

## Starting Out Right Curriculum

### An Innovation Station Promising Practice

**Purpose:** This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

### Section I: Practice Overview

Location:	National	Title V/MCH Block Grant Measures Addressed
Category:	Promising	<b>NPM #1:</b> Percent of women, ages 18 through 44 with a preventive medical visit in the past year <b>NPM #4:</b> A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months <b>NPM #5:</b> A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without objects or loose bedding <b>NPM #15:</b> Percent of children with and without special needs, ages 0 through 17, who have a medical home <b>NPM #13.1:</b> Percent of women who had a preventive dental visit during pregnancy <b>NPM #6:</b> Percent of children, ages 9 through 36 months, who received a developmental screening using a parent-completed screening tool in the past year <b>NPM #14.1:</b> Percent of women who smoke during pregnancy <b>NPM # 15:</b> Percent of children, ages 0 through 17, who are continuously and adequately insured
Date Submitted:	5/2019	

### Practice Description

Starting Out Right is a health education curriculum and supportive services program, which was developed by Teen Outreach Pregnancy Services (TOPS) and now implemented by Arizona Youth Partnership (integration occurred 1/2019) to address the needs of pregnant adolescents. Starting Out Right filled a gap, as prior to its implementation there were few if any curriculums or programs specifically developed to improve outcomes for pregnant adolescents.

## Purpose

Starting Out Right was developed by a group of dedicated obstetric nurses. Before the program began, obstetric nurses recognized that teens coming into a particular hospital to deliver their babies had no knowledge of the labor and delivery process or how to be prepared to go home with a newborn and succeed as a parent. The need to develop a program to educate and support pregnant teens before they went into labor became obvious. The hospital was not supportive of developing a program. It was after a teen, who had been pregnant and hid her pregnancy from her friends and family, proceeded to deliver baby by herself at home, then placing her dead baby in the trash, that these nurses knew something needed to be done to prevent this type of tragedy occurring again. Seven weeks after the death of that baby, TOPS (now Arizona Youth Partnership) was formed (July 2000).

At the program's beginning, there was a lack of a comprehensive health education models developed specifically for pregnant adolescents. Many of the programs that provide pregnancy health education, have been developed for the adult learner. Placing the pregnant teen and her healthcare needs, and how adolescents learn (adolescent brain-based learning), at the center of everything that was developed was our primary focus. The only programs concerning teen pregnancy, focus on pregnancy prevention/ secondary prevention, and not on improving the health and wellness of the pregnant teen and her baby. This sparked the development of the Starting Out Right curriculum.

## Practice Foundation

From the earliest draft, Starting Out Right has focused on how teens learn and what the key components are to make the biggest impact in the learning environment for pregnant adolescents. SOR provides 18 hours of healthy pregnancy and childbirth education in a group setting, allowing teens to interact with their peers, rather than experience a sense of isolation that may occur within home visitation programs or feeling judged when attending adult programs. The curriculum uses multiple teaching modalities to enhance learning for each teen in the group education setting. It incorporates the following best practices:

- Concrete learning related to the real world
- Provide consistency
- Multisensory learning: 1 focus at a time
- Maintain a safe environment/comfort level of teen is focus
- Provide both group and individual sessions
- Provide clear and unhurried facilitation to allow for the adolescent brain to absorb the information
- Use “engage” to help teens make connections between what is being taught and how it applies to their lives
- Use “focus” to help teens zero in on topic being presented
- Use “closure” to help teens apply knowledge
- Revisit and repetition of information being presented
- Provide ongoing one-on-one support outside of group setting

*Starting Out Right* was developed using the theoretical approaches of Social Cognitive Theory and Theory of Reasoned Action. Both approaches can impact a person’s ability to increase protective factors and reduce risk factors, and both are critical for pregnant adolescents and their long-term outcomes. Social Cognitive Theory provides an understanding of the initiation and persistence of an adaptive behavior, such as improving nutrition for the developing fetus. The theory posits perceived self-efficacy—a belief in your own capability to perform the specific behavior. Second, individuals need an outcome expectancy that a given behavior will lead to positive outcomes (e.g., healthy nutrition will improve the outcome for the pregnancy and the baby; selection of a reliable form of birth control after delivery can help prevent a rapid repeat pregnancy).

According to the Theory of Reasoned Action, a behavior is determined by the strength of a person’s intention to perform the behavior. Behavioral beliefs influence an individual’s attitude toward performing the behavior, and normative beliefs influence subjective norms that can influence behavior. Intention is influenced more by attitudes than by subjective norms. *Starting Out Right* engages the learner by providing positive approaches toward an unknown experience, thereby influencing their attitude by normalizing pregnancy and childbirth.

In addition, the strategies and approaches developed within the *Starting Out Right* curriculum are in alignment with the content in the booklet *Tools to Assess the Characteristics of Effective Sex and STD/HIV Education Programs* (Kirby, Rolleri, & Wilson, 2007). These characteristics, while focused on sex and HIV education programs, are also valid in the development of curricula for pregnant adolescents.

## Core Components

The goal of Starting Out Right is to improve the health outcome of the pregnant teen and her newborn. We did this by developing 18 hours of education specifically to reach the needs of pregnant adolescents, provided through 8 separate classes (Health Pregnancy Classes and Childbirth Education Classes). Additional components include individualized case management with goal setting, support groups, home visit after delivery of baby, program evaluation and ongoing support as needed for 1 year.

## Practice Activities

Core Component	Activities	Operational Details
<b>Healthy Pregnancy Classes (HP)</b>	Four, two-hour long classes	<ul style="list-style-type: none"> <li>• Early pregnancy health, healthcare appointments, medical test, medical conditions, warning signs for preterm labor, safe exercise, and developing a support system</li> <li>• Healthy nutrition habits, weight gain, oral health, avoiding hazardous substances, basic breastfeeding concepts</li> <li>• Healthy relationships, family planning, abstinence, birth control, STD’s</li> <li>• Introduction to baby care, safety concerning car seats, sleep, and developing a safe home environment, SIDS/SUID and CPR</li> </ul>

<b>Childbirth Education (CBE)</b>	Four, two and a half hour classes	<ul style="list-style-type: none"> <li>• Labor and delivery, stages of labor, full term delivery, breathing techniques</li> <li>• Postpartum care, medical procedures, medication options, newborn characteristics, relaxation and breathing techniques</li> <li>• Breastfeeding, infant nutrition, comfort measures for labor, labor support</li> <li>• Newborn care, safe sleep, SIDS/SUID, Shaken Baby syndrome, breastfeeding, newborn behaviors</li> </ul>
<b>Case Management</b>	Initial enrollment and ongoing support	<ul style="list-style-type: none"> <li>• Initial needs assessment</li> <li>• Goal setting</li> <li>• Community referrals</li> <li>• Initial evaluation completion</li> </ul>
<b>Support Groups</b>	Offered weekly for 1 hour. Participant led discussions	<ul style="list-style-type: none"> <li>• Active participants come together to discuss successes and challenges</li> <li>• Participants lead discussion with SOR Staff member present to facilitate as needed</li> <li>• Special topics and outside organizations provided on occasion (financial literacy, oral health, library/reading to baby, education an career success)</li> </ul>
<b>Home Visit</b>	1 hour visit offered after delivery of baby	<ul style="list-style-type: none"> <li>• 1 hour home visit occurs one week after delivery of newborn</li> <li>• Breastfeeding support</li> <li>• Health check on new mom and baby</li> <li>• Additional referrals provided</li> <li>• Information on ongoing program support offered</li> </ul>
<b>Evaluation</b>	Pre and Post surveys are collected throughout the program delivery; program data collected	<ul style="list-style-type: none"> <li>• Initial pre-knowledge assessment survey is collected at initial case management appointment</li> <li>• Post-knowledge assessment survey is collected at completion of HP series and at completion of CBE series</li> <li>• Participant satisfaction surveys completed at completion of HP and CBE series</li> <li>• Class completion rate</li> <li>• Birth data is obtained at home visit, includes: <ul style="list-style-type: none"> <li>○ Delivery weight</li> <li>○ Gestational age</li> <li>○ Medical interventions &amp; type of delivery (medications, lacerations, c-section, NICU admit)</li> <li>○ Health status of baby</li> <li>○ Feeding type (BF or formula)</li> </ul> </li> </ul>
<b>Support</b>	Ongoing support	<ul style="list-style-type: none"> <li>• Participants can receive going support from Case Manager up until their child turns 5 or they turn 22 years old.</li> <li>• May participate in parenting classes and life skills classes as needed</li> <li>• Referrals for additional support provided</li> </ul>

## Evidence of Effectiveness (e.g. Evaluation Data)

Each participant enters the program through a meeting with their assigned case manager. At the initial intake appointment, the participant completes a [Starting Out Right program pre-survey](#) to assess their baseline knowledge on the topic of pregnancy, childbirth, breastfeeding, and infant care. Upon completion of the first 4 classes, participants complete [a post survey](#) that covers just those 4 classes. Upon completion of the last 4 classes, participants once again complete [a post survey](#) on the materials from the last 4 classes. On average, teens enter the program with a pre-score on the 1<sup>st</sup> 4 classes of 72% and a post score of 96%; pre-scores on the 2<sup>nd</sup> 4 classes average 44% with a post score of 92%.

Birth outcome data is also collected each year. Program participants experienced the following in 2018:

- 92% were discharged from the hospital breastfeeding,
- 16% have c-section,
- 10% prematurity rate, with an average weight of baby at delivery 7.4 pounds, with an average gestational age of 39.2 weeks.

We are currently working with a PhD student from the University of Arizona, College of Public Health, who is looking closely at our outcome data related to level of program engagement. We anticipate this information being available by end of 2019.

In addition, we conducted a comparison study using a community sample of birth data from our state vital statistics. Teens who received any services through the Starting Out Right program, experienced a live birth in 2012 and 2013, and could be located in the state vital records (n=391), were removed from the state vital statistics pool before the comparison sample was drawn. From the remaining pool, Arizona Department of Health Services (ADHS) drew a comparison sample of 1,909 live births to mothers in the same age range and in the same two counties as the Starting Out Right participants. ADHS provided data on additional births to the same mothers within the next two years for Starting Out Right participants located in the vital statistics records (n=164) and for the community-based comparison sample.

To capture the youngest mothers, cases were removed where the mother was more than 19 years old by the birth of the first child. To eliminate confounding effects on outcomes that are linked to plurality, cases from both research groups were removed where the first birth resulted in twins. Cases in the program sample where the teen enrolled in the program but did not engage in programming and cases in both research groups with missing data for essential variables were removed. The remaining sample was 146 program intervention group members and 1465 comparison group members.

The likelihood of program participants experiencing another birth within two years was compared with the likelihood of the community comparison group experiencing another birth within two years. A Chi-square analysis was conducted and showed that the community comparison group was more likely to experience another birth within two years than program participants ( $X^2=12.665$ ,  $p=.000$ ). The community comparison group was over twice as likely to experience a repeat birth within two years. Those teens that participated in our study related to reducing rapid repeat pregnancy resulted in 8.2% repeat pregnancy, compared to 20.4% from the community sample.

## Replication

We are looking to partner with organizations, hospitals, schools, or individuals to replicate the SOR curriculum in other states and territories. We currently partner with Maine Children's Home of Little Wanderers, who obtained training and licensing in January of 2019.

We offer a 3 ½ day training which includes a 2-year use license and technical assistance to guide successful program implementation. Please contact us if you are interested in setting up a training in your community, or to schedule a training in Arizona.

We recognize that there are numerous programs that focus on pregnancy prevention for adolescents, but very few have something in place to support those teens that do become pregnant, and that has not been designed for the adult learner. Getting the word out to organizations that there is a promising practice available with 18 years of results can assist in improving outcomes for pregnant teens across the nation.

## Section II: Practice Implementation

### Internal Capacity

It is imperative that program staff who are facilitating Starting Out Right and conducting case management and supportive services are not only well versed in the learning and social needs of expecting adolescents but are also trained in unbiased and nonjudgmental approaches for this population. We recommend that facilitators have a minimum of a bachelor's degree, preferably in nursing, public health, social work, or family studies. Additional training recommendations include certification as a childbirth educator and lactation educator/counselor, with ongoing professional development opportunities to remain current with best practices. We recommend that all staff working with this population be CPR certified and have a current background check/fingerprint clearance on file.

A skilled program coordinator should be in place that has also been trained and certified on SOR. In order to successfully implement this program, each staff member should have no more than 30 participants on their case load at any given time and no more than 10 participants in attendance at classes (recognizing that pregnant teens are all in various stages of gestation, allowing for a variation in when they are attending classes). This position would be a 1.0 FTE level as it includes program promotion and developing relationships in the community in an effort to receive referrals for the program.

Collaborating partners include obstetric providers (MD's, DO's, Midwives) to receive referrals from, hospital/medical centers to offer space for group classes, schools (counselors and nurses) to receive referrals. A strong marketing campaign to engage community partners and stakeholders is vital including the development of a program brochure, website and social media presence. Organizational leadership should support the efforts of the staff in this program, having a thorough understanding of why the program is needed.

## Collaboration/Partners

SOR stakeholders are the pregnant teens being served, their primary support person (father of baby/significant other), family members, OB/Gyn healthcare providers, Social Workers, and other community health workers that have are invested in heathy outcomes for this population. SOR program participants have provided direct feedback on all aspects of the curriculum delivered and program components. Since 2001, this feedback has shaped the development of what has become Starting Out Right. Other stakeholders, as listed above, have actively participated in focus groups, community committees concerning MCH outcomes, and are actively participating on our organizations Board of Directors.

## Practice Cost

The below budget reflects 3 direct staff providing programming in a community. This program could easily be adapted to 1 staff member with the support of a larger organization

<b>Budget</b>			
<b>Activity/Item</b>	<b>Brief Description</b>	<b>Quantity</b>	<b>Total</b>
Case Manager/Health Educator	Provides direct education and support to participants	3	\$130,000
Program Coordinator	Oversite of staff delivering program	1	\$50,000
Marketing/Program Promotion	Brochures, website, social media	Ongoing	\$5,000
SOR Training/Licensing	3 ½ day training for each staff member	4	\$4,000
Program materials	Posters, videos, demonstration items	3 sets	\$1500
Mileage	Supports staff in work being performed	Ongoing	\$5,000
Administration Costs	Indirect rate at 10%	n/a	\$21,000
Total Amount:			\$230,000

## Practice Timeline

Practice Timeline				
Phase	Description of Activity	Date/Timeframe	# of hours needed to complete/oversee activity	Person(s) Responsible
Planning/ Pre-implementation	Identify stakeholders/ collaborating partners	1 month	40	Program Coordinator
	Develop program promotion materials	1 month	80	Program Coordinator
	Receive SOR Training	4 days	40	Direct SOR Staff
	Purchase supplemental materials needed for program delivery	1 month	80	Program Coordinator
Implementation	Schedule class dates, times, and locations	3-6 months	20 hrs/month	Program Coordinator
	Receive referrals, initiate case management	Ongoing	1 FTE per location	Direct SOR Staff
	Deliver SOR	Ongoing	1 FTE per location	Direct SOR Staff
	Provide ongoing support/ home visits	Ongoing	1 FTE per location	Direct SOR Staff
	Provide Professional Development opportunities for staff	Ongoing	20 hrs/year	Program Coordinator
	Program marketing/promotion	Ongoing	20 hrs/month	SOR Staff
Sustainability	Grant writing to local businesses, foundations, city, county and state agencies	Ongoing	20 hrs/month	Organizational Leadership
	Maintain relationships with stakeholders	Ongoing		Organizational Leadership
	Expand level of support offered to enhance opportunity for increased funding	Ongoing		Program Coordinator
	Program promotion	Ongoing		Program Coordinator



## Resources Provided

- Visit our website at [www.StartingOutRight.org](http://www.StartingOutRight.org)
- Take a look at the below information regarding receiving SOR Training:
  - [Starting Out Right Curriculum Table of Contents](#)
  - [Starting Out Right Marketing Brochure](#)
- Also read [Challenges to Breastfeeding Initiation and Duration for Teen Mothers](#)

## Lessons Learned

All participants complete class evaluations/satisfaction survey for the [Childbirth Education classes](#) and for the [Healthy Pregnancy classes](#). The information gathered from these documents has had a tremendous impact on our program throughout the years. We have made numerous program changes based on the feedback from our teens. For example – we used to end most classes showing a video that reiterated all that had been taught during the session. Our teens stated they hated the videos! We felt that they were valuable, so we made the change to showing short video segments focused on the topic at hand, which then allows for discussion before moving on to the next topic. The feedback we now get from the videos is favorable. We also heard from our teens that they hated the nutrition class. We made several modifications, including using menus/food charts from various fast food restaurants to open the eyes of these teens to what they may be eating and exposing their unborn child to. We now receive feedback that this is one of their favorite classes.

One additional major change we made was to our class structure. In the past we conducted 3 healthy pregnancy classes and 5 childbirth classes. We would lose so many teens after the 3<sup>rd</sup> childbirth class we started asking them why. In our old format we provided our breastfeeding education in class 4 and when they found out that the class would be on breastfeeding, those that had already decided to not breastfeed, wouldn't come, then rarely returned for the last class. We proceeded to weave our breastfeeding content throughout all 18 hours of education, changed the structure to 4 and 4 (instead of 3 and 5), and experienced a drastic change, both in attendance and breastfeeding rates. We now have a much higher completion rate and our breastfeeding rate at time of discharge from hospital went from 86% to 92%, which is significant for this population. The last class now also includes a celebration/baby shower with lots of gifts, so the participants are more likely to return to the last class! The offer of this celebration at the completion of the classes has increased engagement for this hard to reach population.

## Next Steps

The Starting Out Right team has been actively promoting the opportunity to implement this program across the nation. By attending various conference and displaying the opportunity at exhibit tables, we have received great feedback. We are currently scheduling trainings for the fall of 2019 and spring of 2020. As a newly integrated organization with Arizona Youth Partnership, SOR has an opportunity to reach more pregnant teens throughout Arizona, as AZYP is located in 10 counties and currently SOR is provided in just 3 counties.

Starting Out Right 3 ½ day training now offers 24 CEU's through CAPPA.

## Practice Contact Information

*For more information about this practice, please contact:*

- *Laura Pedersen, RN, MSN*
- *520-719-2014*
- *LauraP@azyp.org*