



What's Missing: An Evidence Informed Toolkit for Comprehensive Prenatal Education

Elise Blasingame, MSW
Mica Whitfield, LMSW
Amber Mack, MSW
Sarah DiGirolamo, RN



**HEALTHY MOTHERS,
HEALTHY BABIES**

Coalition of Georgia

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Executive Summary

Quality prenatal education is an often overlooked intervention for improving birth experience and outcomes. The State of Georgia is facing a public health crisis concerning health outcomes for mothers and babies throughout the State. Georgia currently holds some of the poorest national rankings for maternal and infant health. Georgia ranks 43rd for prematurity, 44th for infant mortality, and 48th for maternal mortality. In Georgia, 79 of 159 counties (50%) have no obstetrician/gynecologist. As such, there is an increased need to ensure access to critical information for pregnant women. Research demonstrates that prenatal education can be utilized as a tool to empower patients and impact outcomes. Prenatal education has the ability to educate women on vital signs and symptoms, can encourage them to seek medical attention, and can increase their likelihood of following medical advice. Additionally, women who attend prenatal education exhibit increased decision-making and empowerment during delivery.

In 2019, Healthy Mothers, Healthy Babies Coalition of Georgia released findings from a research project entitled, [An Evaluation of Current Prenatal Education Availability and Receptivity to Online Education in the State of Georgia](#)¹. The study took an in-depth look at the prenatal education referral practices of obstetric care providers, and assessed the format and content of prenatal education curriculums offered by prenatal educators across the State. Additionally, focus groups were conducted with pregnant and postpartum women to determine their experiences with prenatal education.

Out of the 120 total prenatal education courses surveyed, curriculum-specific information was provided for 105 of them. For a breakdown of the prenatal education topics that were covered in this sample of curricula, refer to Table I.

Table 1

Topic	% of Sampled Curricula that Included Topic (N = 105)
Oral Health	10.5%
HIV and STI Transmission	9.5%
Perinatal Care	57.1%
Health Insurance Information	11.4%
Special Supplemental Nutrition Program (SSNP) for Women, Infants, and Children (WIC)	10.5%
Planning for Healthy Babies Program (P4HB)	8.6%



What's Missing: Gaps in Education

Across the State, prenatal educators indicated that information regarding breastfeeding, infant care, and birthing options was most likely to be included in their courses. In contrast, prenatal educators indicated that information regarding the Planning for Healthy Babies Program (P4HB), HIV/STI prevention, and the Special Supplemental Nutrition Program (SSNP) for Women, Infants, and Children (WIC) Program was least likely to be included in their courses. Educators assume that these topics are being discussed with the providers or with public health professionals. Others assume that the content topics do not apply to their client base, assuming their clients are privately insured women. Moreover, some prenatal educators are not familiar with these programs and do not feel comfortable teaching on health literacy or public benefits and programs.

In 2017, Medicaid births accounted for 58% of births in the State of Georgia². This number reflects the

Overwhelmingly, topics such as **health literacy, oral health, STI prevention, WIC, and Planning for Healthy Babies (P4HB)** were widely absent from prenatal education curriculums across the State or deemed less important by educators and providers alike.

pressing need to include health insurance information and information on public health programs, as this is relevant information for a significantly large portion of our pregnant population. Empowering patients with health program information could help patients, particularly women of color throughout our State, navigate complicated health systems and achieve better birth outcomes. Furthermore, programs like WIC and P4HB often experience overall declines in participation over time. For example, in 2017 P4HB, a Medicaid program providing no cost family planning services, reported that there were 109,373 women eligible for family planning (and deemed in need of family planning), but only 19.4% of those women were enrolled in the program³. We suspect that closing the gap on health literacy in prenatal education will increase awareness of supportive public health programs.

Additionally, significant themes from patient focus groups centered around postpartum care. Patients expressed a desire for postpartum education classes during focus group sessions, noting, “after you have the baby, you’re deserted.” This theme may help explain the findings of the most recent Georgia Maternal Mortality Review Committee (MMRC) report. The report highlighted that 73% of the pregnancy related deaths occurred within the first 42 days after the end of the pregnancy⁴. The postpartum period is an important time to focus on educating mothers and families on post-birth warning signs. We recommend including information from the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) on POST-BIRTH warning signs in prenatal education curriculum.

Patients expressed a desire for postpartum education classes during focus group sessions, noting, “after you have the baby, you’re deserted.”

In addition, both focus groups reported a desire for additional information on cesarean sections. Patients expressed that they felt unprepared for the procedure and would have preferred more information on what to expect. According to the Centers for

Disease Control and Prevention, Georgia has a 34.2 per 1,000 births cesarean delivery rate, higher than the national average of 32.5. These statistics align with the feedback received from both patient focus groups. We encourage the inclusion of pertinent information on cesarean sections, both on the procedure and its potential impact on emotional and physical healing during postpartum.

Evaluation

The majority of prenatal educators indicated that they conduct evaluations of their courses, but many only evaluated for satisfaction versus measuring impact and knowledge gained. Healthy Mothers, Healthy Babies Coalition of Georgia recommends evaluation and tracking that measure satisfaction and knowledge gained. We encourage adoption of our current model of evaluation that includes a follow-up for participants at the 2-week, 3-month and 6-month mark, if possible. Currently, HMHB gathers data from participants at these markers to inform our prenatal education program and measure impact. Our last report indicated the following:

- Pre/post-test indicated that participants had the greatest knowledge gains in birth spacing, safe sleep practices, and HIV transmission.
- 3-month surveys demonstrated 83.9% of participants had talked to their healthcare provider about birth control. 81.7% reported having a vaginal delivery, and 67.7% had initiated breastfeeding after giving birth.
- 6-month surveys demonstrated 100% of participants had taken their babies to their newborn appointments, 96% had visited their doctor for their postpartum check-up, and 85.7% were currently offering their babies breastmilk.

We would like to see evaluation and tracking being implemented for all prenatal education classes across the State. We hope that including tracking and evaluation will improve each curriculum and focus efforts on outcomes.





How to Use this Toolkit

The purpose of this toolkit is to fill the gaps in prenatal education identified by the report related to cesarean sections, oral health, health insurance literacy, HIV & STI prevention, postpartum care, and cultural competency. As identified in the report, prenatal educators may not feel comfortable or lack the information needed to discuss these topics with clients. This toolkit is meant to provide information on topics not often covered in prenatal education and provide resources for further learning.

Getting Started

Prenatal education topics will differ among facilities. The expectation is not that each facility will implement every tool or concept introduced in this toolkit. Rather, each facility should implement and/or adapt the tools and concepts that will best improve the quality of prenatal education according to the unique needs of the organization and service population.

The following questions are to assess how you currently incorporate these topics into your prenatal education workshops. Your answers can be used as a guide for where you may want to include additional content areas.

Cesarean Section Education

How have you been educating your clients on cesarean sections?

How do you think you can best prepare mothers for having a cesarean section?

Oral Health Education

How have you promoted oral healthcare during pregnancy during classes/workshops?

What is your understanding of the safety of oral healthcare during pregnancy?

Health Literacy and Public Benefits Education

How have you been promoting health insurance literacy during your classes?

How do you think you can best incorporate information on Planning for Healthy Babies and the Special Supplemental Nutrition for WIC into your current curriculum?

HIV & STI

What types of educational materials do you use to teach STI/STD and HIV prevention in your classes?

How have you tailored your teaching to clients who have STI/STD's or HIV?

Postpartum Care

What postpartum education handouts do you currently provide to clients?

How do you prepare women for the postpartum period during your prenatal education classes/workshops?

Cultural Competency

Do you have posters and brochures with people that are reflective of your service population?

Do you take potential language differences into consideration?

Cesarean Sections

Why This Topic is Important

- HMHB’s study found that a majority of patients reported a desire for additional information on cesarean sections. Patients felt unprepared for the procedure and would have preferred more information on what to expect.
- A C-section is a major surgery and risks may include infection, hemorrhage, and blood clotting. Additionally, postpartum complications include breastfeeding troubles, pain while caring for baby, and C-sections needed for future births.⁶
- According to the CDC, as of 2017, GA has a cesarean section rate of 34.2 per 1,000 births, which is higher than the national average of 32 per 1,000.^{5,7}

Given Georgia’s high cesarean section rate and patients’ desire to learn more about the procedure, it is important to ensure mothers are well-informed prior to delivery.

How to Include

- Educate women on C-sections during prenatal classes, even if they are intending on having a vaginal delivery. They could benefit from the information if an unplanned C-section occurs.
- For mothers who have a planned C-section, provide a C-section hand out prior to due date.
 - <https://www.marchofdimes.org/pregnancy/having-a-c-section.aspx>
- If the mother had a previous C-section, assess how the C-section postpartum process was for her. This could help you understand any additional education. Additionally, in a group setting this could help other mothers gain more information on the C-section experience
 - How did they care for their incision site?
 - How did they balancing caring for baby and post-surgery care?
 - Did they need additional help/support to aid in recovery?

Topics to Include

- In what situations a C-section may be scheduled or necessary
- Ways to reduce chance of having a C-section¹³
 - Although it is often out of one's control, there are some ways in which women can reduce their chance of having a C-section
 - Maintaining healthy diet and exercise regime to avoid unnecessary weight gain during pregnancy
 - Creating a birth plan prior to labor
 - Finding a healthcare provider and birth setting with low rates of intervention
 - Arranging to have a doula during childbirth
 - Avoiding epidural analgesia, if possible
 - Avoiding labor induction, if possible
- As with many surgical procedures, some risks of a having a cesarean section(during surgery and post-surgery) include⁸
 - Infection
 - Blood clots in lungs, legs, or pelvic organs
 - Blood loss
 - Reaction to medications or the anesthesia used
 - Injury to bowel/bladder
 - Extended hospital stay and recovery time
- How to prepare for planned or unplanned C-sections
- Information on procedure⁸
 - How it is performed
 - Why it is performed

- Discussion of “family-centered cesarean section” or “gentle cesarean section” as an option¹⁵
 - A central feature of a gentle cesarean section is the immediate skin-to-skin contact between mother and baby
 - Other features include:
 - Reduction of extraneous noise
 - Initiation of breastfeeding in operating room
- Women should be aware of all benefits and risks of the cesarean section prior to undergoing surgery. They have the right to provide or decline consent for a cesarean section. This helps engage women in the decision-making process.
- Post-cesarean section:
 - Immediate recovery post-cesarean section
 - Potential for skin-to-skin
 - Emotional and physical healing during recovery in the postpartum period
 - How to care for oneself, while also caring for baby during recovery
 - Breastfeeding after a cesarean section¹⁴
 - Encourage women to talk with their provider and prepare to keep baby skin-to-skin until after first nursing
 - Encourage “rooming-in”. Women can ask to have baby remain with them as frequently as possible
 - Advise breastfeeding early and often
- Vaginal Birth after Cesareans (VBACS)²¹
 - VBACS can be difficult to access (as many providers do not allow this as an option)
 - Discuss risk factors of VBACs
 - Discuss criteria for a successful VBAC
- Common Myths about Cesarean Sections
 - Cesarean sections are easiest way to deliver
 - Recovery process is minimal
 - One bleeds less after a cesarean section
 - One cannot have a birth plan for a C-section

Story from the field

St. Francis Hospital in Columbus, GA has a “mock C-section day” during their prenatal education course. They set up a room like an OR and role-play a cesarean section. It helps women and their partners become familiar with the process and decrease anxiety.

Additional Resources & Handouts

- Mayo Clinic: Cesarean Section Information <https://www.mayoclinic.org/tests-procedures/c-section/about/pac-20393655>
- The American College of Obstetricians and Gynecologists: Patient FAQ for cesarean sections <https://www.acog.org/Patients/FAQs/Cesarean-Birth>
 - Spanish <https://www.acog.org/Patients/Search-Patient-Education-Pamphlets-Spanish/Files/Parto-por-cesarea>
- University Hospital Southampton Post-cesarean Handout <http://www.uhs.nhs.uk/Media/Controlleddocuments/Patientinformation/Pregnancyandbirth/Care-and-advice-after-a-caesarean-section-maternity-information.pdf>
- The American College of Obstetricians and Gynecologists: Patient FAQ for Vaginal Birth After Delivery: <https://www.acog.org/Patients/FAQs/Vaginal-Birth-After-Cesarean-Delivery?IsMobileSet=false>
- La Leche League International: Breastfeeding after Cesarean Birth <https://www.llli.org/breastfeeding-info/breastfeeding-cesarean-birth/>
- The American College of Obstetricians and Gynecologists: Approaches to Limit Interventions during Labor and Birth <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Approaches-to-Limit-Intervention-During-Labor-and-Birth?IsMobileSet=false>
- International Cesarean Awareness Network (ICAN) website: <http://www.ican-online.org/>
- Mayo Clinic: Vaginal Birth After C-Section: <https://www.mayoclinic.org/tests-procedures/vbac/about/pac-20395249>

Discussion Questions

- Why might your provider recommend a C-section?
- What are two things you can do to help your body heal after a C-section?



Oral Health during Pregnancy

Why this Topic is Important

- Dental care during pregnancy is an essential part of health management for both mother and baby
- Pregnant women are at increased risk for poor oral health including gingivitis (an early stage of gum disease) due to changing hormone levels as well as vomiting and acid reflux⁹
- There is a strong association between periodontal disease and preterm deliveries
- During pregnancy, women are vulnerable to calcium loss if they are not attaining enough calcium in her diet¹⁶
- Women are at increased risk for gingival hyperplasia and gingivitis during pregnancy

How to Use

- During the first prenatal education workshop, provide the following assessment:
 - Inform clients that sugar, tobacco, vapes, alcohol, marijuana and other recreational drugs have detrimental effects on oral health
 - Have clients reflect on the following:
 - Frequency of consuming beverages, food, and medications that contain sugar
 - Consumption of above substances

- Advise patients:
 - Even X-rays, local anesthesia, and most pain medications are important and safe during pregnancy (and they are covered by Medicaid)
 - Schedule an appointment with a dentist as early in pregnancy as possible.
- Ask mothers if they have a dental home or in need of oral health resources. If they do not have a dentist or if urgent care is needed, direct them to the Healthy Mothers, Healthy Babies Coalition of Georgia Resource Portal <https://www.resourcehouse.com/hmhb/>
 - This resource can be used to find local dental providers and includes Medicaid providers
 - Mothers can also call the Georgia Family Healthline at 1-(800)-300-9003
- Teach on following topics during prenatal education
 - Brush twice a day with a soft-bristled toothbrush
 - Floss twice a day
 - Rinse with mouthwash regularly
 - Use fluoridated products
- Advise patients to bring a “dental note” from their primary care providers to their dentists, stating that dental work is safe for the patient.
 - Many dentists will not see pregnant women without an “okay” from their doctors.
 - Dentists who have been practicing for a while may not be updated on new standards of care for pregnant women.
 - For Medicaid patients, bring a **DMA635**, which also tells providers the estimated time of delivery.

Oral healthcare is safe during all trimesters and should not be postponed or avoided during pregnancy.

- Provide handouts at front desk and/or during prenatal education workshops
 - National Maternal and Child Oral Health Resource Center Tips for Good Oral Health During Pregnancy: <https://www.mchoralhealth.org/PDFs/OralHealthPregnancyHandout.pdf>
 - American Dental Association Oral health During Pregnancy Pamphlet https://www.ada.org/~/media/ADA/Publications/Files/for_the_dental_patient_may_2011.pdf?la=en

Additional resources for this education

- The American College of Obstetricians and Gynecologists: Oral Health Care During Pregnancy toolkit (page 8 has tips and discussion questions) <https://www.acog.org/-/media/Sections/MD/Public/MDOralHealthPregnancyGuide.pdf?dmc=1&ts=20190322T1533183535>
- March of Dimes: Oral health during pregnancy fact sheet <https://www.marchofdimes.org/pregnancy/dental-health-during-pregnancy.aspx>
- Healthy Babies Coalition of Georgia's Resource Portal for finding a dental provider: https://www.resourcehouse.com/hmhb/SpecialTopics/DENT_VISION

Discussion Questions

- Did you know about the association between poor oral health and preterm birth?
- When was your last dental cleaning?
- How often do you consume beverages, food, and medication that contain sugar?
- How often do you use alcohol and/or recreational drugs?
- How often do you brush and/or floss your teeth?

Health Literacy and Public Benefits

Why This Topic is Important

- Information on health insurance literacy, the Planning for Healthy Babies Program, and the Special Supplemental Nutrition Program for WIC are widely absent from prenatal education curriculums across the state of GA.
- In 2017, Medicaid births accounted for 58% of births in the State of Georgia.² Therefore, this information is relevant for a significantly large portion of our pregnancy population

Empowering patients with health program information allows women to navigate complicated health systems and achieve better birth outcomes

Introduction to Medicaid

- Georgia Pregnancy Medicaid eligibility
 - Right from the Start Medicaid is a program that covers medical and dental care for pregnant women up to 60 days after delivery
 - Information on Right from the Start Medicaid http://dhs.georgia.gov/sites/dhs.georgia.gov/files/related_files/document/DFCS.RSM%20Medicaid%205.12.pdf
- If eligible, discuss program options with the mother and provide her with resources to initiate entry into programs (handouts regarding program, phone number to call if interested, etc.)

Additional resources for this education

- Centers for Medicare & Medicaid Services: Maternal & Infant Health Initiative
 - Resources on Strategies to Improve Postpartum Medicaid and CHIP Populations <https://www.medicaid.gov/medicaid/quality-of-care/downloads/strategies-to-improve-postpartum-care.pdf>

Care Management Organizations in Georgia

Pregnant women in Georgia enrolled in Medicaid can select one of the four Care Management Organizations (CMOs) offered in the State. Each insurance plan offers different benefits. Families should be encouraged to review all four options before choosing which plan is right for them.

- Amerigroup Community Care
- CareSource
- Peach State Health Plan
- WellCare

Planning for Healthy Babies Program

What is covered under this program?

- The Medicaid program aims to assist the GA Department of Community Health in reducing the number of low birth weight and very low birth weight birth infants in Georgia.

- This program provides no cost family planning services to eligible women aged 18-44 in GA
- The program has a family gross income requirement of no more than 211 percent of the federal poverty level (FPL)
- Most importantly, the program works when used. Positive outcomes from the P4HB program include
 - Decrease in unintended pregnancies
 - Decrease in inter-pregnancy intervals less than 6 months
 - Increase in age at first birth

Types of Planning for Healthy Babies services:

- **Family planning only services provide annual family planning exams, contraceptive services, and STI testing and treatment**
 - **Inter-pregnancy care services are for women who gave birth to a baby weighing less than 3 pounds, 5 ounces. Inter-pregnancy care services offer primary care, substance abuse treatment, case management, limited dental services, and prescription drugs for treatment of chronic diseases.**
 - **Resource Mother outreach services are for women who currently receive Medicaid benefits and gave birth to a baby weighing less than 3 pounds, 5 ounces. This service offers support to mothers and provides them with information on parenting, nutrition, and healthy lifestyles.**
- For additional information <https://medicaid.georgia.gov/planning-healthy-babies>

Why this Topic is Important

- In 2017, Planning for Healthy Babies reported that there were 109,373 women eligible for family planning and deemed in need of family planning, but only 19.4% of those women were enrolled in the program³.

How to Use

- Provide program “Postcard” at front desk and/or at prenatal education workshops:
 - https://medicaid.georgia.gov/sites/medicaid.georgia.gov/files/related_files/document/P4HB_Post_card_2017_7_10.pdf
- Provide P4HB Application at front desk and/or at prenatal education workshops:
 - English Version: https://medicaid.georgia.gov/sites/medicaid.georgia.gov/files/related_files/document/94a_Streamlined_Medicaid_Application_%28English%29.pdf
 - Spanish Version: https://medicaid.georgia.gov/sites/medicaid.georgia.gov/files/related_files/document/94a_Streamlined_Medicaid_Application_%28Spanish%29_%28003%29.pdf
 - OR direct patients to online application at <https://gateway.ga.gov/access/> if you think they may benefit or if they express interest
- For patients seeking to enroll, physician should fill out “Physician’s Statement” to confirm women meets criteria
 - https://medicaid.georgia.gov/sites/medicaid.georgia.gov/files/related_files/document/P4HB_IPC_RM_Physician_Statement_jcps_changes_1.31.17.pdf
- Provide phone number for the Georgia Family Healthline, which can also help with enrollment: 1-(800)-300-9003

Additional Planning for Healthy Babies Resources

- Planning for Healthy Babies website: <https://medicaid.georgia.gov/planning-healthy-babies>
- The following links provide additional information about the P4HB program for the four CMO groups (Provide print out of this information to patients enrolled in respective CMO groups who are interested):
 - <https://www.myamerigroup.com/ga/your-plan/planning-for-healthy-babies.html>
 - <https://www.pshpgeorgia.com/members/planning-for-healthy-babies/>
 - <https://www.wellcare.com/Georgia/Members/Medicaid-Plans/P4HB>
 - <https://www.caresource.com/ga/p4hb/>

Special Supplemental Nutrition Program (SSNP) for Women, Infants, and Children (WIC) Program

What is this program?

- Federally-funded health and nutrition program that provides nutrition education, growth monitoring, breastfeeding promotion and support, and food to low-income pregnant or postpartum women, infants, and children aged <5 years

Why this Topic is Important

- Discussion of this program is widely absent from prenatal education curriculums
- The program served 81.9% of those eligible in Georgia in 2014
- Prenatal educators should include information on this topic to ensure that Georgia families that are eligible are able to connect to nutrition and breastfeeding information
- Women who participate in WIC give birth to healthier babies who are more likely to survive infancy
- Children whose mothers participated in WIC while pregnant scored higher on assessments of mental development at age 2 than similar children whose mothers did not participate, and they later performed better on reading assessments while in school

How to Use

- Provide WIC Fact Sheet at front desk and/or at prenatal education workshops:
 - <http://dec.al.ga.gov/documents/attachments/wicfact.pdf>
 - <https://fns-prod.azureedge.net/sites/default/files/wic/wic-fact-sheet.pdf>
- During appointment or at prenatal education workshop, provide women with phone number and website address if you think she may qualify or if she is interested
 - Phone number: (800)-228-9173
 - Website: <https://dph.georgia.gov/WIC>
- Encourage women who you think may meet criteria to take the WIC Eligibility Assessment:
 - <https://dph.georgia.gov/wic-eligibility-assessment>
- If she qualifies, encourage her to fill out the online intake form:
 - <https://gaprereg.statewic.net/>

Additional Resources for this education

- WIC at a Glance: <https://www.fns.usda.gov/wic/about-wic-wic-glance>
- Find WIC Clinics by calling the Georgia Family Healthline

Discussion Questions

- What type of health insurance do you have?
- If Medicaid: Have you heard of the Planning for Healthy Babies program and/or the Special Supplemental Nutrition Program for WIC?

Ask questions to gauge eligibility for programs

The federal poverty level depends on family size and total household income. Use this chart to help families to determine if they qualify.

2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
For families/households with more than 8 persons, add \$4,420 for each additional person.	
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

*Agencies help families who earn more than the federal poverty level. Pregnancy Medicaid and Planning for Healthy Babies requires that applicants be at least 220% of the FPL. For example, for a household of four that would be $2.2 \times \$25,750 = \$56,650$. Standard Medicaid requires that applicants be at 42% of the FPL. For example, for a household of one that would be $.42 \times \$12,490 = \$5,245.80$.

STI's/STD's During Pregnancy

Why this Topic is Important

- Congenital syphilis occurs when syphilis is transmitted from mother to baby. Georgia has one of the top 10 highest rates of congenital syphilis among all U.S. states and territories with a rate of 16 per 100,000¹⁰
- In Georgia, 90% of HIV-positive pregnant women received prenatal care¹¹. Pregnant women can pass HIV to their babies during pregnancy, labor and vaginal delivery, or breastfeeding. If HIV is diagnosed before or early in pregnancy, the risk of transmission can be reduced.
- Below is a table of how certain STI's/STDs can affect baby^{22, 23}

STI's/STD's can complicate pregnancy and have serious effects on the mother and baby.

STI/STD	Effects on Baby
Hepatitis B	If infected, babies have a 90% risk of becoming carriers, which can lead to liver cirrhosis and cancer in adulthood
Hepatitis C	Preterm delivery, low birth weight, and small size for gestational age ¹⁸
Chlamydia	Premature labor, low birthweight, eye infections, and pneumonia
Gonorrhea	Eye infections, pneumonia, blood and joint infections
Genital herpes	Brain damage, blindness, organ damage
Syphilis	Preterm birth, miscarriage, low birthweight, problems with placenta and umbilical cord, stillbirth ¹⁹
HIV	Without appropriate medication, HIV can be passed to the baby during pregnancy, labor and delivery, or breastfeeding

How to Use

- Briefly teach STI's/STD's (in particular prevention of STI's/STD's) during prenatal education workshop
 - Provide CDC “STD's During Pregnancy Fact Sheet” for general overview: <https://www.cdc.gov/std/pregnancy/STD-Pregnancy-April-2016.pdf>
 - Spanish version: <https://www.cdc.gov/std/spanish/embarazo/STDs-Pregnancy-Spanish-May-2016.pdf>
 - Discuss Hepatitis B vaccination
 - Pregnant women at risk for Hepatitis B infection should be vaccinated¹⁷
- Be mindful of the stigma surrounding STI's/STD's when having this discussion.
 - Clients may not feel comfortable disclosing sexual history to their provider, and must be reminded of the importance of doing so
 - Through screening and honest communication, women can prevent the harmful effects of STI's on their babies.
 - For example, if a woman was found to have Herpes Simplex, she can start suppression therapy. This will reduce the risk of cesarean section and allow for improved birth outcomes.
- Discuss routine STI/STD screening¹⁸
 - Gonorrhea and hepatitis C screenings are recommended at least once during pregnancy for high risk women
- If a client has STI/STD or HIV, tailor teaching to cover these topics during prenatal education
 - The CDC has in-depth fact sheets for various STI's/STD's
 - https://www.cdc.gov/std/healthcomm/fact_sheets.htm

Screening for STI's, such as HIV, hepatitis B, chlamydia, and syphilis, takes place at the first prenatal visit for all pregnant women (regardless of race, age, sexual orientation, etc.)

Additional resources for this education

- Mayo Clinic STD Fact Sheet (discusses methods of STI/STD prevention) <https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/stds-and-pregnancy/art-20115106>
- The American College of Obstetricians and Gynecologists: Pregnancy and HIV Patient Education FAQ sheet <https://www.acog.org/Patients/FAQs/HIV-and-Pregnancy?IsMobileSet=false>
- CDC Statement on HIV and Breastfeeding <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/maternal-or-infant-illnesses/hiv.html>

Discussion Questions

- Have you and/or your partner been tested for STI's/STD's and/or HIV?
- What are some ways you can protect yourself from STI's/STD's or HIV?



Postpartum Care and Post-Birth Warning Signs

Why This Topic is Important

- The first several weeks post-birth are a critical period for a woman and her infant, as it creates a foundation for long-term health and wellness
- HMHB's prenatal education report found that women frequently reported a desire for more postpartum information.

How to Include

- Educate on the following postpartum topics during third trimester and/or first prenatal education workshop:
 - Post-birth warning signs
 - Postpartum complications (urinary and fecal incontinence, perineal pain, dyspareunia, sexual function)
 - Newborn care
 - Breastfeeding
 - Perinatal Mood Disorders (postpartum depression, postpartum psychosis, postpartum anxiety, postpartum rage, etc.)
 - Maintaining a health weight before and after pregnancy
 - Chronic diseases involving the cardiovascular and renal systems
 - Managing other common conditions that may occur during pregnancy: anemia, gestational diabetes, pre-eclampsia

The Georgia Maternal Mortality Review Committee (MMRC) recently reported that 73% of pregnancy-related deaths from 2012-2014 occurred within 42 days of the end of pregnancy⁴

- Educate women on what to expect after delivery
 - Post Vaginal Delivery <https://www.mayoclinic.org/healthy-lifestyle/labor-and-delivery/in-depth/postpartum-care/art-20047233>
 - Post C-Section <https://www.mayoclinic.org/healthy-lifestyle/labor-and-delivery/in-depth/c-section-recovery/art-20047310>
 - Discuss postpartum physical therapy as an option to enhance healing
 - Physical therapy for strengthening pelvic floor
 - Physical therapy for diastasis recti
 - Physical therapy to learn safe techniques for lifting and carrying baby during the postpartum period
 - Discuss appropriate exercises for postpartum period (see resources below)
- Encourage use of a postpartum doula, if accessible/affordable
 - Women can find postpartum doulas through <https://doulamatch.net/> , <https://www.resourc-ehouse.com/hmh/b/> , or by calling the Georgia Family Healthline at 1800-300-9003
 - Given a letter of medical necessity, doulas are also eligible for reimbursement with flexible spending accounts (FSA), health savings accounts (HSA), and health reimbursement accounts (HRA) <https://hsastore.com/HSA-Eligibility-List/D/Doula-E249.aspx>
- Encourage women to create a postpartum birth plan

Women should avoid crunches during pregnancy and the postpartum period. Crunches can overwork the rectus abdominis muscle. This muscle can become separated during pregnancy and the postpartum period, causing diastasis recti.

Postpartum birth plan can include a list of household tasks family/friends can help mothers with in the postpartum period. This is an easy way for mothers to obtain needed support after giving birth.

- Be aware of resources for mothers who have suffered a stillbirth
 - Although you do not need to teach this in classes, become familiar with bereavement support in your community for mothers who have suffered a stillbirth
 - Provide the “From Hurting to Healing March of Dimes Booklet” for clients who have suffered a stillbirth <https://www.marchofdimes.org/non-use/bereavement-kit-form.aspx>
 - Introduce the March of Dimes’ “Share Your Story” online forum to share experiences of prematurity, birth defects, and loss <http://share.marchofdimes.org/>
- Discuss reproductive life planning, contraception, and sexual health
 - Encourage mothers to wait at least 18 months between giving birth and becoming pregnant again (too little time can lead to poor birth outcomes)
 - Discuss contraception options for between pregnancies
 - Discuss sex after delivering²⁰
 - Advise women to wait 4-6 weeks after birth (regardless of delivery method) before having sex
 - Discuss pain relief during sex
 - Empower women to talk to their husbands if they are not ready to return to sex when husband is ready
- Discuss social support groups within your community
 - Postpartum Support International has local postpartum support groups and other postpartum resources <https://www.postpartum.net/>
 - La Leche League of Georgia has local breastfeeding support groups <http://www.llofga.org/>
 - International Cesarean Awareness Network has local cesarean section support groups <http://www.ican-online.org/>
 - Postpartum Support International (PSI) Warmline

- During third trimester workshop, provide AWHONN’s Save Your Life handouts and magnets for patients (come in English, Spanish, Arabic, and Mandarin Chinese). The Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) has developed a standard approach to post-birth warning signs education. Their online education program discusses how to deliver consistent messages about the warning signs that can lead to serious complications.
 - <https://www.awhonn.org/page/POSTBIRTH>
 - English: <https://cdn.ymaws.com/www.awhonn.org/resource/resmgr/pdfs/pbws/pbwssylhandoutenglish.pdf>
 - Spanish: <https://cdn.ymaws.com/www.awhonn.org/resource/resmgr/pdfs/pbws/PBWSSYLHandoutSpanish.pdf>
 - Arabic: https://cdn.ymaws.com/www.awhonn.org/resource/resmgr/pdfs/pbws/Arabic_Save_Your_Life_Handou.pdf
 - Mandarin Chinese: https://cdn.ymaws.com/www.awhonn.org/resource/resmgr/pdfs/pbws/Chinese.Mandarin_Save_Your_L.pdf

Additional resources

- For you as the educator:
 - Report from Nine Maternal Mortality Review Committees <https://www.cdcfoundation.org/sites/default/files/files/ReportfromNineMMRCs.pdf>
 - The American College of Obstetricians and Gynecologists: 2018 Postpartum Toolkit <https://www.acog.org/About-ACOG/ACOG-Departments/Toolkits-for-Health-Care-Providers/Postpartum-Toolkit>

- For mothers:
 - Exercise during Pregnancy <https://www.marchofdimes.org/pregnancy/exercise-during-pregnancy.aspx>
 - The American College of Obstetricians and Gynecologists Postpartum Birth Control FAQ <https://www.acog.org/Patients/FAQs/Postpartum-Birth-Control?IsMobileSet=false>
 - Postpartum Progress is a maternal mental health resource. They have downloadable mental health checklists <https://postpartumprogress.com/about>
 - Breastfeeding Resources:
 - <https://www.zipmilk.org/>
 - <https://www.facebook.com/HM4HBGeorgia/>

Discussion Questions

- What are some ways you plan to help your body heal after giving birth?
- Do you have any questions on what to expect after giving birth?
- Do you have anyone to help you during the first several weeks after you give birth?

Cultural Competency

Why This Topic is Important

- Cultural competency refers to the ability to work with individuals of different cultural backgrounds while respecting and honoring shared humanity, and appropriately acknowledging differences and how it may affect the type of service or care that should be administered.

Cultural competency is important not just in situations of differing race and ethnicity, but also national origin, language, economic background, ability, and sexuality. Culturally competent care is of particular importance in Georgia given its ethnic and socioeconomic profile, and its large population of limited English and non-English speaking residents.

- Culturally competent education also requires that patients understand instructions being given to them. The U.S. Department of Justice estimates that as much of 5% of Georgia’s population can be classified as having Low English Proficiency.
- For the past 10 years, Black women have accounted for more than 50% of all maternal deaths in Georgia. Implicit bias among healthcare practitioners is a factor that contributes to this disparity¹²
 - Refer to Table IV in Appendix B for the percentages of pregnancy-related deaths in GA by race/ethnicity in 2014

How to Implement

- Improve access to services.
 - Become aware of how the cost of the prenatal education classes may affect those who are able to participate.
 - Assess: ‘Is it possible to offer discounts/free classes to those who cannot afford this cost?’.
 - Refer to Table III for the cost of prenatal education courses by perinatal region
 - Provide office hours outside of typical 9 to 5, Monday through Friday. Many women may be working during these hours and are unable to take time off to attend classes. Refer to Table II for Prenatal Education Class Timing by Perinatal Region.
 - Consider allowing children to come to classes. Have separate supervised “play area” if possible
 - Often, women do not have access to childcare and this may be a barrier to attending class
 - Provide language action plans for Low English Proficiency (LEP) clients.
 - CMS Guide <https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan.pdf>

- Provide materials in English, Spanish, and other high-volume languages.
 - Find what languages are most common in your area the MLA Language Map Data Center https://apps.mla.org/map_data
- Utilize interpretation services as needed. Do not rely on family members or children to serve as interpreters.
- Ensure that your patients are centered and represented in your practice.
 - Many organizations that serve a diverse population may neglect to have everyone represented. Do your existing promotional materials represent the diverse population you are serving? This can include
 - Pamphlets and brochures
 - Office and meeting space posters
 - Advertisement
 - Website photos and content
 - Determine your clients' cultural understanding and expectations around pregnancy. How are these similar to or different from a biomedical model? What are her expectations around perinatal care?
 - Cultural Considerations in Health Assessment tip sheet https://www.ceh.org.au/wp-content/uploads/2017/07/CEH_TipSheet3_Mar2011_Web-002.pdf
 - Acknowledge the variety of pain relief methods for childbirth. Pharmaceutical methods may not always be appropriate or wanted.
 - Use alternative measures to describe pain. Sometimes a 1 to 10 scale can be misunderstood or inaccurate. Try images or comparing the pain to other painful sensations.
 - 10 Common Types of Pain Scales <https://www.verywellhealth.com/pain-scales-assessment-tools-4020329>
 - Make space in the class for your client's traditional and complementary modes of health.
 - Ask about support systems in the individual's life: partner, parents, etc. There are different types of families, and not everyone will have a spouse or partner present.

- Respect those who identify as LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer, and related communities)
 - Use the pronouns your client uses for themselves (he, she, ze, them, etc.). Ask if you do not know!
 - If you are unfamiliar with terminology and are afraid of offending someone, simply ask respectfully what terms are most comfortable for the patient
 - In Georgia, The Health Initiative provides technical assistance on providing culturally sensitive services to LGBTQ+
 - Amnesty International has an extensive glossary for LGBTQ+ terminology https://www.amnestyusa.org/pdfs/toolkit_LGBTglossary.pdf
- Respect religious differences of client's.
 - Don't make assumptions that your client's religious beliefs are similar to your own or those of similar race or background
 - Some cultures also have guidelines or traditions around co-sleeping, baptism, and baby-naming
 - Remember client's might seek traditional remedies before or along with treatments prescribed by their doctor or recommended within your class.
 - Food and nutrition is often related to religious and cultural beliefs as well. When making recommendations for pregnancy nutrition include information for those that are seeking kosher, vegetarian/vegan, or other options that would support a healthy pregnancy
- Establish a path for continuum of care.
 - Don't make assumptions about your patient's health literacy. Take the time to ensure your client understands the reasons for and the instructions to your recommendations. Understanding increases compliance.
 - In Georgia, qualifying pregnant women are enrolled into Medicaid. However, that coverage expires 60 days after giving birth. Determine your client's ability to access resources following this period. Provide information on free or low-cost clinics, SSNP, P4HB, and WIC.

- Ensure Health Equity
 - It is important to identify and address potential biases we may have, whether conscious or unconscious
 - Harvard Implicit Bias Test has a number of tests to assess hidden bias on a range of topics including race, gender, ability, religion, age, and sexuality
 - <https://implicit.harvard.edu/implicit/takeatest.html>
 - When bias is identified there are tools you can use to address or challenge them
 - Tools for Interrupting Implicit Bias <https://crtandthebrain.com/four-tools-for-interrupting-implicit-bias/>
 - UCSF Strategies to Address Unconscious Bias <https://diversity.ucsf.edu/resources/strategies-address-unconscious-bias>
 - Raise awareness among colleagues, staff and administrators about the prevalence of racial and ethnic disparities and the impact it has on health outcomes
 - Understand the role that educators and service providers can play in health outcomes and health care
- Empower women to have open discussions with their healthcare providers
 - Advocating for oneself is important in enhancing outcomes during pregnancy, birth, and the postpartum period.
 - Role-playing doctor-patient scenarios, in which the patient asks follow up questions regarding her care, may be beneficial
 - Educate clients on the importance of informed consent during pregnancy, birth, and the postpartum period. Women should have a voice in the decision-making process surrounding their health

Additional resources for this education

- March of Dimes https://www.marchofdimes.org/nursing/modnemedial/othermedia/slides/cultural_comp2010.ppt
- Maternal Health Taskforce <https://www.mhtf.org/2017/09/28/the-struggle-to-provide-culturally-appropriate-maternity-care/>
- Black Mamas Matter http://blackmamasmatter.org/wp-content/uploads/2018/05/USPA_BMMA_Toolkit_Booklet-Final-Update_Web-Pages-1.pdf
- National Center for Cultural Competence Guide <https://nccc.georgetown.edu/documents/fcccguid.pdf>
- ICE for Health Provider Tools to Care for Diverse Populations http://www.iceforhealth.org/library/documents/ICE_C%26L_Provider_Tool_Kit.10-06.pdf
- Champlain Valley Area Health Education Center Cultural Competency for Health Care Providers <http://www.cvahec.org/app/wp-content/uploads/2013/10/CulturalCompetencyforHealthcareProviders13.pdf>
- AAP Engaging Patients and Families Providing Culturally Effective Care: Chapter 5 Interpreter Services <https://www.aap.org/en-us/professional-resources/practice-transformation/managing-patients/Pages/chapter-5.aspx>
- The Health Initiative <http://thehealthinitiative.org/>

Discussion Questions

- How do you plan on soothing your pain after childbirth?
- Who do you have to support you during this pregnancy?
- Who do you have to support you after giving birth?
- How often do you plan on seeing your provider before and after giving birth?
- Is there anything you would like to discuss with me regarding your birth plan (if have one) or regarding your pregnancy in general?
- Do you feel that your desires and concerns are heard and respected by your provider?

Evaluating Prenatal Education

The **An Evaluation of Current Prenatal Education Availability and Receptivity to Online Education in the State of Georgia** report identified the need for evaluating the knowledge participants gain during workshops.

Currently, Healthy Mothers, Healthy Babies Coalition of Georgia gathers evaluation data with post-tests at the 2-week, 3-month and 6-month mark. We recommend the adoption of this model, if it is feasible.

Evaluations should be filled out before (pre-test) and after (post-test) each course to accurately capture the growth in participant knowledge. Evaluations can be stored either in paper or electronic format. Responses can be stored using a variety of survey platforms (i.e. Google Forms, Survey Monkey).

The majority of prenatal educators conducted evaluations solely on satisfaction instead of impact or knowledge. Prenatal educators are encouraged to assess their participants' grasp of topics covered to help inform future workshops and curriculum.

Prenatal educators should be reviewing evaluation data on a regular basis to ensure that their clients are gaining knowledge over time.

If an educator finds that there is a lack of or decrease in knowledge gained, they may consider the following questions:

- In what topic areas, are participants learning the least?
- Are there ways I can change the delivery of the information?
- Am I formatting evaluation questions in a way that makes sense to the participant?

Questions used to test participant knowledge should be asked in straightforward, simple format. They should take into consideration clients' learning abilities and styles as well as potential language barriers.

Avoid double barrel questions that have more than two separate topics but can only one answer

- Ex. How often and for how long should you be visiting the doctor after having a C-section?
- Alternatives:
 - How often should you be visiting the doctor after having a C-section?
 - How long should you be visiting the doctor after having a C-section?

Questions should be closed-ended questions that can be answered with a simple “yes” or “no” or a list of preset answer options

- Ex. Are you pregnant?

The use of open-ended questions should be limited for satisfaction questions

- What did you enjoy most about this course?
- What topic would you like to learn more about?
- Is there anything you think should be improved?

If you have any questions on how to best evaluate prenatal education workshops, see *Connect with HMHB*.

Testing Your Knowledge!

Below are questions you can use to test your own knowledge on the topics covered in this toolkit.

1. What is a potential complication of a cesarean section?
 - a) Infection
 - b) Hemorrhage
 - c) Blood Clotting
 - d) All of the above
2. Women should only be educated about C-sections if they plan to have one.
 - a) True
 - b) False
3. When is dental care safe during pregnancy
 - a) All trimesters
 - b) 1st trimester only
 - c) 1st and 2nd trimester
 - d) 3rd trimester only
4. Oral health during pregnancy is linked to which of the following
 - a) Miscarriage
 - b) Preterm birth
 - c) C-sections
 - d) None of the above

5. The Georgia pregnancy Medicaid program covers which services
 - a) Pregnancy-related
 - b) Family planning
 - c) All medical care, including dental
 - d) None of the above
6. Which Medicaid program provides no cost family planning services for eligible women aged 18-44?
 - a) Women Infants, and Children (WIC)
 - b) Pregnancy Medicaid
 - c) Planning for Healthy Babies (P4HB)
 - d) General Medicaid
7. At what point can HIV be transmitted from mom to baby?
 - a) During pregnancy
 - b) Labor and delivery
 - c) Breastfeeding
 - d) All of the above
8. STIs/STDs can cause pregnancy complications and affect the health of baby.
 - a) True
 - b) False
9. Which of the following is a way educators can make classes more accessible for clients?
 - a) Implement affordable prices
 - b) Ensure language services are offered
 - c) Consider childcare
 - d) All the above will make classes more accessible
10. Educators should consider which of the following aspects of their client's cultural backgrounds?
 - a) Race/ethnicity
 - b) Language ability
 - c) LGBTQ+ identities
 - d) All of the above

Answer Key

1. D. All of the above
2. B. False
3. A. All trimesters
4. B. Preterm birth
5. C. All medical care, including dental
6. C. Planning for Healthy Babies
7. D. All of the above
8. A. True
9. D. None of the above
10. D. All of the above

**Connect with Healthy
Mothers, Healthy
Babies Coalition of
Georgia!**

We're here to help!

The mission of Healthy Mothers, Healthy Babies Coalition of Georgia is to improve maternal and infant health through advocacy, education, and access to vital resources. We are the only organization in Georgia that focuses on the full spectrum of maternal and child health concerns from prematurity to maternal mortality. We provide community-based prenatal education and resources to expectant mothers across Georgia.

Do you want help incorporating this information into your lesson plans? Do you need assistance in evaluating knowledge gain for your prenatal education workshops? Contact us! You can visit our website for more information on our programs and resources <http://hmbga.org>



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Appendix A

Data on Prenatal Education Courses in Georgia

Table I. Inclusion of Prenatal Education Topics in Courses by Perinatal Region (N = 105)

Curriculum Topic*	All Regions (N=105)	Albany (n=6)	Atlanta (n=40)	Augusta (n=16)	Columbus (n=14)	Macon (n=12)	Savannah (n=17)
Finding Prenatal Care	16 (15.24%)	2 (33.33%)	3 (10.00%)	4 (25.00%)	2 (14.29%)	2 (16.67%)	3 (17.65%)
Prenatal Vitamins	22 (20.95%)	2 (33.33%)	6 (15.00%)	6 (37.50%)	2 (14.29%)	4 (33.33%)	2 (11.76%)
Prenatal Visits	16 (15.24%)	2 (33.33%)	4 (10.00%)	2 (12.50%)	2 (14.29%)	2 (16.67%)	4 (23.53%)
Dental Care	11 (10.48%)	2 (33.33%)	4 (10.00%)	2 (12.50%)	1 (7.14%)	1 (8.33%)	1 (5.88%)
Immunizations	33 (31.43%)	2 (33.33%)	9 (22.50%)	7 (43.75%)	6 (42.86%)	4 (33.33%)	5 (29.41%)
Fetal Development	25 (23.81%)	2 (33.33%)	6 (15.00%)	5 (31.25%)	2 (57.14%)	3 (25.00%)	7 (41.18%)
Types of Providers	41 (39.05%)	2 (33.33%)	19 (47.50%)	7 (43.50%)	6 (42.86%)	2 (16.67%)	5 (29.41%)
Birthing Options	53 (50.48%)	3 (50.00%)	21 (52.50%)	9 (56.25%)	7 (50.00%)	4 (33.33%)	9 (52.94%)
HIV/STI Transmission	10 (9.52%)	2 (33.33%)	3 (7.50%)	1 (6.25%)	1 (7.14%)	2 (16.67%)	1 (5.88%)
Postpartum Care	60 (57.14%)	4 (66.67%)	26 (65.00%)	9 (56.25%)	7 (50.00%)	5 (41.67%)	9 (52.94%)
Mental Health (PPD)	32 (30.48%)	2 (33.33%)	8 (20.00%)	6 (37.50%)	5 (35.71%)	5 (41.67%)	6 (35.29%)
Breastfeeding	63 (60.00%)	4 (66.67%)	16 (40.00%)	10 (62.50%)	14 (100.00%)	8 (66.67%)	11 (64.71%)
Newborn Screening	45 (42.86%)	2 (33.33%)	13 (32.50%)	6 (37.50%)	8 (57.14%)	7 (58.33%)	9 (52.94%)
Infant Care	55 (52.38%)	2 (33.33%)	14 (35.00%)	9 (56.25%)	10 (71.43%)	8 (66.67%)	12 (70.59%)
Safe Sleep	43 (40.95%)	2 (33.33%)	12 (30.00%)	7 (43.75%)	5 (35.71%)	8 (66.67%)	9 (52.94%)
Car Seat Safety	36 (34.29%)	2 (33.33%)	11 (27.50%)	6 (37.50%)	3 (21.43%)	6 (50.00%)	8 (47.06%)
Insurance Postpartum	12 (11.43%)	1 (16.67%)	3 (7.50%)	4 (25.00%)	1 (7.14%)	2 (16.67%)	1 (5.88%)
The WIC Program	11 (10.48%)	1 (16.67%)	2 (5.00%)	2 (12.50%)	4 (28.57%)	1 (8.33%)	1 (5.88%)
The P4HB Program	9 (8.57%)	1 (16.67%)	3 (7.50%)	2 (12.50%)	1 (7.14%)	1 (8.33%)	1 (5.88%)
Birth Control Options	23 (21.90%)	1 (16.67%)	4 (10.00%)	4 (25.00%)	6 (42.86%)	4 (33.33%)	4 (23.53%)
Pregnancy Spacing	13 (12.38%)	1 (16.67%)	4 (10.00%)	4 (25.00%)	0 (0.00%)	2 (16.67%)	2 (11.76%)

Table II. Prenatal Education Class Timing by Perinatal Region* (N = 68)

Day	Time	All Regions N=68	Albany N=4	Atlanta N=23	Augusta N=10	Columbus N=7	Macon N=7	Savannah N=17
Weekday	Morning	3 (4.4%)	1 (25%)	2 (8.7%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
	Afternoon	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
	Evening	37 (54.4%)	3 (75.00%)	10 (43.5%)	7 (70.00%)	4 (57.1%)	3 (42.9%)	10 (58.8%)
Weekend	Morning	8 (11.8%)	0 (0.00%)	8 (34.8%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
	Afternoon	16 (23.5%)	0 (0.00%)	3 (13.00%)	1 (10.00%)	3 (42.9%)	3 (42.9%)	6 (35.3%)
	Evening	4 (5.9%)	0 (0.00%)	0 (0.00%)	2 (20.00%)	0 (0.00%)	1 (14.2%)	1 (5.9%)

*Information regarding class timing was collected for 68 out of the 120 total courses.

Table III. Cost of Prenatal Education Courses by Perinatal Region (N = 120)

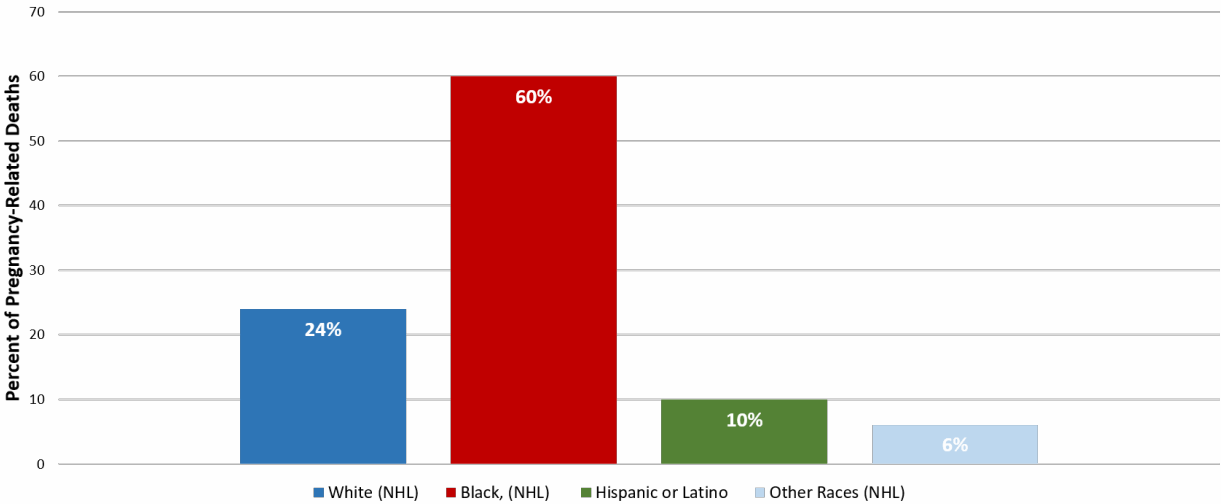
Cost of Course	All Regions N=120	Albany N=6	Atlanta N=49	Augusta N=18	Columbus N=15	Macon N=12	Savannah N=20
Free	64 (53.3%)	6 (100%)	9 (18.4%)	18 (100%)	7 (46.7%)	10 (83.4%)	14 (70.00%)
\$1-25	15 (12.5%)	0 (0.00%)	11 (22.4%)	0 (0.00%)	2 (13.3%)	1 (8.3%)	1 (5.00%)
\$26-50	26 (21.7%)	0 (0.00%)	16 (32.7%)	0 (0.00%)	5 (33.3%)	1 (8.3%)	4 (20.00%)
\$51-75	10 (8.3%)	0 (0.00%)	8 (16.3%)	0 (0.00%)	1 (6.7%)	0 (0.00%)	1 (5.00%)
\$76-100	5 (4.2%)	0 (0.00%)	5 (10.2%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)

Information in Tables I, II, and III was obtained from a sample of prenatal curriculums across the state of Georgia. See Healthy Mothers, Healthy Babies Coalition of Georgia’s “An Evaluation of Current Prenatal Education Availability and Receptivity to Online Education in the State of Georgia” for more information

<http://hmhbga.org/wp-content/uploads/Master-Report.pdf>

Appendix B Pregnancy Outcome Data in Georgia

Table IV. Pregnancy-Related Death in GA by Race/Ethnicity, 2014



*Georgia Department of Public Health



Appendix C

Sample Evaluations for Prenatal Education Courses



Prenatal Education Program
Post-test

Name: _____ Date: _____ Location: _____

1. A mother can pass HIV to her baby during:
 - a. Pregnancy
 - b. Labor
 - c. Breastfeeding
 - d. All of the above

2. Of the POST-BIRTH warning signs, which does not belong?
 - a. Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger
 - b. Incision that is not healing
 - c. Red or swollen leg, that is painful or warm to touch
 - d. Temperature of 98.6°F or lower
 - e. Headache that does not get better, even after taking medicine, or bad headache with vision changes

3. If a mother has a vaginal delivery, when should she attend her postpartum check-up?
 - a. 3 weeks after delivery
 - b. 6 months after having baby
 - c. 2nd and 6th week
 - d. 2 weeks after delivery
 - e. A new mother only needs a postpartum check-up if she has problems breastfeeding

4. You should see a dentist and get your teeth cleaned during pregnancy
True _____ False _____

5. When should you start thinking about birth control and family planning?
 - a. As soon as possible; make a decision before you give birth
 - b. When you give birth
 - c. After you baby is born
 - d. After you stop breastfeeding

6. How long should you wait after you have your baby to get pregnant again?
 - a. 3 months
 - b. 6 months
 - c. 12 months
 - d. 18 months or more

7. According to doctors, it is best to exclusively breastfeed your baby for at least 6 months.
True_____ False_____
8. Perinatal Mood Disorders are related to mood and anxiety symptoms that occur during pregnancy or up to one year postpartum.
True_____ False_____
9. What are the three things to remember about safe sleep for your baby?
a. With a comforting toy, in bed with mom, with bottle
b. Alone, in a crib, on their side
c. In a crib, with a comforting toy, on their back
d. Alone, in a crib, on their back
10. The benefits of breastfeeding include which of the following?
a. It helps a baby's brain grow.
b. It protects babies (and mothers) against disease
c. It is cheaper
d. All of the above
11. If a mother has a cesarean delivery, when should she attend her postpartum check-up?
a. 2 weeks after delivery
b. 6 months after having baby
c. 2nd and 6th week
d. 4 weeks after delivery
e. A new mother only needs a postpartum check-up if she has problems breastfeeding
12. You should call 911 after the birth of your baby if you:
a. Have pain in your chest
b. Obstructed breathing or shortness of breath
c. Seizures
d. Thoughts of hurting yourself or your baby
e. Any of the above

Pre and Post Answer Key

1. D- All of the above
2. D- Temperature of 98.6° or lower
3. A- 3 weeks after delivery
4. True
5. A-As soon as possible; make a decision before you give birth
6. D-18 months or more
7. True
8. True
9. D-Alone, in a crib, on their back
10. D-All of the above
11. A-2 weeks after delivery
12. E- any of the above

Sample Course Evaluation (Assess receptivity to course)

Prenatal Education Program

EVALUATION

Name: _____ Date: _____

Location: _____

Please Indicate how much you agree or disagree with the following statements by circling the appropriate number.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. The instructor was knowledgeable about the topic.	1	2	3	4	5
2. The material was well-organized and easy to follow.	1	2	3	4	5
3. The instructor was able to answer my questions.	1	2	3	4	5
4. The hand-out materials were useful.	1	2	3	4	5
5. The amount of detail provided on each topic was appropriate.	1	2	3	4	5
6. The length of the training was appropriate; it was not too long or too short.	1	2	3	4	5
7. The topics covered were relevant to me.	1	2	3	4	5

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
8. I found the information presented in the course useful.	1	2	3	4	5
9. I would recommend this course to a friend.	1	2	3	4	5
10. After taking this course, I feel like I am more prepared for my pregnancy.	1	2	3	4	5
What topics do you wish the class had covered?					
Any additional comments?					

Phone scripts used for conducting follow-up evaluation are available upon request.

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For Correspondence

Amber Mack, MSW, Research and Policy Analyst, Healthy Mothers, Healthy Babies Coalition of Georgia

2300 Henderson Mill Rd NE
Suite 410
Atlanta, Georgia 30345
Phone: 770-451-0020
Email: amber.mack@hmhbga.org
Website: <https://hmhbga.org>

1-800-300-9003



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2300 Henderson Mill Road, Suite 410, Atlanta, GA 30345