# Becoming a Mom® Implementation

*Frequently Asked Questions and Answers*

## Curriculum and Collaborative Model

Q: What is Becoming a Mom®?

> *A: Becoming a Mom®/Comenzando bien® is a bilingual curriculum developed and owned by the March of Dimes®. It is designed for use with pregnant women in a supportive group setting to learn about having a healthy pregnancy. The curriculum is evidence-based and includes information on prenatal care, nutrition, stress, things to avoid during pregnancy, labor and birth, postpartum care and newborn care. It provides culturally relevant social support and demonstrates improved birth outcomes and behavior change.*

Q: Who can implement Becoming a Mom®

> *A: Anyone can implement the March of Dimes (MOD) Becoming a Mom®/Comenzando bien® (BaM/Cb) curriculum. The curriculum itself is free and downloadable from the MOD website. The Kansas Department of Health and Environment (KDHE), however, has worked in partnership with MOD to develop a very unique and comprehensive model for implementation of the BaM/Cb curriculum in Kansas. Within this model, the curriculum has been expanded to include numerous supplemental handouts not found on the MOD website.*

Q: What is unique about the KDHE supported model for Becoming a Mom® implementation?

> *A: The KDHE model, known as the "Kansas Perinatal Community Collaborative" model, is designed to support BaM/Cb implementation in a manner that goes far beyond the curriculum itself. It promotes a curriculum delivery model that brings clinical care, education, and support together, to better improve the participants' chances of having a healthy pregnancy and healthy baby. It provides infrastructure that supports local communities in effectively delivering the BaM/Cb curriculum (see Resources and Training below) in a standardized fashion that assures program fidelity. In addition to the original MOD curriculum, KDHE has added numerous supplemental handouts on Maternal and Child Health (MCH) priority topics not covered (or minimally covered) by the original curriculum, such as: breastfeeding; safe sleep and other newborn safety and early childhood development topics; inter-conception health; etc. These supplemental handouts and other integrated resources are the product of many partnering entities and experts across the state. Curriculum is reviewed and updated on an annual basis.*

Q: What is the benefit to implementing the KDHE supported model?

*A: The collaborative model for implementing the BaM/Cb curriculum results in a holistic approach to caring for the family by pairing education and support with clinical prenatal care. This model helps women enhance their well-being and leads to improved outcomes, as has been evidenced by evaluation outcomes from existing program sites across the state. It lessens the burden on a single entity implementing on their own and leads to greater program impact. This comprehensive and collaborative approach across agencies and programs contributes to a much greater collective impact than any one agency working in isolation could do on its own.*

Q: What are the requirements of the KDHE model for implementing Becoming a Mom®?

*A: Extensive work by many partners across the state has contributed to making the Kansas model of implementation the most inclusive, most comprehensive, and most effective group prenatal education program possible. KDHE efforts are focused on providing each community/ program site with the same optimal resources, thus supporting program delivery in a standardized fashion that leads to program fidelity and improved outcomes. Requirements include:*

- *Sign and submit a Memorandum of Understanding (MOU) with KDHE*
- *Utilize KDHE provided implementation resources to deliver the curriculum in a standardized fashion across the state, in a six class, 2-hour/session format*
- *Adhere to elements outlined in the KDHE provided guidance documents that protect program fidelity and MOD trademark*
- *Deliver the curriculum with qualified/trained group facilitators (see Roles below)*
- *Collect and provide program evaluation data as outlined in the KDHE provided guidance documents*

Q: The MOU mentions working collaboratively "to assure an adequate system of care is in place". What does this mean?

*A: An "adequate system of care" in this context refers to a spectrum of effective, community-based services and supports, inclusive of both health care and education, for the perinatal woman and her family. This system of care should be organized into a coordinated network (perinatal community collaborative) that ensures availability and access to a broad array of effective, evidence-informed services and supports, where cross-system collaboration assures linkages between health care, programs and services to best meet the holistic needs of the woman and her family. Continuous accountability mechanisms should be established to track, monitor, and manage the achievement of the system of care (perinatal community collaborative) goals, and should be reviewed by collaborative partners on a regular basis.*

Q: What is the timeline once a community has decided to move forward with implementation?

*A: Implementation is at a community's own pace. Implementation and training resources have been created in an online format to support local communities in preparing for implementation on their own timeline.*

# Becoming a Mom® Participation

Q: Who should be encouraged to attend Becoming a Mom®? Is it only for first-time moms?

*A: **Every** pregnant woman should be encouraged to attend BaM/Cb, no matter how many pregnancies she has had. Information changes over time, so a refresher is always a good idea. Additionally, experienced moms can contribute to group conversations in a very beneficial way by sharing their previous lived experiences. Providers are discouraged from selectively referring only pregnant women who appear to "need" the education, and are encouraged to take a universal approach to referring all pregnant women. Feedback and participant testimonials have shown the tremendous benefit to even those who do not "appear" to need the service. Women from even the highest income and education level have attested to the great amount of information and support they gained from the program, and have recommended it to others. Support persons are highly encouraged to attend as well!*

Q: Can a woman start Becoming a Mom® at any point in her pregnancy?

*A: Yes. The earlier a woman enters Becoming a Mom® during her pregnancy, the better, as this allows for more timely delivery of the information and greater time for reflection, therefore discussing and referring a woman to BaM during her first prenatal appointment is most ideal. However, not every woman is ready to start an education program at that time, nor does every woman start prenatal care during her 1st trimester, therefore we encourage accepting a woman at any point in her pregnancy.*

Q: Can a woman participate in Becoming a Mom® more than once?

*A: Yes. Information may change between pregnancies, as well as may be forgotten. Curriculum and resources are reviewed and updated on an annual basis, therefore a refresher course is always a good idea! Also keep in mind that experienced moms are a great resource to other first-time moms in the group and can provide great contribution to group discussions!*

Q: Can a participant finish program completion following the birth of her baby?

*A: Program sites are encouraged to accommodate the needs of the participant (within reason). If there is legitimate cause for lack of completion prior to birth (i.e. did not hear about program until late in pregnancy, delivered early, etc.), and if remaining sessions needing to be completed contain information that is still relevant following birth (i.e. sessions 4, 5, and 6), then a participant should be allowed/encouraged to finish completion.*

Q: Can a participant transfer to another Becoming a Mom® location?

*A: Yes, this is the beauty of the state supported model! Standardization efforts at the state level help assure consistent delivery of education across sites, allowing a woman to transfer from one site to another and still obtain the same education. In this event, we just ask program staff to notify KDHE staff of the transfer to assure accuracy in program evaluation data. Within the regional model, a woman is encouraged to attend the location that best fits her needs at the current time, which may mean she might attend several different locations in that region*

*throughout the course of her pregnancy, especially if she resides in one location and receives prenatal care in another. Regional sites are encouraged to develop a collaborative scheduling system to accommodate this type of access and to assure accurate tracking of participants across locations.*

# Cost/Funding

Q: What are the costs involved with implementing the KDHE model of Becoming a Mom®?

*A: Costs of implementation vary from site to site and largely depend on local resource availability and in-kind donations. The intention of the collaborative approach is that resources are shared by collaborative partners, thus decreasing the cost burden on any one entity and supporting long term sustainability. The following are elements to consider and plan for related to implementation costs:*

- *Printing*
  - *May include curriculum handouts and promotional materials*
  - *Currently, printed curriculum handouts are provided to all Kansas program sites at no cost to the local program, through a state partnership and shared investment by KDHE Title V and Sunflower Health Plan. This funding is not guaranteed and is dependent upon the availability of funds year to year, therefore program sites should plan for this potential cost in the future.*
- *3-Ring Binders (1 inch) and Clear Page Protectors*
  - *Program sites are encouraged to provide each participant with a 3-ring binder filled with all session curriculum handouts and associated resources (inserted in a clear page protector for each of the six sessions). Check with local retailers about a partnership that would provide binders at-cost.*
- *Snacks*
  - *Beings the sessions are two hours in length, most program sites provide a light healthy snack during the session. Snacks are often donated by local retailers, restaurants, or other organizations, but otherwise should be budgeted for.*
- *Incentives*
  - *Incentives range in cost and are dependent upon local resources and the type of incentives provided (see Incentives information below). Incentives are often donated (or provided at-cost) by local retailers, or other charitable organizations. A ballpark figure per participant is $50.*
- *Staff time*
  - *Staff time can be somewhat difficult to separate out, as it just becomes part of the everyday work staff are doing in their role to provide care/services to pregnant women. It will also vary based on staff position and rate per hour, as well as program size (number of participants; number/frequency of group sessions provided). Staff time should include:*
    - *Program Coordinator (approx. 4-8 hours per month)*
    - *Site Coordinators (approx. 4 hours per month)*
    - *Facilitators/Instructors (approx. 3 hours per session)*

        - *Support Staff during sessions (approx. 3 hours per session)*
        - *Support Staff between sessions (approx. 4-8 hours per week)*
        - *Data Entry (approx. 1 hour per participant per program completion)*

        **Keep in mind, additional time will be required by all staff upon initial implementation of the initiative*

- *Facilities*
    - *Includes classroom and storage space; typically, part of in-kind support*

Q: Where does funding come from?

*A: There is not a specifically designated funding source available for BaM/Cb implementation at this time. The initiative is designed as a collaborative/collective effort, where costs are shared by existing agencies/entities already serving the Maternal and Child Health population, in an effort to promote/support long term program sustainability. Local communities are encouraged to identify existing funding sources allocated for like services, as well as soliciting funding and in-kind donations from non-traditional partners. Funding/donor opportunities may exist from the following:*

- *Hospitals*
- *Private Practice*
- *Public Health/Title V*
- *Insurers*
- *Major Employers*
- *Health Foundations*
- *Philanthropic Organizations*
- *Service/Civic Organizations*
- *Faith-based Organizations*

Q: Can an agency/organization charge for Becoming a Mom® classes?

*A: Becoming a Mom® is promoted as a **free program in Kansas**. It is requested that you not charge any fees associated with BaM/Cb as it is a disparities targeted program and assessing fees impedes participation by our highest risk populations. Targeted efforts and conversations around Medicaid fee for service are occurring at the state level at this time.*

# Incentives

Q: Are incentives required?

*A: Incentives are not required but are promoted as part of the Kansas model. Research does support the benefit of incentives in increasing engagement and in stimulating behavior change, thus many insurers and worksite wellness programs incorporate the use of incentives.*

Q: What should the incentives include?

*A: Incentive options are up to local discretion and availability of resources. Program sites are encouraged to incorporate incentives that are:*

- *Multi-pronged in approach (i.e. earned following appointment with provider and BaM attendance; typically consists of a small quantity of diapers received at BaM class following attendance of their prenatal care appt. for that month)*

- *Cumulative based (i.e. earned upon program completion; value is based on number of sessions attended)*
- *Supports program messaging (i.e. pack-n-play crib, Halo Sleep Sack, car seat, breastfeeding supplies, etc. that support education provided through BaM)*

Q: How are incentives implemented/delivered?

*A: Incentives can be implemented and delivered in a number of different ways, largely based on availability of local resources. Program sites with more plentiful resources may choose to provide small incentives along the way, i.e. associated with particular sessions or after attending a specific number of sessions. Other sites may only provide an incentive upon program completion. Delivery of this incentive is encouraged at time of collection of the Birth Outcome Card (survey tool that collects birth outcome data following birth of the baby) vs. at completion of the program, as it better ensures collection of final evaluation data. Look for opportunities across partnerships to support this approach (i.e. through local home visitation services, WIC appt., infant weight check appt., postpartum follow-up appt., etc.).*

Q: What is the average cost of incentives?

*A: See cost information provided above.*

# Class Schedule

Q: What should the BaM/Cb schedule look like?

*A: This will vary by program site based on population needs. Elements to consider when designing the schedule should include:*

- *Sessions should be offered on a frequency schedule that supports ideal group size (i.e. larger communities will need to offer sessions on a more frequent basis while smaller communities may only need to offer sessions every 4-6 months)*
- *Sessions should span across a reasonable period of time (i.e. information should be delivered over a period of time to allow for processing and reflection, however, participants should have the opportunity to complete the program within a 2-3 month timeframe in the event they enter the program late in their pregnancy; sample schedules are provided on the BaM private website)*
- *Although completion of sessions in sequential order is most ideal, a pregnant woman should be allowed to enroll and attend sessions in any order that works for her*
- *Design is not specific to gestational age (although first 2 sessions are more ideal at beginning of pregnancy)*
- *Consider offering afternoon and evening sessions (pending community size supports this) (across current BaM/Cb sites, evening sessions are most highly attended)*
- *Should be intentional in meeting needs of disparity groups (i.e. access around shift work schedules; coordinate prenatal care appt. with time of BaM session if participant is traveling from out of town, etc.). May consider offering multiple sessions on the same day to accommodate participants traveling a distance to attend.*

# Roles

Q: What are the required partner roles?

*A: Partner roles will be determined by local program needs, but should include the following:*

- *Champions/Promoters (Promote initiative in community and recruit collaborative partners as well as BaM participants)*
- *Program Coordinator (coordinates and oversees overall function of collaborative and implementation of BaM/Cb program; communicates with all collaborative partners)*
- *Site Coordinators (coordinate communication and responsibilities as partnering/referring agency)*
- *Facilitators/Instructors (Facilitate/teach BaM/Cb sessions)*
- *Guest Presenters (Present as a "content expert" or as a representative of a community resource/agency)*
- *Support Staff (Program support* ***during*** *sessions - i.e. check-in process, collection of evaluation data, etc.)*
- *Support Staff (Program support* ***between*** *sessions- i.e. scheduling, reminder phone calls or postcards, gather session supplies, etc.)*
- *Data Entry (Transcription of evaluation data from paper to electronic format in online data collection system)*

Q: Who can fill these roles?

*A: This will vary site to site based on available resources. Responsibilities should be shared by collaborative partners according to those most suited to fill the role. Consider who is already doing like tasks in their current position and could this role be expanded to include similar tasks for BaM, as a partner contribution to the collaborative model (i.e. who is already providing/doing: labor and delivery or breastfeeding education; appt. scheduling and reminders; data entry; etc.?)*

Q: Who can facilitate Becoming a Mom® group sessions?

*A: There are currently no hard and fast requirements for facilitator qualifications. This is determined by local sites who should use their best judgement regarding qualifications among collaborative partners. In general, we highly discourage the use of lay staff as group facilitators and highly encourage minimum credentialing as nurse level facilitators (to include associates and bachelor's degree nurses). However, this decision needs to be made based on the education being provided and the area of expertise of the proposed facilitator. For example, an IBCLC or CLC would be qualified to facilitate the Infant Feeding session, but not qualified to facilitate the other sessions if the IBCLC is not also a nurse or of other appropriate degree, whereas a registered dietician would be qualified to facilitate session 2 related to nutrition and exercise, but not qualified to facilitate other sessions that contain content outside of her area of expertise. The intention is to have the best suited content expert among the partnering agencies facilitate that content. Nurses (or higher level medical professionals like nurse midwives, physicians, etc.) have the overall background needed to adequately facilitate all sessions, as they have the*

*background and knowledgebase to not only teach the material but also answer content-based questions. Sites should be aware that KDHE is working on a Medicaid policy proposal for reimbursement of BaM sessions and that qualifications for reimbursement will include curriculum delivery by a nurse, dietician, nurse midwife, APRN, physician assistant, or physician. Sites are also encouraged to use content experts as guest presenters, although they would not necessarily be facilitating the full session (i.e. mental health specialist, car seat technician, early childhood specialist, etc.) Two key elements to consider when selecting group facilitators:*

- *Qualified to deliver curriculum content and answer questions*
- *Have a desire/passion for teaching*

Q: Does the group facilitator/instructor need to be the same individual for every session?

*A: No. We encourage communities to utilize their collaborative resources and content experts as described above. However, we do encourage having at least one consistent staff person present throughout the series of six sessions to support and build rapport with the participants.*

Q: What is KDHE's role?

*A: KDHE serves a role in capacity building, infrastructure support, and fidelity protection for the initiative across the state. KDHE provides technical assistance and support to lead agencies and local partners as necessary in their work to launch, sustain, and strengthen their collaborative services and supports. This includes but is not limited to:*

- *Guide vision and strategy*
- *Facilitate community collaborative development*
- *Support aligned activities and service integration*
- *Provide TA around local assessment of programs, services and needs*
- *Provide all required program training and ongoing technical assistance*
- *Provide online access to current implementation resources, reports and toolkits*
- *Provide curriculum updates on an annual basis to assure continued evidence-based practice*
- *Provide access to the data collection and evaluation system (DAISEY) including HelpDesk support, training and technical assistance*
- *Provide annual program evaluation in the form of the BaM Site and State Aggregate Reports*
- *Strengthen sustainability through promotion of state and local partnerships*

## Resources and Training

Q: What are the KDHE supported resources that are provided?

*A: KDHE supported resources include, but are not limited to:*

- *Training and Technical Assistance*
  - *In-person*
  - *Live webinars*
  - *Online training webinars*
  - *Ad hoc conference calls*
- *Implementation Resources*
  - "Getting Started" resources
  - Guidance documents
  - Becoming a Mom® Prenatal Education (English and Spanish)
    - Curriculum Handouts
    - Session PowerPoints
    - Lesson and Activity Plans
  - Resource Bank
  - Priority Integration Toolkits (topic-based)
  - Marketing and promotional materials
    - Promotional videos
    - Brochure and poster templates
- *Evaluation Support (see Evaluation section below)*
  - *Standardized evaluation tools*
  - *Evaluation system (DAISEY), including HelpDesk support and Tableau reports*
  - *Annual program evaluation reports (local site reports and state aggregate report)*

Q: How are KDHE supported resources accessed?

*A: Once the online "Readiness Survey" is completed and the MOU is signed and submitted to KDHE, access will be provided to the KDHE supported Becoming a Mom® private website where all implementation resources are located.*

Q: How are sites trained?

*A: Most training is now located online on the Becoming a Mom® private website. Additional training is provided in-person as requested. On-going training is provided to all BaM sites via TA webinars and an annual in-person TA Retreat.*

# Evaluation

Q: Is evaluation mandated?

*A: Yes, evaluation is a mandated component of the KDHE supported model. Program evaluation allows KDHE, and local perinatal community collaboratives, to analyze activities, characteristics, and outcomes. It supports judgments about the program to improve its effectiveness and inform programming decisions. Ultimately, evaluation efforts support showcasing the effectiveness of the initiative to national, state, and local collaborative partners as well as funders.*

Q: What are the required evaluation components?

*A: Required evaluation data must be collected and entered into the KDHE supported online data system (DAISEY) on a monthly basis, and include the following data collection tools:*

- *Becoming a Mom® Initial Survey (pre-test)*
- *Becoming a Mom® Completion Survey (post-test)*
- *Becoming a Mom® Birth Outcome Card (outcomes)*

Q: Is there criteria for data inclusion in program evaluation?

*A: Yes, participants are required to complete four or more sessions (receive at least half of the program instruction) in order for their data to be included in program evaluation efforts.*

Q: What if program staff are unable to collect post-test and outcome data?

*A: If post-test and outcome data are not collected for a particular participant, the participant will not be reflected in the program's evaluation. Every attempt should be made to collect this data. Ideally it is collected in person, but may be collected via mail, phone, or medical record abstraction if in-person collection is not an option.*

Q: Is there a report of any kind that local program sites are required to submit to KDHE in return for the Title V investment in infrastructure support?

*A: If a program site / any perinatal community collaborative partner receives Title V funding to help support BaM/Cb implementation, inclusion in applicable components of the Maternal and Child Health Services Aid-to-Local application and report process is required.*

Q: What reports are provided by KDHE as part of the evaluation process?

*A: KDHE provides the following reports on an annual basis:*

- *Becoming a Mom® Report (analysis of local BaM/Cb program data) to each BaM site (lead agency to share with Perinatal Community Collaborative partners)*
- *Becoming a Mom® State Aggregate Report (collective analysis of Kansas BaM program data)*