

DGIS USER GUIDE PERINATAL INFANT HEALTH FORMS

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## PERINATAL INFANT HEALTH FORMS

On the **Perinatal Infant Health** forms, grantees provide details on programs promoting safe sleep practices, programs promoting and/or facilitating breastfeeding, and programs promoting screenings and follow-ups for newborns.

## APPLICABLE REPORT TYPES

The report types are as follows:

- New Competing Performance Reports (NCPR)
- Non-Competing Continuation (NCCPR)
- Project Period End Reports (PPER)

**Figure 1: Perinatal Infant Health Forms**

<b>Perinatal Infant Health Forms</b>			
<b>Applicable Forms</b>	<b>Report Types</b>		
	<b>NCPR</b>	<b>NCCPR</b>	<b>PPER</b>
<b>PIH 1 – Perinatal Infant Health</b>	✓	✓	✓
<b>PIH 2 – Perinatal Infant Health</b>	✓	✓	✓
<b>PIH 3 – Perinatal Infant Health</b>	✓	✓	✓

# PERINATAL INFANT HEALTH FORM 1

## FORM INSTRUCTIONS

### PIH 1 DETAIL SHEET

The following information is under the **Perinatal Infant Health Form 1 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Perinatal Infant Health (PIH 1) – Safe Sleep
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 2: Perinatal Infant Health 1: Detail Sheet**

Perinatal Infant Health (PIH 1)

▶ DG0000 Due In: 18 Days | Status: Not Started

▶ Resources [↗](#)

Fields with ★ are required.

▼ PIH 1 Detail Sheet

Perinatal Infant Health (PIH 1) - Safe Sleep	The percent of MCHB funded projects promoting and/ or facilitating safe sleep practices.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating safe sleep practices.
Goal	To ensure supportive programming for safe sleep practices.
Level	Grantee
Domain	Perinatal Infant Health
Definition	No further definitions.
Benchmark Data Sources	Related to Healthy People 2030 MICH-04: Increase the proportion of infants placed to sleep on their backs (Baseline: 78.7% in 2016; Target: 88.9%); ... <a href="#">Show more</a>
Grantee Data Sources	Grantee Data Systems
Significance	Sleep-related infant deaths, also called Sudden Unexpected Infant Deaths (SUID), are the leading cause of infant death after the first month of life ... <a href="#">Show more</a>

## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating safe sleep in your program?* The grantee must select either Yes or No. If the grantee selects the No option, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For **Non-Competing Continuation Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee is required to fill out Tier 1 and may only proceed to the next tier after providing a response.

**Figure 3: Perinatal Infant Health 1: Tier 1**

The screenshot shows a web-based form for Tier 1. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, the question is displayed: '★ Are you promoting and/ or facilitating safe sleep in your program?' with radio buttons for 'Yes' (selected) and 'No'. To the left of the question is a 'Comments' section. Below the question, there is a text input area with the placeholder text '(If "No", then please enter explanation here)'. At the bottom right of the input area, it says '0/5000 characters'.

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. Through what activities are you promoting and/or facilitating safe sleep in your program? Select all that apply.

Note the following requirements and additional information before completing this section:

- The grantee may proceed to the next tier only after providing responses to the required questions.
  - Tier 2 is required for Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs).
  - For **New Competing Performance Reports (NCPRs)**, users are only required to fill out Tier 1.
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
  - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Activity Data Collection Form*: How many are reached through those activities?
    - a. *Participants/Public*: Enter an integer from 0–999,999.
    - b. *Providers/Health Care Professionals*: Enter an integer from 0–999,999.
    - c. *Community/Local Partners*: Enter an integer from 0–999,999.

- d. *State or National Partners*: Enter an integer from 0–999,999.
- e. *Comments*: The grantee may add comments. (NOTE: This is not a required field.)

Note: the following requirements and additional information before completing this section:

- All the above fields (except for *Comments*) are required.
- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- This is required for Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs) only.
- For the **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.
- The grantee may proceed to the next tier only after providing a response to this question.

**Figure 3: Perinatal Infant Health 1: Tier 2 and 3**

▼ Tier 2 & 3

★ Through what activities are you promoting and/ or facilitating safe sleep?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

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**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	6	6	6	6	24
Product Development	7	7	7	7	28
Research/ Peer-Reviewed Publications	8	8	8	8	32

**COMMENTS**

0/5000 characters

## TIER 4 (OPTIONAL)

In this section, the grantee responds to the following question(s):

1. **Outcome 1:** Percent of infants placed to sleep following safe sleep practices.
  - a. **Numerator:** Enter an integer from 0–999,999.
  - b. **Denominator:** Enter an integer from 0–999,999.
  - c. **Outcome (%):** The text box will be automatically populated using the values provided above.

**NOTE:** This field is optional, except for *H49 Healthy Start* grantees.

**Figure 4: Perinatal Infant Health 1: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of infants placed to sleep following safe sleep practices**

Numerator	<input style="width: 90%;" type="text"/> <small>① Number of child program participants aged &lt;12 months whose parent/ caregiver reports that they are placed to sleep following all three AAP recommended safe sleep practices.</small>
Denominator	<input style="width: 90%;" type="text"/> <small>① Total number of child program participants aged &lt;12 months.</small>
Outcome (%)	<input style="width: 90%; background-color: #e0e0e0;" type="text"/>

## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs), if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for Capacity Building, Women’s/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## PERINATAL INFANT HEALTH FORM 2


### FORM INSTRUCTIONS

#### PIH 2 DETAIL SHEET

The following information is under the **Perinatal Infant Health Form 2 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Perinatal Infant Health (PIH 2) – Breastfeeding
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance


**Figure 5: Perinatal Infant Health 2: Detail Sheet**

 **Perinatal Infant Health (PIH 2)**

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▶ DG0000 Due In: 18 Days | Status: Not Started

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▶ Resources 

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Fields with ★ are required.

▼ **PIH 2 Detail Sheet**

Perinatal Infant Health (PIH 2) - Breastfeeding	The percent of programs promoting and/ or facilitating breastfeeding.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating breastfeeding.
Goal	To ensure supportive programming for breastfeeding.
Level	Grantee
Domain	Perinatal Infant Health
Definition	A participant is considered to have ever breastfed and included in the numerator if the child received breast milk direct from the breast or ... <a href="#" style="font-size: small;">Show more</a>
Benchmark Data Sources	Related to Healthy People 2030 MICH-15: Increase the proportion of infants who are breastfed exclusively through 6 months (Baseline: 24.9% in 2015 ... <a href="#" style="font-size: small;">Show more</a>
Grantee Data Sources	Grantee Data Sources
Significance	The American Academy of Pediatrics (AAP) recommends all infants (including premature and sick newborns) exclusively breastfeed for about six months ... <a href="#" style="font-size: small;">Show more</a>



## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating breastfeeding in your program?* The grantee must select either Yes or No. If the grantee selects the No option, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For **Non-Competing Continuation Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee is required to fill out Tier 1 and may only proceed to the next tier after providing a response.

**Figure 6: Perinatal Infant Health 2: Tier 1**

The screenshot shows a survey interface for Tier 1. At the top, there is a dropdown menu labeled 'Tier 1'. Below it is a question: '★ Are you promoting and/or facilitating breastfeeding in your program?' with two radio button options: 'Yes' (selected) and 'No'. Below the question is a 'Comments' field with a placeholder text '(If 'No', then please enter explanation here)'. At the bottom of the comments field, it says '0/5000 characters'.

## TIER 2 AND 3

In this section, the grantee must respond to the following question(s):

1. Through what activities are you promoting and/or facilitating breastfeeding? Select all that apply.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.)
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
  - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Activity Data Collection Form*: How many are reached through those activities?
    - a. *Participants/Public*: Enter an integer from 0–999,999.
    - b. *Providers/Health Care Professionals*: Enter an integer from 0–999,999.
    - c. *Community/Local Partners*: Enter an integer from 0–999,999.
    - d. *State or National Partners*: Enter an integer from 0–999,999.
  3. *Comments*: The grantee may add comments here. (NOTE: This is not a required field.)

Note the following requirements and additional information before completing this section:

- All the above fields (except for *Comments*) are required.
- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- This is required for Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs) only.
- For the **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.
- The grantee may proceed to the next tier only after providing a response to this question.

**Figure 7: Perinatal Infant Health 2: Tier 2 and 3**

▼ Tier 2 & 3

★ Through what activities are you promoting and/ or facilitating breastfeeding?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

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**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Product Development	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Training	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>

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**COMMENTS**

0/5000 characters

## TIER 4 (OPTIONAL)

In this section, the grantee may respond to the following question(s):

1. **Outcome 1: Percentage of child program participants ever breastfed.**
  - a. *Numerator:* Enter an integer from 0 – 999,999.
  - b. *Denominator:* Enter an integer from 0 – 999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.
  
2. **Outcome 2: Percentage of child program participants breastfed at 6 months.**
  - a. *Numerator:* Enter an integer from 0–999,999.
  - b. *Denominator:* Enter an integer from 0–999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.

**NOTE:** This field is optional, except for *H49 Healthy Start* grantees.

**Figure 8: Perinatal Infant Health 2: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of child program participants ever breastfed**

Numerator	<input style="width: 90%;" type="text"/> <small>❗ Total number of child program participants aged &lt;12 months who were ever breastfed or fed pumped breast milk, and whose parent was enrolled prenatally.</small>
Denominator	<input style="width: 90%;" type="text"/> <small>❗ Total number of child program participants aged &lt;12 months whose parent was enrolled prenatally.</small>
Outcome (%)	<input style="width: 90%; background-color: #f0f0f0;" type="text"/>

**Outcome 2 - Percent of child program participants breastfed at 6 months**

Numerator	<input style="width: 90%;" type="text"/> <small>❗ Total number of child program participants age 6 through 11 months that were breastfed or were fed pumped breast milk in any amount at 6 months of age, and whose parent was enrolled prenatally.</small>
Denominator	<input style="width: 90%;" type="text"/> <small>❗ Total number of child program participants age 6 through 11 months whose parent was enrolled prenatally.</small>
Outcome (%)	<input style="width: 90%; background-color: #f0f0f0;" type="text"/>

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## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs), if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).

## PERINATAL INFANT HEALTH FORM 3

### FORM INSTRUCTIONS

#### PIH 3 DETAIL SHEET

The following information is under the **Perinatal Infant Health Form 3 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

1. Perinatal Infant Health (PIH 3) – Newborn Screening
2. Performance Measure
3. Goal
4. Level
5. Domain
6. Definition
7. Benchmark Data Sources
8. Grantee Data Sources
9. Significance

**Figure 9: Perinatal Infant Health 3: Detail Sheet**

Perinatal Infant Health (PIH 3)

▶ DG0000 Due In: 18 Days | Status: Not Started

▶ Resources [↗](#)

Fields with ★ are required.

▼ PIH 3 Detail Sheet

Perinatal Infant Health (PIH 3) - Newborn Screening	Percent of programs promoting newborn screenings and follow-up.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating newborn screening and follow-up.
Goal	To ensure supportive programming for newborn screenings.
Level	Grantee
Domain	Perinatal Infant Health
Definition	No further definitions.
Benchmark Data Sources	None.
Grantee Data Sources	Title V National Outcome Measure #12 (Developmental)
Significance	Newborn screening detects thousands of babies each year with potentially devastating, but treatable disorders. The benefits of newborn screening ... <a href="#" style="font-size: 0.8em; border: 1px solid #0070c0; padding: 2px;">Show more</a>

## TIER 1 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. *Are you promoting and/or facilitating newborn screening and follow-up in your program?* The grantee must select either Yes or No. If the grantee selects the No option, they must justify their selection in the *Comments* section.

Note the following requirements and additional information before completing this section:

- For **New Competing Performance Reports (NCPRs)**, the grantee is required to fill out Tier 1. Grantees cannot complete subsequent tiers in the NCPR.
- For **Non-Competing Continuation Reports (NCCPRs)** and **Project Period End Reports (PPERs)**, the grantee is required to fill out Tier 1 and may only proceed to the next tier after providing a response.

**Figure 10: Perinatal Infant Health 3: Tier 1**

The screenshot shows a web-based survey form for Tier 1. At the top, there is a dropdown menu labeled 'Tier 1'. Below it, a question is displayed: '★ Are you promoting and/or facilitating newborn screening and follow-up in your program?' To the right of the question are two radio buttons: 'Yes' (which is selected) and 'No'. Below the question is a 'Comments' section with a large text input area. A small note inside the text area says '(If 'No', then please enter explanation here)'. At the bottom of the text area, it says '0/5000 characters'.

## TIER 2 AND 3 (REQUIRED)

In this section, the grantee must respond to the following question(s):

1. Through what process/mechanism are you promoting and/or facilitating newborn screening or follow-up? Select all that apply.

Note the following requirements and additional information before completing this section:

- Tier 2 is required for Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs).
  - For **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.
  - For all the checkboxes selected by the grantee in Tier 2, the corresponding options are enabled and required under Tier 3.
  - The corresponding values for the unchecked boxes under Tier 2 will be disabled under Tier 3.
2. *Activity Data Collection Form*: How many are reached through those activities?
    - a. *Participants/Public*: Enter an integer from 0–999,999.
    - b. *Providers/Health Care Professionals*: Enter an integer from 0–999,999.
    - c. *Community/Local Partners*: Enter an integer from 0–999,999.
    - d. *State or National Partners*: Enter an integer from 0–999,999.
  3. *Comments*: The grantee may add comments. (NOTE: This is not a required field.)

Note the following requirements and additional information before completing this section:

- All the above fields (except for Comments) are required.
- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- This is required for Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs) only.
- For the **New Competing Performance Reports (NCPRs)**, the grantee is only required to fill out Tier 1.
- The grantee may proceed to the next tier only after providing a response to this question.

**Figure 11: Perinatal Infant Health 3: Tier 2 and 3**

▼ Tier 2 & 3

★ Through what processes/ mechanisms are you promoting or facilitating newborn screening and follow-up?

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/ Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Service
- Quality Improvement Initiatives

**Activity Data Collection Form**

How many are reached through those activities?

Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Product Development	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>
Training	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="20"/>

**COMMENTS**

0/5000 characters

## TIER 4 (OPTIONAL)

In this section, the grantee responds to the following question(s):

1. **Outcome 1:** Percent of eligible newborns screened with timely notification for out-of-range screens.
  - a. *Numerator:* Enter an integer from 0–999,999.
  - b. *Denominator:* Enter an integer from 0–999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.
  
2. **Outcome 2:** Percent of eligible newborns screened with timely notification for out-of-range screens which are followed up in a timely manner.
  - a. *Numerator:* Enter an integer from 0–999,999.
  - b. *Denominator:* Enter an integer from 0–999,999.
  - c. *Outcome (%):* The text box will be automatically populated using the values provided above.

**Figure 12: Perinatal Infant Health 3: Tier 4 (Optional)**

▼ Tier 4 (Optional)

■ Tier 4 is optional. If you have no outcomes to fill out, please select 'Save and Continue' at the bottom of the page.

What are the related outcomes in the reporting year?

**Outcome 1 - Percent of eligible newborns screened with timely notification for out of range screens**

Numerator	<input style="width: 90%;" type="text"/> <small>🔍 Number of eligible newborns screened with out of range results whose caregivers receive timely notification.</small>
Denominator	<input style="width: 90%;" type="text"/> <small>🔍 Number of eligible newborns screened with out of range results.</small>
Outcome (%)	<input style="width: 90%; background-color: #D9E1F2;" type="text"/>

**Outcome 2 - Percent of eligible newborns screened with timely notification for out of range screens who are followed up in a timely manner**

Numerator	<input style="width: 90%;" type="text"/> <small>🔍 Number of eligible newborns screened with out of range results whose caregivers receive timely notification and receive timely follow up.</small>
Denominator	<input style="width: 90%;" type="text"/> <small>🔍 Number of eligible newborns screened with out of range results whose caregivers receive timely notification.</small>
Outcome (%)	<input style="width: 90%; background-color: #D9E1F2;" type="text"/>



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## FORM-LEVEL RULES AND VALIDATIONS

1. The grantee must only fill out Tier 1 for **New Competing Performance Reports (NCPRs)**.
2. For Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs), if the grantee selects *Yes* for Tier 1, then they must complete Tier 2 and Tier 3. This is true for Capacity Building, Women's/ Maternal Health, Perinatal Infant Health, Child Health, Children and Youth with Special Health Care Needs, Adolescent Health, and Life Course forms.
3. The *Comments* text box will accept both text and numerical values (maximum of 5,000 characters).