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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				
Augliada Farra	Report Types			
Applicable Forms	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	✓	✓	✓	

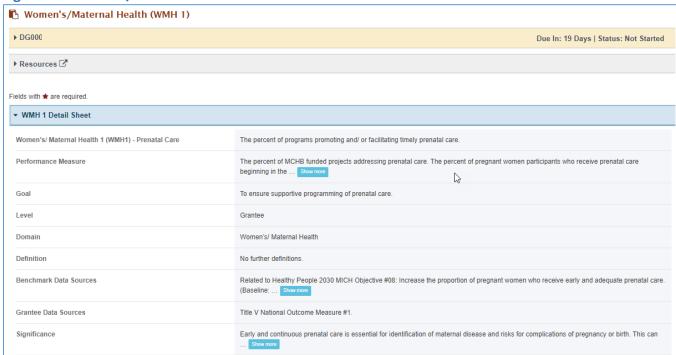
### FORM INSTRUCTIONS

#### 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)

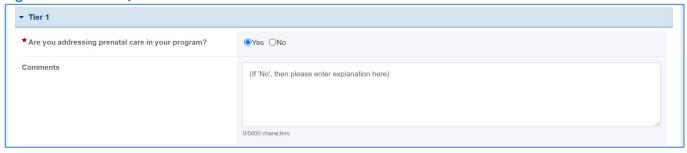
In this section, the grantee must respond to the following question(s):

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)**, only Tier 1 is applicable.
- The grantee may proceed to the next tier only after providing a response to this question.

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:

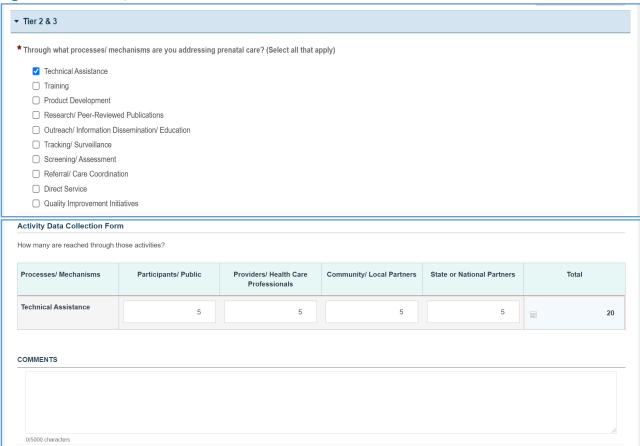
- Tier 2 is required for Non-Competing Continuation Performance Reports (NCCPRs) and Project Period End Reports (PPERs).
- For New Competing Performance Reports (NCPRs), users are only required to fill out Tier 1.
- For all the checkboxes selected by the grantee in Tier 2, the corresponding options are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

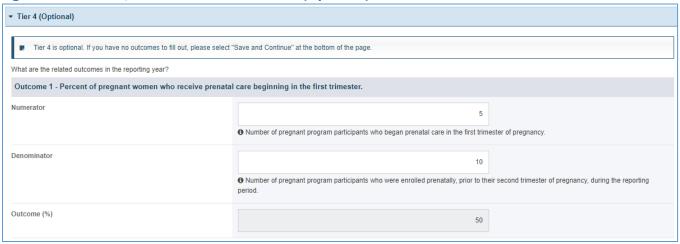


In this section, the grantee may respond to the following question(s):

- 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

⅓ Women's/Maternal Health (WMH 2)	
▶ DG0000	Due In: 19 Days   Status: Not Started
▶ Resources 🗹	
ields with ★ are required.	
▼ WMH 2 Detail Sheet	
Women's/ Maternal Health 2 (WMH2) - Postpartum Care	The percent of programs promoting and/ or facilitating timely postpartum care.
Performance Measure	The percent of MCHB funded projects addressing postpartum care.
Goal	To ensure supportive programming for postpartum care.
Level	Grantee
Domain	Women's/ Maternal Health
Definition	ACOG recommends that the postpartum visit occur between 4-6 weeks after delivery. ACOG suggests a 7-14 day postpartum visit for high-risk women. A Show more
Benchmark Data Sources	Related to Healthy People 2030 MICH- D01: Increase the proportion of women giving birth who attend a postpartum care visit with a health  Show more
Grantee Data Sources	Grantee Data System; Pregnancy Risk Assessment Monitoring System
Significance	Since the period immediately following birth is a time of many physical and emotional adjustments, the postpartum visit is important for educating Show more

### 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:

- The grantee may proceed to the next tier only after responding to the required questions.
- For New Competing Performance Reports (NCPRs), only Tier 1 is applicable.

Figure 7: Women's/Maternal Health 2: Tier 1



# TIER 2 AND 3 (REQUIRED)

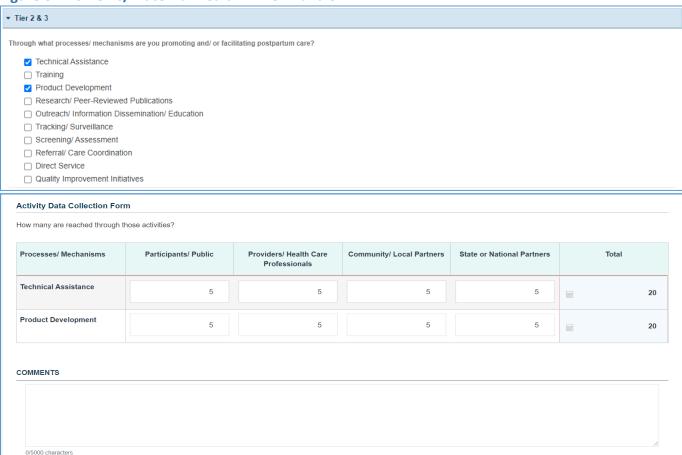
In this section, the grantee must respond to the following question(s):

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

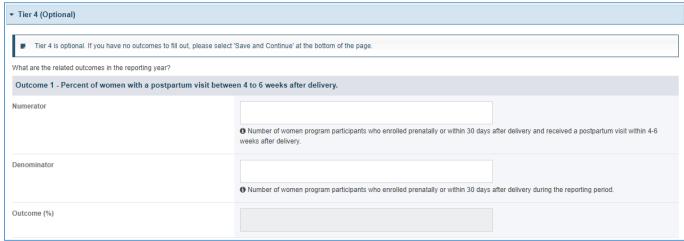


In this section, the grantee may respond to the following question(s):

- 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).

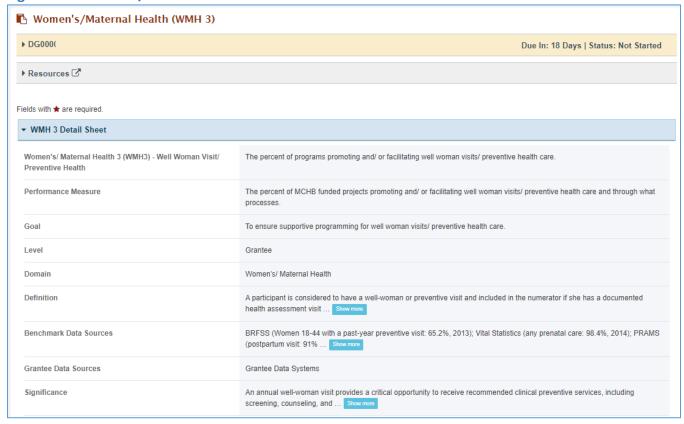
### FORM INSTRUCTIONS

#### 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:

- The grantee may proceed to the next tier only after providing responses to each required question.
- For New Competing Performance Reports (NCPRs), only Tier 1 is applicable.

#### 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?	●Yes ○No	
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

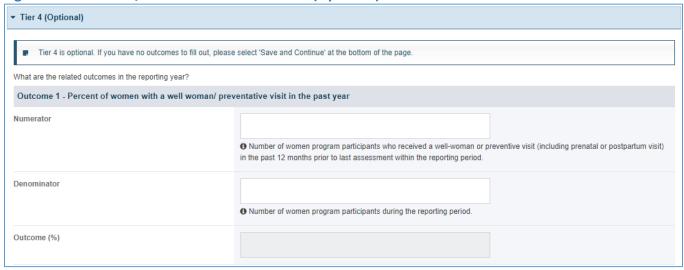
Tier 2 & 3					
Through what activities are you promoting and/ or facilitating well woman visits/ preventive health care? (Select all that apply)					
Technical Assistance					
☑ Training					
✓ Product Development					
Research/ Peer-Revie	wed Publications				
Outreach/ Information	Dissemination/ Education				
☐ Tracking/ Surveillance	ı				
☐ Screening/ Assessmen					
Referral/ Care Coording	nation				
☐ Direct Service					
<ul> <li>Quality Improvement I</li> </ul>	nitiatives				
ctivity Data Collection Fo	rm				
low many are reached through	those activities?				
Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance	5	5	5	5	20
Product Development	5	5	5	5	20
Training	5	5	5	5	20
COMMENTS					

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

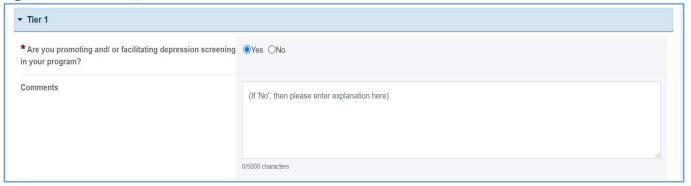
<u> </u>	
Momen's/Maternal Health (WMH 4)	
▶ DG000	Due In: 18 Days   Status: Not Started
▶ Resources ☑	
Fields with 🖈 are required.	
▼ WMH 4 Detail Sheet	
Women's/ Maternal Health 4 (WMH4) - Depression Screening	The percent of programs promoting and/ or facilitating depression screening.
Performance 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 more
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.

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

▼ Tier 2 & 3					
Through what activit	ies are you promoting a	nd/ or facilitating depre	ssion screening? (Sele	ect all that apply)	
Technical Ass	sistance				
Training					
☐ Product Deve	elopment				
Research/ Pe	eer-Reviewed Publications	S			
☐ Outreach/ Inf	ormation Dissemination/ E	Education			
☐ Tracking/ Sur	veillance				
☐ Screening/ As	ssessment				
☐ Referral/ Card	e Coordination				
☐ Direct Service	е				
Quality Impro	vement Initiatives				
Activity Data Collection Form					
How many are reached through those activ	ities?				
Processes/ Mechanisms	Participants/ Public	Providers/ Health Care Professionals	Community/ Local Partners	State or National Partners	Total
Technical Assistance					
	① Enter an integer: 0 - 999,999.	① Enter an integer: 0 - 999,999.	1 Enter an integer: 0 - 999,999.	1 Enter an integer: 0 - 999,999.	
Training					
	9 Enter an integer: 0 - 999,999.	1 Enter an integer: 0 - 999,999.	1 Enter an integer: 0 - 999,999.	1 Enter an integer: 0 - 999,999.	
COMMENTS					
0/5000 characters					//
					Continue to the Next Tier

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 outcomes to fill o	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 screened for de	epression 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 screened	positive for depression who received a referral for services
	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).