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On the **Women's/Maternal Health** forms, the grantee must provide details on programs promoting timely prenatal and postpartum care, in addition to programs promoting and/or facilitating well woman visits and depression screening.

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: Women's/Maternal Health Forms

Women's/Maternal Health Forms			
Applicable Forms	Report Types		
	NCPR	NCCPR	PPER
WMH 1 – Women's/Maternal Health	✓	✓	✓
WMH 2 – Women's/Maternal Health	✓	✓	✓
WMH 3 – Women's/Maternal Health	✓	✓	✓
WMH 4 – Women's/Maternal Health	✓	✓	✓

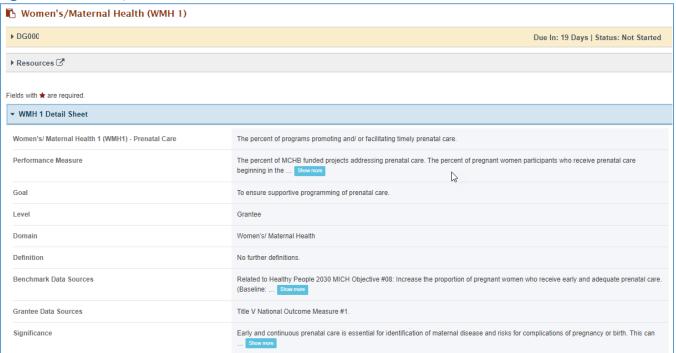
FORM INSTRUCTIONS

WMH DETAIL SHEET

The following information is under the **Women's/Maternal Health Form 1 Detail Sheet**. The grantee may expand the accordion menu to view the following details:

- 1. Women's/Maternal Health 1 (WMH1) Prenatal Care
- 2. Performance Measure
- 3. Goal
- 4. Level
- 5. Domain
- 6. Definition
- 7. Benchmark Data Sources
- 8. Grantee Data Sources
- 9. Significance

Figure 2: Women's/Maternal Health Form 1: Detail Sheet



TIER 1 (REQUIRED)

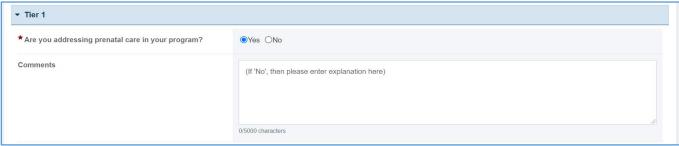
In this section, the grantee must respond to the following question(s):

1. Are you addressing prenatal care in your program? The grantee must select either Yes or No. If the grantee selects No, 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: Women's/Maternal Health 1: Tier 1



TIER 2 AND 3 (REQUIRED)

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

1. Indicate through what processes/mechanisms are you addressing prenatal care? Select all that apply.

Note the following requirements and additional information completing this section:

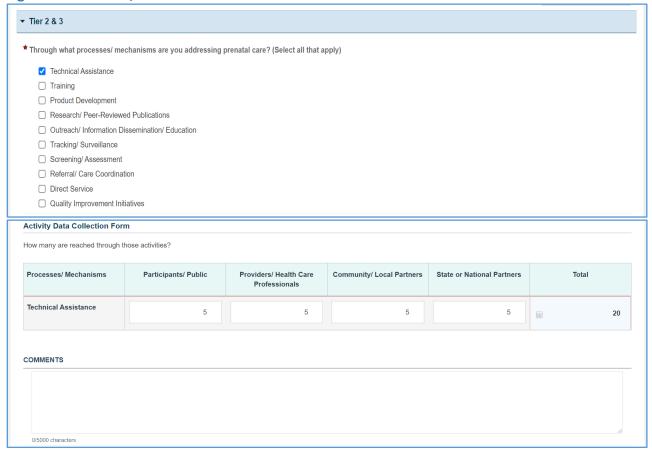
- Tier 2 is required for Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs).
- For New Competing Performance Reports (NCPRs), users are only required to fill out Tier 1.
- For all the checkboxes selected by the grantee in Tier 2, the corresponding options are 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.

Note the following requirements and additional information completing this section:

- Report the number of reached by each activity for each participant type.
- Only report a participant under one participant type.
- Select the best category for the participant.
- 3. *Comments:* The grantee may add comments.

- All fields (except for Comments) are required.
- The grantee may proceed to the next tier only after providing responses to each required question.

Figure 4: Women's/Maternal Health 1: Tier 2 and 3

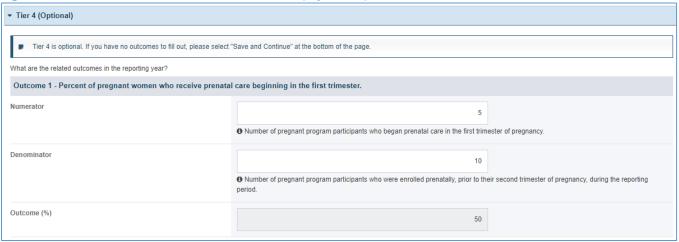


In this section, the grantee may respond to the following question(s):

- 1. *Outcome* 1: Percent of pregnant women who received prenatal care beginning in the first trimester.
 - 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 5: Women's/Maternal Health 1: Tier 4 (Optional)



- 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).

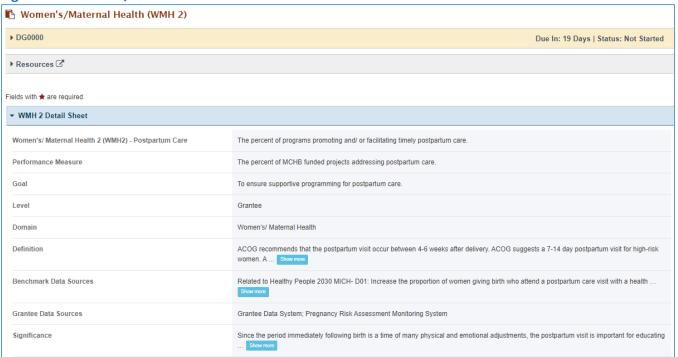
FORM INSTRUCTIONS

WMH 2 DETAIL SHEET

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

- 1. Women's/Maternal Health 2 (WMH2) -Postpartum Care
- 2. Performance Measure
- 3. Goal
- 4. Level
- 5. Domain
- 6. Definition
- 7. Benchmark Data Sources
- 8. Grantee Data Sources
- 9. Significance

Figure 6: Women's/Maternal Health 2: Detail Sheet



TIER 1 (REQUIRED)

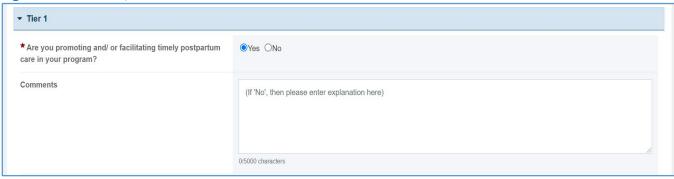
In this section, the grantee must respond to the following question(s):

1. Are you promoting and/or facilitating timely postpartum care in your program? The grantee must select either Yes or No. If the grantee selects No, 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 7: Women's/Maternal Health 2: Tier 1



TIER 2 AND 3 (REQUIRED)

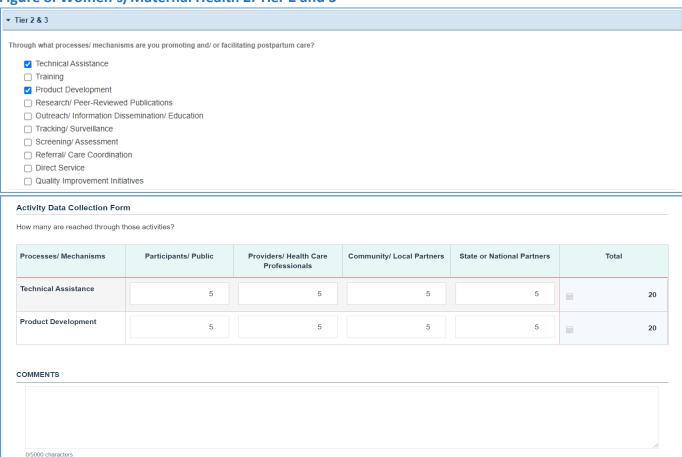
In this section, the grantee must respond to the following question(s):

1. Through what processes/ mechanisms are you promoting and/ or facilitating postpartum care? Select all that apply.

- For all 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.
- 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.
- 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.

- Report the number reached by each activity for each participant type.
- Only report a participant under one participant type, selecting the best category for the participant.
- The grantee may proceed to the next tier only after responding to this question.

Figure 8: Women's/Maternal Health 2: Tier 2 and 3

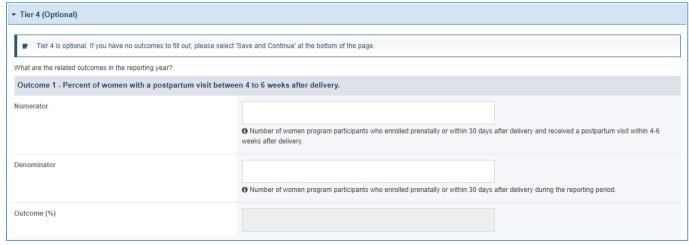


In this section, the grantee may respond to the following question(s):

- 1. *Outcome 1:* Percent of pregnant women with postpartum visit between 4 to 6 weeks after delivery.
 - 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.

<u>NOTE</u>: This field is optional, except for *H49 Healthy Start* grantees.

Figure 9: Women's/Maternal Health 2: Tier 4 (Optional)



- 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).

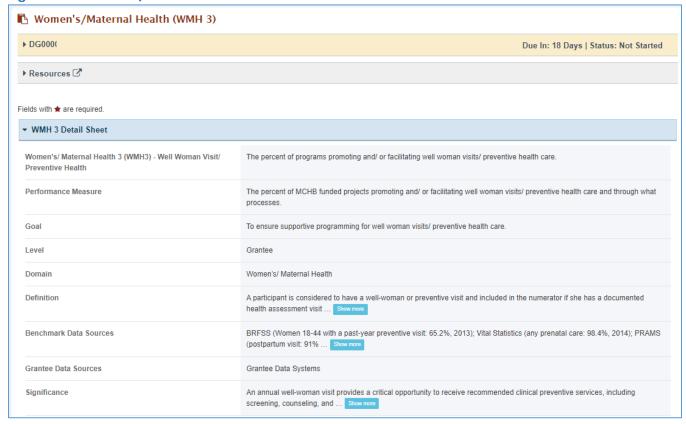
FORM INSTRUCTIONS

WMH 3 DETAIL SHEET

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

- 1. Women's/Maternal Health 3 (WMH3) Well-Women Visit/Preventative Health
- 2. Performance Measure
- 3. Goal
- 4. Level
- 5. Domain
- 6. Definition
- 7. Benchmark Data Sources
- 8. Grantee Data Sources
- 9. Significance

Figure 10: Women's/Maternal Health 3: Detail Sheet



TIER 1 (REQUIRED)

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

1. Are you promoting and/ or facilitating well woman visits/ preventive health care in your program? The grantee must select either Yes or No. If the grantee chooses No, 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 11: Women's/Maternal Health 3: Tier 1

▼ Tier 1		
* Are you promoting and/ or facilitating well woman visits/ preventive health care in your program?		
Comments	(If 'No', then please enter explanation here)	
	0/5000 characters	

TIER 2 AND 3 (REQUIRED)

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

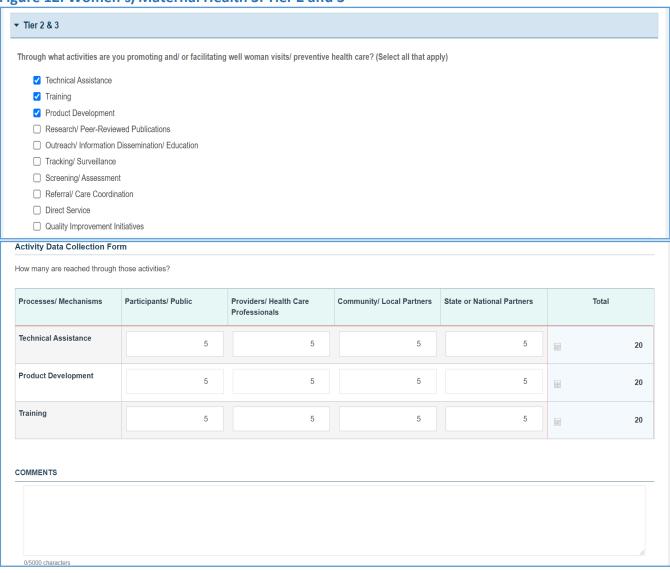
1. Through what process/mechanism are you promoting and/or facilitating well woman visits/preventive health care? Select all that apply.

- 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.

- 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).
- The grantee may proceed to the next tier only after responding to this question.
- Comments: The grantee may add comments. (NOTE: This is not required.)

Figure 12: Women's/Maternal Health 3: Tier 2 and 3



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

- 1. Outcome 1: Percent of pregnant women with a well woman/ preventative visit in the past year.
 - 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 13: Women's/Maternal Health 3: Tier 4 (Optional)



- 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).

FORM INSTRUCTIONS

WMH 4 DETAIL SHEET

The following information is under the **WMH 4 Detail Sheet**. The grantee may expand the accordion menu to view the details:

- 1. Women's/Maternal Health 4 (WMH4) Depression Screening
- 2. Performance Measure
- 3. Goal
- 4. Level
- 5. Domain
- 6. Definition
- 7. Benchmark Data Sources
- 8. Grantee Data Sources
- 9. Significance

Figure 14: Women's/Maternal Health 4: Detail Sheet

№ Women's/Maternal Health (WMH 4)	
▶ DG000	Due In: 18 Days Status: Not Started
▶ Resources ☑*	
Fields with ★ are required.	
▼ WMH 4 Detail Sheet	
Women's/ Maternal Health 4 (WMH4) - Depression Screening	The percent of programs promoting and/ or facilitating depression screening.
Performance Measure	The percent of MCHB funded projects promoting and/ or facilitating depression screening and through what processes.
Goal	To ensure supportive programming for depression screening.
Level	Grantee
Domain	Women's/ Maternal Health
Definition	A participant is considered to have been screened and included in the numerator if a standardized screening tool which is appropriately validated for Show more
Benchmark Data Sources	Related to Healthy People 2030 MICH-D01Objective: (Developmental) Increase the proportion of women who are screened for postpartum depression at Show nore
Grantee Data Sources	Grantee Data Systems
Significance	Postpartum depression (PPD) is common, affecting as many as 1 in 7 mothers. Symptoms may include depressed mood, loss of interest or pleasure in Show more

TIER 1 (REQUIRED)

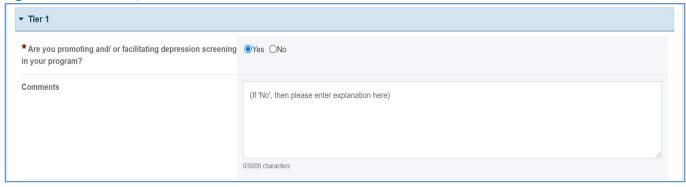
In this section, the grantee must respond to the following question(s):

1. Are you promoting and/or facilitating depression screening in your program? The grantee must select either Yes or No. If the grantee selects No, 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 15: Women's/Maternal Health 4: Tier 1



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 depression screening? Select all that apply.

Note the following requirements before completing this section:

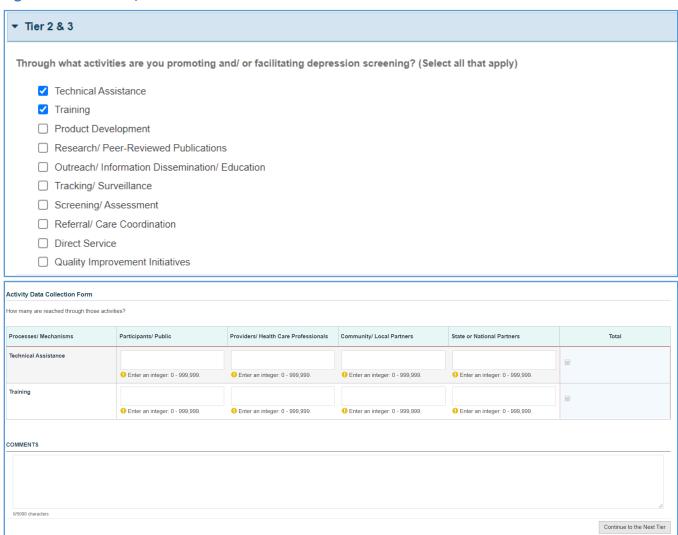
- The grantee may proceed to the next tier only after providing responses to each required question.
- Tier 2 is required for Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs).
- For New Competing Performance Reports (NCPRs), users are only required to fill 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.
- 3. Comments: The grantee may add comments. This is not a required field.

Note the following requirements 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.
- The grantee may proceed to the next tier only after providing responses to each required question.

Figure 16: Women's/Maternal Health 4: Tier 2 and 3



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

- 1. Outcome 1: Percent of pregnant women screened for depression using a validated tool.
 - 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.

- 2. *Outcome* 2: Percent of women who screened positive for depression who received a referral for services.
 - 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 17: Women's/Maternal Health 4: Tier 4 (Optional)

Tier 4 (Optional)	
■ Tier 4 is optional. If you have no outcom	nes 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 women screene	ed for depression using a validated tool
Numerator	• Number of women program participants who were screened for depression with a validated tool during the reporting period.
Denominator	Number of women program participants in the reporting period.
Outcome (%)	
Outcome 2 - Percent of women who sc	reened positive for depression who received a referral for services
Numerator	
	• Number of women participants who screened positive for depression during the reporting period and received a subsequent referral for follow-up services.
Denominator	Number of HS women participants who screened positive for depression during the reporting period.
Outcome (%)	

- 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).