



**Los Angeles Best Babies Collaborative**  
*Building Blocks for Better Babies*  
A Program of First 5 LA

# Los Angeles Best Babies Collaborative

## First 5 LA: Healthy Births Initiative

### Approach 8

### Case Management



## Approach (8)

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### Case Management

**Goal:** To improve pregnancy and birth outcomes through case management for at-risk women and families.

**Objectives:**

- To improve access to and utilization of prenatal and/or interconception care for at-risk women and families
  - To connect at-risk women and families to needed resources and services
  - To ensure follow-up with service plans
  - To increase personal and interpersonal health related behaviors
  - To increase consumer empowerment and satisfaction with services
  - To increase coordination and collaboration among prenatal care and social service providers
  - Assist parents to improve child's health and development by providing healthy parenting practices
  - Assist mothers and families to develop a plan for their future, continue education, find employment and become economically self-sufficient
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**Rationale:**

Even if a system is in place to provide quality prenatal and interconception care to every pregnant and parenting woman and family in Los Angeles, it will have limited impact if the ability to navigate the complex maze of services is not understood. Learning how to access prenatal/interconception care, implementing the steps necessary to follow through with healthcare recommendations, and understanding the importance of being connected to the community support services is often difficult and, hence, assistance through case management services is often needed. The most vulnerable populations at risk for poor birth outcomes are also those most likely to struggle to access and coordinate services.

**Implementation:**

As discussed in the literature review, several local models of case management demonstrate impressive success in increasing utilization of and improving satisfaction with prenatal care and associated ancillary services, and with a few of the programs showing an improvement in birth outcomes. There are numerous definitions of "case management" but the general consensus is that case management assists with the assessment of the strengths and challenges evident in the woman and family, recognition of areas where intervention is indicated, and developing and implementing a plan that has been jointly developed by all involved. Case management involves an extensive amount of service coordination so as not to overwhelm or add difficulty to the life of a woman who may be managing multiple challenging situations. It depends upon a good initial and ongoing assessment of the woman, her social support network, and her ability to care for herself and others. To be effective, case management relies heavily on ongoing assessments to determine the success of the applied interventions (i.e., whether appointments were kept, problems resolved or new problems identified), and there must be an inherent flexibility in the plan so it can be adapted to better fit with the demonstrated capabilities of the mother and family system. Most importantly, to be effective case management requires the establishment of a trusting relationship with the woman and her family.

Most prenatal case management programs are modeled after the National Healthy Start programs, or the rigorously evaluated Nurse-Family Partnership Program. In general, case management consists of four steps:

- Initial contact and outreach;
- Intake;
- Assessment and care planning;
- Referrals, and
- Ongoing contact and tracking.

These steps detail the very basic process used to begin case management services, but it should be noted that many programs utilize case management as only one approach to fully serving the mother, child and family system. For example, in the Nurse-Family Partnership (i.e., “NFP” or nurse home visiting model), case management is a strategy that is embedded within strict program protocols that call for a registered nurse to provide full in-home assessments of the mother’s and child’s health, child development, and social support network. In addition to performing standardized assessments, the NFP nurses give in-home education and training to the mother and family on having a healthy pregnancy, health behaviors, social skills, available benefits, child health and development, methods to improve infant brain development and stress reduction techniques. Case management is provided when there are referrals made or issues that the family is having difficulty in managing alone.

A brief for implementation of case management can be found under Resources.