

Becoming a Mom Workflow: Initial Screening

Timing: Enrollment

KDHE Program Visit Form, Pre-Screening Questions

Timing of DAISEY data entry: Per local policy and procedure (encouraged within 5 workdays of form completion, if not direct entry by participant)

BaM Initial Survey

Timing of DAISEY data entry: Per local policy and procedure (encouraged within 5 workdays of form completion, if not direct entry by participant)

BaM Risk Report in DAISEY

Action Required on High-Risk/Positive Screens

Timing of review: Per local policy and procedure (encouraged within 1 workday of DAISEY data entry as the BaM Risk Report updates overnight)

Positive Substance Use Status

See: Initial Screening for Substance Use Workflow for more details (next 2 slides)

Intervention:

1. Positive for current use – refer to treatment
2. Positive for history of use - further assess condition and risk through conversation, and possible administration of ASSIST screen in 3rd trimester or in first pp visit

Resources:

- [Perinatal Substance Use Toolkit](#)
- [Behavioral Health Screening Tools Guidance for DAISEY Users](#)
- Call the Perinatal Provider Consultation Line at 833-765-2004 (weekdays, 8am–5pm), or submit this [form](#) for resource and referral support (free!)

Positive for High-Risk Pregnancy/Current Health Condition

Interventions:

1. Further assess condition and risk
2. Provide education and resources emphasizing importance of regular prenatal care, as well as resources for other support services based on condition
3. If any perinatal hypertension diagnosis or positive risk, follow-up with Perinatal Hypertension Patient Education Guide

Resources:

- [Maternal Warning Signs Integration Toolkit](#)
- [Perinatal Hypertension Patient Education Guide](#)

Positive for Not Having 1st Prenatal Care Visit

Interventions:

1. Further assess and address barriers to accessing care
2. Make referral to a prenatal care provider, as needed

Positive for History of Previous Preterm Birth/Low-Birth-Weight/Miscarriage

Interventions:

1. Further assess history and contributing factors
2. Provide education and resources emphasizing importance of regular prenatal care, as well as resources for other support services based on contributing factors

Resources:

- [Maternal Warning Signs Integration Toolkit](#)
- ACOG: [Guidance on 17p](#)
- Patient Education from March of Dimes: [Miscarriage](#); [Low Birthweight](#); [Preterm Labor & Premature Birth](#)

Positive for History of Infant Loss (not born alive or passed away during first year of life)

Interventions:

1. Further assess history and possible contributing factors
2. Assess interest/desire for support/grief services, and refer as indicated

Resources:

- [KIDS Network – Grief & Bereavement Resources](#)

*Timing of follow-up: For all positive responses (yellow boxes), follow-up per local policy and procedure - encouraged within 1-workday

*DAISEY data entry: Indicate when a referral was facilitated using the KDHE Program Referral Form

Becoming a Mom Workflow: Initial Screening for Substance Use - CURRENT Use Detected

Question: Use since pregnancy
Response: MORE

Provide:

1. Support
2. Brief intervention (i.e., review screening results; provide education on health risks associated with substance use during pregnancy; assess client's readiness to change patterns of use)
3. A referral to treatment

Resources:

- [Behavioral Health Screening Tools Guidance for DAISEY Users](#)
- Navigating Referral Access Points [Workflow](#)
- Identify [Treatment Options](#) in Kansas; quick reference = call 866-645-8216, option 2

Question: Use since pregnancy
Response: SAME

Provide:

1. Support
2. Brief intervention (i.e., review screening results; provide education on health risks associated with substance use during pregnancy; assess client's readiness to change patterns of use)
3. A referral to treatment

Resources:

- [Behavioral Health Screening Tools Guidance for DAISEY Users](#)
- Navigating Referral Access Points [Workflow](#)
- Identify [Treatment Options](#) in Kansas; quick reference = call 866-645-8216, option 2

Question: Use since pregnancy
Response: LESS

Provide:

1. Positive reinforcement
2. Brief intervention (i.e., review screening results; provide education on health risks associated with substance use during pregnancy; assess client's needs for additional support to continue decreasing use)
3. A referral to treatment or other support, when indicated

Resources:

- [Behavioral Health Screening Tools Guidance for DAISEY Users](#)
- Navigating Referral Access Points [Workflow](#)
- Identify [Treatment Options](#) in Kansas; quick reference = call 866-645-8216, option 2
- Find a [Support Group](#) near you or one that meets virtually

Question: Use since pregnancy
Response: STOPPED

Provide:

1. Positive reinforcement
2. Universal education on health risks associated with substance use during pregnancy and lactation
3. Support for continued cessation and relapse prevention

Substance use during pregnancy can have health effects on a pregnant person and baby. As such, it is recommended that individuals not use substances during their pregnancy. However, there are health risks associated with immediately starting or stopping medication, such as opioids. Encourage individuals to talk to their health care provider before changing medications during pregnancy. If a provider has questions about safe prescribing practices for pregnant or lactating clients, they can call the [Perinatal Provider Consultation Line](#) at 833-765-2004 or submit this [form](#) for a free consultation with a peripartum psychiatrist.

Patient education resources are available in the [Perinatal Substance Use Toolkit](#) under the 'Patient Resources' tab and in the Resource and Reference Guide for Providers [resource](#).

*DAISEY data entry: Indicate when a referral was facilitated using the KDHE Program Referral Form

Becoming a Mom Workflow: Initial Screening for Substance Use – HISTORY of Use Detected

Question: Use in the past year

Response: Any response other than 'Never'

Provide:

1. Follow up with client during 3rd trimester and/or first postpartum visit/class
2. Further assess condition and risk (e.g., administer ASSIST screen to learn more about patterns of usage prior to their pregnancy and/or changes in use throughout their pregnancy to determine what additional support/services might be needed to reduce likelihood of reoccurrence of use during their postpartum period) following guidance in resources, below
 - See the ASSIST Screening Guidance (p. 8) within the [Behavioral Health Screening Guidance for MCH Programs](#)
3. Brief intervention (i.e., review screening results; provide education on health risks associated with substance use during pregnancy and lactation; assess client's readiness to change patterns of use; identify opportunity to provide or connect client to services to help prevent relapse)
4. A referral to treatment or other support, when indicated

Screening and Intervention Resources:

- [Behavioral Health Screening Tools Guidance for DAISEY Users](#)
- [Perinatal Substance Use Toolkit](#)

Referral to Treatment and Other Support Resources:

- Navigating Referral Access Points [Workflow](#)
- Identify [Treatment Options](#) in Kansas; quick reference = call 866-645-8216, option 2
- Find a [Support Group](#) near you or one that meets virtually
- Support client's development of a [Relapse Prevention Plan](#)

Patient education resources are available in the [Perinatal Substance Use Toolkit](#) under the 'Patient Resources' tab and in the Resource and Reference Guide for Providers [resource](#).

Call the [Perinatal Provider Consultation Line](#) at 833-765-2004 (weekdays, 8am–5pm), or submit this [form](#) for free resource and referral support. Free training and technical assistance support can also be requested via Consultation Line.

*DAISEY data entry: Indicate when a referral was facilitated using the KDHE Program Referral Form

Becoming a Mom Workflow: Social Determinants of Health (SDoH) Screening

Timing: Enrollment

Social Determinants of Health Screening (SDoH)

Timing of DAISEY data entry: Per local policy and procedure (encouraged within 5 workdays of form completion, if not direct entry by participant)

BaM Risk Report in DAISEY

Action Required on all Positive Responses

Timing of review: Per local policy and procedure (encouraged within 1 workday of DAISEY data entry as the BaM Risk Report updates overnight)

Positive Response for Housing, Food, Transportation, Utilities, Child Care, Employment, Education, and/or Finances

Underlined answers indicate the client might benefit from additional support and/or referral for resources or services.

Positive Response for Personal Safety Questions

A value greater than 10, when the numerical values are summed for answers to these questions, indicates the client might benefit from additional support and/or referral for resources or services.

Required Action

Interventions:

1. Discuss screening results with the client to further assess needs and contributing factors
2. Determine if the client wants assistance
3. Make referral to appropriate resources or services, as need is indicated, in partnership with the client

Resources:

- For help identifying social services available in an area, call 1-800-CHILDREN or search 1800childrenks.org/

**DAISEY data entry: Indicate when a referral was facilitated using the KDHE Program Referral Form*

Becoming a Mom Screening Workflow: Perinatal Mood and Anxiety Disorders (PMADs)

Timing: Sessions 2 & 6, when completing the Birth Outcome Card, as needed

Edinburgh Postnatal Depression Scale (EPDS)

Timing of DAISEY data entry: Per local policy and procedure (encouraged within 1 workday of form completion, if not direct entry by participant)

**All screens should be reviewed and scored immediately to identify any Crisis Status*

Edinburgh Completion Report in DAISEY

Action Required on High-Risk/Positive EPDS Screens:

Crisis Status - Any response other than 'Never' on Question 10

Timing of Crisis Status follow-up: Per local policy and procedure
- Encouraged at the time of screening

Timing of review and follow-up for all other positive screens: Per local policy and procedure (encouraged within 1 workday of DAISEY data entry).

Positive PMAD and/or Mental Health Crisis Status

Intervention:

1. Provide appropriate brief intervention based on risk; follow guidance in resources, below

Resources:

- [Perinatal Mental Health Toolkit](#)
- [Behavioral Health Screening Tools Guidance for DAISEY Users](#)
- Call the [Perinatal Provider Consultation Line](#) at 833-765-2004 (weekdays, 8am–5pm), or submit this [form](#) for resource and referral support (free!)

**DAISEY data entry:* Indicate when a referral was facilitated using the KDHE Program Referral Form; Use the Edinburgh Completion Report to ensure Plan of Action steps were completed and to close the loop on any referrals initiated.

Becoming a Mom Workflow: Program Completion and Postpartum Follow-Up

BaM Completion Survey

Timing of DAISEY data entry: Per local policy and procedure (encouraged within 5 workdays of form completion, if not direct entry by participant)

BaM Birth Outcome / Postpartum Follow-Up

Timing of DAISEY data entry: Per local policy and procedure (encouraged within 5 workdays of form completion, if not direct entry by participant)

BaM Risk Report in DAISEY

Action Required on High-Risk/Positive Screens

Timing of review: Per local policy and procedure (encouraged within 1 workday of DAISEY data entry as the BaM Risk Report updates overnight)

Positive for High-Risk Pregnancy/Current Health Condition

Interventions:

1. Further assess condition and risk
2. Provide education, resources and referrals as indicated for prenatal, postpartum, and primary care, as well as resources for other support services based on condition
3. If any perinatal hypertension diagnosis, follow-up through Perinatal Hypertension Patient Education Guide

Resources:

- [Maternal Warning Signs Integration Toolkit](#)
- [Perinatal Hypertension Patient Education Guide](#)

Positive for “would not like to become pregnant with the next year” and not planning to use any method to prevent pregnancy

Interventions:

1. Further assess for barriers to accessing family planning services
2. Provide education and resources as indicated (importance of adequate birth spacing; family planning options and services available)
3. Refer for services as indicated and desired by client

Resources:

- [OPA Family Planning Clinic Locator](#)
- [CDC Contraception Guide](#)

Positive for Not Planning to Schedule a Postpartum Visit

Interventions:

1. Further assess and address barriers to accessing care
2. Educate on importance of postpartum and well-woman care
3. Make referral to OB/Primary Care Provider, as indicated and desired by client

Resources:

- [Cover Kansas Navigator](#)
- [Well-Woman Visit Toolkit](#)

Positive for Not Having/Scheduled Baby’s First Check-Up

Interventions:

1. Further assess and address barriers to accessing care
2. Educate on importance of well-infant/child exams
3. Make referral to Pediatric/Primary Care Provider, as indicated

Positive for No Insurance for Baby

Interventions:

1. Further assess and address barriers to accessing health insurance / Medicaid
2. Make referral to Medicaid Eligibility Staff or FQHC, as indicated

Positive for NICU Admission

Interventions:

1. Further assess concerns/needs related to infant’s condition
2. Provide education, resources and referral for services, as indicated

**Timing of follow-up:* For all positive responses (yellow boxes), follow-up per local policy and procedure - encouraged within 1-workday

**DAISEY data entry:* Indicate when a referral was facilitated using the KDHE Program Referral Form