

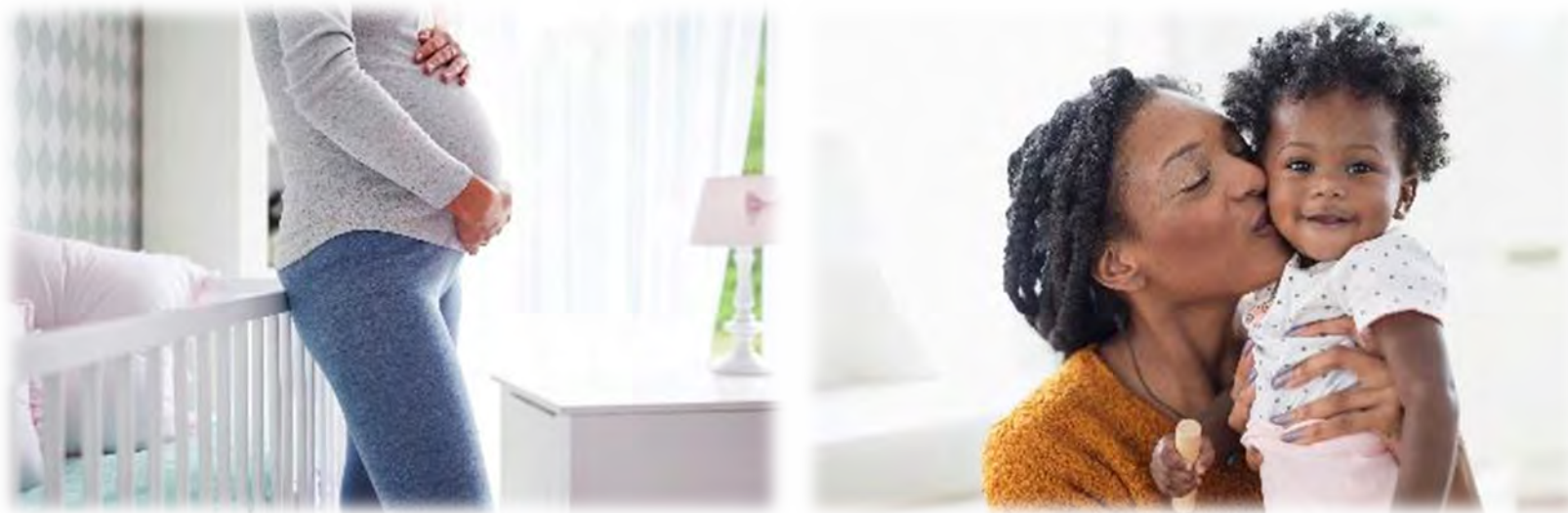


**OFFICE OF HEAD START**

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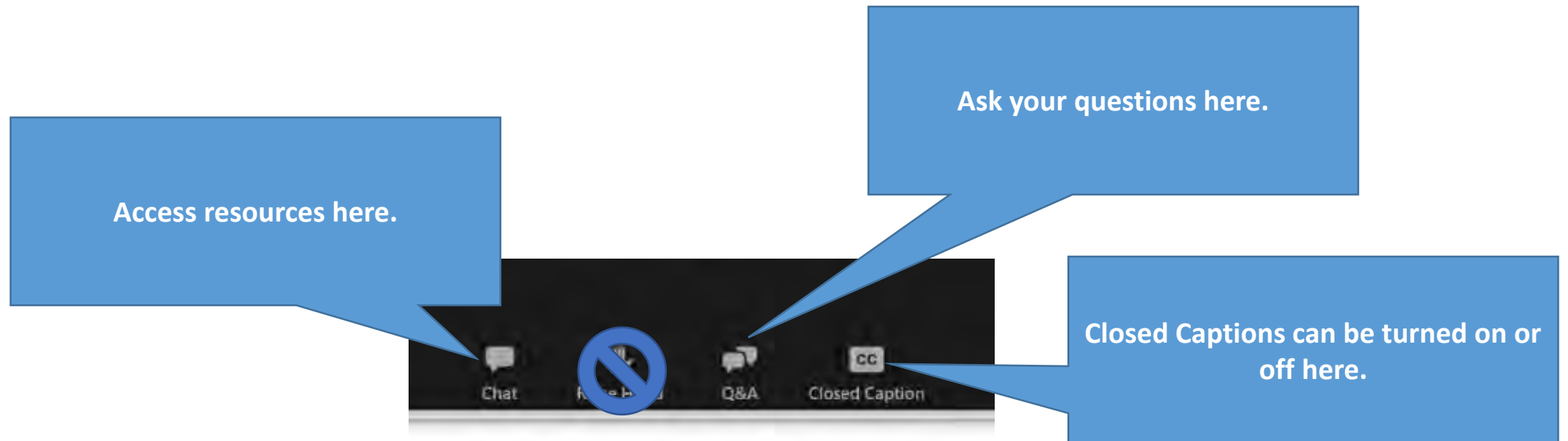


# Best Practices for Documenting and Providing Services to Expectant Families



# HOUSEKEEPING ITEMS

- All participants are in listen-only mode.
- Certificates of Attendance will not be provided.
- Complete post-event evaluation.
- Closed Captioning is optional.
- Access resources via chat panel.
- Submit all questions via Q&A.
- Recording will be OnDemand on ECLKC.



# Today's Presenters

**Dr. Bernadine Futrell**, director, Office of Head Start

**Dr. Lindsey Hutchison**, senior policy analyst, Office of Head Start

**Tabitha Temple**, infant/toddler program specialist, Office of Head Start

## *Representatives from the following grant recipients:*

- Community Action Pioneer Valley
- Geminus
- Cooperative Educational Service Agency No. 11
- Los Angeles Education Partnership



# Overview of Information Memorandum

- ACF-IM-HS-22-02 – Documenting Services to Enrolled Pregnant Women
- Released Feb 24, 2022



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 11.302.80](#)). 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

# Overview of Information Memorandum

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- Tracking and recording services and interactions with pregnant women, pregnant people, and expectant families
  - Document interactions, identified needs
  - Include specific details of interactions and services
- Programs required to track attendance for enrolled children – could use a similar system to track contact with expectant families

# Overview of Information Memorandum

Programs required to help enrolled pregnant women connect with other community-based services through referrals

- After such referrals are made, programs strongly encouraged to track services received from community partners
- MOUs with community partners can be a helpful strategy



# Resources

The screenshot shows the HEAD START | ECLKC website. The header includes the logo and navigation links for 'About', 'Topics', and 'Policy & Regulations'. A blue banner below the header reads 'View the Latest COVID-19 Updates from the Office of Head Start'. Below this is a search bar with the text 'Search this Website' and a 'Search' button. The main content area features the title 'How Head Start Services Can Improve Outcomes for Birthing Parents' and a 'Share' button. The text on the page discusses maternal deaths, health disparities, and the role of Head Start programs. A 'Download the PDF' button is visible, along with a note about the document's terminology and a 'Give us feedback' button.

**HEAD START | ECLKC**  
Early Childhood Learning & Knowledge Center

About Topics Policy & Regulations

View the Latest COVID-19 Updates from the Office of Head Start

Search this Website Search

Share Print

## How Head Start Services Can Improve Outcomes for Birthing Parents

Maternal deaths are increasing in the United States, but many are preventable. By understanding potentially life-threatening warning signs, we can better support pregnant people in our communities. This resource helps Head Start staff understand health disparities in birth outcomes and take steps to help pregnant and postpartum people achieve healthier and safer pregnancies.

[Download the PDF](#) [PDF, 864KB]

Head Start families may experience health disparities, which are differences in health outcomes based on their race, economic status, or other factors. Health disparities may be the result of not having access to resources, such as healthy, affordable food and access to quality health care. They may also result from having negative experiences with health care providers.

Head Start programs play a central role in communities and in the lives of families and children. Beginning with pregnancy, Head Start services can be an intentional intervention to address health disparities and promote health equity.

One area with significant health disparities is maternal and infant birth outcomes. The United States has the highest maternal death rates of any wealthy nation in the world. Unfortunately, birthing people of color are most significantly impacted by factors contributing to maternal death rates. American Indian, Alaska Native, and Black women are two to three times more likely than white women to die of pregnancy-related causes. Disparities in maternal and infant mortality are the result of years of inequitable systems and practices that contribute to inadequate outcomes for people of color.

These collective inequalities are often referred to as systemic oppression. When these unfair structures target people of color, it is considered systemic racism. Systemic racism has an outsized impact on maternal health outcomes in the United States.

### Health Disparities for Birthing Parents

- 700 people die each year from pregnancy-related complications in the U.S.

Note: This document uses the terms "birthing parents" and "pregnant and postpartum people" to refer to anyone who gives birth, regardless of their gender identity, which may be female, male, nonbinary, or other. For more information about inclusive language, read [Exploring a Nonbinary Approach to Health](#). The data referenced throughout this resource generally refers to women and may not be inclusive of information on all pregnant

[Give us feedback](#)



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