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Addressing Health Disparities in Refugees

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Fieldwork Summary Report

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Addressing Health Disparities in Refugees at the International Rescue Committee

Abstract

I completed the required 300 hours of my fieldwork internship at the International Rescue Committee (IRC) in Oakland, CA. The International Rescue Committee (IRC) is a non-profit international organization that responds to the world's worst humanitarian crises and aids displaced individuals in rebuilding their lives in new countries by providing support in health care, finance, education, infrastructure, and resettlement.

I worked as a Health Access/Intensive Case management Intern. As a Health Access Program Intern, it was my job to ensure that refugees coming to the United States had a place to seek medical care, advice, and preventative services. In order to improve access to health care for refugees, I assisted clients in choosing a medical provider, and accompanied clients to health screenings and follow up appointments with providers. I was also responsible for the development and implementation of a culturally competent educational curriculum targeted towards newly arrived pregnant women. The curriculum included information on navigating the U.S. health care system, prenatal and postpartum care, and nutrition and exercise.

Introduction

Every year there are thousands of individuals who are displaced and driven from their home country by violence and disasters. In many situations, these individuals are not only leaving behind most of the material possessions that they owned such as houses, cars, clothes, and furniture, but they are also leaving behind friends and family. Their entire lives can change in a matter of weeks, sometimes days, leaving these individuals with little or no time to plan for future lives in a new country. Once these individuals arrive in their new country, they must learn the language, culture, laws, and in general, how to survive with very limited resources (IRC, 2014).

The International Rescue Committee (IRC) is a non-profit international organization that aids displaced individuals in resettlement. The IRC's resettlement plan includes assisting newly arrived displaced individuals from all over the world in beginning new lives of self-reliance and independence in the United States (IRC, 2014).

Background

According to the United Nations Refugee Agency, there are currently approximately 51.2 million forcibly displaced individuals in the world (IRC, 2014). The mission of the IRC is to assist individuals whose lives have been negatively impacted by conflict or disaster in their home countries by providing support in health care, finance, education, infrastructure, and resettlement. The IRC has 22 regional offices located in cities throughout the United States. For the purpose of this paper, I will focus on the office located in Oakland, CA.

Once the Department of State admits displaced persons into the US, cases are delegated to the IRC Headquarters in New York City. IRC Headquarters then resettles clients into certain cities based on the country they are immigrating from. Successful resettlement supports the cultivation of ethnic enclaves so that refugees have stronger support networks therefore, only certain refugee populations are currently being resettled in the city of Oakland (IRC, 2014). The IRC Oakland is currently primarily working with individuals from such places such as Afghanistan, Burma, Bhutan, Eritrea, Iraq, Liberia, Syria, Sri Lanka, and Mongolia. The IRC works with three different populations of displaced individuals migrating into the United States; refugees, asylees, and special immigrant visas (SIVs).

The refugee population is by far the greatest of the three. A refugee can be defined as "Men, women and children fleeing war, persecution and political upheaval. They are uprooted with little warning, enduring great hardship during their flight. They become refugees when they cross borders and seek safety in another country." (IRC, 2014). Individuals who suffered persecution based on race, gender, political and religious beliefs, and nationality can be classified as refugees. According to the US Department of State Bureau of Population, Refugees, and Migration Office of Admissions, as of September 30, 2013, the total number of refugees that had been accepted into the US during the 2013 fiscal year was 69,926. The refugee admission ceiling was set at 70,000 (US Department of State, 2013).

In contrast, asylees have already relocated or traveled to another country in order to escape danger. If they meet the definition of a refugee, the application process for asylum in the US can be started (US Department of State, 2013). The IRC Oakland is currently dealing with a very small population of asylees (IRC, 2014).

SIVs are available to persons who worked with the U.S. Armed Forces as translators or interpreter in Iraq or Afghanistan (US Department of State 2013). Many times, SIVs will have at least basic reading and writing English skills due to their involvement with the US government. However, the families that accompany them usually do not. This makes it especially difficult for the families of the primary applicant (SIV holder) to assimilate into their new environment. These families are usually also coming from a good socio-economic background and have a college equivalent level of education, which makes it more difficult for them to begin a new career as an entry level employee, and live with very limited resources (IRC, 2014).

Insuring the health of newly arrived refugees is insuring the health of future US citizens. However, this can be very difficult when refugees are arriving from all over the world. These refugees may or may not speak some level of English. They may arrive as an individual, or with a family. They may have been educated and held a respectable job in their home country, or they may have lived in extreme poverty. They all have different and unique physical and mental health statuses. Unfortunately, the resources that are provided by the federal government for (only) the first 6 months are the same for the entire refugee population, regardless of where they are coming from, and what they are bringing with them. For those with a high-level of need (economic, language, education), the average case management period is often too brief to address complex health issues, develop sustainable connections with local support networks, and foster long tern client self-reliance. In providing intensive case management and health access services for a maximum of years after initial arrival, the IRC health access team works to bridge that gap (IRC, 2014).

For the purpose of this paper, I will focus on the health access resettlement service that the IRC provides. The IRC Oakland office is divided into 4 departments; Resettlement,

Employment, Immigration, and Development. The Resettlement department deals with the health access service and employs one time employee and 5 interns. The goal of the health access service is to ensure that, during the first 8 months, clients take advantage of all available health benefits and resources offered by the US government and other organizations in order to establish themselves in their new location and become self-sufficient in the future. These governmental services include access to the federally funded Refugee Medical Assistance (RMA), which provides up to eight months of health care coverage to refugees under the Immigration and Naturalization Act (IRC, 2014). The Immigration and Naturalization Act was amended in 1980 to include the Refugee Act. The Refugee Act implemented The Federal Refugee Resettlement Program, which provides for the effective resettlement of refugees and assists in the achievement of economic self-sufficiency as soon as possible after arrival in the US (Office of Refugee Resettlement, 2012).

In California, the health insurance provided by the RMA under the Refugee Act is called Medical. Medical covers such services as; standard medical treatment, mental health, family planning, X-rays, limited prescriptions, and well-checks (IRC, 2014). The process of applying for Medical and choosing a provider, medical clinic/doctor that are covered by Medical, and dealing with public transportation to appointments can be challenging to newly arrived refugees and SIVs who may speak/read little to no English, have limited previous experience in social services such as health care, and who are experiencing the U.S. system for the first time. Therefore, there is a great need for education and assistance to these refugees in order to ensure that all the required forms are completed correctly and on time (IRC, 2014). Through RMA, clients are required to enroll with an Alameda County contracted insurance, either Alameda Alliance or Anthem Blue Cross. Using the Medical Choice form, they select an insurance

option; they must also identify a health provider and community clinic. The Health Access Team then helps clients in completing registration and scheduling appointments at the community clinic that is the most appropriate for them.

Refugee and SIV clients often arrive in the US with health problems that have been undiagnosed, untreated, or poorly addressed in their home country due to poor or no health services. The health access team assists clients in navigating the system and troubleshooting problems that may arise, in order to receive the best health care available. These health problems range from acquiring dental care to seeing health specialists.

It is also the responsibility of the health access team to ensure that after their first 8 months in the US, the clients are able to transition to other insurance options, such as HealthPac, so that there are no gaps in the healthcare coverage once the Medical coverage expires. HealthPac is the insurance provided by Alameda County for those under 200% the federal poverty level (IRC, 2014).

The health access team also assists clients in applying for federally funded programs such as food stamps and cash assistance. Food security can be defined as "when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life" (WHO, 2014). Ensuring food security is a major concern that many clients have when they first arrive with very few resources. Therefore, it is very important that clients are registered for these services as soon as possible after arriving in the US. In California, the Cal Fresh program (otherwise known federally as the Supplemental Nutrition Assistance Program (SNAP)) provides monthly benefits that can be used to buy most foods at many market and food stores in the clients' location (CA Department of Social Services, 2007).

According to the article, *High Prevalence of Chronic Non-Communicable Conditions Among Adult Refugees: Implications for Practice and Policy*, "The global rise in non-communicable disease (NCD) suggests that US-based refugees are increasingly affected by chronic conditions" (Yun, pg. 1). This rise in NCD's can be attributed to food insecurity. The study used data from a retrospective medical record review of a refugee health program with a sample size of 180 individuals. The authors examined the prevalence of chronic NCDs and NCD risk factors among adult refugees who had recently arrived. Region of origin/resettlement, and family composition were taken into consideration. The results indicated that 51.1% of the adult refugees in this sample population had one or more chronic NCD and 9.5% had three or more NCDs (Yun, 2010). Food insecurity was identified as a barrier of newly resettled individuals to living a healthy lifestyle, and indicated that chronic NCDs are common among adult refugees in the US. The study also suggested that the rates of uninsured refugees in the U.S. are high after their first 8 months in the U.S. (Yun, 2010).

The assistance of the health access team is an option for all IRC clients. Clients can schedule consultation appointments with health access staff and interns in order to gain information. Many times there will be need for interpretation; therefore, if the appointment is scheduled in advance, staff can coordinate with IRC employed interpreters to be present during the session. Staff and interns also do in-home visits for clients who may have physical/mental disabilities, or trouble with transportation. Clients can also drop in to the office, and if staff member or intern is available, will receive assistance.

Implementation of the project/methods

During my four months at the IRC as a health access intern, my focus was the prenatal program. The mission of this program was to educate newly arrived expectant mothers on

prenatal care as it relates to health insurance, maternal health, infant health, and resources available.

According to the article, *A Systematic Review of Refugee Women's Reproductive Health* (2002), refugee women who are resettling in a new country may be at a greater risk for harmful reproductive health outcomes as a result of their migration experience. The study focused on determining the differences in reproductive health between refugee women in the U.S. and non-refugee women. A review of refugee reproductive health literature was conducted and compared to literature of non-refugee women. The results indicated that resettled refugee women have an increased risk of having low birth weight infants, shorter inter-pregnancy intervals, inadequate utilization of prenatal care, and previous adverse outcomes during pregnancy. The authors attribute the cause of these outcomes to low levels of prenatal education in both the home country, and the country of resettlement (Gagnon, 2002).

Two goals were set for the program:

> Goal 1: To reduce health disparities, and increase healthcare self-sufficiency in recently resettled refugee clients at the International Rescue Committee by supporting clients in the area of health care.
>
> Goal: 2 Increase healthy birth and postpartum outcomes in pregnant and recently delivered refugees presenting at the International Rescue Committee.

Program planning and the development of health education materials aided in the accomplishment of these goals. The first step of the prenatal program was the referral process. Pregnant clients were referred by the Resettlement department to the health access team. Once clients were referred, prenatal assessments were completed by the health access team. This

assessment was administered to women who had decided to carry their pregnancy to term. The assessment was designed to help IRC staff and interns identify individual client needs and connect clients with appropriate resources, as well as identify mental health, physical health, and material needs.

The resources that most prenatal clients were qualified for included Alameda County's First 5 program. The First 5 program connects clients with a number of resources, which include either home-visiting case management, home-visiting nursing care, or both. First 5 programs serve women with children between 0 and 5 years of age. The Women, Infant, Children (WIC) program is a special supplemental nutrition program for women with children under the age of 5 years. WIC provides low income pregnant, breastfeeding, and non-breastfeeding postpartum women supplemental food support, health care referrals, and nutrition education (USDA, 2014).

Educational workshops were developed for the prenatal program. The workshops took a client-centered model of service delivery, which can be characterized by the emphasis placed in the client as an active partner in the process of setting goals and developing a service plan. The approach also included key components of cultural and linguistic appropriate services, extensive partnerships at the local level (WIC, First 5 program), and flexibility to address specific client needs and changing community placements (IRC, 2014).

Since the greatest number of clients of the prenatal population was Afghani women, the first round of workshops focused on that population. There was an interpreter present at each workshop. Of the five workshops, it was my responsibility to focus on the nutrition and exercise workshop. Nutrition is of great importance to pregnant women resettling in the US. Prenatal nutrition is essential not only to the soon-to-be mother, but also to the developing infant.

Upon arrival into the US, many of the refugees and SIVs who have come from a good socio-economic background have good health, good eating habits, and over all have been living a healthy lifestyle. However, many times the good lifestyle habits that the clients have carried over from their own cultures get lost in the American "fast food" culture. This can be attributed to food insecurity when clients arrive in the US. Food insecurity can be a result of lack of money to purchase healthy foods, an unfamiliar selection of foods, and lack of education as to what constitutes a healthy food selection in the US (Yun, 2010). When poor nutrition choices are made, clients will inevitably develop certain lifestyle diseases and cost not only themselves and their family's hardships, but will also put additional economic strain on the US health care system. It is therefore, imperative that clients are educated in the correct direction in living a healthy lifestyle in their new homes (IRC, 2014). In contrast, there are also those refugees arriving in the US who come from low income situations in their home countries. These individuals often have limited knowledge of nutrition, especially nutrition in the US. "The underlying nutritional status of the refugees or internationally displaced people is often poor, and micronutrient deficiencies can be very important" (Skolnik, pg. 321).

The nutrition portion of the prenatal workshop included information on necessary vitamins, proper serving sizes and content, and foods to avoid. It also included information on how and where to acquire reasonably priced nutritious foods. Education relating to exercise and physical activity was also incorporated into the workshop.

The evaluation of the workshops was assessed through a verbal questionnaire at the end of each workshop. It was recognized that administering the questionnaire verbally may create some bias, however; with the limited interpretation resources of the IRC, was the only option at the time. The questionnaire consisted of very basic questions such as "What information did you

find helpful?", "Was there anything that you would like to focus on in future workshops?" This information provided the health access team with guidelines as to what to include in future workshops and things that could be done differently and more effectively. Progress was also measured through social and economic self-sufficiency outcomes among clients.

The postpartum assessment was completed after the client had given birth. The purpose of this assessment is to reinforce postpartum education and identify mental health, physical health, and material needs of the mother and baby.

Results/Findings

The observations that can be documented regarding the efficacy of the IRC in addressing the public health problem of resettling newly arrived displaced persons in the US are overall, positive. The IRC staff is educated, competent, and dedicated to serving its clients and achieving the mission of the organization. In 2013, the IRC aided in the resettlement of approximately 8,700 newly arrived refugees and provided services to promote self-reliance and integration to over 38,000 refugees, and asylees (IRC, 2014). This could not have been accomplished without a well-structured and efficient organization. The organization of the different departments within the IRC allows for effective and resourceful work on a departmental level and an overall organizational level. Team work and communication between all staff members in all different departments is essential and occurs often.

However, the lack of financial resources that the IRC has (as a non-profit organization) does imply certain limitations to the services provided. For example, the health access program at the IRC runs on a budget from a grant that has no room for additional services/activities to be added or changes to existing services. This became apparent in the prenatal program when the pregnant clients needed assistance in transportation funding. It was expensive for them, with

limited resources, to spend the $5 round trip to the office for the workshops. Unfortunately, the health access program did not have the necessary funding to help these clients financially.

Since the IRC is a non-profit organization, it relies on external funding. The overall health access project is sustainable through the continued funding by private, governmental and non-governmental organizations/foundations. The prenatal program is funded by the health access program, and therefore, is sustainable as long as there is funding for the health access program.

Application of results/public health significance

The reduction in health disparities in the newly resettled population has great significance in public health. Through the implementation of the health access and prenatal programs, IRC staff and interns provide clients with knowledge, skills, and resources that will enable them to confront and overcome a number of challenges that may have otherwise limited their capability to live a healthy life in their new homes (IRC, 2014). Insuring the health of newly resettled clients is not only beneficial to the clients as individuals, but also to the country as a whole. The avoidance of certain lifestyle diseases that can develop as a result of poor nutrition and exercise habits, and underutilization of health services, will reduce the economic burden of health care spending in the US (Dookeran, 2010).

The implementation of the health access and prenatal programs at the IRC Oakland has implications for future public health interventions. The proper documentation of refugee health statuses and health care needs upon arrival and as they transition out of the first 8 months of federal coverage is needed. “Accurately documenting the prevalence of health conditions among refugees is often complicated by language barriers and social stigma, which may prevent many

people from seeking care (Yun, pg. 4). Future programs aimed at decreasing health disparities in resettled individuals should take these factors into consideration during program planning and implementation.

The structure of the programs and the information provided may also be applied to other populations of immigrants coming into the US. The majority of the population that the IRC deals with arrive in the US with very limited resources and social support, little or no income, and limited knowledge of the health care system. The health access and prenatal program were designed to be culturally competent and targeted at low income individuals and families. Therefore, the programs may be useful if implemented in other immigrant populations that fit the same criteria.

The location of resettlement must also be taken into account when developing and implementing resettlement programs. Oakland as a resettlement city has proved to be a challenging city from a financial and safety standpoint. Since the federal financial assistance is the same for all resettled individuals regardless of location, low cost housing is often the only choice. However, rent prices in Oakland have been rising (Oakland, 2014). The crime rate in Oakland has also been a major concern of many of the clients. Crime rate in Oakland is higher than most of the nearby cities (Piedmont, Alameda, Orinda, San Leando, and Albany) (Oakland, 2014). Concern regarding safety of clients and their families have been expressed by IRC staff and the clients themselves. For example, for the women in the prenatal program who are pregnant, it is very beneficial to get a certain amount of physical activity. However, many of the women have expressed concern about walking outside alone, even during the day time.

Therefore, an implication for future resettlement services provided by the IRC and other similar organizations may be to have resettlement in cities with lower rent prices and lower crime rates.

Competencies addressed

During my internship at the IRC, I was able to complete the two goals (mentioned above), and all of my learning objectives. The learning objectives that I completed for the health access and prenatal program included: Accompanying clients to health screenings and other medical appointments, assist in choosing a medical provider, gather resource materials in multiple languages and share appropriate resources with clients, develop and maintain a set of client files, conduct prenatal and postpartum client interviews, and develop a prenatal nutrition and exercise plan.

There were several core competencies, which were defined by the USF MPH program, that were addressed in the implementation of the health access and prenatal programs. The first competency was to "Assess, monitor, and review the health status of populations and their related determinants of health and illness." This competency was addressed through the completion of program objectives: conducting prenatal and postpartum client interviews in the prenatal program, documenting and recording detailed client case notes, and maintaining a set of client files.

The next competency that was addressed was to "Demonstrate leadership abilities as collaborators and coordinators of evidence based public health projects." This competency was addressed through the gathering of data on current nutrition status of expectant mothers through interviews and workshop questionnaires, and overall work as a health access intern working in collaboration with the staff at the IRC.

The final competency that was addressed was to "Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served." This competency was addressed through the implementation of educational curriculum that was developed and used in the prenatal workshops. In working with diverse populations, cultural competence is very important. The curriculum that was developed on nutrition and exercise for example, included culturally appropriate images, exercises, and foods.

The skills that were utilized to the greatest extent in the health access and prenatal programs were program planning and the development of culturally competent educational materials. These skills were taught in the Grant Writing/Program Planning, and Global Health courses at USF in the MPH program.

Conclusion

Overall, this fieldwork experience has contributed to my knowledge and experience in the area of public health on both a professional and personal level. From a professional stand-point, I have gained valuable experience in developing culturally competent educational materials for the prenatal workshops that were implemented. In developing these workshops, I was also able to use the knowledge and skills that I gained from my education at USF to write and implement appropriate programs and interventions for the population that I was working with.

My personal experiences at the IRC can be best summarized by explaining my interactions with the clients that I had the pleasure of working with. I had the opportunity to get to know many of my clients. They shared their stories of escape, tragedy, and loss. They shared stories of friends, family, and loved ones. They shared with me feelings of happiness,

gratefulness, and hope. These are things I will apply to my future pursuits in public health, and will carry with me always.

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Appendices

1. Project timeline
2. Supporting documents:
    - Prenatal Assessment Form
    - Postpartum Assessment Form

Supervised Field Training in Public Health

Student Scope of Work

Goal 1: To reduce health disparities, and increase healthcare self-sufficiency in recently resettled refugee clients at the International Rescue Committee by supporting clients in the area of health care.				
Objectives (S)	Activities	Start/End Date	Who is Responsible	
Provide general health support to clients with medical concerns	Accompany clients to health screenings and other medical appointments.	8/11/14-12/1/14	Claire	
	Assist in choosing a medical provider.	8/11/14-12/1/14	Claire	
	Gather resource materials in multiple languages and share appropriate resources with clients.	8/11/14-12/1/14	Claire	
Track medical information	Develop and maintain a set of client files.	8/11/14-12/1/14	Claire	
Goal: 2 Increase healthy birth and postpartum outcomes in pregnant and recently delivered refugees presenting at the International Rescue Committee.				

Evaluate the physical and mental health of newly arrived refugees.	Conduct new prenatal client interviews.	8/11/14-12/1/14	Claire	
	Conduct postpartum interviews.	8/11/14-12/1/14	Claire	
	Record and evaluate findings.	8/11/14-12/1/14	Claire/Preceptor	
Lead maternal health educational workshops twice a month.	Develop a prenatal nutrition and exercise plan through the implementation of the IRC's existing New Roots program.	Workshop 1&2: October Workshop 3&4: November	Claire/Preceptor	
	Gather data on current nutrition status of expectant mothers through interviews.	10/1/14 and 11/1/14	Claire	
	Implement a nutrition and cooking workshop designed for expecting mothers.	10/1/14 and 11/1/14	Claire/Preceptor	
Ensure that expecting mothers have access to all available resources.	Enroll clients in such programs as "first 5", and "WIC".	8/11/14-12/1/14	Claire	
	Organize a stroller drive	8/11/14-9/30/14	Claire/Preceptor	

	Ensure food security for resettled clients through education and assistance in registering for emergency food resources.	8/11/14-12/1/14	Claire	
	Assist clients in applying for transportation vouchers available in the community.	8/11/14-12/1/14	Claire	

PRENATAL ASSESSMENT FORM

Introduction

We are here to support you during your pregnancy. Over the next few months, we can talk about many different topics related to pregnancy, labor/delivery, having a newborn baby, and your general health and wellness. We can also support you as you are working with different people, medical providers, and organizations here in Baltimore and connect you to more resources that may be able to help.

How are you feeling? How are things going in your family in relation to this pregnancy?

[Have you noticed any changes yet in your body or even in the family?

Any concerns or worries? What are you most excited for?]

Name:	**Birth date:**	**Age:**
Marital status: **Name of Partner:**	**Due date:**	**No. of weeks pregnant (LMP):**
Address:		**Phone:**

Who lives in the home with you?

	Name	DOB	Age	Gender	Relationship	Comments
1						
2						
3						
4						

5						
6						
7						
8						

Country of Origin:	**Primary Language:**	**Level of English:**

We have helpful written materials that we can give to you. Do you feel comfortable reading/writing in English or _____ [*primary language*]? ☐ No ☐ Yes

If you are not able to, there are other ways we can help you instead.

Is anyone else in your household able to read in _____ [*primary language*]? ☐ No ☐ Yes

Mother's occupation:	**Father's occupation:**
Hours:	**Hours:**

Best time for visits?

Do you have health insurance? ☐ No ☐ Yes

☐ Medi-Cal	☐ Other:

Tell me about any programs or resources that you and/or your partner are currently using:

☐ WIC	☐ Food stamps	☐ Cash assistance	☐ SSI

☐ Other (Church, community, etc): _____

Medical History/ Pregnancy History

Have you had any health problems in the past, prior to this pregnancy? ☐ No ☐ Yes

Do you have any chronic illnesses? ☐ No ☐ Yes

Details: _____

Are you taking any medications related to these health issues? ☐ No ☐ Yes

If yes, please list: _____

Are you currently taking prenatal vitamins? ☐ No ☐ Yes

If yes, how do you get more when you finish the current bottle (e.g. prescription refills…)?

Are you taking any other medications, herbs, or other vitamins? ☐ No ☐ Yes

If yes, please list: _____

Other than the pregnancy doctor/midwife, are there any other doctors or specialists you would like to see now? ☐ No ☐ Yes

If yes, whom would you like to see? _____

Have you ever been pregnant before? ☐ No ☐ Yes How many times? _____

How were your previous birth experiences? How long were your labors and how did you cope?

Have you ever experienced a Miscarriage/Stillbirth? ☐ No ☐ Yes How many times? _____

If yes, what kind of support did you receive (if any) from the health center, your family, or your community?

_____

Out of the __ children who were born, how many were delivered vaginally or via c-section?

☐ NVD: _____ ☐ C-section: _____

Where were they each born (country, hospital/home)?

Were there any medical problems with your previous pregnancies? ☐ No ☐ Yes

If yes, please explain: _____

Who was your biggest support during past births? In what ways did they help you? Will this person be available to help you during and after this pregnancy?

What support did you need but not receive? (husband, mother, friends, mother-in-law, etc…)

Prenatal Care - This is the care you will receive while you are pregnant. This includes the doctor's visits as well as how you and your family care for your physical, emotional and spiritual health during this time**.**

What are some things that you want or need during your pregnancy? [How do you want to feel during your pregnancy? What would you like to do during your pregnancy? What kind of pregnancy do you want to have?]

_____

_____

_____

These are great goals. Let us think of how our prenatal care can help us work to make these happen.

Medical Prenatal Care

Have you already started seeing a medical provider for your pregnancy? ☐ No ☐ Yes

Name OB/GYN:

Address: _____ **Phone/Fax:** _____

When did you begin prenatal care for this pregnancy? Month 1 2 3 4 5 6 7 8 9

How often have you been getting prenatal care?

☐ missed no appts ☐ missed some appts ☐ missed most appts ☐ no prenatal care

Date of last appointment? _____ **Date of next appointment?** _____

How do you go to your prenatal appointments (car, bus)? Do you know how to travel there alone if you had to?

Do you like the care you receive at this hospital? ☐ No ☐ Yes

Do you feel that you can ask questions to your Dr.? ☐ No ☐ Yes

What are some things that you have already learned or discussed at your appointments? *(**emphasize advocacy, patient's rights, and informed consent)*

Do you know how to contact your doctor if you have any questions? ☐ No ☐ Yes

Is there anything that makes it difficult to go to prenatal appointments? ☐ No ☐ Yes

What are some reasons you might miss an appointment?

- *If the client has not already picked a prenatal care location, give her options but encourage her to talk to people before she makes a decision… Ask where she has received primary care in the past and her experiences there.*
- *Review Prenatal Care Schedule and two pregnancy stories*

Fieldwork Summary Report

Prenatal Health Topics

[Nutrition] How would you say your eating habits are? ☐ Very good ☐ Average ☐ Not Very Good

What are you doing well? Any concerns?

Are you able to purchase the foods that you would like to eat? ☐ No ☐ Yes

If not, why?

☐ Cannot find foods from my culture ☐ Do not understand how to purchase them

☐ Do not have enough money to buy them ☐ **Other:** _____

[Mental Health] What are the things that you do to help yourself relax if you are feeling tension? What do you enjoy doing? How often do you do these things?

Think of a time you felt extraordinarily calm. (Encourage the woman to call on these experiences when she is stressed and during labor.)

Think of a time you felt extraordinarily powerful. (Encourage the woman to call on these experiences when she is stressed and during labor.)

[Breastfeeding] What is your experience with breastfeeding in the past? How do you think you want to feed this

baby? Do you have any concerns about breastfeeding?

[Family Planning] Are you planning on having any more children after this one born? ☐ No ☐ Yes

If yes, when do you want to have your next child?

☐ Right away after this baby is born ☐ Leave some time and space before the next child

Were you on birth control at any point prior to this pregnancy? ☐ No ☐ Yes

If yes, which birth control method(s) were you using?

☐ Condoms ☐ IUD ☐ Pills

☐ Implant (Implanon) ☐ Injections (Depo-Provera) ☐ Periodic Abstinence (Natural FP)

☐ Sterilization (Hysterectomy/Vasectomy) ☐ Abstinence ☐ Other: _____

Who did you talk to before you made a decision to choose a form of birth control?

☐ Husband/partner ☐ Doctor ☐ Mother ☐ Friend(s)

☐ No one ☐ Other: _____

Ask following question if client is from Djibouti, Egypt, Eritrea, Ethiopia, Mali, Nigeria, Oman, Sierra Leone, Somalia, Sudan, UAE, or Yemen.

I read that some women from _____ have been circumcised or cut. Do you know if that happened to you?

☐ No ☐ Yes

Do you need to be opened in order to have a baby? ☐ No ☐ Yes ☐ Unsure

Fieldwork Summary Report

If client answered YES, please refer to provider with FGC experience.
Does anyone in the household use tobacco? ☐ No ☐ Yes **If yes, who? _____** Do you use tobacco? Alcohol? ☐ No ☐ Yes
Concerns
What concerns do you have about this pregnancy? Let's see if we can make a plan for it.

Fieldwork Summary Report

IMPLEMENTATION OF PLAN – "what we did today"

Specific activities completed this visit

Referrals needed	**Date referred**	**Scheduled appt.**
☐ Prenatal care ☐ WIC ☐ Birthing Center/Hospital tour ☐ Center for Wellbeing ☐ Other _____	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____	☐ _____ ☐ _____ ☐ _____ ☐ _____ ☐ _____

Education	
☐ Prenatal care	☐ Preparing the home (safety: car seat, crib)
☐ Prenatal care schedule	☐ Suggested hospital packing list
☐ Normal symptoms of pregnancy	☐ When to call the doctor/midwife or go to the hospital
☐ Nutrition/weight gain	☐ What happens when you arrive at the hospital
☐ Tobacco, alcohol & drugs during pregnancy	☐ Stages of labor and delivery
☐ Breast vs. bottle feeding	☐ Family planning and pregnancy spacing

FUTURE PLAN

PRENATAL EDUCATION GUIDE

Prenatal care
✓ The care you get while pregnant. This care can be provided by a doctor, midwife, or other health care professional. ✓ Goal: to monitor the progress of pregnancy and to identify potential problems before they become serious for either mom or baby ✓ Benefits of regular care: healthier babies, less likely to deliver prematurely, less likely to have other serious problems related to pregnancy

Prenatal care schedule
Typical schedule for low-risk woman with a normally progressing pregnancy is: ✓ Weeks 4 to 28 (Months 1-7): 1 visit/month (every 4 weeks) ✓ Weeks 28 to 36 (Months 7-9): 2 visits/month (every 2-3 weeks) ✓ Weeks 36 to birth (Month 9-birth): 1 visit/week

Normal symptoms of pregnancy		
1st trimester	**2nd trimester**	**3rd trimester**
✓ Tender breasts ✓ Nausea or vomiting ✓ Unusual fatigue ✓ Increased urination ✓ Dizziness ✓ Mood swings ✓ Weight loss or gain	✓ Larger breasts ✓ Growing belly ✓ Braxton Hicks contraction ✓ Skin changes ✓ Nasal and gum problems ✓ Dizziness ✓ Shortness of breath ✓ Vaginal discharge ✓ Bladder & kidney infections ✓ Increased fatigue ✓ Feeling the baby move	✓ Backaches and joint pain ✓ Swelling (hands, legs, and feet) ✓ Shortness of breath ✓ Heartburn ✓ Spider veins, varicose veins & hemorrhoids ✓ Stretch marks ✓ Continued breast growth ✓ Frequent urination ✓ Braxton Hicks contractions ✓ Weight gain ✓ Vaginal discharge

Nutrition
Most pregnant women need **300** extra calories/day to support a baby's growth. **Try to eat foods from each of the 5 food groups every day:** ✓ Grains: 6 oz/day ✓ Vegetables: 2 ½ cups/day ✓ Fruits: 1 ½ to 2 cups/day ✓ Milk products: 3 cups/day

- ✓ Proteins: 5 to 5 ½ oz/day

Healthy eating hints:

- ✓ Eat 4-6 smaller meals/day
- ✓ Eat healthy snacks (cheese, yogurt, grains, fruit & vegetables)
- ✓ Drink at least 6-8 glass of water, juice or milk every day
- ✓ Take a multivitamin or prenatal vitamin every day (includes folic acid)
- ✓ Limit the caffeine intake to 200 mg/day

Foods to avoid:

- × Raw fish, especially shellfish
- × Raw or lightly cooked eggs
- × Unpasteurized juices
- × Raw sprouts, especially alfalfa sprouts
- × Unpasteurized soft cheeses
- × Unpasteurized milk
- × Herbal supplements and teas
- × Fish that can be high in mercury (shark, swordfish, king mackerel, tilefish)
- × Raw or undercooked meat, poultry, seafood & hot dogs
- × Refrigerated pates, meat spreads or smoked seafood

Weight gain

Gaining the right amount of weight helps protect the health of your baby. Putting on weight slowly and steadily is best. Learn your Body Mass Index (BMI) to determine if you were underweight or overweight before pregnancy. BMI is a measure of body fat based on height and weight.

If you began pregnancy at…

- A normal weight → ~25-35 lbs over the 9 months (most women gain 4-6 lbs in the 1st trimester, & then average 1 lb/week in the 2nd & 3rd trimester)
- Underweight → ~28-40 lbs
- Overweight → ~15-25 lbs

Tobacco, alcohol & drugs during pregnancy

Smoking	**Alcohol**	**Drugs**
▪ Baby gets less oxygen → baby grows more slowly and gains less weight in the womb ▪ Linked to preterm labor and other pregnancy complications ▪ Regular exposure to secondhand smoke may also harm the baby	▪ Baby born with both physical and mental birth defects. ▪ Fetal Alcohol Syndrome (FAS) – the leading preventable cause of mental retardation	▪ Street drugs, over-the-counter drugs, prescription drugs, dietary supplements, herbal preparations and some medications can hurt your baby. ▪ Birth defects. ▪ Baby born too small or very sick.

Breastfeeding	
Advantages	**Challenges**
✓ Infection-fighting (lowers the occurrence of ear infections, diarrhea, respiratory infections, urinary tract infections, meningitis) ✓ Nutrition & ease of digestion ("perfect food" - all vitamins & minerals) ✓ Free ✓ Different tastes (mother should eat a wide variety of well-balanced food) ✓ Convenience ✓ Obesity prevention ✓ Smarter babies ✓ "Skin-to-skin" contact, promotes bonding ✓ Beneficial for mom (burns calories)	✓ Personal comfort ✓ Latch-on pain ✓ Time & frequency of feedings ✓ Limiting caffeine ✓ Maternal medical conditions, medicines & breast surgery

Bottle feeding	
Advantages	**Challenges**
✓ Convenience ✓ Flexibility ✓ Time & frequency of feedings	✓ Organization & preparation ✓ Lack of antibodies for baby ✓ Expense ✓ Possibility of producing gas and constipation ✓ Can't match the complexity of breast milk

Preparing the home	
Required	**Optional**
✓ Car seat ✓ Crib with bedding ✓ Blankets ✓ Diapers, wipes ✓ Thermometer ✓ Fingernail clippers ✓ Nasal aspirator ✓ Clothing ✓ Baby soap ✓ Clothes and cotton swabs for cleaning baby	✓ Changing table/pad/sheet ✓ Stroller, carrier ✓ Small plastic baby tub for washing ✓ Highchair ✓ Bibs ✓ Baby oil/lotion ✓ Gates for stairs ✓ Cover plugs for electrical outlets

Fieldwork Summary Report

Suggested hospital packing list
✓ Insurance cards ✓ Identification (drivers license, I-94, Social Security Card) ✓ Address book with phone numbers ✓ Birth plan (optional) ✓ Name and number of pediatrician ✓ Clothes for baby ✓ Clothes for mom ✓ Toiletries- shampoo, conditioner, deodorant ✓ Toothbrush and toothpaste ✓ At least $20 in cash and change ✓ Car seat

When to call the doctor/midwife or go to the hospital
✓ Bleeding or fluid from the vagina ✓ Constant severe lower abdominal pain or cramps on one or both sides ✓ Dizziness or blurred vision that lasts 2 or 3 hours ✓ Severe or continued vomiting ✓ Chills and/or fever (100 F or 38 C) ✓ Sudden severe swelling or puffiness of the faces, hands, legs, ankles, or feet, especially if you have a headache or vision change ✓ Decrease in the baby's movement (less than 10 movements in 2 hours)

What happens when you arrive at the hospital
✓ Fill out hospital admission paperwork, including insurance information ✓ Go to the labor and delivery unit ✓ Change into a hospital gown, or your own nightgown or big shirt ✓ Be examined to see how dilated your cervix is ✓ Be connected to a fetal monitor to time the contractions and check the baby's heartbeat ✓ IV to administer fluids and medicine if necessary ✓ Pain medication/Epidural-optional ✓ Preparation for surgery- C-section

Stages of labor and delivery		
Stage 1: Labor	**Stage 2: Pushing & delivery**	**Stage 3: Delivery of the placenta**
✓ Begins: regular contractions ✓ Ends: cervix is fully opened to 10 cm (~4 in) ✓ Time: varies	✓ Begins: cervix is fully open and ✓ Ends: birth of the baby ✓ Time: ~1-2 hours	✓ Begins: immediately after the birth of the baby ✓ Ends: delivery of the placenta ✓ Time: ~10 min – 1 hr

Family planning and pregnancy spacing
✓ Natural Family Planning ✓ Condoms ✓ Pill ✓ Barrier methods ✓ Patch ✓ Hormone Shots ✓ IUD ✓ Hormonal implants ✓ The ring ✓ Sterilization

Taking care of yourself
✓ Make sure you are able to get some quiet time for yourself ✓ Talk to other women who have kids and share your experiences ✓ Stay active as your were before your pregnancy ✓ Tell your doctor if you have crying episodes, feelings of guilt or dramatic moods wigs for more than 2 weeks.

Case No. _____ Date of arrival _____ Date of visit _____ Visit Number _____

POSTPARTUM ASSESSMENT FORM

Child's Name:	**Gender (M/F)**	**Birth date:**
Mother's Name:	**Father's Name:**	**Other Caregivers?**
Address:		**Phone(s):**

Who lives in the home with you?

	Name	DOB	Age	Gender	Relationship	Comments
1						
2						
3						
4						
5						
6						
7						
8						

Country of Origin:	**Primary Language:**	**Level of English:**

Mother's occupation/hours: **Father's occupation/hours:**

Plans to return to work? ☐ No ☐ Yes

Employment Case Worker: **Best time for home visits?**

Do you have health insurance? ☐ No ☐ Yes **Expiration Date:**

☐ Medi-Cal	☐ Other

Does your baby have health insurance? ☐ No ☐ Yes

☐ Medi-Cal	☐ Other

Case No. _____ Date of arrival _____ Date of visit _____ Visit Number _____

Does your baby have a regular doctor or pediatrician? ☐ No ☐ Yes		
Name:	**Phone:**	**Fax:**
Address:	**City:**	**Zip:**
Tell me about any programs or resources that you are currently using:		
☐ **WIC**	☐ **Food stamps**	☐ **Cash assistance**
☐ **Other:**		

HISTORY – Subjective – questions are prompts for interview & parent education

1. How have you been feeling since the delivery? How are things going in your family with the new baby?

2. What type of birthing experience did you have?

☐ NVD (Natural Vaginal Delivery) ☐ C- Section

3. Did you have an interpreter available during labor and delivery? ☐ No ☐ Yes

If yes, what type of interpreter? *Check all the apply* ☐ In person ☐ Telephonic ☐ Family member

4. Was a birth companion there with you for the delivery of your baby? ☐ No ☐ Yes

If yes, was the birth companion helpful to you? ☐ No ☐ Yes

How was the birth companion helpful?

5. Were there any complications or concerns during the delivery? ☐ No ☐ Yes

Ask following question if client is from Djibouti, Egypt, Eritrea, Ethiopia, Mali, Nigeria, Oman, Sierra Leone, Somalia, Sudan, UAE, or Yemen.

6. I read that some women from ____ have been circumcised or cut. Do you know if that happened to you?
☐ No ☐ Yes ☐ Unsure

If yes, were you able to discuss this with your OB prior to delivery? ☐ No ☐ Yes

Did you need to be opened in order to have a baby? ☐ No ☐ Yes ☐ Unsure

If yes, when were you opened? ☐ Before the delivery ☐ During the delivery

7. How is the baby doing?

Has the baby been eating well? ☐ No ☐ Yes

What type of food? ☐ **Breastfeeding** ☐ **Formula _____** ☐ **Other _____**

How much and how often?

Tell me about your baby's sleep pattern.

Where does the baby sleep? ☐ **Crib** ☐ **Parent's bed** ☐ **Other _____**

8. Has the baby seen a pediatrician since he/she was born? ☐ No ☐ Yes

Date of last appointment? _____ Date of next appointment? _____

9. What concerns do you have about your baby?

10. Have you seen the doctor since the baby was born? ☐ No ☐ Yes

Date of last appointment? _____ Date of next appointment? _____

11. Do you plan on having more children? ☐ No ☐ Yes ☐ Unsure

Has your doctor discussed birth control/birth spacing with you? ☐ No ☐ Yes

If no, is this a topic you would like more information on? ☐ No ☐ Yes

(If she's interested, take the time to explain the various options with visual aids)

If yes, which birth control method(s) have you decided to use?

☐ Condoms	☐ IUD	☐ Pills
☐ Implant (Implanon)	☐ Injections (Depo-Provera)	☐ Periodic Abstinence (Nat'l FP)
☐ Sterilization (Hysterectomy/Vasectomy)	☐ Abstinence	☐ Other: _____

Case No. _____ Date of arrival _____ Date of visit _____ Visit Number _____

IMPLEMENTATION OF PLAN – "what we did today"

Specific activities completed this visit

Handouts or resources provided
☐ WIC
☐ List of OB/GYNS
☐ List of pediatricians
☐ CA Birth Certificate Application
☐ Other_____

Referrals needed	**Date referred**	**Scheduled appt.**
☐ Postpartum care	☐ _____	☐ _____
☐ Pediatrician (well-child visit)	☐ _____	☐ _____
☐ WIC	☐ _____	☐ _____
☐ Center for Wellbeing	☐ _____	☐ _____
☐ Other _____	☐ _____	☐ _____

Education	
☐ Sleep position and SIDS	☐ When to call the doctor/pediatrician or go to the hospital
☐ Postpartum depression	☐ Preparing the home (safety)
☐ Normal infant appearance and behavior	☐ Finding quality child care
☐ Well child check-up schedule & immunizations	

☐ Care of the infant ☐ Breast vs. bottle feeding ☐ Nutrition	☐ Family planning ☐ Other _____

FUTURE PLAN

Case No. _____ Date of arrival _____ Date of visit _____ Visit Number _____

POSTPARTUM EDUCATION GUIDE

Sleep Position and SIDS
Reduce the risk of SIDS ✓ Put baby to sleep on his/her back ✓ Keep toys, stuff animals, and blankets out of crib while baby sleeps ✓ Keep tobacco smoke away from baby ✓ Keep room temperature between 68-75 degrees ✓ Over dressing baby for bed can cause over heating ✓ Crib is the safest place for baby to sleep

Post Partum Depression
Contact your doctor if you have any of these symptoms ✓ Loss of appetite ✓ Insomnia ✓ Intense irritability and anger ✓ Overwhelming fatigue ✓ Lack of joy in life ✓ Severe mood swings ✓ Difficulty bonding with the baby ✓ Withdrawal from family and friends ✓ Thoughts of harming yourself or the baby ✓ Unexplained crying spells

Normal Infant Appearance and Behavior
✓ Newborn behavioral states- crying, active alertness, quiet alertness, drowsy, light sleep, deep sleep ✓ Reflexes- Mouthing/sucking, startle reflex, grasp, gag, stepping, withdrawal (if a baby is pricked with a needle he will withdrawal limb due to pain.)

Care of Infant
✓ Diapering ✓ Cord Care ✓ Care of Circumcision ✓ Nails ✓ Bathing baby ✓ Keeping baby comfortable

Well Child Check Ups

- ✓ Doctor will check weight, length, head circumference, eye sight, reflexes, and hearing.
- ✓ Doctor will talk to you about baby's behavior to make sure he/she is developing normally.

Immunizations protects against

- ✓ Hep B (liver disease)
- ✓ DtaP- Diphtheria, tetanus, pertussis (whooping cough)
- ✓ Hib- haemophilus influenza type b
- ✓ Polio
- ✓ MMR- mumps, measles, rubella
- ✓ Chickenpox

Check up and Immunization schedule

- ✓ Within 1st month- Hep B
- ✓ 2 months- Hep B
- ✓ 4 months- Dtap, Hib, Polio
- ✓ 6 months- Dtap Hib, Polio
- ✓ 9 months- Dtap, Hib, Hep B
- ✓ 12 months- MMR Hib, Polio, Chickenpox

Nutrition (for mother)

Most pregnant women need **300** extra calories/day to support a baby's growth.

Try to eat foods from each of the 5 food groups every day:

- ✓ Grains: 6 oz/day
- ✓ Vegetables: 2 ½ cups/day
- ✓ Fruits: 1 ½ to 2 cups/day
- ✓ Milk products: 3 cups/day
- ✓ Proteins: 5 to 5 ½ oz/day (similar to a stack of cards)

Healthy eating hints:

- ✓ Eat 4-6 smaller meals/day
- ✓ Eat healthy snacks (cheese, yogurt, fruit & vegetables)
- ✓ Drink at least 6-8 glass of water, juice or milk every day
- ✓ Take a multivitamin or prenatal vitamin every day (includes folic acid)
- ✓ Limit the caffeine intake to 200 mg/day

Foods to avoid:

- × Raw fish, especially shellfish
- × Raw or lightly cooked eggs
- × Unpasteurized juices
- × Raw sprouts, especially alfalfa sprouts
- × Unpasteurized soft cheeses
- × Unpasteurized milk
- × Herbal supplements and teas

- ✗ Fish that can be high in mercury (shark, swordfish, king mackerel, tilefish)
- ✗ Raw or undercooked meat, poultry, seafood & hot dogs
- ✗ Refrigerated pates, meat spreads or smoked seafood

Breastfeeding	
Advantages	**Challenges**
✓ Infection-fighting (lowers the occurrence of ear infections, diarrhea, respiratory infections, urinary tract infections, meningitis) ✓ Nutrition & ease of digestion ("perfect food" - all vitamins & minerals) ✓ Free ✓ Different tastes (mother should eat a wide variety of well-balanced food) ✓ Convenience ✓ Obesity prevention ✓ Smarter babies ✓ "Skin-to-skin" contact, promotes bonding ✓ Beneficial for mom (burns calories)	✓ Personal comfort ✓ Latch-on pain ✓ Time & frequency of feedings ✓ Limiting caffeine ✓ Maternal medical conditions, medicines & breast surgery

Bottle feeding	
Advantages	**Challenges**
✓ Convenience ✓ Flexibility ✓ Time & frequency of feedings ✓ Diet	✓ Organization & preparation ✓ Lack of antibodies for baby ✓ Expense ✓ Possibility of producing gas and constipation ✓ Can't match the complexity of breast milk

Preparing the home
✓ Baby must ride in a rear facing car seat until he/she weighs 20 lbs and is 1 year old. Always put car seat in the back seat of the car and make sure it is properly fastened in. ✓ It is safest for a baby to sleep in a crib. The mattress will need a waterproof covering and snug sheet. ✓ When the baby begins to crawl, keep soaps, chemicals, cleaning supplies, and small objects out of baby's reach, such as a locked cabinet or high shelf. ✓ Install gates at the tops and bottoms of stairs to prevent injury from falling.

Finding Quality Child Care
Consider factors such as adult to child ratio, group size, qualifications, accreditation, and cleanliness. Take a tour of

the child care facility, interview the caregiver and ask lots of questions. It is always good to get referrals.

When to call the doctor/pediatrician or go to the hospital

- ✓ More than 8 diarrhea stools in 8 hours
- ✓ Bloody vomit or stool
- ✓ Repeated vomiting or inability to keep fluid down
- ✓ Rapid or labored breathing
- ✓ Baby is lethargic or difficult to arouse
- ✓ Soft spot bulges when the baby is quiet and upright
- ✓ Symptoms of dehydration (crying without tears, sunken eyes, depression in soft spot)
- ✓ Rectal temperature of 100.4 degrees Fahrenheit or higher

Family planning and pregnancy spacing

There are many methods of birth control available to assist in pregnancy spacing including

- ✓ Natural family planning
- ✓ Condoms
- ✓ Pill
- ✓ Barrier Methods
- ✓ Patch
- ✓ Hormone shot
- ✓ IUD