



**HEALTHY MOTHERS,
HEALTHY BABIES**

Coalition of Georgia

Resources for Georgia Families During the Perinatal Period



**HEALTHY MOTHERS,
HEALTHY BABIES**

Coalition of Georgia

OUR MISSION

**To improve maternal and infant health
in Georgia through advocacy,
education, and access to vital
resources.**



**HEALTHY MOTHERS,
HEALTHY BABIES**

Coalition of Georgia

OUR VISION

A Georgia where every mother, birth giver, and baby has the resources and support to be healthy and thrive throughout the perinatal period.



What You Can Expect From Us Today:

Perinatal Programs

Healthy Mothers, Healthy Babies Coalition of Georgia(HMHBGA) offers information that mothers, birth givers, and their families need to know throughout their pre-pregnancy, pregnancy, postpartum, and in-between birthing period.

All programs, projects, and services are **FREE**.

Children 1st

In collaboration with the Georgia Department of Public Health, HMHBGA operates the Children 1st Information and Referral Line, a centralized intake line for the parents of high-risk infants identified via Electronic Birth Certificates.

Between July 1, 2021 - June 30, 2022, HMHBGA linked 6,331 families to the Children 1st program.

Help Me Grow GA

In collaboration with the Georgia Department of Public Health, HMHBGA operates Help Me Grow GA (1-888-457-4769), a free, confidential, access point for referrals & follow-up services to support the well-being of children from birth to young adult, & their families.

Between July 1, 2021 - June 30, 2022, HMG GA served 4,149 parents, caregivers, professionals, & community members seeking help.



Pregnancy Resources



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Prenatal & Maternal Mental Health (MMH) Classes



Register today and earn up to \$20 for participating!

May 15, 2020
May 29, 2020

Online Prenatal Education

Join us for a 90-minute course, where you can learn about pregnancy, baby care, WIC, insurance, Medicaid, staying healthy, and more!

Register here: <https://bit.ly/2xitnbl>

Fridays
11:00 AM - 12:30 PM

Sponsored by:
GEORGIA DEPARTMENT OF COMMUNITY DEVELOPMENT

Prenatal Education classes are focused on stages of pregnancy, oral health, WIC, Medicaid, insurance, staying healthy, and more. The classes also help frame what to expect during prenatal visits, helps parents think about birthing options, and lightly introduces topics like MMH, breastfeeding, and postpartum care.

Maternal Mental Health classes are focused on awareness and taking care of mental health from pregnancy to postpartum. They discuss:

- Substance Abuse
- Peer Support
- Perinatal Depression & Anxiety
- Treatment Options
- Community Resources

Georgia residents can earn up to \$20 in gift cards for completing our surveys!

Online Maternal Mental Health Class

Join us for our FREE 90-minute class, where you can learn about the many ways to start taking care of your mental health from pregnancy to postpartum!

Register here: bit.ly/3uHYNQ7

Thursday, March 24th
5:00-6:30pm

Educator: Tanya Thomas
Licensed Associate Professional Counselor,
Perinatal Mental Health Certified, Support Group
Facilitator, & Trained in PMADs, EMDR, & Crisis Intervention

All classes & groups are available online through picklesandicecreamga.org.

Perinatal Care Packages

HMHBGA gives away FREE perinatal care packages to pregnant and postpartum birth givers who live in Georgia through Pickles & Ice Cream as an early intervention to maternal morbidity.

We partner with GA-based agencies and moms across the state to develop care packages for moms & birth givers. The current care packages include a blood pressure monitoring system, breastfeeding book, journal, thermometer, thermometer probe covers, breastfeeding storage bags, compression socks, candles, and motivational card packs. Request orders are accepted monthly to be delivered the next month.



The order form is available online through picklesandicecreamga.org.



Postpartum Resources



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Postpartum, Baby Care, & Feeding Classes



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Postpartum classes are focused on postpartum health, recovery, the postpartum visit, uterine changes, maternal mental health, warning signs, Medicaid, insurance, staying healthy, and more!

Georgia residents can earn up to \$20 in gift cards for completing our surveys!

Pickles & Ice Cream

Online Postpartum Class

Join us for a FREE 90-minute class, where you can learn about postpartum health, nutrition, recovery, and more!

Register here: bit.ly/3CSFm5

Monday, April 18th
5:00-6:30pm

Educator: Clarissa Edmondson
Certified Childbirth Educator, Certified Doula, Certified Nurse Assistant, Pediatric Care Assistant, & Pregnancy & Infant Loss Advocate

Georgia residents can earn up to \$20 in gift cards for completing our surveys!

Pickles & Ice Cream

Online Baby Care Class

Join us for a FREE 90-minute class, where you can learn about baby health, diapering care, and more!

Register here: bit.ly/3lhpzrg

Wednesday, April 13th
5:00-6:30pm

Educator: Kandice Burtis
Certified Childbirth Educator, Birth & Postpartum Doula, Belly Binding Expert, & Mother of 6

Baby Care classes are focused on infant care, diapering tips, diaper options, stool health, bathing, baby health, car seat safety, soothing techniques, Shaken Baby Syndrome, and more!

Breastfeeding & Infant Feeding classes are focused on guidelines for breastfeeding, hunger cues, latching, engorgement, bottle-feeding tips, burping, WIC, Medicaid, insurance, staying healthy, and more!

Georgia residents can earn up to \$20 in gift cards for completing our surveys!

Pickles & Ice Cream

Online Breastfeeding & Infant Feeding Class

Join us for a FREE 90-minute class, where you can learn about breastfeeding, latching, bottle-feeding tips, and more!

Register here: bit.ly/3CLXeX7

Monday, April 4th
5:00-6:30pm

Educator: Felicia Beach
Certified Lactation Consultant, Registered Nurse, & Postpartum Doula

For Moms by Moms



Our groups are here to provide all mothers and birth givers the support they need to help with mental health during and after pregnancy.

We believe the best kind of peer facilitator is someone who understands the transitions, joys, difficulties, and daily life as a mother. Who would be a better fit than another MOM!

All groups are led by volunteer moms who are trained in how to provide a safe space and facilitate a successful peer support group. Currently, our Peer Support Groups are online only, with phone dial-in options. To accommodate the busy schedule of a mom, group dates and times vary with weekly & bi-weekly sessions. Choose one that best fits your schedule and personal preference!



In collaboration with the Georgia Department of Public Health, the Information and Referral Center contacts parents of high-risk infants identified via Electronic Birth Certificates and connects them to Children 1st and public health resources.

Contract Partner: Georgia Department of Public Health



Children 1st Mission

The mission of Children 1st is to identify children, **Birth to Five** years of age who are at risk for poor health and developmental outcomes, so that needed interventions can be made to ensure the optimal health and development of the child. Children 1st is the **Single Point of Entry** for all child health programs within Maternal and Child Health at Georgia Department of Public Health.

Children 1st Eligibility



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Children 1st is open to children birth to 5 years of age who have :

- Suspected developmental delays
- Extreme social or environmental needs
- Confirmed medical conditions
- Residency in Georgia

Children 1st Core Functions



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- **Identification** of all births in Georgia
- **Screening** of all at risk children up to age five
- **Assessments** of all children and families at risk
- **Referrals/Linkage** of children families with risk conditions to appropriate services
- **Monitoring** of individual children with risk conditions

Ways children are identified:

Electronic Birth Certificate Screening

Children 1st Screening & Referral Form – Referrals are submitted by:

- Regional Perinatal Centers (Albany, Atlanta, Augusta, Columbus, Macon, Savannah)
- Birthing Hospitals
- Newborn Screening (Metabolic & Hearing)
- Physicians
- Parents/Family Members
- Public Health Programs
- Daycares/Head Start Centers/Preschools/Child Care Centers
- Division of Family and Children Services (DFCS)

Anyone can refer children to Children 1st if there are concerns about the child's growth or development by completing the **Children 1st Screening & Referral Form**

Referrals for Children 1st through the Information & Referral Center (IRC)



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Children 1st Referrals by Electronic Birth Certificate:

- Downloaded daily from Vital Records
- Parents are contacted and educated on developmental milestones and the Children 1st program
- Local Children 1st coordinators review the referral & contact families of children at risk of poor growth and developmental outcomes

Children 1st Referrals by Phone:

- Parents and caregivers call in requesting information
- IRC provides a brief initial screening to determine appropriateness of the referral
- Local Children 1st coordinators review the referral & contact families of children at risk of poor growth and developmental outcomes

Between July 1, 2021 - June 30, 2022, HMHBGA linked 6,331 families to the Children 1st program.

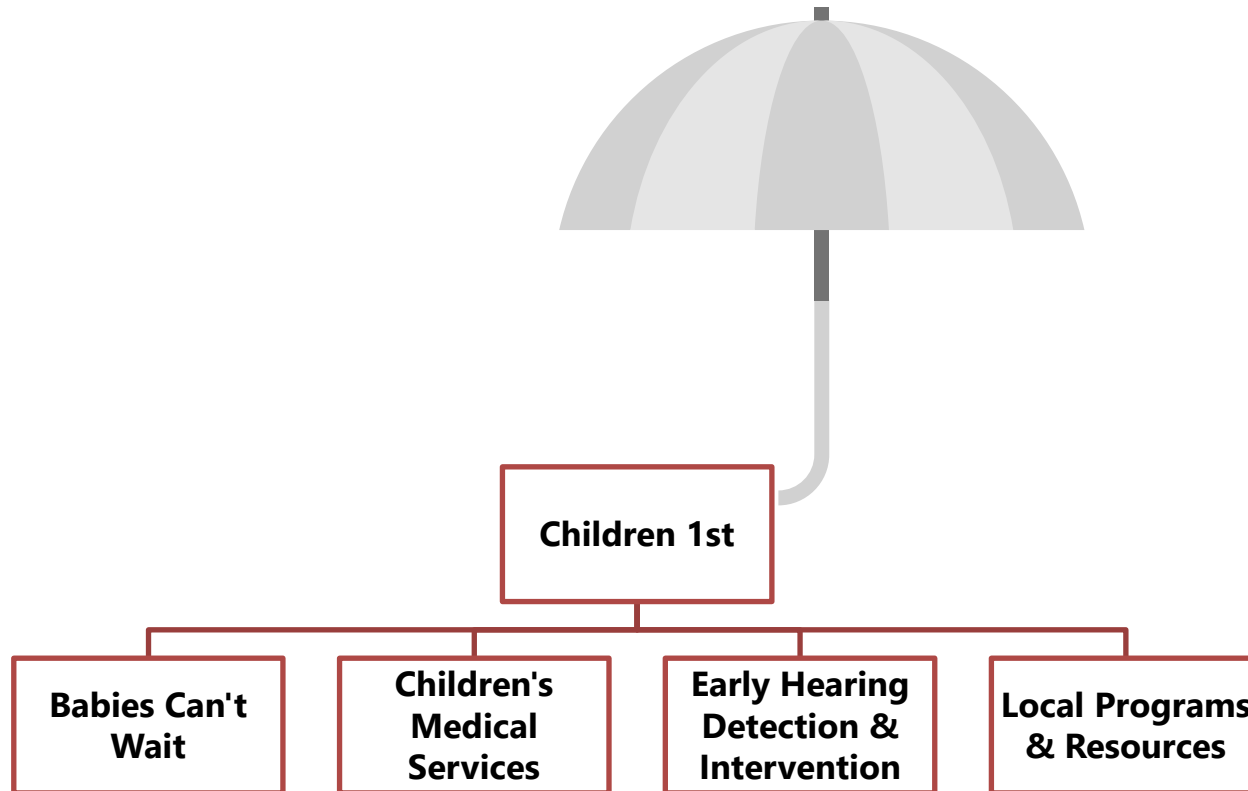
Children 1st

The Single Point of Entry



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All Referrals made to the Georgia Department of Public Health's child health programs must be submitted through Children 1st. The Children 1st Screening and Referral form is located at:

<https://dph.georgia.gov/children1st>

How Do I Make a Referral?



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DPH **Children 1st**
Screening and Referral Form

Referral Source: _____ Date Received: _____

DIRECTIONS: Please complete form on every child, birth to age 5, having any of the conditions listed on 1st or 2nd page. Check or fill in as much information as possible. Send form to local Children 1st Coordinator.

SECTION A CHILD AND FAMILY INFORMATION

CHILD'S INFORMATION	MOTHER'S INFORMATION
Child: Last Name _____ First _____ MI _____ Date of Birth: _____ Birth weight: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown Gestational Age: _____ Select race: (Mark all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Unknown <input type="checkbox"/> Hawaiian/ Other Pacific Islander Latino/Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Hospital: _____ Discharge Date: _____ Transfer Hospital: _____ Discharge Date: _____ Type of Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> PeachCare <input type="checkbox"/> CareSource <input type="checkbox"/> WellCare CMO <input type="checkbox"/> PeachState CMO <input type="checkbox"/> Private <input type="checkbox"/> Amerigroup CMO <input type="checkbox"/> Tri-Care <input type="checkbox"/> Unknown Child's Insurance #: (if known) _____ None	Mother: Last Name _____ First _____ MI _____ Maiden _____ Age: _____ Date of Birth: _____ Education: (last grade completed) Marital Status: <input type="checkbox"/> M <input type="checkbox"/> NM <input type="checkbox"/> SEP <input type="checkbox"/> D <input type="checkbox"/> W Live in Partner: <input type="checkbox"/> Yes <input type="checkbox"/> No Prenatal Care: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> None Parity G: _____ P: _____ Pre-Term: _____ A/B: Elective/Spontaneous: _____ Parent's Medicaid #: _____
FATHER'S INFORMATION	
Last Name _____ First _____ MI _____	
GUARDIAN/FOSTER CARE REFERRALS	
Guardian/Foster Parent Last Name _____ First _____ Phone Number _____	
DFCS Case Worker Last Name _____ First _____ Phone Number _____	
LANGUAGE NEEDS	CONTACT INFORMATION
Primary Language: _____ Translation/Interpreter Needed: <input type="checkbox"/> Y <input type="checkbox"/> N	Child Lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent Child's Address: _____ Street /Route Apt Complex # / Mobile Hm Park# _____ City _____ County _____ Zip _____ Phone #: _____ Emergency Contact #: _____ Caregiver email address: _____
CHILD'S PRIMARY MEDICAL/HEALTH CARE PROVIDER	HOSPITAL INFORMATION
Name _____ Street or Route _____ City _____ State _____ Zip _____ Phone _____ Fax _____	Newborn Hearing Screening: <input type="checkbox"/> Not Screened <input type="checkbox"/> Family Refused Screening Inpatient Date: _____ Left: <input type="checkbox"/> Pass <input type="checkbox"/> Refer Right: <input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> AOA <input type="checkbox"/> AABR <input type="checkbox"/> Other Outpatient Date: _____ Left: <input type="checkbox"/> Pass <input type="checkbox"/> Refer Right: <input type="checkbox"/> Pass <input type="checkbox"/> Refer <input type="checkbox"/> AOA <input type="checkbox"/> AABR <input type="checkbox"/> Other Newborn Bloodspot Metabolic Screening: <input type="checkbox"/> Not Screened <input type="checkbox"/> Family Refused Screening Equipment: _____ Vaccines Given During Hospital Stay: _____ Hepatitis B Vaccine: (date) _____ HBIG: (date) _____
SECTION C	LEVEL 2 RISK CONDITIONS (3 OR MORE MUST BE PRESENT FOR ELIGIBILITY)
Conditions Identified at Birth P01.0 - P04.9 <input type="checkbox"/> Suspected damage to fetus (Mother Smoked and/or Drank, > 7 drinks/week, during Pregnancy) P08.00 - P07.18 <input type="checkbox"/> Disorders n/ other preterm infants <2500 Grams (5 lbs. 8 oz.) and > 1900 Grams O09.30 - O09.33 <input type="checkbox"/> Insufficient Prenatal Care (Little or no prenatal care) O09.511 - O09.629 <input type="checkbox"/> Young Prima-Multi-gravida (Maternal Age <18 years) O09.70 O09.73 <input type="checkbox"/> Education Circumstances (Maternal Education <12 Years)	Child Abuse Prevention Treatment Act (CAPTA) All CAPTA referrals are automatic referral (Child age birth to 3 years) Z62.21 - Z62.29 <input type="checkbox"/> Foster Care Y07.11 - Y07.0, T74.12XA - T <input type="checkbox"/> Child Maltreatment Syndrome (Substantiated Case) DFCS Referrals (no CAPTA) Z62.21 - Z62.29, Y07.9 - Y07.11 <input type="checkbox"/> Foster Care (over age 3) T74.12A - T74.32XS <input type="checkbox"/> Child Maltreatment Substantiated Case (over age 3) T76.12XA - T76.32XS <input type="checkbox"/> Unsubstantiated or sibling of victim of substantiated case (birth to 5) F80.X - F88, Z00.70 - Z00.71 <input type="checkbox"/> Child under age 5 exhibiting physical or developmental delay
Socio-Environmental Conditions Present in the Family	
Z81.8 <input type="checkbox"/> Psychiatric condition (Parental Mental illness, Depression) Z89.0 <input type="checkbox"/> Lack of Housing (Homelessness) Z83.32 <input type="checkbox"/> Family disruption due to child in welfare custody Z64.1 <input type="checkbox"/> Multiparity - in Mother (<20 Years of age, >3 pregnancies) Z65.3 <input type="checkbox"/> Legal Circumstances (Parental Incarceration) Z80.0 - Z84.89 <input type="checkbox"/> Family History of (Specify) _____ (Illness/disability affecting care of child) T14.90 / T14.8 <input type="checkbox"/> Child Injuries (>3 in 1 Year) Requiring Medical Attention Specify _____	Z81.0 <input type="checkbox"/> Mental Retardation (Parental Mental Retardation) Z59.5 <input type="checkbox"/> Inadequate Material Resources (Affecting Care of Child) Z62.898/F94.2 <input type="checkbox"/> Parent-Child Problems (Questionable Mother/Child Attach) Z56.0 <input type="checkbox"/> Parental Unemployment Z63.79 <input type="checkbox"/> Other Psych. or Physical Stress, (History of Family Violence)
SECTION D SIGNATURES	
Name of Person Completing Form _____ Agency _____ Email Address _____ Phone _____ Date _____	
Parent Signature (encouraged but not required for referral) _____ Parent Informed of Referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Form #3267 Page 1 of 2

- Complete Screening and Referral Form
- Demographic information
- Parent/guardian's contact information
- Information for the person completing the screening and referral form
- Mark **ALL** identified risk conditions
- Inform guardian of public health referral

How Do I Make a Referral?



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Child's Name: _____		Mother's Name: _____	
SECTION E (check all that apply) LEVEL I RISK CONDITIONS (Medical/Biological Conditions Present in Child Indicating Referral to Public or Private Sector Care)			
Infectious and Parasitic Diseases		Conditions Originating in the Perinatal Period	
B02 <input type="checkbox"/> HIV A50.9 <input type="checkbox"/> Syphilis Mental Disorders F84.0 <input type="checkbox"/> Autistic disorder F80.9 <input type="checkbox"/> Developmental speech or language disorder F84.8 <input type="checkbox"/> Unspecified delay in development F84.9 or F89 <input type="checkbox"/> Suspected Developmental Delay Endocrine, Nutritional & Metabolic Diseases, and Immunity Disorders E03.1 - E00.9 <input type="checkbox"/> Congenital hypothyroidism E70, E71.X - E72.X <input type="checkbox"/> Disturbances of amino-acid metabolism (Metabolic disease) E70 - E88 _____ E00 - E89 Specify (code, diagnosis): _____ Diseases of the Blood and Blood-Forming Organs D5X.X <input type="checkbox"/> Hereditary hemolytic anemias Specify (code, diagnosis): _____ Diseases of the Nervous System and Sense Organs G00.9 <input type="checkbox"/> Meningitis, Bacterial G03.9 <input type="checkbox"/> Meningitis, All Other G04.90 <input type="checkbox"/> Encephalitis G80.9 <input type="checkbox"/> Infantile cerebral palsy G40.901 - G46.91 <input type="checkbox"/> Epilepsy/Seizure Disorder G03.41 - G03.42 or I67.83 <input type="checkbox"/> Encephalopathy G80.9 - G82.9 or G41.0 or G71.2 <input type="checkbox"/> Neuromuscular Disorder H35.150 or H35.150 <input type="checkbox"/> Retinopathy of Prematurity (Grades 4 or 5) H54.0 or H35.150 <input type="checkbox"/> Blindness and low vision Specify (code, diagnosis): _____ H86.X <input type="checkbox"/> Unspecified otitis media - otitis (recurrent or persistent) H90.X - H91 <input type="checkbox"/> Hearing Loss Specify (code, diagnosis): _____ C1DMS.1 <input type="checkbox"/> Suspected Hearing Impairment Serious Problems or Abnormalities of Body Systems J00 - J95 <input type="checkbox"/> Heart/Circulatory System J00 - J06.9 <input type="checkbox"/> Respiratory System J45.20 - J45.22 <input type="checkbox"/> Asthma K00 - K90.9 <input type="checkbox"/> Digestive System N00.0 - N04.9 <input type="checkbox"/> Genito-Urinary System M32.10 - M36.6 <input type="checkbox"/> Musculoskeletal System and Connective Tissue Q00.0 - Q09.9 <input type="checkbox"/> Congenital anomalies Q00.0 <input type="checkbox"/> Anencephaly Q05.0 - Q05.9 or Q04.5 <input type="checkbox"/> Spina Bifida/Myelomeningocele Q02 <input type="checkbox"/> Microcephaly Q03.8 or Q3.9 <input type="checkbox"/> Hydrocephaly Q35.9 <input type="checkbox"/> Cleft Palate/Lip Specify Conditions for All Above (include Diagnosis Code): _____		P04.3 or Q06.0 <input type="checkbox"/> Fetal Alcohol Syndrome P05.00 - P05.10 <input type="checkbox"/> Light-for-dates infant without fetal malnutrition unspecified (birth weight < 10% for gestational age) P05.X <input type="checkbox"/> Fetal Growth Retardation (Intrauterine Growth Reduction-IUGR) P07.00 - P07.03 <input type="checkbox"/> Disorders of extreme immaturity of infant (BW < 900 gms) P07.10-P07.16 <input type="checkbox"/> Disorders of other premim infants (BW 1000-1500 gms) P10.0 <input type="checkbox"/> Subdural and cerebral hemorrhage due to birth trauma P84 <input type="checkbox"/> Severe birth asphyxia (APGAR < 3 at 5 Minutes) P27.0-P27.8 <input type="checkbox"/> Chronic Respiratory Disease in perinatal period (Broncho-pulmonary Dysplasia) P29.3 <input type="checkbox"/> Primary apnea or other apnea in newborn P29.9 <input type="checkbox"/> Unspec. Respir. Condition of fetus/newborn (vent > 48hrs) P38.0 <input type="checkbox"/> Congenital Rubella P35.1 <input type="checkbox"/> Congenital cytomegalovirus infection (CMV) P35.2 <input type="checkbox"/> Other congenital infection in perinatal period (Herpes Simplex-congenital, Toxoplasmosis) P50.21-P52.22 <input type="checkbox"/> Intraventricular Hemorrhage (IVH), Grade III or IV P52.3 or P59.X <input type="checkbox"/> Perinatal jaundice of hepatocellular damage (NB Hepatitis) P59.9 <input type="checkbox"/> Neonatal jaundice (requiring exchange transfusion) P77.3 <input type="checkbox"/> Stage III necrotizing enterocolitis in newborn P90 <input type="checkbox"/> Convulsions in newborn P92.9-P92.9 <input type="checkbox"/> Feeding Problems in newborn (severe reflux/feeding tube) P14.1-P46.2 <input type="checkbox"/> Drug Withdrawal Syndrome in Newborn P91.2 <input type="checkbox"/> Periventricular/Intraventricular Leukomalacia (PVL) C1COP.1 <input type="checkbox"/> NICU Stay > 5 days Symptoms, Signs and Ill-Defined Conditions P92.8 <input type="checkbox"/> Failure to Thrive/Growth Deficiency (growth below 5th %) R08.89 <input type="checkbox"/> Other abnormal clinical findings Specify (code, diagnosis): _____ Injury and Poisoning S06.80XA or S09.90XA <input type="checkbox"/> Other and unspecified injury to head T56.80XX <input type="checkbox"/> Toxic effect of lead and its compounds, including fumes Lead Level > 20 µg/dl (Venous) Lead Level > 10 < 20 µg/dl (Venous) Specify: _____ C11N1.1 <input type="checkbox"/> Otolitic medications including chemotherapy Other Significant Conditions Z20.5 - Z22.52 <input type="checkbox"/> Carrier/suspected carrier of viral hepatitis (Hep. B in Mom) Z82.2 <input type="checkbox"/> Family history of deafness or hearing loss Z83.72 <input type="checkbox"/> Alcoholism or Substance Abuse in Family (Maternal use of street, prescription or OTC drugs via self-report, drug screen or court record) Q85.0X <input type="checkbox"/> Neurofibromatosis	
SECTION F		COMMENTS	
Has child received a recent developmental screening? <input type="checkbox"/> Not screened <input type="checkbox"/> Yes, screened by _____ (Please attach results) Measure used: _____ Date screening completed: _____ Scores: _____ Email this form to your county/district Children 1st Coordinator by clicking the "Email Form" below. You can find your coordinator by clicking the "Coordinator LookUp" button.			
Email Form		Coordinator LookUp	

Level II Risk Conditions

- At least three (3) Level II risk conditions must be selected to fulfill Children 1st eligibility requirements

Level I Risk Conditions

- Only need one (1) Level I risk condition to fulfill Children 1st eligibility requirements

Supporting Documents

- Hospital discharge summary
- Medical records summary
- Developmental screenings

How Do I Make a Referral?



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1. Complete the Children 1st Screening and Referral Form
2. Visit the Maternal and Child Health Coordinator Locator online at https://sendss.state.ga.us/sendss!/mch.coord_search
3. Enter in the child's zip code OR County
4. Enter a check mark beside the Children 1st box and select "Search for Locations"
5. Submit the Children 1st Screening and Referral form and other supporting documents to the first Children 1st Coordinator listed under results.

DPH Georgia Department of Public Health

Georgia Maternal Child Health Coordinator Locator

The information on this website is intended as a resource for families to locate public health programs and services in their area serving the health needs of women and children. The information in this list is maintained by the Georgia Department of Public Health and contains contact information for birthing hospitals, public health district programs and initiatives (Women's Health, Regional Perinatal Centers, Perinatal Case Management (PCM), Sexually Transmitted Diseases (STD), Early Hearing Detection and Intervention (EHDI), Children 1st, Babies Can't Wait (BCW), Children's Medical Services (CMS), Oral Health, Home Visiting and GAAC Autism Specialty Clinics).

If you experience issues with this tool, please email us at DPH-MCHDQ@dbh.ga.gov

Please Enter Your 5 digit Zipcode
Zip:

Or
Please Select County
County:

Select Programs (Choose at least one)

- Babies Can't Wait (Early Intervention Program)
- Children 1st
- Children's Medical Services
- Early Hearing Detection and Intervention
- Perinatal Case Management
- Oral Health Program
- Regional Perinatal Center
- Sexually Transmitted Diseases
- Women's Health Coordinators
- GAAC Autism Specialty Clinic
- GA Home Visiting

Results

- A DeKalb Health District**
140 Winn Way
P.O. Box 967
Decatur, Ga 30030
(404) 294-3814
Children
Dixon, Aletha
1st
Aletha.Dixon@dbh.ga.gov
- B Fulton Health District**
2805 Metropolitan Parkway
Atlanta, Ga 30315
(404) 612-8774
Children
Corsino, Cynthia
1st
cynthia.corsino@fultoncountyga.gov
- C Clayton Health District**
1117 Battlecreek Rd
Jonesboro, Ga 30236
(678) 610-7199
Children
Pye, Sandra
1st
sandra.pye@dbh.ga.gov

Map of Locations



Linkage/Referrals are based on identified family needs

- Public Health programs and services:
 - Babies Can't Wait
 - Children's Medical Services
 - Early Hearing Detection and Intervention
 - Evidence-based Home Visiting
 - Georgia WIC (Women, Infants, and Children)
- Prevention Based, community services
 - Health care provider
 - Childcare
 - Parenting classes

For More Information About Maternal & Child Health Programs



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Children 1st

<https://dph.georgia.gov/children1st>

Children's Health Programs

<https://dph.georgia.gov/childrens-health>

Women & Children Programs

<https://dph.georgia.gov/women-and-children>



In-Between Births & Pre-Pregnancy



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Help Me Grow **Georgia** is an initiative of the Georgia Department of Public Health (DPH). HMHBGA is contracted to provide information, healthcare referrals and follow-up services in support of this initiative.

HELP ME GROW

888-HLP-GROW (888-457-4769)

Operates Monday through Friday 8AM – 5PM

FAQs

Who can call the line?

Anyone in the state of Georgia may call.

Do you have to pay anything? Are services free?

Calling Help Me Grow to be connected to resources is free. Resources provided are available in sliding scale, discount, income-driven rates, or available to Medicaid recipients.

What languages are available?

English and Spanish.

Translation is available in over 170+ languages utilizing the language line.

What Is Help Me Grow?

Help Me Grow **Georgia** is a *free, confidential, access point for healthcare referrals and follow-up services to support the well-being of children from birth to young adult, and their families by linking them to essential services within their community.*

By actively listening to needs of clients, Help Me Grow **Georgia** liaisons work to help link them to developmental screening, day care, early learning resources, and behavioral health services coordinating with child focused programs within the local community.



Through 888-HLP-GROW families can also be connected to resources that support optimal health such as:

- Developmental Screening
 - Day Care and Early Learning Resources
 - Dental, Vision, & Medical Care Providers
- Mental Health & Substance Abuse Support
- Food, Clothing, and Housing Assistance
 - Medication Assistance
- Prenatal Care, WIC / Food Services, Services for Babies and Children, Birth Control, Breastfeeding Support, STD/HIV Testing, Mental Health Services, & More!

Prevent Child Abuse Georgia



Monday to
Friday
8 AM to 6 PM
1-800-244-
5373

Served 1,226
callers in 2020

Prevent Child Abuse Georgia's 1-800-CHILDREN Helpline is an information and referral line for people who are concerned about the healthy development of children and the prevention of child abuse and neglect.

Why People Call:

- Parenting support
- Counseling and support groups
- Referrals for legal needs
- Grandparent issues
- Child abuse and prevention information
- Concern about well-being of a child or family member
- Family violence concerns
- Community resources for emergency assistance
- Resources for special needs children

Prevent Child Abuse Georgia is a program of Georgia State University. HMHBGA is contracted to provide information & referral services in support of this program.

Safe Under the Lilies Fund

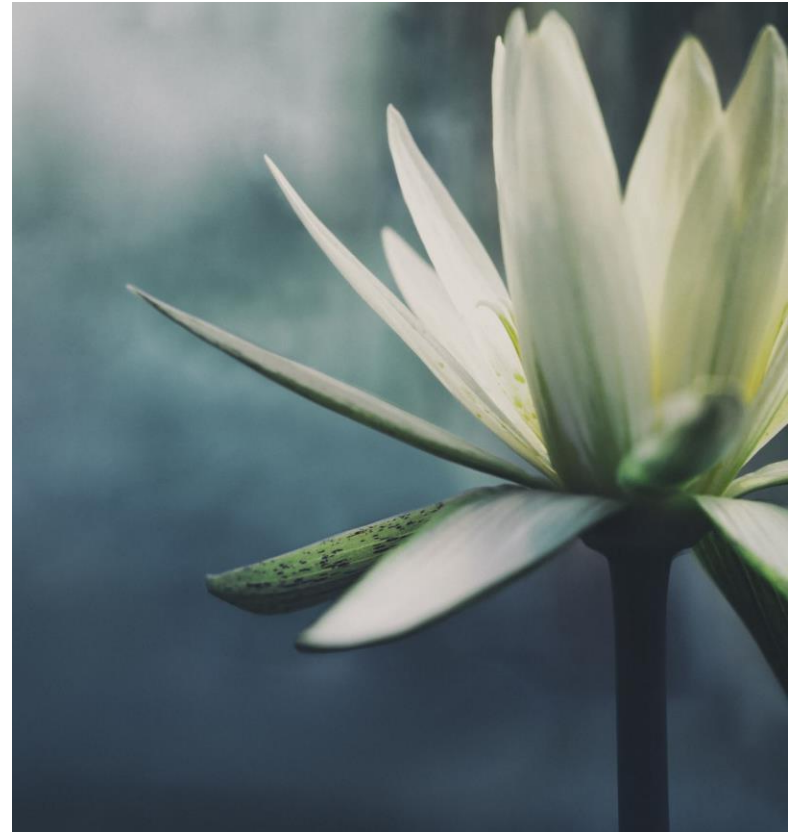


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The purpose of this fund is to provide pregnant/ postpartum survivors of intimate partner violence financial assistance to aid in the support of their transition to a safer situation while also maintaining their autonomy, dignity, and provide financial support for any priority needs they currently are experiencing.

For additional info please contact Kimberly Roberts at kimberly.roberts@hmbga.org





Emory University
School of
Medicine
Department of
Psychiatry

Monday to
Friday
8 AM – 5 PM
470-977-3223

Call to
initiate a
consultation
or obtain
community
referrals

Georgia has 3.2% of the nation's population, but only 2.3% of the nation's psychiatrists. Other mental health providers, such as psychologists, counselors and therapists, are also in short supply. Of the state's 159 counties, only eight are believed to possess an adequate number of mental health practitioners. Those eight counties are all within or surrounding Georgia's cities, highlighting the needs of rural communities.

There is also a lack of coverage for mental health services. Medicaid services cover nearly 50% of women during pregnancy and postpartum care yet provide minimal coverage for mental health. As a result of this, it is difficult for women to obtain or afford mental health evaluation and care during this uniquely vulnerable time.

This program aims to:

- Support clinicians caring for birth givers, mothers-to-be and their families
- Educate caregivers about the resources available to patients in their communities
- Provide health professionals with information so they can best treat their patients.
- Train medical professionals to recognize and treat psychiatric illness in their perinatal patients
- Educate physicians in training how to best address the needs of this vulnerable population



What's Potentially Next?



**HEALTHY MOTHERS,
HEALTHY BABIES**
Coalition of Georgia



Recap of Services & Programs for families in Georgia:

Perinatal Programs

All programs, projects, and services are **FREE**.

All classes & groups are available online through picklesandicecreamga.org

Children 1st

Anyone can refer children to Children 1st if there are concerns about the child's growth or development by completing the **Children 1st Screening & Referral Form**.

<https://dph.georgia.gov/children1st>

Help Me Grow GA

Through **888-HLP-GROW** families will be connected to resources that support optimal health such as:

- Day Care and Early Learning Resources
- Medical Providers
- Food, Clothing & Housing Assistance
- Georgia WIC Services & More!

Contact



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