

First Steps

Maternity
Support
Services
(MSS)
&
Infant Case
Management
(ICM)



First Steps

MSS



Client-centered service & care:

- Screening for risk factors
 - Nutrition
 - Health Risks
 - Demographics
 - Prenatal Care Access
 - Psychosocial/Behavioral Health/PPMD
 - Substance Use – Tobacco, Alcohol, Drugs
- Health education
- Link to community services
- Care planning & care coordination
- Interventions to mitigate identified risk factors

Supplements pre- & post-natal care



Wrap-around, interdisciplinary support

Connecting with clients... [in office/home/via video]*

- ▶ Blood pressure checks & education for those at high risk of gestational hypertension or preeclampsia
- ▶ Nutritional counseling for gestational diabetes
- ▶ Home visits for infants with low birth weight feeding difficulties
- ▶ Connection to ongoing behavioral health counseling & substance abuse treatment
- ▶ Connection/reconnection to medical/dental/prenatal care
- ▶ Breastfeeding support
- ▶ Postpartum check-ins
- ▶ Support for pregnancy loss

* Primarily video & telephone during COVID



MSS

Other Program Information

- MSS is available regardless of outcome of pregnancy
- May be delivered in conjunction with OB services, the WIC nutrition program or Nurse Family Partnership (NFP)
- Bi-lingual staff and interpreters are available
- When MSS ends, infant & 'parent(s)' may be eligible for Infant Case Management (ICM)

First Steps

ICM

Referrals & linkage to community resources

Care planning

Care coordination

Case management





It's about Relationship

Empathy **Building trust**

Safety Person-centeredness

Compassion

Kindness

Centering racial equity and social justice

Respectful communication

Support

Flexibility

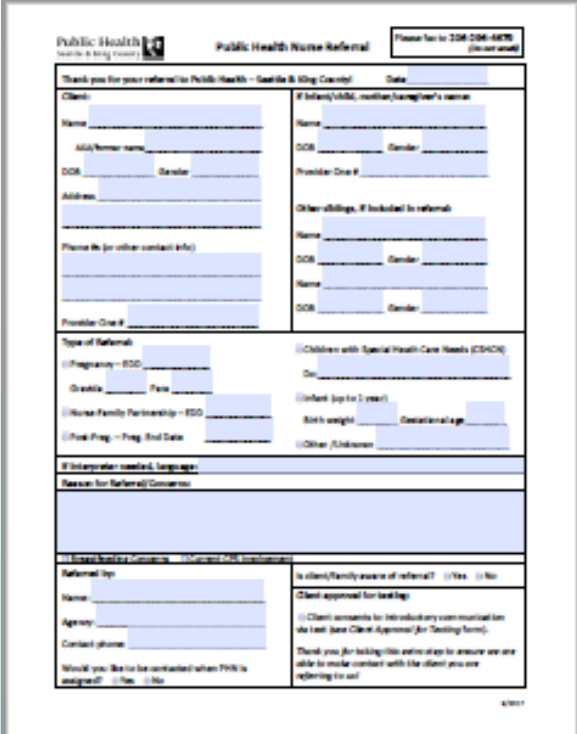
Welcoming Acknowledging Giving praise

Listening

Caring

Referrals to PHSKC

- Anyone may make a referral to the program
- Referral # & form: kingcounty.gov/MSS
- **Referrals +**
- Include information about concerns
- Best if client knows about referral
- Include texting signature to better ensure connection



The image shows a 'Public Health Nurse Referral' form. At the top, it says 'Public Health Nurse Referral' and 'Please fax to 206 206-4676 (after hours)'. The form is divided into several sections:

- Client Information:** Includes fields for Name, Address, Phone #, and Provider ID #.
- Referring Provider Information:** Includes fields for Name, DOB, Gender, and Provider ID #.
- Other Children (if included in referral):** Includes fields for Name, DOB, Gender, and Provider ID #.
- Type of Referral:** Includes checkboxes for Pregnancy - EDD, Growth - PTA, Nurse Family Partnership - EDD, Post-Partum - Preg. End Date, Children with Special Health Care Needs (CSHCN), Infant (up to 2 years), Birth weight, Gestational age, and Other / Unknown.
- Interpreter needed, language:** A field for specifying the language.
- Reason for Referral/Concerns:** A large text area for describing the referral.
- Referred By:** Includes fields for Name, Agency, and Contact phone.
- Client/Family aware of referral?** A checkbox field.
- Client approval for testing:** A checkbox field.
- Thank you for helping this referral step to ensure we are able to make contact with the client you are referring to us!**