

# Keystone First's Bright Start® Maternity Program



**Keystone First's Bright Start maternity program is comprised of a team of associates who are dedicated to ensuring members receive early and regular prenatal care that will result in healthy birth outcomes.**

## Program components

### Care Managers

RNs who telephonically support members through every step of their pregnancy by:

- Connecting member to maternity care specialists.
- Identifying and controlling risk factors.
- Encouraging healthy prenatal behavior.
- Coordinating access to resources, such as behavioral health services, dental screenings, and federal or local support programs.

### Care Connectors

- Support the nursing team.
- Provide assistance with making and keeping appointments.
- Facilitate access to transportation for prenatal appointments.
- Complete social determinants of health (SDOH) assessments and referrals.

### Maternity Health Educators

Health Educators are health coordinators who work closely with our Bright Start Maternity team. They live and work within the community and meet our **pregnant** and **postpartum** members “where they are.”

Maternity Health Educators can:

- Assess the home environment.
- Complete social determinants of health (SDOH) assessments and referrals.
- Connect members to community resources.
- Provide women's health education.
- Assist with prenatal and postpartum appointment scheduling.
- Assist with transportation coordination.

Additionally, Maternity Health Educators have received Childbirth and Postpartum Professional Association (CAPPA) Postpartum Doula training, which has enhanced their knowledge and ability to provide emotional and informational support to families.

### **Behavioral health/substance use disorder**

- Integrated Care Plan (ICP) for pregnant members with serious persistent mental illness.
- Programs for mothers with addiction: PEARL and Maternity Care Coordination Healthy Babies at Home Program.

### **Community baby showers**

- An opportunity to provide information for new moms, perform health screenings, and provide prenatal and postnatal education.

### **Community partnerships**

- Partner with multiple community-based organizations (CBOs) that provide home visiting programs, beginning in the prenatal period.

### **Durable medical equipment:**

- Blood pressure monitor
- Breast pump
- Compression stockings
- Maternity belt

### **Food programs**

- Family Food: in-home dietitian program for pregnant members to manage weight gain and learn how to make healthy food choices.
- MANNA: "food as medicine" program for pregnant members with Type 1, Type 2, or gestational diabetes.

### **Keys to Your Care® program**

- A voluntary texting and incentive program for pregnant members.
- The Keys to Your Care Maternity texting program provides members helpful texts twice a week during their pregnancy, according to their gestational age and throughout eight weeks postpartum.
- Incentives include:
  - A gift card for joining the program
  - A gift card for completing the first prenatal visit by the end of 14 weeks
  - A gift card for attending the postpartum visit 7 to 84 days after giving birth

### **Moms 2B program**

- Cell phone program to keep moderate to high-risk pregnant members connected and compliant with prenatal care plans.

### **Postpartum visit coordination**

- Plan staff will ensure the postpartum visit is scheduled in either the provider's office or the member's home.
- Offers additional virtual or walk-in opportunity to complete the postpartum visit.

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Contact us at **1-800-521-6867** or visit our website at:

**<https://www.keystonefirstpa.com/provider/initiatives/brightstart/index.aspx>**

**For all support services listed, please call Bright Start at 1-800-521-6867 or fax the completed Bright Start Support Services Referral Form to 1-866-405-7946.**

**[www.keystonefirstpa.com](http://www.keystonefirstpa.com)**

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**Keystone First**



# Bright Start® Support Services Referral Form



Name of person making referral:	Phone number:	Date:
Office/Provider submitting request:		
Expectant member's name:	Expectant member's date of birth:	
Member ID number:	Address:	
Phone number:	Alternate phone number:	
Expected date of delivery:	Estimated gestational age (EGA):	
Type of service requested: <input type="checkbox"/> Encourage healthy prenatal behavior <input type="checkbox"/> Home visiting program <input type="checkbox"/> Prenatal support <input type="checkbox"/> Postpartum support		