

Chapter 10: Healthy Start Enhanced Service Stress Management Education

Introduction

High stress during pregnancy has been associated with premature births and low-birthweight infants. The *Mothers and Babies* program is provided by Healthy Start as an intervention to reduce stress and prevent perinatal depression in pregnant women and mothers in order to improve outcomes.

This chapter discusses the standards and guidelines for a Healthy Start worker providing stress management education using *Mothers and Babies*.

Definition of Services

Mothers and Babies “is a program that promotes healthy mood management by teaching pregnant women and new mothers how to effectively respond to stress in their lives through increasing the frequency of thoughts and behaviors that lead to positive mood states. Designed as a perinatal depression prevention, the Mothers and Babies targets three specific risk factors: limited social support, lack of pleasant activities, and harmful thought patterns.” (Northwestern, 2017).

Provider Qualifications

Stress Management Education must be provided by trained and qualified health-related professionals and paraprofessionals using locally approved protocols, procedures, competencies, and a curriculum with learning objectives.

The *Mothers and Babies* provider must have, at a minimum, a high school diploma or equivalent GED and the following competencies:

- Training on the Edinburgh Postnatal Depression Scale and associated interventions.
- Training using the *Mothers and Babies* curriculum.
- Knowledge of the referral process, including referral sources for licensed mental health providers in the community.

Stress Management Education must be provided in accordance with the constraints of the professional’s practice act, established protocols and the individual’s education, training, and experience. **Paraprofessionals must provide services under the supervision of a professional supervisor.**

Standards and Criteria

Standard 10.1 *Mothers and Babies* will be provided to all prenatal participants and mothers of infant/child participants who are determined to be in need of stress management education.

Criteria:

10.1.a Services are based on Edinburgh Postnatal Depression Scale score and professional judgment.

10.1.b When appropriate and with the participant's approval, the father or the expectant father, significant others, and other household members may participate in the education process.

10.1.c Women who are receiving services under Interconception Woman (program component 22/32) who have had a loss, who have placed their child for adoption or whose child was permanently removed from her custody **will not** receive *Mothers and Babies* through Healthy Start. If needed, referrals for grief counseling, psychosocial counseling or to a licensed mental health provider should be offered.

10.1.d Women who have had their infant temporarily removed by DCF may receive *Mothers and Babies*.

10.1.e Although *Mothers and Babies* is intended for pregnant women and mothers, it may be provided to a guardian if needed.

10.1.f Women who have an Edinburgh Postnatal Depression Scale score that warrants a higher intervention and decline the higher intervention, may receive *Mothers and Babies*. Note: The Healthy Start worker must document that the participant declined the referral for higher intervention to a counselor or mental health professional in the participant's electronic record.

10.1.g *Mothers and Babies* is provided in a manner that adheres to the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care <https://www.thinkculturalhealth.hhs.gov/clas>

Standard 10.2 *Mothers and Babies* will be provided by qualified and trained providers.

Criteria:

10.2.a Qualifications are met as outlined in this chapter.

10.2.b *Mothers and Babies* shall be provided by individuals who have documentation of receiving specialized training in the administration of the *Mothers and Babies* program.

10.2.c *Mothers and Babies* shall be provided by individuals who have documentation of receiving specialized training in the administration of the Edinburgh Postnatal Depression Scale as outlined in Chapter 13.

10.2.d Competency and up-to-date knowledge related to *Mothers and Babies* and stress management is maintained.

Standard 10.3 Providers of *Mothers and Babies* will offer and initiate services in a timely manner.

Criterion:

Mothers and Babies course will be initiated within 30 calendar days of identified need based on perinatal depression screening unless the need for more immediate initiation of services is evident.

Standard 10.4 Providers of *Mothers and Babies* will respond to any additional identified needs.

Criteria:

10.4.a Additional identified needs are directly addressed by the Healthy Start worker. The participant's need, intervention provided and, when appropriate, follow-up for any referrals given are documented in the person's record.

10.4.b Follow-up of any referrals for additional services must occur at a minimum of every 30 calendar days unless the need for more immediate follow-up is evident or unless specifically stated otherwise for a particular service outlined in the Standards and Guidelines.

Standard 10.5 If *Mothers and Babies* is being provided and the participant needs assistance beyond the scope of the Healthy Start worker, the participant will be referred to the appropriate mental health provider.

Criteria:

10.5.a All coalitions must have a local written plan in place to address potential safety issues that may arise, such as a suicidal participant or participants that need professional support beyond the scope of the worker. The local plan must include the licensed mental health specialist the Healthy Start worker can contact for consultation.

10.5.b Coalitions will work diligently to ensure that Healthy Start clients have access to psychosocial counseling through the hiring of qualified Healthy Start psychosocial counselors, contracting with external mental health specialists, coordinating with the participant's health insurance carrier, or by creating agreements with community partners to provide psychosocial counseling to Healthy Start clients for low or no cost.

10.5.c When a participant is referred for psychosocial counseling or professional mental health services, written follow-up documenting status of referral must occur every 10 calendar days, unless the need for more immediate follow-up is evident, until it is verified with the participant that the participant is receiving services, is not eligible for services or she declines services.

Standard 10.6 Providers of *Mothers and Babies* will accurately code service information in the approved data management system within three business days of service completion.

Criteria:

10.6.a Coding complies with the requirements of the Department of Health publication DHP 50-20 and as specified in Chapter 23, Healthy Start Coding, of these Healthy Start Standards and Guidelines.

10.6.b Time spent providing *Mothers and Babies* is coded as “Care Coordination Face to Face” (code 3320) or “Care Coordination Tracking /Not Face to Face” (code 3321), as appropriate.

Standard 10.7 Providers of *Mothers and Babies* will document services in the approved data management system in a format determined by the local coalition and service provider within three business days of service completion.

Criteria:

10.7.a Services and attempts to provide services are documented in the approved data management system in the electronic record of the individual receiving the services.

10.7.b In the event that services are provided to another person on behalf of a Healthy Start participant, the services are only referenced in the Healthy Start participant’s electronic record. The actual detailed documentation occurs in the record of the individual receiving the service.

10.7.c Documentation occurs in other components of the record, such as the family support plan, as appropriate.

Standard 10.8 *Mothers and Babies* providers will develop and implement an internal continuous quality improvement (CQI) process.

Criterion:

The continuous quality improvement (CQI) process, developed in collaboration with the local Healthy Start coalition, includes an assessment of strengths, an assessment of areas needing improvement and a plan for assuring maintenance of program quality and improvement or as designated by the evidence based model.

Guidelines

The initial process of identifying participants who may benefit from stress management education is through screening. Healthy Start workers screen for perinatal depression using the Edinburgh Postnatal Depression Scale (EPDS) based on the guidelines in chapter 13, Perinatal Depression Screening.

Mothers and Babies is the chosen Healthy Start stress management intervention. Because *Mothers and Babies* is an evidence based program, providers must be trained to follow the

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program to fidelity. If providing the one-on-one format, the provider must follow the *Mothers and Babies* one-on-one instructor manual. If providing the group format, the provider must follow the *Mothers and Babies* group instructor manual. The manuals along with the participant manuals may be found at <http://www.mothersandbabiesprogram.org/providers-managementists/> and are free to download and print.

Mothers and Babies one-on-one format consists of twelve 15-minute sessions. Sessions are meant to be provided face-to-face and it is expected that clients will receive all sessions face-to-face. When a client cannot be seen face-to-face, it is allowable that the session be completed over the phone or telehealth; however, this should be done rarely.

Sessions must be provided in order. Although one session is recommended per visit, up to three sessions may be provided at a single visit. If providing three sessions in a single visit, it is best to group these sessions so that an entire module will be covered during the visit (Pleasant Activities, Thoughts, or Contact with Others).

When the father of the baby or family wants to participate during a session, the provider should use their judgement to gauge whether this is appropriate. If this is a supportive relationship for the participant and the participant wants the person present, this is permissible. However, in cases where this may hinder the participant from sharing their feelings, it is appropriate to provide this service privately to the participant.

If it is determined a participant needs psychosocial counseling or mental health services, they should be referred for the appropriate service. If the client declines the referral for psychosocial counseling or mental health services, *Mothers and Babies* may still be provided but it must be documented that the participant declined the referral.

Coalitions must ensure a referral system is in place to a licensed mental health provider and policies and procedures are in place for referring clients who present with issues beyond the scope of the *Mothers and Babies* provider.

Mothers and Babies must be tailored to the unique needs, interest, experiences, language, educational level, environmental limitations, cultural patterns, capabilities and lifestyle of the participant or group. Different cultural beliefs and ethnic differences should be considered when presenting information. An interpreter may be necessary when *Mothers and Babies* is provided to non-English speaking participants.

Mothers and Babies may be provided one-to-one or in a group format. Sessions can be provided in the home, neighborhood, school, workplace, or clinic, wherever the concerns, priorities, and needs of the participant and family can best be met.

The *Mothers and Babies* provider should be familiar with the resources within the community for mental health services and the quality of the services delivered. The statewide resource for information is the Family Health Line 1-800-451-2229.

Communication between the Healthy Start worker and other members of the team is essential to support the likelihood of a positive outcome. Multidisciplinary team communication should consist of:

1. Consent for routine release of protected health information (DH 3206), or other appropriate forms as determined by the Department of Health's information security

officer, signed by the participant for any information that is to be shared among payers, providers, or others;

2. Referrals to outside sources to assist the family in accessing services in the community;
3. Documentation of unmet family needs to be addressed by the Healthy Start worker, or, if system related, this information should be shared with the Healthy Start coalition; and
4. The sharing of accomplishments and progress on goals identified during the family support plan process with the Healthy Start worker and other interdisciplinary members.

Documentation

Mothers and Babies services must be documented in the participant's electronic record in the approved data management system within three business days of service. Documentation in the participant's electronic record must include:

- Authorization for release of information, signed by the participant, or on behalf of the participant, for any information that is to be shared among payers, providers, or others
- Edinburgh Postnatal Depression Scale
- Progress Notes documenting curriculum content of each class/session
- Family Support Plan for Single Agency Care Coordination (DH 3151)

Coding

Healthy Start services for *Mothers and Babies* should be coded in accordance with approved protocols and procedures for coding. Service code 3320, "Care Coordination Face to Face," or service code 3321, "Care Coordination Tracking/ Not Face to Face" as appropriate, should be entered into the approved data management system, by participant name, within three business days of service completion. The Healthy Start worker should code one unit for every 15 minutes of services provided to the appropriate program component.

No group coding is allowed. This is necessary to provide for tracking, analysis, and program evaluation of client specific data. If a provider meets with two or more Healthy Start participants at the same time (group or classes), codes should be entered individually for each participant present.

Refer to Chapter 23, Healthy Start Coding, in the Healthy Start Standards and Guidelines for more specific information on coding, including coding for referrals and follow-ups.

Continuous Quality Improvement (CQI)

The CQI process should be designed to measure and help improve the extent to which *Mothers and Babies* services are provided to Healthy Start participants and their families to eliminate or decrease risk factors that may affect a pregnancy or an infant's/child's health and well-being.

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The Healthy Start Coalition should verify that Healthy Start workers continues to meet provider qualifications and has continued their training in *Mothers and Babies* and stress management. Details of continuing education units, workshops, and training relevant to education related to *Mothers and Babies* and stress management should be documented in the provider's file and maintained.

Examples of targeted outcomes to be measured through the CQI process include:

1. Reduction or elimination of the original Healthy Start risk factors or their underlying situations.
2. Increase in depression screening by Healthy Start worker.
3. Percentage of women who successfully complete the *Mothers and Babies* course.
4. Percentage of women who have improved scores on the Edinburgh Postnatal Depression Scale after receiving *Mothers and Babies*.
5. Increase in correct documentation in the approved data management system to show *Mothers and Babies* was offered and/or provided to Healthy Start participants by qualified providers.
6. Adequate training opportunities for Healthy Start workers related to *Mothers and Babies*.

See Chapter 30, Continuous Quality Improvement, for additional information.

Resources and References

FSU Partners for a Healthy Baby Curriculum	www.cpeip.fsu.edu/PHB/
MGH Center for Women's Mental Health	www.womensmentalhealth.org/
Mothers and Babies	http://www.mothersandbabiesprogram.org

March of Dimes. (2012). *Stress and Pregnancy*. Retrieved from <http://www.marchofdimes.org/pregnancy/stress-and-pregnancy.aspx>

Northwestern University. (2017.) *Mothers and Babies: Providers & Interventionists*. Retrieved from <http://www.mothersandbabiesprogram.org/providers-interventionists/>

Frequently Asked Questions

- Q. Is there a specific code for providing *Mothers and Babies*?**
- A.** No, there is not a special code for stress management education. Time spent providing the *Mothers and Babies* curriculum should be coded to "Care Coordination Face to Face" (code 3320) or "Care Coordination Tracking/ Not Face to Face" (code 3321) as appropriate.

Notes
