STATE OF WEST VIRGINIA
BUREAU FOR PUBLIC HEALTH
OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH
PERINATAL SERVICES

RIGHT FROM THE START PROJECT
Report for Calendar Year
January 1, 2003-December 31, 2003

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Introduction

It is important to remember that the improvement in the health of West Virginia's perinatal population is a result of a carefully crafted, highly-interdependent partnership. Tertiary care centers, primary care centers, local health departments, and private practitioners and agencies have worked with the Office of Maternal, Child and Family Health (OMCFH) for 29 years to make a difference in the health and well-being of the State’s people. In conjunction with its medical advisory boards, OMCFH has designed a system that offers early and accessible health care to low income, medically indigent and under insured women and children.

Nationally, federal health agencies, insurance providers, health researchers, and policy groups are promoting the need for "Continuum of Care" with patients. It is recognized that a continuity of coordinated, quality care is the best model of care for patients and is the most cost effective method for providing and paying for services. Continuum of care is best achieved through consistent access to quality health providers and services. Gaps in consistent care result in increased need for intensive and crisis care. These needs for intensive and crisis care result in higher costs for health care services. Research supports greater patient compliance with care plans when a positive relationship with their health care provider is well established. The Right From The Start Project has an already established network of Registered Nurses and Licensed Social Workers who have provided this model of care since the 1980s. Because of this network West Virginia's access to first trimester prenatal care rate has improved from 60-70% in the 1980s to 86% in 2002. The nationwide percent for first trimester prenatal care access was 83.7% in 2002. (WV Vital Statistics 2002)

This report provides current data collected in 2003 from some of the outcomes in The Right From The Start Project and demonstrates the critical need for continued funding and service provision in West Virginia to pregnant women and their families.
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RIGHT FROM THE START
PROGRAM DESCRIPTION

Ensuring access to health care for low-income women and children has been an ongoing concern for state and federal officials. The Bureau for Medical Services (Medicaid) and the Office of Maternal, Child and Family Health (OMCFH) have worked collaboratively to develop special initiatives that extend support services to women and infants at-risk of adverse health outcomes. This partnership has not only expanded the state’s capacity to finance health care for medically indigent women and children, but has also strengthened the delivery of care by establishing care protocols, recruiting medical providers and developing supportive services such as case management and nutrition counseling which contribute to improved patient well-being.

Medicaid and the OMCFH share a common commitment to the goal of ensuring healthy births, reducing the incidence of low birth weight, and improving the health status of West Virginia’s children. We also recognize the importance of maximizing scarce fiscal resources, and the benefit of collaborative efforts in the development of programs that support our shared goals.

West Virginia’s efforts to improve the health status of pregnant women and children are working as evidenced by broadened medical coverage, streamlined medical eligibility processes, shared government funding for targeted populations, targeted outreach, and development of comprehensive programs.
This report documents the efforts that have been made through the OMCFH sponsored RFTS Project to meet the health care needs of this population. The Project is dedicated to the goal of reaching all low-income pregnant women and infants by offering support services to make their lives healthier **RIGHT FROM THE START**.

Early preventive prenatal care and education are recognized as the most effective and cost effective ways to improve pregnancy outcomes. Even with the most comprehensive and competent system of care, some women and infants will experience adverse outcomes. West Virginia’s prenatal program, administered by the Office of Maternal, Child and Family Health, has been very successful in ensuring access to health care for low-income women and children statewide. The Right From The Start Project (RFTS), which was birthed in 1989, was envisioned as a maternity program for all low-income, publicly-sponsored patients in West Virginia. Currently, the Project provides comprehensive perinatal services to low income women up to sixty (60) days postpartum and for care coordination for infants up to one (1) year of age. The RFTS Project recruits and credentials practitioners to care for Medicaid and Title V sponsored obstetrical patients. Practitioners sign contractual agreements with the OMCFH that establish expectations for care in accordance with the American College of Obstetricians and Gynecologists’ (ACOG) standards and outline specific programmatic guidelines relating to services/benefits, risk scoring and patient information exchanges. The Project provides direct financial assistance for obstetrical care for all pregnant adolescents ages 19 and under, who are not eligible for Medicaid, prenatal care for non US citizens, and direct financial assistance for low income under-insured medically indigent pregnant women eligible for Title XIX.

The **Right From The Start Project** was implemented in April 1990 for infants and July 1990 for women. In recognition of the importance of developing systematic
approaches to deal with the problems of access to prenatal care, Senate Bill 4242 was enacted. Under the provisions of the bill, the Department of Health and Human Resources, Bureau for Public Health, has the responsibility to administer Right From The Start (RFTS) and Title XIX and Title V are to be the payors. Through the RFTS Project, the Office of Maternal, Child and Family Health fulfills this responsibility by assuring:

1. Adherence to the American College of Obstetricians and Gynecologists (ACOG) Standards of Care;

2. Availability of medical providers and others credentialed to provide care coordination and patient education for low-income women with a high risk of adverse pregnancy outcome or for those low-income families with infants at risk of poor health or death;

3. Providing technical assistance to RFTS providers; and

4. Quality assurance monitoring and improvement to assure government sponsored patients receive care provided in accordance with national standards.

The state is divided into eight (8) regions for management of the Right From The Start Project. Each region has a Regional Care Coordinator (RCC) overseeing the activities of the Registered Nurses and Licensed Social Workers, referred to as Designated Care Coordinators (DCC). In addition to overseeing the distribution of patient referrals and promoting the project, the RCC coordinates training and education for DCC staff, and recruits obstetrical care providers and designated care coordination agencies. The

**Prenatal Risk Screening Instrument (PRSI)** is completed upon referral to RFTS and identifies risk factors. The risk factors for the program include, but are not limited to, medical complications, nutritional needs, and psychosocial factors.
The Regional Care Coordinator refers the patient (pregnant woman or infant) to a Designated Care Coordinator who develops an individualized service care plan with the patient/patient’s mother to positively impact the health of the woman, infant and family by limiting risk behaviors through patient education and support services. The primary objective of the DCC is to ensure pregnant women and infants under age one receive the social and medical services they need.

High risk infants are referred to RFTS by West Virginia University via the Birth Score Office. The Birth Score Developmental Risk/ Newborn Hearing Screen Instrument is a population-based assessment designed to identify infants at birth who may be at risk for developmental delay or death within the first year of life. Other Medicaid-sponsored infants who are considered at risk are referred to RFTS for care coordination from various sources. Coordination components include an in-home assessment to identify barriers to health care, an individually designed care plan to meet the patient’s needs, community referrals as necessary, follow-up and monitoring. Another crucial component of RFTS is health education which includes preventive self-care such as the signs of pregnancy complication, smoking cessation, childbirth education, parenting education and nutrition counseling.

All pregnant Medicaid and Title V cardholders are eligible for these educational activities designed to improve their health. The RFTS Project also assists women in accessing transportation to their medical appointments for themselves and their infants through a community-based initiative called the Access to Rural Transportation (ART) Project.

Data included in this report was derived from information provided to the Right From The Start regional offices by providers of obstetrical care services using project screening tools. Those screening tools include the Prenatal Risk Screening Instrument (PRSI), the
Alternate Entry Form, the Infant Birth Score Card, Tobacco Screening Forms, Tracking Form and Outcome Measures Form. Examples of the RFTS Project forms are included in Appendix B.
2003 RFTS Yearly Report Analysis

The following is an analysis of Right From The Start Project (RFTS) data included in the first annual 2003 yearly report. This data will be useful in comparison to future data to assist in the improvement of services offered and delivered to eligible West Virginia families.

The top four risk factors reported by Project participants are lack of transportation to medical appointments, smoking during pregnancy, smoking by participants' partners and partners' consumption of alcohol.

- WV Right From The Start client population of pregnant women is considered at-risk for poor birth outcomes, but the average weight of babies born to families participating in the Project for 2003 was 6.6 pounds with an average gestation of pregnancy of 38.3 weeks.

- The average entry into care coordination services for RFTS prenatal participants was 20 weeks. Since the RFTS Project was first initiated in 1989, access to 1st trimester prenatal care has improved from 69.7% to 83%.

- Five-hundred eighty-four pregnant RFTS participants were screened for tobacco use and 145 follow-up screens were recorded in the available data. The RFTS team made strides in improving the RFTS Project data collection system within the OMCFH with the anticipation that future data collection will demonstrate increased follow up screens. This data will be essential to comparison and analysis.
• The RFTS data shows that greater than 90% of all women participating in the ‘SCRIPT’ program agree that smoking is harmful to their health and their baby. Seventy percent of the pregnant women indicated they could quit for 24 hours. The RFTS Project needs to focus on empowering pregnant participants and their families through support and education so that they feel they can quit smoking.

• Seventy percent of the pregnant participants reported that they smoked in the last 7 days as relayed to the Designated Care Coordinator during the assessment. This suggests that during one of the most impressionable times of a woman’s life, during pregnancy, tobacco cessation is extremely difficult.

• The ‘SCRIPT’ data showed that at case closure, 34% of the pregnant women decreased the number of cigarettes smoked per day and 23% had quit. However, many of the Project participants refused to be tested for Carbon Monoxide (CO) levels, therefore most of the data was self-reported rather than confirmed. The RFTS Project learned that many RFTS care coordinators do not feel comfortable with asking the pregnant women to take the CO test. Many of the women refuse the CO test even though it is suggested by the care coordinator. Most pregnant women reported receiving counseling on smoking cessation along with the receipt of educational materials. Thirty-one percent reported receiving advice on smoking cessation from their physician. This is a trend that has been reported frequently by RFTS care coordinators and the RFTS Project.
• Data indicates that the RFTS Project served 52% of Medicaid eligible women and 27% of Medicaid eligible infants.

• Forty-nine percent of RFTS Project participants reported choosing a specific birth control method at case closure.

• Data collected by the RFTS Project and by the PRAMS Project were similar in some areas. Both showed a low breastfeeding rate among mothers at case closure. The PRAMS data suggested that the majority of the women who chose not to breastfeed made their decision because either they did not like breastfeeding or their partner did not want them to breastfeed.

• The RFTS Project identified 44.7% of women who reported car seat use for their infants at case closure.

• Data from both the RFTS and PRAMS Projects were encouraging regarding exposure to second hand smoke. Data revealed that the majority of families reported limiting smoking to outside the home. Therefore, education surrounding the dangers of exposure to second hand smoke may be reaching the targeted population.

Action plan to address identified needs:

1. Address the barriers for early referral such as transportation, education to women’s groups and families stressing the need for early diagnosis.

2. Continue efforts to educate Designated Care Coordinators in the proper method of using the tools that will enhance support for mothers desiring to
quit or reduce smoking by facilitating a therapeutic relationship between nurse and client.

3. Continue to build relationships among care providers to assist in identification of women requiring referral into the program.

4. Birth control must be addressed by RFTS providers with women and documented in all patients’ files prior to case closure.

5. Provide intense education about the benefits of breastfeeding by RFTS Project providers to families during the prenatal period.

6. The Project will take a closer look at the education of families to ensure understanding of the importance of the use of a car safety seat.

7. Continue with efforts to improve coordination with the Bureau for Medical Services to ensure data is shared to provide knowledge of risk factors associated with the policy changes.

In summary, since the Right From The Start Project was first initiated in 1989, access to 1st trimester prenatal care has shown improvement from 69.7% to 83%. This correlates with the intense care coordination and support provided by Right From The Start staff to families in rural West Virginia.

There is great concern over the recent changes in reimbursement due to the budget constraints of the WV Bureau for Medical Services. The decision to reduce funding presents a risk of access to 1st trimester care declining. The access to and from providers can make all the difference in optimal maternal health and as previously stated in this report, is one of the top four barriers.
The Right From The Start Project staff and partners understand and embrace the philosophy that meeting the health care needs of women requires a comprehensive approach of several interrelated issues including: social, cultural, economic, and physical environments; financial access to health care services; provider and partner awareness of the need for health services; and the outcomes as a result.
RFTS Fact Sheet
2003 Data

Total Number of RFTS Participants 9082
Prenatals 5214
Infants 3430
Enhanced Services Only 438
Average infant birth weight 6.6 pounds
Average gestation 38.3 weeks

Obstetrical Care Services
Approvals for Obstetrical Care Coverage 458
   Ages 20+ 298
   Ages 19 and under 59
   Non Citizens 101
   Denials 136

Information obtained from the Tobacco Screening Form
Number of completed Tobacco Screens 584
Smoker Profile
   Average age 23 years
   Average weeks pregnant 20 weeks

On a scale of 1 - 10:
   Believe can stop smoking for 24 hours 7.0
   How harmful do you believe tobacco is to you 9.2
   How harmful do you believe tobacco is for your baby 9.6

Information obtained from the Tobacco Follow Up Form
Number of completed Tobacco Follow Up Screens 145
Since the first RFTS home visit as a pregnant smoker, I:
   • Smoked cigarette in last 7 days (even a puff) 70%
   • Smoke same number 33%
   • Cut down 34%
   • Quit 23%
Right From The Start Participation 2000-2003

The series of graphs on page 19 represents the numbers of RFTS participants, both prenatal and infant, in a four year period. It should be noted that the data from 2000 may have had duplicated case information due to a modification in the RFTS database. Data produced in the next three years, 2001-2003, are unduplicated.

Enrollment 2003

The graph on page 20 represents the number of Medicaid pregnant women and Medicaid infants served by RFTS in 2003. Of the 10,887 pregnant women receiving Medicaid benefits, RFTS served 52% (5,652). Of the 12,546 infants receiving Medicaid benefits, RFTS served 27% (3,430). These infants may also have met other referral criteria including High Birth Score, NICU referral, and newborn hearing screening.

Right From The Start Participants in Care Coordination and Enhanced Services 2003

Both prenatal and infant participants in Right From The Start are eligible for Care Coordination services. However, certain prenatal participants elect to receive RFTS Enhanced Services Only. Enhanced services are a variety of educational services provided by a designated care coordination agency. The prenatal participant attends childbirth education, parenting education, and nutritional counseling at the designated care coordination site rather than receiving in-home care coordination services. In 2003, 5,214 prenatal participants received in-home care coordination while 438 prenatal participants received Enhanced Services Only. Three thousand four hundred thirty (3,430) infants received in-home care coordination services (see pie chart page 21 and graph page 22).
RFTS Obstetrical Care Participants 2003

Pregnant women who do not meet the eligibility criteria for Medicaid are referred to RFTS for Obstetrical Care Services and Care Coordination (see page 23). Those pregnant women whose income falls between 150% and 185% of Federal Poverty Level, as determined by Economic Services Workers in local DHHR offices statewide, are eligible for Obstetrical Care coverage through the Office of Maternal, Child and Family Health. The graph on page 23 represents the number of pregnant women approved for RFTS Obstetrical Care services and the number denied each month in 2003. Those who are denied receive presumptive eligibility coverage which includes coverage for their first prenatal visit, the associated lab work and one ultrasound. RFTS served 596 pregnant women, 458 receiving full obstetrical care coverage and 138 receiving presumptive eligibility coverage.

Trimester Entry Into Care

The pie chart on page 24 represents the percentage of RFTS participants that enter prenatal care in each trimester. Eighty-three percent of RFTS participants enter prenatal care in their first trimester. This trend has remained constant since 2001.

Risk Factor Data

Pregnant women referred to Right From The Start have completed a Prenatal Risk Screening Instrument (PRSI) prior to receiving Care Coordination services (See Appendix B, Document A). The PRSI provides RFTS with needed demographic information about the pregnant woman as well as data concerning socioeconomic, emotional, and medical
risk factors. The top four risk factors as reported by RFTS participants on the PRSI are indicated on the pie chart on page 25. Thirty-six (36%) of pregnant women reported that their partner smokes, 30% of the pregnant women reported that they were smokers, 19% indicated that their partner consumed alcohol, and 15% reported that lack of transportation was an issue for them.

**Prenatal Outcome Measures 2003**

The pie charts on pages 26 and 27 represent outcome data reported on the Birth Score Developmental Risk Screen for RFTS infants whose mothers received RFTS Care Coordination during pregnancy. Birth Score screening is mandated by legislation and performed on every infant born in WV. The higher the calculated Birth Score, the greater the risk of infant mortality within the first year of life or significant developmental delay.

The first pie chart, page 26, indicates the percentage of infants born to RFTS participants that received low, high, and very high birth scores. Less than three tenths of a percent of RFTS referred infants were not scored. These infants may have been born in out-of-state hospitals that do not utilize the Birth Score system.

The second pie chart, page 27, breaks down the birth weights of infants born to RFTS participants. Low birth weight is a risk factor for infant mortality and developmental delay. The average baby born in WV weighs 6.6 pounds.

**Prenatal Outcome Measures at Closure**

The graph on page 28 represents the reported outcome measures at closure of the RFTS prenatal participants' cases. Care Coordination services are provided up to sixty
days post-partum. At case closure 49% of RFTS participants acquired a birth control method, 19% of women were breastfeeding their newborn upon hospital discharge though only 3% continued to do so at the end of the post-partum care period, and 44.7% of mothers were using an infant car safety seat.
RFTS Client Participation 2000 - 2003

**Right From The Start Project**

**1/1/00 to 12/31/00**

Number of Clients Served

- **Total**: 15,203
- **Women**: 12,163
- **Infants**: 3,040

**1/1/01 to 12/31/01**

- **Total**: 9,371
- **Women**: 6,490
- **Infants**: 2,881

**1/1/02 to 12/31/02**

- **Total**: 13,967
- **Women**: 9,784
- **Infants**: 4,183

**1/1/03 to 12/31/03**

- **Total**: 9,082
- **Women**: 5,662
- **Infants**: 3,430

WVDHHR/BPH/OMCFH/PWH/PS/RFTS/4-04
Right From The Start and Medicaid Comparison 2003

RFTS Served 52% of Medicaid Prenatals
RFTS Served 27% of Medicaid Infants

RFTS Prenatals 5,652
RFTS Infants 3,430
Medicaid Prenatals 10,887
Medicaid Infants 12,546

Prepared by: Don Walker MA, LPC
March 31, 2004
Revised July 2, 2004

Sources: 2003 RFTS Database
2003 Medicaid Data
Right From The Start
Total Number of Clients Served
(January through December 2003)

- **Women**: 5,652 (62%)
- **Infants**: 3,430 (38%)
Participants in Right From The Start Program

(January 1, 2003 through December 31, 2003)

Number of Participants

- Prenatal: 5,214
- Infants: 3,430
- Enhanced Services Only: 438
- Total: 9,082

Prepared by: Don Walker, MA, LPC
Source: RFTS Database and Field Input

February 26, 2004
Pregnant Women Entering Prenatal Care by Trimester
(Right From The Start Patients)

- First Trimester: 83%
- Second Trimester: 14%
- Third Trimester: 3%

Number of No Responses = 1,078
(Data not collected until May 2003)

(May through December 2003)
Right From The Start Project
Top Four Risk Factors
(January through December 2003)

- Partner Consumes Alcohol: 19%
- Partner Smokes: 36%
- Mother Smokes: 30%
- Transportation: 15%
Prenatal Outcome Measures at Case Closure

Reported Birth Scores
(January 1, 2003 through December 31, 2003)

- % LOW <= 529: 79.9%
- % Not Scored: 0.3%
- % VERY HIGH >= 575: 0.3%
- % HIGH >= 530: 19.5%

Prepared by: Don Walker, MA, LPC
Source: RFTS 2003 Database
February 26, 2003
Outcome Measures
(October 2003 through December 2003)

Infant Birthweight

- **Very Low**: 2.1%
- **Low**: 7.4%
- **Not Reported**: 23.3%
- **Normal**: 67.2%

Average Weight
6.6 Pounds

Reported Maternal Complications
16%

Prepared by: Don Walker, MA, LPV
Source: 2003 RFTS Data

March 4, 2004
Prenatal Outcome Measures at Closure

Infant Development, Breastfeeding and Contraceptive Care
(January 1, 2003 through December 31, 2003)

- **Contraceptive Care**
  - Birth Control After Delivery: 49.0%

- **Breastfeeding**
  - BreastFed at Discharge: 19.0%
  - BreastFed at Closure: 3.0%

- **Maternal / Infant Development**
  - SafetySeat: 44.7%

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Prepared by: Don Walker, MA, LPC
Source: RFTS 2003 Database
February 26, 2004
Smoking Cessation or Reduction In Pregnancy Treatment-RFTS ‘SCRIPT’

According to the West Virginia Division of Vital Statistics, West Virginia still has the highest smoking rate for pregnant women in the United States. The Right From The Start (RFTS) Project has obtained data from the West Virginia University Department of Pediatrics-Birth Score Office which shows that many counties have a self-reported smoking rate of between 30 to 57% among Medicaid mothers. This creates an enormous health problem for the State which impacts not only the developing infant but the pregnant woman, other children, family members and friends exposed to environmental tobacco smoke. It also impacts the health care community by increasing costs. Pregnant women participating in the RFTS Project have a high incidence of smoking during pregnancy. To address this issue, RFTS has adopted an intensive smoking cessation initiative. The program was developed by Dr. Richard Windsor who has successfully implemented the program in Alabama.

The Smoking Cessation/Reduction in Pregnancy Treatment (SCRIPT) developed by Dr. Windsor was implemented in West Virginia in January 2002, through the Office of Maternal, Child and Family Health. It was incorporated into the RFTS Project as a required component of service. The RFTS ‘SCRIPT’ uses the existing home visitation network and protocols already established in the RFTS Project. Right From The Start Project services are provided to pregnant women and infants, up to one year of age, by Designated Care Coordinators (DCC). These services are provided by registered nurses and licensed social workers.

Beginning in January 2002, specific areas of West Virginia were chosen to participate in two Natural History Studies based on the largest concentration of pregnant
women smokers. The purpose of the two Natural History Studies was to document the number of new Medicaid obstetrical patients who were smokers, to biochemically confirm self-reported smoking status, to establish the natural quit rate during pregnancy, and to document the relapse rate of women reporting that they had quit on their own since becoming pregnant. Natural History Study Number One was conducted in six of the eight RFTS regions in West Virginia. One hundred seventy-four (174) pregnant women were enrolled in Natural History Study Number One and approximately 74 (42.8%) of these women were self-reported smokers. In the West Virginia counties participating in the study, previous data suggested that the self-reported smoking rates among pregnant women ranged from 25 to 58.8%.

Natural History Study Number Two was conducted in the late summer of 2002 and provided pregnant smokers with interventions which were new to the RFTS Project. The interventions are those which are currently recognized as best practice methods and are advised to be used for tobacco dependence treatment. These new interventions are the use of the five A's: Ask, Advise, Assess, Assist, and Arrange. The RFTS DCCs provided education and support to those pregnant smokers who desired to quit by using the five A’s along with the educational patient handbook, “A Pregnant Woman’s Guide to Quit Smoking,” and the video “Commit To Quit During Pregnancy and Beyond.” Using a carbon monoxide (CO) monitor, the pregnant smokers were tested initially for the level of CO in their body on the first home visit by the RFTS DCC. After the initial test, the participant was tested again approximately four (4) weeks later following the tobacco dependence treatment education process. Patients could also be tested as often as they requested during the education period. The training for the five A’s was provided to all RFTS staff
statewide in March of 2002 by Dr. Windsor and the Office of Maternal, Child and Family Health (OMCFH) Perinatal Services Director, Jeannie Clark, RN. A final document of the results of the “Formative Evaluation of the WV RFTS ‘SCRIPT’” has been developed by Dr. Richard Windsor and includes analysis of the data gathered during the Natural History studies. Right From The Start Regional Care Coordinators are now beginning to provide ‘SCRIPT’ education to other prenatal care providers who are contracted to provide obstetrical care services through OMCFH.

Of great concern to the RFTS Project staff is the fact that the majority of pregnant smokers who successfully quit smoking during pregnancy relapse in the immediate post-partum period. The RFTS Project sees the need to more aggressively address this issue in the future. Addressing this issue is critical in order to prevent long term maternal health complications and prevent second hand smoke exposure among infants. Since the pregnant woman is covered by the RFTS Project and eligible for services for only sixty (60) days postpartum, this issue presents a major challenge to the RFTS DCCs.

Data is continually being collected through the OMCFH on all pregnant smokers who are participating in the RFTS Project. Revisions have been completed to the database which will now allow accurate data collection for the Project. The goal of the RFTS Project is to see a reduction in the rate of pregnant smokers in the State of West Virginia due to the efforts of the ‘SCRIPT’ program. Through the funding provided by the WV Tobacco Prevention program, education, materials and curriculum have been obtained which have proven to be effective in assisting with smoking cessation through research and are considered best practice methods. Through the implementation of these tobacco dependence treatment initiatives, the overall health of individuals, families and infants can
be improved, and West Virginia can reduce the instances of poor pregnancy outcomes, infant mortality, prematurity and low birth weight rates.

The graphs and charts on pages 32 through 37 represent the data collected by the RFTS ‘SCRIPT’ Project.
Reported Smoking Behaviors After Becoming Pregnant

Behavior Remained Unchanged

- Reported No Change After Becoming Pregnant: 5.7%
- Cigarettes per Day: 3.5

Behavior Reduced

- Reported Cut Down After Becoming Pregnant: 34.2%
- Cigarettes per Day: 1.9

Prepared by: Don Walker, MA, LPC
Source: 2003 Smoking Database

February 27, 2004
Tobacco Data Screening from Smoking Database
(October 2003 through December 2003)

Smoker Profile

<table>
<thead>
<tr>
<th>Percent of Positive Responses</th>
<th>Stopped Smoking After Becoming Pregnant</th>
<th>Stopped Smoking Before Finding out of Pregnancy</th>
<th>Never Smoked</th>
<th>Using Smoking Cessation</th>
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<td>13.7</td>
<td>8.6</td>
<td>36.8</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Prepared by: Don Walker, MA, LPC
Source: 2003 Smoking Database
February 27, 2004
Family and Friends Who Come to Visit That Smoke

- None: 8%
- Blank: 4%
- Most: 27%
- Some: 22%
- A Few: 39%

n = 583

Prepared by: Don Walker, MA, LPC
Source: 2003 Smoking Database

February 27, 2004
Handling of Smokers

- **No one smokes where I live - they smoke outside** (50%)
- **People may only smoke in certain rooms where I live** (14%)
- **Blank** (4%)
- **People may smoke anywhere I live** (32%)

n = 570

Prepared by: Don Walker, MA, LPC
Source: 2003 Smoking Database
February 27, 2004
How soon after waking up do you smoke?

- Greater than 2 hours: 8%
- 1 to 2 Hours: 14%
- 31 to 59 minutes: 9%
- 6 to 30 minutes: 28%
- 5 minutes or less: 12%
- I am not smoking: 15%
- Blank: 14%

n = 145

Prepared by: Don Walker, MA, LPC
Source: 2003 Smoking Database
February 27, 2004
Tobacco Follow-up from Smoking Database (October 2003 through December 2003)

Smoking Information Provided

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent of Positive Responses</th>
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<tr>
<td>Counseled with Materials</td>
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<td>Counseled</td>
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<td>No Info</td>
<td>2.8</td>
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<tr>
<td>MD Info</td>
<td>31.7</td>
</tr>
<tr>
<td>RN Info</td>
<td>50.3</td>
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</tbody>
</table>

Prepared by: Don Walker, MA, LPC
Source: 2003 Smoking Database
February 27, 2004
Right From The Start Client Satisfaction Survey 2003

In January 2004, the RFTS Project completed a client satisfaction survey to evaluate the Project’s services and obtain feedback from Project participants. Participants reported a 75% overall satisfaction rate with their Care Coordination services. Not surprising was the personal recognition of Designated Care Coordinators by the women and families that they served. Many RFTS DCCs received mention in the comments section of the survey.

The first graph, page 39, represents the rate of satisfaction participants had with twelve components of RFTS Care Coordination.

The second graph, page 40, represents the percentage of clients that were informed about services available to them. The last two bars of the graph indicate the percentage of participants that did not complete the RFTS program. Four percent (4%) of participants dropped out of Care Coordination services prior to delivery and 1.3% refused RFTS services.
Did your RFTS Worker / DCC:

- Offer Family Planning Choices
- Develop Care Plan
- Provide Options & Help You Desired
- Promptly Return Phone Calls
- Schedule Regular Visits
- Arrive Promptly for Appointments
- Communicate Easily with you
- Show Empathy
- Exhibit Dependability
- Advocate on Your Behalf
- Provide Competent Care
- Overall Satisfaction

Percent of Responses

n = 224
Did your RFTS / DCC inform you of the following services?

- Transportation Assistance: 84.4%
- NBHS: 66.5%
- Quit Smoking Assistance: 62.9%
- Refused Services: 1.3%
- Dropped Out: 4.0%

n = 224

Prepared by: Don Walker, MA, LPC
February 25, 2004
APPENDIX A

Number of RFTS Care Coordinators By Region...........................................................i
Distribution of RFTS Clients-State Map........................................................................ii
Contracted Obstetrical Care Providers-State Map..........................................................iii
Contracted DCC Agencies and Regional Lead Agencies...............................................iv
WV Pregnancy Risk Assessment Monitoring System (PRAMS) Data..............................v
### The Right From The Start Project
#### Number of Care Coordinators
##### January 22, 2004

<table>
<thead>
<tr>
<th>Region</th>
<th>Care Coordination (Full Time)</th>
<th>Care Coordination (Part Time)</th>
<th>Enhanced Only (Full Time)</th>
<th>Enhanced Only (Part Time)</th>
<th>Total DCCs/Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>9</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>II</td>
<td>6</td>
<td>21</td>
<td>0</td>
<td>10</td>
<td>37</td>
</tr>
<tr>
<td>III</td>
<td>19</td>
<td>5</td>
<td>0</td>
<td>29</td>
<td>53</td>
</tr>
<tr>
<td>IV</td>
<td>11</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>V</td>
<td>10</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>VI</td>
<td>2</td>
<td>13</td>
<td>1</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td>VII</td>
<td>17</td>
<td>19</td>
<td>6</td>
<td>1</td>
<td>43</td>
</tr>
<tr>
<td>VIII</td>
<td>6</td>
<td>14</td>
<td>4</td>
<td>5</td>
<td>29</td>
</tr>
<tr>
<td>Totals</td>
<td>80</td>
<td>92</td>
<td>13</td>
<td>56</td>
<td>241</td>
</tr>
</tbody>
</table>
West Virginia PRAMS Data 2001
(Phase IV Survey)

Question 16:
Prenatal Care

Questions 32 and 33:
Smoking

Average Smoke Last 3 Months of Pregnancy
Average Smoke Now (time of survey)
Question 36:
Alcohol Use

Average Drinks per Week During Last 3 Months of Pregnancy

Didn't Drink Then  <1 Drink per Week
1-3 Drinks per Week  4-6 Drinks per Week
7-13 Drinks per Week  >14 Drinks per Week

Number of Binges Last 3 Months of Pregnancy

Didn't Drink Then  1 Time
2 Times  3 or More Times

(Binge = 5 or more drinks in one setting)
Question 39:
Physical Abuse

![Bar chart showing physical abuse during pregnancy by husband/partner and anyone else.]

Questions 51, 52 and 54:
Breastfeeding

![Bar chart showing breastfeeding status: ever breastfed or pumped milk for new baby, with 'Yes' in blue and 'No' in maroon.]
Reasons for Not Breastfeeding

- Other children to take care of: 25.51%
- Too many household duties: 13.09%
- Didn't like breastfeeding: 43.71%
- Didn't want to be tied down: 11.5%
- Embarrassed: 13.15%
- Went back to work or school: 21.23%
- Husband or partner did not want me to breastfeed: 3.74%
- Wanted my body back to myself: 9.8%
How Long Breastfed

- 1-4 Weeks
- 4-8 Weeks
- 8-12 Weeks
- 12+ Weeks
- Didn't Breastfeed
- <1 Week
- Still Breastfeeding

Question 58:
Smoke Exposure

Average Hours Per Day Baby in Same Room with Someone Who is Smoking

- 1-8 Hours
- 8-16 Hours
- 16-24 Hours
- Never
Question 71:
Birth Control Methods Now

- Tubes tied: 17.09%
- Pill: 42.78%
- Condoms: 31.33%
- Foam, jelly, cream: 3.44%
- Shot (Depo-Provera): 12.04%
- Norplant: 3.74%
- Vasectomy: 0.04%
- Withdrawal: 6.11%
- Other: 0.00%
Question 84: Health Care Worker Discussion Topics

- Childbirth education: 72.75%
- High Risk Birth Score: 56.4%
- Parenting classes: 48.59%
- Right From the Start: 51.14%
- Immunizations: 88.74%
- Diabetes: 50.53%
APPENDIX B

Prenatal Risk Screening Instrument (PRSI)................................................................. A
RFTS Alternate Entry Form............................................................................................B
Infant Birth Score Developmental Risk/Newborn Hearing Screen.............................C
High Risk Infant Worksheet..........................................................................................D
Newborn Intensive Care Referral Form........................................................................E
RFTS Tracking Form......................................................................................................F
RFTS ‘SCRIPT’ Tobacco Screening Form....................................................................G
RFTS ‘SCRIPT’ Tobacco Follow-Up Form......................................................................H
RFTS Outcome Measures Form.....................................................................................I
### SECTION 1: DEMOGRAPHIC INFORMATION

**TO BE COMPLETED BY CLIENT OR STAFF MEMBER**

<table>
<thead>
<tr>
<th>Name:</th>
<th>First</th>
<th>MI</th>
<th>Last</th>
<th>Medicaid No.</th>
<th>Today's Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Street</td>
<td>City</td>
<td>Zip Code</td>
<td>Social Security No.:</td>
<td></td>
</tr>
<tr>
<td>County of Residence:</td>
<td>Telephone: Home</td>
<td>Contact:</td>
<td>Date of Birth:</td>
<td>Age:</td>
<td></td>
</tr>
<tr>
<td>Married:</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education:</td>
<td>Years completed</td>
<td>Degree/Diploma:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race:</td>
<td>White</td>
<td>Black</td>
<td>Hispanic</td>
<td>Other</td>
<td>Weight before pregnancy:</td>
</tr>
</tbody>
</table>

| Household Size: | Household Income: | Public Assistance: | WIC | Food Stamps | TANF | Medicaid | Housing |

1. Do you and your family have inadequate: *(circle any that apply)*
   a) Food  
   b) Clothes  
   c) Shelter  
   d) Transportation

2. Do you smoke? Yes ☐ No ☐ If yes, number of packs per day _______
   Does your partner smoke? Yes ☐ No ☐

3. Do you drink alcohol (wine, beer, mixed drinks)? Yes ☐ No ☐ If yes, number of drinks per day _______

4. Does your partner drink alcohol? Yes ☐ No ☐ If yes, number of drinks per day _______

5. Have you used recreational drugs during the pregnancy? Yes ☐ No ☐ If yes, what type _______

6. Have you ever been a victim of abuse or violence? Yes ☐ No ☐

7. If you could change the time of this pregnancy, would you want it: *(circle one)*
   a) earlier  
   b) later  
   c) not at all  
   d) no change

8. Have you moved more than 3 times in the last 12 months? Yes ☐ No ☐

### SECTION 2: HEALTH AND SOCIAL INFORMATION

**TO BE COMPLETED BY PROVIDER**

<table>
<thead>
<tr>
<th>Name and Title of Prenatal Care Provider:</th>
<th>Provider Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LMP (month, day, year)</td>
<td>EDC (month, day, year)</td>
</tr>
<tr>
<td>Trimester of pregnancy at first prenatal visit:</td>
<td></td>
</tr>
</tbody>
</table>

| Obstetrical History: *Enter the number in each area (Use zero for none)* |
|-------------------------|-----------------|-----------------|-----------------|
| G _____ | P _____ | Term _____ | Preterm _____ | Abortion _____ |
| Spontaneous | Induced |

| Living | Low Birth Weight | Breastfeeding History: Yes ☐ No ☐ | If Yes, how long?: |

| Recent Contraceptive History: | None ☐ |
| Type: | |

| Did patient’s last pregnancy result in a: |
| a) miscarriage/stillbirth | Yes ☐ No ☐ |
| b) a baby less than 5½ pounds, born more than 3 weeks early, or stayed in the hospital after the mother went home | Yes ☐ No ☐ |

| Other health/social history: | |
| Witness Signature/Agency: | Date: |

### SECTION 3: CONSENT

**TO BE COMPLETED BY PATIENT**

I have received an explanation of the Right From The Start Project and I give permission for my information to be shared with Right From The Start (RFTS) and agencies participating in my care. I understand that this information will be held strictly confidential.

| Signature of Patient | Date: |

---

OMCH/RFTS-R300  
Revised 1-04  
PREGNATAL RISK SCREENING INSTRUMENT  
White: Patient Chart  
Yellow: DCC  
Pink: RCC  
Goldenrod: Patient
### Infant Referral Form

**Infant’s Name:**

**Infant’s SSN:**

**Hospital of Delivery:**

**Date of Birth:** / / 

**Birth Weight:** ___________  **Birth Score:** ____________

**Mother/Guardian Name:**

**Address:**

**Mother/Guardian SSN:**

**County:**

**Telephone:**

**Medicaid Number:**

**Newborn Hearing Screening**

- [ ] Pass
- [ ] Fail
- [ ] Unknown

### Prenatal Referral Form

**Prenatal Name:**

**SSN:**

**Address:**

**Telephone:**

**Medicaid Number:**

**County:**

**Telephone:**

**Date of Birth:** / / 

**EDC:** / / 

**OMCFH/Medicaid No.:**

**Effective Date:**

**HMO Plan:**

**HMO No.:**

**Effective Date:**

**Name & Address of Physician:**

**Telephone:**

**Medical Concerns:**

### Protective Service Referral

**Referred to RFTS by:** ____________________________  **Date:**

**Site:** ____________________________  **Telephone:**

**Received by: (RCC):** ____________________________  **Date:**

**Date of Approval:** ____________  **Referred to (DCC Agency):**

**Recommendations:**

**Signature:** ____________________________  **Date:**

*SEPARATE FORMS FOR MULTIPLE BIRTHS*

OMCFH/RFTS-R019

Revised 1-03

White: RCC
Yellow: DCC
Pink: BSO
Goldenrod: HMO
WV Birth Score—Developmental Risk Screen and Newborn Hearing Screen

<table>
<thead>
<tr>
<th>Mother's Last Name</th>
<th>Mother's First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants Last Name</td>
<td>Infants First Name</td>
</tr>
<tr>
<td>Infants Birth Date</td>
<td>Infants Sex (circle one) M F Unknown</td>
</tr>
<tr>
<td>Mother's Race (circle one) White Black Asian Hispanic Other</td>
<td></td>
</tr>
<tr>
<td>Mother smoked during pregnancy YES NO</td>
<td></td>
</tr>
<tr>
<td>Method of Payment (circle one) Ins. WV Medicaid Self-pay Other</td>
<td></td>
</tr>
</tbody>
</table>

### BIRTH SCORE FACTORS AND ANSWER CODES

#### Maternal Age
- 12 (380) 22 (280) 32 (180)
- 13 (370) 23 (270) 33 (170)
- 14 (360) 24 (260) 34 (160)
- 15 (350) 25 (250) 35 (150)
- 16 (340) 26 (240) 36 (140)
- 17 (330) 27 (230) 37 (130)
- 18 (320) 28 (220) 38 (120)
- 19 (310) 29 (210) 39 (110)
- 20 (300) 30 (200) 40+ (100)
- 21 (290) 31 (190)

#### Mother's Blood Group
- O (44) B (44) AB (44) A (0)
- Second Stage Labor Duration
  - <5 Min (127) 30 Min–2 Hrs (45)
  - 5–14 Min (100) > 2 Hrs (18)
  - 15–29 Min (72) Unknown (76)
- Previous Pregnancies
  - 0 (0) 3 (64) 6 (128) 9+ (192)
  - 1 (21) 4 (85) 7 (149)
  - 2 (43) 5 (107) 8 (171)
- Birth Weight (grams)
  - 3500–3999 (31) 4000–4499 (16) 4500+ (0)
- Feeding Intentions
  - Bottle or Both (38)
- UTI During Pregnancy
  - Yes (documented culture) (54) No (0) Unknown (5)
- Twins or Triplets
  - Yes (103) No (0)

### BIRTH SCORE TOTAL

INFANT'S GESTATIONAL AGE (weeks)

#### DEVELOPMENTAL RISK
Check Yes or No for each item
- Birth Wt. 1200 grams (2 lb. 10 oz.) or less
- 5 Minute APGAR 3 or less
- Chromosomal Abnormality *Code ( )
- Neurologic Condition *Code ( )
- Birth Defect *Code ( )

*Use diagnostic number from reverse side of this form.

### NEWBORN HEARING SCREEN

1. Type of Test: ABR OAE
2. Test Result:
   - Left Ear: Pass Fail Not Screened
   - Right Ear: Pass Fail Not Screened
3. Reason if not screened:
   - Infant Death Parent Refusal Other (List)

### PARENT CONSENT

My baby's birth score, developmental risk screen and newborn hearing score have been explained to me. I understand my baby and I may be eligible for a special service such as medical risk evaluation, case management or early intervention.

I give permission for my baby's risk screening information to be sent to the WV Birth Score office for statewide program evaluation, for medical risk evaluation referral for me and early intervention or case management for my baby. I understand all risk screening information will be kept strictly confidential.

Parent/guardian signature Date

Relationship to infant if not the parent

Witness' signature Date

For Office Use
- RFTS, Region Outreach, County
- Birth to Three, Site
- OMCFH Hearing Referral, Region
Packet Sent Yes No
Date Initials

Distribution of Copies: White—Birth Score Office
Yellow—Chart
Pink—Parent/Guardian

WVRS form revised 3
OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH
RIGHT FROM THE START PROJECT
INFORMATION COLLECTED FOR THE BIRTH SCORE OFFICE

HIGH RISK INFANT WORKSHEET

<table>
<thead>
<tr>
<th>Mother’s Name: _______________________________</th>
<th>Infant’s Name: _______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother’s Address: _____________________________</td>
<td>Infant’s Birthdate: ___________________________</td>
</tr>
<tr>
<td></td>
<td>Infant’s S.S. Number: _________________________</td>
</tr>
<tr>
<td>Mother’s S.S. Number:_________________________</td>
<td>County: ______________________________________</td>
</tr>
</tbody>
</table>

* Infant’s Physician or Clinic: ___________________________ M.D. Phone #: __________________
Physician or Clinic Location: ___________________________________________

First Birth Score Surveillance Visit • (1st 3 weeks after discharge):
- Kept: _____ Not Kept: _____ Unknown: _____

Second Birth Score Surveillance Visit • (4 - 6 weeks after discharge):
- Kept: _____ Not Kept: _____ Unknown: _____
Enrolled in WIC: Yes _____ No _____ Enrolled in EPSDT: Yes _____ No _____

Case Disposition (Check all that apply)
- High Score Tracking Completed _________ Unable to Locate/Lost to Follow-up
- Moved Out of County/State _________ Refused Service
- Death _________ Other - Explain: ___________________________________________

DCC/FOW Signature: ___________________________________________
Date: _______________________________________

• Birth Score Surveillance visits include well child and acute care (sick) visits to infant’s primary care provider.

* If the physician named on the Birth Score Card is different from the one now seeing the infant, please phone the Birth Score Office after the 1st surveillance visit.

BIRTH SCORE OFFICE
P. O. Box 9214
Morgantown, West Virginia  26506-9214
Telephone:  1-800-982-6277

OMCFH/RFTS-R038A Original : Birth Score Office
**Preparation:** Complete preliminary information. Fax or mail one copy to the Birth Score Office.

**Discharge:** Complete all items. Fax or mail the top copy to the Birth Score Office.

<table>
<thead>
<tr>
<th>Referring Hospital</th>
<th>Birth Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant's Last Name</td>
<td>Infant's First Name</td>
</tr>
<tr>
<td>Infant's Birth Date</td>
<td>Infant's Medicaid #</td>
</tr>
<tr>
<td>Infant's Sex (circle one)</td>
<td>Mother's Social Security #</td>
</tr>
<tr>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Mother's Last Name</td>
<td>Mother's First Name</td>
</tr>
<tr>
<td>Discharge Date</td>
<td>Birth Score</td>
</tr>
</tbody>
</table>

(Baby's Addressograph)

Local physician/clinic providing baby's care after discharge

<table>
<thead>
<tr>
<th>Name:</th>
<th>City/State:</th>
</tr>
</thead>
</table>

**Discharge Diagnoses (check all that apply):**

- Prematurity
- Reflux
- Apnea of Prematurity
- Resp. Distress
- Hyperbilirubinemia
- Suspected Sepsis
- Anemia of Prematurity
- BPD
- Other (list)

**Discharge Medications (check all that apply):**

- None
- Cisapride
- Caffeine
- Poly-Vi-Sol with Iron
- Theophylline
- Reglan
- Other (list)

**Discharge Technology (Check all that apply):**

- None
- Monitor
- Pulse Oximeter
- Oxygen
- Other (list)

**Results of Newborn Hearing Screen:** (If not on Birth Score)

- Left Ear: Pass Fail Not Screened
- Right Ear: Pass Fail Not Screened
- Reason if not screened: ____________________________

**Other Instructions/Concerns:**

---

**PARENT CONSENT**

I give permission for my baby's hospital information to be sent to the WV Birth Score office for statewide program evaluation, for medical risk evaluation referral for me and for early intervention or case management referral for my baby. I understand all information will be kept strictly confidential.

Parent/guardian signature: ____________________________ Date: ____________________________

Relationship to infant if not the parent: ____________________________ Date: ____________________________

Witness' signature: ____________________________ Date: ____________________________
### OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH
RIGHT FROM THE START PROJECT
CLIENT TRACKING SHEET

<table>
<thead>
<tr>
<th>DCC Signature:</th>
<th>CASE CLOSURE DATE:</th>
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<tbody>
<tr>
<td>Agency:</td>
<td>□ A Completed Program</td>
</tr>
<tr>
<td>County:</td>
<td>□ B Incomplete Program (choose one from below)</td>
</tr>
</tbody>
</table>

#### CASE CLOSURE CODES

<table>
<thead>
<tr>
<th>□ 1. Spontaneous Abortion</th>
<th>□ 6. Unable to Establish Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 2. Induced Abortion</td>
<td>□ 7. Refused Services</td>
</tr>
<tr>
<td>□ 4. Transferred Out-of-Region</td>
<td>□ 9. Lost to Follow-up</td>
</tr>
<tr>
<td>□ 5. No Longer Financially Eligible</td>
<td>□ 10. Transfer Within Region</td>
</tr>
<tr>
<td>□ 11. Unable to Complete Protocols</td>
<td>□ 12. Late Entry into Program</td>
</tr>
<tr>
<td>□ 13. Pre-term Delivery</td>
<td>□ 14. Did Not Meet Eligibility</td>
</tr>
<tr>
<td>□ 15. Closed by RCC (with State Director’s Approval)</td>
<td></td>
</tr>
</tbody>
</table>

### CLIENT INFORMATION

**Case: **New  Reopen  
**Level of Care:**  
**Change in Level of Care:**  
**Prenatal**  
**Client's Name:**  
**Name:**  
**Name Change:**  
**Prenatal SS#:**  
**Birthdate:**  
**Change in EDC:**  
**Guardian’s Name:**  
**Guardian’s SS#:**  
** Medicaid #:**  
**OMCFH #:**  
**HMO Name:**  
**HMO #:**

#### W1850 ASSESSMENT/SERVICE CARE PLAN (1 Session) (No Mileage)

Date of Service:  
Face to Face:  
Place:  
**Date of Service:**  
**Place:**  
**W1860 NUTRITIONAL ASSESSMENT/COUNSELING (RD use only)**

#### ENHANCED SERVICES ONLY

**W1855 PARENTING EDUCATION**

(Prenatals Only) (no mileage)

- A Infant Care  
- B Preventive Care  
- C S/S Acute Illness  

**W1857 CHILDBIRTH CLASSES**

(Prenatals Only) (u=2 hrs)

- A Maternal/Infant Development  
- B Nutrition/Fitness/Drugs  
- C Physiology of Labor/Delivery  

**W1859 PREVENTIVE SELF CARE EDUCATION**

(Prenatals Only) (no mileage)

- A Physical/Emotional Changes  
- B Warning Signs in Pregnancy  
- C Healthful Behaviors  
- D Eating Habits  

**W1860 NUTRITIONAL ASSESSMENT/COUNSELING**

(Prenatals Only) (u=15 min)

- A Infant Care  
- B Preventive Care  
- C S/S Acute Illness  

**W1851 CARE COORDINATION**

(u=15 min)

**W1510 TRAVEL MILEAGE**

(u=15 min)

**A10 Child Care**  
**A11 School**  
**A12 Clergy**  
**A13 Law Enforcement**  
**A14 Parenting Education**  
**A15 Birth to Three**  
**A16 CSC**  
**A17 Family Planning**  
**A18 Genetics**  
**A19 Nutrition**  
**A21 Single Point of Entry**  
**A22 CHIP**  
**A23 Other**  
**A09 Medical Provider**  
**B  Incomplete Program (choose one from below)  
**A  Completed Program**  
**B  Induced Abortion**  
**C  Transferred Out-of-State**  
**D  Transferred Out-of-Region**  
**E  Exited program**  
**F  Infant Care**  
**G  Newborn Development**  
**H  Postpartum/Family Planning**  
**I  Safety/Domestic Violence**  
**J  Infant Care Items**  
**K  Financial: Access to**  
**L  Financial: Utilities**  
**M  Financial: Money Management**  
**N  Environment: Adequate Housing**  
**O  Environment: Safe Drinking Water**  
**P  Environment: Electrical Circuitry**  
**Q  Environment: Infant Stimulation**  
**R  Environment: Safety**  
**S  Financial: Money Management**  
**T  Acute Care For Infants**  
**U  Newborn Hearing Screening**  
**V  Baby Bottle Tooth Decay**  
**W  Tobacco Dependence Treatment**  
**Y  Developmental Progress**  

**Face to Face:**  
**Place:**  
**Date of Service:**  
**Face to Face:**  
**Place:**  
**Date of Service:**  

---

**Comments:**  
**Closure Date:**  
**Closure Code:**  
**W1855 PARENTING EDUCATION** (u=15 min)

- A Infant Care  
- B Preventive Care  
- C S/S Acute Illness

**W1857 CHILDBIRTH CLASSES** (u=2 hrs)

- A Maternal/Infant Development  
- B Nutrition/Fitness/Drugs  
- C Physiology of Labor/Delivery  

**W1859 PREVENTIVE SELF CARE EDUCATION** (u=15 min)

- A Physical/Emotional Changes  
- B Warning Signs in Pregnancy  
- C Healthful Behaviors  
- D Eating Habits  

**W1860 NUTRITIONAL ASSESSMENT/COUNSELING** (u=15 min)

- A Infant Care  
- B Preventive Care  
- C S/S Acute Illness  

---

**Closure Date:**  
**Closure Code:**

---

**Comments:**

---

**Closure Date:**  
**Closure Code:**

---

**Comments:**
# RIGHT FROM THE START PROJECT
## TOBACCO SCREENING FORM

<table>
<thead>
<tr>
<th>Name: __________________________</th>
<th>Social Security #: <strong><strong><strong><strong><strong>-</strong></strong></strong></strong></strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>County: _________________________</td>
<td>Region: ___________________________</td>
</tr>
<tr>
<td>DCC Name: _____________________</td>
<td>Agency: ___________________________</td>
</tr>
</tbody>
</table>

1. What is your age? ________________ Years

2. How many weeks pregnant are you? ________________ Number of Weeks

3. Which statements best describes your tobacco use now? (Check all that apply)
   - I smoke regularly now-about the same number BEFORE I became pregnant. Number of cigarettes I smoke each day. ☐☐
   - I smoke, but I cut down on the number of cigarettes I smoke AFTER I became pregnant. Number of cigarettes I smoke each day. ☐☐
   - I stopped smoking AFTER I found out I was pregnant - I am not smoking.
   - I stopped smoking BEFORE I found out I was pregnant-I am not smoking.
   - I have never smoked cigarettes. (Mark here if you have only tried smoking)
   - I am currently using smoking cessation aids. Patch ☐ Gum ☐ Other ☐

4. How soon after you wake up do you usually use tobacco?
   - 5 minutes or less ☐ 6 to 30 minutes ☐ 31 to 59 minutes ☐ 1 to 2 hours ☐
   - Greater than 2 hours ☐

5. How many cigarette smokers live in the same house with you?
   - 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 or more ☐

6. How is cigarette smoking handled where you live?
   - No one smokes where I live - they smoke outside. ☐
   - Only special guests may smoke where I live. ☐
   - People may only smoke in certain rooms where I live. ☐
   - People may smoke anywhere I live. ☐

7. How many of your family members and friends who you see regularly are cigarette smokers?
   - None ☐ A Few ☐ Some ☐ Most ☐

8. How sure are you that you could/can stop smoking for 24 hours?
   - Low 1 2 3 4 5 6 7 8 9 10 High

9. How harmful do you feel cigarette smoking or smokeless tobacco is to you?
   - Low 1 2 3 4 5 6 7 8 9 10 High

10. How harmful do you feel cigarette smoking or smokeless tobacco is to your baby?
    - Low 1 2 3 4 5 6 7 8 9 10 High
## RIGHT FROM THE START PROJECT
### TOBACCO FOLLOW-UP FORM

| Name: | Social Security #: - - |
| County: | Region: | Date of Birth: |
| DCC Name: | Agency: | Date: |

1. Have you smoked a cigarette, even one puff, within the last 7 days?
   - Yes
   - No
   - Never Smoked

2. Since your first RFTS home visit, which statement best describes your cigarette smoking?
   - I smoke about the same number.
   - Number of cigarettes smoked each day.
   - I smoke, but I have cut down on the number of cigarettes.
   - Number of cigarettes smoked each day.
   - I have quit!

3. Do you Dip, chew, or use any smokeless tobacco?
   - Yes
   - No

4. If you are a smoker, how many times since your first RFTS visit have you made a serious attempt to stop smoking (went without a cigarette for at least 24 hours)?
   - 0
   - 1
   - 2
   - 3
   - I have quit!

5. How soon after you wake up do you usually smoke your first cigarette or use other tobacco?
   - 5 minutes or less
   - 6 to 30 minutes
   - 31-59 minutes
   - 1 to 2 hours
   - Greater than 2 hours
   - I am not smoking!

6. Since you started maternity care with the "Right From The Start" Project, have the staff provided the following: (Check all that apply)
   - I received no information
   - My Right From The Start worker counseled me to quit
   - I was given "The Pregnant Woman’s Guide To Quit Smoking"
   - I watched the "Commit To Quit" video

7. Since you started maternity care with the Right From The Start Project has the smoking pattern changed in your home?
   - No change
   - No one smokes in my home now.
   - People may smoke in certain rooms now.
   - People may smoke anywhere in my home.