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First Steps Introduction

The Comprehensive Perinatal Services Program (CPSP) is a Medi-Cal program that provides a model of enhanced obstetric services for eligible low-income, pregnant and postpartum women. Basic to the CPSP model is the belief that pregnancy and birth outcomes improve when routine obstetric care is enhanced with specific nutrition, health education, and psychosocial services.

The CPSP client receives ongoing orientation, assessment, care plan development, case coordination, appropriate nutrition, health education, and psychosocial interventions and referrals from a multidisciplinary team. The perinatal nutrition, health education, and psychosocial services are commonly referred to as “enhanced services” or “support services”.

CPSP enhanced services are offered in consultation with the client and provide the client with information, services, and support needed. Adjusting the information to the woman’s level of understanding and respecting her social, cultural, religious, traditional, and economic concerns are important.

Purpose of Steps to Take Guidelines

The purpose of these guidelines is to provide the information needed by CPSP staff members, who are neither registered dietitians nor masters-prepared social workers or health educators, to effectively assess, provide interventions, and appropriately refer. The guidelines include a broad range of topics common to pregnancy. They do not include all topics and purposely do not address high risk issues requiring referral to appropriate professional support staff.

Due to the multiple settings of CPSP and the variety of assessment and intervention abilities within each setting, it is highly recommended that you modify and adapt these guidelines to reflect your staff’s and clients’ needs. These guidelines should supplement and enhance your existing CPSP protocols. High risk situations should be addressed in your on-site CPSP protocols.

The CPSP Provider Handbook (2001 edition) offers extensive information on the requirements of the CPSP and includes useful tools for development and maintenance of your CPSP practice. For more information on the CPSP Provider Handbook, contact the local Perinatal Coordinator in your county.



How to Use Steps to Take

First Steps

The First Steps guidelines provide information on delivering CPSP services and setting up your practice. First Steps also contains information to assist you in providing comprehensive care to meet the diverse needs of clients.

Health Education, Nutrition, Psychosocial, and Gestational Diabetes Guidelines

If you do not have health education, psychosocial or nutrition expertise, you can use the Steps to Take guidelines to further assess and provide interventions for specific situations related to these three elements of prenatal care. In general, the guidelines provide the following information:

- Goal for intervention (i.e., what should the client be able to do following your intervention)
- Background information on the specific topic or problem
- Additional information regarding specific problem
- Specific steps you might take to help the client

- Suggestions on what you might do when the client returns for follow-up
- Recommendations for referrals
- Recommendations for helping clients with complicated situations
- Listing of available resources

Client Handouts

Many of the Health Education, Nutrition, Psychosocial, and Gestational Diabetes guidelines are followed by client handouts. The client handouts are referred to in the guidelines and appear there as italicized bold print (for example, *Count your baby's kicks*). Handouts are available in English and Spanish.

Use these handouts as a way of discussing a topic with your client. Use them first as a “script” for discussion and review. Only send materials home with a client if you feel it is appropriate. If so, be sure she can read and understand them, or has someone who can read them for her.

Feel free to substitute written materials available at your site for the handouts included with these guidelines. You may want to translate these handouts into languages appropriate for your clients.



The purpose of the initial CPSP assessment is to identify issues, strengths and learning needs that may affect the client's pregnancy and to develop a care plan to address these needs. There are several types of approved assessment tools. One example is a "combined" assessment where the three disciplines—Health Education, Nutrition, and Psychosocial—are interwoven or combined. Another example of an assessment tool is an "individual" assessment, where questions for the three disciplines are listed separately.

Inform the client that the assessment is voluntary. If she declines the assessment, you must note it in her medical record. Plan on offering assessments or other CPSP services at subsequent visits when you feel she may be ready to participate.

Guidelines for Interviewing

- The setting should be private and ideally have a phone for communicating with outside resources.
- Try to put the client at ease. Introduce yourself and explain the purpose of the assessment.
- Adopt a nonjudgmental, relaxed attitude.
- Tell the client that her responses are part of her confidential medical record and will not be shared outside the health care team, with a few exceptions:
 - If she has a plan to hurt herself or others.
 - If she has physical injuries that result from assault or abuse.



See the CPSP Provider Handbook for information on assessment guidelines and requirements.

- If there is suspicion of abuse/neglect of a child, elder, or dependent adult.
- Ask open-ended questions to get information—that is, questions that require more than a "yes" or "no" answer. For example, start with *How do you like to learn new things?* instead of *Do you like to read?* Try *What do you know about breastfeeding?* instead of *Do you plan to breastfeed?* and *How does your partner feel about your pregnancy?* instead of *Is your partner happy about your pregnancy?*
- Focus on the client, not the form. Don't read the assessment form word for word. Use words that you feel comfortable with and that are culturally appropriate for the client. Maintain frequent eye contact while filling in the form.
- Ask sensitive questions in an accepting, straightforward manner. Most clients are willing to answer, especially if they understand why the question is being asked. Explain that responses are voluntary; she may choose not to answer a specific question. Be aware of your own attitudes and try not to judge or look down on women who may not have done things the way you would have.



Individual Care Plan

The Individual Care Plan (ICP) is developed from information obtained during the initial assessment. The ICP contains the actions you and the client plan together to address her concerns.

Develop the plan with the client, not for her. For the most part, it should reflect her perception of her needs and priorities. It may also include referrals to outside agencies. Referrals should include the name of the agency, contact person (if any), and phone number.

The required elements of the ICP are as follows:

- **Risk conditions and problems:** The obstetric, nutrition, psychosocial and health education assessments establish a history for the client, but it is in the interview process that staff discover each client's most pressing needs. Conditions prioritized on the ICP should be unique to the client, not a standardized list used for all clients. Risk conditions and problems identified by the staff but not by the client must also be prioritized and included in the care plan.
- **Interventions:** Teaching, counseling, referrals, problem solving, and any actions to be taken by the client or staff to assist in resolution of risk

conditions/problems are examples of interventions that should be noted on the ICP. Whenever appropriate, involve people who provide her social support, such as her partner or a family member. The plan will state who is responsible for interventions and the time frame (expected date of accomplishment). All proposed interventions should take into consideration the client's cultural background and linguistic needs.

- **Client Outcomes:** Documentation of the results of interventions or actions taken by the practitioner and/or the client are examples of outcome information. At a minimum, update the plan after each reassessment, indicating the progress achieved to date and any needed modifications of the plan that may be necessary.

For example, if the problem was smoking: *Did she attend the smoking cessation class she was referred to? Is she using the deep breathing exercises you taught her? What interventions are helping her achieve her goal to stop smoking? Is the problem now resolved?*



See the CPSP Provider Handbook for sample ICP tools and further information on completing the ICP.



Making Successful Referrals

In some cases, you will need to refer a client to an outside resource that specializes in a particular kind of problem or service. After such a referral, the client needs to follow through. At each referral:

- Explain the benefits of the referral and how these meet a need she has identified.
- Describe the process of the referral (what has to happen before she can receive services).
- Praise her for taking care of herself.

Try to relieve any embarrassment she might feel at a referral, especially a psychosocial referral. If she has formed an attachment to you, she might be reluctant to see someone else. Let her know you will still see her at her prenatal visits.

When you or the client calls the referral agency, find out the following as necessary:

- Who is served? Are there any age limits or other restrictions?
- Are people seen on a drop-in basis or is an appointment required?
- How long will it take to get an appointment?
- Is there a waiting list?
- Are there any fees? What are they? Is there a sliding scale?
- What are the staff's language capabilities?
- Where are they located?
- What public transportation is nearby?
- What are their hours and days of service?

You may need to teach the client how to make an appointment. Show her how to ask for the name of the person and to make notes of what she is told.

Prepare her for barriers she may experience

Ask if she thinks she will have any problems in following through with the referral. These may include transportation, child care or other barriers. Find out if the client has a calendar and clock to help her keep appointments. See if she has a map and bus schedule and knows how to use it to locate the agency. Consider her literacy skills.

What if she won't go?

Do your best to make an appropriate referral and encourage her to accept it. Document your efforts. In most cases, you can't make your client follow through. In cases where the client is a danger to herself or others, see *Psychosocial Care: Emotional or Mental Health Concerns*.

If a client thinks she doesn't need help or she feels you can help her with all her problems, she may not want to see someone from an outside agency. Know the limits of your counseling experience and explain them to her. Don't encourage overdependence. Set limits on your time and availability if she becomes overly dependent, so she'll accept outside help and receive an appropriate level of care.



Developing a Community Resource List

Create a **community resource list** for use with clients. Build on lists that already exist in your community. Places to check are:

- CPSP County Coordinator
- County Health Department's Maternal and Child Health Division
- United Way
- Nonprofit or religious organizations such as Catholic Charities, Salvation Army, etc.
- The White Pages of the phone book for City, County, State and Federal Government Offices
- The Yellow Pages of the phone book for community services

Potential resources for clients with specific problems or issues are listed at the end of some

of the guidelines. Add resources appropriate for your community. Include names, addresses, phone numbers and possible services provided, hours and days of services, language capabilities of staff, eligibility criteria, access to public transportation, cross street, intake procedures, contact person and other information.



See the CPSP Provider Handbook for information on developing referral resources.



Women, Infants and Children (WIC) Supplemental Nutrition Program

What is WIC?

WIC serves women, infants, and children by providing nutrition education, breastfeeding support, referrals to health care services, and food vouchers to eligible families. WIC is a prevention program providing services in every county in California through more than 80 local agencies. California's WIC program is 100% federally funded and serves more than one million individuals each month. Improved health outcomes, such as reduction of low birth weights, translate into a savings of \$2.89 in health care costs during the infant's first year of life for every \$1.00 of federal funds invested in WIC services for pregnant women. Benefits provided to breastfeeding women also produce significant cost savings.

Services Provided

The following types of services are provided to eligible women, infants, and children under 5 years of age:

- nutrition and health education
- breastfeeding promotion and support
- nutritious supplemental foods
- referrals to health care and social services

WIC is Cost Effective

In 1992, the United States General Accounting Office (GAO) issued a report concluding that WIC is a cost-effective way to improve health status. Prenatal WIC benefits reduced the rate of low birth weight by 25% and very low birth weight by 44%. In addition, \$3.50 are saved in health care and other costs over the next 18 years of the child's life for every WIC dollar spent.

A study of the Colorado WIC program found that every dollar supporting a woman to breastfeed resulted in a net savings of \$1.42 in Medicaid and WIC costs.

Who Should Be Referred to WIC?

Category

Persons in the following categories may be eligible for WIC services:

- women who are pregnant, breastfeeding women up to one year after delivery, and non-breastfeeding women up to six months after delivery
- infants from birth to one year of age
- children one to five years of age

Income

All women, infants, and children receiving Food Stamps or CalWORKS meet the income eligibility criteria for WIC. Nearly all Medi-Cal and CHDP beneficiaries are income eligible for WIC. In addition, many working families with moderate incomes may also be eligible. For example, a family of four can have an income close to \$30,000 and still qualify.

Nutrition and Health Indicators

The WIC program determines the applicant's eligibility based on information provided by the health care provider and the client describing the client's nutritional need.

Federal Regulations

Federal Regulations specify that pregnant and breastfeeding women and infants are given the highest priority for program enrollment.

Contact Information For WIC

Call 1-888-WIC-WORKS (1-888-942-9675) to locate the WIC program nearest the woman's home.



WIC (cont.)

Please advise your clients who are referred to WIC that they must provide the WIC program with the following information at enrollment:

- Income verification, including any of the following:
 - Adjunctive eligibility documentation: Medi-Cal benefits card, CalWorks, Food Stamp card
 - Other documentation: pay stubs, income tax forms, unemployment benefit card
- Residence verification, including but not limited to current:
 - Utility bill, rent receipt or bank statement
- Personal identification, including but not limited to current:
 - Driver's license, Medi-Cal benefits identification card, birth certificate, immunization record, school identification card, California Identification card, and other documents

Health Care Providers should provide the following to the applicant or the WIC Program in time for the enrollment appointment.

- Documentation that the participant is receiving CPSP services along with identification (name, address, and phone number) of the CPSP provider.
- WIC referral form or other form that documents the following:
 - Anthropometric data (height, current weight, pregravid weight)
 - Biochemical data (hemoglobin or hematocrit)
 - Expected date of delivery (EDD)
 - Any current medical conditions

The individual may enroll in the WIC program without complete information from the medical care provider.

However, all of the above data must be recorded within 60 days prior to enrollment at the WIC program (or 90 days in the case of blood work). If it is not, WIC staff are required to disqualify the patient from receiving WIC benefits. Local WIC programs encourage providers to work with them to facilitate the exchange of health information.



Documentation Guidelines

Documentation is used for communication with other members of the health care team and should be clear and complete. The client's medical record is also a legal document that will follow her for the rest of her life. It is important to document correctly, according to medical standards.

- All entries should be written legibly in black waterproof ink.
- Do not leave any blanks. If the question doesn't apply, write "N/A," meaning "not applicable."
- If the client does not want to answer the question, make a brief note on the form, such as "client declines."
- Use only abbreviations that are approved for use at your site.
- If an error is made, a single line with black ink (not thick, felt type) should be drawn through each line of the incorrect information, leaving the original writing legible, marked "error" and initialed and dated at the end of the crossed out section by the person who made the original entry. The correct information should then be written. Do not attempt to erase, block out or use liquid paper on any error. Do not change another person's note under any circumstances.
- All entries should be dated and signed with your first initial, last name and title.
- Time spent in minutes should be noted at the end of the assessment; indicate only time spent face-to-face with the client, not time spent in phone calls, charting, etc., unless client is present during these activities.
- Documentation of class attendance (two or more clients) should be noted in a progress note. The note can simply list the title of the class and refer to an outline on file if all class outlines are kept on file.
- All referrals, including name of agency, contact person and phone number, should be recorded in the medical record.
- Never chart a document for another person.



See the CPSP Provider Handbook for information on required CPSP documentation and billing procedures.



How to Work with Your Clients

Include “significant others”

Ask if she would like to bring a family member or someone important to her to one or more office visits. Let her know that her supportive relationships are important.

For example:

- *Invite a family member to come along to learn about breastfeeding.*
- *Invite a family member who smokes to come along and learn about ways to help avoid exposure to secondhand smoke.*

Empower the client

Help her gain skills and knowledge so she can make her own decisions. Help her decide what she needs to learn, how to learn, when to learn, etc. An empowered woman discovers inner resources and abilities. This is different from a traditional style of teaching, such as I have knowledge or information to transfer to you.

For example:

- *Have her role play different ways she could ask her family members not to smoke cigarettes in the house.*
- *Encourage her to write a list of questions for her health care provider so she won't forget any of them.*

Support the client's right to choose

Each woman has the right to decide how much she will participate in the prenatal care program. Health education services are voluntary; a client can turn down any or all parts of the services.

For example:

- *Accept that a client may choose not to learn about the mechanics of labor and delivery. Instead, she prefers to let nature take its course.*
- *Accept a client's choice to quit school and stay home for the last three months of her pregnancy even though she is in good health.*

Keep an open mind

When talking with a client (or when talking about her to others), do not judge even if some of her attitudes, beliefs or behaviors may be new or unusual. Continue to praise her for taking an interest in her pregnancy. Even if she is risking her health, she has the right to make that decision. However, you can still help her understand the health implications of the risk she is taking.

For example:

- *Listen with an open mind to cultural or religious beliefs about food or activities.*
- *Accept the fact that she may continue to smoke or use other drugs throughout pregnancy. At the same time, continue to encourage her to cut back on risks to her or the baby.*

Note: Keep your own values and opinions out of the picture when providing health education. For example, you may believe that only married adult women who do not take drugs should have babies. However, all women have the right to high quality perinatal services.

Use a nurturing and supportive approach

Establish trust, respect, and openness with your client. When she feels you genuinely care about her and her pregnancy, she will participate more fully in her health education plan.



How to Work with Your Clients (cont.)

For example:

- *Take time to ask a client how she is feeling. Really listen to her as an individual. Look at her, rather than looking through the chart or arranging pamphlets.*
- *Allow the client to bring up her concerns or questions before you begin the assessment.*

Set realistic measures of success

Help her set broad goals that take all of her life situations, strengths, weaknesses, resources, and experiences into account.

For example:

- *She might decide to limit smoking to certain places or times of day, as opposed to quitting completely.*
- *If she is a sedentary person, she might take a walk once or twice a week, which is a more realistic goal than saying she'll walk five times a week at the beginning of an exercise program.*

Reinforce the client's strengths

Look for her strengths and find ways to build on them. **Make this positive approach a guiding principle!**

For example:

- *Congratulate a client who called in after spotting for two days; she understood that she should be checked. Use that understanding to teach her about calling right away if she again feels any danger sign.*
- *Although a client may not know the anatomical names of her reproductive organs, she may have lots of experience in supporting her sisters during their pregnancies; she knows what to expect as her body changes.*

Start with the client

Find out the client's knowledge, experiences, and preferences for learning. Then plan health education services that meet her needs and learning styles as closely as possible.

For example:

- *Provide support and encouragement to a client who, at 15 weeks of pregnancy, is very nervous because her last pregnancy ended in a miscarriage at 16 weeks. Don't spend time on other areas of her health education plan at this time.*
- *Design a different health education plan for a client who has never had a baby and loves to read as opposed to a woman who has had two babies and finds reading difficult.*



Approaching Clients of Different Ages

Client caseloads are often comprised of people from different age groups. For this reason, clients may reflect different stages in their physical growth, ways of thinking and making decisions, and abilities to get along with others according to their different ages. Therefore, each client must be assessed individually with these factors in mind.

Adolescents (13-18)

Pregnancy interrupts a teen's normal growth and development processes. It requires her body to spend its energy developing a new life when it should be growing the teen's body. A teen also must face the adult responsibilities of parenthood when she should be learning how to make decisions and relate to others.

Thinking and reasoning traits

- Decisions tend to be made based on personal principles that are influenced by peer pressure; they are seldom based on fear of punishment or fear of adult disapproval.
- Their view of everything is in relationship to themselves; they are self-centered and unable to see themselves as others see them; the world revolves around them.

Relating to others

- They seek to establish themselves as individuals while trying to connect to the past and accept the values of their peer group.
- It is difficult for them to see themselves as part of a society or with a future.
- They are in the process of exploring options and seeking more knowledge about the world they live in; both in school and in their daily lives.

Recommended approaches

- Keep a nonjudgmental attitude.
- Focus on “self care” in pregnancy versus “caring for the baby.”
- Present subjects in the here and now, as opposed to the future.
- Acknowledge their difficulty with mastering motherhood at this time in their life.
- Use group activities such as parties, games, and outings.
- Use written materials and pictures that are oriented toward teen language and culture.
- Incorporate a variety of teaching methods—videotapes, films, computer, music CDs and tapes.
- Link with schools, social service agencies, and pediatric facilities.
- Engage the father of the baby as much as possible.
- Use mentors and peers as appropriate.
- Be flexible.

Adults (19-35)

Pregnancy compliments the adult's physical growth, thinking and reasoning patterns, and social relationships. However, the potential for a short interval between pregnancies and the likelihood of working outside the home may result in the client lacking the energy and good health needed for a strong pregnancy.

Thinking and reasoning traits

- Decisions are based on logic; adults can solve problems and think in an orderly manner.
- Ready to make commitments and set realistic goals; adults are anxious to achieve, be responsible, and bring together different people and ideas into their lives.



Approaching Clients (cont.)

Relating to others

- There is a need to share life with someone else; a desire to be private and personal and in a close relationship.
- Those in their 20s are making choices; those in their 30s are re-examining commitments.
- They desire a productive life; this can generate a need to produce life.
- Their cultural and economic situation will strongly influence how they seek their relationships with others.

Recommended approaches

- Assist them in setting goals and making choices and commitments.
- Present information in a logical manner.
- Focus on the sharing aspect of the experience.
- Be sensitive to existing stress and fatigue.

Mature Adults (36-45)

Pregnancy may challenge their place in the life cycle, depending on the planned or unplanned nature of the pregnancy. If this is a first pregnancy, current life styles will soon change dramatically; if it is a subsequent pregnancy, added responsibility may stress the client in new ways. Their age may also place them at higher risk for complications during the pregnancy and for birth defects in the baby. Fatigue comes more quickly, and previous pregnancies and/or life experiences may leave them less able to carry pregnancies to term.

Thinking and reasoning traits

- Capable of thinking about many things at once and seeing things from different perspectives.
- More likely to have a strong sense of “self” and see themselves as individuals.

Relating to others

- Interested in looking at and evaluating previously made goals.

Recommended approaches

- Relate pregnancy needs to their education and life experiences.
- Respect the many questions and concerns that may be expressed.
- Do not assume they are knowledgeable about pregnancy by virtue of their age. Explore beliefs about pregnancy and introduce factual information as appropriate while respecting their cultural beliefs.
- Be sensitive to possible feelings of embarrassment, shock, self-doubt, or conflicting feelings about the pregnancy.



Orientation to Your Services

Explain the following items carefully during the first visits to your office or clinic.

Types of services

- Medical procedures, including routine laboratory and other tests as needed
- Health education
- Nutrition
- Psychosocial
- Referrals (such as WIC)

Schedule of services

- For health education, nutrition and psychosocial services—at least one visit every trimester or more often if needed.
- Days and times of prenatal appointments.
- Days and times for health education groups or other perinatal services.

The team of caregivers

Who provides the services, including their names, titles and roles. If you have a photo display board of staff, orient the client to all staff who will interact with her.

Where services are provided

- The health care provider's clinic or office
- The delivery hospital
- Other sites for referrals such as WIC

If you have maps, bus information, or directions, provide them as needed.

Appointments and procedures

Explain to each new client the procedures during the first visit. This should include:

- Procedures on canceling and/or rescheduling prenatal appointments, such as who the client

Danger signs of pregnancy

Review how these are different from common discomforts and what to do if they occur. Signs include the following:

- fever or chills
- swollen face or hands
- bleeding from vagina
- difficulty breathing
- severe or ongoing headaches
- sudden weight gain
- accident, hard fall or other injury
- pain or cramps in stomach
- pain or burning when urinating (peeing)
- sudden flow of water or leaking of fluid from vagina
- dizziness or change in vision (such as spots, blurriness)
- severe nausea and vomiting

Note: If the client's first visit occurs after she feels the baby moving (approximately 18 to 22 weeks), show her how to do kick counts and watch for preterm labor symptoms. See the handouts *If your labor starts too early* and *Count your baby's kicks* in the Health Education section of this manual.

notifies. Within what time-frame? What phone number should be used?

- Maximum acceptable time for lateness. For example, if a client shows up 15 minutes late for a scheduled appointment without notifying the office beforehand, the appointment may be rescheduled to a later time.
- Scheduling a tour through the hospital, including



Orientation (cont.)

Also see the handout *Welcome to pregnancy care* in the *Health Education* section of this manual.

delivery procedures. Inform clients of pre-registration requirements at delivery hospital.

Emergency procedures

Provide the following:

- phone number to call during business hours
- phone number to call at other times
- information on where to go if a sudden emergency occurs (which hospital, which entrance, etc.)
- information on danger signs and procedures to follow in writing

Client rights and responsibilities

Discuss points contained in the handout *Welcome to pregnancy care*. Provide client with this or a similar handout. Be sure your address and phone number are on the handout. (These can also be posted in interviewing or exam areas.)

Document orientation

If all components of the orientation were provided in one visit, write a short note on the progress notes in the client's chart or on the assessment form, including,

- date of orientation
- provider signature and title
- time spent in minutes

For example:

1/12/95, orientation per protocol, J. Doe, CPHW, 40 minutes.

If only part of the orientation was provided, document for each topic. For example:

3/26/95, orientation on clinic visit procedures, danger signs, and emergency procedures. 15 minutes. J. Doe, RN.

The orientation can then be completed at a subsequent visit and documented accordingly.

Other kinds of orientation

Orientation can also be done later in the pregnancy. For example, to describe a procedure, such as amniocentesis, or to provide a hospital tour.

Patient Handouts/Pamphlets

Review the required material with an orientation pamphlet, such as *Welcome to pregnancy care* in the Health Education section of this manual. Review this information while you show the handout to the client. To emphasize a point, write on the pamphlet—such as names of specific staff members, locations of related services (WIC and CalWorks), or your name. Also include a *Your rights as a client* handout and a listing of responsibilities.

When you give these or other such handouts to the client, ask her to keep them readily available in case she needs the list of danger signs, phone numbers, and information.



Orientation (cont.)

Resources

Resources are available from the California Department of Health Services, Genetic Disease Branch, 510-412-1502

Important Information for Parents on the Newborn Screening Test

The California Expanded AFP Screening Program Booklet for Women under 35 Years of Age

Prenatal Testing Choices for Women 35 Years and Older

When using the handouts in these guidelines, be sure the client can read and understand them. Never send home handouts that you have not discussed with the client.



Helping a Woman Help Herself

The Best Help Is Self Help

As you work with clients, you can help them in the following ways:

- provide necessary information
- help clients make informed decisions about their pregnancies
- help clients change behaviors to have healthier pregnancies and babies

Keep these goals in mind as you review the following techniques.

Learning New Information

Overall, people remember:

- 10% of what they read
- 20% of what they hear
- 30% of what they see
- 50% of what they hear and see
- 70% of what they say or write, and
- 90% of what they say as they do a thing

More passive methods of learning, such as reading or listening, are less effective. Use more active methods, like practicing or having the client explain to you what she has understood.

People learn best when information is relevant to them. Find out what the client is interested in, and provide information at a relevant time in her pregnancy.

Review often. Re-emphasize important concepts or use a second method of teaching to help people learn.

For example:

If you review a pamphlet on danger signs with a client, ask her to explain them to you. This uses two teaching methods. In addition, you can demonstrate some concepts, such as how to do kick counts or safe lifting techniques.

People learn in different ways. One person may like to read instructions, while another may prefer having someone explain instructions to her. Some people may be terrified of groups, while others love them. Tailor your education programs to the client's preferences when possible.

Changing Behavior

Ask your client to identify a behavior she wants to change and develop a plan for change.

For example:

- smoking
- missing scheduled prenatal appointments
- difficulty asking questions of the health care provider

To be effective in working on behavior changes with a client:

- Praise her willingness to make the change.
- If there is more than one change, ask which is most important and deal with just one at a time.
- Break the behavior into small steps, and deal with one step at a time. For example, she may be able to drink fewer beers each week, then drink only one each day, and finally she can stop all together.
- Avoid scare tactics; they are usually not effective for a behavior that is done over and over (such as smoking).
- Make a contract with the client; encourage her to agree to the changes.
- Emphasize the benefits she will gain in the short term.
- Review the same points by showing her written materials.

(For an example of working with a client to change a behavior, see the section on tobacco use.)



Making Decisions • Problem Solving • Empowerment

Some clients may need assistance with health-related decisions, such as:

- to breastfeed or not
- to attend all prenatal appointments or not
- to have a newborn boy circumcised or not
- what contraception to use after the baby is born
- to wear a seatbelt or not
- to have a baby immunized or not

You can help a client with the steps involved in making a decision, but in the end the decision is for the client to make.

In some cases, a client's decisions will be influenced by a family member (such as mother or mother-in-law) or by her affiliation with a group. Find out who influences her decisions and how strong that influence is. Take that into account when you talk with her about her decisions.

Many decisions can be worked out by using the following problem solving technique.

Ask the client to:

- state her choices clearly
- list all the benefits and barriers she can think of for each choice
- state her values as they relate to the choices

For example, the client feels strongly about wanting what is best for her baby. She is also concerned about whether she can make enough milk, her modesty and a need for independence.

Clarify information about her choices to help her make a decision, such as:

- breast size does not determine quantity of breast milk (frequency of feeding does)
- other people can give a bottle to a breastfed baby (the mother can express breast milk for a bottle)
- breasts do not have to be exposed during breastfeeding

Now the client can look at her values and beliefs, as well as at each factor in her decision.

She can understand how strongly she feels about it. She also has information to balance with those beliefs.



Cultural Considerations

CPSP is designed to provide individualized services to each client. One of the important considerations is being sensitive to the client's culture. Culture may be thought of as a way of life belonging to a particular group of people. It includes behaviors, attitudes, values and beliefs that are shared by that group and passed down from generation to generation.

One of the most important cultural influences for your client is her ethnic background. But she may also be part of other groups that have cultural influence on her life. These include her religion, education, social and economic status, citizenship or immigration status, age, sexual orientation, marital status, her family of origin and current family structure, where she was raised or lives (urban, rural, suburban), emotional status and life style. All of these influence her behaviors, attitudes, values and beliefs.

If you are not familiar with a certain culture, let your client know and express your interest in learning more about the beliefs and values associated with that culture. See Cross Cultural Communication on the following pages for additional information on techniques for communicating with someone from a culture different from your own.

We all have personal preferences and judgements about other people. Be aware of your own attitudes and how your personal history might affect your work with your clients. Try to view all of your clients as individuals worthy of your help and caring. Avoid negative stereotypes of different types of people such as teens, women on welfare and people addicted to substances. Remember that no one is perfect. Try to understand her circumstances and needs. Find ways that work best for her.



Cross-Cultural Communication

A client's cultural background may not be obvious. Get to know her, then invite her to talk about her culture, family situation, and about the people who give her advice.

Steps to Take

Follow these recommendations for providing culturally competent services:

- Recognize and understand your own biases about Western medicine. Explore your stereotypes and prejudices about other people.
- Explain that Western medicine is just one kind of health care. Other models can be just as effective. Accept healthy traditional beliefs, attitudes, and practices.
- Be open and willing to understand other people's needs.
- Explain tests and treatments in ways that make sense to the client and that are compatible with the client's world view.
- Provide adequate language support, such as translation or interpreter services.
- When appropriate, involve family members in the client's care.
- Show respect, ask questions, listen and take the time necessary to build a good rapport with the client.
- Recognize the linguistic and cultural diversity within a particular ethnic group, as well as the varying degrees of acculturation that exist from individual to individual.
- Practice the rule that there is no "recipe" for providing culturally and linguistically appropriate services.

How to Communicate Effectively

Establish rapport

Take a few minutes at the beginning of the interaction for "small talk." Let the client get accustomed to the setting and establish (or reestablish) a common ground. She may want to share her feelings about her long trip to the clinic, recent holiday celebrations, or her problems with her mother-in-law. Small talk lets the client get ready for a more directed discussion.

How are you feeling today?

How has your week gone?

Active listening

When listening, focus on what the client is saying. Do not interrupt her. When she pauses, say back to her what you think the main points are. This shows you were listening and gives her a chance to correct any misunderstanding you have or to add to her comments.

For example, a client talks about her fear of labor and delivery. Rather than questioning her, say back what you've heard. She will likely give more specifics. She will also feel supported and encouraged when you are concerned with her feelings.

I heard you say you are scared of labor and delivery.

You have fears about labor and delivery.

Perhaps further in the discussion the client mentions some specific reasons for her fears: fear of losing control during labor, or fear of pain and stitches from tearing. After she has talked about her specific fears, summarize.

Let me try to summarize what you've said, to be sure I understand.



Cross-Cultural (cont.)

Open-ended questioning

An open-ended question cannot be answered with just “yes” or “no,” or just one word. It draws out a longer response. Open-ended questioning can be used after a client has identified her specific fears during “Active Listening.”

Open-ended Questions

What do you think about your health right now?

How do you feel about this part of your pregnancy?

How does your family feel about your pregnancy?

Who do you talk to you when you need help or advice?

*Where do you think these fears come from?
How do you think these fears developed?*

How do you cope with other fears in your life?

What do you need to know about labor and delivery that might help decrease your fears?

“Tell me more about”

Using the phrase “Tell me more about . . .” is a good way to talk to people from other cultures.

Tell me more about what you like about drinking that tea.

Tell me more about what you might like to do to relax during early labor.

Appreciate silence

Some people use silence to let an emotion pass, or to think about what to say next. Different cultures have different traditions for “pause time.”

Watch the client to see how she uses silence. Do not jump in to fill a silent pause with small talk.

Respect personal space

Some kinds of touching, handshakes, eye contact, and hand or feet movements are impolite or offensive in some cultures. Sometimes gender or age can influence the cultural rules. Find out as much as you can about cultural rules for the groups that come to the clinic for services.

Take your clues from the client as to how close she wants to sit, or whether or not she touches you or looks directly at you.

Notice client responses

Some clients may reply yes when they do not necessarily understand or plan to do what is being discussed. In some cultures it may be a way of offering respect or of avoiding the implication that the staff is not communicating clearly.

Some clients may smile or laugh to cover other emotions or to avoid conflict.

You might have to backtrack and go over the discussion in a different way so the client can respond more completely.

Be sensitive to cues that communication has shut down; encourage a give-and-take discussion so the client’s involvement is evident.

Rely on cultural experts

Identify people who are knowledgeable about the culture of the clients who come to your office or clinic. Ask them to assist you with interpreting people’s actions, as well as understanding the subcultures and acculturation in this population.



No Language in Common with Staff

Assess Language Differences

- During the assessment **ask clients what language they prefer or speak at home.** Some clients will need interpreters for all communication. Some clients speak enough to say they prefer a different language (such as saying in English that they prefer Spanish).
- **Assess the client's ability to speak and read/write in the language she prefers.** Ask her to read about danger signs and discuss what she understands. See the handout Welcome to Pregnancy Care under Health Education.
- **If the client needs help, use a staff person** who speaks the appropriate language as an interpreter when possible, or ask the client to choose a friend or family member to interpret for her; young children are not appropriate interpreters.
- **A client may use a language like English,** but during the discussion she can't ask questions, explain her needs, or describe what she has learned. Try to provide services in a language more comfortable to her.

See guidelines on the following page for use of interpreters in the above situations.

In some cultures it is disrespectful to ask questions or say that you don't understand a health care provider. It is more respectful to say "yes" and nod your head in agreement, even if you do not understand. To keep this from happening, check often by asking the client what she already knows about a topic, what she would do in a certain situation, or what she has understood from the health education discussion.

Steps to Take

- **Keep a log of staff language capabilities,** including American Sign Language. Indicate whether staff can speak, read, and/or write the language. Establish guidelines for serving as interpreters. If possible, arrange for an in-service and educational materials on how to be an effective interpreter.
- **Provide easy-to-read and culturally appropriate pamphlets** in her language, as possible. English pamphlets should contain pictures and graphics. (A friend or relative might be able to read English material with her.)
- **Videos are helpful** if they show actions (exercises, birth, caring for a baby). Try using a video with the volume off, using an interpreter to tell the client what she is seeing.

Follow-Up

Ask if she still has the same language preference, or if she needs to change interpreters (for example, prefers staff person instead of a family member). Does she have ideas that would make it easier for her (such as speaking more slowly, have more things in writing)?

Resources

Patient Education Resource Center, San Francisco General Hospital. Perinatal materials in a variety of languages. Call (415) 206-5400

Spanish and Multicultural Educational Resources—directory of maternal/child health educational materials. Available from Education Programs Associates, a division of California Family Health Council, www.cfhc.org, (408) 374-3720



Guidelines for Using Interpreters

Choosing an interpreter

- **Be careful about using a family member or friend**, as confidentiality can be an issue. Also, they may change an interpretation to “protect” the client from difficult topics or to present the client’s information in a way that “looks good” for the family.
- **Ideally, the interpreter should also be bicultural**, trained in cross-cultural interpretation, trained in the health care field, and be able to understand perinatal terms.
- **Try to use a female interpreter.** Occasionally there may be problems with using an interpreter who is older or younger than the client, of a different social class or educational level, or from a particular region or country of origin. If more than one interpreter is available for a particular language, find out the client’s preferences on issues such as gender, age, country of origin, etc. It is not appropriate to use a child.

How to work with an interpreter

- **Avoid using technical terms, jargon, or abbreviations** such as C-section, IV, preterm, etc. Also, avoid slang and metaphors (like “expecting” for pregnant, or the opening of the cervix as a “flower blooming”).
- **Encourage the interpreter to translate the client’s own words**, not a summary of her words. Ask the interpreter not to leave out anything or add her own thoughts or opinions.
- **Keep sentences simple and short**, allowing time for the interpreter to translate for the client. If the concept is complex, it may work better to explain the whole thing to the interpreter and then let her explain it to the client.
- **Look at the client when speaking and asking questions, not at the interpreter.** When the client speaks, look at her. Watch for nonverbal cues, such as avoiding eye contact, crossing arms and looking down.
- **Ask the client to repeat important information** in her own words, to be sure she understands.
- **Ask the client questions** such as “Tell me about . . .” Review important points by saying “Let me tell you what I have heard, to be sure I understand clearly . . .”
- **Learn basic words and phrases** in other languages to be able to greet clients and to follow what interpreters are saying.
- **Expect to spend more time** with a client when using an interpreter.



Low Literacy Skills

In general people with reading skills below the fifth grade level are considered “functionally illiterate” and lack many skills to function effectively in today’s society.

Background

Twenty percent of people in the United States read below the 5th grade level. This means they cannot follow instruction sheets, address an envelope properly, read a map, or remember more than 5 to 7 items from text. Another 34 percent have only marginally competent literacy skills. If 54 percent of the population has, at most, marginally competent literacy skills, many clients cannot rely on written materials to learn.

Learning disabilities are not the same as low literacy skills. Clients with learning disabilities, such as dyslexia and slow-learning, may benefit from many of the same techniques described in this section. For more information on identification of learning disabilities and effective methods to use, see *Teaching Patients With Low Literacy Skills* by C. Doak listed under Resources.

How to Assess Low Literacy

If a client has very low literacy skills or is unable to read, note this information in the chart where all staff will see it. Discuss her literacy skills during any case conferences, as it may affect how other services are provided.

- **Assess literacy for all clients**, no matter how much formal schooling they’ve had. A person who finished 10th grade will likely read at a 4th grade level. The only way to know is to ask a person to read. People with low literacy skills may be rich or poor, born locally or in another country, a fast learner, or a slow learner, etc.

- **Ask the client to read two or three sentences from Welcome to pregnancy care** in the Health Education section about danger signs of pregnancy. Explain that this is to be sure she understands them. Ask her to say them, in her own words, or read from the list.
- **If she reads without difficulty**, continue on with the orientation or assessment. Consider how she prefers to learn, her experiences and interests in using written materials.
- **If she reads slowly or with difficulty**, ask her questions about the content. If she cannot discuss the content easily and completely, use the guidelines for low literacy. Explain that people learn in different ways and she probably knows what works best for her.
- **Explain that when written materials are offered**, they will illustrate the information and will not have many pages of reading. Invite her to give feedback on which ones work well for her and what is most helpful.
- **If she uses excuses** such as “want to read it later” or “can’t see such small print,” use the low-literacy guidelines. Explain, as above, that people learn in different ways.
- **When working with a client in another language**, use the same approach in assessing literacy. Also consider regional variations of the same language.

Follow-Up

When a client returns for follow-up visits, review any questions she may have about written materials given to her. It may be useful to review the written material together again. For critical topics such as danger signs or kick counts, conduct a complete review of the material. Especially for women with low literacy or no literacy skills, ask her to tell you her understanding and what she will do if danger signs occur.



Low Literacy (cont.)

Guidelines for Low Literacy Readers and Non-Readers

- Ask about times when she was successful at learning and enjoyed it.
- Consider referring her to group sessions where emphasis is on talking, visual aids, discussion and demonstrations.
- Teach the smallest amount possible to do the job; only give information that is necessary to get the point across.
- In one-on-one sessions, use demonstrations and visual aids when possible.
- Ask the client to talk about the topic in her own words to see if she understands.
- Review important points a number of times.
- Try to limit new ideas to three to four items at any one time.
- Help clients decrease anxiety, which acts as a barrier to learning.
- Reward clients with encouragement at every opportunity.
- For any written material provided:
 - explain the purpose of the pamphlet
 - review the pamphlet with the client
 - underline or highlight specific information on which she should focus
 - ask her to explain or demonstrate the content to check her understanding of it
- Ask if she has someone who helps her read written materials and how they can help with health education. Ask what kind of materials she

Many techniques used for clients who have low literacy skills will help all clients, such as using demonstrations, visual aids, and asking the client to summarize what she has learned in her own words.

prefers for this purpose, what language she would like the materials in, how much narrative or writing she would like in the materials, etc.

- Encourage her to speak up if she's asked to read information by other providers (such as WIC, the lab) that she does not understand. Role-play a brief conversation between the client and another provider (such as a nurse). Have the client practice telling people she needs more verbal explanations.
- Use materials with only relevant, important points. Use concrete examples as much as possible. Try to lower her anxiety and reward her with encouragement as often as possible.
- Consider using audio tapes for important information, such as danger signs. These can be made in a number of languages, if needed.
- If the woman asks about improving her reading skills, make referrals to local literacy classes. Check the library, any community college or adult school, or high schools for possible classes. See Resources.



Low Literacy (cont.)

Choosing Easy to Read Materials

The easiest materials to read contain the following:

- Conversational style and active voice (such as “take a prenatal vitamin every day” as opposed to “daily supplements are recommended to ensure . . .”)
- Short and clear sentences
- Few medical terms or jargon
- Words that are two syllables or less
- Very little narrative
- Large type
- Upper and lower case letters
- Headings (subtitles) and “chunk” related information in small sections
- Follow a clear order
- Simple line-drawing visuals for showing what the reader should do (not what she shouldn’t). Do not show detached body parts.

Resources

For more information about educating clients with low literacy skills, see:

Teaching Patients With Low Literacy Skills by Doak, Cecilia et al, JB Lippincott Co., 1985

You May Be Able to Read This... But Can Your Clients? by Project Read, San Francisco Public Library, (415) 557-4338

Choose written materials that have large type, are simple and to the point, and that have pictures that explain written text. Materials should have only what the woman needs to know, with very little extra information.

For more information about educational materials for clients with low literacy, see:

Decisions of Pregnancy manual, EPA Division of CFHC, (408) 374-3720

Selected materials at the Patient Education Resource Center (PERC), San Francisco General Hospital, (415) 206-5400

Gene HELP Resource Center, California DHS Genetic Disease Branch, (510) 412-1502

For assistance in designing educational materials appropriate for low literacy clients or for testing reading levels of materials, see *Teaching Patients With Low Literacy Skills*, Doak (listed above).

For referrals for literacy classes for clients, call the National Literacy Line at (800) 228-8813



Little Experience with Western Health Care

Some clients have had little experience with Western health care. They've never been to a clinic or hospital or used the services of traditional healers. These women may have a lot of experience and knowledge about pregnancy, birth, and infant care. They may have had babies at home with a midwife or they may have never been pregnant or given birth.

Western health care is based on diagnosing and treating diseases, which are caused by germs and biochemical factors.

Other beliefs about health may include factors such as supernatural forces, God's will, religion, imbalances, bad conduct, or eating certain foods.

How to Assess the Need

Ask about the client's past use of Western health care services during the initial health education assessment. If she has little or no experience with them, find out what beliefs and experiences she has had with other non-Western health care. Ask questions like:

- *What kinds of things do you do when you get sick?*
- *What did your family do for you when you were little and got sick?*
- *Are there healers in your community who help sick people? Are there women who help care for the new mother and baby?*
- *Have you used their services?*
- *Have you been pregnant before or had a baby at home?*
- *Have you seen a baby being born? What was the setting like, who helped, how did the woman cope with birthing pains and recuperation?*
- *Are there things that are harmful for women during pregnancy or after birth that you want to avoid, such as foods, showers, certain activities or movements?*

Acknowledge other systems of health beliefs and explain Western health care as one approach.

Steps to Take

Based on the client's beliefs and past experiences, determine how you can help her understand Western health care services. Describe Western health care as one approach, not necessarily the only approach. Western health care services can be used in conjunction with many traditional approaches.

Follow-Up

At each visit ask if she has any questions about the care she is receiving. This may be her only opportunity to learn about Western-type prenatal care. The more she learns the more fully she can participate.

Ask postpartum clients what they wish they had known about their hospital or clinic experiences ahead of time. They may have ideas for helping future clients who have little experience with Western health care.

