COMPREHENSIVE PERINATAL SERVICES PROGRAM

PRENATAL PROTOCOLS

Los Angeles Area

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COMPREHENSIVE PERINATAL SERVICES PROGRAM

Table of Contents

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Name of CPSP Practice

CPSP PROTOCOL SIGNATURE PAGE

The undersigned have reviewed and approved the attached CPSP protocols:

signature: _____

name and credentials typed: Date

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signature: _____

Name and credentials typed: Date

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signature: _____

name and credentials typed: Date

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Name and credentials typed: Date

Nutrition Consultant

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COMPREHENSIVE PERINATAL SERVICES PROGRAM PRACTITIONERS AT THIS LOCATION

NAME	*TITLE*
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MEDI-CAL MANAGED CARE

COMPREHENSIVE PERINATAL SERVICES PROGRAM CLIENT ORIENTATION PROTOCOL

The CPSP program is based on the concept that services will be provided in partnership with the woman and her family. The full scope of CPSP services is listed in the *CPSP Provider Handbook* ("Handbook") on page 2-1. The first step in establishing trust is for the client to have information about the program. This includes knowing what her rights and responsibilities are, knowing what services are available, and where to go for emergency care. In the CPSP, this part of the program is called "Client Orientation".

Refer to STT Guidelines: First Steps - "Orientation to Your Services", pages 16-18 and the Handbook, page 2-3 and 2-4.

Purpose:

To be an active participant in her care, the client needs to know what services will be provided and who will provide them, as well as what her rights and responsibilities are. The client orientation is the first step in building a trusting relationship between the practitioner and the client.

At subsequent visits, it is important to "orient" the client to the various tests and procedures she may be given, and later, to the hospital where she is expected to deliver. Orientation is not a one-time session, but should be incorporated as an ongoing part of care.

Procedure:

1. Prior to beginning the client orientation, assure the client(s) that she can ask questions anytime. Give time at the end of the initial orientation to voice concerns about her pregnancy, and to ask questions and receive clarification about all the services provided by the CPSP.

2. **Confidentiality is a critical component of the CPSP.** In the partnership of her care, it is the health care team's responsibility to keep confidential the information that the woman provides. Her responsibility is to be truthful and honest in her answers. She should be informed that the health care team (including the WIC Program) who provide services to her will share the information among themselves so that they can deliver the best care possible. Be certain a generic consent to share information among health services providers is signed by the client and is in the client's medical record.

Practitioner*:* The client orientation will be conducted by (practitioners at your location):

Content

At the initial Client Orientation, a CPSP Practitioner (as listed) should provide the client with the following information*:*

1. **All of the services that will be available** to her during her pregnancy and postpartum, including:

- Medical, nutrition, psychosocial and health education assessments, reassessments and appropriate related services;
- Prenatal, childbirth, infant care and safety, and postpartum education including contraceptive services;
- Referrals to other health care professionals, public and community resources.

Provide the client with a copy of Steps to Take ("STT") Guidelines Reproducible Masters: "Welcome to Pregnancy Care". Page HE-7

2. **The role of the various team members** who will see her during her pregnancy. She should be given the names and telephone numbers of the various offices. As applicable:

- Physician(s) _____
- Nurse Practitioner(s) _____
- Physician's Assistant(s) _____
- Social Worker(s) _____
- Dietitian(s) _____
- Health Educator(s) _____

3. **Client's Rights and Responsibilities.**

The client has the **right** to:

- Be treated with dignity and respect.
- Have her privacy and confidentiality maintained.
- Review her medical treatment and record with her health care provider.
- Be provided with explanations about tests and office/clinic procedures.
- Have her questions answered about procedures and her care.
- Participate in planning and decisions about her health care during pregnancy, labor and delivery.
- Accept or refuse, any care, treatment or service.

The client has the **responsibility** to:

- Be honest about her medical history and lifestyle because it may affect her and her unborn baby's health.
- Be sure she understands explanations and instructions.
- Respect clinic/office policies, and ask questions if she does not understand them.

- Follow advice and instructions given by staff.
- Report any changes in her health.
- Keep all appointments. Arrive on time. If unable to keep an appointment, cancel 24 hours (or per office/clinic policy) in advance, if possible.
- Notify prenatal staff of any changes in address or phone number.
- Let staff know if she has any suggestions, compliments, or complaints.

Review these Rights and Responsibilities verbally and provide the client with a copy of Steps to Take ("STT") Guidelines Reproducible Masters: "Your Rights as a Client", page HE-11. Many CPSP providers keep one copy of the handout that has been signed by the client in the medical record.

4. **The administrative procedures of the office or clinic:**

- time and phone number for cancelling appointments
- need to keep her scheduled appointments in a timely manner

5. **Routine clinic/office procedures that will be done,** the blood and urine tests, initial comprehensive and subsequent limited physical examinations (include blood pressure and fundal height) that she can expect, the amount of time her visits will take, where and when comprehensive services are provided and other routine clinic/office procedures.

Refer to Steps to Take Guidelines: "Prenatal laboratory and diagnostic tests", Appendix pages APP 3-7.

6. **Written and verbal instructions about the pregnancy warning signs and symptoms** and who to call and where to go if she has any of these symptoms. Review how these are different from common discomforts and what to do if they occur:

- fever or chills
- swollen hands or face
- bleeding from vagina
- difficulty breathing
- severe or ongoing headaches
- sudden large weight gain
- accident, hard fall or other injury
- pain or cramps in stomach
- pain or burning when urinating (peeing)
- sudden flow of water or leaking of fluid from vagina
- dizziness or change in vision (such as spots, blurriness)
- severe nausea and vomiting

Provide the client with a copy of Steps to Take ("STT") Guidelines Reproducible Masters: "Danger signs when you are pregnant", Page HE-9

- Instructions on what to do if symptoms occur: _____

_____

_____

7. Other orientation and/or informed consent should be done for **procedures** such as AFP testing, ultrasound, stress testing, amniocentesis, etc., as these issues arise. The procedures should be explained, who will do them, and why they are important. Any pre- or post-instructions should be reinforced. Give the woman time to ask questions so that she feels as comfortable as possible with the tests and procedures.

8. The client should also be given **information on the referrals** that will be made to programs such as WIC, dental care, pediatric and well-child care services or other programs.

9. The client should also receive a full orientation to the hospital where she is expected to deliver, including any tours available, pre-admission information requested by the hospital, and other information and routine practices of the hospital. Reinforce the importance of going to the hospital her provider directs her to for delivery.

10. Postpartum orientation to services and referrals; for example, referral for rubella immunization for the mother who is not immune to rubella, a postpartum WIC referral, where to go for family planning services, etc., should be provided at the appropriate time.

Documentation*:*

1. Documentation is used for communication and should be clear and complete.

2. The initial orientation is a required component of the CPSP.

3. The practitioner should document the completion of the initial client orientation. Only the date, signature of the CPSP Practitioner, and a brief note, such as: “CPSP orientation done per protocol”, on the Individualized Care Plan, or per your facility’s Procedure are required. It is not necessary, or desirable, to document all the components of the orientation unless something unusual occurs with any particular client. If a prenatal checklist is utilized, document per checklist instructions.

4. 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.

Refer to Steps to Take Guidelines: “Documentation Guidelines”, page 11.

COMPREHENSIVE PERINATAL SERVICES PROGRAM

Prenatal Combined Assessment/Reassessment

Instructions for Use and Protocols

The Prenatal Combined Assessment/Reassessment Tool is designed to be completed by any qualified Comprehensive Perinatal Services Program (CPSP) practitioner, as defined in Title 22, Section 51179.7.

PURPOSE:

The Prenatal Combined Assessment/Reassessment tool permits the CPSP practitioner to assess the client's strengths, identify issues affecting the client's health and her pregnancy outcome, her readiness to take action, and resources needed to address the issues. This information, along with the information from the initial obstetrical assessment, is used, in consultation with the client, to develop an Individualized Care Plan (ICP). The combined assessment is ideal for those practice settings in which one CPSP practitioner is responsible for completing the client's initial assessment and reassessments. It does not preclude discipline specialists from providing needed services to the client.

This assessment/reassessment tool was designed to meet State WIC requirements for a nutrition assessment permitting WIC nutritionists to avoid a duplicative assessment and spend their time in educational or other "value added" activities to benefit pregnant Medi-Cal beneficiaries.

PROCEDURES/PROCESS:

The prenatal combined assessment tool is designed to be administered by a qualified CPSP practitioner (CPHW or other).

1. *Refer to the CPSP Provider Handbook, pages 2-5 through 2-15.*

2. *Familiarize yourself with the assessment questions and the client's medical record <u>before</u> completing the assessment.*

3. *The setting should allow for adequate privacy. Due to the sensitive nature of the questions being asked, it is strongly recommended that the client's partner and other family members and friends be excluded during the administration of the assessment. This is one way to promote complete honesty in your client's responses and protect her right to confidentiality. Cultural customs and practices should be taken into consideration for each client.*

5. *Refer to Steps to Take Guidelines: "How to Work with Your Clients", pages 12 – 15.*

6. *Keep educational materials, visual aids, etc. readily available to promote a fluid exchange of information with the client. This also prevents wasted time looking for or copying materials. It is not appropriate to attempt to provide all of the interventions listed in the protocol during the initial assessment. It would take too long and overwhelm the client with too much information.*
   Health behavior changes take place over time and often require multiple interventions. Leave nonurgent interventions for future visits. List them on your ICP.

7. *Before beginning, explain the purpose of the assessment and how the information will benefit the woman and other CPSP practitioners who will be involved in her care. Be certain to tell her that the assessment is intended to help her have a healthy pregnancy and baby.*

8. *Explain the confidentiality of the assessment process. State clearly to the woman that all child abuse/neglect must be reported to the proper authorities. Refer to reporting requirements related to domestic violence described in detail after question 103. Everything else is confidential and is shared only with her health care team or with her prior consent.*

9. *Explain that you will be taking notes as you go along. You can offer to share the notes when the interview is complete if it would increase her comfort level.*

10. *Try to maintain a conversational manner when asking the questions on the form. The first few times you use the assessment, you may want to read the questions as they are written on the form. As you become more comfortable with the content of the assessment, you can adopt a more conversational style. Questions should be asked in a manner that encourages dialogue and development of rapport and relationship.*

11. *Sensitive questions should be asked in a straightforward, nonjudgmental manner. Most clients will be willing to provide you with the information, especially if they understand the reason for the question. Be aware of your body language, voice and attitudes. Explain that the client's answers are voluntary, and she may choose not to answer any question.*

12. *Ask related, follow-up questions to explore further any superficial or conflicting responses.*

13. *It is preferable to complete the assessment in one session. The assessment must be completed within four weeks of entry into care for* ***all*** *managed care members, and to qualify to bill code Z6500 and receive the case coordination fee (fee-for-service clients only).*

    If the client has limited English-speaking abilities and you are not comfortable speaking her preferred language, arrange, if possible, to have another staff member with those language capabilities complete the assessment. If such a person is not available, the CPSP practice should have the ability to make use of community interpreting services on an as-needed basis. As a last resort the client may be asked to bring someone with her to translate; it is not appropriate to use children to translate - a trusted female, rather than even her partner, is more appropriate. Telephone translation services should only be considered as a last resort for very limited situations.

14. *Become familiar with the behaviors acceptable to the ethnic and cultural populations served in your CPSP practice. Make sure the assessment is offered in a culturally sensitive manner. When you are unsure, ask the client about ways you can help increase her comfort level with the process. For example: "Is there anything I can do to make this more comfortable for you?"*

    A service provider can be considered culturally competent when they have the ability to recognize, and have a working knowledge of assessing and interpreting variations of common human themes as they are played out within specific cultures in specific domains.

15. *Adolescents possess different cognitive skills than their adult counterparts. It is important to understand the normal developmental tasks of adolescence and relate to your clients based on their individual developmental stage.*
    Early adolescents are concrete thinkers. If they don't see it, feel it, or touch it, for them it does not exist.
    Middle adolescents start to develop abstract thinking. They have the ability to link two separate events. Cause and Effect. If I do this, that will happen.
    Late adolescents can link past experiences to present situations to predict future outcomes and influence their present behaviors. Two years ago I did this, that happened; if I do the same thing today, what happened two years ago will happen again.
    A teen's ability to think, reason and understand will influence her health education needs. Most teens need written information to reinforce all verbal health education. Written information offers them the opportunity to reread and learn on their own at their own pace.

16. *When the assessment is completed, pay particular attention to the answers that are shaded; they are the ones most likely to need interventions and/or be included on the Individualized Care Plan. Generally they will require follow-up questions by the practitioner to determine the actual need and most appropriate intervention(s). Answers to unshaded responses and/or open-ended questions are important in that they provide additional information about the client's strengths, living situation and resources that will be important to consider when developing an Individualized Care Plan.*

17. *At the completion of the interview, summarize the needs that have been identified and assist the client in prioritizing them. Work with her to set reasonable goals and document them on the Individualized Care Plan. Completion of an Assessment Risk/Strength Summary is an optional component of CPSP. A sample "Assessment Risk/Strength Summary" can be found in the* Handbook, pages 7-33 through 7-34. *It provides a quick visual summary of the risks and strengths of a CPSP client as identified during the initial assessment. It is not a substitute for the Individualized Care Plan. Goals included in the Individualized Care Plan should begin with statements such as, "The client will ...", or "The client agrees to...". When applicable, the name of the staff member responsible for providing additional assessments or interventions, as well as the timeline for completion, should be included.*

    Refer to the Comprehensive Perinatal Services Program Provider Handbook, *Section 3, page 11 for a description of Case Coordination in CPSP.*

DOCUMENTATION:

1. *Refer to STT Guidelines: First Steps - Documentation, page 11.*

2. *Make sure there is some documentation for every question. If the question does not apply, indicate that by choosing or writing "N/A". If the client chooses not to answer a question, note that: "declines to answer".*

3. *All notes and answers on the assessment should be legible and in English. The completed assessment tool must be included as a part of the client's medical record.*

4. *All problems identified during the assessment should indicate some level of follow-up. Follow-up may range from a problem and planned interventions noted on the Individualized Care Plan ("ICP"), to notations on the assessment form and/or brief narrative that indicates immediate intervention was provided or that the issue is not one the client chooses to address at this time and/or will be reassessed at another time. Written protocols should be followed for intervention and referral. For clients with numerous and/or complex problems/needs, be sure to indicate the priority of each problem listed on the ICP.*

5. *All assessments should be dated and signed with at least the first initial, last name, and title of the person completing the assessment.*

6. *Use only those abbreviations your facility has approved.*

7. *If a prenatal checklist is used in your facility, keep it handy during the assessment to ensure easiest, most accurate documentation of interventions is completed.*

8. *Time spent in minutes should be noted at the end of the assessment; indicate only time spent face-to-face with the client. Be sure to complete any billing or encounter data forms required.*

9. *Photocopy the nutrition assessment (page 7) when all information is available. Send the copy with the client and instruct her to take it with her to her first WIC appointment. If preferable, the form may be mailed or faxed to the appropriate WIC office with prior arrangement to do so. It is important to have site-specific instructions in order to safeguard the client's right to confidentiality.*

HEALTH NET
LOS ANGELES COUNTY
COMPREHENSIVE PERINATAL SERVICES PROGRAM

Prenatal Combined Assessment / Reassessment Tool

PROTOCOLS

The Prenatal Combined Assessment /Reassessment Tool has received California State Department of Health Services approval and ***MAY NOT BE ALTERED*** *except to be printed on your logo stationery.*

The Protocols must be customized to your practice setting. Space has been included for the addition of community resources specific to your geographic area. Interventions and materials recommended in the Protocols may be replaced by those preferred by your facility's Comprehensive Perinatal Services Program ("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 CPSP Provider Handbook, pages 7-45 through 7-49. Copies of protocols must be submitted to your local CPSP Coordinator within 6 months of CPSP Certification or when changed. For further instructions, information or technical assistance regarding the CPSP, you may call your local CPSP Coordinator at the following numbers:

Los Angeles County	*(213) 639-6419*
City of Long Beach	*(562) 570-4060*
City of Pasadena	*(626) 744-6091*

The Protocols are based extensively on the Comprehensive Perinatal Services Program, Steps to Take *Guidelines*. Steps to Take *and the* CPSP Provider Handbook (2001) *are available to all DHS-certified CPSP providers at no cost. If you do not have a copy of the* Steps to Take *Guidelines* (2001)*, please call the appropriate CPSP Coordinator at the number listed above. Certified CPSP Providers who do not have a current* Handbook*, and non-certified providers who wish to purchase one should call the California Department of Health Services, Maternal and Child Health branch: (916) 657.1338.*

The Protocols are generally organized in the following manner: 1*) the question as it appears on the Prenatal Combined Assessment/Reassessment Tool,* 2*) rationale for asking the question and/or brief information section,* 3*) reference to the appropriate section of the Comprehensive Perinatal Services Program,* Steps to Take Guidelines (2001), 4*) specific interventions designed to meet needs identified by asking the client that particular question, and* 5*) referral or other resources.*

The CPSP Prenatal Assessment/Reassessment Tool, Postpartum Assessment Tool, Individualized Care Plan, and other program and documentation tools are available to Health Net Contracting Providers on 3.5 inch diskette and hard copy from Health Net's Public Health Programs department at (916) 853-7817.

Health Net Contracting Providers may also call Health Net's Health Education Department to request an order form which lists currently available patient education materials. The number to call is: 1-800-804-6074. Your completed order form may be faxed to: 1-800-628-2704. All

Health Net's "Guide to Evidence-Based Medicine" is accessible to all Health Net contracting providers at Health Net's award-winning web site, healthnet.com

The BabyCal Campaign *offers free educational materials and posters. Call (323) 966-5761 for more information.*

This Prenatal Combined Assessment/Reassessment Tool can be used for all prenatal CPSP support services assessments. Not all questions need to be asked after the initial assessment, and required reassessment questions are indicated with space for more than one client response. The numbers of the questions that must be repeated are also shaded and can be easily recognized during reassessments.

Initial *(1st OB)* _____ *Date/ Weeks* ***2nd Trimester*** *(14-27 Weeks)* _____ *Date/ Weeks* ***3rd Trimester*** *(28 Weeks-Delivery)* _____ *Date/ Weeks*

The initial assessment may occur in the first, second, or third trimester depending on when the client presents for prenatal care. Reassessment must occur in each of the <u>following</u> 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 "N/A" in the 2nd trimester space at the top of the first page. <u>All</u> questions must be asked (unless they are not applicable) at the initial assessment, no matter when in the pregnancy that initial assessment occurs. A few questions must be answered in 2 locations on the assessment form – once in a related informational grouping, and once on the "Nutrition" (page 7) section of the assessment. The questions do not need to be asked again, but the answers must be repeated on the Nutrition assessment (page 7 of the assessment tool) to meet California State WIC requirements. These questions are identified by the ↙ symbol after the question. Meeting the State WIC requirements allows the client to avoid having to repeat the nutrition assessment when she is referred to WIC for the supplemental nutrition program, and allows for more time for teaching and counseling.

Responses in shaded areas typically will require further questioning for clarification, intervention(s) according to the protocol and/or referral to other CPSP support services practitioners, community based organizations, public resources, or specialists.

An initial assessment must be completed within 4 weeks of the first prenatal medical visit, but may be done prior to or at the same time as the first prenatal visit.

Patient Name: _____

Serves as a form of identification in addition to providing an opportunity to learn what the client prefers to be called**.** Be sure to ask for the family name. If the client prefers to be called Ms. or Mrs., repect their wishes.

Date Of Birth: _____

Serves as a form of identification when two or more patients have the same name.

Health Plan: _____

For claims purposes, as well as reference for case management and specific policy and procedure requirements.

Identification No.: _____

Serves as another form of identification. Different offices or health plans may use different numbers, e.g., the client's social security number, a medical record number, etc.

Provider: _____

Physician, nurse practitioner or certified nurse midwife responsible for management of the client's obstetrical care.

Hospital*:** _____ ***Location _____

Reconfirm hospital for delivery several times throughout the course of prenatal care. Client needs to be directed to appropriate level facility for delivery if high risk. If the need for NICU services is anticipated (prematurity, known congenital anomaly, low estimated fetal weight, diabetic pregnancy, maternal cardiac or other disease, etc.), high risk Managed Care Members must be instructed to deliver in a hospital with an appropriate level **CCS-designated** NICU.

A number of studies have indicated infants requiring Neonatal Intensive Care (NICU), born in (not transferred to after delivery) hospitals able to provide such care have fewer complications.

Case Coordinator/Manager: _____ ***EDC:*** _____

Case Coordinator/Manager refers to the CPSP Case Coordinator within the office or clinic setting where CPSP support services are being provided

Dx. OB High Risk Condition: _____

Information must be added to this area whenever high-risk condition(s) are identified. The plan for addressing this condition must be described in the client's Individualized Care Plan.
Case Management services are available to assist providers with the coordination of care for complex and/or high risk Medi-Cal Managed Care members through the client's Health Plan. Call the Member Service number to access Case Management Services:

Health Net Member Service Department: 1-800-675-6110

Personal Information

1. Patient age: ***❑ Less than 12 yrs ↙*** ***❑ 12-17 yrs ↙*** ***❑ 18-34 yrs*** ***❑ 35 yrs or older***

Teens may be at higher risk medically, psychosocially, nutritionally, and in terms of their health education needs than their adult counterparts. Additionally, they may need referrals to AFLP/CAL LEARN and/or Teen Mother Programs. Women ≥ 35 years of age at time of delivery need additional genetic counseling.

Refer to the Comprehensive Perinatal Services Program, "Steps to Take" ("STT") Guidelines: First Steps – "Approaching Clients of Different Ages", pages 14-15 and Psychosocial –"Teen Pregnancy and Parenting", pages PSY 85-90.

Intervention:

If teen was ≤ 16 years old when she became pregnant, Child Protective Services / Department of Children's Services must be notified and will make an evaluation. Report by phone to CPS/DCS as soon as practically possible, then follow up with a written report within 36 hours.

Inform all teens receiving CalWORKs benefits that Cal Learn participation is mandatory to continue to receive those benefits in most circumstances. Refer adolescents with an unstable home situation to a social worker.
CalWORKs: www.co.la.ca.us/dpss

Referral:

The Child Abuse Hotline: receives all reports of suspected child abuse, neglect, or exploitation. Also provides information and consultation about child abuse and neglect: (800) 540-4000

Victim-Witness Assistance Program: (213) 974-3908 - referrals for counseling.

Cal Learn: AltaMed Health Services Corporation (323) 980-3050 - CalWORKs Recipients

Teen Pregnancy/Parenting Programs: AltaMed Health Services Corporation (323) 980-3050

Sibling Program (Sisters and Brothers) of AFLP/Cal Learn Participants - neither pregnant nor parenting - AltaMed Health Services Corporation 1-800-833-6235

Los Angeles County Office of Education, Pregnant Minor Program: (562) 940-1873

Los Angeles County, Prenatal Care Guidance Program - high risk pregnant women - special focus on adolescents 1-800-4BABY N U or:

Daniel Freeman Hospital, 323 N. Prairie Ave., Suite 408, Inglewood	(310) 674-7050, x3395
Ruth Temple Health Cntr., 3824 S. Western Ave., #211, Los Angeles	(323) 730-3517
Olive View Medical Center, 14445 Oliveview Dr., Sylmar	(818) 364-3539
Alhambra Health Center, 612 W. Shorb St., Room 209, Alhambra	(626) 308-5383

Social Work Consultant(s) _____

Other Resources: _____

_____

_____

_____

Resources:

Public Counsel publication, "Legal Issues for Pregnant & Parenting Teens in California", edited by Virginia G. Weisz and Fran Greiff. Phone: (213) 385-2977 or www.publiccounsel.org

Perinatal Advisory Council of Los Angeles Communities (PAC/LAC), The "Teen Friendly" Enhancement Program Manual and information about related educational programs available through PAC/LAC (818) 382-3956.

Los Angeles County Sexual Crimes and Child Abuse Division can be contacted with any questions: (213) 974-5927.

AFP program handbook, supplies and mandatory pamphlet: (510) 540-2433.

State Department of Health Services, Genetic Disease Branch: (510) 540-2534.

2. Are you: ❑ Married ❑ Single ❑ Divorced/Separated ❑ Widowed ❑ Other:___
The response may give some indication of the client's support system.

3. How long have you lived in this area? _____ yrs./mos. Place of birth: _____

Individuals who have lived in an area for a short time may be less familiar with community resources and have a weaker support system. Place of birth may give some indication as to the client's cultural background.

Refer to STT Guidelines - First Steps, "Little Experience with Western Health Care", page 29 and STT Guidelines: Psychosocial - "New Immigrant", pages 39-43.

Resources:

National Hispanic Prenatal Hotline: 1-800-504-7081, Mon.-Fri., 9 a.m. to 6 p.m. EST.
National Alliance for Hispanic Health:
1502 16th St., NW, Washington, DC 20036; (202) 387-5000.
San Fernando Valley Neighborhood Legal Services: (818) 896-5211
National Immigration Law Center: (213) 639-3900
Local cultural and community centers.

4. Do you plan to stay in this area for the rest of your pregnancy? ❑ Yes ❑ No

If the client does not intend to remain in the area, she will need assistance in arranging for transfer of her care and additional counseling on the importance of adequate ongoing and consistent prenatal care. Encourage her not to let time lapse between appointments after she relocates.

Refer to STT-Health Education HE-11: "Your Rights as a Client". Review with the client.

Intervention:

Stress the importance and benefits of regular prenatal care. Assist the client in developing a plan for changing providers.

If the client is leaving the county, recommend that she call the Department of Social Services in the county where she is going in order to transfer her Medi-Cal eligibility and obtain a referral to a new provider.

Referral:

For Medi-Cal Managed Care Members, refer to the appropriate Member Services number for assistance in locating a provider if the client will be staying in the same county.

Health Net Member Service Department: 1-800-675-6110
(also includes services for members relocating to Riverside, San Bernardino, San Diego, Fresno, Tulare and Sacramento counties).

5. Yrs of education completed: ***❑ 0-8 yrs*** ***❑ 9-11 yrs*** ***❑ 12-16 yrs*** ***❑ 16+ yrs***

Determining the client's level of education may give the assessor some idea as to the client's reading and comprehension levels, although this will probably require further evaluation. Women with little or no formal education may feel embarrassed. Hmong women may be "illiterate" because Hmong is an oral language.

Refer to Cal Learn information at question 1.
See question 8.

6. What language do you prefer to speak: ❑ English ❑ Spanish ❑ Other: _____

Preference and ability may be two different things. When in doubt, clarify with the client what language she can most comfortably use to express herself.

Refer to STT Guidelines: First Steps - "Cultural Considerations", "Cross-Cultural Communication", "No Language in Common With Staff", "Guidelines for Using Interpreters", pages 21-25.

Intervention:

Utilize bilingual, female staff whenever possible.

Encourage interpreters to translate the client's own words, not a summary of her words. Ask the interpreter not to leave anything out or to add her/his (female strongly preferable) own thoughts or opinions.

Use of family members or friends is strongly discouraged. It is not appropriate to use a child.

Referrals:

Pacific Asian Language Services: (213) 553-1818 _____
Mexican American Opportunity Foundation: (323) 890-9616 _____
Local Adult Education Classes: _____
English as a Second Language Classes: _____
_____
_____
Sign Language Interpreter: _____
Community Resources: _____
_____
_____
_____

Resources:

Office of Minority Health Resource Center
P.O. Box 37337
Washington, D.C. 20013-37337
(800) 444-6472

Health Net and its subcontracting health plans offer telephonic interpretation services as a backup for providers who may require assistance in communicating with his/her patients. To access a telephone interpreter, please call the appropriate telephone number listed below:

Health Net Providers:
Member Service Department: (800) 675-6110 Seven days a week, 24 hours a day

Molina Medical Centers Providers:
Member Service Department: (800) 526-8196 Seven days a week, 24 hours a day

Universal Care Health Plan Providers:
Universal Care: (800) 377-7012 Seven days a week, 24 hours a day

Your call will be answered by a representative who will verify the member's eligibility and ask what language you require assistance with. Once eligibility has been established, you will be connected to the appropriate telephone interpreter. This service is provided free of charge to contracting providers requesting services for Health Net members.

L.A. Care Health Plan members are informed of the availability of interpreter services through the evidence of coverage/Member Services Guide. Requests for interpretive services are routed through the Plan Partner's Member Services Departments.

7. What language do you prefer to read: ❑ English ❑ Spanish ❑ Other: _____

To achieve maximum benefit from interventions and education, services must be presented in a spoken or written language that is understandable to the client. When in doubt, rephrase the question to ask the client, "What language do you understand the most in reading?"

Refer to STT Guidelines: First Steps- "Low Literacy Skills" (for those clients with low or no reading ability in any language), pages 26-28.

Intervention:
Identify and offer appropriate educational materials in specified language.

Resources:
Refer to STT Guidelines: Health Education - "Health Education Materials", page HE 127, for a list of resources to assist you in obtaining perinatal health education materials in English and other languages.

8. Which of the following best describes how you read:

❑ Like to read and read often ***❑ Can read, but read slowly or not very often*** ***❑ Do not read***

The client's ability to read is separate from her interest in reading. Providing written materials to someone who does not read or who does not like to read may be inappropriate. Written materials at a high reading level may also be inappropriate.

Refer to STT Guidelines: First Steps - "Low Literacy Skills", pages 26-28.

Intervention:

Utilize same language interpreter, preferably a staff member.

Increase utilization of audio-visual materials.

Increase use of verbal instruction.

Document low literacy level on the Individualized Care Plan.

Referral:

Refer to Health Education professional if client requires more intensive one-to-one health education.

Resources:

For referrals for literacy classes for clients, call the National Literacy Line at (800) 228-8813.

Local Adult Education programs: _____

_____

General Education Diploma (GED) programs:

_____

_____

9.Father of baby:

Name: _____ ***Age:*** _____

Education: _____

His Preferred Language: _____

This response may give you additional information about the client's support system. When the father is 21 years or older, and the client is under age 16, or if the father is a relative, report to Department of Children's Services (DCS) may be indicated and the client should be referred for psychosocial assessment/intervention. All incidents of pregnancy in adolescents who became pregnant prior to age 14 must be referred to Department of Children's Services/Child Protective Services for follow-up. See question 1.

Establishing paternity is the process of determining the legal father of a child. When parents are married, paternity is automatically established in most cases. If parents are unmarried, paternity establishment is not automatic and the process should be started by both parents as soon as possible for the benefit of the child. Unmarried parents can establish paternity (legal fatherhood) by signing the voluntary Declaration of Paternity. This can be done in the hospital after the child is born. Signing this form will make the process of legally establishing paternity easier and faster in most cases. A Declaration of Paternity may also be signed by parents after they leave the hospital.

Unmarried parents who sign the Declaration of Paternity form help their children gain the same rights and privileges of a child born within a marriage. Some of those rights include: financial support from both parents, access to important family medical records, access to the noncustodial parent's medical benefits, and the emotional benefit of knowing who both parents are.

For more information about California's Paternity Opportunity Program (POP) and a fact sheet and brochure in English and Spanish on the internet go to: http://www.childsup.cahwnet.gov

10. Was this a planned pregnancy? ❑ **Yes** ❑ ***No***

When the interval between the birth of one child and the birth of the next child is less than two years, the client is at increased risk for medical, nutritional and psychosocial complications. Women whose pregnancies are not intended or are mistimed are at greater risk for not breastfeeding their infants than women who planned their pregnancies.

Planned pregnancy is an unfamiliar concept for many cultures, including Latino, Vietnamese and Hmong. If the client is older or comes from a family where traditions are passed on from one generation to the next, she might not fully understand this concept. Also, if the pregnancy was not planned, it may make the client feel uncomfortable, stupid, inadequate, ignorant, unsure of herself, etc. If she feels this way, she may not be completely honest with the rest of her answers.

In the Vietnamese and Hmong cultures, there is no planned or unplanned pregnancy. Pregnancy is considered a process within marriage. People tend to marry and have children until the woman can no longer become pregnant. Pregnancy outside of marriage is a great social crime. An explanation about the purpose of the question before asking it may be helpful in increasing the client's comfort level in answering it. See question 12.

11. How do you feel about being pregnant now?

0-13 wks. ❑ ***Good*** ❑ ***Troubled*** ***please explain:*** _____

14-27 wks. ❑ ***Good*** ❑ ***Troubled*** ***please explain:*** _____

28-40 wks. ❑ ***Good*** ❑ ***Troubled*** ***please explain:*** _____

The meaning of the word "troubled" may be difficult to interpret in other languages. Ensure that the client understands the concept of the question.

Refer to STT Guidelines: "Psychosocial - Financial Concerns", pages 28-34, "Legal Advocacy", pages 35-37, "Teen Pregnancy and Parenting", pages 85-90, and "Unwanted Pregnancy", pages 5-8.

Intervention:

Referrals to community based organizations as appropriate.

Provide the client with a copy of STT Guidelines: Psychosocial - Handout A: "Uncertain About Pregnancy?" and B: "Choices", if appropriate.

Use PAC/LAC's *Teen Friendly* Enhancement Program's "My Thoughts and Feelings" questionnaire, page 37-38.

Offer a "teen" activity such as making a picture frame for the baby's first photo. Observe the client's participation and/or enthusiasm with this activity. (see PAC/LAC's *Teen Friendly* Enhancement Program, page 42.)

Referral:

Social Worker when any of the following exists: substance abuse, age/attitude of client is perceived as inappropriate, lack of emotional preparedness, lack of adequate social support.

Resources:

Social Work Consultant: _____

Other: _____

12. Are you considering** (circle) **adoption / abortion? ❑ ***No*** ❑ ***If Yes,***
Do you need information / referrals? ❑***No*** ❑***Yes***

Questions 10, 11, and 12 will provide the assessor with information about the client's feelings regarding this pregnancy. It is important to differentiate between an "unplanned" and an "unwanted" pregnancy.

Question 12 may be more comfortable to ask and answer if rephrased, "Are you aware of all of your options such as adoption, abortion?" or "Would you like me to give you some information or referrals to an organization that can assist you to carefully make a decision about what to do?"

Refer to STT Guidelines: Psychosocial - "Unwanted Pregnancy", pages 5-8, for suggestions for the client who is still ambivalent and/or considering adoption or abortion.
Refer to STT Guidelines: Health Education - "Preterm Labor", page HE 14-15.

Intervention:

Clients with a history of multiple abortions (2 or more within a year) may require obstetrical intervention to prevent preterm delivery.

Ensure client has received verbal and written information related to the signs and symptoms of preterm labor (CPSP Orientation requirement).

Provide the client with a copy of STT Guidelines: Psychosocial - Handout A: "Uncertain About Pregnancy?" and/or B: "Choices", if appropriate.

Referral:

Health Educator for education related to possible health and fertility complications of multiple abortions and family planning information, if appropriate.

Social Worker if counseling appears to be indicated.

Resources:

Health Education Consultant: _____
Social Work Consultant: _____
Abortion Services: _____

_____
Adoption Services: _____

_____

Los Angeles County Department of Children and Family Services, Adoption Services:
695 So. Vermont Avenue, Los Angeles, CA 90005
(213) 738-4577

13. How does the father of the baby feel about this pregnancy? _____

_____

Your family? _____

_____

Your friends? _____

_____

This question will provide the assessor with information regarding the client's support system and stressors she may be facing. The assessor may want to preface these questions with, "Does the father of the baby know you are pregnant? Does your family know? Your friends? Has anyone expressed feelings about your pregnancy?"
In some cultures, Hmong specifically, pregnancies are very personal. Feelings about pregnancy are usually not shared or discussed with others, sometimes not even with the husband.
Refer to STT Guidelines: Psychosocial-"Parenting Stress", pages 44-48.

Intervention:

Assist the client in identifying where she may obtain social support, e.g., church, school, parenting classes/support groups, childbirth education classes.

Encourage activities that include the father of the baby and any adult support present in the teen client's life. (See PAC/LAC's *Teen Friendly* Enhancement Program, pages 42, 44, 51-52, 64-65, 83, 100, and 107.)

Referral:

Support groups, agencies, organizations where client may establish support network.

Resources:

Institute for Black Parenting: (310) 900-0930

Local Headstart program (if the client has young children): _____

_____

Parental Stress Line Number: _____

_____

Family Support Center(s): _____

_____

Healthy Babies Alliance of Greater Pasadena (Sister Friends Program):(626) 296-1000
Black Infant Health: see information at question 41 _____
Child Resource and Referral Agency in Area: _____

_____

Elizabeth House: (626) 577-4434 Adult pregnant women in crisis
Boys and Girls Club: (323) 464-1017, (310) 534-0056, or (818) 896-5261
Girls Club of Los Angeles: (323) 777-3804
Other community programs: _____

_____

_____

_____

Economic Resources

14. ***a) Are you currently*** *(circle)* ***working or going to school?*** ❑ ***Yes - type & hr/week:*** _____ ❑ ***No***
Cal Learn ❑ ***Yes*** ❑ ***No***

b) Do you plan to work or go to school while you are pregnant? ❑ ***Yes - type*** _____ ***How long?***___ ❑ ***No***

c) Do you plan to return to work or go to school after the baby is born? ❑ ***Yes*** ***type:*** _____ ❑ ***No***

Work refers to paid efforts that can occur outside the home or within (child care, laundry, sewing, telemarketing, etc.). This information will help the assessor understand the economic resources of the family in addition to possible health risks for the client. It also provides an opportunity to discuss how long she plans to work.

Refer to STT Guidelines: Health Education - "Workplace and Home Safety", pages HE 41-43.

Intervention:

If the client believes her level of activity should be curtailed during pregnancy or expects to maintain an excessive level of activity, this provides an opportunity for guidance, clarification and health education depending on her health and risk status.
If she plans to return to work or school after the baby is born, this is an appropriate opportunity to plan the discussion related to child care plans, work safety issues and the importance of planning for breastfeeding; and to make referrals to community resources as appropriate.

Provide a copy of STT Guidelines: Health Education - Handout I: "Keep safe at work and at home", HE-45 if appropriate.

Resources:

Child Care Resources: _____

_____

_____

Watts Labor Community Action Committee: (323) 563-4702
University of Southern California Job Development Division: (213) 740-4759
Children's Home Society: (310) 816-3690 - child care referrals, parenting lending library, financial subsidy - greater Long Beach area
Connection for Children: (310) 452-3202 - child care referrals, financial subsidy
Childcare Options: (626) 856-5910 - child care referrals, financial subsidy
Mexican American Opportunity Foundation: (323) 890-9600 - childcare centers

Local Community Colleges: _____

_____

_____

15. Will the father of the baby provide financial support to you and/or the baby? ☐ ***Yes*** ☐ ***No***
Other sources of financial help? _____

In addition to adding another piece to the client's economic picture, it also gives some indication of the father's involvement. Consider not just dollar support, but groceries, transportation, etc.
Refer to STT Guidelines: Psychosocial - "Financial Concerns", pages 28-34, "Legal/Advocacy Concerns", pages 35-37.

Intervention:

Referrals as indicated.

Referral:

Legal Aid Foundation of Los Angeles: (323) 964-7900 _____
Emergency Food resources: _____
_____
Emergency Housing resources: _____
_____

Los Angeles Homeless Services Authority
548 S. Spring St., Suite 400
Los Angeles, 90013
(213) 683-3333

Angel's Flight: (213) 413-2311
House of Ruth: (323) 266-4139
Center for the Pacific Asian Family: (323) 653-4045 or (800) 339-3940

La Posada (213) 483-2058. Housing for pregnant and parenting women. Rent consideration provided for women attending school.

Info Line: Provides free information about all types of human resources, including adult services, counseling, legal assistance, financial assistance, training, services for people with disabilities and other social services 24 hours a day, 7 days a week.

Los Angeles Area	(800) 339-6993
TDD tel. number for the hearing impaired	(800) 660-4026

Survival Guide 2001, For Individuals, Families & Groups. City of Pasadena. To obtain a copy, call (626) 744-6940

Community Resources: _____
_____
_____
_____

16. Are you receiving any of the following? (check all that apply)

	0-13 wks		14-27 wks		28-40 wks		Referral Date
	Yes	No	Yes	No	Yes	No	
a. WIC	☐	☐	☐	☐	☐	☐	
b. Food Stamps	☐	☐	☐	☐	☐	☐	
c. CalWORKs	☐	☐	☐	☐	☐	☐	
d. Emergency Food Assistance	☐	☐	☐	☐	☐	☐	
e. Pregnancy-related disability insurance benefits	☐	☐	☐	☐	☐	☐	
f. Other	☐	☐	☐	☐	☐	☐	

All pregnant Medi-Cal recipients should be eligible for WIC and must be referred. Document the date of this mandatory referral.

Refer to STT First Steps: "Making Successful Referrals", page 7, "Women, Infants and Children (WIC) Supplemental Nutrition Program", pages 9-10; and STT Guidelines: Health Education - "Workplace and Home Safety", pages HE 41-43; Psychosocial- "Financial Concerns", pages 28-34.

Intervention:

Explain the importance of good nutrition, especially during pregnancy, and the WIC benefit. When making any referral, ask the client if she thinks she will have any difficulty in following through. Explain the benefit, describe the process of the referral and praise the client for taking care of herself. Anticipate barriers to follow-through - can she take notes?. . . does she have a map?. . . a bus schedule?. . . a calendar? . . . a clock? . . . Provide anticipatory guidance. Do your best to make appropriate referrals and encourage her to accept them.

In most cases, **you cannot make the client follow through. Know the limits of your counseling abilities and explain them to her. Set reasonable limits on your time and availability if the client becomes overly dependent, so she will be more likely to accept outside help.**

Any referrals documented here do not need to be addressed on the ICP unless further intervention is planned.

Any issues identified should be reassessed each subsequent trimester and, when appropriate, postpartum.

Referral:

Local WIC program. Other items need to be evaluated individually.

Resources:

Public Assistance:

Food Stamps, CalWORKs (formerly Temporary Aid to Needy Families), General Assistance:
Los Angeles County Department of Public Social Services:
12860 Crossroads Parkway South, City of Industry 91746 (562) 908-6603
Low-income Housing: Community Development Commission
2 Coral Circle, Monterey Park, 91755 (323) 260-2617

SSI: _____
GAIN: _____

Resources:

Emergency Food: _____
Nonemergency Food: _____
Emergency Housing: _____
Local WIC office: _____
Other: _____

_____
_____
_____

17. Do you have enough of the following for yourself and your family?

	0-13 wks		***14-27 wks***		***28-40 wks***	
	Yes	***No***	***Yes***	***No***	***Yes***	***No***
Clothes	❑	❑	❑	❑	❑	❑
Food	❑	❑	❑	❑	❑	❑

If "no" to any, Refer to STT Guidelines: Psychosocial - "Financial Concerns", pages 28-34 for assistance in making appropriate referrals and Nutrition Handouts R: "You can eat healthy and save money", S: "You can buy low-cost healthy foods", and T: "You can stretch your dollars". See resource list at question 16.

Info Line: Provides free information about all types of human resources, including adult services, counseling, legal assistance, financial assistance, training, services for people with disabilities and other social services 24 hours a day, 7 days a week.

Los Angeles Area	(800) 339-6993
TDD tel. number for the hearing impaired	(800) 660-4026

Housing

18. ***What type of housing do you currently live in?*** ❑ ***House*** ❑ ***Apartment*** ❑ ***Trailer Park*** ❑ ***Public Housing*** ❑ ***Hotel/Motel*** ❑ ***Farm Worker Camp*** ❑ ***Emergency Shelter*** ❑ ***Car*** ❑ ***Other:*** _____

Moving frequently and/or having inadequate housing can have a serious impact on the client's health and well-being. In some cultures, specifically Vietnamese, a person not living with known relatives or sharing a room in a stranger's house is considered homeless. Repeat this question during reassessments and indicate any changes in the client's housing status including any moves.

19. ***Do you have the following where you live?*** ↙
❑ ***Yes 0-13 wks*** ❑ ***Yes 14-27 wks*** ❑ ***Yes 28-40 wks***

0-13 wks	***No:***	❑ ***toilet***	❑ ***stove/ place to cook*** ↙	❑ ***tub/ shower***	❑ ***electricity***	❑ ***refrig.*** ↙	❑ ***hot/ cold water***	❑ ***phone***
14-27 wks	***No:***	❑ ***toilet***	❑ ***stove/ place to cook*** ↙	❑ ***tub/ shower***	❑ ***electricity***	❑ ***refrig.*** ↙	❑ ***hot/ cold water***	❑ ***phone***
28-40 wks	***No:***	❑ ***toilet***	❑ ***stove/ place to cook*** ↙	❑ ***tub/ shower***	❑ ***electricity***	❑ ***refrig.*** ↙	❑ ***hot/ cold water***	❑ ***phone***

If the client has all of the listed items where she lives, check "Yes" in the appropriate box. If "No" to any, check the box in front of the item the client does not have or is not working.

Lack of these items is important to know when providing instruction regarding personal care and nutritional counseling. Lack of a telephone may affect the client's ability to report potential complications (preterm labor, urinary tract infections, bleeding, etc.); alternate methods of communication should be identified prior to their need. ↙ responses need to be repeated at question #82 on the Nutrition Assessment section.

Refer to STT Guidelines: Nutrition - "Cooking and Food Storage", page NUTR 91 and "Food Safety", pages NUTR 97-100.

Intervention:

If no food storage and/or cooking facilities, provide client with a copy of STT Guidelines:

Nutrition - Handouts U: "When You Cannot Refrigerate", and V: "Tips for Cooking and Storing Foods".

Build on client's strengths, for example, client has a hot plate, crock pot, ice chest, etc.

Use PAC/LAC's *Teen Friendly* Enhancement Program: "My Pregnancy Diet Guide", pages 23-26, and "Meals for Moms" and "Tips for Smart Shopping", pages 47-48.

Provide instruction to the client regarding safety issues for small electrical appliances, hot plates, barbecue, etc., especially if no stove is available.

Referral:
Consult with health care provider regarding referral to registered dietitian and/or health educator for more intensive instruction.
See housing referral resources at question 20.

20. Do you feel your current housing is adequate for you? ❑ Yes ❑ No
If No, please explain: _____

_____

Again, this question provides the client with an opportunity to express her own concerns and needs. Housing which appears to be inadequate to the assessor may not be of concern to the client. If the client appears to be reluctant to answer this question, the assessor may want to rephrase. "Are you comfortable where you are currently living?"

Refer to STT Guidelines: Psychosocial - "Financial Concerns", pages 28-34 for suggestions for referral resources. Be sure to check resources in your area for any intake requirements before referring clients.

Intervention:
Refer clients to housing assistance resources as appropriate.

Resources:
Homeless shelters: _____

_____

Los Angeles Homeless Services Authority
548 S. Spring St., Suite 400
Los Angeles, 90013
(213) 683-3333

Subsidized housing information:
Community Development Commission
2 Coral Circle
Monterey Park, 91755
(323) 260-2617

Other: _____

Nonprofit housing organizations: _____
Roommate referral services: _____
Los Angeles Center for Affordable Housing: (323) 650-8277

Other: _____

_____

_____

21. Do you feel your home is safe for you and your children?

❑ Yes 0-13 wks ❑ Yes 14-27 wks ❑ Yes 28-40 wks
❑ No 0-13 wks, please explain:
❑ No 14-27 wks, please explain:
❑ No 28-40 wks, please explain:

This question provides the client with an opportunity to express her own concerns and needs. In this case, "safety" refers to the environment (substandard housing, gang activity, drug dealing, etc.) rather than to domestic violence. If the client perceives this question to be related to domestic violence, however, it is important to allow her to discuss that here.
Please see questions 100-107 for additional questions related to domestic violence.

See Resources at question 20.

22. If there are guns in your home, how are they stored? ❑ N/A

Many people keep guns in their homes for all sorts of reasons. This question is not intended to imply involvement in gang or illegal activity. Inform all clients who have guns in their homes that all guns should be kept in locked storage, not loaded, and with trigger locks. Ammunition should be kept in separate, locked storage. This question may also include discussion about other dangerous weapons such as knives.

23. Do any of your children or your partner's children live with someone else?
❑ N/A ❑ No ❑ If Yes, please explain:

A "yes" response may give some indication of the client's parenting skills if children have been formally removed from the home either by Child Protective Services or a custody order. Children left behind as a result of immigration to this country may result in grief issues. Some clients may have experienced previous partners having kidnapped their children with resulting guilt, grief, anger, etc.

Refer to STT Guidelines: Psychosocial - "Parenting Stress", pages 44-48, "New Immigrant", pages 38-43, "Legal Advocacy Concerns", pages 35-37 and "Child Abuse and Neglect", pages 49-52.

Intervention:

Assess the client's current involvement with the legal and social services system. Refer as appropriate.

Refer to PAC/LAC's *Teen Friendly* Enhancement Program's: "My Role as a Parent", to assess further the client and her partner's parenting skills, pages 60-61.

Referral:

Public and community resources as appropriate.

Resources:

Los Angeles County Mental Health Referral Line: (800) 854-7771
Local parenting classes: _____

_____

_____

Community/cultural centers: _____

_____

_____

Los Angeles County Office of Alcohol and Drugs: (800) 564-6600 or (626) 299-4193
State Office of Drugs and Alcohol Resource Center: (800) 879-2772
Substance abuse treatment programs: *See Resource List at Question 37.*
Legal Aid Foundation of Los Angeles: (323) 964-7900
Legal Protection for Women: (323) 721-9882
Legal assistance: _____
Families in New Directions: (323) 296-3781
Community resources: _____

_____

_____

Info Line: Provides free information about all types of human resources, including adult services, counseling, legal assistance, financial assistance, training, services for people with disabilities and other social services 24 hours a day, 7 days a week.

Los Angeles Area	(800) 339-6993
TDD tel. number for the hearing impaired	(800) 660-4026

Transportation

24. Will you have problems keeping your appointments/attending classes?

❑ No	0-13 wks	❑ No 14-27 wks	❑ No 28-40 wks				
❑ Yes	0-13 wks	❑ Transportation	❑ Child care	❑ Work	❑ School	❑ Other	_____
❑ Yes	14-27 wks	❑ Transportation	❑ Child care	❑ Work	❑ School	❑ Other	_____
❑ Yes	28-40 wks	❑ Transportation	❑ Child care	❑ Work	❑ School	❑ Other	_____

Transportation available to the client is important information to consider when making medical and support service appointments, and for referrals. Your group or practice may have fine education programs, but they will not help the client who is not able to attend your classes.

Refer to STT First Steps: "Developing a Community Resource List", page 8.

Intervention:

Stress that keeping appointments and attending classes assist the client and her provider in assuring the best possible outcome of her pregnancy.

Offer choices of times, and if possible, locations of classes.

Provide her with a list of practice/clinic, hospital, community resources.

Build on her strengths. Does she have a supportive family member who will watch other children or provide transportation?

Follow missed appointment policies and procedures.

If the client is dependent on her partner and/or parent for transportation to and from prenatal care visits, encourage these support persons to participate in the prenatal care of the client. Create activities for the partner or adult support person.

Resources

Metro Transit Authority: 1-800-COMMUTE
For referrals, call the agency where services are provided to inquire about any available transportation resources.

Community resources: _____

_____

_____

25. When you ride in a car, do you use seatbelts?

❑ **Never** ❑ **Sometimes** ❑ **Always**

This question creates an opportunity to determine if a discussion of the importance of seat belts is needed. Counseling regarding the use of seatbelts in pregnancy is also an ACOG (American College of Obstetricians & Gynecologists) recommendation. The wearing of seatbelts by all people in a vehicle is required by California law.

Safety habits, such as seatbelt use by the client and her family indicates motivation to adopt health promoting behaviors.

If education regarding the importance of and the proper wearing of safety belts during pregnancy is needed, it should be addressed at the time of the initial assessment.

26. Do you have a car seat for the new baby?

0-13 wks ❑ ***Yes*** ❑ ***No*** ***14-27 wks*** ❑ ***Yes*** ❑ ***No*** ***28-40 wks*** ❑ ***Yes*** ❑ ***No***

If no, this is an opportunity to determine if education is needed regarding California Carseat Safety laws and make referrals to local resources.

Refer to STT Guidelines: First Steps- "Helping a Woman Help Herself", page 19; and STT Guidelines: Health Education - "Infant Safety and Health", pages HE 101-103.

Refer to PAC/LAC's *Teen Friendly* Enhancement Program's "Car Seat Safety Information" and handout, pages 84, 88-89.

Intervention:

Provide educational information regarding the requirement for all children under the age of six regardless of weight, and all children who weigh under 60 pounds regardless of age, to be in safety seats at all times while in motor vehicles. Additional education regarding the increased safety provided by placing all children under 12 years of age in the back seat with seatbelts on may also be included here, if appropriate.

By the third trimester, the client should have an infant safety seat and be able to describe or demonstrate its correct usage.

Resources:

Programs that lend, rent or give away infant safety seats in your area:

_____

_____

_____

27. How will you get to the hospital? ***14-27 weeks:*** ***28-40 weeks:***

An opportunity to discuss the importance of having a plan for child care of other children, and transportation to the appropriate facility for delivery. This question needs to be asked initially during the second trimester.

Refer to STT Guidelines: Health Education - "Hospital Orientation", page HE 13.

Intervention:

Offers an opportunity to reinforce the hospital in which the client is expected to deliver (especially if the client requires high risk care). May also be an educational opportunity regarding the appropriate use of 911 and emergency care.

Provide clients with a copy of STT Guidelines: Health Education - Handout D: "If Your Labor Starts Too Early" at approximately 20 weeks gestation.

Refer client to a social worker if she has no means of transportation.

Referral:

Transportation vouchers: _____

_____

_____

Days and times of hospital tours: _____

_____

Childbirth Education Classes: _____

_____

Current Health Practices

28. Do you know how to find a doctor for you and your family? ❑ Yes ❑ No,
Explain: _____

_____

_____

Difficulties with the health care system in the past may impact her ability to trust health care providers, how the client perceives her current care and how she responds to referrals. The assessor may be able to sympathize with the difficulties in choosing health care providers.

Refer to STT Guidelines: First Steps - "Orientation to Your Services", page 16-18, and Additional Information - "Introduction to Managed Care", Appendix pages 8-9.

Intervention:

An opportunity to provide education regarding utilization of Medi-Cal benefits and/or managed care delivery system. This question may also offer an opportunity to discuss other types of health care providers the client may be seeing such as herbalists, acupuncturists and curanderos.

Referral:

Member Services Department of her health plan, if appropriate (managed care members).
Health Net Member Services Department: 1-800-675-6110
L.A. Care Member Services Department: 1-888-452-2273

29. Do you have a doctor for your baby?
14-27 wks ❑ Yes ❑ No 28-40 wks ❑ Yes ❑ No Who? _____

Refer to STT Guidelines: Health Education - "Infant Safety and Health", pages 101-103.

Refer to PAC/LAC's *Teen Friendly* Enhancement Program's: "Picking a Pediatric Provider", page 87.

Intervention:

An opportunity to ensure the client has chosen a doctor for her baby and to discuss CHDP (Child Health and Disability Prevention) and the importance of well child checkups and immunizations.

For Managed Care Members, the doctor she has selected must be within her plan, contracting medical group, IPA and/or clinic, as appropriate.

Review STT Guidelines: Health Education - Handout U: "Your Baby Needs to be Immunized" with the client during the third trimester.

Referral:

Member Services Department of her health plan, if appropriate (managed care members).
Health Net Member Services Department: 1-800-675-6110
L.A. Care Member Services Department: 1-888-452-2273

30. Have you been to a dentist in the last year? ❑ ***Yes*** ❑ ***No***
Any dental problems? ❑ ***Yes*** ❑ ***No***
Please describe: _____

_____

_____

Poor dental health can seriously impact a pregnant woman, e.g., chronic infection, impaired ability to eat, and may even be linked to preterm labor.

Intervention:

Refer to STT Health Education Guidelines, "Oral Health During Pregnancy, pages 47-52.

Review with the client STT Guidelines Health Education - Handouts J: "Prevent Gum problems When You are Pregnant", K: See a Dentist When You are Pregnant", and L: "Keep Your Teeth and Mouth Healthy! Protect Your Baby, Too!"

If the client has not seen a dentist within the last year, is having a dental problem or has any children aged 3 or older who have not been to the dentist within the last year, assist her in arranging dental care (see your provider's CPSP application for dental resources). Dental care referral should also be made if any of the client's children have any of the following problems in or around their mouths: pain, infection, sore in mouth, bleeding gums, broken or loose teeth (not appropriate for age), or obvious decay.

Refer to a participating dentist if indicated.

Offer the client a choice of several dentists whenever possible.

If the client reports difficulty chewing food due to dental problems, assess dietary adequacy and refer to registered dietitian as indicated.

Referral:

For names of Denti-Cal participating dentists in your area, call 1-800-322-6384.

_____

_____

_____

Registered Dietitian Consultant(s): _____

_____

31. On average, how many total hours at night do you sleep?
0-13 wks: _____ ***14-27 wks:*** _____ ***28-40 wks:*** _____
On average, how many total hours do you nap in the day?
0-13 wks: _____ ***14-27 wks:*** _____ ***28-40 wks:*** _____

An opportunity to assess pregnancy-related changes in sleeping habits. An educational opportunity to discuss common pregnancy discomforts and safe remedies. Excessive or inadequate amounts of time spent sleeping may be indicative of depression ("postpartum depression" symptoms may be evident during the third trimester for some clients) and may warrant further evaluation and/or referral.

Refer to STT Guidelines: Psychosocial - "Emotional or Mental Health Concerns", pages 73-76, and "Depression", pages 77-81.

Intervention:

Refer to health care provider or supervisor immediately if you suspect that the client is a danger to herself or others.

If common pregnancy discomforts seem to be the cause of sleeplessness, discuss safe remedies.

Review with the client STT Guidelines: Nutrition-Handouts D: "Nausea: Tips That Help", E: "Nausea: What to do if You Vomit", F: "Heartburn: What You Can Do", G: "Heartburn: Should You Use Antacids?", H: "Constipation: What You Can Do", and I: "Constipation: What Products You Can and Cannot Take", as appropriate.

Discuss placement of extra pillows for joint or back discomfort.

Encourage participation in a childbirth preparation class (relaxation techniques).

If the client appears stressed and unable to relax, offer deep breathing, visualization and relaxation techniques.

Refer to PAC/LAC's *Teen Friendly* Enhancement Program: "My Habits - How I Rest and Sleep" questionnaire, page 54.

Use PAC/LAC's *Teen Friendly* Enhancement Program: "My Stress Reduction and Relaxation Reminder", page 27.

Referral:

Ensure provider is aware of sleep pattern disturbances that may be unrelated to pregnancy discomforts. Further assessment may necessitate a referral to a mental health provider.

Los Angeles County Mental Health Access, call: (800) 854-7771.

Childbirth Preparation Classes (relaxation and positioning techniques) : _____

_____

Note: Treatment of mental health disorders is a Medi-Cal benefit, but is reimbursed by EDS, the State of California's fiscal intermediary, not the Health Plan for Medi-Cal Mainstream members. Refer to Public and Community resources for services. The Health Plan remains responsible for the management and coordination of medical and obstetrical care.

32. Do you exercise? ☐ ***No*** ☐ ***Yes, what kind?*** _____
How often? _____ ***minutes/day and*** _____ ***days/week*** _____

Regular exercise can give the client a sense of well-being and relaxation. May provide an educational opportunity.

Refer to STT Guidelines: Health Education - "Safe Exercise and Lifting", page 69-70, for suggestions and cautions regarding exercise in pregnancy.

Intervention:

Provide education related to the benefits of appropriate prenatal exercise, including Kegels.

Help the client to exercise and lift safely and effectively and to know what types of exercise are not recommended during pregnancy.

Review STT Guidelines: Health Education - Handouts: N: "Exercises When You Are Pregnant", O: "Stay Active When You Are Pregnant", and P: "Keep Safe When You Exercise".

Provide the teen client with PAC/LAC's *Teen Friendly* Enhancement Program: "My Pregnancy Exercise Guide", pages 39-40.

You may want to have exercise mats available in your facility to be able to demonstrate stretching exercises.

Referral:

Refer client to Provider for discussion of strenuous exercise (skiing, horseback riding, jogging, etc.) during pregnancy, if indicated.

Exercise classes specifically for pregnant women in your area:

_____

_____

33. Are you smoking/using chewing tobacco now? ↙

❑ ***No 0-13 wks*** ❑ ***No 14-27 wks*** ❑ ***No 28-40 wks***

0-13	❑ ***If Yes,***	***for how many years?*** ___	***how much per day?*** __	***have you tried to quit?***	❑ ***Yes***	❑ ***No***
14-27	❑ ***If Yes,***	***how much per day?*** ___	***have you tried to quit during this pregnancy?***		❑ ***Yes***	❑ ***No***
28-40	❑ ***If Yes,***	***how much per day?*** ___	***have you tried to quit during this pregnancy?***		❑ ***Yes***	❑ ***No***

According to the Surgeon General, smoking is the most important modifiable cause of poor pregnancy outcome, with some 20 percent of low-birth-weight births linked to smoking during pregnancy. Eliminating smoking during pregnancy might lead to a 10 percent reduction in all infant deaths and a 12 percent reduction in deaths from perinatal conditions. New research has shown that smoking during pregnancy may impair normal fetal brain and nervous system development, and babies whose mothers smoked during pregnancy are more likely than those whose mothers did not smoke to die from Sudden Infant Death Syndrome.

Cigarette smoke contains over 1,000 drugs, including nicotine, which are responsible for such effects as an increased risk of spontaneous abortion (miscarriage), increased blood pressure, increased tendency to have thrombophlebitis (blood clot in a vein), increased carbon monoxide levels, and a decreased capacity of blood to carry oxygen. The potentially harmful effects of smoking on pregnancy outcomes must not be minimized.

The health consequences of smoking for women, and their family members, do not begin and end with pregnancy. Smoking doubles a woman's lifetime risk of dying prematurely from any cause, and for children of parents who smoke, exposure to tobacco smoke causes them to be more vulnerable to respiratory illness, impaired lung function, and middle ear infections.

It is important to document carefully the client's smoking history, not just whether she smokes or not. Interventions for someone who smokes 1-2 cigarettes/week are likely to be different from interventions for someone who smokes 2 packs per day. The woman who uses chewing tobacco avoids possible lung problems, but she and her fetus are still exposed to the harmful effects of nicotine and carcinogens that affect other organs. Praise clients who do not smoke for their healthy lifestyle.

Refer to STT Guidelines: Health Education - "Tobacco Use", page 79-82; Nutrition - "Tobacco and Substance Use, pages 119-121 and Nutrition - "Weight Gain During Pregnancy", pages 5-14.

Intervention:

In June 2000, the U.S. Public Health Service issued the first evidence-based Clinical Practice Guideline – *Treating Tobacco Use and Dependence* – that made specific recommendations addressing the needs of pregnant smokers. A counseling approach, commonly known as the "5 A's", adapted to meet these recommendations for pregnant smokers is recommended by the National Partnership to Help Pregnant Smokers Quit, and is based on these 5 steps:

Ask the patient about her smoking status using a multiple-choice question to improve disclosure;

Advise her to quit, using clear, strong and personalized messages about the impact of smoking and the benefits of quitting for her and her fetus;

Assess her willingness to make a quit attempt within the next 30 days;

Assist her with ways to quit by suggesting and encouraging the use of problem-solving methods and skills for quitting; providing support as part of the treatment; helping her arrange support among family, friends, and co-workers; and providing pregnancy-specific self-help cessation materials;

Arrange follow-up contacts with her to assess her smoking status, encourage smoking cessation if she continues to smoke, and refer her to more intensive help if needed.

Assist the client in identifying the risks (pregnancy complications, preterm birth, increased risk of SIDS, intrauterine growth retardation) associated with the use of tobacco and to consider reducing, quitting, or seeking treatment if she uses tobacco.

Review with the client and provide a copy of STT Guidelines: Health Education - Handout Q: "You Can Quit Smoking".

Do not recommend the use of nicotine patches, gums and/or inhalants during pregnancy; the client should talk to her health care provider before using these.

If tobacco is used to control weight, review appropriate weight gain goals with the client.

Referral:

1-800-7-NO BUTTS: English
1-800-45-NO FUME: Spanish
1-800-400-0866: Mandarin and Cantonese
1-800-778-8440: Vietnamese
1-800-556-5564: Korean
1-800-933-4TDD: Deaf/Hearing Impaired
Health Net's *Quit For Life* smoking cessation program: (800) 804-6074
Molina Medical Center's *Call It Quits* program: (800) 526-8196, ext. 4247
Local tobacco cessation programs: _____
American Cancer Society, Local Chapter: _____
American Lung Association, Local Chapter: _____

Resources:

For You and Your Family: A Guide for Perinatal Trainers and Providers
by CA Dept. of Health, Tobacco Control Section (1992) - Provides counseling strategies specifically for African American, American Indian, Asian and Hispanic/Latina pregnant women who smoke or are exposed to secondhand smoke.

Tobacco Education Clearinghouse:
1-800-258-9090, ext. 230, or write to 4 Carbonero Way, Scotts Valley, CA 95066.

A Pregnant Woman's Guide to Quit Smoking (5th edition) by Richard A. Windsor.
available for purchase from: EBSCO Media
Barbara Finch - Distributor Manager
(205) 323-1508
801 5th Avenue South
Birmingham, AL 35233

www.smokefreefamilies.org

34. ***Are you exposed to secondhand smoke?***
at home? ↙ ❑ ***No*** ❑ ***Yes*** ***at work*** ❑ ***No*** ❑ ***Yes***

For clients who may not understand the expression "secondhand smoke", the questions may need to be rephrased, "Does anyone smoke in your home?" Secondhand smoke can have serious effects on both the mother and the fetus. Currently, 27 percent of U.S. children aged six years and under live with a parent or other family member who smokes. The direct medical costs associated with this exposure to parental smoking is estimated at $4.6 billion per year.

Refer to STT Guidelines: Health Education - "Secondhand Tobacco Smoke", page 83.

Intervention:

Use this question to help the client identify such exposures and develop a plan to avoid them.

Provide advice on techniques for reducing exposure.

Role play different ways she could ask her family members not to smoke in the house. Be certain the techniques you recommend to your client are culturally appropriate.

If the client thinks it would be helpful, refer to provider for "prescription" for family members not to smoke around the client.

If partner or housemates are motivated to quit smoking, offer cessation resources listed on prior page.

35. Do you handle or have exposure to chemicals?
(examples: glue, bleach, ammonia, pesticides, fertilizers, cleaning solvents, etc.)

0-13 wks (circle)	***At work - home - hobbies?***	***❑ No***	***❑ Yes, what?***	
14-27 wks (circle)	***At work - home - hobbies?***	***❑ No***	***❑ Yes, what?***	
28-40 wks (circle)	***At work - home - hobbies?***	***❑ No***	***❑ Yes, what?***	

Refer to STT Guidelines: Health Education-"Workplace and Home Safety", page 41-43, if "yes" response.

Intervention:

Provide client with a copy of STT Guidelines: Health Education-Handout I, "Keep Safe at Work and At Home", and review it with her.

Emphasize the Handout section "Check if you work in any of these settings".

Review appropriate steps for clients who work in at-risk settings.

Referral:

Health care provider if client is exposed to potential teratogenic or toxic substances.
Health education consultant or nurse educator if client is unmotivated to follow safety practices.

Resources:

Health education consultant: _____

California Teratogen Registry at UC San Diego - to check if a substance or activity is harmful during pregnancy: (800) 532-3749, Mon., Wed., Thurs., Fri., 9:00 a.m. to 4:30 p.m.; Tues., 11:00 a.m.-4:30 p.m.

Toxic Information Center - exposures to chemical(s) outside the workplace:
(800) 262-8200 (not available in 510 area code).

National Pesticide Information Center: (800) 858-7378.

If I'm Pregnant, Can the Chemicals I Work With Harm My Baby? California Occupational Health Program. Hazard Evaluation System and Information Service, (510) 622-4317. *Workplace exposures only.

Pregnancy and the Working Woman, ACOG Pamphlet, 1985,
409 12th St., SW, Washington DC 20024-2188.

Occupational and Environmental Reproductive Hazards: A Guide for Clinicians, Maureen Paul, ed. 1993, Baltimore: Williams, Wilkins.

36. In your home, how do you store the following?

- ❑ ***Vitamins:*** _____
- ❑ ***Cleaning agents:*** _____
- ❑ ***Medications:*** _____

All medications, even seemingly "mild" medications such as vitamins and iron, should be stored in a secure location, such as a locked cabinet, if there are children at home. Purses are not considered secure. Cleaning agents, perfumes, spices, and other potentially poisonous substances should be stored in their original containers, away from food and medicines, and secure from children - placed in high or locked cabinets. Plan the client's education according to her knowledge and habits.

In translating this question into Spanish it is important to ask *where* items are stored. A literal translation asks *how* and the answer will not provide the assessor with the information needed.

Intervention:

Review with the client STT Guidelines: Health Education - Handout S: "Keep Your New Baby Safe". Emphasize the section, "Keep Your Baby Safe From Poisons".

Include on ICP a plan to reassess if client has shown poor motivation to safety proof home.

37 ***Are you taking any over-the-counter, prescription, herbal or street drugs?*** ↙

❑ ***None 0-13 wks*** ❑ ***None 14-27 wks*** ❑ ***None 28-40 wks***

Examples: Tylenol®, Tums®, Sudafed®, laxatives, appetite suppressants, aspirin, prenatal vitamins, iron, allergy medications, Aldomet®, Prozac®, ginseng, manzanilla, greta, magnesium, yerba buena, thuoc bac, marijuana, cocaine, PCP, crack, speed, crank, ice, heroin, LSD, other?

❑ ***Yes, 0-13 weeks:*** _____

❑ ***Yes, 14-27 weeks:*** _____

❑ ***Yes, 28-40 weeks:*** _____

Many health care workers are reluctant to ask questions about substance abuse. Some believe that the client will refuse to answer these questions or not accurately report her use or abuse. Other health care workers fear that the client will become hostile or abusive to them. There are several guidelines to consider when conducting a chemical assessment to decrease these potential responses:

- Assess substance use for **all** clients. It is impossible to identify women who are at risk by their appearance alone. Repetition of the assessment by the health care worker also increases comfort with asking the questions.
- Ask client the last time she used any substance.
- Maintain a nonjudgmental and accepting attitude. Health care workers must constantly monitor their feelings and attitudes in this area and not allow personal feelings to interfere with their ability to interact effectively with clients. Try to view the client as a woman who is pregnant and is currently using or abusing substances rather than label her as a "substance abuser".
- Remember that your role is to assist the client in making the choices that will ensure that she has the healthiest baby possible.
- Urine toxicology screening requires the written consent of the client.

Over-the-Counter Medications

If "yes" to over-the-counter (OTC) medications, this is an opportunity to instruct the client on the hazards of OTC medication during pregnancy, as well as an opportunity to assess the need for medical evaluation of the condition for which she uses OTCs. Some calcium supplements and antacids may contain high levels of lead. Sources of information about lead in these products include pharmacists, the manufacturers (look on the product package for an 800 number) and the Natural Resources Defense Council (NRDC) at (415) 777-0220.
Instruct the client not to take any new medications without talking to the prenatal care provider's office staff first.

Prescription Medications

If "yes" to prescription medications, in addition to the above, make sure the provider is aware of this information.

Intervention:

Inform health care provider of any prescription and/or over-the-counter medications the client is taking.

Encourage client to inform all health and dental care providers that she is pregnant.

Maintain a current list of over-the-counter medications and their indications for use that the health care provider recommends for common complaints and illnesses during pregnancy:

Headache _____
Runny/stuffy nose _____
Diarrhea _____
Heartburn _____
Cough _____
Constipation _____
Other _____
_____
_____
_____

Herbal Remedies

Herbal remedies may be commonly used as treatments for the discomforts of pregnancy, or as part of some cultural/religious practices. During pregnancy, any use of herbal remedies should be brought to the attention of the health care provider. Regional poison control centers may be helpful in identifying active ingredients if the plant sources are known.
Many pregnant Vietnamese women do take medicine dispensed by Chinese herbalists using traditional/mystical concoctions, but they would not identify these with the term “herbal”. It might be better to use the Vietnamese term “thuoc bac”.

Note: the following herbal remedies are known to contain high levels of lead and can be dangerous to use:

Latina: Azarcon (Rueda, Coral, Maria Luisa, Alarcon, Liga) Greta, Albayalde
Hmong: Pay-loo-ah
Arab/Middle East: Kohl (Alkohl), Sattarang, Bokoor, Ceruse, Cerrusite
Asain Indian: Ghasard, Bala, Goli (Guti), Kandu, Surma
Armenian: Surma

Resource:

Los Angeles County Lead Program:	1-800-LA4LEAD (524-5323)
Poison Control:	1-800-876-4766
	1-800-972-3323 TDD

Street drugs

There is **no** safe level of street drug or alcohol use for pregnant women. Alcohol is the leading cause of preventable birth defects.

Red Flags for alcohol/drug abuse may include one or more of the following current signs and/or symptoms *:

Current Symptoms:

1. Tremor/ perspiring/ tachycardia (rapid heartbeat)
2. Evidence of current intoxication
3. Prescription drug seeking behavior
4. Frequent falls; unexplained bruises
5. Diabetes, elevated BP, ulcers (nonresponsive to treatment)
6. Frequent hospitalizations
7. Inflamed, eroded nasal septum
8. Dilated pupils
9. Track marks/injection sites
10. Gunshot/knife wound
11. Suicide talk/attempt; depression

Laboratory data:

		Normal Ranges:
1.	MCV >95	80.0-100.0
2.	MCH - High	27.0-33.0
3.	GGT - High	9-85 (may be lab specific)
4.	SGOT - High	0-42
5.	Bilirubin - Positive	Negative
6.	Triglycerides - High	<200
7.	Anemia	Hgb >10.5 Hct >32
8.	Urine toxicology screen	Negative

Medical History:

1. Sexually transmitted infections including HIV/AIDS
2. Cellulitis
3. Cirrhosis of the liver
4. Hepatitis
5. Pancreatitis
6. Hypertension
7. Cerebral vascular accident (stroke)
8. Anemia
9. Diabetes mellitus
10. Phlebitis
11. Urinary tract infections
12. Poor nutritional status
13. Cardiac disease

Previous Obstetrical History:

1. Abruptio placenta
2. Fetal death
3. Intrauterine growth restriction (IUGR)
4. Premature rupture of membranes
5. Low birthweight infants
6. Meconium staining
7. Premature labor
8. Eclampsia
9. Spontaneous abortions (miscarriages)

*All of the signs and symptoms listed above may be the result of conditions other than drug and/or alcohol abuse.

In surveys of pregnant women, 10-15 percent have been found to use cocaine regularly during pregnancy. Cocaine acts as a stimulant to the central nervous system (brain) while peripherally causing such effects as constriction of veins, increased heart rate and blood pressure, and an increase in spontaneous abortions and abruptio placenta (separation of the placenta from the wall of the uterus during pregnancy). Cocaine abuse during pregnancy may result in the newborn experiencing withdrawal symptoms and having an increased risk of sudden infant death syndrome (SIDS).

Problems with pregnant women who abuse heroin and other narcotics may include hepatitis, endocarditis (infection in the sac around the heart), still birth, and the increased risk of contact with HIV. Problems with the infant include difficulty responding to the human voice, withdrawal symptoms, and low birthweight and shorter length.

Maternal perception of a child is an important factor in the child's psychological and social development. Drug-dependent women have more negative perceptions of their children than women who are not drug-dependent.

Many providers are not trained to conduct thorough substance abuse assessments. Your goal should be to identify and refer any potential women at risk of substance use/abuse. The following screening questions will give you the opportunity to assess if the client is at risk:

1. Have either of your parents ever had a problem with alcohol or drugs?
   - Women are more at risk if their mother has a history of alcohol/drug use.
2. Does your partner drink or use drugs?
   - Women are at increased risk if their partners use drugs and/or alcohol.
3. Right before you knew you were pregnant, how much alcohol and/or drugs did you use?
   - Women are more at risk to use alcohol and/or drugs during pregnancy if they had a history of substance abuse or were frequent users prior to becoming pregnant. A positive response indicates the need for further assessment by a trained substance abuse professional.
4. Since you have known you are pregnant, how much alcohol and/or drugs do you consume per day? (refer to question 38)
   - Any positive response is an indication of a problem. Any alcohol and/or drug consumption can put the mother and unborn child at risk for miscarriage, complications of pregnancy, intrauterine death, premature birth, low birth weight, fetal alcohol syndrome and other physical and mental disabilities.

Refer to STT Guidelines: Health Education - "Drug and Alcohol Use", pages 87-91; and Nutrition - "Tobacco and Substance Use", Pages 119-121.

Intervention:

Provide client with a copy of STT Guidelines: Health Education-Handout R: "You Can Quit Using Drugs or Alcohol", and Psychosocial - G: "Your Baby Can't Say 'No'", and H: "When You Want to STOP Using Drugs and Alcohol" and review them with her.

Emphasize risks with the use of drugs.

Encourage client to consider reducing, eliminating, or seeking treatment for any nonrecommended substances she uses.

Reinforce importance of telling all her health and dental care providers that she is pregnant.

Ensure health care provider is aware of substance(s) abuse.

Include client's "**stage of change**"* and next steps in the client's Individualized Care Plan (see page 55).

If the client has no interest in cutting down or quitting ("**precontemplation**"), be sure she understands the possible health risks to herself and her baby. Ask her again at each visit. Document information shared with the client and her level of understanding on the Individualized Care Plan.

If client is in the "**preparation**" stage of change, assist her in developing a specific plan and offer referrals to program(s).
Pregnant women who are actively and heavily using substances should be referred to a registered dietitian and/or medical provider for medical nutrition counseling.

Note: The obstetrical care provider should be involved in all aspects of assessment, referral and treatment. Pregnant women who are actively and heavily using substances should be referred to all needed services including but not limited to substance abuse treatment programs, mental health services, nutrition consultation and legal services.

Referral:

Treatment of drug and alcohol abuse is provided by the County Office of Alcohol and Drug Programs. Refer clients for substance abuse services by calling the Los Angeles County Office of Alcohol and Drugs: (800) 564-6600.

Social worker for further assessment and referral: _____
State Office of Drugs and Alcohol Resource Center: (800) 879-2772
Perinatal Outreach and Education Project: 1-800-4BABY-N-U (422-2968)
Narcotics Anonymous: _____
Registered Dietitian Consultant: _____

Resources:

Practical Approaches in the Treatment of Women Who Abuse Alcohol and Other Drugs. Resource document for all professionals involved in the assessment and treatment of women with alcohol and other drug problems. Available from:
U.S. Department of Health and Human Services
Public Health Service
Substance Abuse and Mental Health Services Administration
Women and Children's Branch
Rockwall II, 5600 Fishers Lane
Rockville, MD 20857 FAX: (301) 468-6433

SAMHSA's National Clearinghouse for Alcohol and Drug Information
U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention
(800) 729-6686 *www.health.org*

California Department of Drug and Alcohol Programs: (800) 879-2772

Pregnant, Substance-Using Women, Treatment Improvement Protocol (TIP) Series. DHHS Publication No. (SMA) 93-1998, Printed 1993.
Available from:
U.S. Department of Health and Human Services
Public Health Service
Substance Abuse and Mental Health Services Administration
Women and Children's Branch
Rockwall II, 5600 Fishers Lane
Rockville, MD 20857
FAX: (301) 468-6433

TIPs (#2, 5 and 9 recommended by the Los Angeles County Perinatal Health Consortium, Substance Abuse Subcommittee), may be ordered by contacting the National Clearinghouse for Alcohol and Drug Information (NCADI) at (800) 729-6686. TDD (for the hearing impaired): (800) 487-4889.

The Los Angeles County Perinatal Treatment Expansion Project includes a network of **Perinatal Service Centers** for pregnant and parenting women who are recovering from alcohol and other drug problems. Each service center offers a full range of alcohol and drug recovery services to help women recover from alcohol and drug addiction and have healthy babies. Perinatal Service Centers are outpatient facilities providing alcohol recovery and drug treatment services and linkages to health care providers, counseling, peer support groups, parenting classes, health education and job and life skills training. Housing opportunities are offered at most Perinatal Services centers. Transportation is available. Pregnant women are given preference in admission to Perinatal Treatment Expansion Project recovery and treatment facilities, in accordance with Public Law. 102-321: Section 1927(a).

To participate in the Perinatal Treatment Expansion Project a woman needs to **apply** for admission to any Perinatal Service Center.

Perinatal Service Center	SERVICES PROVIDED							
	Alcohol & Drug Recovery	Drop-in Center	Transportation	Child Care	Bi-Lingual Services Languages	Housing Satellite	Housing Sober Living	Medical Care
Area: Southwest Los Angeles **Asian American Drug Abuse Program** Admissions: (323) 294-4932	✓	✓	✓	✓	Japanese Korean Chinese Vietnamese Filipino	✓	✓	
Serving: Inglewood, Culver City, Lawndale, Torrance, Gardena, Venice, Carson, Manhattan Beach, Redondo Beach and others								
Area: Southeast Los Angeles Behavior Health Services Admissions: (310) 679-9126	✓	✓	✓	✓	Spanish, Korean	✓	✓	✓
Serving: Los Angeles, Pomona, South Bay								
Area: San Fernando Valley **El Proyecto del Barrio** Admissions: (818) 895-2206	✓	✓	✓	✓	Spanish	✓		✓
Serving: Arleta, Chatsworth, Northridge, Pacoima, Sunland, Sun Valley, Tujunga, Reseda, Canoga Park, Van Nuys, North Hollywood, Panorama City, Burbank and others								
Area: Long Beach **NCADD/Long Beach** "Woman to Woman" Admissions: (562) 426-8262	✓	✓	✓	✓		✓	✓	
Serving: Long Beach, San Pedro, Wilmington, Harbor City, Lomita, Carson, Lakewood, Artesia, Bellflower and others								
Area: East Los Angeles **Plaza Community Center** "The Esperanza Project" Admissions: (323) 269-0925	✓	✓	✓	✓	Spanish	✓		✓
Serving: Monterey Park, Rosemead, Alhambra, South Pasadena, Montebello, El Monte, Huntington Park, Pico Rivera, Eaglerock, Highland Park, El Sereno and others								
Area: San Gabriel Valley **Prototype Women's Center** Admissions: (909) 624-1233	✓	✓	✓	✓	Spanish	✓		✓
Serving: Pomona, Walnut, San Dimas, La Verne, Covina, West Covina, Chino, Azusa and others								
Area: South Central Los Angeles **SHIELDS for Families Project** Admissions: (323) 357-6930	✓		✓	✓	Spanish	✓	✓	✓
Serving: Inglewood, South Gate, Downey, Compton, Watts, Gardena and others								
Area: Antelope Valley **Tarzana Treatment Center** Admissions: (818) 996-1051	✓	✓	✓	✓	Spanish	✓	✓	✓
Serving: Lancaster, Palmdale, Saugus, Acton, Newhall, Littlerock, Santa Clarita and others								

This list is not inclusive of all alcohol and substance abuse treatment resources available to pregnant and parenting women. Additional information and referrals may be obtained by calling County of Los Angeles, Department of Health Services, Alcohol and Drug Program administration: (800) 564-6600 within LA County. From outside LA County, call (626) 299-4193.

Other Local Alcohol and Substance Abuse Services:

***Stages of Change**:

Precontemplation: client does not believe she has a problem, denial, unawareness.

Contemplation: heightened awareness, client knows there is a problem relevant to her.

Preparation: client investigates, gathers information related to helping herself, may have made small changes in her behavior.

Action: client is ready to make a commitment to change her behavior - wants immediate referral, needs support techniques to cope with urges to use drugs, tobacco and/or alcohol.

Maintenance: client is integrating the new behaviors into her lifestyle, able to overcome the temptation to use, still vulnerable, needs support - relapse prevention.

Relapse: prompted to use drugs, alcohol or tobacco by stress or situation, disappointed, has less confidence in her ability to quit successfully.

This model can be applied to many behavioral changes, not just tobacco, alcohol, and/or drug cessation. The reference below includes an assessment tool.

Reference: Prochaska, J.O., Norcross, J.C., and Diclemente, C.C.: Changing for Good, New York, NY: Avon Books, 1994.

38. How much of the following do you drink/day?

Water		***Milk***		***Juice***			
Coffee		***Decaf Coffee***		***Tea, iced or hot***		***Beer***	
Soda		***Diet Soda***		***Herb tea***		***Mixed Drinks***	
Wine		***Wine Coolers***		***Hard Liquor***			
Other:				***Punch, Kool-Aid, Tang***			

14-27 wks ***Has this changed?*** ☐ ***No*** ☐ ***Yes, how?*** _____

28-40 wks ***Has this changed?*** ☐ ***No*** ☐ ***Yes, how?*** _____

General fluid intake is important for proper metabolic functioning. Certain beverages can indicate sources of excess sugar or caffeine.
Pregnant women who use **caffeine**-containing beverages should do so in moderation. During pregnancy, caffeine crosses the placenta and the effect on the baby is unknown. The suggested limit during pregnancy is 300 mg of caffeine per day. The caffeine content of common beverages is listed below:

Brewed coffee	8 oz.	100-150	mg
Instant coffee	8 oz	86-99	mg
Decaffeinated coffee	8 oz.	2-4	mg
Tea	8 oz	60-75	mg
Cocoa/hot chocolate	8 oz	6-42	mg
Cola drinks	12 oz	40-60	mg

Intervention:

Refer to above table to assist client in evaluating caffeine intake.

Encourage client to avoid or limit caffeine.

Offer anticipatory guidance of caffeine withdrawal for clients with high caffeine intake who plan to reduce or stop caffeine intake (headache, GI upset, fatigue). Reassure client that symptoms usually pass in a few days.

High **diet soda** intake may result from fear of having a large baby and a perceived more difficult birth. The use of saccharin (such as Sweet and Low™ and Sugar Twin™) in pregnancy is not recommended. Since there is no current data to suggest that aspartame (NutraSweet™ or Equal™) causes problems for the baby, its use during pregnancy may be permitted in moderation. The use of artificial sweeteners for control of weight gain during pregnancy should not be encouraged.

Refer to STT Guidelines: Nutrition - “Weight Gain During Pregnancy”, pages 5-14.

Herbal teas may be commonly used as treatments for the discomforts of pregnancy or as part of some cultural/religious practices. During pregnancy any use of herbal remedies should be brought to the attention of the health care provider. Regional poison control centers may be helpful in identifying active ingredients if the plant sources are known.

Note: the following herbal remedies are known to contain high levels of lead and can be dangerous to use:

Latina: Azarcon (Rueda, Coral, Maria Luisa, Alarcon, Liga) Greta, Albayalde
Hmong: Pay-loo-ah
Arab/Middle East: Kohl (Alkohl), Sattarang, Bokoor, Ceruse, Cerrusite
Asian Indian: Ghasard, Bala, Goli (Guti), Kandu, Surma
Armenian: Surma

Intervention:

If client is using an herb known to be unsafe for use during pregnancy, discuss with the client the reason why the herb is unsafe and discourage its use.

Referral:

Health care provider if client is using an unsafe or an unidentified herb.

High Sugar Beverages

Punch, Kool-Aid, Tang, and other **high sugar beverages** contain a lot of calories and very little, if any, nutritional value. Encourage the client to limit intake of sweet drinks and encourage water intake. Encourage limiting foods high in sugar if any family history of diabetes and if client has had gestational diabetes in a previous pregnancy.

Intervention:

Provide the client with a copy of STT Guidelines: Nutrition-Handout C, “Choose Healthy Foods To Eat”.

Encourage drinking water for thirst and limiting high calorie beverages such as soda, punch, and Kool-Aid.

Stress to clients that beverages with the words “punch” or “drink” or “-ade” (such as lemonade), are beverages which contain sugar.

Recommend limiting 100% fruit juice to 1/2-1 cup per day.

Beer, Wine, Wine Coolers, Hard Liquor or Mixed Drinks

Alcohol use during pregnancy is the leading preventable cause of birth defects. There is **NO** safe level of alcohol consumption during pregnancy. Excessive alcohol consumption is often associated with a poor diet. Alcohol use can alter the intake, digestion, and absorption of nutrients, and cause nutrient deficiencies. Chronic alcohol abuse can result in nutrient deficiencies of thiamine, folic acid, magnesium and zinc.

Refer to STT Guidelines: Health Education - "Drug and Alcohol Use", pages 87-91.

Intervention:

Provide client with a copy of STT Guidelines: Health Education - Handout R: "You Can Quit Using Drugs or Alcohol" and Psychosocial - Handout G: "Your Baby Can't Say 'No'", and H: "When You Want to STOP Using Drugs and Alcohol" and review them with her.

Emphasize risks of using drugs and/or alcohol.

Encourage the client to consider reducing, eliminating, or seeking treatment for any nonrecommended substances she uses.

Reinforce importance of telling all her health and dental care providers that she is pregnant.

See information under question #37 above, "Street Drugs".

Encourage meals every 3-4 hours and healthy snack choices.

Provide client with a copy of STT Guidelines: Nutrition - Handout C: "Choose Healthy Foods To Eat", page 29.

Referral:

Ensure health care provider is aware of alcohol use.

Refer client to a social worker, RN, or the prenatal care provider for alcohol dependence screening.

Refer to treatment program as indicated by alcohol dependence screening.

Resources:

How to Take Care of Your Baby Before Birth - Large, easy to read 8 1/2" X 11" brochure emphasizes the importance of avoiding alcohol and other drugs during pregnancy. Free (up to 200/order) and available from:

National Clearinghouse for Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20852
(800) 729-6686 TDD: (800) 487-4889

Alcoholics Anonymous: _____
County of Los Angeles, DHS, Alcohol and Drug Program Administration, Information and Referrals: (800) 564-6600
California State Dept. of Alcohol and Drug Resource Center: (800) 879-2772
Alcoholism Center for Women: (213) 381-8500 _____
His Sheltering Arms: (323) 755-6646 _____
Other community resources: _____

_____

_____

_____

Note: Treatment of drug and alcohol abuse is provided by the County Office of Alcohol and Drug Programs. The Health Plans remain responsible for the management and coordination of medical and obstetrical care including acute, inpatient detoxification if medically necessary. Refer clients to the County Office of Alcohol and Drug Programs for substance abuse resources by calling (800) 564-6600.

See Resource List after question 37.

39. If you use drugs and/or alcohol, are you interested in quitting? ☐ ***Yes*** ☐ ***No***

Have you tried to quit? ☐ ***No*** ☐ ***Yes***

Comments: _____

_____

Client's response to this question may give some insight into how the client has quit in the past, reasons attempts were unsuccessful, etc. Include the client's strengths in the Individualized Care Plan documentation of what the client agrees to do to reduce the risk to herself and her baby.

Refer to STT Guidelines: Psychosocial - "Perinatal Substance Abuse", pages 65-68 and Nutrition - "Tobacco and Substance Use", pages 119-121.

Refer to "Stages of Change" listed after question 37.

Pregnancy Care

40. Besides having a healthy baby, what are your goals for this pregnancy?

An empowerment opportunity for the client. With assistance from the assessor, the client may be able to use this opportunity to make personal changes in her life (e.g., stop smoking, finish school, finish a project), rather than focusing on only one goal of "a healthy baby".

This may be a difficult question for some clients to answer. They may not have considered personal goals other than for or within the context of their family. It is important not to give the client the impression that she is a "bad person" if she does not have or has not thought about personal goals outside of a healthy pregnancy.

Refer to STT Guidelines: First Steps - "Making Decisions - Problem Solving - Empowerment", page 20.

41. Do you plan to have someone with you:

		14-27 weeks			***28-40 weeks***	
During labor?	❑ ***Yes***	❑ ***No***	❑ ***Unsure***	❑ ***Yes***	❑ ***No***	❑ ***Unsure***
When you first come home with baby?	❑ ***Yes***	❑ ***No***	❑ ***Unsure***	❑ ***Yes***	❑ ***No***	❑ ***Unsure***

This question does not need to be asked during the initial assessment unless the initial assessment is completed in the second or third trimester. If the question does not seem clear to the client, try rephrasing, "Will you have someone to assist you …?" If the client cannot identify a support person for labor, the assessor should begin to explore possible resources for both the labor period and childbirth preparation classes. If no support in the immediate postpartum period, this is an opportunity to help the client explore who will be available to help her care for herself, the newborn (including breastfeeding support), and other children, if any.

Older Hmong women will be shy about having someone in the room with them. Older men will probably not want to be with their wives. The assessor may wish to give some examples of why they might consider having someone with them, (e.g., feel safe among doctors and nurses who may not understand her language, culturally-related preferences, elder's wisdom in the room, someone to help make decisions in case of an emergency).

Refer to STT Guidelines: Psychosocial - "Parenting Stress", pages 44-48.

Intervention:

Assist the client in mobilizing resources and in empowering her to obtain help.

Refer to PAC/LAC's *Teen Friendly* Enhancement Program's: "My Birth Experience", to assess the teen client's expectations around the birthing experience.

Refer as appropriate.

Referral:

Mother Support Community Program: _____

Community Newborn Visitation Program: _____

Black Infant Health Program ("BIH"): High risk African American women

All Public Health Jurisdictions in the Los Angeles area have implemented the BIH Program's "Social Support and Empowerment" model:

City of Long Beach: (562) 570-4410 (no current substance abuse)

City of Pasadena: (626) 744-6092 (recovering or current substance abuse referrals accepted)

Healthy Black Babies Alliance (Pasadena Area): (626) 296-1000

Big Sisters of Los Angeles: (323) 933-5749 (teens only)

Project NATEEN: (323) 669-5982 (teens only)

Friends of the Family: (818) 988-4430 (teens only) 15350 Sherman Way, Suite 140, Van Nuys, CA 91406

Community Resources: _____

42. If you had a baby before, where was that baby (ies) delivered? ❑ ***N/A***

❑ ***Hospital*** ❑ ***Clinic*** ❑ ***Home*** ❑ ***Other:*** _____

Were there any problems? ❑ ***No*** ❑ ***Yes*** ***please explain:*** _____

_____

_____

An opportunity to identify problems or complications and assist the client in making plans to avoid them with this pregnancy and/or identifying positive experiences upon which to draw.

Intervention:

If the client is not familiar with the delivery hospital, it is important to educate her about the procedures to register and to familiarize herself with the hospital environment - parking, two routes from her home, etc.

Referral:

Dates and times of Hospital Tours: _____

Childbirth Education Classes: _____

_____

43. Have you lost any children? ❑ No ❑ If Yes, please explain:

_____

_____

"Lost" children, for the purposes of this question, are whatever the client says they are. This may include prior miscarriages, adoptions, abortions, SIDS, etc. The client may have unresolved grief issues that can impact this pregnancy and the care of the newborn. It also identifies some strengths that may be helpful in addressing current issues.

For clients who have had a "loss" experience, this will be a very sensitive question. It is important to remember that the goal with this, as with all the questions, is to assist clients to get their needs met.

Refer to STT Guidelines: Psychosocial - "Perinatal Loss", pages 13-16, for additional suggestions.

Intervention:

Offer referral to social worker or perinatal loss support group.

Provide client with copies of STT Guidelines: Psychosocial - Handout C: "Loss of Your Baby", and D: "Ways to Remember Your Baby/Ways to Help Yourself", if appropriate.

Referral:

SIDS: (800) 9-SIDSLA
Social work consultant: _____
Local hospital(s)/churches: _____
Community Resources: _____
_____
_____

44. Do you have any traditions, customs or religious beliefs about pregnancy?
❑ No ❑ If Yes, please explain: _____

_____

Acknowledgment and support of family, cultural and religious customs important to the client will result in a client who is more likely to participate in her care. In some cases these customs may be in conflict with medical care, and it is important to evaluate these situations with the medical provider. This question provides an opportunity to improve rapport with the client. Take your time.

Intervention:

Refer client to the provider to discuss any objections to medical procedures ordered or anticipated.

Refer to STT Guidelines: First Steps - "Cultural Considerations", pages 21.

45. Does the doctor say there are any problems with this pregnancy:
14-27 wks ❑ No ❑ Yes 28-40 wks ❑ No ❑ Yes If yes, please describe

_____

_____

Questions 45 and 46 do not need to be asked during the initial assessment if the initial assessment occurs in the first trimester. These questions offer an opportunity to assess the client's understanding of her current pregnancy health status and provide an educational opportunity. The client may need a referral to a health education specialist for particularly complex problems.

Refer to STT Guidelines: Health Education - "Preterm Labor", pages 14-16, "Kick Counts", page 19, and "Multiple Births - Twins and Triplets" pages 113-118, as appropriate.

Intervention:

Assess the accuracy of the client's understanding of any problems.

Answer questions as appropriate.

Provide client with a copy of appropriate STT Guidelines: Health Education - D: "If Your Labor Starts Early", E: "Count Your Baby's Kicks", and/or W: "Baby Products, Discounts and Coupons".

Referral:

Refer to health care provider or health educator for complex medical/obstetrical problems.
Refer to registered dietitian for nutrition-related complex medical/obstetrical conditions.
For a list of nutrition risk conditions that may require the assessment and intervention of a registered dietitian, refer to the *Handbook,* pages 2-21 through 2-24.

46. Are you scheduled for any tests?

14-27 wks ❑ ***No*** ❑ ***If Yes,*** ***what:*** _____

28-40 wks ❑ ***No*** ❑ ***If Yes,*** ***what:*** _____

Do you have any questions? ❑ ***No*** ❑ ***If Yes,*** ***what:*** _____

Intervention:

Assess the client's knowledge about the purpose and procedure for any tests scheduled.

Provide the client with educational materials and/or audiovisual information appropriate to the procedure and the client's needs.

Translation of this question into Spanish needs to be very specific. Tests should be specifically noted as medical tests – "examen médico".

Referral: Refer to the health care provider or health educator as appropriate.

Resources:

Group B Strep patient and provider information available at no cost from:
Group B Strep Prevention Coordinator
Centers for Disease Control and Prevention
1600 Clifton Road, NE MS c-23, Atlanta GA 30333
(800) 553-NTIS www.cdc.gov/ncidod/gbs

47. Have you experienced any of the following discomforts during this pregnancy?

If Yes, check box:	***0-13 wks***	***14-27 wks***	***28-40 wks***
Edema (swelling of hands or feet)	❑	❑	❑
Diarrhea	❑	❑	❑
Constipation	❑	❑	❑
Nausea/vomiting	❑	❑	❑
Leg cramps	❑	❑	❑
Hemorrhoids	❑	❑	❑
Heartburn	❑	❑	❑
Vaginal Bleeding	❑	❑	❑
Varicose veins	❑	❑	❑
Headaches	❑	❑	❑
Backaches	❑	❑	❑
Abdominal cramping/contractions	❑	❑	❑
Other: _____	***Other:*** _	Identification	***Other:*** _____

Many of these conditions can be addressed by suggestions outlined in STT Guidelines: Nutrition, pages 31-56, Nutrition - Handouts D: "Nausea: Tips That Help"; E: "Nausea: What to do When You Vomit"; F: "Heartburn: What You Can Do"; G: "Heartburn: Should You use Antacids?"; H: "Constipation: What You Can Do"; I: "Constipation: What Products You Can and Cannot Take"; Health Education Guidelines - "Safe Exercising and Lifting", page 69-70; and Health Education - Handouts N: "Exercises When You Are Pregnant"; O: "Stay Active When You are Pregnant"; and P: "Keep Safe When You Exercise".

Intervention:

All danger signs (refer to STT-First Steps, page 16) must be reported to the health care provider immediately. Danger signs must be described for the client during the CPSP Orientation and 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.

Document all reports to the health care provider per facility policy and procedure.

Provide and review with the client STT Guidelines: Health Education - Handout A: "Welcome to Pregnancy Care".

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

Intervention:

Encourage client to elevate her feet as directed by the provider.

Encourage moderate sodium intake. DO NOT recommend sodium restriction.

Assess dietary intake for nutritional adequacy, especially protein.

Referral:

Refer to health care provider for any swelling of the face or sudden weight gain.

Diarrhea
Diarrhea is a common sign of lactose intolerance. The ethnic groups most affected in adulthood by lactose intolerance are African Americans, Native Americans, and Asians.

Refer to STT Guidelines: Nutrition - "Lactose Intolerance", page 53, if client is lactose intolerant.

Intervention:

Assess diet for dairy products and intake of other calcium containing foods. Incorporate STT Guidelines: Nutrition - Handout K: "Foods Rich in Calcium" and Q: "You May Need Extra Calcium".

If client is lactose intolerant, provide and review with client STT Guidelines: Nutrition - Handout J: "Do You Have Trouble With Milk Foods?".

Emphasize that some people can tolerate lactose foods in small amounts, several times a day instead of a big serving at one time.

Inform client that there are lactase enzyme products which can be ingested to help with digesting lactose products, as well as lactose-free products.

Referral:

Refer to health care provider immediately if client has had diarrhea for more than one week that does not go away when dairy products are discontinued and/or lactose enzymes are added.

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.

Refer to STT Guidelines: Nutrition - "Constipation", page 47.

Intervention:

Provide client with a copy of STT Guidelines: Nutrition - Handout H: "Constipation: What You Can Do", and Handout I: "Constipation: What Products You Can and Cannot Take".

Emphasize ways to prevent constipation and products/substances to avoid.

Encourage clients to discuss laxative use with their health care provider prior to use.

Referral:

Refer to health care provider and/or registered dietitian or other appropriate nutrition counselor if the client complains of back pain and has not had a bowel movement for more than several days.

Nausea and 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. Nausea is the feeling of an upset stomach or queasiness. Vomiting can cause dehydration and weight loss.

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.

Refer to STT Guidelines: Nutrition, pages 31-32.

Intervention:

Provide and review with client STT Guidelines: Nutrition - Handout D: "Nausea: Tips that Help", and E: "Nausea: What to do When You Vomit".

For nausea, emphasize that clients should eat small amounts of foods every 2-3 hours, day or night.

Encourage clients to pay attention to their own food likes and dislikes.

For vomiting, emphasize the importance of choosing nutritious foods that help replace the nutrients lost from vomiting.

Referral:

Refer to health care provider and/or registered dietitian if:

- current weight loss is greater than five pounds below reported weight at conception,
- any weight loss of greater than three pounds from the last visit,
- symptoms have worsened and vomiting is not controlled,
- no weight gain by 16 weeks,
- dizziness, weakness, fainting or headaches do not go away,
- vomiting lasts for 24 hours or it cannot be stopped except by not having any food and fluids.

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 may be related to low blood levels of calcium and magnesium, and high blood levels of phosphorus. The Institute of Medicines', *Nutrition During Pregnancy and Lactation Supplementation Guide*, (1992) states: " No well-conducted studies support special dietary measures for the treatment of leg cramps". Maintaining good nutrition without excessive amounts of any nutrients is a good idea. The following interventions may or may not be helpful.

Intervention:

Encourage adequate calcium intake from foods such as milk and milk products. See Daily Food Guide for Pregnancy.

Encourage adequate magnesium intake from eating at least one serving of vegetable protein, one serving of dark green leafy vegetables (spinach, broccoli or Swiss chard), and at least four servings of whole grain breads and cereals.

Discourage excessive phosphorus intake from processed foods, carbonated beverages, and excessive servings of protein foods.

Discourage pointing toes when lying in bed.

Referral:

Refer to health care provider for possible supplementation if the client is unable/unwilling to eat adequate food sources of calcium and/or magnesium.

Hemorrhoids

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

Intervention:

Instruct the client in the prevention and treatment of constipation.

Instruct in the use of cold compresses with or without witch hazel or Epsom salts.

Discuss 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.

Referral:

Refer to health care provider for symptoms unrelieved by cold compresses and/or witch hazel (witch hazel is inexpensive and available over-the-counter).

Heartburn
Refer to STT Guidelines: Nutrition - “Heartburn”, page 41.

Intervention:

Provide the client with a copy of STT Guidelines: Nutrition - Handouts F: “Heartburn: What You Can Do”; and G: “Heartburn: Should You Use Antacids?”, and review them with her.

Resources:

Health Net members are encouraged to call the Health Education Line at:
1-800-804-6074. Members should leave a message requesting a call back from one of Health Net’s Registered Dieticians.

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

Varicose Veins
Varicose veins may affect the legs, vulva, and pelvis. They are caused by one or more of the following factors: heredity, pressure of the pregnant uterus on the large veins of the pelvis, prolonged standing, and constrictive clothing.

Intervention:

Client instruction should include: avoiding restrictive clothing, elevating legs and hips on pillows above the level of the heart, use of supportive stockings, and frequent rest periods.

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 postural adjustments of pregnancy and relaxation of the sacroiliac joints in late pregnancy. Backaches may also be a sign of preterm labor; therefore, it is important to instruct all clients on the signs and symptoms of preterm labor and the procedure to follow if they occur.

Refer to STT Guidelines: Health Education - "Safe Exercise and Lifting", page 69 and "Preterm Labor", pages 14-15.

Intervention:

Backaches may be avoided by maintaining good posture, avoiding fatigue, and the use of good body mechanics. The pelvic tilt and angry cat exercises may prevent and relieve backache. Gentle massage may be soothing.

Instruct the client to wear flat shoes.

Provide the client with a copy of STT Guidelines: Health Education - Handout N: "Exercises for When You Are Pregnant". The pelvic tilt and angry cat exercises may prevent and relieve backache.

Abdominal Cramping/Contractions

Half of all women who go into preterm labor have none of the identified risk factors.
Abdominal cramping and/or contractions are danger signs in pregnancy and must be reported to the health care provider immediately.

Refer to STT Guidelines: Health Education - "Preterm Labor", pages 14-15.

48. In comparison to your previous pregnancies, is there anything you would like to change about the care you receive this time?

❑ N/A ❑ No ❑ If Yes please explain: _____

_____

_____

Do not ask this question unless there have been previous pregnancies. A "yes" answer provides the assessor with information about past care that was not helpful to the client so these issues can be avoided, if possible, with this pregnancy. Sometimes all that is needed is to give the client "permission" to ask for what she wants. Accommodating reasonable requests builds trust with her care providers and is empowering to the client.

49.Who has given you the most advice about your pregnancy? _____

See question 50.

50.What are the most important things she/he has told you? _____

Questions 49 and 50 will identify who should also be involved in the client's care. It will be very difficult to provide perinatal education if your information conflicts with this person's advice and he or she has not been included in educational efforts.

The client's responses to these questions may also reveal misinformation, cultural practices, and/or indicate if the client has supportive and sound sources of information.

It is important to remember that some traditions and cultural practices may be so much a part of the client's life that health care workers are not able to dissuade clients from engaging in them, even if they are potentially harmful. YOU CANNOT MAKE THE CLIENT DO ANYTHING! Be aware of your own attitudes and preferences and try not to be judgmental about clients who don't do things the same way you would.

51. Are you planning to use birth control after this pregnancy?

****14-27 wks***	***❑ No***	***❑ Undecided***	***If Yes ❑ what method***	
(circle)	***Birth control pills***	***Diaphragm***	***Norplant***	***Abstinence***
IUD	***Condoms and/or Foam***	***Natural family planning***	***Tubal/Vasectomy***	***DepoProvera***

*For adolescents and women with a history of preterm delivery, a discussion of family planning should probably first occur at around 24 weeks. For women where a term delivery is likely, 28 weeks is a more acceptable timeframe. By 36 weeks gestation, the client should have a plan for contraception and STI/HIV prevention that she can verbalize.

28-40 wks	***❑ No***	***❑ Undecided***	***If Yes ❑ what method***	
(circle)	***Birth control pills***	***Diaphragm***	***Norplant***	***Abstinence***
IUD	***Condoms and/or Foam***	***Natural family planning***	***Tubal/Vasectomy***	***DepoProvera***

The use of birth control is a personal choice influenced by many factors including cultural background, religion, family history, and personal choice. (In some cultures the client may prefer to discuss this when her partner is not present.) This question offers an educational opportunity to discuss the importance of recovery time prior to a subsequent pregnancy. For most women, waiting at least 15 months after having a baby before becoming pregnant again is recommended. Adequate spacing of children helps parents cope with demands of childrearing and with finances. It provides parents with time to provide physical, emotional and intellectual nurturing for each child. Effective birth control helps sexually active women and couples who want no more children to achieve their life plans. Each client should have the opportunity to make a fully informed decision about what method, if any, she wants to use postpartum.
Refer to STT Guidelines: Health Education - “Family Planning Choices”, pages 95-98.

Intervention:

Inquire about the client’s prior experience with birth control methods and her satisfaction with them. This frequently provides insight into what types of methods may work best for the client.

Provide client with educational materials as appropriate.

Emphasize the health benefits of pregnancy spacing.

Medi-Cal beneficiaries who request sterilization have a mandatory 30-day waiting period after signing the appropriate consent. Your practice location should have policies and procedures related to informed consent for sterilization as well as all temporary contraceptive methods.

Inform the Provider of the client’s choice of whether and what contraceptive method she wishes to use.

CPHWs may provide information, but need specialized training to provide the information required for an informed consent for any contraceptive method.
Medi-Cal managed care members may seek family planning services from **any** qualified provider without prior authorization or referral.

Resources:

Educational pamphlet, “What is Right For You? Choosing a Birth Control Method” is available from: Education Programs Associates (EPA): (408) 374-3720.
Teen Help Line: _____
Locations where clients can obtain family planning methods not offered by her prenatal care provider: _____

52. Your current or past behaviors, or the current or past behaviors of your sexual partner(s) may place you at risk for being/ becoming infected with HIV, the virus which causes AIDS. Since 1979 have you or any of your sexual partner(s):

(check all that apply)	*self*	*partner(s)*	*unknown*	*no*
Had sex with more than one partner?				
Had sex with someone you/they didn't know well?				
Been treated for trichomonas, chlamydia, genital warts, syphilis, gonorrhea, or other sexually transmitted infections?				
Had sex with someone who used drugs?				
Had hepatitis B?				
Shared needles?				
Had a blood transfusion?				

Is there any other reason you think you might be at risk for HIV/AIDS?
❑ No ❑ If Yes, please explain _____

Change in HIV risk status? ***14-27 weeks*** ***❑ No*** ***❑ Yes,*** ***What?*** _____
28-40 weeks ***❑ No*** ***❑ Yes,*** ***What?*** _____

The client should, if possible (unless interpreter is needed) be alone with the assessor when these questions are asked. It is appropriate to maintain a neutral stance when addressing ambiguous information with clients, and to maintain a non-judgmental manner when discussing sexual practices, substance use, or other personal behaviors. The purpose of asking questions related to possible HIV risk behaviors by the client and/or her sexual partners is to assess her learning needs related to safer behaviors. It also offers the opportunity to dispel any myths regarding what types of behaviors do and do not increase her risk for contracting HIV. New information also indicates that a history of Hepatitis C may also be an indicator of potential infection with HIV.

Hmong women may be completely unwilling to respond to this question. It is culturally, traditionally, historically unacceptable to have more than one sexual partner. Even if she has had more than one partner, it will be very hard for her to share this information. Stress the seriousness of STDs and HIV.

Additionally, recent studies have shown that pregnant women are more likely than their nonpregnant peers to become infected with STDs - possibly because they no longer feel they need to use condoms if their primary purpose is viewed as the prevention of pregnancy.

Behavior change is a complex process. Providing information as the sole, or main, intervention is generally not sufficient to lead a person to change behaviors.

Refer to STT Guidelines: Health Education - "STDs" (Sexually Transmitted Diseases), pages 23-25 and "HIV and Pregnancy", pages 29-33.

Intervention:

Provide to the client and review with her STT Guidelines: Health Education - Handout F: "What You Should Know About STDs", G: "What You Should Know About HIV", and H: "You Can Protect Yourself and Your Baby From STDs".

Referral:

Health educator referral is recommended for clients with a history of more than one STI episode.

Resources:

For Providers:

"Perinatal HIV Prevention: Guidelines for Compliance", handbook available from:
Northeastern California Perinatal Outreach Program: (916) 733-1750
California AIDS Clearinghouse: 1443 N. Martel Ave., Los Angeles, CA 90046
(888) 611-4222 TDD: (323) 993-7698
Innovative Health Solutions - technical assistance with the implementation of California Perinatal HIV Testing Project's Resource Packet: (510) 450-0190
CDC National AIDS Clearinghouse: (800) 458-5231 - resource catalogs
"It Won't Happen to Me" video: $5.00 per copy (first copy free to nonprofit organizations)
Kaiser Foundation Health Plan, Audiovisual Communication Resources
825 Colorado Blvd., Suite 319, Los Angeles, CA 90041 Attn.: Gus Gaona
"Chlamydia Care Quality Improvement Toolbox", developed by the California Chlamydia Action Coalition. Available in hardcopy from: Tulip Graphics, Inc. (510) 898-0000. Guidelines can be downloaded from
http://www.ucsf.edu/castd/downloadable/clinicalpractice_guidelines.pdf

For Patients:

Health Education Consultant(s): _____
National HIV/AIDS Teen Hotline: 1-800-440-TEEN - Friday-Saturday 6:00 p.m.-12:00 am
Spanish: (800) 400-7432 TTY: (800) 533-2437
National AIDS Hotline: (800) 342-AIDS (800) 344-SIDA (Spanish) info and referrals

California HIV Testing Coordinators:

Long Beach Dept. of Health and Human Services 2525 Grand Avenue, Long Beach, CA 90815	Coordinator: Debbie Collins (562) 570-4379
Pasadena Health Department 1845 North Fair Oaks, Pasadena, CA 91103	Coordinator: Marie Walters (626) 744-6028
Los Angeles Gay & Lesbian Community Services 1625 N. Schrader Blvd., 3rd flr., L.A. 90028-9998	Coordinator: Tiffany Horton (323) 860-5839
Roybal Comprehensive Health Center 245 S. Fetterly, RM 2016, L.A. 90022	Coordinator: Jorge Moreno (323) 780-2287
Valley Community Clinic 6801 Coldwater Canyon Ave. North Hollywood, 91605-5104	Coordinator: Christopher Morgan (818) 763-1718
South Bay Family Health Care Center 710 Pier Ave., #7, Hermosa Beach, 90254-3885	Coordinator: Graciela Morales (310) 318-2521
East Valley Community Health Center 420 S. Glendora Ave., West Covina, CA 91790	Coordinator: Virginia Chapman (626) 919-4333
Minority AIDS Project 5149 W. Jefferson Blvd., L.A. 90016	Coordinator: Zella Gildon (323) 936-4949 ext. 123

Early Intervention Projects/Centers

Los Angeles County Health Department 3209 N. Alameda, Suite K, Compton, CA 90222	Project Dir: Delores Pace (310) 761-8444
WomensCare - Women's Early Intervention Center 1300 N. Vermont, #401, Los Angeles, 90027	Project Dir: Lupe Carreon (323) 662-7420
Long Beach Dept. of Health and Human Services 2525 Grand Ave., Rm 204, Long Beach, 90815	Project Dir: Nettie De Augustine (562) 570-4340

53. Have you been offered counseling/information on the benefits of HIV testing and been offered a test for HIV?

0-13 wks ❑ ***No*** ***(Refer to OB provider)***
14-27 wks ❑ ***No*** ***(Not applicable if previous "Yes" answer)***
28-40 wks ❑ ***No*** ***(Not applicable if previous "Yes" answer)***

❑ ***If "Yes", do you have any questions?***

Current California regulation requires that all pregnant women, not just those who appear to be at risk, receive 1) counseling on the benefits of HIV testing in pregnancy, 2) offer of voluntary HIV testing with appropriate pre- and post-test counseling, and 3) information about treatments available to women who test positive. This information is, by law, to be provided by the client's prenatal care provider. The prenatal care provider may delegate this responsibility only to a health care worker who has received special training in this area. This question permits the provider/practitioner to document that the required services have been provided and allows the client to ask any unanswered questions.

Refer to STT Guidelines: Health Education - "HIV and Pregnancy", pages 29-33, for information for any further questions the client may have as well as clinical resources.

Intervention:

For clients who have been provided with the mandatory counseling, education, and offered a voluntary test by the health care provider, the CPHW may answer further questions as outlined in STT Guidelines: Health Education - "HIV and Pregnancy", pages 29-33.

Some clients may elect not to take the HIV test when it is first offered. At subsequent visits, they should be offered the opportunity to ask additional questions and/or receive a referral for testing.

Referral:

For clients who report their health care provider has not discussed HIV risks, provided education, and/or offered a voluntary HIV test, refer the client back to the health care provider, or other appropriate HIV counselor in your facility, for this service.
Perinatal HIV exposure is a California Children's Services (CCS) eligible diagnosis. All infants born to HIV positive mothers must be referred to CCS for services referrals and case management.
Although clients should be encouraged to share all their health history with their health care providers, clients may elect to obtain HIV testing services at a confidential location.

Maintain a current list of confidential/anonymous HIV testing locations in your area.

A specific, separate form signed by the client and kept in the medical record which indicates she has received the mandated HIV education, counseling, and voluntary testing information is recommended. A sample form is included in the Health Net Medi-Cal Managed Care CPSP package.

Resources:

HIV/AIDS Treatment Information Service (ATIS): 1-800-448-0440
Project Inform (Treatment Hotline): 1-800-822-7422
National STI Hotline: 1-800-227-8922

Educational Interests

54. ***If you have had experience or received education/information on any of the following topics, check Column A . If you would like more information, check Column B.***

TOPIC	*0-13 WKS*		*14-27 WKS*		*28-40 WKS*		*Education Provided*		
	A	*B*	*A*	*B*	*A*	*B*	*Date*	*Code(s)**	*Initials*
How your baby grows (fetal development)									
How your body changes during pregnancy									
Healthy habits for a healthy pregnancy/baby									
Assistance with cutting down/quitting smoking									
Assistance with cutting down/quitting alcohol or drugs									
What happens during labor and delivery									
Hospital Tour									
Helping your child(ren) get ready for a new baby									
How to take care of yourself after the baby comes									
Breastfeeding									
How to take care of your baby/infant safety									
Infant development									
How to avoid sexually transmitted infections/HIV									
Circumcision									

** Teaching Codes:* *A = Answered questions* *E = Explained verbally* *V = Video shown*
W = Written material provided *S = Visual aids shown* *I = Interpreter used*

Ask about educational interest in each of the topics listed above at each assessment/reassessment. Materials provided to the client at a previous visit may stimulate new questions and provide educational opportunities.

Educational interventions listed in this section do not need to be repeated on the Individualized Care Plan unless more complex teaching strategies or other client-specific needs are identified.

Resources:

How Your Baby Grows — Wall Chart available for $2.00
March of Dimes, Supply Division — Pamphlets available $9.00/50
1275 Mamaroneck Ave.
White Plains, NY 10605 — (914) 428-7100

55. Is there anything special you would like to learn?

☐ ***No*** ☐ ***Yes, what?*** _____

_____

56. How do you like to learn new things?

☐ ***Read*** ☐ ***Talk one-on-one*** ☐ ***Group education/classes***
☐ ***Watch a Video*** ☐ ***Pictures and diagrams*** ☐ ***Being shown how to do it***
☐ ***Other:*** _____

For some cultures, it would be appropriate to add other choices such as from elders and from other women in the community.

57. Will someone be able to attend classes with you?

☐ ***No*** ☐ ***Yes, who?*** _____

Classes are not the most appropriate teaching/learning strategy for some clients. If classes are not available in the client's preferred language, this question may not apply.

Refer to questions 49 and 50 to suggest an appropriate companion for the client if she is unable to identify anyone.

58. Do you have any physical, mental, or emotional conditions, such as (circle) learning disabilities, Attention Deficit Disorder, depression, hearing or vision problems that may affect the way you learn? ☐ ***No*** ☐ ***Yes***
Other: _____

By this point in the assessment process, as a CPHW you are already aware of most of the above-listed conditions that apply to your client. This question allows time to refocus on the client's needs and to begin to develop an ICP. Each woman must have an educational plan that meets her specific needs and interests, and one that she can do. The responses to questions 55 - 58 will help the assessor to develop a plan for education that meets this requirement. Question 54 lists common health education needs of pregnant women and provides a place to document basic health education interventions. This information should **not** be repeated in the client's Individualized Care Plan unless more complex teaching strategies are used. If the client has learning disabilities, her learning needs may require individual or small group health education appointments rather than through larger classes, and/or with a partner or family member in attendance.

Refer to STT Guidelines: Health Education - Handouts F: “What You Should Know About STDs”, G: “What You Should Know about HIV”, H: “You Can Protect Yourself and Your Baby From STDs”, M: “Protect Your Baby From Tooth Decay”, R: “You Can Quit Using Drugs or Alcohol”, S: “Keep Your New Baby Safe”, T: “When Your Newborn Baby is Ill”, U: “Your Baby Needs to be Immunized”, W: “Baby Products Discounts and Coupons”.

Nutrition-Handouts C: “Choose Healthy Foods To Eat”, Q: “Choosing Healthy Foods”, T: “You Can Stretch Your Dollars”, AA-EE: “You Can Breastfeed Your Baby”, and/or other comparable educational materials appropriate to the client’s needs.

Intervention:

Provide client with appropriate educational materials or strategies related to her expressed learning needs and learning style.

Follow up during subsequent visits to assure the information provided was adequate and appropriate.

Referral:

Clients with developmental disabilities or other barriers to traditional educational methods may need to be referred to a health educator for more intensive educational efforts and strategies.

Clients with mental or emotional disorders such as depression, attention deficit disorder (ADD), or mood disorders should be referred to the local Mental Health Plan (800) 554-7771.

Clients with learning delays or developmental disabilities identified prior to the age of 21 should be referred to a Regional Care Center.
The Department of Developmental Services (DDS) is responsible for coordinating a wide array of services for California residents with developmental disabilities, infants at high risk for developmental disabilities, and individuals at high risk for parenting a child with a disability. These services are provided through a statewide system of 21 locally-based Regional Centers. In Los Angeles, Regional Centers serve the following areas:

East Los Angeles Regional Center
1000 S. Fremont Avenue
P.O .Box 7916
Alhambra, CA 91802
(626) 299-4700
Fax: (626) 281-1163

Areas served: Alhambra, Boyle Heights, City Terrace, Commerce, East LA, El Sereno, Highland Park, La Habra Heights, La Mirada, Lincoln Heights, Montebello, Monterey Park, Mt. Washington, Pico Rivera, Rosemead, San Gabriel, San Marino, South Pasadena, Santa Fe Springs, Temple City and Whittier

Harbor Regional Center Del Amo Business Plaza 21231 Hawthorne Boulevard P.O. Box 7930 Torrance, CA 90503 (310)540-1711 Fax: (310)540-9538	Areas served: Artesia, Bellflower, Catalina, Carson, Cerritos, Harbor City, Hawaiian Gardens, Hermosa Beach, Lakewood, Lomita, Long Beach, Manhattan Beach, Norwalk, Palos Verdes, Peninsula, Redondo Beach, San Pedro, Torrance and Wilmington
Frank D. Lanterman Regional Center 3440 Wilshire Boulevard, Suite 400 Los Angeles, CA 90010 (213)383-1300 Fax: (213)383-6526	Areas served: Atwater, Burbank, Central Downtown, Eagle Rock, East and West Hollywood, Glassell Park, Glendale, Highland Park; Hollywood/Wilshire, La Canada, La Crescenta, Los Feliz, Montrose, Pasadena, Pico Union and Silverlake
San Gabriel/Pomona Regional Center 761 Corporate Center Drive Pomona, CA 91768 (909) 620-7722 Fax: (909) 620-7372	Areas served: Altadena, Arcadia, Azusa, Baldwin Park, Bassett, Bradbury, Charter Oak, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora; Hacienda Heights, Industry, Irwindale, La Puente, La Verne, Monrovia, Pasadena, Pomona, Rowland Heights, San Dimas, Sierra Madre, Temple City, Valinda, Walnut, West Covina and Whittier
South Central Los Angeles Regional Center 650 W. Adams, Suite 200 Los Angeles, CA 90007 (213)763-7800 Fax: (213)744-8444	Areas served: Bell Gardens, Carson, Compton, Cudahy, Dominguez Hills, Downey, Huntington Park, Lynwood, Maywood, Paramount and South Gate

Clients with hearing and/or vision impairment may be eligible for additional services through their health plan by calling Member Services:
Health Net: (800) 675-6110
L.A. Care: (213) 694-1250

Resources:

Health Education Consultant: _____

Nutrition - a copy of this page should be sent with the client to WIC

On the actual form to be filled out at the time of the initial assessment, nutrition information is contained on a single page that should be copied when completely filled out, and sent with the client to her first WIC appointment. You may also arrange with your local WIC office to FAX this information, if desired. This is an appropriate time to remind the client that certain information, as needed to coordinate her care, will be shared with other health care professionals. Assure her that this information is confidential, and only the health care professionals who participate in her care will have access to any of this information. Be certain that the client knows when the term "diet" is used, it means what she generally eats and does not refer to a weight reduction program.
Questions followed by a page number in parentheses have been/will be asked in another section of the assessment. See annotation located after those questions for more information.

Good nutrition is a very important influence on the health of a pregnant woman and her infant. Poor nutrition during pregnancy can lead to poor pregnancy outcomes (such as a low birthweight baby).

Anthropometric: ***EDC:*** _____ ***WKS GA:*** _____ ***Height:*** _____ ***Current Weight :*** _____

59. Weight gain in previous pregnancies:
1st: _____ ❑ ***Unknown*** ***2nd:*** ❑ ***Unknown*** ❑ ***N/A***

Recommended weight gain during pregnancy (check one)

60. ***Prepregnant weight:*** _____ ***lbs***	❑ ***for underweight women 28-40 lbs.***	❑ ***for normal weight women 25-35 lbs.***
61. ***Net weight gain:*** _____ ***lbs***	❑ ***for overweight women 15-25 lbs***	❑ ***for very overweight women 15-20 lbs***

❑ ***Adequate*** ❑ ***Inadequate*** ❑ ***Excessive*** ❑ ***Weight loss*** ❑ ***Weight grid plotted***

Anthropometric data assists with the identification of women who are within normal limits for body weight, overweight, or underweight so that appropriate pregnancy weight gain goals can be established. Document the client's EDC, number of weeks she is pregnant at the time of the assessment, current weight (on the day of the assessment), and weight gain during previous pregnancies, if applicable. If the client has had more than two previous pregnancies, document the number of previous pregnancies and the range of weight gain for those pregnancies. If a large difference occurred between pregnancies, note that information in the space below question #59.

Put a check in the box that describes the woman's prepregnant weight status (i.e., underweight, overweight, very overweight, or normal). STT Guidelines can provide assistance in helping the assessor complete the weight gain grid/graph, (a required document for CPSP) and determining weight gain goals. Women who begin pregnancy underweight or overweight may need more comprehensive nutrition care.

Resource:
Color coded weight gain grids are available in tablets of 100 to CPSP Providers at no cost. Send a written request that includes the provider's mailing address and telephone number to:

State Department of Health Services
WIC Warehouse
3901 Lennane Drive
Sacramento, CA 95834

All women need to gain weight during pregnancy. The amount of weight gain is dependent on her height and prepregnant weight. The recommended range of weight gain is indicated in the corresponding box. For example, for underweight women, the recommended total weight gain during pregnancy is 28-40 pounds.
Refer to STT Guidelines: Nutrition - "Weight Gain During Pregnancy", section : "How to Assess Weight Gain- Table 1", page 6.

<u>If underweight</u>
Refer to STT Guidelines: Nutrition - "Prepregnant Weight, Underweight", page 8.

Intervention:

Provide client with a copy of STT Guidelines: Nutrition - "The Daily Food Guide for Women", page 28 and Nutrition Handout A: "Tips to Gain Weight".

Stress the importance of regular meals and snacks, and extra servings from each food group.

Recommend a weight gain of 4 pounds or more each month.

Referral:

Follow referral criteria for registered dietitian at the end of this section.

<u>If overweight</u>
Refer to STT Guidelines: Nutrition - "Prepregnant Weight, Overweight", page 11.

Intervention:

Provide client with a copy of STT Guidelines: Nutrition "The Daily Food Guide for Pregnancy", page 28.

Stress the importance of regular meals and snacks and assist the client in selecting lower fat foods, paying attention to portion size and fruit and vegetable intake.

Recommend low or nonfat products available with WIC checks.

Recommend a weight gain of 2-3 pounds per month after the 16th week of pregnancy.

Emphasize that weight reduction during pregnancy is not recommended.

Referral:

Follow referral criteria for registered dietitian at the end of this section.

If Very Overweight
Refer to STT Guidelines: Nutrition - “Prepregnant Weight, Obese”, page 11.

Intervention:

Provide client with a copy of STT Guidelines: Nutrition - “The Daily Food Guide for Women”, page 28.

Stress the importance of regular meals and snacks, and assist the client in selecting from lower fat foods.

Recommend low or nonfat products available with WIC checks.

Review servings from each food group.

Recommend a weight gain of 2 1/2 pounds per month after the 16th week of pregnancy. Emphasize that weight reduction during pregnancy is not recommended.

Referral:

Follow referral criteria for registered dietitian at the end of this section

Net Weight Gain
In pregnancy, the total amount of weight gained as well as the rate of weight gain is important in a healthy pregnancy.

Refer to STT Guidelines: Nutrition, “Weight Gain During Pregnancy”, pages 5-9 to determine appropriate weight gain.

If Inadequate
Inadequate weight gain can increase the chance of preterm birth or having a small, unhealthy baby.
Refer to STT Guidelines: Nutrition - “Low Weight Gain”, page 12-13.

Intervention:

Provide client with a copy of STT Guidelines: Nutrition - Handout A: “Tips to Gain Weight”.

Stress the need for smaller, more frequent meals and snacks, and selecting foods that are very calorie dense (such as peanut butter or bean dip).

Give the client resources for food banks, emergency food programs if indicated.

Referral:

Follow referral criteria for registered dietitian at the end of this section.

If Excessive

Excessive weight gain can increase the chance of having a bigger (large for gestational age) baby, and potential problems with delivery.

Refer to STT Guidelines: Nutrition - "High Weight Gain", page 13-14.

Intervention:

Provide client with a copy of STT Guidelines: Nutrition - Handout B: "Tips to Slow Weight Gain".

Stress low fat food choices and low fat cooking techniques.

Encourage the client to drink more water and fewer high sugar content beverages.

Referral:

Follow referral criteria for registered dietitian at the end of this section.

If Weight Loss

Refer to registered dietitian or other appropriate dietary counselor.

Referral to registered dietitian or other appropriate dietary counselor when:

- weight loss of 5 or more pounds in the first 12 weeks of pregnancy
- more than 5 pounds below reported prepregnant weight and/or
- weight loss of 3 or more pounds since the last visit.

Biochemical Data:

62. Urine-Date collected: _____
(circle +/-) Glucose: + - Ketones: - Protein: + -

Urine tests are used to help assess nutritional status and risk.

Intervention:

Ensure health care provider is aware of all positive (+) values.

63. Blood Date Drawn ____ Hgb: ___ (<10.5) Hct: ___ (<32) MCV: __ Glucose: __

Blood tests are used to screen for problems such as anemia. 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 diabetes.

Intervention:

Abnormal values need to be brought to the attention of the provider.

The Individualized Care Plan should describe the interventions intended to address these needs.

Refer to interventions after question 72 if iron deficiency anemia.

Clinical Data:

64. ☐ ***None relevant*** ***65.*** ☐ ***Age 17 or less*** ***66.*** ☐ ***Pregnancy interval < 1 yr.***
67. ☐ ***High Parity (≥4 births)*** ***68.*** ☐ ***Multiple Gestation*** ***69.*** ☐ ***Currently Breastfeeding***
70. ☐ ***Dental Problems (#30)*** ***71.*** ☐ ***Serious Infections*** ***72.*** ☐ ***Anemia***
73. ☐ ***Diabetes (circle)*** ***Prepreg*** ***Past preg*** ***Current preg***
Comments: _____
74. ☐ ***Hypertension (circle)*** ***Prepreg*** ***Past preg*** ***Current preg***
Comments: _____
75. ☐ ***Hx. of poor pregnancy outcome (e.g., preterm delivery, fetal/neonatal loss):***

76. ☐ ***Other medical/obstetrical problems (low birth weight, large for gest. age, PIH)***
Past: _____
Present: _____

All of the information above needs to be considered when developing a plan to address the nutritional needs of the client.

These questions include very technical vocabulary. Work with interpreters to be certain they know what you are asking.

Refer to STT Guidelines: Nutrition - "Prenatal Vitamin and Minerals, Iron and Calcium", pages 71-72; "Anemia", pages 59-60, can offer suggestions for appropriate education and referrals.

Risk-specific information:

65. Age 17 or less

Adolescent pregnancy is associated with an increased risk of preterm delivery, low birth weight, and other problems. Pregnancy increases the nutritional demands because both the baby and the client need additional calories; the client needs calories for her own continued growth and the baby needs calories for growth. Adolescent girls may restrict their caloric intake in order to lose weight, or not eat to maintain a slim, nonpregnant appearance in an effort to conceal her pregnancy. Teens may have poor eating habits in general or suffer from eating disorders such as anorexia or bulemia that can increase in severity during pregnancy.

Intervention:

Plan to assess weight and dietary intake frequently.
Referral to a registered dietitian may be necessary for severely restricted dietary intake.
Provide education to the client related to her age-related increased nutritional needs.
Refer for psychosocial and nutrition consultation if eating disorders are identified.

66. & 67. Pregnancy interval less than one year or high parity

The client's nutritional status may be deficient if the client had a baby 1year prior; or the client has had many pregnancies. These conditions create risk for low birth weight babies, preterm delivery, and prenatal morbidity and mortality.

Intervention:

Plan to assess weight and dietary intake frequently.
Discuss with the client her increased risk status and the pregnancy interval recommended by the medical/obstetrical provider.

68. Multiple gestation

Nutritional needs and weight gain goals will change if the client is carrying more than 1 baby. A weight gain of 35-45 pounds for twins has been shown to be consistent with a favorable outcome of a full-term pregnancy.

Refer to STT Guidelines: Health Education - "Multiple Births - Twins and Triplets", pages 113-118.

Intervention:

Discuss increased risk for preterm labor with the client.
Instruct on recommended weight gain goals.
Reinforce education regarding activity restrictions, etc. as recommended by the medical/obstetrical provider.

69. Currently breastfeeding

Breastfeeding while pregnant requires sufficient calories for both breast milk production and for the needs of the pregnancy.

Intervention:

Plan to assess weight and dietary intake frequently.

Referral:

Refer to registered dietitian if client plans to continue to breastfeed during pregnancy and fails to gain an adequate amount of weight.

70. Dental Problems

See question #30.

71. Serious infections

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.

Intervention:

Refer to dietitian and/or medical/obstetrical provider for HIV, hepatitis, tuberculosis, or pyelonephritis.

72. Anemia

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 is 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).

Refer to STT Guidelines: Nutrition - "Anemia", page 59-60.

Iron-deficiency anemia

Intervention:

Provide client with a copy of STT Guidelines: Nutrition - Handout L, "Get the Iron You Need", and P: "If You Need iron Pills" and review them with her.

Emphasize that iron rich foods and/or supplements should be consumed with foods high in Vitamin C to aid in iron absorption.

Avoid taking iron supplements with dairy products (such as milk or cheese) because the calcium in the dairy products may decrease iron absorption. Iron should not be taken at the same time as other vitamin supplements (except vitamin C).

Provide anticipatory guidance related to avoiding constipation - a common side effect of taking iron supplements.

Folic Acid Deficiency Anemia

Intervention:

Provide client with a copy of STT Guidelines: Nutrition - Handout M: "Get the Folic Acid You Need", and review it with her.

Emphasize the importance of taking prenatal vitamin supplements daily.

Encourage client to select folic acid rich foods (such as dried beans or peas, and fruits and vegetables), and not to overcook folic acid rich foods.

Vitamin B_{12} Deficiency Anemia

Refer to STT Guidelines: Nutrition - "Vegetarian Eating", pages 111-113.

Intervention:

Provide client with a copy of STT Guidelines: Nutrition - Handout N: "Vitamin B_{12} is Important", and Z: "When You Are a Vegetarian"; review with her.

Consult with health care provider about B_{12} injections.

For all anemias

Referral:

Refer to registered dietitian and/or medical/obstetrical 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.

73. Diabetes

Gestational diabetes is a type of diabetes that only pregnant women get. Approximately seven percent of all pregnancies are complicated by gestational diabetes. Nationally, gestational diabetes occurs more frequently among African Americans, Hispanic/Latino Americans, and Native Americans. Gestational diabetes has been shown to be extremely high in Asian Americans in some local studies. Having diabetes either as a prepregnancy condition or one which develops as a result of the pregnancy increases the risk for birth defects and for having a big (large for gestational age) baby.

Refer to STT Guidelines: "Gestational Diabetes", pages 1-10.

Intervention:

If diabetes was diagnosed in past pregnancy only, and client was told that her diabetes resolved or "went away" after delivery (past history of gestational diabetes), stress importance of keeping all health care provider appointments and lab test appointments. Women with gestational diabetes are at increased risk for developing Type 2 diabetes later in life. Elevated blood sugar levels during pregnancy create a glucotoxic inutero environment for the fetus and has been linked to adolescent onset of Type 2 diabetes in the children of diabetic mothers. Adherence to a healthy life plan, including exercise and good nutrition are especially important for the lifelong health of these women.

Provide client with copies of STT Guidelines: Gestational Diabetes – Handouts: Daily Food Pyramid for Gestational Diabetes, B: "Know Your Sugars", C: "Questions You May Have About Diabetes", D: "Relax and Lower Your Stress", E: "Now That Your Baby is Here", so the client can begin learning about gestational diabetes even before her first referral appointment.

Make the referral appointment before the client leaves.

Referral:

Immediate referral to registered dietitian, diabetes specialist or a California Diabetes and Pregnancy Program if current diabetes existed prior to the pregnancy or was diagnosed in the current pregnancy.

Treatment plan for diabetes in a current pregnancy must be included in the client's Individualized Care Plan.

Local California Diabetes and Pregnancy Programs:

Memorial Medical Center of Long Beach Perinatal Outreach Department	Phone: (562) 933-3292 FAX: (562) 989-8679
Harbor/UCLA South Bay Perinatal Access Project	Phone: (310) 222-3651 FAX: (310) 618-6892
Loma Linda University Medical Center Sweet Success Program	Phone: (909) 558-3996 FAX: (909) 558-3935
UCI Medical Center Sweet Success Program	Phone: (714) 456-6706 FAX: (714) 456-8681

Resources:

Guidelines for Care - available from: California Diabetes and Pregnancy Program, Maternal and Child Health Branch, Department of Health Services, 714 P Street, Sacramento, CA 95814
Sweet Success educational materials and Handouts for Care are available through the San Diego and Imperial counties Diabetes and Pregnancy Program at http://www.llued/llume/SweetSuccess

Multicultural Resources:

- Cultural and ethnic food and nutrition education materials: www.nal.usda.gov/fnic/pubs/bibs/gen/ethnic.html
- Delicious heart-healthy Latino recipes: www.nhlbi.nih.gov/health/public/heart/other/sp_recip.htm
- Health-healthy home cooking African American style: www.nhlbi.nih.gov/health/public/heart/other/chdblack/cooking.htm
- Buffet table tips for Asain and Pacific Islanders: http://ndep.nih.gov/conduct/psa-aapi.htm
- Native American Food Guide: www.aaip.com/tradmed/tradmedfoodguide.html
- Southeastern Michigan Dietetic Association culturally modified food guides: www.semda.org/info to access Chinese Food Pyramid, Japanese Food Pyramid, Mexican Food Pyramid, Portuguese Food Pyramid, Thai Food Pyramid
- Take Time to Care campaign www.fda.gov/womens/taketimetocare/diabetes/TTTCaboutdiabetes.html
- For copies of Take Time to Care . . .About Diabetes brochures and recipe cards call 1.888.8PUEBLO
- American Diabetes Association
  1660 Duke Street
  Alexandria, VA 22314
  800.342.2383
  www.diabetes.org

- National Diabetes Information Clearinghouse
  1 Information Way
  Bethesda, MD 20892-3560
  www.niddk.nih.gov

- Centers for Disease Control and Prevention
  CDC Division of Diabetes Translation
  P.O. Box 8728
  Silver Spring, MD 20910
  877.232.3422
  www.cdc.gov/diabetes

74. Hypertension

Hypertension is another name for high blood pressure. Chronic (ongoing) hypertension may affect the baby's growth and the use of certain hypertension drugs may interfere with the digestion and absorption of certain nutrients.

Intervention:

If client has high blood pressure when she is not pregnant, or if she had hypertension in a past pregnancy, stress the importance of keeping all health care provider appointments, and to adhere to her treatment plan.

Treatment plan for hypertension must be included in the client's Individualized Care Plan.

Provide reinforcement of instructions for taking medications, if any prescribed.

Referral:

Refer to registered dietitian and/or medical/obstetrical provider if hypertension exists in current pregnancy.

75. History of Poor Pregnancy Outcome

Having a history of poor pregnancy outcome may indicate the need for nutritional intervention. It may also be a result of inconsistent prenatal care. Encourage the client to keep all of her scheduled prenatal care appointments and referrals. Consult with health care provider to determine need for referral.

All women with a previous infant with Group B Strep (GBS) disease must receive antibiotic treatment in labor and should be educated about this.

Guidelines for GBS endorsed by ACOG, AAP CDC and California DHS, and educational materials are available from the Centers for Disease Control and Prevention (CDC) Division of Bacterial and Mycotic Diseases, National Center for Infectious Diseases, Mailstop C-23, 1600 Clifton Road NE, Atlanta GA 30333 or at http://www.cdc.gov/ncidod/bacter/strep_b.htm

76. Other Medical/Obstetrical Problems

Many diseases or health problems can affect the client's nutritional status and the growth of the baby. Such conditions include, but are not limited to, hyperemesis, preeclampsia, renal or liver disease, cancer, GI disturbances (malabsorption more severe than lactose intolerance), and any other condition identified by the health care provider. Consult with health care provider to determine need for referral.

Refer to CPSP Handbook, pages 2-21 through 2-24 for a list of conditions that may impact the nutritional status of the client and her baby.

77. Psychosocial or Health Education Problems:

❑ Eating disorder ❑ Psychiatric illness (#99) ❑ Abuse (# 102-106)
❑ Homelessness (#18) ❑ Dev. disability (#58) ❑ Low education (#5)
❑ Other: _____

Clients who report current or past eating disorder(s) need to be monitored closely during pregnancy. Eating disorders, such as anorexia nervosa or bulimia, may result in inappropriate caloric or nutrient intake. Notify provider and consider a referral to a registered dietitian and psychosocial professional with expertise in eating disorders. WIC offers check packets specifically for homeless women. Other items above are addressed in other sections of the assessment as numbered.

Dietary:

78. Any discomforts? (#47) ❑ No ❑ If Yes Please check:
❑ Nausea ❑ Vomiting ❑ Swelling ❑ Diarrhea
❑ Constipation ❑ Leg cramps ❑ Other: _____

This information was requested in question #47, but is repeated here for WIC reference. See question #47 for appropriate interventions. Check all that apply.

79. Do you ever crave/eat any of the following? please check ❑ No ❑ If Yes

❑ Dirt ❑ Paint ❑ Clay ❑ Ice ❑ Paste ❑ Freezer Frost

❑ Cornstarch ❑ Laundry starch ❑ Plaster ❑ Other: _____

Pica is the craving for nonfood items (such as listed above). 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 be toxic. "Yes" answers require evaluation to determine the extent of the problem and need for referral to the medical provider.

Refer to STT Guidelines: Nutrition - "Pica", and "Possible Problems from Pica During Pregnancy", pages 79-80.

Intervention:

Use STT Guidelines: Nutrition - "Possible Problems from Pica", page 80, as a reference to provide client education related to potential problems from ingesting nonfood items.

Client should be evaluated by the provider for any potential medical problems related to ingestion of nonfoods.

Review STT Guidelines: Nutrition - "The Daily Food Guide for Pregnancy", page 28, with the client to help reinforce what the client needs nutritionally for a healthy pregnancy.

Referral:

Refer to health care provider and/or registered dietitian if behavior has not changed at next prenatal appointment, or the item contains toxic substances or may result in medical or nutrition problems. Further assessment and intervention may be warranted.

80. a) Number of meals/day _____ b) meals often skipped? ❑ No ❑ Yes
c) Number of snacks/day _____

Permits the assessor to develop nutritional recommendations which "fit" with the client's usual habits. 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.

Intervention:

If "yes" response, provide the client with STT Guidelines: Nutrition- "The Daily Food Guide for Pregnancy", page 28.

Stress 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.

Referral:

If her PFFQ or 24 hour recall assessments indicate inadequate nutritional intake in several categories 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).

81. Who does the following in your home: a) buys food: ____ b) prepares food: _____

Food choices and food availability may be limited if the client has very little control over what foods are purchased and/or how these foods are prepared. This question may also be asked, "Are you usually the one who buys and prepares food in your home?"

Intervention:

Provide to the client STT Guidelines: Nutrition - Handouts (as applicable to the situation): Handout C: "Choose Healthy Foods to Eat"; Handout R: "You Can Eat Healthy and Save Money"; Handout S: "You Can Buy Low-cost Healthy Foods", and T: "You Can Stretch Your Dollars".

Emphasize that there are food products available in each food group that are lower in cost, and can be prepared easily.

Review shopping tips. Include utilization of WIC checks to maximize the client's food budget.

82. Do you have the following in your home: (#19)
a) stove/place to cook? ***❑ No*** ***❑ Yes*** ***b) refrigerator?*** ***❑ No*** ***❑ Yes***

This information was requested of the client in question #19. The answer is repeated here so appropriate counseling by WIC staff can be accomplished. Do not ask the question again unless missed at #19.

83. Are you on any special diet? ❑ No ❑ If yes, please explain:_____

Special diets include diets that the client has been instructed to follow by a health care professional for the management of a specific disease or condition, as well as self-imposed diets that the client may have put herself on (such as weight loss). Examples of diseases or conditions that may require a special diet include diabetes, renal disease, liver/hepatic disease, malabsorption (more severe than lactose intolerance), or cancer.
It is important to distinguish between diet and weight reduction program. This question is about either or both.

Intervention:

If the client tells you she is on a weight loss diet, emphasize to the client that pregnancy is not the time for weight loss. Weight loss during pregnancy can interfere with the growing needs of the baby.

Provide the client with a copy of STT Guidelines: Nutrition - "The Daily Food Guide for Pregnancy", page 28.

Emphasize serving sizes recommended for pregnancy as well as review weight gain goals.

Referral:

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. a) Any food allergies? ❑ ***No*** ❑ ***If yes, please explain:*** _____

b) Any foods/beverages you avoid? ❑ ***No*** ❑ ***If yes, please explain:*** _____

This question allows the assessor to identify whether or not food allergies or intolerance may affect the client's ability to eat an adequate prenatal diet. Food allergies are not the same as food intolerance. Food allergies can cause mild or more severe symptoms such as hives, swelling, difficulty breathing, and vomiting.
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.

Refer to STT Guidelines: Nutrition - "Lactose Intolerance", page 53, for additional suggestions.

Intervention:

Counsel women regarding their nutritional intake incorporating their food allergies and food intolerance.

Clients should never be advised to eat foods to which they are allergic.

Provide the client who is lactose intolerant with STT Guidelines: Nutrition - Handout J: "Do You Have Trouble with Milk Foods?", and Handout K: "Foods Rich in Calcium". Review with the client non-dairy foods rich in calcium, and the serving sizes that equal a cup of milk.

Emphasize that some people can tolerate lactose foods in small amounts, several times per day instead of a big serving at one time.

Provide the client with information about lactase enzyme products that can be purchased and eaten to help with digesting lactose products, as well as the availability of lactose-free products.

Referral:

Refer to health care provider and/or registered dietitian if after numerous attempts to educate the client, her calcium intake from all sources, including supplements, is estimated to be less than 800 milligrams per day.

Refer to registered dietitian if client has frank food allergies that limit dietary choices to such an extent the nutritional adequacy of her diet is poor.

85. Are you a vegetarian? ❑ ***No*** ❑ ***If Yes*** ***Do you eat:***
❑ ***Milk Products*** ❑ ***Eggs*** ❑ ***Nuts*** ❑ ***Dried Beans*** ❑ ***Chicken/Fish***

Not all individuals define "vegetarian" the same way. This question identifies the specifics of the client's vegetarianism. **Lacto vegetarians** include dairy products in their diets. **Lacto-ovo vegetarians** include both dairy products and eggs in their diets. In both the lacto and lacto-ovo vegetarians, nutritional deficiencies are rare. **Vegans** are strict vegetarians who do not eat any animal products (no dairy products and no eggs). Vegan diets are more likely to be deficient in nutrients like Vitamin B_{12}, calcium, iron, and zinc. If the client is a vegan (does not eat any dairy products, eggs or meat), this should be brought to the attention of the provider and specific interventions addressed in the Individualized Care Plan.

Tofu (made from soybeans) and mung beans are commonly used in Asian diets and are excellent sources of protein.

Refer to STT Guidelines: Nutrition - "Vegetarian Eating", pages 111-113.

Intervention:

Provide the client with STT Guidelines: Nutrition - "The Daily Food Guide for Pregnancy", page 28, and review it with her.

Provide the client with a copy of STT Guidelines: Nutrition - Handout Z: "When you are a Vegetarian".

Review with the client equal servings of vegetable proteins in the protein group.

Referral:

Refer to registered dietitian and/or medical/obstetrical provider if the client is a vegan, has anemia which has not improved within 1 month after the start of treatment, or is unwilling to accommodate pregnancy nutrient requirements into daily intake.

86. Substance use? ❑ ***No*** ❑ ***Alcohol (#38)*** ❑ ***Drugs (#36)***
❑ ***Tobacco (#33)*** ❑ ***Secondhand smoke (# 34)***
❑ ***Present:*** _____ ❑ ***Past:*** _____

Indicate what substance(s) the client is using (present)/has used (past) for WIC reference here.
Substance use is often associated with a poor diet. Substances can alter the intake, digestion and absorption of nutrients, and cause nutrient deficiencies. Chronic alcohol abuse can result in nutrient deficiencies of thiamine, folic acid, magnesium, and zinc. Refer to questions 37, 38 and 39.

Refer to STT Guidelines: Nutrition - "Tobacco and Substance Use", pages 119-121.

Intervention:

Encourage adequate intake from all the food groups.

Clients who are/have been chronic alcohol users should be encouraged to eat adequate servings of enriched breads and cereals, dried beans, dark leafy green vegetables, and protein foods.

87.	***Currently use? (#37)***	***❑ None***	***❑ Prenatal vitamins***	***❑ Iron pills***
	❑ Other vitamins/minerals	***❑ Herbal remedies***	***❑ Antacids***	***❑ Laxatives***
	❑ Other medicines	***Explain:***		

Interventions for positive responses in shaded areas of this question have been addressed in question #37. For pregnant women who do not eat an adequate diet and those nutritionally at risk, a daily multiple vitamin and mineral supplement is recommended. To improve the absorption of the supplement, it should be taken between meals or at bedtime. Concern about a poor diet may lead some women to double or triple the daily dose, and women should be warned against this practice. To be well-nourished, encourage pregnant women to eat a wide variety of nutritious foods. If the client has received, but is not taking her prenatal vitamins and/or iron, ask her why.

Refer to STT Guidelines: Nutrition - "Prenatal Vitamin and Minerals, Iron and Calcium", page 71-72.

Intervention:

If client does not take prenatal vitamins and/or mineral supplements because of undesired side effects, provide STT Guidelines: Nutrition- Handout O: "Take Prenatal Vitamin and Minerals", which offers suggestions. Emphasize information on the bottom in the box.

If it is because she forgets, assist the client in developing solutions to help her to remember, such as keeping a reminder note next to her toothbrush.

<u>Iron Supplements:</u>
Iron pills are used in pregnancy to prevent and treat anemia and maintain an adequate supply of iron in the woman's body.

Refer to STT Guidelines: Nutrition - "Prenatal Vitamin and Minerals, Iron and Calcium", page 72.

Intervention:

Provide client with copy of STT Guidelines: Nutrition - Handout L: "Get the Iron You Need", O: "Take Prenatal Vitamin and Minerals", and P: "If You Need Iron Pills".

Emphasize guidelines 1-5 on handout on how to take iron supplements.

Refer to Protocol for Iron Deficiency Anemia - question 72.

Other Vitamins and Minerals:
Supplementation of other nutrients (such as calcium) may be important for certain pregnant women, and should be taken on the recommendation of the health care provider only. Excessive supplementation of some vitamins and minerals can lead to toxicity and may also cause nutrient imbalances. Taking excessive vitamins and minerals cannot compensate for poor eating habits.

Refer to STT Guidelines: Nutrition - "Prenatal Vitamin and Minerals, Iron and Calcium", page 71-72.

Intervention:

Provide client with STT Guidelines: Nutrition-Handout M: "Get the Folic Acid You Need", N: "Vitamin B_{12} is Important", O: "Take Prenatal Vitamin and Minerals", and Q: "You May Need Extra Calcium".

If client is taking calcium supplements, emphasize guidelines 1-5 on handout on how to take calcium supplements.

If client is taking extra vitamins and minerals, this should only be done if recommended by the health care provider.

Emphasize that excessive supplementation of some vitamins and minerals can lead to toxicity and may also cause nutrient imbalances.

Ensure client has a copy of STT Guidelines: Nutrition-"The Daily Food Guide for Pregnancy", page 28.
Some calcium supplements and antacids may contain high levels of lead. Sources of information about lead in these products include pharmacists, the manufacturers (look on the product package for an 800 number) and the Natural Resources Defense Council (NRDC) at (415) 777-0220.

Herbal Remedies
Herbal remedies may be commonly used as treatments for the discomforts of pregnancy, or as part of some cultural/religious practices. During pregnancy, any use of herbal remedies should be brought to the attention of the health care provider. Regional poison control centers may be helpful in identifying active ingredients if the plant sources are known.

Note: the following herbal remedies are known to contain high levels of lead and can be dangerous to use:
Latina: Azarcon (Rueda, Coral, Maria Luisa, Alarcon, Liga) Greta, Albayalde
Hmong: Pay-loo-ah
Arab/Middle East: Kohl (Alkohl), Sattarang, Bokoor, Ceruse, Cerrusite
Asian Indian: Ghasard, Bala, Goli (Guti), Kandu, Surma
Armenian: Surma

Antacids

Heartburn is a common discomfort in pregnancy, usually occurring in the last half of pregnancy. Many women may wish to use antacids for relief of heartburn. Certain antacids can be harmful to pregnant women and their babies.

Refer to STT Guidelines: Nutrition - “Heartburn”, page 41-42.

Intervention:

Provide the client with copies of STT Guidelines: Nutrition-Handout F: “Heartburn: What You Can Do”, and Handout G: “Heartburn: Should You Use Antacids?”.

Emphasize which types of antacids are considered safe and which should be avoided during pregnancy.

Referral:

Refer to health care provider and/or registered dietitian if the heartburn persists, worsens, or the woman is taking large amounts of antacids after prior counseling.

Consult health care provider for recommendation for over-the-counter antacid, as some may contain unacceptable levels of lead.

88. Any previous breastfeeding experience? ❑ ***N/A*** ❑ ***No***

❑ ***If Yes, how long?*** _____ ❑ ***< 1 month***

Why did you stop? _____

Questions 88 & 89 encourage the client to begin thinking about how she plans to feed her baby and offer an opportunity to learn about the client's relevant prior experience. It is important for the client to know that every woman can breastfeed if that is her choice. Misinformation about breastfeeding and previous breastfeeding experience may be a factor in a woman's decision to breastfeed. Recent research has shown important reasons why breastfeeding and the use of human milk for infant feeding should be the standard method of feeding infants. Mothers and infants are healthier, families and society save money and positive effects are seen in our environment when women breastfeed their infants.

Human milk is specific to the needs of the human infant and provides more than just good nutrition. Breastfeeding decreases the number of cases and the severity of infant diarrhea and other infectious diseases and conditions. Immunizations offer better protection from preventable diseases in infants who are breastfed. Other studies reveal the possibility that human milk may protect against sudden infant death syndrome, juvenile onset diabetes, childhood lymphoma and other chronic diseases. Mothers also receive health benefits from breastfeeding that may include less postpartum bleeding and reduced risk of premenopausal breast cancer and ovarian cancer.

The breastfeeding family also saves money. The cost of additional food and fluids for the breastfeeding mother is about one half the cost of artificial baby milk for the first year of life. Additional benefits to families include reduced health care expenses and less time off work to care for sick children. Breastfeeding requires no fossil fuel burning and creates no environmental pollutants, as does the manufacture of artificial baby milk and containers for it. The USDA estimates that a minimum of $3.6 billion would be saved in health care costs if breastfeeding were increased from current levels to those recommended by the U.S. Surgeon General (75% in-hospital and 50% at six months of age).

Recognizing the significant health and economic benefits to mothers, infants and society, Health Net, as a matter of policy, endorses breastfeeding as the best infant feeding method and urges obstetricians and pediatricians to enthusiastically promote and support breastfeeding.

Prenatal care providers are in a truly unique position to effect major change.

Breastfeeding is contraindicated in certain situations, such as for clients who are HIV+, HBV+, currently using street drugs, taking certain medications, have active tuberculosis, etc.

Refer to STT Guidelines: Health Education - "Infant Feeding Decision-Making", pages 99-100 and Nutrition - "Breastfeeding", pages 122-131.

Intervention:

If client's response is "no", review risks of not breastfeeding with the client.

If client's response is <1 month, identify any problems with previous attempts to breastfeed and review question sections of "Breastfeeding" Handouts (AA, BB, CC, DD, EE). Most frequently she will say she had no milk. Supplementing with formula is a common cause of decreasing milk supply. Provide lactation support this time through her health plan, WIC, or other sources.

Build on any positive breastfeeding experience to encourage client to breastfeed.

89. Current infant feeding plans: ❑ ***Breast*** ❑ ***Breast & Formula*** ❑ ***Formula*** ❑ ***Undecided***

Some women may be undecided about how to feed their babies. The expectant family's perception of the health care provider's support of breastfeeding is very important. The mother and her partner must feel that the health care provider believes that breastfeeding is the best nourishment for their new infant. Consistent messages from the health care provider strengthen the family's resolve to breastfeed.

The client needs to be well informed about all the benefits of breastfeeding, the risks of not breastfeeding and all the resources available to support her in doing so. Active promotion of breastfeeding as the best choice of infant feeding need not induce guilt in women; a choice based on positive information and encouragement builds both self-respect and respect for the health care team. Any breastfeeding is better for babies than no breastfeeding at all.

In general, no nipple/breast preparation is necessary in the prenatal period. Patients can be assured that shape, size and symmetry of the breasts have little or no impact on milk production if the health care provider has examined them and feels they are normal.

Breast milk supply is determined by how often the baby breastfeeds. A woman who tries to breastfeed and formula feed her baby during the first 6 weeks may have problems maintaining her breast milk supply. Supplementing after 6 weeks to return to work or school is less likely to decrease milk supply.

If the client's response is "Breast & Formula", or "Undecided":
Refer to STT Guidelines: Health Education - "Infant Feeding Decision-Making", pages 99-100.

Refer to PAC/LAC's "Teen Friendly" Enhancement Program's "My Baby's First Food Choices" (pages 76-78) and "Daily Newborn Care" (page 90), "Introducing Solid Foods" (Pages 79-81), "Making Your Own Baby Food" (Page 114-116).

Intervention:

Consider providing clients with a personalized letter that includes encouragement for and information about breastfeeding (Health Net offers a sample letter for your adaptation)

The most important prenatal preparation for breastfeeding is education. Clients need to have opportunities to attend breastfeeding classes with their partner or other support people, have informed responses to their questions, and be put in contact with reputable support people or organizations.

All materials given to clients should be carefully screened to be sure they do not contain inaccurate, mixed or contradictory messages or photographs.

Coupons for artificial baby milk and offers from companies who manufacture artificial baby milk to join new baby clubs should not be in the office or offered to clients by staff.

If adolescent girls are preoccupied with their weight, appearance, or have a history of eating disorders, assess the teen client's ability to maintain adequate nutritional intake during lactation. Some adolescent girls might view breastfeeding as a mechanism for rapid weight loss. Refer to counseling if appropriate.

Address medical considerations including legal and illegal drug use and dietary habits.

Prior breast surgery needs to be considered, but in most cases anticipatory guidance will prevent or reduce problems. This should be addressed by the prenatal care provider.

Consider physical obstacles including inverted nipples. A prenatal referral to a certified lactation consultant may be indicated.

Discuss concerns related to returning to work and/or school. Breast pumps and pump kits are a Medi-Cal benefit. An increasing number of employers are providing special pumping rooms, refrigeration and flexible work time to allow for pumping. Encourage the client to ask appropriate questions at work or school before the baby is born.

The simple endorsement of the value of breastfeeding and encouragement to learn more about breastfeeding has an impact on the number of women who will at least try breastfeeding.

Positive statements about breastfeeding at every visit, confirmatory words from all office staff, and distribution of appropriate educational materials increases the effectiveness of breastfeeding promotion efforts.

Repetition provides assurance to the client that the prenatal care staff consider breastfeeding to be an important issue.

Encourage client to ask about breastfeeding classes/resources at her next WIC appointment.

Respect the client's infant feeding choices. Offer needed support and direction for the method the client chooses.

Provide client with a copy of "Breastfeeding: Getting Started in 5 Easy Steps", or other comparable material preferred by the health care provider. Materials provided by formula companies are **not** recommended.

If client selects breast and formula, emphasize the importance of maintaining breast milk supply by expressing (hand expression or pumping) breast milk while away from the baby or while formula feeding while at work or school.

Provide and review with the client copies of STT Guidelines: Nutrition - Handouts AA: "Here's How to Get Started", CC: Making Plenty of Milk", and EE: "Going Back to Work or School", as appropriate.

If client is undecided, discuss with client benefits and barriers to infant feeding methods. Correct any misinformation the client may have regarding breastfeeding or formula feeding.

Referral:

Local Breastfeeding classes/support groups: _____

_____

_____

Local Nursing Mothers Council: _____

La Leche League International: 1-800-LA LECHE
Mon. - Fri. 8 a.m. to 5 p.m. (Central Time) for volunteers in your area

_____

Health Net members are encouraged to call the Health Education Line (800) 804-6074 and to leave a message requesting a call-back from one of Health Net's Certified Lactation Consultants

Resources:

Breastfeeding Promotion in Pediatric Office Practices
American Academy of Pediatrics
141 Northwest Point Blvd.
Elk Grove Village, IL 60007
(847) 434-4000, ext. 7821
Betty L. Crase, IBCLC, Program Manager
e-mail: bcrase@aap.org

Best Start Social Marketing. "Breastfeeding: loving support for a bright future" Funded by U.S. Department of Health & Human Services, Health Resources & Services Administration, Maternal & Child Health Bureau; United States Department of Agriculture, Food & Nutrition Service. To request a current catalog of breastfeeding informational and promotional materials, call: (800) 277-4975

Client pamphlets available through:
Childbirth Graphics Catalogue: 1-800-299-3366, ext. 287

Titles include:

- *Breastfeeding: Getting Started in 5 Easy Steps* (English or Spanish)
- *20 Great Reasons to Breastfeed Your Baby* (English or Spanish)
- *Helpful Hints on Breastfeeding* (English or Spanish)

Counseling the Nursing Mother, a referenced handbook for health care providers and lay counselors by Judith Lauwers and Candance Woessner. Avery Publishing Group, Garden City Park, New York, 1990.

The Breastfeeding Answer Book by Nancy Mohrbacher and Julie Stock, La Leche League Publications, Schaumburg, Illinois, 1997.

Breastfeeeding Resource Directory, 1998, a free service of the Breastfeeding Task Force of Greater Los Angeles, call (626) 856-6650 to request a copy and/or to become a subscriber.

Places to start on the internet:
American Academy of Pediatrics: http://www.aap.org
Baby Friendly Hospital Initiative, USA: http:/www.aboutus.com/a100/bfusa
Breastfeeding Related resources: http://www.prarienet.org/laleche/bfresources.html
Bright Future Lactation Resource Centre: http://www.bflrc.com
International Lactation Consultant Association (ILCA): http://www.ilca.org
LACTNET: http://www/lactnet@peach.ease.lsoft.com
Maternal-Child Health Bureau of the US Department of Health and Human Services: http://www.os.dhhs.gov/hrsa/mchb
MEDLINE- National Library of Medicine: http://www.nlm.nih.gov
National Center for Education in Maternal Child Health: http://www.ncemch.org/database/pdfs/org
Pediatrics: http://www.pediatrics.org
PROMOM (Promotion of Mother's Milk, Inc.): http://www.promom.org
UNICEF - United Nations Children's Fund: http://www.unicef.org
World Health Organization (WHO): http://www.who.ch/
WIC/Food and Nutrition Services of the USDA: http://nal.usda.gov/fnic/
San Diego County Breastfeeding Coalition: http://www.breastfeeding.org
Texas Department of Health, Lactation: *http://www.tdh.state.tx.us/lactate*
Geddes Productions: http://www.geddespro.com

90. Nutrition Assessment				❑ *24 hour recall*	❑ *Food frequency (7 days)*		
a) Food Group	*Servings/ Points*	*Suggested Changes*		***Food Group***	*Servings/ Points*	*Suggested Changes*	
Protein		+/-		*Vit A-rich fruit/veg*		+/-	
Milk products		+/-		*Other fruit/veg*		+/-	
Bread/cereal/grain		+/-		*Polyunsaturated Fat*		+/-	
Vit. C-rich fruit/veg		+/-		❑ ***Referred to Registered***			

b) Diet adequate as assessed: ❑ *Yes* ❑ *No* ***c) Excessive*** *Caffeine (#38)* ❑ *Yes* ❑ *No*

*Completed by:*_____

*Title:*_____ *Minutes:*_____

*Facility:*_____ *Telephone:*_____

The purpose of #90 is to summarize the data on the dietary intake form (PFFQ or 24-hour recall). Administer the Perinatal Food Frequency Questionnaire (a 24 hour recall is also an acceptable dietary assessment technique, but requires that the assessor is adequately trained in the amounts of each food/food group that constitute a serving, and is not the recommended assessment unless the assessor has received such training).

Section A, "Nutrition Assessment Summary":

- Add up the total for foods eaten daily and multiply that total by 7. This gives the total of points for foods eaten daily.
- Add up the numbers for foods eaten from the weekly column (foods eaten on 1 to 6 days per week).
- Add this number to the weekly foods number for each food group and write this total in the "Servings/Points" column next to the appropriate food group in the "Nutrition Summary" box.
- Circle the word "points" if the Perinatal Food Frequency Questionnaire was used and the word "servings" if a 24 hour recall was the assessment technique used.
- Compare the client's totals to those listed in the table below.

Section B, "Diet Adequate":

After completing "Nutrition Assessment Summary" - Section A:

- Diet is low in total protein only if the combined points of groups 1 and 2 are less than 35.
- A star (*) next to a food (on the PFFQ) indicates that it is high in folic acid. The client's diet may be low in folic acid If the total for all starred foods is less than 7.
- A triangle next to a food indicates that the food is high in unsaturated fats. The client's diet may be low in unsaturated fat if the total for all triangle foods is less than 3.

Intervention:

Provide the client with a copy of STT Guidelines: Nutrition -"The Daily Food Guide for Pregnancy", page 28.

Make suggestions to the client to increase servings from any food group of which she is eating less than the recommended servings.

If weight gain is high, advise the client to eat the recommended number of servings from any food group of which she is eating more than the recommended number of servings. For "other foods" on the PFFQ, encourage intake in moderation.

Circle the (+) or (-) and enter the number of additional or fewer servings of each food group you have recommended to the client.

If the client is high risk nutritionally (lacking the minimum number of servings from 2 or more food groups after nutrition education has been offered and diet reassessment has been completed at her next visit), refer her to a registered dietitian or other appropriate nutrition counselor and check the appropriate box.

Section C, "Excessive"

For caffeine, refer to question #38.
Compare total points with the recommended total points found in the "Dietary Intake Evaluation" to determine excess food intake.

Intervention:

Review STT Guidelines: Nutrition - "The Daily Food Guide for Pregnancy", page 28, with the client.
If weight gain is high, advise client to eat the recommended number of servings from any food group of which she is eating more than the recommended number of servings.
For "other foods" on the PFFQ, encourage intake in moderation.
Provide the client with a copy and review with her STT Guidelines: Nutrition-Handout C: "Choose Healthy Foods to Eat".

DIETARY INTAKE EVALUATION (Assessment of the Perinatal Food Frequency Questionnaire)

GROUP	FOOD	POINTS NEEDED	SERVINGS/DAY	MAJOR NUTRIENTS
1	PROTEINS	21	3	PROTEIN, IRON, ZINC
2	MILK	21	3	CALCIUM, PROTEIN, VITAMIN D
3	BREADS, GRAINS	49	7	CARBOHYDRATES, B VITAMINS, IRON
4	FRUITS/VEGETABLES	7	1	VITAMIN C, FOLIC ACID
5	FRUITS/VEGETABLES	7	1	VITAMIN A, FOLIC ACID
6	FRUITS/VEGETABLES	21	3	CONTRIBUTES TO INTAKE OF VITAMINS A & C
OTHER	FATS AND SWEETS	N/A	3	VITAMIN E

Be certain to complete legibly the information in both boxes at the bottom of page 7 of the assessment tool. This is important for coordination with the WIC program. Complete all information including the assessor's first initial, last name, and title (CPHW, RD, LVN, RN, etc.), the facility where the assessment was completed (clinic name, provider's name) and phone number where the client's provider can be reached. Complete the "minutes" portion if services for this client are being billed fee-for-service.

Copy the nutrition section (page 7) and instruct the client to take it with her to her first WIC appointment. Remind her that WIC is also required to maintain her confidentiality and the information needs to be shared with that agency so she can receive the best advice for her particular nutritional situation. Make sure the client knows where the WIC office is and how to make an appointment. If she does not have a phone, or you have reason to suspect she will not follow through, make the appointment for her before she leaves. Remind her that by keeping her WIC appointment, she will receive vouchers for foods that are good for her and her baby.

90. (continued)

The Perinatal Food Frequency or 24 hour recall must be repeated in each subsequent trimester.

14-27 weeks					***28-40 weeks***			
a) Food Group	***Servings/ Points***		***Suggested Change***		***a) Food Group***	***Servings/ Points***		***Suggested Change***
Protein		*+/-*			*Protein*		*+/*	
Milk products		*+/-*			*Milk products*		*+/-*	
Breads/cereals/ grains		*+/-*			*Breads/cereals/ grains*		*+/-*	
Vit. C-rich fruit/veg		*+/-*			*Vit. C-rich fruit/veg*		*+/-*	
Vit. A-rich fruit/veg		*+/-*			*Vit. A-rich fruit/veg*		*+/-*	
Other fruit/veg		*+/-*			*Other fruit/veg*		*+/-*	
Polyunsaturated Fats		*+/-*			*Polyunsaturated Fats*		*+/-*	

b) Diet adequate as assessed: ❑ *Yes* ❑ *No*
c) Excessive: ❑ *Caffeine (#38)* ❑ *Yes* ❑ *No*
❑ ***Referred to Registered Dietitian***

b) Diet adequate as assessed: ❑ *Yes* ❑ *No*
c) Excessive ❑ *Caffeine (#38)* ❑ *Yes* ❑ *No*
❑ ***Referred to Registered Dietitian***

14-27 weeks	***Date:***				***28-40 weeks***	***Date:***			
Anthropometric: *BP:*		***Biochemical:***			***Anthropometric:*** *BP:*		***Biochemical:***		
Weight:	*Urine:*	*Glucose*	-	+	*Weight:*	*Urine:*	*Glucose*	-	+
Net wt. gain:	*(#61)*	*Protein*	-	+	*Net wt. gain*	*(#61)*	*Protein*	-	+
❑ *Adequate*		*Ketones*	-	+	❑ *Adequate*		*Ketones*	-	+
❑ *Inadequate*	*Blood drawn*	*date:*			❑ *Inadequate*	*Blood drawn*	*date:*		
❑ *Excessive*	*Glucose: __Hgb: __Hct: __ MCV: ___*				❑ *Excessive*	*Glucose: __Hgb: __Hct: __ MCV: ___*			

91. ❑ 3 Hr GTT: Fasting: ___ 1 Hr: __ 2 Hr ___ 3 Hr: ___ ❑ N/A (1 Hr < 140 dl/ml.)

The 3 hour Glucose Tolerance Test (GTT) is a blood test used to diagnose diabetes in pregnancy (gestational diabetes).

Referral:

Immediate referral to a registered dietitian or other qualified dietary counselor, or a Diabetes and Pregnancy Program, if one or more value(s) is abnormal based on medical protocol.

92. Are you on any special diet? ***14-27 weeks*** ***❑ No***
❑ If Yes, please explain: _____

28-40 weeks ***❑ No***
❑ If Yes, please explain: _____

See question #83. This question is the follow-up for the second and third trimesters.

93. Have your eating habits changed since you've been pregnant?

14-27 wks ***❑ No*** ***❑ If Yes, how*** ***❑ Eat more*** ***O Vegetables*** ***O Fruit*** ***O Protein*** ***O Milk*** ***O Bread***
O Other: _____ ***❑ Eat less:*** ***O Vegetables*** ***O Fruit*** ***O Protein*** ***O Milk*** ***O Bread***
O Other _____

28-40 wks ***❑ No*** ***❑ If Yes, how*** ***❑ Eat more*** ***O Vegetables*** ***O Fruit*** ***O Protein*** ***O Milk*** ***O Bread***
O Other: _____ ***❑ Eat less:*** ***O Vegetables*** ***O Fruit*** ***O Protein*** ***O Milk*** ***O Bread***
O Other _____

Question 93 does not need to be asked during the initial assessment unless the initial assessment occurs in the second or third trimester.

Coping Skills

94. Are you currently having problems/concerns with any of the following? *(check all that apply)*

	0-13 wks.	14-27 wks.	28-40 wks.
None	❑	❑	❑
Divorce/separation	❑	❑	❑
Recent death	❑	❑	❑
Illness (TB, cancer, abn. pap smear)	❑	❑	❑
Unemployment	❑	❑	❑
Immigration	❑	❑	❑
Legal	❑	❑	❑
Probation/parole	❑	❑	❑
Child Protective Services	❑	❑	❑

Other: _____ ***Other:*** _____ ***Other:*** _____

If this question generates any "yes" response, it is an opportunity for the client to discuss her concerns and provide the assessor with additional information related to her situation. Reassure the client that the responses to questions are confidential and her answers will be used to further assist the client to obtain appropriate resources and referrals.

Refer to STT Guidelines: Psychosocial - "Financial Concerns", pages 28-34, "Legal/Advocacy Concerns", pages 35-37, "New Immigrant", pages 38-43, and "Depression", pages 77-81.
Refer to PAC/LAC's *Teen Friendly* Enhancement Program's "The Way I Feel", page 75, questionnaire to assess any psychosocial stressors and refer to counseling when appropriate.

Intervention:

Make appropriate referrals based on protocols.

For concerns about depression, provide client with a copy of STT Guidelines: Psychosocial - Handout I: "How Bad Are Your Blues?"

Create support groups amongst your teen client population. A support group of all adolescents will be very beneficial to the teen addressing the age-specific concerns facing adolescents.

Referral:

Refer to obstetric and/or primary care provider if illness and/or depression.
Refer for further psychosocial assessment if recent death, depression, divorce/separation, other concerns particularly troubling to the client.

95. What things in your life do you feel good about? _____

Provides the assessor the opportunity to build on those things the client sees as strengths (include these in the ICP). The client's strengths, as well as her needs/problems, should be identified in the Individualized Care Plan. Reinforce all positive strengths and responses. Refer any negative responses or causes for concern back to the obstetric and/or primary care provider.

96. What things in your life would you like to change? _____

Provides information about the client's hopes and values. Changes she is being requested to make have a higher probability of success if attached to what she values.
Reinforce all positive strengths. Refer negative comments that cause concern back to the obstetric or primary care provider.

97. What do you do when you are upset? _____

Provides information about the client's coping behavior. The assessor may want to add the emotions "depressed" or "worried" if the client does not seem to relate to the term "upset". May be identified as a strength, or may be an opportunity to suggest alternative strategies to undesirable or self-destructive behaviors, such as "pigging out", or getting high. If the client identifies coping skills that include the use of alcohol or drugs, refer these concerns back to the obstetric provider for further discussion about alcohol and drug treatment.

98. In the past month, how often have you felt that you could not control the important things in your life?

❑ Very often	❑ Often	❑ Sometimes	❑ Rarely	❑ Never

This question permits the client to give her evaluation of her emotional status. Shaded responses should be further explored to determine if this is a long-standing issue or more related to the emotional swings of early pregnancy. Up to 70% of pregnant women report some depressive symptoms and 10% to 16% of them may suffer major depression. Symptoms include sadness, decreased energy, decreased interest in life activities, feelings of worthlessness, lack of concentration, decreased or increased appetite, insomnia or excessive sleeping, and thoughts of suicide. Untreated depression in the mother presents certain risks to the fetus, such as fetal growth retardation, preterm birth and placental abruption. If the client identifies symptoms of depression, anxiety or hopelessness, referral to the Mental Health Plan for assessment is appropriate.

Latinas may believe destiny is the reason things happen the way they do and that they are not in her control. Caution is advised in the interpretation of the answer to this question.

Refer to STT Guidelines: Psychosocial - “Emotional or Mental Health Concerns”, pages 73-76, for further suggestions.

Resources:

“Linking Pregnant Women with Psychosocial Services: Building Partnerships Between Ob-Gyns and Public Health”, American College of Obstetricians and Gynecologists. 409 12th Street, SW, Washington, D.C., 202/638-5577

L.A County Mental Health Plan: (800) 854-7771

99. Have you ever attended group or individual meetings for emotional support or counseling? ❑ ***No***

❑ ***If Yes, when and why?*** _____

Have you ever been prescribed drugs for emotional problems? ❑ ***No*** ❑ ***If Yes, What?*** _____

Have you ever been hospitalized for emotional problems? ❑ ***No*** ❑ ***If Yes, What year?*** _____

Provides information on the client's history of serious mental illness and what range of referrals might be possible. If the client has a past history of serious depression or attempted suicides, the provider should be notified and an appropriate referral made.

Refer to STT Guidelines: Psychosocial - "Emotional or Mental Health Concerns", pages 73-76 and "Depression" pages 77-81 for additional information.

Questions 100-106 help the assessor determine the potential for and/or presence of domestic violence in the client's relationships. This series of questions must be asked as they are written and in the order in which they are written. Interventions are based on legal mandates and protocols.

Additional information is available in STT Guidelines: Psychosocial-"Spousal/Partner Abuse", pages 53-59.

The Department of Health Services, MCH Branch has developed a CPSP Domestic Violence Protocol, available to every DHS-Certified CPSP Provider.

<u>One of every six</u> pregnant adults and <u>one of every five</u> pregnant teens are the victims of abuse. This is for many of them the first time they have an opportunity to get help and break the cycle.

Privacy is essential for safety. If you need an interpreter, use a staff member, not a family member or friend.

In general, maintain eye contact when screening clients for battering. (For some cultures, such as Southeast Asians, this may be inappropriate.) Ask the questions in a direct, nonjudgmental manner. Allow the client to lead the conversation, giving her time to think about her feelings.

100. What do you do when you and your partner have disagreements? _____

_____

_____

Introduce this question by acknowledging that all families have conflict. You may want to start with a statement such as: "All families have disagreements" or "All couples argue from time to time". Reinforce positive communication skills and habits.

101. Does your partner or other family member(s) use drugs and/or alcohol? ❑ No
❑ If Yes, Does this create problems for you? ❑ No ❑ If Yes,
Please explain: _____

The client may not use drugs or alcohol, but her partner or other significant person may, and this can cause problems for the client: stress, domestic violence, misuse of family income, HIV exposure risk, etc. Additionally, for clients with a history of previous drug or alcohol abuse there is increased risk of relapsing into substance abuse again when their partner or family members abuse drugs or alcohol.

Refer to STT Guidelines: Psychosocial - "Perinatal Substance Abuse", pages 65-68, "Financial Concerns", pages 28-34, "Spousal/Partner Abuse", pages 53-59.

Intervention:

Question the client to determine any specific concerns. Refer as indicated.

Referral:

ALANON, ALATeen, CODA
Referral resources:

_____
_____
_____
_____
_____

Resources:

Department of Health Services, Maternal and Child Health Branch, "CPSP Domestic Violence Protocol".
California Department of Health Services maternal and Child Health Branch, Domestic Violence Section: "Domestic Violence Resource Directory", published by:
SafeNetwork
1305 Del Norte Rd. #130
Camarillo, CA 93010
(805) 485-6114
http://www.icfs.org/safenetowrk.htm

102. Do you ever feel afraid of or threatened by your partner? ↙ ❑ No ❑ If Yes, Please explain: _____

_____

_____

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. Inform the client that you are a mandated reporter. Let her know that her response will be confidential unless she is being abused **and** (1) she has current physical injuries, in which case you are required to report to local law enforcement; or (2) she is under the age of 18 and is being abused, in which case you are required to report to your county's child protective services agency.

Be prepared to provide support if this information is revealed to you. The consequences will be great, particularly to the immediate and extended family.

Refer to STT Guidelines: Psychosocial - "Spousal/Partner Abuse", pages 53-59.

103. Within the last year have you been hit, slapped, kicked, choked or physically hurt by someone? ↙

❑ No ❑ If Yes, by whom (circle all that apply) Husband Ex-husband Boyfriend Stranger Other Multiple Total Number of Times: _____

If the client reports no abuse, communicate to her that if the situation changes, she should discuss it with her health care provider or CPHW. Do not badger or pressure the woman to respond to the abuse questions. Accept negative responses even when there is evidence that she is not being truthful. She will choose when to share her history. Being accepting of a negative response - even if it seems clear that the woman is abused-conveys respect for her response and builds trust. This is often the first time the client has been assessed for abuse in a health care setting. Offer a nonjudgmental, relaxed manner as each question is asked. After a few questions, the client may trust the assessor enough to say "sometimes". Many women will not admit abuse initially, but may later in the pregnancy when she feels safer with her health care providers. Express concern for her safety when appropriate.

Adolescent pregnancy is often complicated with issues of abuse and violence. Often, this is the first relationship in which the pregnant girl has ever been involved. She may not know what is and what is not acceptable behavior and what are and are not reasonable expectations in a relationship. Additionally, many pregnant teens grew up in households where domestic violence occurred; it is familiar to her. The disparity in ages between the girl and her partner might offer further insight into potential abuse or violence.

Do inform the provider of your concerns and follow through with all mandated legal reporting actions.

Intervention:

If the client reports current abuse and presents with physical injuries, CPHWs should **STOP** and consult with an MD, NP, CNM, RN to complete this section. The injuries must be treated and documented in the client's medical record. Documentation in the medical record should also include the client's statements about the current injuries, perpetrator, and any past abuse (using direct quotes, writing "patient states that . . . ").

Medical record documentation should also include detailed description of the injuries, including type, number, location, color, possible causes, and extent of injury, and should include a body map.
Color photographs should be taken with the client's written permission and, if appropriate, prior to the administration of medical treatment.

Assembly Bill 1652 (Chapter 992, Statutes of 1993) took effect in the state of California on January 1, 1994, and an amendment to that law was passed into law in September, 1994, regarding requirements of health practitioners to make reports to the police under specified circumstances. Any health practitioner employed in a health facility, clinic, physician's office, local or state public health department, or clinic or other facility operated by a local or state public health department, is required to make a report if he or she "provides medical services for a physical condition" to a patient whom he or she knows or reasonably suspects is:
(1) "suffering from any wound or other physical injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm", and/or
(2) "suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct."

Reports must be made by telephone as soon as practically possible, and in writing within two working days, including, but not limited to the following information:
(1) The name of the injured person, if known;
(2) the injured person's whereabouts (in no case shall the person suspected or accused of inflicting the injury, or his or her attorney, be allowed access to the injured person's whereabouts);
(3) the character and extent of the person's injuries; and
(4) the identity of any person the injured person alleges inflicted the injury.

Referral:

All clients who report abuse by current partner within the last year should be referred to a social worker.

104. Since you have been pregnant, have you been hit, slapped, kicked, choked or physically hurt by someone? ↙

0-13 wks: ❑ No ❑ If Yes, by whom (circle all that apply)
Husband Ex-husband Boyfriend Stranger Other Multiple
Total Number of Times: _____

14-27 wks: ❑ No ❑ If Yes, by whom (circle all that apply)
Husband Ex-husband Boyfriend Stranger Other Multiple
Total Number of Times: _____

28-40 wks: ❑ No ❑ If Yes, by whom (circle all that apply)
Husband Ex-husband Boyfriend Stranger Other Multiple
Total Number of Times: _____

Intervention:

If the client reports physical abuse, but does not present with current physical injuries, ask her about her feelings regarding the abuse.

Empathize with her and confirm her feelings. Reassure her she is not alone in being in an abusive situation and that she does not deserve to be treated this way.

Tell her that spousal/partner abuse is against the law. This may be new information to immigrant women from countries where spousal battering is socially accepted, and even legal.

Ask for details of current and past occurences of abuse and document the information she shares in her medical record. Specific information should be obtained: what happened? where did she go after the incident(s)? did she have any involvement with law enforcement? what was the outcome?

Review with the client STT Guidelines: Psychosocial - Handout E: "Safety When Preparing to Leave", and F: "Cycle of Violence". Do not urge the client to take copies with her if she expresses reluctance. It may be for her own safety that she does not have such materials in her possession.

Share with the woman that you are concerned about her safety and ask what she wants to do or have happen.

Offer referral to a psychosocial professional.

Provide the client with a list of resources, including 24-hour hot line numbers. These should include police, counseling centers, shelters, and legal aid. It is important to provide her with the information necessary for her to make informed decisions. If the client is afraid to keep the numbers in her purse or drawer, suggest she keep it in a tampon or sanitary napkin box. Encourage the client to have an emergency plan for escape. This may include hiding a bag of personal items with a trusted friend, etc.

A woman in an abusive situation has three choices:
1. stay with the abuser,
2. leave for a safe place (such as a shelter),
3. have the abuser removed from the place of residence (by court order).

It is important to assist the woman in recognizing her strengths as this will help her cope with the stress of getting out of a battering situation.

105. Within the last year has anyone forced you to have sexual activities? ↙

❑ No ❑ If Yes, by whom (circle all that apply)

Husband Ex-husband Boyfriend Stranger Other Multiple

0-13 wks: ❑ No ❑ If Yes, by whom (circle all that apply)

Husband Ex-husband Boyfriend Stranger Other Multiple

Total Number of Times: _____

14-27 wks: ❑ No ❑ If Yes,)by whom (circle all that apply)

Husband Ex-husband Boyfriend Stranger Other Multiple

Total Number of Times: _____

28-40 wks: ❑ No ❑ If Yes,)by whom (circle all that apply)

Husband Ex-husband Boyfriend Stranger Other Multiple

Total Number of Times: _____

Intervention:

Women with positive responses to questions related to domestic violence should be asked to complete a Danger Assessment. Several risk factors have been associated with homicides (murder) of both batterers and battered women in research conducted after the killings have taken place. The Danger Assessment is a method of assisting the woman to evaluate her potential risk of being in a homicidal situation. Inform her that it is not possible to predict what will happen in her case. It would, however, be beneficial for her to be aware of the danger of homicide in situations of severe battering and for her to see how many of the risk factors apply to her situation. The Danger Assessment is most appropriately conducted by a social worker, nurse practitoner or nurse midwife, registered nurse or physician.

106. Are your children, or have your children ever been, victims of violence or sexual abuse? ↙

❑ No ❑ If 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.

Referral:

Department of Children and Family Services: _____

Other Resources: _____

_____

_____

_____

107. Would you feel comfortable talking to a counselor if you had a problem?
❑ No ❑ Yes

Refer to STT Guidelines: First Steps - "Making Successful Referrals", page 7.

In some cultures and/or families, going for counseling indicates "weakness". Many women are afraid that seeking professional help indicates that there is something terribly wrong with them. It is important to clarify for the woman that everyone needs someone objective to talk to who can help her see her options and make a plan for moving forward. Be aware of potential barriers to seeking help, especially in the areas of ethnicity, religion, culture, and sexual orientation.

I**nterventions:**

Assist the client in making informed decisions about what to do about her situation. Focus on concrete problem solving and emotional support, not on telling the client what to do.

Resources:

Domestic Violence Hotline: 1-800-799-7233
Legal Aid Foundation of Los Angeles: (800) 399-4529
Asian Pacific American Legal center: (213) 977-7500
Legal Protection for Women: (323) 721-9882

Clients can call and talk to someone directly about their options without having to live at the following shelters:
Central and West Los Angeles:

Center for Pacific Asian Family: (323)653-4042 or (323) 653-4045
Chicana Services Action Center: (800) 548-2722
Free Spirit: (323) 937-1312
Sojourn: (310) 264-6644
Good Shepherd Shelter: (323) 737-6111

San Fernando Valley:

Crisis Hotline: (818) 887-6589
Crisis Hotline: (818) 505-0900
Glendale YWCA: (818) 242-4155

South Bay:

1736 Family Crisis Center: (310) 379-3620 or (310) 370-5902
Rainbow Services: (310) 547-9343
WomenShelter: (562) 437-4663
Su Casa: (562) 402-4888

Antelope Valley, Palmdale and Santa Clarita:

San Gabriel Valley and East Los Angeles:

East Los Angeles Shelter: (323) 937-1312
Angel Step In: (323) 780-4357
Haven House: (323) 681-2626
Women & Children's Crisis Shelter: (562) 945-3939
YWCA-WINGS: (626) 967-0658
House of Ruth: (909) 988-5559

South Central Los Angeles:

1736 Family Crisis Center: (213) 741-5050
Jenesse Center: (323) 731-6500
Peace and Joy Care Center: (310) 898-3117

Other Resources:

Initial Assessment Completed by:

Name and Title	*Initials*	*Date*	*Minutes*

Second Trimester Reassessment Completed by:

Name and Title	*Initials*	*Date*	*Minutes*

Third Trimester Reassessment Completed by:

Name and Title	*Initials*	*Date*	*Minutes*

Be sure to sign and date every assessment. Include your initials on this page with your signature, and notes elsewhere on this form need only your initials rather than full signature except page 7).Be sure to identify every page of the assessment with the client's identifying information:

Answers to questions, without addressing the problems and/or needs brought to your attention, are not useful to the client, or to her health care providers. It's time to initiate or update the client's Individualized Care Plan!