



# UCAN's Teen Parenting Services Network

Pregnancy Prevention, Family Planning  
and Preparation for Parenthood

Online Training



# Training Overview

This online training was designed by the Teen Parent Service Network (TPSN) to support service providers working with pregnant and parenting teens. It was designed to focus on educating the service provider in tools, techniques and resources necessary for creating a safe, healthy and nurturing environment for the teen parent and his/her baby.

Service providers will also be given talking tips and educational information for discussing sexual decision making, family planning and options counseling, and strategies to engage the other parent.



# Training Overview

This training is self-paced and should last approximately 90 minutes.

Links to online resources are [underlined in orange](#).



## Outline of topics:

- Pregnancy prevention, sexually transmitted infections and family planning
- Engaging in unbiased conversations
- Effects of trauma
- Partner involvement
- Prenatal development and well-baby care
- Different roles of service providers
- TPSN Procedures



# Learning Objectives

- Understand the importance and challenges of pregnancy prevention with adolescents.
- Become comfortable and confident in having unbiased conversations with clients about sexuality and family planning.
- Increase knowledge of the various methods of pregnancy prevention, sexually transmitted infections, and family planning.
- Recognize the effects of trauma on sexual development.
- Understand the importance of a partner's involvement in all areas of sexuality and family planning.
- Become familiar with prenatal development and care (pregnancy timeline, birthing plan, baby basics).
- Understand expectations related to well-baby care (medically, developmentally, daycare).
- Understand the different roles of service providers and how these roles support the client in different ways.
- Become familiar with TPSN Procedures.



# Statistics on Teen Pregnancy

- 50% to 70% of adolescent girls that become pregnant do so with a male partner 20 years of age or older.
- 82% of adolescent girls (15-19) who became pregnant reported their pregnancy was unplanned.
- Youth-in-care are **2.5 times** more likely to become pregnant by age 19 than their non-foster peers.
- To read *Fostering Hope: Preventing Teen Pregnancy Among Youth in Foster Care*, please [click here](#).

Many of the youth served by TPSN are captured in these statistics.





# Unbalanced Resources

Fewer resources focus on prevention.

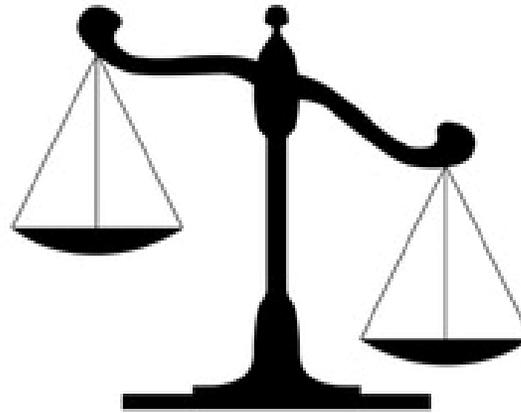


**The majority of resources and cost are directed toward pregnancy, birth and child development.**



# Where's the Balance in your Work?

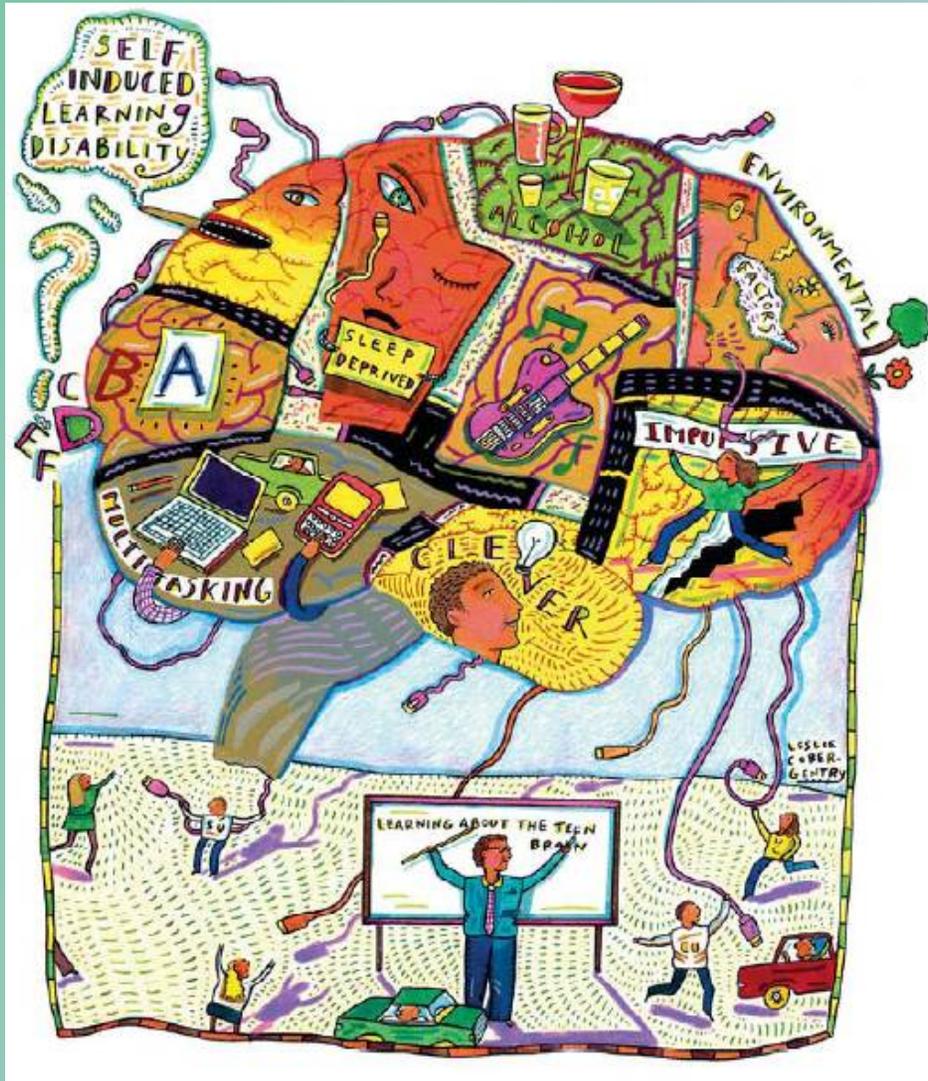
How much time do you spend talking about pregnancy prevention?



How much time is spent on tasks related to pregnancy and birth **after your client discloses a pregnancy?**

# Teens and Pregnancy Prevention

## Where are their heads at?



Teenagers  
**are not**  
thinking about  
pregnancy  
prevention.



# Here's Why Teens are not Thinking About Pregnancy Prevention...

The prefrontal cortex acts as the CEO of the brain controlling planning, memory, organization, and modulating mood.

The prefrontal cortex of the brain does not fully develop until a person is in their early 20's.

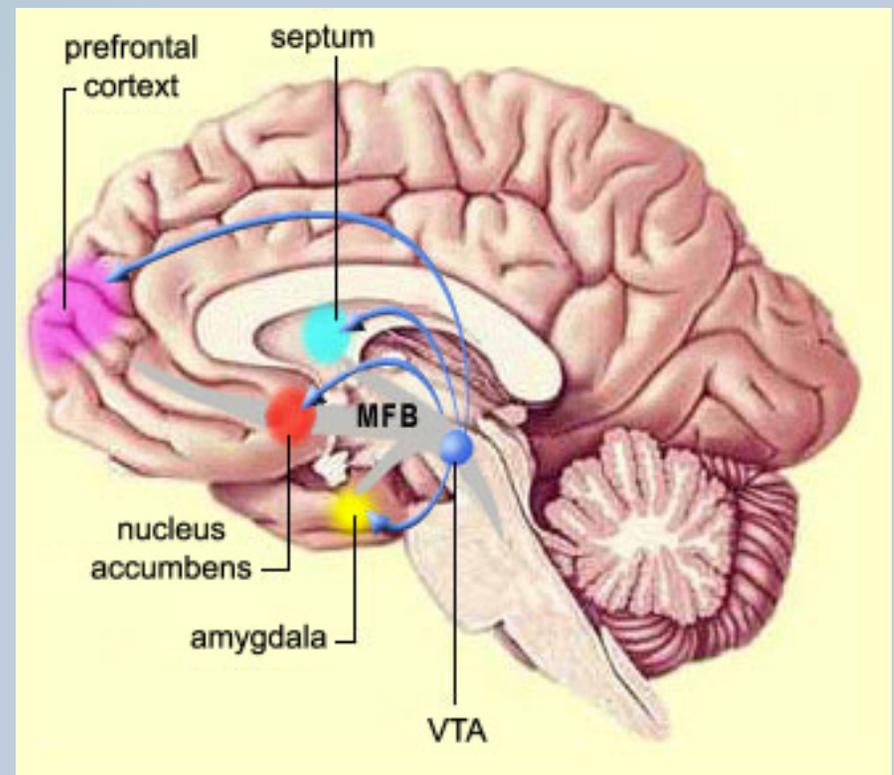
It is developmentally appropriate for a teenager to struggle with:

**Reasoning**

**Impulse-control**

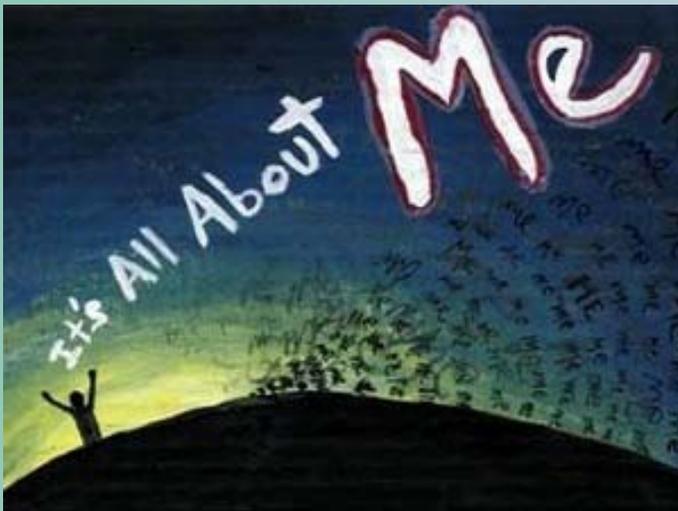
**Judgment**

So resistance, defiance and lack of cooperativeness, to some degree, is developmentally appropriate.



Adolescents do not yet have a strong capacity to:

- plan long-term
- understand the consequences of their actions
- consistently manage their moods
- delay immediate gratification
- They also hold the belief that they are **invincible**.
- They are **egocentric**; adolescents cannot easily see others' perspectives.



Do you see how this would impact your ability to educate and intervene with your clients?



# Roper v. Simmons US Supreme Court, 2005

- The Supreme Court decision that abolished the death penalty for juveniles, cited research by psychologist Laurence Steinberg, PhD, indicating that adolescent brains are not mature enough for teens to be responsible for certain impulsive actions.
- The brains of teens lack the maturity to:
  - consistently control their impulses
  - resist peer pressure
  - appreciate the risks of their actions



How do you see this in your clients and the sexual choices they make?



# Factors that Influence Pregnancy in Female Adolescents

Desire to re-create a family of her own and decrease her feelings of loss.



Desire to gain attention!

Belief that a baby will make her settle down (and get into less trouble)



**Desire to have unconditional love from someone who will always be connected to her.**



# Development of Sexual Identity

- Sexual exploration during adolescence is normal.
  - This can include exploration of a variety of sexual relationships: Heterosexual, Lesbian, Gay, Bi-sexual, Transgender.
  - Sexual orientation and gender identity are fluid.
- A relationship with someone of the same gender does not mean that the individual identifies as gay/lesbian.
  - Let your client guide you with regard to how they want to be identified. Don't be surprised if this label changes.
  - These clients should still be engaged in discussions regarding family planning.



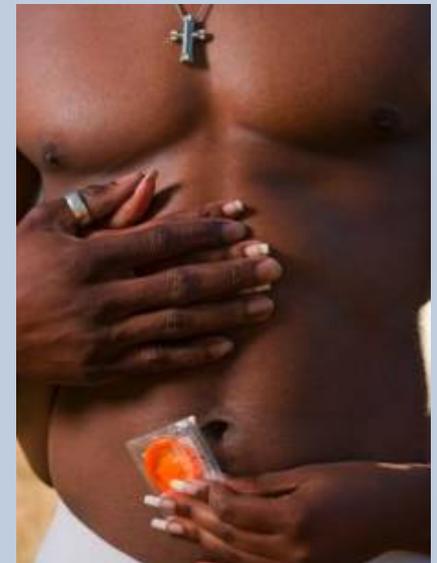
Struggling to understand sexual identity while establishing a role as a parent is an added challenge. How do your actions support your clients as they work through this?



# Environmental Factors that Impact Pregnancy

- Pressure from partner or family
- Lack of accessible and accurate sexual education
- Lack of comfort purchasing/obtaining contraceptives
- Lack of access to consistent contraception
- Lack of attention from caregiving adults
- Values of peer group

What can you do?





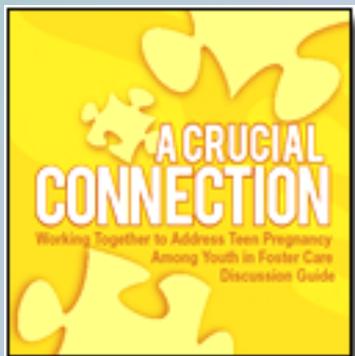
# A Crucial Connection Video

By: The National Campaign to Prevent Teen and Unplanned Pregnancy

We encourage you to watch

**“A Crucial Connection: Working Together to Address Teen Pregnancy Among Youth in Foster Care.”**

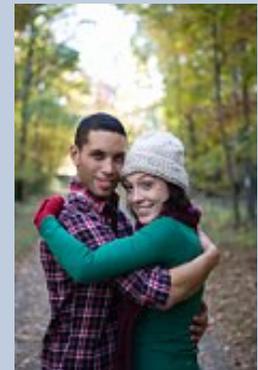
on [youtube.com](https://www.youtube.com)





# Trauma and Sexual Development

- Becoming a sexually healthy adult is a key developmental task of adolescence requiring an integration of psychological, physical, societal, cultural, educational, economic, and spiritual factors. National Commission on Adolescent Sexual Health.
- Young people have a natural tendency to sexually explore; however for youth-in-care this natural tendency can often be 'derailed' due to missing out on key developmental opportunities because of abuse and neglect.
- Sexual exploration and development can carry a different meaning for youth who have a history of trauma.





# Trauma and Sexual Development

## Healthy sexual development includes:

**Understanding one's body**

**Confusion between lust and love**

**Same age sex partners**

**Exploration of relationships**

**Interacting with both genders in respectful and appropriate ways**

**Expressing affection, love, and intimacy in ways consistent with one's own values**

## Distortions in development that can result from trauma:

**Using one's body to connect**

**Confusion between sex and acceptance**

**Older sexual partners**

**Re-enactment of traumatic relationships**

**Bias towards a gender stemming from abuse**

**Seeking affection, love, and intimacy to fill a void**

These distortions often develop outside of the client's awareness.



# Trauma and Sexual Development

As service providers it's important be to aware of the impact of trauma on your client's choices and behavior, so that you can tailor your interventions related to:



- Sexual development
- Pregnancy prevention
- Pregnancy and birth



# Tips to Gain a Better Understanding

**Think of your most challenging client.**

**What are some of the traumas he/she has experienced?**



**How could these traumas have effected him/her?**

**Given what you've learned so far does this change your understanding of your client's choices and behavior?**



Talk it Out!

Screwing

Gettin' it in

Booty Call

Freak  
in'

# Let's Talk About Sex!

Hooking up

Kickin' it

Doin' it

Intercourse

Getting laid

Making Love



# Talk it Out!

You might not want to talk about sex with your clients.



Your clients might not want to talk about sex with you.

**But you have to talk about sex.**

At what age do you think you should start talking to your clients about sex?



# Talk it Out!

- For a resource of talking to youth about sex follow this link:
  - [10 TIPS for Foster Parents - The National Campaign](#)
- **Use teachable moments.** Many everyday occurrences offer a natural way to ease into the conversation.
  - Referencing a scene from a movie or TV show, song lyric or news story is a great conversation starter.
  - Use your time in the car or in waiting areas.
  - Look for opportunities presented by your clients, such as a new relationship or disclosure of a friend's pregnancy.
- **Dole out bite-size bits.**
  - Don't try to cover the whole subject in one sitting.

What questions do your younger clients ask that give you an opportunity to talk about sex?





# Talk it Out!

**Keep things light.** Use a little humor without underplaying the seriousness of the subject. Don't feel like you have to make direct eye contact.

**Don't preach; ask questions.** This needs to be a two-way discussion. Youth respond better to a conversation rather than a lecture.

**Be aware of your body language and facial expressions.**

When was the last time you talked to one of your clients about sex?



# Pregnancy Prevention and Family Planning

The US Department of Health and Human Services defines Family Planning as...

“Education, medical, or social activities which enable individuals, **including minors**, to determine freely the number and spacing of their children and to select the means by which this may be achieved.”





# Pregnancy Prevention and Family Planning

According to DCFS Policy:

All youth have a right to **unbiased and accurate** information, services, guidance and support related to sexuality, reproduction, methods of contraception, and parenthood.

What are your personal opinions about these topics?

How will you ensure that you follow DCFS policy if there is a conflict with your personal beliefs?



# Birth Control and Safer Sex Considerations

## Some things to discuss with your client:

- What does your client already know about birth control?
- Does he/she know what type of birth control they would like to use?
- Do your clients who participate in same sex sexual relationships recognize the need to use protection against STIs?
- Is their information accurate?
- Are they willing to talk to a doctor about comprehensive birth control and safer sex choices?





# Birth Control Behavioral Methods

**Abstinence** is refraining from sex. It is the only method that is 100% effective in preventing pregnancy and sexually transmitted infections.

**Withdrawal** is when the man “pulls out” prior to ejaculation. Of every 100 women whose partners use the pull-out method, 4 will become pregnant each year, if they *always* do it correctly. Withdrawal does not prevent sexually transmitted infections.

**Rhythm Method** involves a woman tracking her menstrual cycle and avoiding intercourse on days when she ovulates. This method can only be used with women who have regular periods. 9 out of 100 women will become pregnant when using this method *perfectly*. The rhythm method does not prevent sexually transmitted infections.

## Male and female condoms

- Condoms prevent sexually transmitted infections.
- Male condoms are 85%-99% effective at preventing pregnancy when used correctly.
- Female condoms are 79%-95% effective at preventing pregnancy when used correctly.

## Diaphragm/Cervical Cap

- 84%-94% effective in preventing pregnancy.
- Must be used with spermicide every time to be effective.
- Must be obtained from a doctor.
- Does not prevent sexually transmitted infections.



## Dental Dam

- A barrier made out of latex, a condom or plastic wrap that will help reduce the spread of bodily fluids during oral sex.
- Can be used when performing oral sex on the anal or vaginal area.



# Birth Control Hormonal Methods

## The pill - daily



## The patch - weekly



## Vaginal ring - monthly



- Prevents the release of an egg in the uterus.
- 92%-99% effective if used as prescribed.
- Prescription needed.
- Does not prevent sexually transmitted infections.

## Depo Provera (the shot)



## Hormonal Intrauterine Device (IUD)



## The implant



- 99% effectiveness
- Long-term: 3 months with Depo and up to 5 years with an IUD or implant.
- Administered by a medical professional.
- Does not prevent sexually transmitted infections.



# Birth Control Spermicides

- Spermicides come in the form of foam, cream, gel, suppositories, tablets, film and sponge.
- 71-82% effective, if used alone.
- Increased effectiveness if used with barrier methods by stopping sperm.
- Does not prevent sexually transmitted infections.
- Insert a few minutes before intercourse.

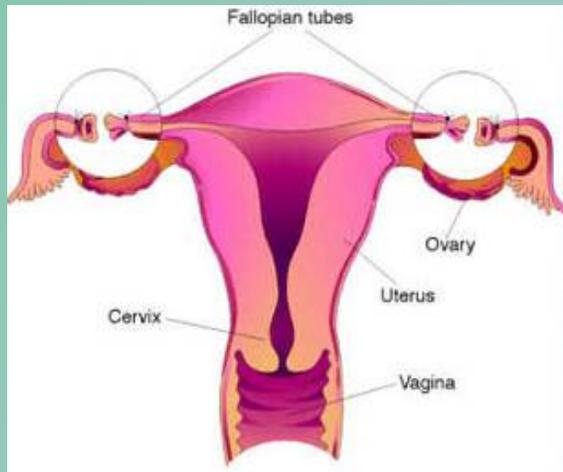




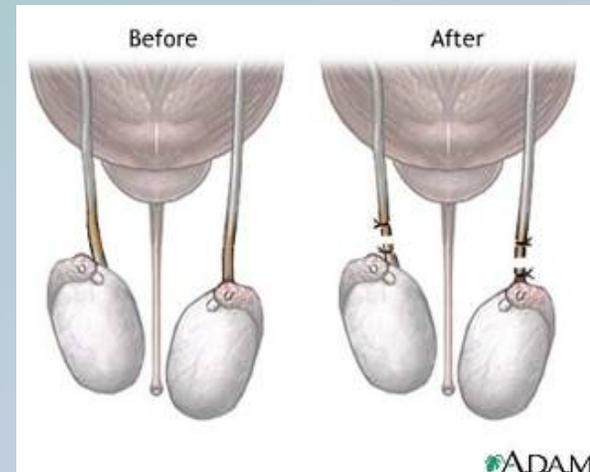
## Emergency contraceptive (Plan B) pills

- Plan B keeps a fertilized egg from implanting in the uterus.
- Can be taken up to 5 days after intercourse. The sooner it is used, the more effective it is. 75%-89% effective is used within 3 days of unprotected intercourse.
- Must be obtained from a pharmacist.
- Women age 17 and under must obtain a prescription from a medical professional.
- Women age 18 and older do not need a prescription.
- Does not prevent sexually transmitted infections.

## Woman-Tubal Sterilization



## Male – Vasectomy



- At least 99% effective and long-term, if not permanent.
- Does not prevent sexually transmitted infections.
- Most TPSN clients will not qualify for this procedure.
- The federal government, will not fund sterilizations for anyone under 21.



# Online Resources

During a visit make this a **learning activity** by having your client complete one of these questionnaires to learn about his or her ideal birth control method.

- <https://www.plannedparenthood.org/all-access/my-method-26542.htm> from Planned Parenthood
- <http://www.arhp.org/methodmatch/> from Association of Reproductive Health Professionals.



# Sexually Transmitted Diseases and Infections (STDs and STIs)

Not all birth control prevents sexually transmitted infections

What's the difference between a sexually transmitted infection and a sexually transmitted disease?

Diseases that are spread through sexual contact are usually referred to as sexually transmitted diseases (STD).

In recent years, experts in the area of public health have suggested replacing STD with sexually transmitted infection (STI).



# Sexually Transmitted Diseases and Infections (STDs and STIs)

## Why the change from STD to STI?

The concept of “disease,” as in STD, implies a clear medical problem, usually some obvious signs or symptoms. But in truth several of the **most common STDs have no signs or symptoms** in the majority of persons infected or they have mild signs and symptoms that can be easily overlooked.

So the sexually transmitted virus or bacteria can be described as creating “infection,” which may or may not result in “disease.” This is true of chlamydia, gonorrhea, herpes, and human papillomavirus (HPV), to name a few.



# Sexually Transmitted Infections (STIs)

Viral STIs are often **not curable**, the goal is to work with a medical professional to manage the symptoms.

- HIV/AIDS
- HPV
- Genital Warts
- Herpes
- Hepatitis B
- Hepatitis C

Bacterial STIs can be **curable** if treated early by a medical professional.

- Chlamydia
- Gonorrhea
- Syphilis
- “Trich” Trichomoniasis (“Trich”)
- Pelvic Inflammatory Disease (PID)



# Information and Communication

- **Use the web to keep up to date on information** about birth control options and new ways of talking to youth about sex and relationships.
- Never underestimate **the power of technology**: texting, cell phones, computers, laptops, etc. are great tools to communicate important information to youth.

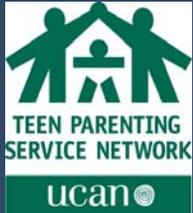
Visit [www.plannedparenthood.org](http://www.plannedparenthood.org) for more information and youth-friendly, educational videos to share with your clients.



# There Will Still be Pregnancies

You've done the listening, guiding, supporting, and educating but pregnancies will still occur.





# Discovery of Pregnancy

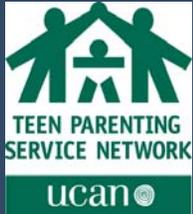
Disclosure of pregnancy by a teen parent can be a difficult experience.

Why would a teen parent be reluctant to disclose a pregnancy?

**The teen parent may be:**

- Unaware that they are pregnant
- In denial of pregnancy
- Fearful of partner's response
- Unsure of commitment to parenting





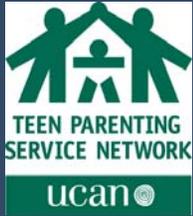
# Feelings about Pregnancy

A teen parent may have a variety of feelings including but not limited to:

- Anxiety
- Sadness
- Joy
- Fear
- Worry
- Anger
- Shame



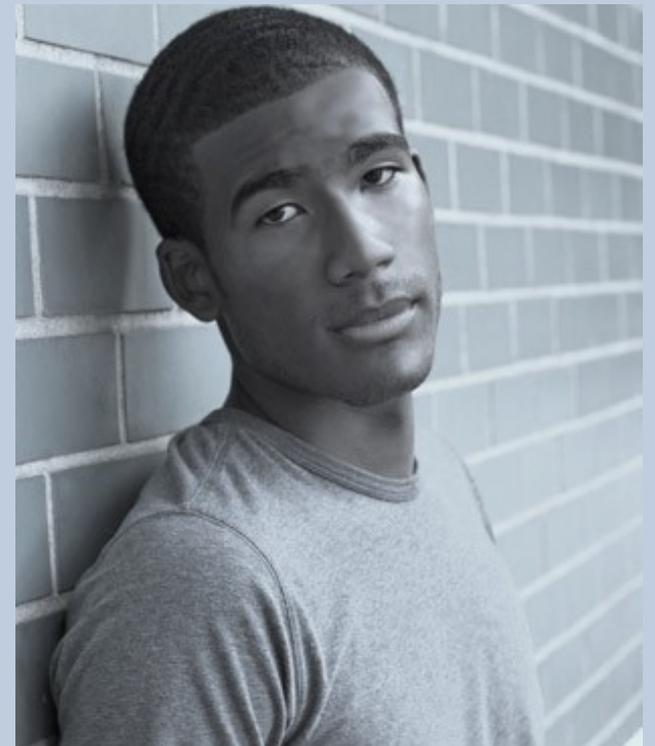
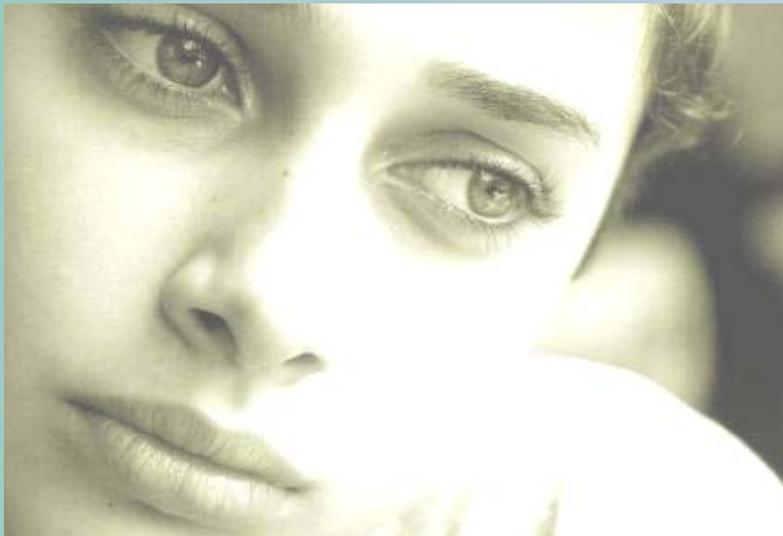
- Loneliness
- Confusion
- Surprise
- Happiness
- Determined
- Indifferent
- Disbelief

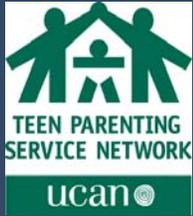


# Disclosure of Pregnancy

## The teen parent may be concerned about:

- Rejection from their partner, family and friends
- Change in their appearance
- How it will impact their future
- How to care for an infant
- Where she will live with her child





# Response to Pregnancy

## Service Provider's Response to Disclosure of Pregnancy

- Provide information to assist the client in developing his/her plan.
- Provide emotional support and encourage thoughtful decision making.
- Use supervision to discuss your emotional response and ensure you are able to offer unbiased support in service delivery.

How did you respond the first time a client told you she was pregnant?

How would you respond now?





# Disclosure of Pregnancy Caseworker Tasks

- Complete an *Unusual Incident Report* (UIR) to indicate that ward is pregnant/parenting. [CFS 119 Unusual Incident Reporting Form](#)
  - Select incident type: L02 - Identification of parenting ward or discovery of a ward's pregnancy.
  - This applies to female AND **male** clients. For male clients, complete the father's membership letter and send to TPSN Intake.
  - Follow this link to access the **TPSN Father's Membership Letter**: [Father membership letter](#)
- Submit UIR to DCFS and fax a copy to [TPSN Intake](#) (773) 588-1016.
- TPSN Intake will contact the youth's worker to conduct an Intake Screening.
- Contact TPSN Intake Supervisor with any questions or concerns
  - (773) 290-5850.
- Follow this link to access the **TPSN Pregnancy Timeline** of service provider tasks: [Pregnancy Time Line](#)



# Options Counseling

- Facilitate initial options counseling discussion.
- Options counseling includes adoption, guardianship, informal arrangement/respite, and terminations.
- For value-free, unbiased options counseling, use resources such as Planned Parenthood.





# Family Planning

<b>Adoption</b>	Making a long term, legal decision to provide a baby with a more stable home environment than the parents feel they can provide.
<b>Guardianship</b>	Making a legal decision to provide a baby with a more stable home environment than the parents feel they can provide at this time in their lives. Unlike Adoption, this may not be a permanent arrangement; it can be dissolved through the courts.
<b>Termination</b>	Making a decision not to move forward with a pregnancy.
<b>Parenting</b>	Making a decision to actively care for a child.
<b>Respite Care</b>	Short-term out of home care.
<b>Informal Arrangements</b>	Non-legal, temporary care of a client's child with relative, non-relative, or non-custodial parent.

How will your opinions about these options impact your ability to support your client and provide unbiased service delivery?



# Family Planning - Adoption

**Adoption:** making a long term, legal decision to provide a baby with a more stable home environment than the parents feel they can provide.

- This is an emotionally challenging decision for any parent to make. Help your client weigh the pros and cons of this choice.



*"The heart of adoption is love."*

- Assist your client in learning the legalities of adoption by contacting a local adoption agency.
- For a list of adoption agencies in Illinois follow this link:
- [Licensed Adoption Agencies - Illinois DCFS](#)



# Family Planning – Guardianship

**Guardianship:** making a legal decision to provide a baby with a more stable home environment than the parents feel they can provide.

*Unlike Adoption, this may not be a permanent arrangement; it can be dissolved through the courts.*

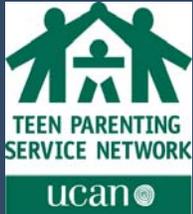
- Support your client in considering who they will choose to take on the role of guardian.
- Offer the resources that you can provide (home safety checklist, background checks) to help the client choose someone who will be able to keep their child safe.
- Assist your client in learning more about the legalities of guardianship by talking with their attorney.
- For more information on guardianship go to: [Guardianship](#)



# Family Planning - Termination

- Termination of a pregnancy is a very serious decision that should be made with careful thought and consultation with someone who is able to provide quality family planning education.
- Workers should not allow their personal beliefs to overshadow their professional responsibilities to ensure the client has access to all options.
- Refer your client to a family planning agency, such as Planned Parenthood: [Pregnancy Options](#)





# Options Counseling

Reminder: Support your client in his/her decision.  
This is an emotional time.



- Who will be going to appointments with her?
- How reliable are they?
- What's the back-up plan?
- How are they going to get there?
- Who will be spending the next 24 hours with her?



# Emotional Support when Choosing not to Parent

Grief and loss are common feelings that may arise once a decision has been made regarding family planning.

- **Client:** Support your client with their decision and watch for non-verbal cues. This could be a change in behavior or emotional state. Refer them to a mental health professional, if needed.
- **The other parent and family of your client:** How has this decision impacted them or their relationship with the client? Do they need to be referred for services?
- **Service Providers:** In order for you to be able to fully support your clients, be aware of your emotional response and use supervision for support. You will be impacted by the work you do with your clients and you will need to use supervision.



# Family Planning - Parenting

If your client makes the decision to actively care for his/her child, the following slides will provide you with information on tools, techniques and resources necessary for creating a safe, healthy and nurturing environment for the teen parent and his/her baby.

Workers will also receive education on basic prenatal development/care and strategies to engage the other parent. Tools presented will include birthing plans and the pregnancy task checklist.





# Prenatal Care



Getting early and regular prenatal care is one of the best ways to promote a healthy pregnancy. Prenatal care is more than just health care; it often includes education and counseling about how to handle different aspects of pregnancy, such as nutrition and physical activity, what to expect from the birth itself, and basic skills for caring for your infant.

Source: [Prenatal Care Law & Legal Definition](#)



# Prenatal Care

A typical pregnancy lasts 40 weeks.

The typical prenatal care appointment schedule is:

- once each month for the first 6 months of pregnancy
- twice a month for months 7 and 8
- weekly for the last month until the baby is born





# Prenatal Care

Some clients may be resistant or fearful of medical care as a result of their trauma history. They may need additional support from you, as a service provider. This will not apply to **all** clients with trauma histories.



- Be aware of the client's trauma history and how it may be triggered by routine prenatal care.
- Help her identify a doctor who will be sensitive to her needs in order to increase her sense of comfort/safety.
- Offer to go to at least the first appointment with her.



# Prenatal Care

## A prenatal appointment may include:

- Questions about the mother's history of substance use, STIs, and prior pregnancies (your client may become defensive)
- Questions about the family's health history (your client might not have this information)
- Doing a complete physical exam, including a pelvic exam and Pap test (which may trigger your client's trauma history)
- Additional testing depending on client's risk factors.
- Is the other parent going to be at this appointment?

Prepare your client!! Let her know what to expect.

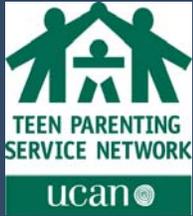


# Prenatal Care

Encourage the client to understand the benefits of signing [consents for release of medical information](#). Consents allow:



- [CFS 600-3 Consent for Release of Information](#)
- You to help your client understand information and instructions provided by medical professionals.
- You to serve as a liaison between the doctor and school/work so that any special needs, resulting from the pregnancy, can be accommodated.



# Prenatal Nutrition

**Be aware of the nutritional advice from the client's doctor and support her in following these recommendations.**

It's important to accompany your client to prenatal appointments so you can:

- Understand the practical application of the doctor's recommendations (avoid sodium = no Flaming Hots).
- Ask questions related to unhealthy eating. (Think of questions that apply to your client that she might not ask.)
- Assist in problem solving barriers to healthy eating.
- Help your client understand the benefits of following proper nutrition and the risks to maintaining unhealthy eating habits.
- Assess her ability to follow the nutritional recommendations and/or restrictions from the doctor.

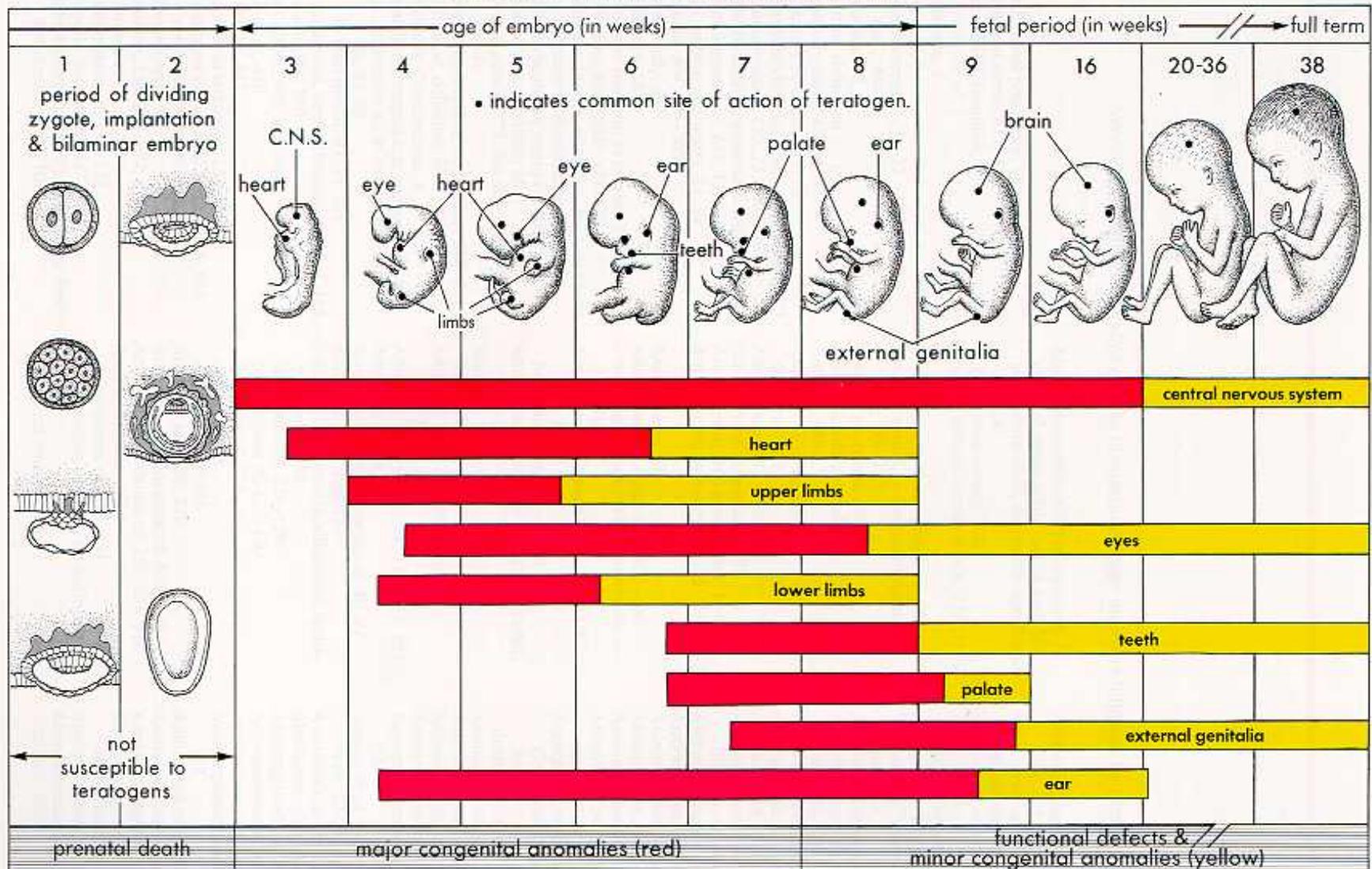
Supporting your client may involve:

- Ensuring that caregivers are aware of doctor recommendations.
- This can include adjusting food allowance, increasing frequency of meals, and flexibility around type of food served.



# Fetal Development

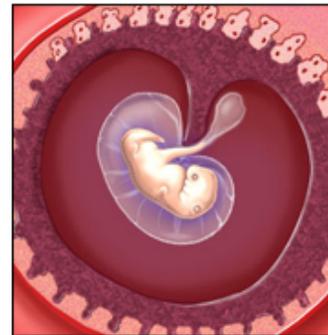
CRITICAL PERIODS IN HUMAN DEVELOPMENT\*



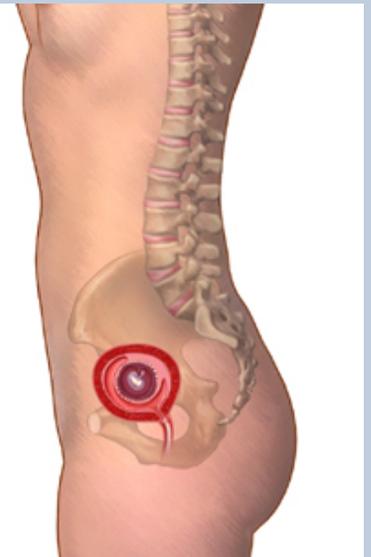
\* Red indicates highly sensitive periods when teratogens may induce major anomalies.

# First Trimester Fetal Development

- In the 4<sup>th</sup> week the embryo will begin to form lung buds, skin and arm and leg buds.
- Some fetuses have been shown to suck their thumbs.
- 10–12 weeks you can hear the baby's heart beat.
- Circulation is well established.
- Parts of the eye are forming.
- Heart, brain, lungs start to form.



1st month (4 weeks)





# First Trimester Service Provider Tasks

## Complete Ansell Casey Life Skills Pregnancy Assessment Supplement.

- [Casey Life Skills](#)

## Explore prenatal classes in the community.

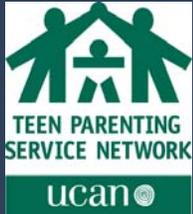
- If classes are not available at your local hospital or if your client is not interested in attending a class, encourage him/her to get information online or from books.

## Assist your client in signing up for WIC.

- (Woman Infant & Children) provides nutritious food, education, counseling and support for **pregnant** women, new mothers, infants and children up to age 5.
- [IL Illinois WIC Program | WIC Program - Woman, Infant and Children](#)

## Develop a list of needed baby items.

- Follow this link to access the **TPSN Basic Items Required for Babies** Procedure:  
[Basic items required for babies](#)



# Baby Items

## The list should include:

### Required baby items to ensure safety:

- Crib/Mattress/Sheets
- Car Seat
- First Aid Kit
- Weather appropriate clothing
- Baby Bath Tub
- Thermometer
- Diapers
- Formula
- Baby wipes
- Blankets



### Additional items your client may want for her baby:

- Brush/Comb
- Diaper Bag
- Diaper Rash Cream
- Baby wash, lotion, and powder
- High Chair
- Stroller
- Burping Cloths/Bibs
- Bottles and Bottle Brushes
- Pacifiers
- Washcloths and Towels

If you need assistance identifying resources for required items, contact TPSN.



# Second Trimester Fetal Development

- Eyes, ears, and central nervous system develop.
- Baby moves, kicks and swallows.
- Most doctors perform an ultrasound, and the sex of the baby may be identified.
- Mother is able to feel the baby move.





# Second Trimester Service Provider Tasks

## **Develop a plan for homebound schooling.**

- All clients are eligible for homebound services after they give birth until a doctor approves them to return to school. A conversation with the school should occur to discuss how the home bound services will be arranged (i.e. tutor coming to the home, work being sent home, online classes, etc).
- Reinforce that education does not need to be disrupted by a pregnancy.

## **Enroll client in parenting education classes.**

- This can be provided in placement or in the community.

## **Request maternity clothing if eligible.**

- Some clients are eligible for an Exceptional Payment Request (CFS 902) for maternity clothing.

## **Discuss the potential for a baby shower.**

- Discuss the potential for securing baby items through a baby shower.
- Consider the emotional impact and meaning of a baby shower for your client. Does she want to have a baby shower? Why or why not?

## **Begin budgeting for baby items.**



# Third Trimester Fetal Development

- Brain and genitals continue to develop.
- Baby responds to light and sound.
- Baby can get the hiccups.
- There is frequent movement by the baby.
- The baby turns into the birthing position.



## The third trimester is crunch time!

Some decisions need to be  
made prior to the baby's  
arrival .....





# Third Trimester Service Provider Tasks

**Take the client to tour the hospital where the mother will give birth.**

- This will help the expectant parent to feel comfortable with the process and decrease anxiety and potential triggers in the birthing process.

**Complete a Birthing Plan with your client.**

- A birthing plan identifies who will be involved in the birthing process and what role they will assume. It communicates the client's needs during labor and delivery. For many expectant parents, a clear plan will help them to feel secure with how the birthing process will go.





# Third Trimester Service Provider Tasks



## **Secure a care plan for the client's other children during hospital stay.**

- If the client has other children, determine who will watch the children while the mother is in recovery.



# Third Trimester Service Provider Tasks



**Obtain remaining items needed for the baby.**

**Assist your client in identifying a pediatrician.**

- Discuss the importance and schedule of childhood immunization.

**Discuss safe sleeping criteria with the client.**

- Babies should sleep in a crib, alone and on their back.

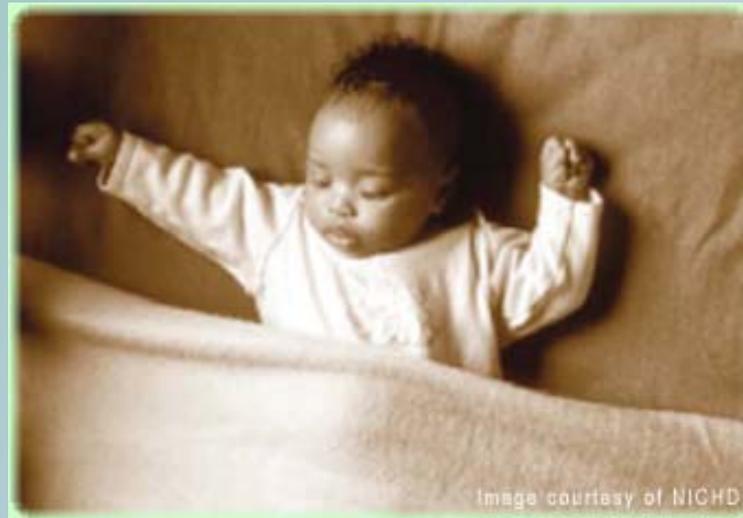
Does your client have a pack and play or crib for the baby to sleep in when they are not at home?



# Safe Sleeping

## Every Time, All the Time.

Regardless of whether it's a nap, a visit or night time, a baby should sleep **in a crib, alone, and on their back!**



For more information visit [NICHD Back to Sleep Campaign](#)



# Safe Sleeping

## During home visits, regularly ask where the baby is sleeping.

- Is there a crib in the home?
- Does it look like the baby is sleeping in it?
- Is the crib safe for the baby to sleep in?

## What do you do if there's a concern?

- Ask your client why the baby is not sleeping in the crib.
- Immediately inform your supervisor of the safety concern.
- Provide education about safe sleeping to your client.





# Babies should sleep in a crib, alone, on their back.

## Why sleep in a crib?

- Infants sleeping in adult beds are 20 times more likely to suffocate than infants who sleep alone in cribs.
- Crib mattresses are designed to be the appropriate firmness for a baby; surfaces that are too soft can result in suffocation. If a crib is not available, it is safer for a baby to sleep in a bassinette or Pack and Play.
- A baby can fall between a bed and a wall or even between couch cushions and suffocate.

## Why sleep alone?

- Co-sleeping places children at high risk for overlay or rollover death.
- Overlay occurs when the other person (adult, teen OR child) accidentally rolls over and suffocates the baby. Even twins should not sleep in the same crib.
- Because children and teens are naturally deep sleepers, the risk of rollover death is increased. Exhaustion and substance use further exacerbates this risk.
- An infant should not sleep with toys, stuffed animals or pillows as this can also cause suffocation.

## Why sleep on their back?

- This reduces the risk of SIDS.

Reference: "A Helpful Guide for Parents and Caregivers" Available for FREE from the DCFS Store.

Reference: "Safe Sleep for Your Baby" available for free from <http://www.nichd.nih.gov/sids/> and the DCFS Store



# Third Trimester Service Provider Tasks

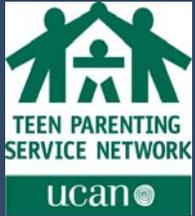
## Develop an aftercare support plan with your client.

- When the mother leaves the hospital, she may want to stay with family or the father.
- Allow some flexibility in placement without risking safety, as this is an important time for bonding.
- This is the time where routines are established and the parents get acclimated to their new role as parents.

## Assist your client in visiting and selecting a daycare provider.

- Child care is essential in ensuring a smooth transition back to school or work for the mother.
- Contact Illinois Action for Children to access forms for payment, to identify providers in your area and for tools to assist clients in selecting a daycare provider.
- [Illinois Action for Children:](#)





# The Baby's Here!!!



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Now What?!





# Post-Delivery Worker Tasks

**Submit a UIR reporting the birth of the child to TPSN and DCFS (even for male clients)**

- This will initiate the medical card and the \$107 monthly payment for the newborn to the custodial parent.
  - The payment may take up to 2 months to begin.

**Request \$149 special service fee (foster care only)**

- If the custodial parent is in a foster home, she could be eligible for the special service fee through DCFS. This fee is to assist the foster parent in covering the additional responsibility of having an infant in the home. This is a 6 month payment of \$149 which should be included in the board payment.
- Use [CFS 906-4 Special Service Fee and Payment Extension Form](#)





# Post-Delivery Worker Tasks

**Assist client in registering infant for WIC and SNAP benefits (formerly LINK)**

**Ensure homebound services have begun.**

**Attend 6 week post-natal appointment with the client.**

**Discuss birth control options with the client.**

**Support the client in scheduling and attending well baby care appointments.**

**Complete Ansell Casey Parenting and Infant Assessment.**

- **[Casey Life Skills](#)**

**Establish visitation plan with other parent.**

- Identify any needs for the infant in the other parent's home (eg. safe sleeping).
- When both parents are wards, use both service teams to ensure that visitation occurs.





# Teen Fathers Post-Delivery

Teen father's involvement in the lives of teen mothers and their children can:

- heighten a sense of security after delivery
- increase the mother's sense of confidence in nurturing skills
- raise the father's self-esteem

Children who grew up with the involvement of both parents in their lives:

- Increased cognitive competence
- Higher grades in school
- Stronger self-esteem
- Less vulnerable to peer pressure
- Increased empathy





# Teen Fathers

TPSN's goal is to **strengthen the child's support system** by **enhancing the father's** ability to be a **strong and positive force** in the child's life.

In keeping with the Hill-Erickson Consent Decree, TPSN supports the rights of client fathers to be actively involved in their child's care.

- This includes caseworker services and referrals, parenting education and appropriate visitation.

According to the National Network of Health, four main barriers diminish the opportunity for fathers to participate in their children's care:

- The teen mother and/or her families' **rejection** of the father
- Agency staff to **lack of encouragement** of the father involvement
- Father's **lack of knowledge** about childcare
- Father's **inadequate resources** to provide financial support





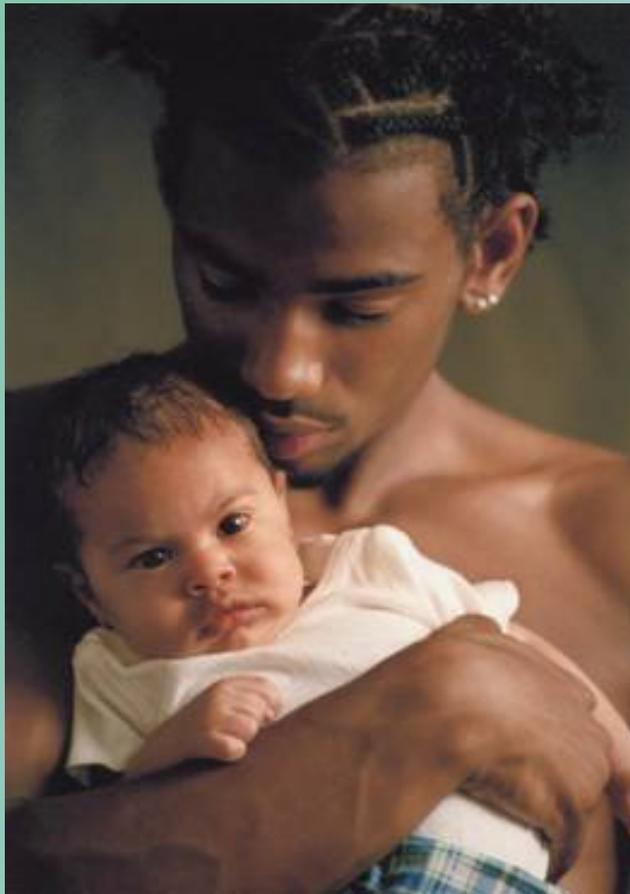
# Teen Fathers

## Establishing Paternity

- For general information - [Establish Paternity HFS 3418](#)
- The voluntary acknowledgement of paternity legally establishes the relationship between father and child when the parents are not married. This allows the biological father's name to be placed on the birth certificate.
  - [Voluntary Acknowledgment of Paternity HFS 3416B \(pdf\)](#)
- If your client believes that he is the child's biological father, he should register on the Illinois Putative Father Registry.
  - [Illinois Putative Father Registry](#)
  - This DOES NOT confirm paternity.
- Paternity testing
  - For free paternity testing contact your local Division of Child Support Services
    - 1.800.447.4278
  - [Paternity Testing in Chicago, Illinois|Chicago, IL](#)
- For general information - [Establish Paternity HFS 3418](#)



# Teen Fathers

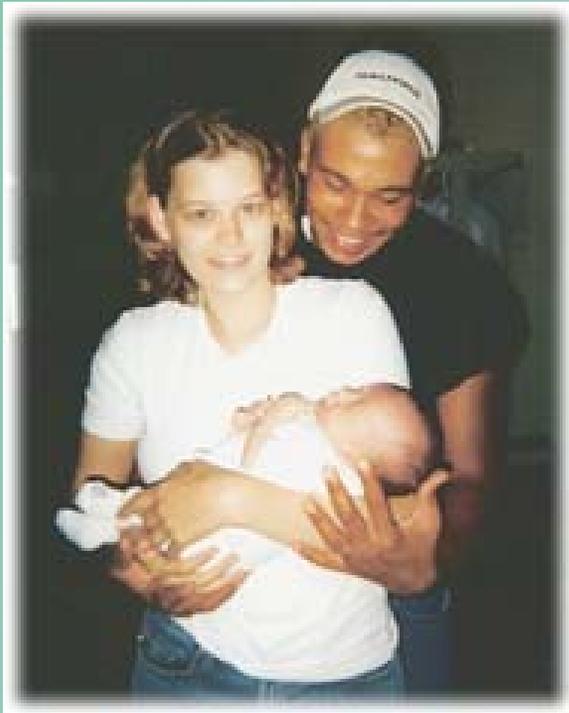


TPSN actively works to **overcome these barriers** by **educating** the teen mother and her family on the importance of the father's relationship with the child, **offering information** and **services** to the father and **encouraging the father's involvement** regardless of his financial status.



# Including the Other Parent

As service providers, keep in mind the benefits and risks of working with both parents.



- Does your client want you to include the other parent?
- Does the other parent pose any safety risk to the baby or your client?
- How does the other parent influence your client?
- How will this impact your relationship with your client?

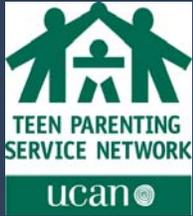


# Suitable Caregivers

**Like other parents, teen parents are often faced with needing assistance in child care.**

A caregiver's supervision is the most important factor in keeping children safe from injury.





# Suitable Caregivers

Encourage your client to consider the following when choosing someone to care for their child:

- Is there a safe place for my baby to sleep?
- Will this person become angry if my children bother him or her?
- If this person is angry with me for leaving, will he or she treat my children roughly?
- Does this person have a history of violence that makes him or her a danger to my children?
- Has this person had children removed from his or her custody because he or she was unable to care for them?
- Does this person want to watch my children?
- Has this person done a good job caring for other children that I know?
- Will my children be cared for in a place that is safe?
- Does this person know that a baby should never be shaken?
- Is this person good with children my child's age?





# Respite/Informal Arrangement

**Respite Care** - Short-term, out of home care.

- Includes programs such as Lydia Home (although these programs may extend beyond one week)

**Informal Arrangement** - Non-legal, temporary care of a client's child with relative, non-relative, or non-custodial parent. A temporary plan developed between the parent(s) and appropriate caregiver(s) to provide a safe supportive environment for their child(ren) when necessary.

- If a baby is out of placement for more than one week, a worker is expected to see the child in the caregiver's home and complete the informal arrangement form.
- Best practice suggests bi-weekly visits with child(ren).
- If the arrangement exceeds 6 months permanency for the child should be explored with the client.
- Follow this link to access the **TPSN Informal Arrangement** form: [TPSN Informal Arrangement Form Template](#)

Any placement changes for a client's child should be discussed with your supervisor.



# Informal Arrangement Form

Encourage your client to complete an Informal Arrangement Form each and every time their child is being cared for by someone other than the custodial parent.

- This documents the agreement between the client and caregiver.
- It empowers the caregiver to access and provide appropriate care for the child(ren) e.g. medical, financial, daycare, etc.
- This also protects the client's rights.

**Informal Arrangement Form** – This form should be completed and faxed to TPSN: 773.588.1016.

- Used when someone other than the non-custodial parent will be caring for the client's child.
- Used for any out of state visit for the client's child.





# Conclusion

Preparing to be a parent is an overwhelming experience at any age. Teen parents are particularly vulnerable and require a great deal of support. In this training, we have reviewed how you as a service provider can and should assist your client through pregnancy decisions and development, planning for birth and infancy, engagement of the other parent and the importance of teen fathers by providing them with resources and education.



# Resources

- Find a health center and online tools for pregnancy prevention and family planning: <http://www.plannedparenthood.org/all-access/index.htm>
- Planned Parenthood: 1-800-230-PLAN
- Data and Statistics on STIs - <http://www.cdc.gov/std/stats/default.htm>
- IDPH Sexually Transmitted Disease (STD) Fact Sheets: <http://www.idph.state.il.us/health/std/index.htm>
- STD Information Video Clips: <http://www.safeinthecity.org/about/index.php#preview>
- Sexual Exposure Chart: [http://www.wvdhhr.org/appi/edresources/sexual\\_exposure\\_chart.pdf](http://www.wvdhhr.org/appi/edresources/sexual_exposure_chart.pdf)
- Lydia Home: [Safe Families :: What is Safe Families? : Who We Help](#)



# Evaluation and Thank You

Please complete the evaluation attached to this link:

[Online Evaluation Pregnancy Prevention](#)

You will receive credit for this training upon receipt of evaluation (Fax to 733.588.5386 Attention: TPSN Training Department).

Look for additional training announcements from TPSN!

UCAN/TPSN would like to thank the Illinois Department of Children and Family Services for providing support and access to the DCFS VTC, making this training possible.