

## Head Start Program Performance Standards Pregnant Women

[Music]

Kiersten Beigel: Thank you for joining us today, my name is Kiersten Beigel.

Beth Meloy: And I'm Beth Meloy.

Kiersten: And we're here to talk about Subpart H: Services to Enrolled Pregnant Women. But before we get into the regulation talk, we wanted to talk about a little bit about the importance of what Early Head Start programs do in their work with pregnant women and expectant families, starting with thinking about healthy pregnancies and knowing that effective prenatal supports and interventions really go a long way in supporting those pregnancies, which also supports children's optimal learning and development starting in infancy. So, that's a really important part of why these standards exist.

Beth: That's right, and we really know from research that the foundation for school readiness begins prenatally, and it's really important to make sure that we're able to help create healthy and safe environments for pregnant women so that we can also begin promoting positive parent-child relationships.

Kiersten: And those early parent-child relationships, they really have powerful effects on children's emotional well-being and we know that children's emotional well-being is inextricably linked to their cognitive development, which in turn brings us back to this idea of school readiness and that these standards really lay that foundation and help us to give very young children and families every advantage we can as we provide these kinds of supports and practices.

Beth: That's right, so that's sort of what's behind the regulations in terms of purpose. Why don't we go ahead and start by briefly highlighting the sections that make up Subpart H services to pregnant women. The first section is 1302.80, which details services for enrolled pregnant women. 1302.81 is prenatal postpartum information, education and services, and then 1302.82 is family partnership services for enrolled pregnant women.

Kiersten: Keep in mind that this Subpart is now its own stand-alone subpart. It used to be that these standards were in a family partnership section, but now they're all contained in one area, and you told us that you were really pleased about that. So why don't we get started? Starting with 1302.80: Services for Enrolled Pregnant Women. And really this is about ensuring that pregnant mothers have access to health insurance and that programs determine whether or not they have that access within 30 days, if they don't have current health insurance helping them to acquire it as soon as possible. Also, in this section, we require programs to ensure that pregnant women are getting supports so that their living environments are stable, so that they're receiving oral health supports, nutrition information as well as making sure that in the instance that there may be family violence occurring in her experience that programs are able to provide support around that as well.

Beth: That's so important. Also, in this section is where you'll find the requirement for the newborn visit, and there's a change in the regulations in this version of the Standards. In the previous Standards, programs were required to conduct the newborn visit within two weeks. Now, the change really gives programs additional flexibility and states that the newborn visit has to be scheduled within two weeks, and what that really does is it provides flexibility for the program to be able to ensure that they're best meeting the needs of each individual family, and able to be sensitive to the cultural circumstances of the family, as well.

Kiersten: It's really creates more room for more cultural responsiveness in practice, which is great. Let's talk about 1302.81, and that's the section that focuses on prenatal and postpartum information and education and services, and programs are used to providing information and education on topics. There's a list here that you would want to check out, related to fetal development and also, smoking and alcohol risks, labor and delivery, breast-feeding, prenatal health, parental depression, as well as safe sleep. These are topics that many programs have been providing information on for years, but here just a couple things to know is that where as we used to focus more on maternal depression, we want to think about parental depression, knowing that fathers also experience depression during this

time, it's not that uncommon, and also we do know a lot more about safe sleep practices, so that's something to know and pay attention to as well.

Beth: Right, so really important that even though those services might not totally new to programs, to just make sure that you pay attention to the nuances and the actual language in the Standards, which I guess is always the case. Right?

Kiersten: Yeah.

Beth: So let's talk about the last section in this Subpart, which is 1302.82, the family partnership services for enrolled pregnant women, and basically what this section does is it makes absolutely clear that pregnant women as well as other family members, such as fathers, really should be included in the family partnership services, and that the goal setting around those family partnership services should have an emphasis in maternal health, and infant health.

Kiersten: And also that programs should expect to have conversations with families, expectant family members, fathers, as well as women, about the options for the infant, and how to enroll them, as appropriate, into center-based or home-based care, or family child care, again, depending on the circumstances of the family.

Beth: That's great. Well, that's all we have for you today on Subpart H, but we do just want to remind you that there are lots of resources available regarding services for pregnant women, so make sure you look those up on the ECLKC.

Kiersten: Thank you so much for joining us today, and also, we just really want to thank you for all that you do for children and families.

[Music]