Correspondence

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No. ACF-IM-HS-22-02	2. Issuance Date: 2/24/2022
	3. Originating Office: Office of Head Start	
	4. Key Words: Early Head Start; pregnant women; pregnant people; data; documentation	

INFORMATION MEMORANDUM

TO: All Head Start and Early Head Start Agencies and Delegate Agencies

SUBJECT: Documenting Services to Enrolled Pregnant Women

INFORMATION:
This Information Memorandum (IM) offers best practices for Early Head Start (EHS) programs in tracking services delivered to enrolled pregnant women, both directly and from community partners. It is supported by a toolkit of Early Childhood Learning and Knowledge Center (ECLKC) resources that EHS programs can use to identify ways to better engage expectant families.

Section 645A(a) of the Head Start Act authorizes funding for EHS programs to provide services that encompass the full range of the family's needs, from pregnancy through a child's third birthday, to promote the child's development and move the parents toward self-sufficiency. EHS programs are not required to enroll expectant families, but many choose to enroll pregnant women, as well as pregnant transgender or nonbinary people, based on community needs. In their grant applications, programs are required to identify the total number of pregnant women they anticipate serving each program year. Programs must provide all enrolled pregnant women high-quality prenatal and postnatal education and help them access comprehensive prenatal services through referrals to other programs in the community (45 CFR §1302.80). For purposes of meeting these requirements, programs should consider and include any pregnant person served by the program.

It is also important for programs to be able to account for any services provided either directly or through referral to community partners. Collecting and analyzing this data informs the ongoing conversations EHS program staff have with the expectant parent around their needs before and after baby is born. Service data, along with other screening and assessment data, informs planning for the individual and collective needs of expectant families served by the program.

Tracking and Recording EHS Program Services to and Interactions with Enrolled Pregnant Women

EHS programs providing services to pregnant women must identify their unmet needs and connect the family with resources in the community to promote positive health outcomes for

both parents and babies. Programs should have a system to record interactions with expectant families that documents contact and identified needs. Programs should also have a way to track the type and content of services delivered to pregnant enrollees.

For example, if a home visitor meets with an enrolled pregnant mother to discuss the benefits of breastfeeding, the record for that interaction should go beyond just the date of the home visit. It should include specifics about the home visit, such as details about the specific breastfeeding information and any other parenting concepts, skills, and healthy practices discussed. The records should summarize the conversation and offer adequate details about any resources shared with the family. Any information or resources provided to pregnant families on best practices for safe sleep, breastfeeding, and adherence to the Early and Periodic Screening, Diagnostic, and Treatment schedule should be culturally responsive and inclusive of people from all racial, ethnic, and cultural backgrounds.

All Head Start programs are already required to have systems in place to track attendance for each child they serve, per 45 CFR §1302.16(a). EHS programs may use their existing systems to record interactions with expectant families.

Tracking Services Enrolled Pregnant Women Receive from Community Partners

Programs should also have a system in place to consistently track the services enrolled pregnant women receive from community partners. To serve enrolled expectant families to the greatest extent possible, programs must facilitate their ability to access comprehensive services through referrals that include nutritional counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic violence (45 CFR §1302.80(c)). EHS programs establish ongoing collaborative relationships and partnerships with community organizations to leverage existing funds for these resources and services (45 CFR §1302.53(a)). Community providers – like the local Women, Infants and Children (WIC) agency, La Leche League International, Healthy Start, local mental health centers, OB/GYN physicians, midwives, doulas, and health clinics – are excellent resources for services through referral.

To better track services that enrolled pregnant people receive through referral, EHS programs may establish partnerships such as working collaboratives, data-sharing agreements, or memoranda of understanding (MOU) with community providers. Programs must protect the privacy of records as required in 45 CFR §1303 Subpart C when sharing information with other service providers. If an EHS program elects to establish an MOU with a community service provider, additional information on how to do so can be found on the ECLKC.

To illustrate how partnerships can help EHS programs better track services expectant families receive from community providers, consider the following scenario:

> *An EHS program develops a partnership with its local WIC agency to share eligibility and nutritional information regarding pregnant enrollees. The EHS program refers an enrolled pregnant mother to the local WIC agency for a nutritional assessment. Based on the terms of the partnership, and with the permission of the enrollee, the local WIC*

agency shares their records with the EHS program to include information about the nutritional assessment, nutrition and breastfeeding classes the pregnant mother participates in, and food package prescriptions made to address prenatal nutrition needs. The EHS program has the information they need to provide documentation beyond just the date the program referred the enrolled pregnant woman to the local WIC agency, including a summary of the follow-up services the local WIC agency prescribed.

The more information and data that can be shared between the EHS program and the local WIC agency under the terms of the partnership, the easier it is for EHS programs to ensure expectant families get the support and services they need. Programs also use such data to inform planning and decisions, as well as documenting the services the pregnant woman receives.

Conclusion

We encourage EHS programs to identify ways to better document program interactions with enrolled pregnant women and people, as well as services they receive from community providers. The resources offered on the ECLKC provide further support in implementing high-quality services for expectant families in this challenging time.

Please stay in touch with your program specialist as you plan and provide program services.

Thank you for your work on behalf of children and families as we continue to navigate the COVID-19 pandemic.

/ Dr. Bernadine Futrell /

Dr. Bernadine Futrell
Director
Office of Head Start