Early Childhood National Centers

NATIONAL CENTER ON
Early Childhood Health and Wellness

Health Services for Pregnant Women

National Indian Head Start Directors Association
June 8, 2017
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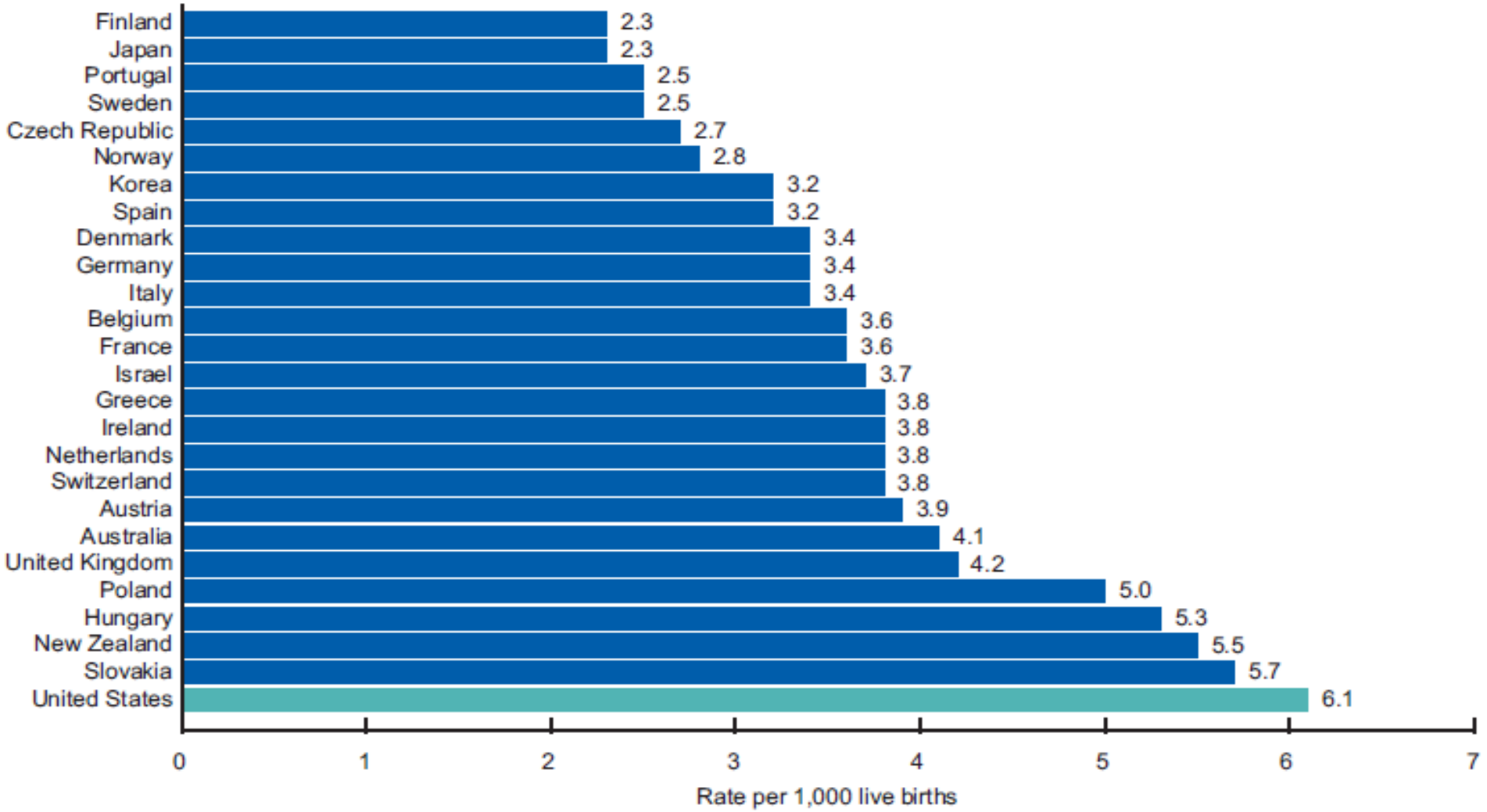
What we hope to cover today

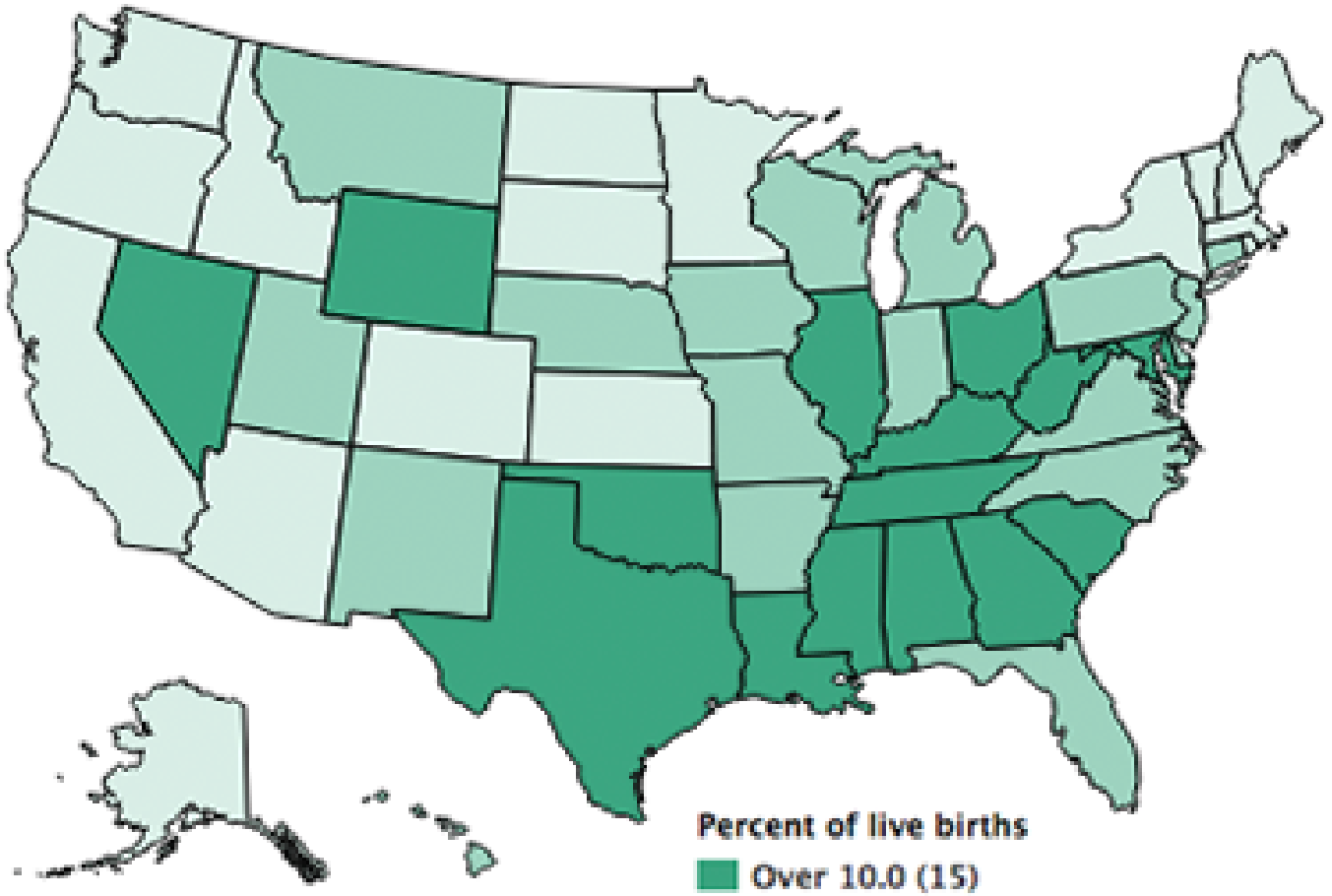
- Related Head Start Program Performance Standards
- Access to prenatal care
- Nutrition including breastfeeding and early infant feeding
- Tobacco, Alcohol, and Substance Abuse
- Post partum depression
- Oral health
- Safe Sleep
- Zika



NOTES: Canada's 2010 data were not available from the Organisation for Economic Co-operation and Development (OECD) at the time of manuscript preparation. The 2009 infant mortality rate for Canada was 4.9. If the 2010 data for Canada had been available, the U.S. ranking may have changed. Deaths at all gestational ages are included, but countries may vary in completeness of reporting events at younger gestational ages.
SOURCES: CDC/NCHS, linked birth/infant death data set (U.S. data); and OECD 2014 (all other data). Data are available from: http://www.oecd.org.

Figure 1. Infant mortality rates: Selected Organisation for Economic Co-operation and Development countries, 2010

Preterm Birth

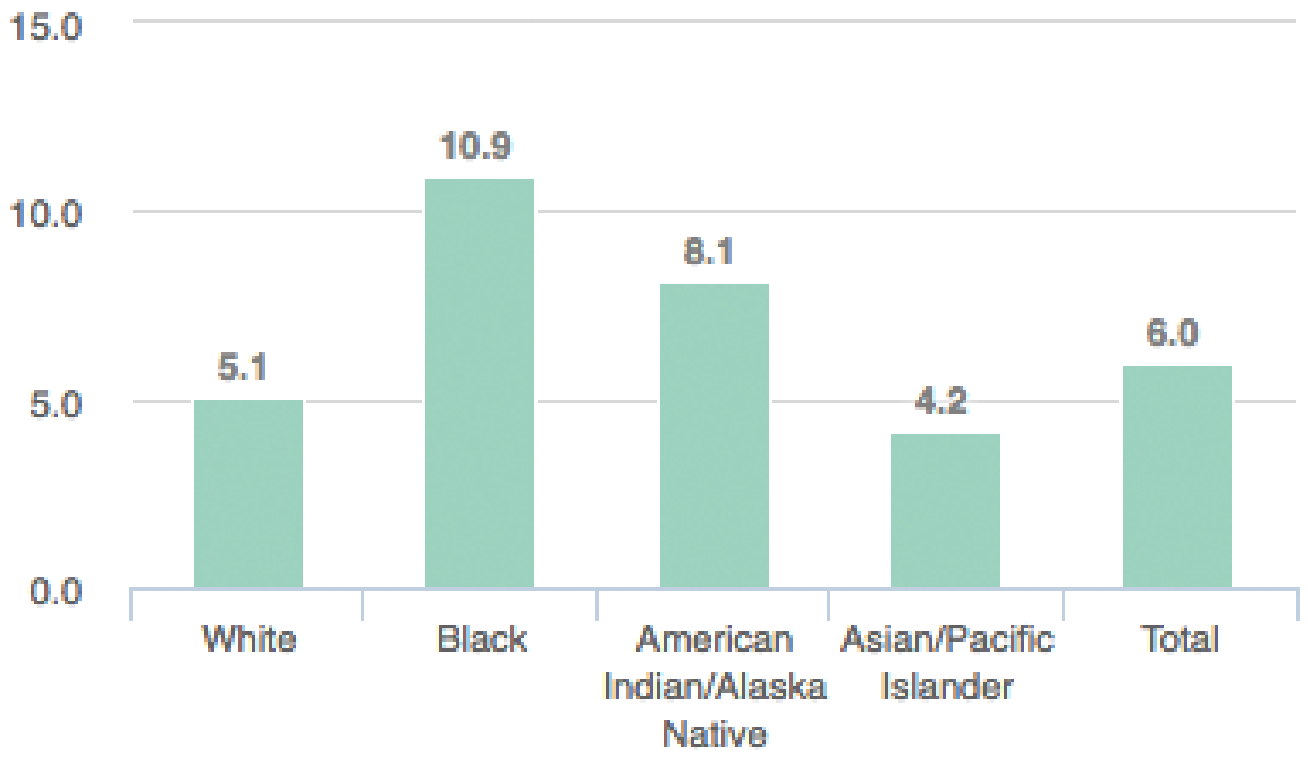


United States, 2014

National Center for Health Statistics, final natality data.
Retrieved August 30, 2016, from www.marchofdimes.org/peristats.

Infant mortality

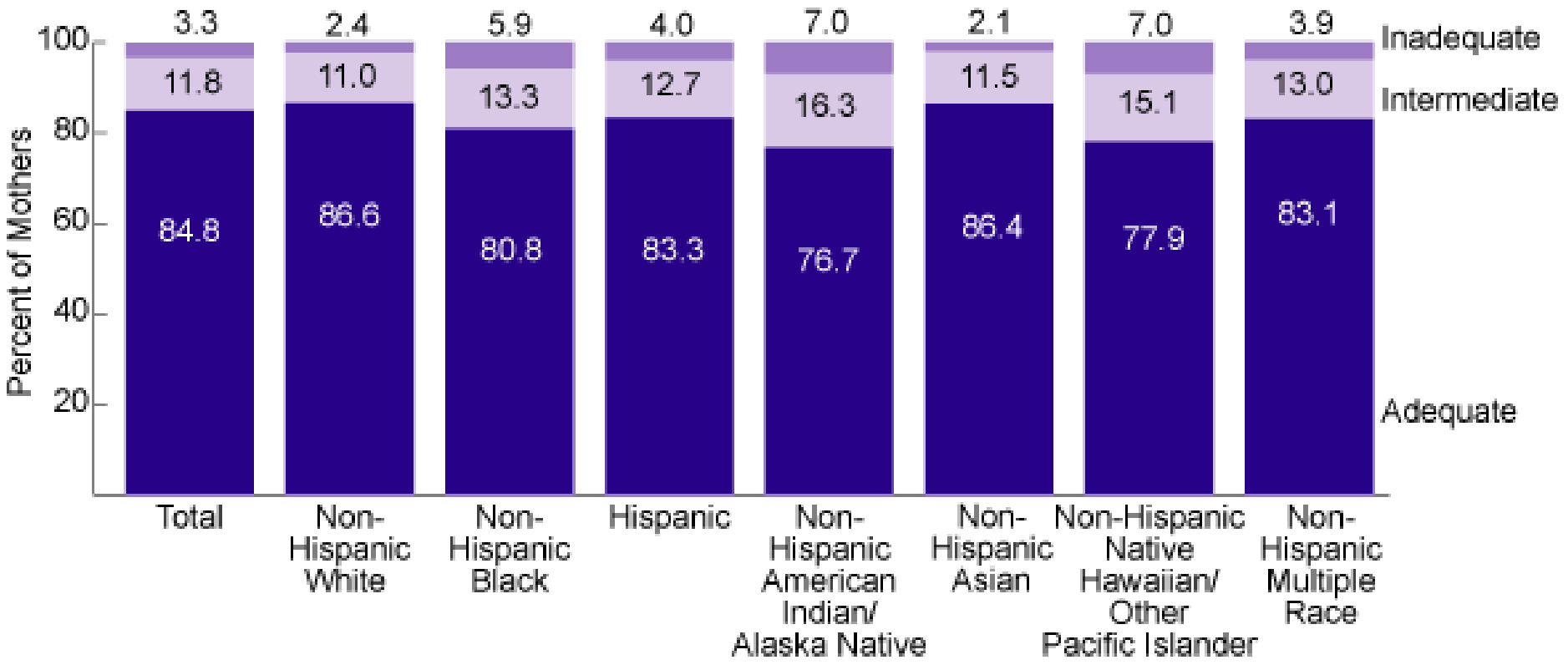
Rate per 1,000 live births



Infant mortality rates by race: United States, 2011-2013 Average

National Center for Health Statistics, period linked birth/infant death data. Retrieved August 30, 2016, from www.marchofdimes.org/peristats.

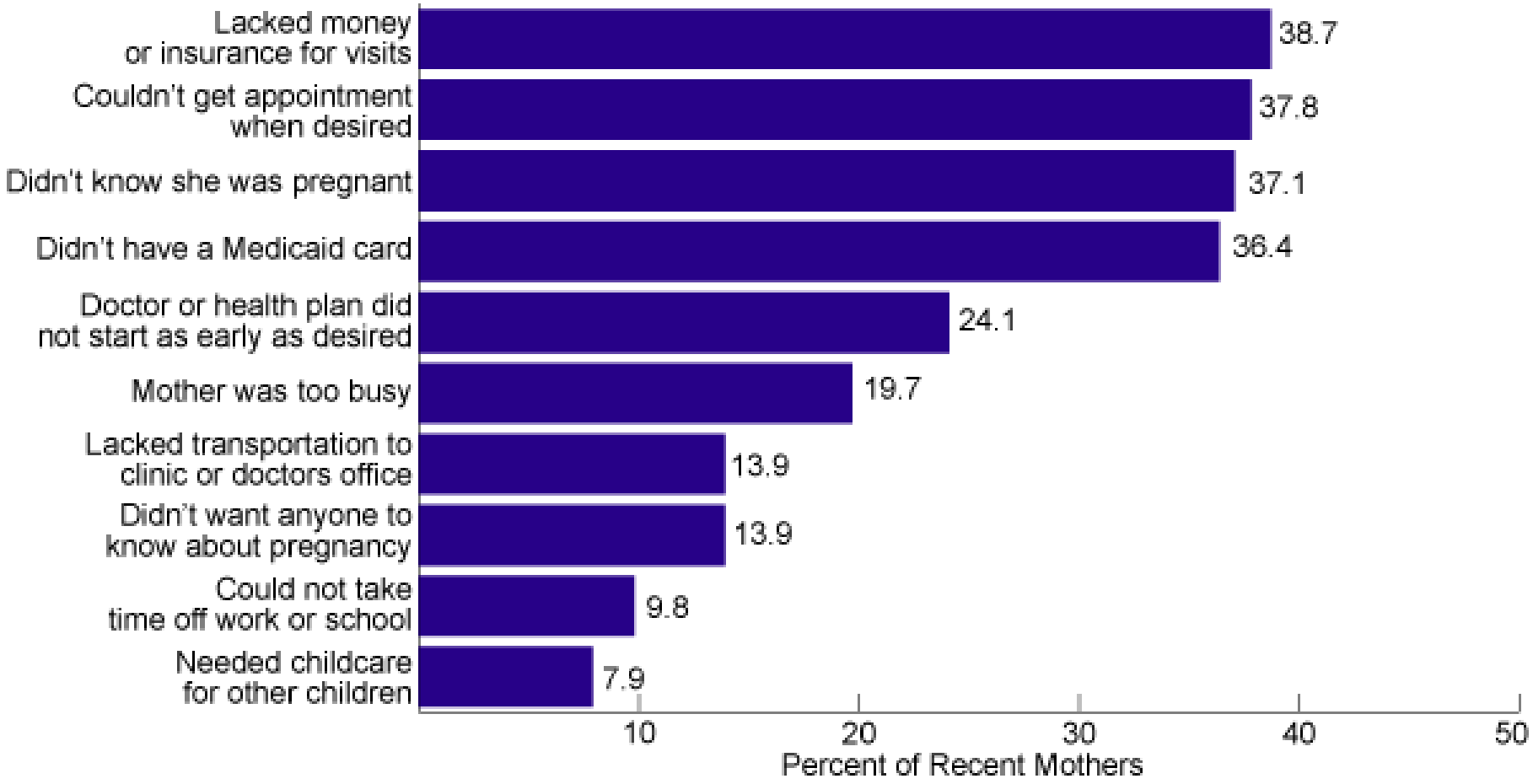
Adequacy of Prenatal Care Utilization Upon Initiation,* by Maternal Race/Ethnicity, 2011



Based on a ratio of observed to expected prenatal care visits given the timing of prenatal care entry and gestational age at delivery (Kotelchuck Index): adequate prenatal care is defined as receiving ≥80% of expected visits, intermediate is receipt of 50–79.9% of expected visits, and inadequate is receipt of <50% of expected visits. Data are from 36 states and the District of Columbia that implemented the 2003 revision of the birth certificate as of January 1, 2011, representing 83% of all U.S. births. Percentages may not total to 100 due to rounding.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. 2011 Natality Public Use File. Analysis conducted by the Maternal and Child Health Bureau.

Barriers to Receiving Prenatal Care at All or as Early as Desired Among Women Who Reported Delayed Care, 2009–2010*



**Includes data from a total of 30 states and New York City; 25 states contributed both years. Mothers completed surveys between 2 and 9 months postpartum.*

Source: Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System, 2009-2010. Analysis conducted by the Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

What can Early Head Start and Head Start do?

- Ensure pregnant women have medical insurance
- Help mom find a medical home
- Make community linkages
- Follow-up
- Raise awareness

HSPPS 1302.80 (a)

30 Day Timeline; Enrolled Pregnant Women:

- Have ongoing accessible health care
- Maintained health record
- NOT emergency or urgent care
- As appropriate, health insurance coverage

Within 30 days of enrollment, a program must determine whether each enrolled pregnant woman has an ongoing source of continuous, accessible health care-provided by a health care professional that maintains her ongoing health record and is not primarily a source of emergency or urgent care-and as appropriate, health insurance coverage.

HSPPS 1302.80 (b)

If NO COVERAGE: facilitate access to care that meets needs

If an enrolled pregnant woman does not have a source of ongoing care as described in paragraph (a) of this section and, as appropriate, health insurance coverage, a program must, as quickly as possible, facilitate her access to such a source of care that will meet her needs.

HSPPS 1302.80 (c)

A program must facilitate the ability of all enrolled pregnant women to access comprehensive services through referrals that, at a minimum, 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.

HSPPS 1302.81

A program must provide enrolled pregnant women, fathers, and partners or other relevant family members the prenatal and postpartum information, education and services that address, as appropriate, fetal development, the importance of nutrition, the risks of alcohol, drugs, and smoking, labor and delivery, postpartum recovery, parental depression, infant care and safe sleep practices, and the benefits of breastfeeding.

A program must also address needs for appropriate supports for emotional well-being, nurturing and responsive caregiving, and father engagement during pregnancy and early childhood.

What are common barriers for pregnant women accessing care in your community?

Prenatal Nutrition

1st Trimester: No additional calories needed

2nd Trimester: 300 extra calories

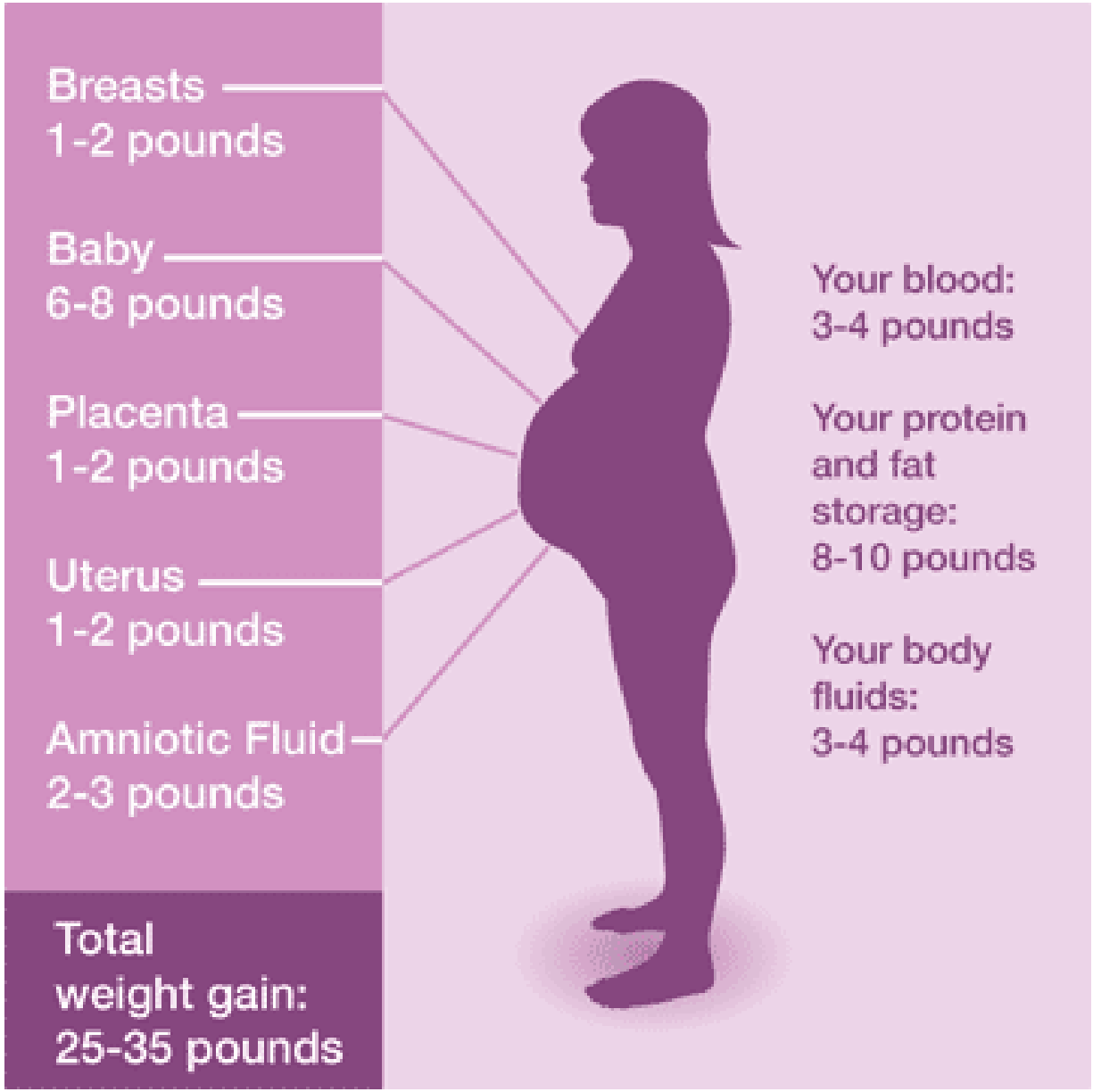
3rd Trimester: 450 extra calories

Breastfeeding post partum:

500 extra calories

Pre-Pregnancy BMI Category (Body Mass Index = BMI)	Recommended Total Weight Gain During Pregnancy	
BMI < 18.5 Underweight	12.5 – 18.0 kg	28.0 – 40.0 lbs
BMI 18.5 – 24.9 Normal Weight	11.5 – 16.0 kg	25.0 – 35.0 lbs
BMI 25.0 – 29.9 Overweight	7.0 – 11.5 kg	15.0 – 25.0 lbs
BMI ≥ 30 Obese	5.0 – 9.0 kg	11.0 – 20.0 lbs

$$\text{Body Mass Index (BMI)} = \text{Weight (kg)} / [\text{Height (m)}]^2$$


Breasts
1-2 pounds
Baby
6-8 pounds
Placenta
1-2 pounds
Uterus
1-2 pounds
Amniotic Fluid
2-3 pounds
Total
weight gain:
25-35 pounds
Your blood:
3-4 pounds
Your protein
and fat
storage:
8-10 pounds
Your body
fluids:
3-4 pounds

TRACKING YOUR WEIGHT

For Women Who Begin Pregnancy at a Normal Weight

The amount of weight you gain during pregnancy is important for the health of your pregnancy and for the long-term health of you and your baby. If you were at a normal weight (body mass index of 18.5-24.9) before pregnancy, you should gain 25-35 pounds during pregnancy. Learn steps you can take to meet your pregnancy weight gain goal.

What Steps Can You Take to Meet Pregnancy Weight Gain Recommendations?

- **Work with your health care provider** on your weight gain goals at the beginning and regularly throughout your pregnancy.
- **Track your pregnancy weight gain at the beginning and regularly throughout pregnancy** and compare your progress to recommended ranges of healthy weight gain. Weigh yourself without shoes, wearing light weight clothing, and using the same scale ideally on the same day and time each week.
- **Eat a balanced diet** high in whole grains, vegetables, fruits, low fat dairy, and lean protein. Use the MyPlate daily checklist to see the daily food group targets that are right for you at your stage of pregnancy. Talk with your health care provider or visit Checklist of Foods to Avoid During Pregnancy for information about food safety in pregnancy.
- **Limit added sugars and solid fats** found in foods like soft drinks, desserts, fried foods, whole milk, and fatty meats.
- **Know your calorie needs.** In general, *the first trimester (or first three months) does not require any extra calories*. Typically, women who begin pregnancy at a normal weight need an additional 400 calories per day during the second trimester (second three months) and an additional 400 calories per day during the third (last) trimester.* Additional calories can be met by adding in two healthy snacks per day, such as in the morning and afternoon. Sample healthy snack ideas are below.
- **Work up to or maintain at least 150 minutes (2½ hours) of moderate intensity aerobic activity (such as brisk walking) per week.** 150 minutes may sound overwhelming, but you can achieve your goal by breaking up your physical activity into 10 minutes at a time. Physical activity is healthy and safe for most pregnant women. Talk to your health care provider to determine if you have any physical activity restrictions.

*Calorie amounts calculated using MyPlate daily checklist

BMI For Adults Widget

BMI For Adults.

Flash Player 9 is required.

Weight Gain Tracker for Women Who Begin Pregnancy at a Normal Weight

Pregnancy Weight Gain Goal: 25-35 pounds

Write Your Weight (in pounds) Just Before You Became Pregnant ➤			
Weeks of Pregnancy	Write Today's Date	Write Today's Weight (in pounds)	Write Today's Weight Gain *(subtract your weight just before pregnancy from today's weight)*
3			
4			
5			
6			
7			
8			
9			
10			
11			
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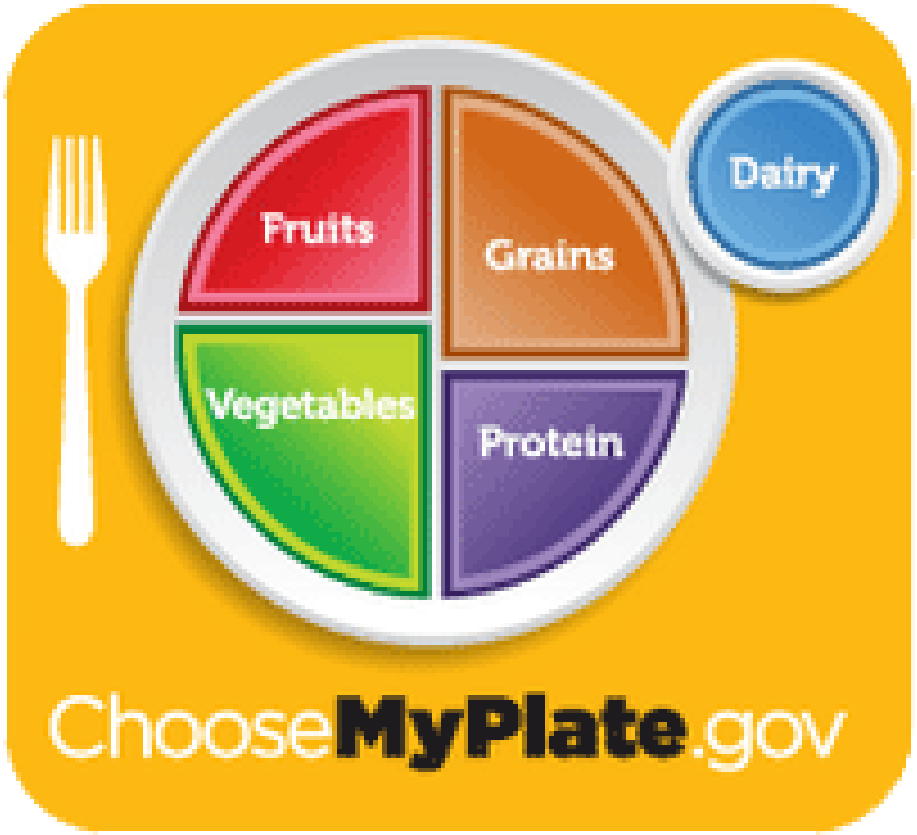
https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-weight-gain.htm



Pregnancy Weight Gain Calculator

You should gain weight gradually during your pregnancy, with most of the weight gained in the last 3 months. Many doctors suggest women gain weight at the following rate:

- 1 to 4 pounds total during the first 3 months (first trimester)
- 2 to 4 pounds per month during the 4th to 9th months (second and third trimesters)

The total amount of weight you should gain during your pregnancy depends on your weight when you became pregnant. Women whose weight was in the healthy range before becoming pregnant should gain between 25 and 35 pounds while pregnant. The advice is different for those who were overweight or underweight before becoming pregnant.
To learn how much weight you should probably gain, enter your height and weight here:

HEIGHT:

FEET: 4

INCHES: 0

WEIGHT:

Pre-pregnancy weight,(weight before you became pregnant).

POUNDS:

Submit

https://www.choosemyplate.gov/pregnancy-weight-gain-calculator

Prenatal Nutrition

Calcium

- 3-4 servings (8oz) of milk, cheese, yogurt

Iron

- 2-3 servings of meat, green leafy vegetables, whole grains.

Folic acid/Folate

- dark green leafy vegetables, fruit, whole grain, legumes

Vitamin C

- 3 servings of fruits and vegetables

Anemia

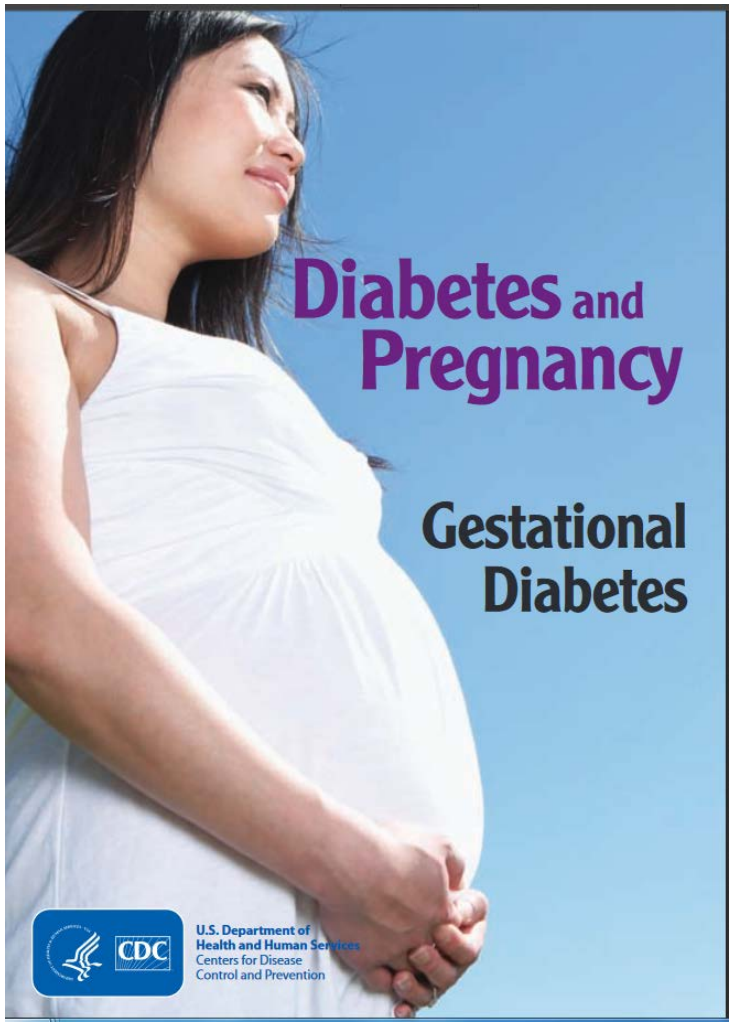
Some common symptoms of anemia are:

- Weakness or fatigue
- Dizziness
- Shortness of breath
- Rapid or irregular heartbeat
- Chest Pain
- Pale skin, lips, and nails
- Cold hands and feet
- Trouble concentrating

Gestational Diabetes

Can create complications:

- An extra large baby
- C-section
- High blood pressure
- Low blood sugar



Prenatal nutrition concerns

- Unpasteurized cheese such as queso fresco, blue cheese
- Uncooked or raw meat
- Deli meat
- Caffeine
- Unpasteurized juices or milk

Sample assessment questions

- Are you taking or do you plan to take prenatal vitamins? Are you taking other vitamins or minerals?
- Do you drink alcohol or special teas, or take any herbs? Is there anything you were taking but stopped using when you learned you were pregnant?
- What was your pre-pregnancy weight? How much weight did you gain in prior pregnancies? How much weight have you gained until now?
- Do you have what you need to take care of your baby? Do you feel comfortable caring for your baby?

Bright Futures Nutrition 3rd edition

Food insecurity

Could be associated with

- Heavier pre-pregnancy weight
- Greater gestational weight gain
- Higher odds of gestational diabetes mellitus

Breastfeeding

Benefits for Mom

- Faster postpartum recovery
- Reduced rates of ovarian and breast cancer
- Reduced risk of developing type 2 diabetes, rheumatoid arthritis, and cardiovascular disease, including high blood pressure and high cholesterol.

Benefits for Baby

Lower risk of:

- asthma
- obesity
- ear infections
- eczema
- lower respiratory infections
- SIDS

What policies currently exist that support these guidelines?

What are barriers to promoting breastfeeding?

How can you further support breastfeeding moms?

Creating a culturally appropriate breastfeeding environment

- Mention breastfeeding first in all written and verbal communication when educating families
- Limit the visibility of infant formula and related materials
- Store supplies of baby bottles and formula out of sight
- Exclude the use of materials with pictures of baby bottles
- Display posters and pictures of racially and ethnically diverse breastfeeding families
- Use culturally diverse breastfeeding educational materials
- Monitor child care staff interactions with families regarding infant feeding decisions and breastfeeding support

Early infancy: Birth to 6 months

- Should be fed on demand, typically 10-12 times a day
- Breastfeeding is best
- If formula feeding, it is important to prepare appropriate serving sizes and safely.
- Cows milk should not be given to an infant
- No water for the first 4 months

Signs of hunger & satiety (0-3 months)

Hunger

- Putting his hand to his mouth
- Sucking, rooting
- Pre-cry facial grimaces
- Fussing
- Wakes and tosses

Satiety

- Turning head away from the nipple
- Showing interest in other things
- Closing their mouth
- Seals lips together
- Spits out the nipple or falls asleep when full

Signs of hunger & satiety (3-6 months)

Hunger

- Moving head forward to reach the spoon
- Swiping food toward her mouth
- Cries or fusses
- Smiles, gazes at caregiver, or coos during feeding to indicate wanting more

Satiety

- Leaning back and/or away from the food.
- Decreases rate of sucking or stops sucking when full
- Spits out the nipple
- Turns head away
- May be distracted or pays attention surroundings more

Middle infancy: 6- 9 months

- Introduction of solids at 6 months
- Still fed on demand, typically 6-12 times a day.
- Introduce cup at 6 months
- A child is developmentally ready for solids:
  - When the tongue thrusting reflux is fading
  - Sucking reflex changes to allow coordinated swallowing
  - Can sit with support
  - Have good head and neck control

Signs of hunger & satiety: 6-9 months

Signs of hunger

- Reaches for spoon or food
- Points to food

Signs of satiety

- Eating slows down
- Clenches mouth shut or pushes food away

Infant Serving sizes

- Vegetables 1 Tablespoon
- Fruits 1 Tablespoon
- Meats 1 Tablespoon
- Grains: 1 Tablespoon
- Juice- not recommended

Questions?

Depression Facts

- Perinatal Depression is very common
- Number one problem in pregnancy
- Especially common for women who have been depressed before
- Can occur during pregnancy or anytime after delivery
- It is treatable

What Does Depression Look Like?

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in activities and hobbies
- Appetite or weight changes
- Decreased energy, fatigue, being slowed down
- Difficulty concentrating, remembering things, or making decisions
- Sleep difficulties (cannot sleep, sleep too much)
- Thoughts of death or suicide
- Restlessness, irritability

Depression Facts

- How common is **depression** for mothers in EHS?
  - 18%
  - 30%
  - 52%

- How common is **depression** for fathers in EHS?
  - 18%
  - 30%
  - 52%

Media images may create unrealistic expectations about pregnancy and parenthood.

A Perfect Storm

- Unrealistic expectations
- Hormonal changes
- Sleep deprivation
- Single biggest identity transition for women
- Possible difficulties in pregnancy or birth
- Possible predisposition for depression or anxiety (prior depression is biggest predictor for postpartum depression)

Risk Factors for Depression

- Limited social support
- Marital dissatisfaction
- Stressful life events
- Single parenthood
- Low income
- Unplanned pregnancy

Impact of Depression and Anxiety on Parenting

- Reduced capacity to respond sensitively
- Negative interactions
- Limited supportive interactions
- Less positive affect (display of positive emotions)
- Less play

Impact of Depression and Anxiety on Parenting

- Increased use of punitive child-rearing practices
- Less time spent gazing at the infant during feeding
- Less use of preventative and safety measures

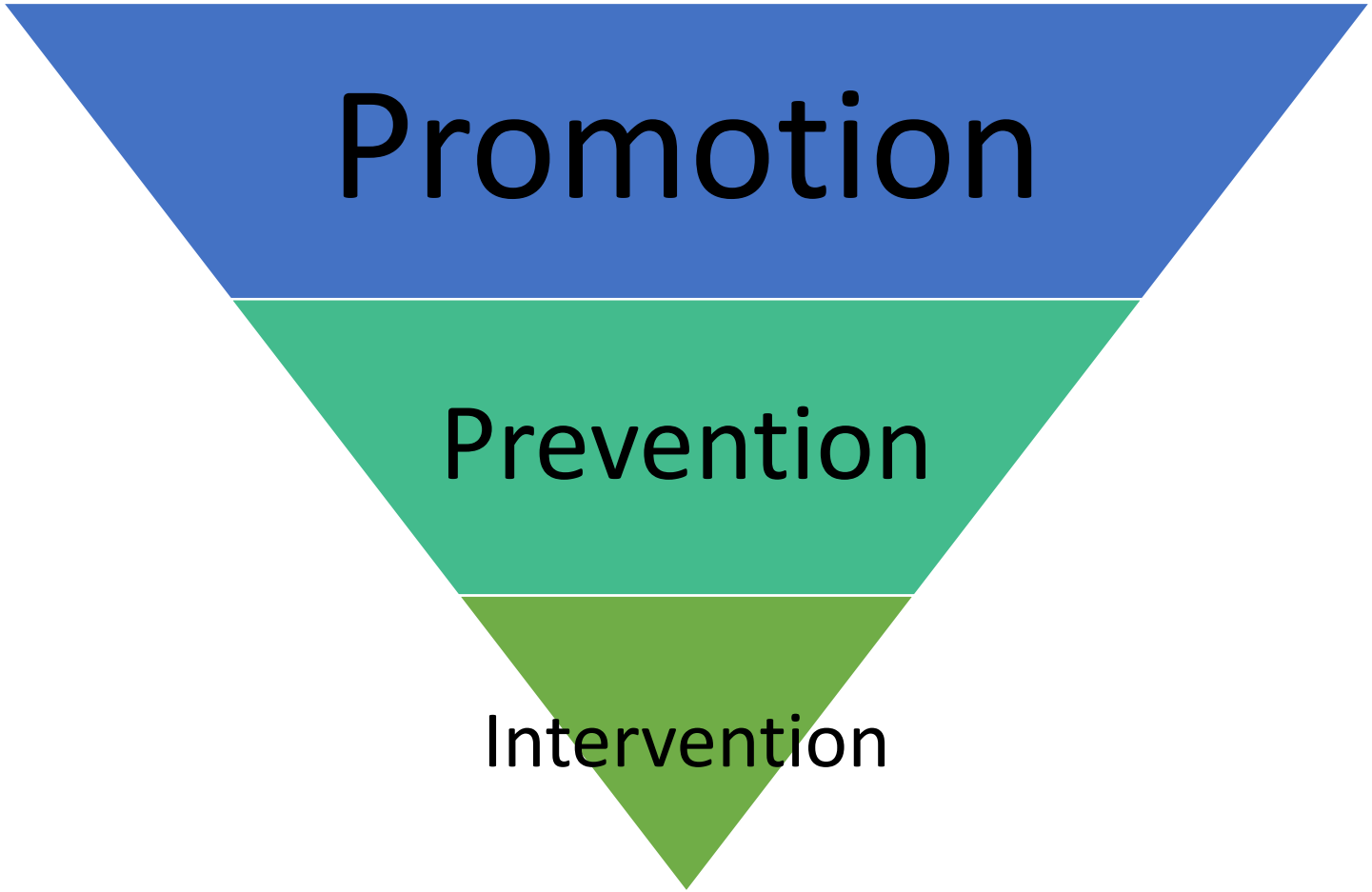
What Can You Do When You Are Concerned about a Parent?

- Ask about family, friends, social support; encourage her to spend time with others.
- Reassure him that this is not his fault, that he is not alone, that he will get better.
- Encourage her to talk about her feelings; listen without judgment.

What Can You Do When You Are Concerned about a Parent?

- Encourage her to take time for herself; breaks are a necessity; fatigue is a major contributing factor to worsening symptoms.
- Encourage him to talk with his doctor or health care provider.
- Help her to avoid being overly critical of herself.

Activity: Strategies for Supporting Families' Mental Health



A Case for Prevention

Recurrence rates for major depression are high:

- 50 percent after first episode
- 70 percent after second episode
- 90 percent after third episode

Depression Guideline Panel. “Depression in Primary Care: Detection, Diagnosis and Treatment: Quick Reference Guide for Clinicians.” 1993. Agency for Health Care Policy and Research.

Screening for Depression

- More-widespread screening has been recommended and implemented in clinical, community, and primary care settings.
- Screening allows identification of those at risk for depression so that
  - Interventions aimed at prevention and treatment in mothers and children can be provided
  - Depression in underserved populations can be detected

Commonly Used Screening Tools

- Patient Health Questionnaire (PHQ)-2 and PHQ-9
- Center for Epidemiologic Studies Depression (CESD) Scale
- Edinburgh Postnatal Depression Scale (EPDS)
- Beck Depression Inventory

These tools are available at ecmhc.org.

Patient Health Questionnaire (PHQ-9)

Name: _____ Date: _____

Over the past two weeks, how often have you been bothered by any of the following problems? (use "√" to indicate your answer)	*Not at all*	*Several days*	*More than one half of the days*	*Nearly every day*
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or thoughts of hurting yourself	0	1	2	3
(Health care professional: for interpretation of total, please refer to accompanying scoring table)		Add columns:	_____ + _____ + _____	
		Total:	_____	

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____
Somewhat difficult _____
Very difficult _____
Extremely difficult _____

For initial diagnosis:

1. Patient completes nine-item PHQ-9 Quick Depression Assessment
2. If there are at least four √s in the shaded section (including questions 1 and 2), consider a depressive disorder. Add score to determine severity

Consider major depressive disorder if there are at least five √s in the shaded section (one of which corresponds to question 1 or 2)

Consider other depressive disorder if there are two to four √s in the shaded section (one of which corresponds to question 1 or 2)

NOTE: Because the questionnaire relies on patient self-report, all responses should be verified by the health care professional, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient

Diagnosis of major depressive disorder or other depressive disorder also requires impairment of social, occupational, or other important areas of functioning (question 10) and ruling out normal bereavement, a history of a manic episode (bipolar disorder), and a physical disorder, medication, or other drug as the biologic cause of the depressive symptoms

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (e.g., every two weeks) at home and bring them in at their next appointment for scoring, or they may complete the questionnaire during each scheduled appointment
2. Add up √s by column; for every √: Several days = 1, More than one half of the days = 2, Nearly every day = 3
3. Add together column scores to get a total score
4. Refer to the accompanying PHQ-9 scoring table to interpret the total score
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention

Scoring: add up all checked boxes on PHQ-9

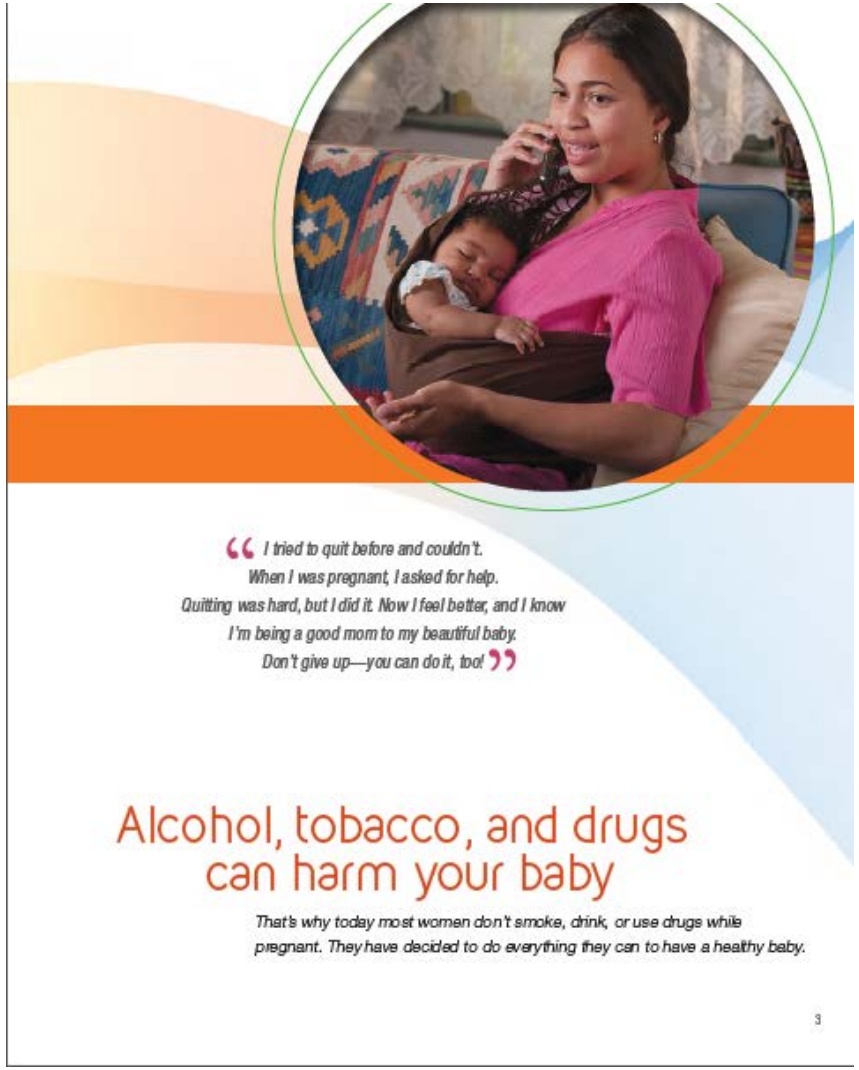
For every √: Not at all = 0, Several days = 1, More than one half of the days = 2, Nearly every day = 3

Interpretation of Total Score

Total score	*Depression severity*
1 to 4	Minimal depression
5 to 9	Mild depression
10 to 14	Moderate depression
15 to 19	Moderately severe depression
20 to 27	Severe depression

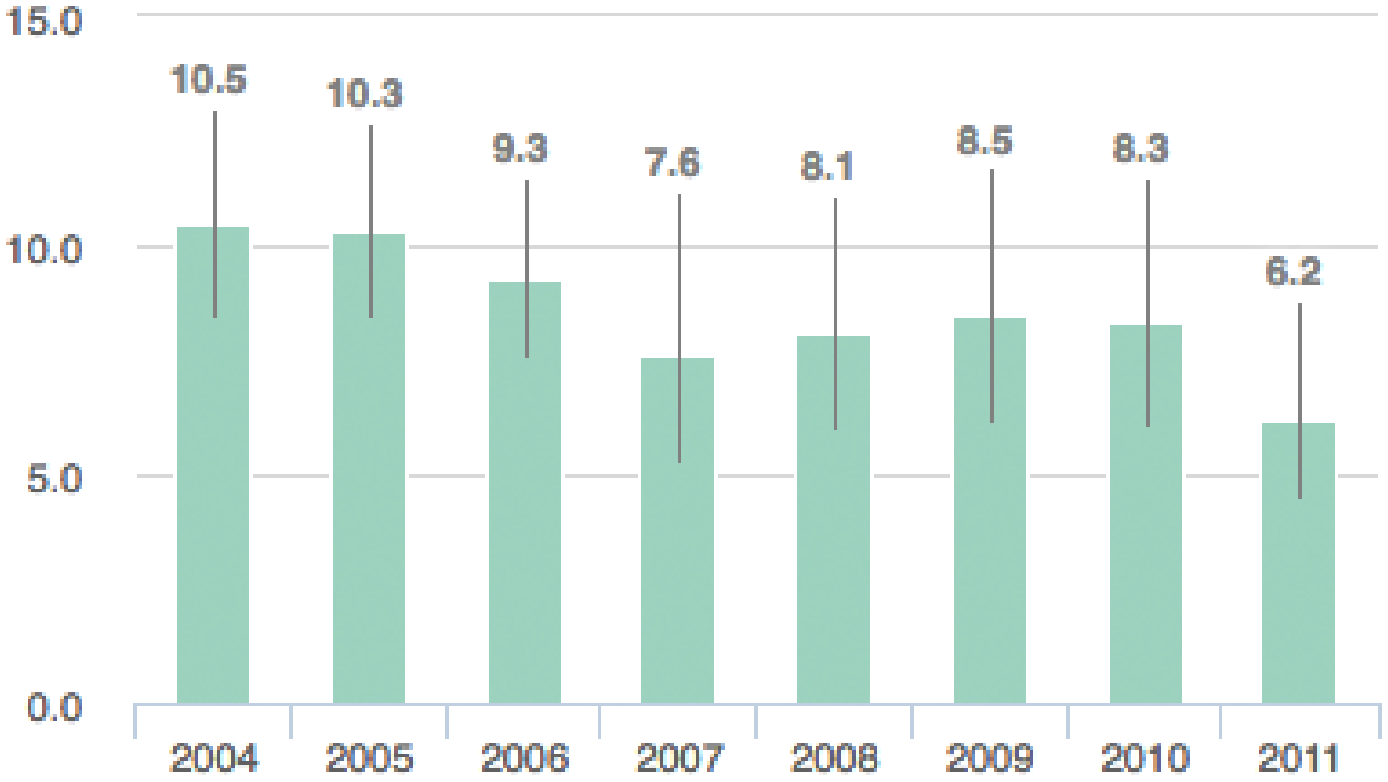
Tobacco

- Slows fetal growth
- Decreases mom's absorption of Vitamin C, B12, and some amino acids
- Higher risk
  - Premature birth
  - Low birth weight
  - Respiratory problems
  - Stillbirth
  - SIDS
  - Certain birth defects i.e. cleft palate
  - Childhood obesity



Smoking/Alcohol/Drugs

Percent



Note: Vertical lines in graph represent 95% confidence intervals.

Smoking during pregnancy: Georgia, 2004-2011

Centers for Disease Control and Prevention, Pregnancy Risk Assessment Monitoring System.
Retrieved August 30, 2016, from www.marchofdimes.org/peristats.

Risks of Stillbirth from Substance Use in Pregnancy

- Tobacco use—1.8 to 2.8 times greater risk of stillbirth, with the highest risk found among the heaviest smokers
- Marijuana use—2.3 times greater risk of stillbirth
- Evidence of any stimulant, marijuana, or prescription pain reliever use—2.2 times greater risk of stillbirth
- Passive exposure to tobacco—2.1 times greater risk of stillbirth

Source: Tobacco, drug use in pregnancy, 2013

Substance abuse means higher risk

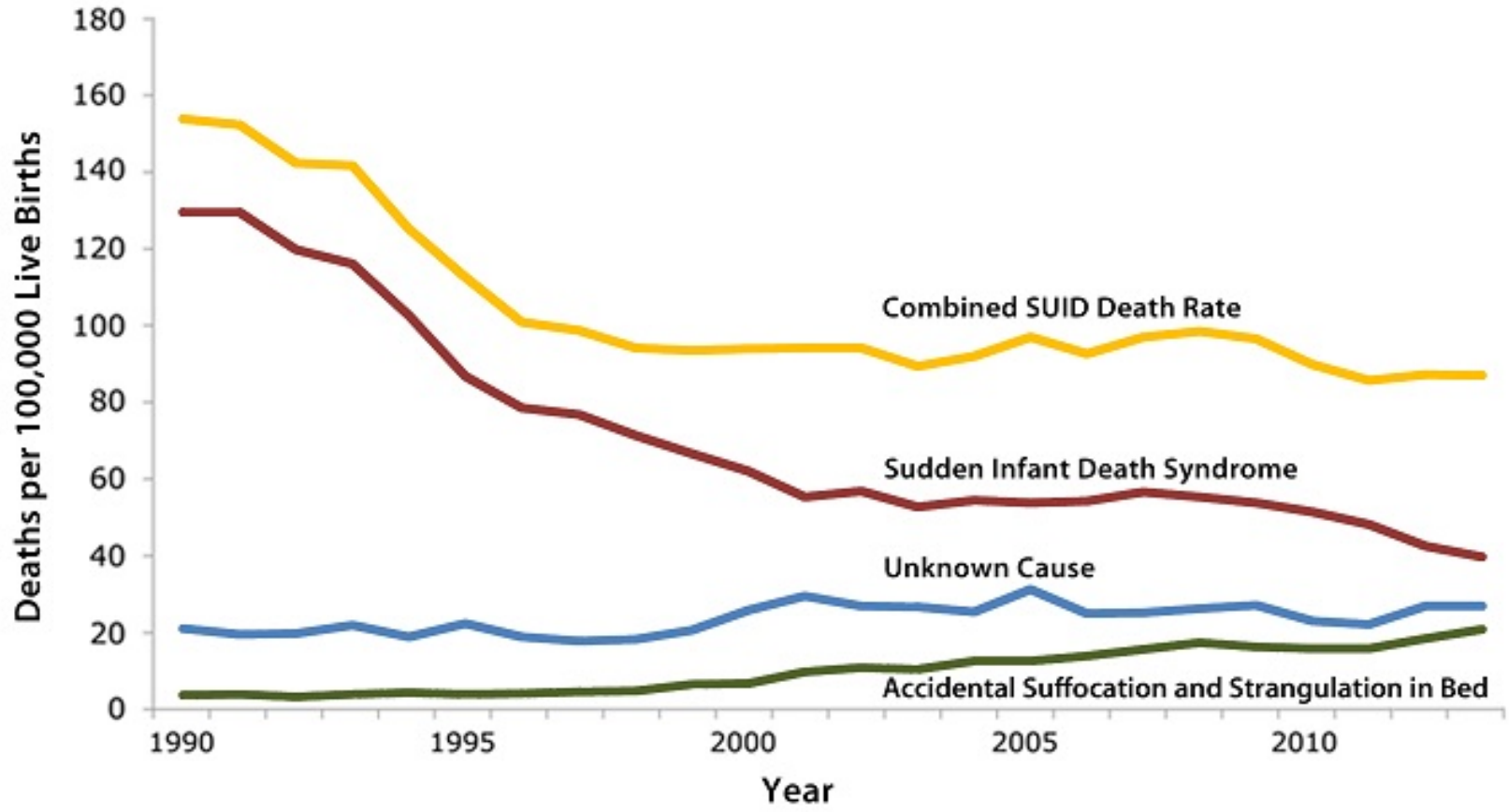
- Premature birth
- Low birth weight
- Miscarriage
- Stillbirth
- Reduced head circumference
- Birth defects especially heart defects
- Infections
- Neonatal abstinence syndrome
- SIDS
- Learning and behavior concerns

What is the role of Head Start?

Safe Sleep

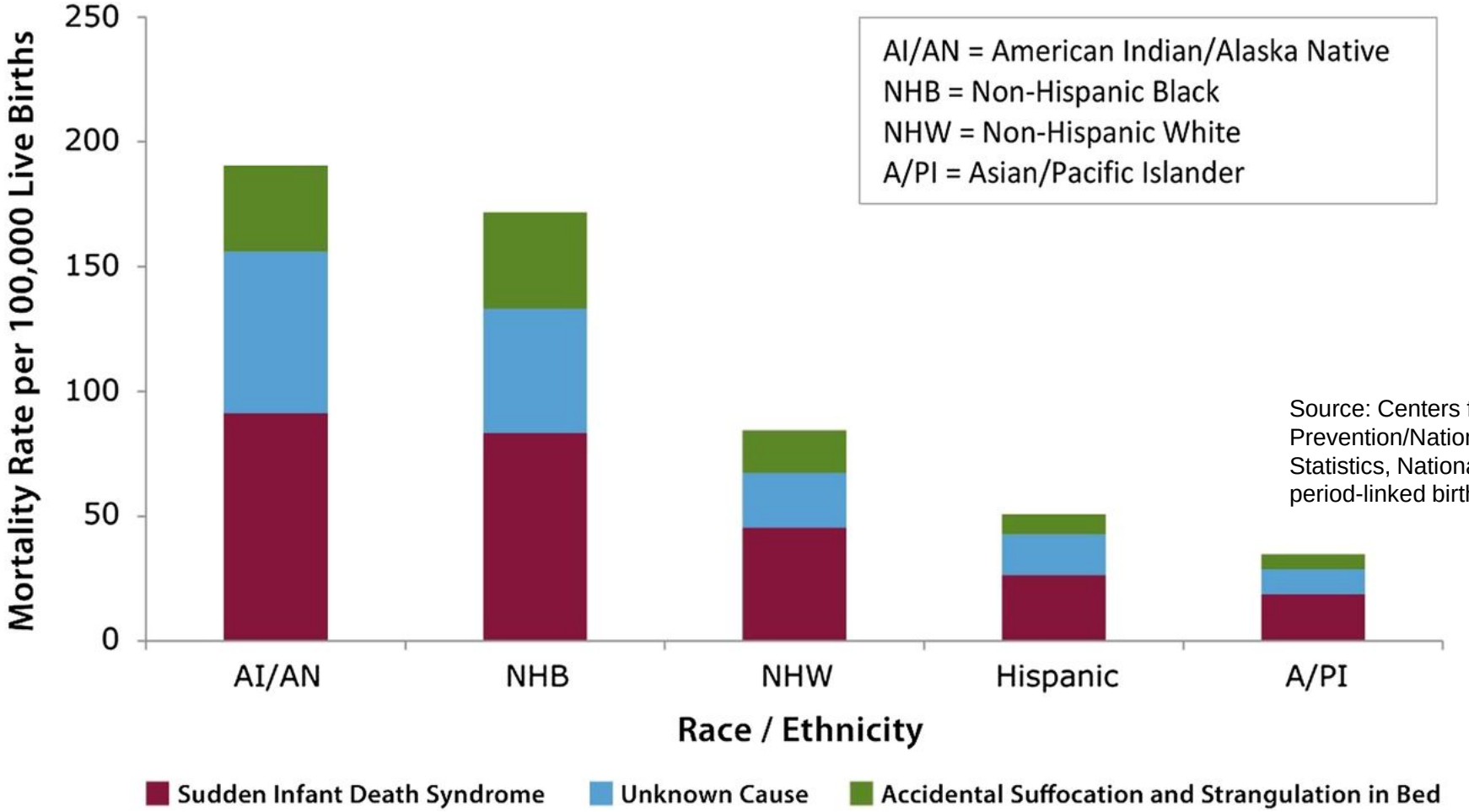
- Back to sleep for every sleep.
- Use a firm sleep surface.
- Breastfeeding is recommended.
- Roomsharing with the infant on a separate sleep surface is recommended.
- Keep soft objects and loose bedding away from the infant's sleep area.
- Consider offering a pacifier at naptime and bedtime.
- Avoid smoke exposure during pregnancy and after birth.

Rates of SIDS and SUID



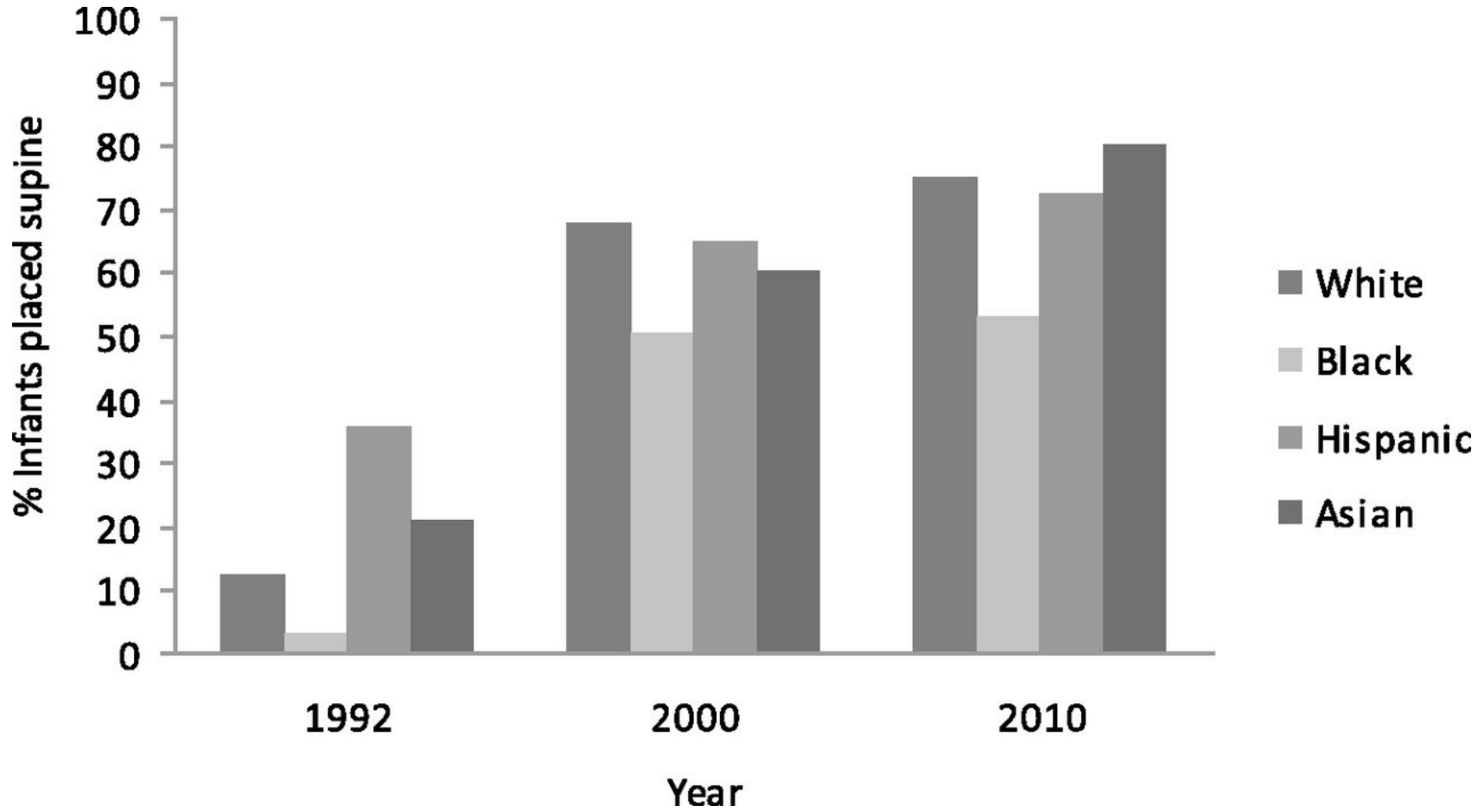
SOURCE: CDC/NCHS, National Vital Statistics System, Compressed Mortality File, 2015

SUID by race/ethnicity, 2010-2013



Source: Centers for Disease Control and Prevention/National Center for Health Statistics, National Vital Statistics System, period-linked birth/infant death data

Prevalence of supine position by maternal race/ethnicity, 1992-2010



Source: National Infant Sleep Position Study. Note that data collection for the National Infant Sleep Position Study ended in 2010

Oral health in pregnancy

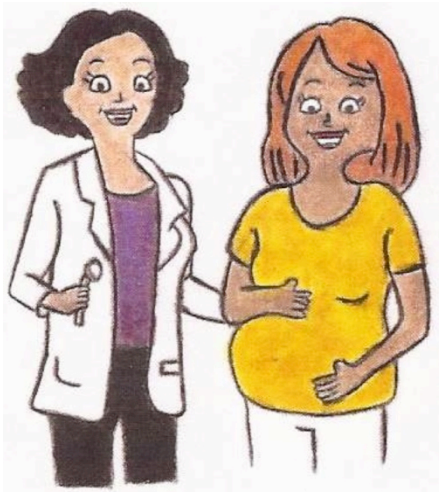
- Dental decay is an infectious transmissible disease
- Mothers can pass on decay causing germs to their babies

Barriers:

- Value of oral health
- Perceived ability to pay
- Time constraints
- Fear of dentist

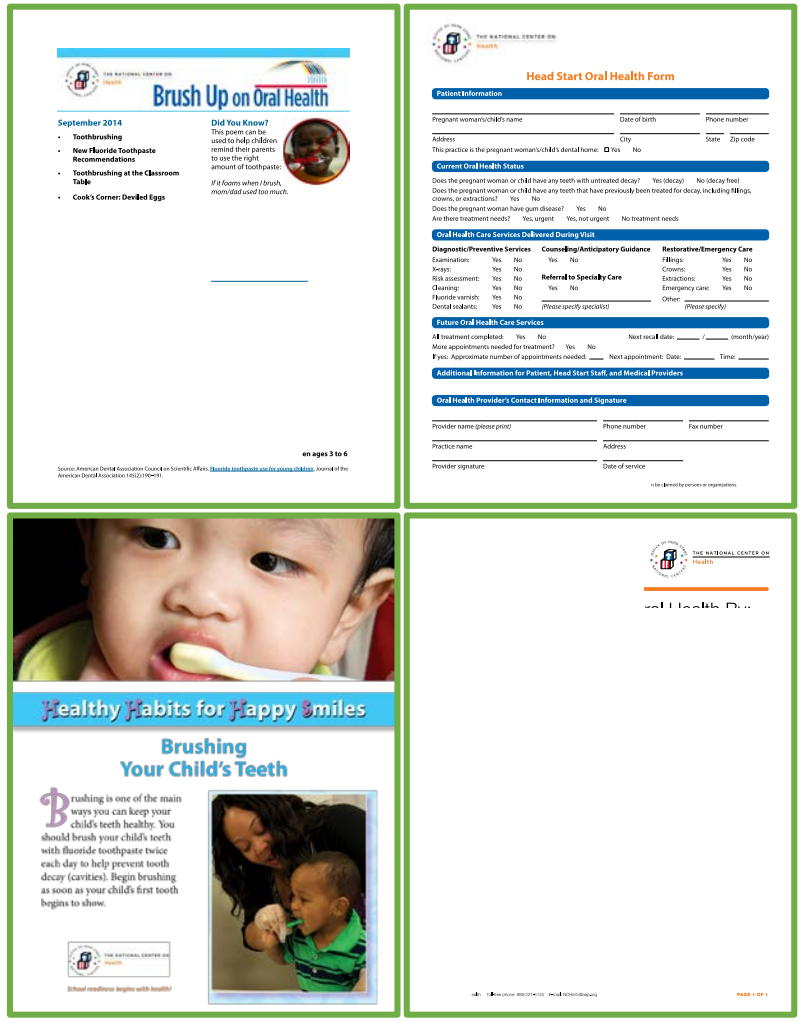
Go to the Dentist During Pregnancy —It's Safe and Important

- When visiting the dentist, tell your dentist if you are pregnant so that if you need treatment, he or she can decide on the best type for you.
- It is recommended to get your teeth cleaned during pregnancy to help decrease inflammation in the mouth.
- Good oral hygiene is important during pregnancy.
- During pregnancy your gums are more likely to bleed and there is a greater chance of them becoming inflamed or infected.



Resources from the National Center on Early Childhood Health and Wellness

- *Brush Up on Oral Health* newsletter
- *Head Start Oral Health Forms*
- *Healthy Habits for Happy Smiles* handouts (English and Spanish)
- *Oral Health Tips* for families and Head Start health managers



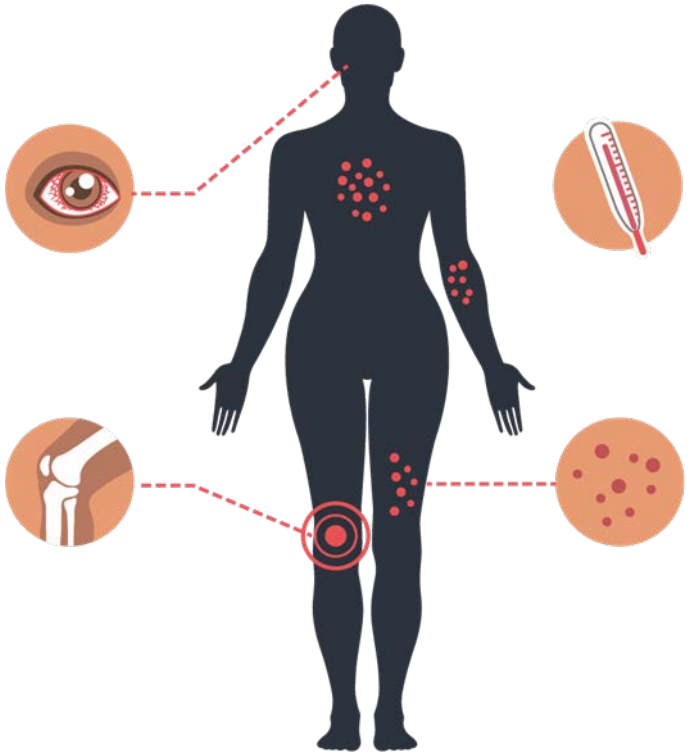
A note about Zika

What we know:

- Zika can be passed from a pregnant woman to her fetus
- Infection during pregnancy can cause certain birth defects
- Zika primarily spreads through infected mosquitoes
- There is no vaccine to prevent or medicine to treat Zika

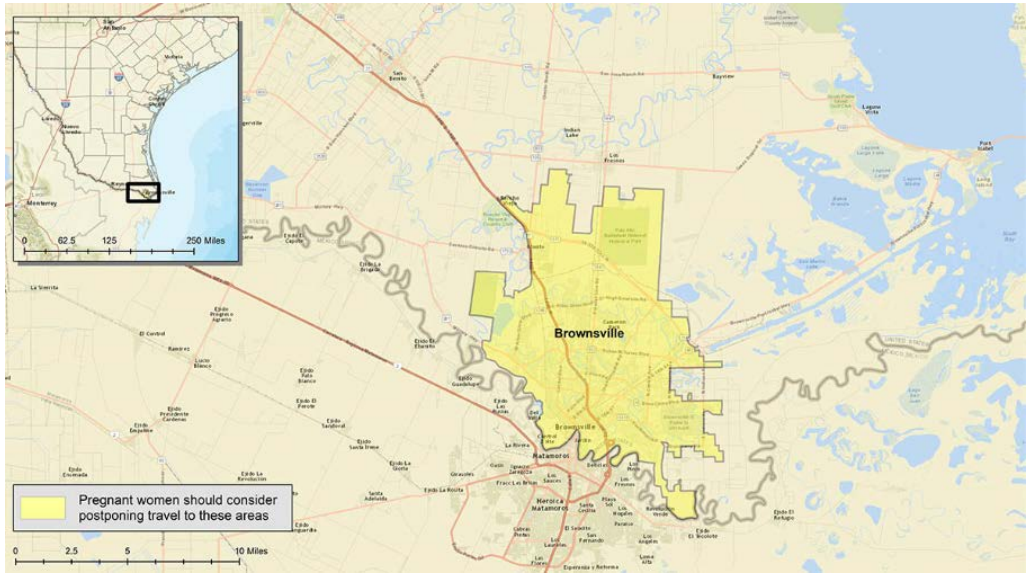
What are the symptoms?

- Local mosquito-borne spread of Zika virus was reported in Miami-Dade County, Florida, and Brownsville, Texas.
- Pregnant women should consider postponing travel to these areas.

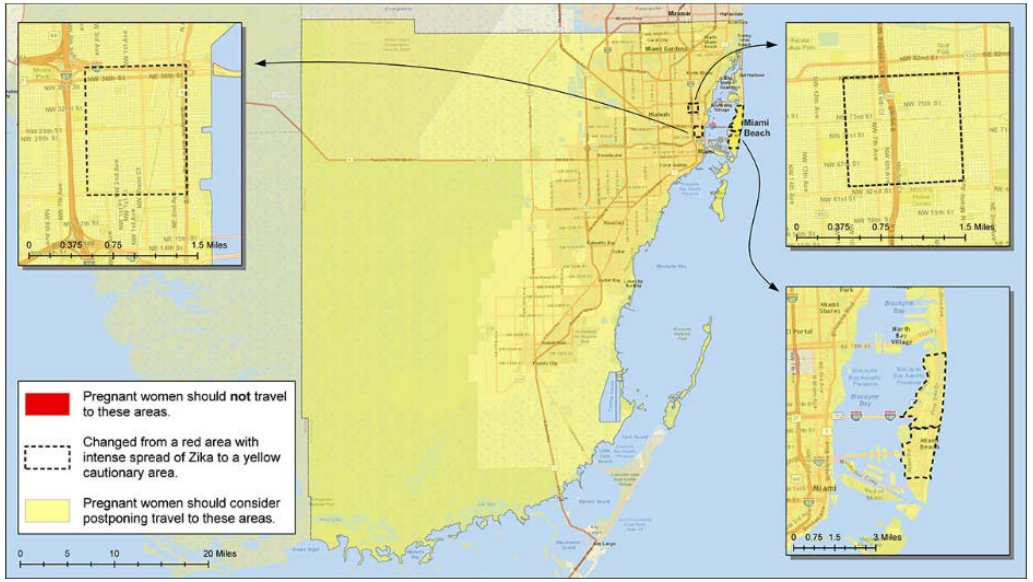


Zika in the United States

- For people with symptoms, the most common symptoms of Zika are
  - Fever
  - Rash
  - Joint pain
  - Conjunctivitis (red eyes)
- Other symptoms include
  - Muscle pain
  - Headache



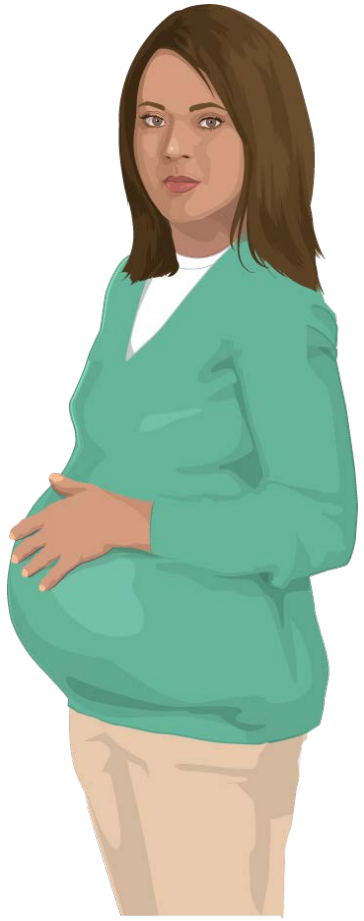
Brownsville, Texas



Miami-Dade County, Florida

How can Zika affect pregnancies?

- Infection during pregnancy can cause microcephaly and other severe brain defects.
- Linked to other problems, such as miscarriage, stillbirth, and birth defects
- No evidence that past infection will affect future pregnancies once the virus has cleared the body



What can you do?

- Counsel women about travel, prevention techniques, testing
- Stay up to date

What are strategies for connecting community resources?

What are some barriers or struggles in your program or community related to providing health services to pregnant women?