoking, alcohol, illicit drugs and medications
- The baby's development

If the teen parent is in her third trimester (27-40 weeks into her pregnancy), the family advocate should do at least one home visit a week.

Below are suggested topics to be covered, but they should be decided upon based on the individual teen parent's specific identified needs:

- **Prenatal care (If pregnant teen does not have insurance and/or no prenatal care this is priority-contact the Family Development Director for assistance.)**
- Sources of support, frustration and encouragement
- Relaxation techniques
- Plans for time off from school
- Delivery choices and options to relieve pain during delivery
- Childbirth classes and choosing a labor partner
- Monitoring the baby's movements
- Signs of preterm labor and common discomforts
- Nutrition-gaining weight, healthy food choices and safe exercise\*
- Breastfeeding\*

- Preparations for the baby-does she have basic supplies? Safe place for baby to sleep? Car seat?
- Packing for the hospital and arranging hospital tour/preregistration
- Birth control and STD's
- Postpartum baby blues
- Bonding with the newborn
- Baby's development

In the six weeks after the baby is born and prior to the baby enrolling at EHS, the family advocate should do weekly home visits and the child is considered to have a home-based placement. The Family Advocate must complete the first home visit to ensure the well-being of mother and child within 2 weeks of the birth. This first visit may occur in collaboration with the local health department or with assistance from Health Resources Specialists.

Below are suggested topics to be covered, but they should be decided upon based on the individual teen parent's specific identified needs:

- Self-care-stress, relaxation, postpartum baby blues
- Sources of support, encouragement and frustration
- Breastfeeding and the WIC program\*
- Importance of infant car seats
- Baby care-sleep patterns, umbilical cord care, circumcision, feeding, bathing, well-baby checks
- Establishing a "Medical Home"
- Effects of second-hand smoke on the baby
- Birth control and STD's
- Postpartum baby blues
- Shaken Baby Syndrome
- Sudden Infant Death Syndrome
- Bonding with the newborn-singing with the baby, recognizing cues,
- Plans for returning to school
- Common concerns-colic, thrush, congestions, eye discharge, crossed eyes, rashes, lip blisters and how to take the baby's temperature
- Responding to the baby's cues
- Baby's development

\*(WIC, health services, or county health may address this)

Family advocates should utilize the curriculum Partners for a Healthy Baby: Before Baby Arrives and Partners for a Healthy Baby: The First Six Months to guide them in their home visits.

At six weeks of age, the baby is enrolled in Early Head Start.