

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**IN-HOSPITAL VOLUNTARY PATERNITY
ACKNOWLEDGMENT PROGRAM**

Effective Practices in Parent Outreach



**JUNE GIBBS BROWN
Inspector General**

**AUGUST 1997
OEI-06-95-00163**

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EXECUTIVE SUMMARY

PURPOSE

This report describes State best practices in outreach to and education of unmarried parents on voluntary paternity acknowledgment.

BACKGROUND

Federal law requires that States implement hospital-based programs for the voluntary acknowledgment of paternity, seeking to facilitate at-birth paternity establishment for children born to unmarried parents. Paternity researchers agree that the most opportune time for paternity establishment is the "happy hour" in the hospital immediately following the birth and before the release of the mother and child. State child support agencies are required to make available materials for educating parents, and hospital staff must provide mothers and fathers with both written materials and oral explanations regarding the rights and responsibilities of paternity establishment. In addition, parent outreach materials must be made available at vital records and child support offices, and are encouraged to be distributed to others who interact with unmarried parents.

FINDINGS

In collecting information nationwide for our companion report on State agency and birthing hospital implementation of paternity acknowledgment programs, we found that most State child support agencies (IV-D) had launched efforts to inform parents of the paternity effort. This report describes effective or innovative parent outreach and education practices and materials. These highlighted practices in no way represent all efforts nationwide, but give a snapshot of practices and materials that have been reported to us by State agencies and hospitals in the course of our study.

Guidelines for Creating and Utilizing Parent Outreach Materials

Outreach materials should clearly communicate the benefits and consequences of paternity acknowledgment, and not just the mechanics of documentation.

Thoughtful outreach materials should be specifically relevant to the target population, reaching unmarried parents of varied languages and backgrounds.

Multiple outreach opportunities can be used to reach a broader segment of the target group and to introduce early, and reinforce through repetition, a clear message on paternity acknowledgment.

Brochures and information sheets may be used effectively to educate parents, but they should be brief and engaging and accompanied by interactive outreach methods.

Hospital staff may be able to enhance acknowledgments by personalizing outreach efforts using information from patient surveys or birth certificate worksheets.

Proactive hospitals offer multiple opportunities for parents to learn about voluntary paternity acknowledgment, using pre-registration and hospital admittance to take advantage of early contact with parents.

A few States have begun to place child support employees on-site at high-risk birthing hospitals to help hospital staff and to communicate directly with unmarried parents.

Direct Contact Between Hospital Staff and Unmarried Parents

Hospitals report parents are largely open to talking about paternity issues, so direct discussion appears to be an important tool for encouraging acknowledgment.

Talking with the mother alone initially may allow for greater privacy and a clearer focus on paternity issues.

Supplementing prepared outreach materials with discussion encourages understanding and allows hospital staff to be responsive to individual parent questions.

Pre-arranging a time for the father to sign or receive information may avoid problems of timeliness and coordination, and allow staff to talk with both parents at once.

Hospital staff should be prepared to make clear the benefits of acknowledging and answer related questions not covered in outreach materials, using related topics such as the baby's surname to introduce the idea of acknowledgment.

Prenatal Education

Since many hospitals already provide childbirth classes, some States are able to include paternity acknowledgment education as part of pre-existing class curriculums.

Medical clinics, physicians' offices and schools are valuable venues for addressing paternity acknowledgment during prenatal education.

Follow-Up After Discharge

Timely follow-up with mothers after hospital discharge reintroduces the idea of acknowledgment at a less hectic time and provides a method for supplying additional outreach materials and documentation forms.

AGENCY COMMENTS

We have worked in close partnership with the Office of Child Support Enforcement (OCSE) throughout the conduct of this inspection. Although we did not receive formal comments from ACF on our draft reports, they demonstrated through their collaboration a general agreement with this report and the companion reports. We worked with OCSE in developing a research methodology, provided extensive briefings on study findings and created additional documents to meet agency needs. We appreciate their cooperation and guidance and will continue to work with them on the issues raised in these reports.

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INTRODUCTION

PURPOSE

This report describes State best practices in outreach to and education of unmarried parents on voluntary paternity acknowledgment.

BACKGROUND

The Omnibus Budget Reconciliation Act of 1993 (OBRA) amends the Child Support IV-D Title of the Social Security Act, requiring States to implement hospital-based programs for the voluntary acknowledgment of paternity. The objective of these programs is to facilitate at-birth paternity establishment for children born to unmarried parents. Establishment of paternity at birth has many administrative, financial and emotional benefits. Mothers often lack information about the importance of and methods for establishing paternity. Consequently, they may not seek to establish paternity until a point at which the process becomes more difficult.

Paternity researchers agree that the most opportune time for paternity establishment is the “happy hour” in the hospital immediately following birth and before the release of the mother and child. Within this narrow window of exposure to unmarried parents, birthing hospital staff must be prepared to inform parents about the option of voluntary acknowledgment. Additionally, parent outreach materials must be made available at State vital records office, child support agency offices and are encouraged to be distributed to other public agencies that interact with unmarried parents. Without an establishment of paternity, unmarried mothers may never obtain a child support order and gain access to the enforcement services of their child support office.

Under OBRA, State child support agencies must, among other requirements, make available voluntary acknowledgment outreach materials, including information on parental rights and responsibilities, and materials for training hospital staff. State child support agencies must monitor birthing hospital compliance on at least an annual basis. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) expands the role of hospital staff by requiring them to provide mothers and fathers with both written materials and oral explanations regarding the rights and responsibilities of paternity acknowledgment. As interpreted by the Office of Child Support Enforcement (OCSE), the intent of both OBRA and PRWORA is to make voluntary paternity acknowledgment part of the birth registration process.

This report, which describes State efforts to provide education and outreach to unmarried parents is one of four in a series on hospital-based voluntary paternity acknowledgment programs. “In-Hospital Voluntary Paternity Acknowledgment Programs: State Agency and Birthing Hospital Implementation” (OEI-06-95-00160) details nationwide program participation, “In-Hospital Voluntary Paternity Acknowledgment Programs: Hospital Experiences in Sample States” (OEI-06-95-00161) describes program usage using survey

responses from birthing hospitals and State agencies in 15 sample States, and “In-Hospital Voluntary Paternity Acknowledgment Programs: Effective Practices In Hospital Staff Training” (OEI-06-95-00164) highlights State efforts to educate birthing hospital staff on voluntary paternity acknowledgment procedures.

METHODOLOGY

After preinspection research, we administered comprehensive mail surveys on the voluntary paternity acknowledgment process to State child support and vital records agencies in every State and the District of Columbia and to 566 birthing hospitals in a sample of 15 States. In addition to completing the surveys, which provided data for our primary reports on implementation and hospital experiences, agencies sent examples of paternity acknowledgment education and outreach materials, training materials, and photocopies of their birth certificates and voluntary paternity acknowledgment forms. We received completed surveys and supplemental materials from both agencies in every State and from 78 percent of birthing hospitals sampled.

The supplemental materials for parent outreach and education included brochures, information sheets, and videos. We conducted telephone follow-up approximately six months after receiving these materials to request any supplemental outreach materials and received a number of new or updated items. Content analysis of the materials was conducted and a smaller number of materials and innovative ideas were judgmentally selected for inclusion in this report.

This study was conducted in accordance with the Quality Standards for Inspections issued by the President’s Council on Integrity and Efficiency.

FINDINGS

In collecting information nationwide for our companion report on State agency and birthing hospital implementation of voluntary paternity acknowledgment programs, we found that most State child support agencies (IV-D) had launched efforts to inform birthing hospital staff of the paternity effort and to provide outreach and education materials to supplement communications with unmarried parents. This report describes effective or innovative parent outreach and education practices and materials. These highlighted practices in no way represent all efforts nationwide, but give a snapshot of practices and materials that have been reported to us by IV-D and vital records agencies and by hospitals in the course of our data collection.

Parent outreach and education is an important and vital part of the hospital-based paternity acknowledgment program. Several States and hospitals have made exemplary efforts to educate their unmarried mothers and fathers about establishing paternity. These efforts have included prenatal education, guidance for direct contact with mothers in the hospital, and the dissemination of written materials. Parent outreach and education helps unmarried parents gain knowledge about their rights and responsibilities as parents. It is vital for them to have the opportunity to become educated and ask questions before making the important decision to acknowledge paternity.

GUIDELINES FOR PARENT OUTREACH

Outreach Materials Should Clearly Communicate the Benefits and Consequences of Paternity Acknowledgment, Not Just the Mechanics of Acknowledgment Documentation.

Brochures and information sheets are the most common outreach vehicles created by State child support agencies and provide the primary context for parents' understanding of paternity acknowledgment. A typical brochure contains explanatory statements answering what, why, and how to establish paternity. Appendix A includes a listing of typical questions and answers contained in written materials.

A complete explanation of why it is important to establish paternity should point out benefits the child may be eligible for, such as Social Security, veteran's funds, health care coverage, life insurance, any military allotments or military medical insurance, injured worker's payments, and inheritance. Other benefits to the child in establishing paternity are knowing the identity of the father, the family medical history, and securing child support.

Thorough written materials should address not only the benefits to the child but also outline paternity rights and responsibilities. For ease of explaining the rights, responsibilities and benefits, Massachusetts has an information sheet which parents must initial before signing the affidavit (See Appendix B). Outreach materials should also provide information on how fathers may undergo genetic testing and any costs associated with such a test. Additionally, brochures may briefly address establishing paternity for

older children and provide contact telephone numbers for information. A typical brochure is included in Appendix C and a typical information sheet is included in Appendix D.

States might also add clarity and better communicate with parents by segmenting their brochures into portions which discuss the unique perspectives of the mother and father. One State labeled these sections "Questions Mom Ask" and "Questions Dads Ask." Fourteen States sent us separate brochures for the mother and father which emphasize concerns unique to each, including Nebraska which created a folder "Paternity for Parents" enclosing the two brochures along with the affidavit. The State of Virginia even separately outlines the rights and responsibilities statements for each parent on the front of the affidavit (Appendix E). Beyond the basics of acknowledging, typical materials for the father discuss genetic testing, payment of child support, custody and visitation issues, adoption proceedings, and the emotional benefits of fatherhood. Brochures for the mother address issues such as eligibility for public assistance, relationship questions such as living arrangements or marrying a man other than the father, and paternity acknowledgment for siblings.

Other materials are designed specifically for young parents. For example, the State of Washington created a comic book to explain paternity establishment to minors (See Appendix F for excerpts). The book, entitled "Patman: Protector of Children's Rights," illustrates a story of two young parents trying to decide whether or not to acknowledge paternity.

Thoughtful Outreach Materials Should be Specifically Related to the Target Population, Reaching Unmarried Parents of All Relevant Languages and Backgrounds, Predicting and Addressing Parent Questions About Related Issues.

Cultural and lingual differences present challenges in outreach efforts, and it is important for all unmarried parents to have a clear understanding of the benefits and consequences of acknowledging paternity, regardless of their background. Outreach materials should be available in languages appropriate to the population and should be sensitive to cultural differences. A Colorado hospital uses a telephone translation language line to help parents and staff communicate, and some hospitals require their birth registrars to learn prominent alternative languages such as Spanish. Outreach materials and any discussion between hospital staff and parents should also be sensitive to misinformation about paternity that may be communicated through the patient's social network. For example, one State has reported some confusion over whether common law marriages negate the need to acknowledge paternity by affidavit. In this case, it is necessary for hospital staff to technically distinguish between a common law and legal marriage and to explain to the parents the implications of their status pertaining to establishing legal paternity.

Videos are Useful Supplements to Oral Discussion and Written Materials, especially in Cases Where Staff have Limited Time for Interaction with Parents.

Watching a video can give unmarried parents a better understanding of why acknowledging paternity is important and allow them to hear "directly" from other unmarried parents who have chosen to establish paternity. Watching role-playing on video gives them the sense that they are not the only ones who have faced this kind of decision. Because they may not be able to visit all hospitals in their State, videos allow State child support agencies to reach a wider audience using an interactive medium. Videos can be sent to schools and clinics as well. Videos may be especially helpful for outreach to parents with low education levels or poor communication skills who may not fully understand written materials and oral discussion.

Hospital rooms are often equipped with video equipment because they rely on videos to provide information on other parent and child issues. Videos received from Arkansas, Colorado, Kansas, Nebraska, New Hampshire, and Oregon use a variety of formats, usually dramatizing a hospital scenario and emphasizing the emotional and legal benefits to acknowledgment. Nebraska's video includes explanatory segments with a clinical psychologist, a judge, an obstetrics/gynecologist physician, and a registered nurse who give their various perspectives on the benefits of paternity acknowledgment.

Hospital Staff May be Able to Personalize Outreach Efforts By Using Information From Patient Surveys or Birth Certificate Worksheets.

Because birth certificate worksheets are widely used, they serve as a valuable source of information to hospital staff in targeting the specific needs of individual parents.

Often a birth certificate worksheet is the formal tool used to find out whether or not the mother is legally married and therefore introduce the paternity acknowledgment program (see Appendix G for birth certificate worksheet sample). We found in our companion report on hospital experiences that 84 percent of hospitals use birth certificate worksheets. These forms may be a barrier to acknowledgment if the parents fill them out alone with no interaction. However, if used properly, they can serve as a springboard to discussion about paternity.

For example, a California birth registrar requests that the mother fill out the birth certificate worksheet upon arrival when possible so he will have time to review the information before talking with the parents post-delivery. Whether hospital staff knew of a mother's unmarried status before or not, they use the occasion of completing the worksheet and the mother's subsequent responses to personalize their outreach to parents. Another hospital describes getting as much information as possible from the computer and compiling it on the worksheet, then talking with the mother to add other information and check for correctness, at which point the paternity information is given to her to read and consider. Hospitals which do not use birth certificate worksheets learn the patient's marital status during hospital registration.

One hospital reports using a questionnaire to assess parents' needs before discussing paternity acknowledgment.

An innovative Colorado hospital uses a brief patient evaluation form to determine parents' specific needs and circumstances. The hospital records basic information about the parents and baby and whether the father is present at delivery. The idea behind the survey is to help open lines of communication with the mother and to consider each mother's situation before discussing paternity with her. The form also serves to monitor hospital effort in explaining paternity to parents by recording whether the parent talked with a staff member about paternity, watched the paternity outreach video, or took a prenatal class. Additionally, the form includes a checklist of possible reasons why parents don't acknowledge. Compiling this information in aggregate could help hospital staff and the State child support agency analyze what factors influence parents to acknowledge in order to better meet the needs of future clients. The patient evaluation is included in Appendix H.

Proactive Hospitals Offer Multiple Opportunities for Parents to Learn about Voluntary Paternity Acknowledgment, Using Pre-Registration and Hospital Admittance to Take Advantage of Early Contact With Parents.

Hospitals should use a combination of methods to educate parents, providing multiple opportunities for parents to receive paternity information. This is valuable because mothers may respond to different methods of outreach. One mother may be willing to look at the materials after delivery, but for another the prime time may be before labor or even during pre-registration. An Arkansas hospital provides three opportunities for a parent to learn about and acknowledge paternity: parents are introduced to the idea of paternity by hospital admissions staff and given written outreach materials; nursery staff mention acknowledgment in the course of completing the birth certificate with the parents; mother and child discharge through the birth registrar's office and are given a final opportunity to sign and notarize the affidavit. These multiple entry points need not unduly pressure parents to acknowledge. Rather, they may serve as convenient reminders during a busy and confusing time and increase the likelihood that the father will be present when signing and notarizing are possible.

Several hospitals provide information about the program during the admissions or pre-registration process. One hospital places paternity brochures and an affidavit in the admissions packet to allow parents to consider the issue before the maternity nurse talks with them. The nurse said, "Often, by the time I see them they have already made up their minds and myself or another person can go ahead and notarize the affidavit." Another hospital with a high rate of acknowledgment confirms that the earlier parents learn about acknowledgment the more likely they are to sign. A medical records director in Texas contends, "They are not here long, so the mother receives the information at pre-registration before admission."

Some hospitals report pre-registering mothers for delivery six months in advance. When the mother arrives for the actual delivery, if she is in early labor the nurse will ease her into thinking about paternity, saying things like "have you thought about or are you planning on claiming paternity?" It is mandatory that the labor and delivery nurse ask if the father will attend the birth, so discussing paternity acknowledgment can normally follow that line of questioning. Following pre-registration, the mother goes to the mother-baby unit, where a social worker visits to help her in meeting financial and home care needs. This staff member also discusses paternity acknowledgment with the mother, particularly if she has questions. If the mother has not decided about acknowledgment after talking with the social worker, the prenatal secretary is responsible for discussing it with parents at admittance. She refers to herself as the "catch-all," meaning the final person responsible for ensuring paternity has been discussed with all unmarried parents.

A Few States Have Begun to Place Child Support Employees On-Site at High-Risk Birthing Hospitals to Help Hospital Staff and to Communicate Directly with Unmarried Parents.

Two full-time child support employees in Colorado visit hospitals specifically to provide outreach and education on paternity establishment. They are instructed to be respectful of hospital routines and one respondent refers to herself as a "guest" in the hospital and mother's rooms. This type of "out-stationing" is still unusual but is practiced in a few States, including Illinois and Florida. Those who advocate this labor-intensive strategy claim that it eases the burden on staff in those hospitals which assist a large number of nonmarital births. In addition to out-stationed employees, other child support staff communicate via telephone with the hospitals which have questions.

In Florida, out-stationed child support caseworkers in high-Medicaid hospitals are typically officed in the hospital's medical records or Medicaid payment offices and work in conjunction with the birth registrars, who still handle the actual birth registration and documentation. A typical experience would be for the birth registrar to give the mother a paternity outreach brochure along with the birth certificate worksheet. The child support caseworker then approaches the mother later in the day to follow-up and answer questions. Whenever possible, the caseworker will try to schedule the visit when the father is present. These on-site caseworkers offer a child support connection to the mother for other siblings who might also need paternity establishment or help in establishing support orders.

DIRECT CONTACT BETWEEN STAFF AND PARENTS

Hospitals Report Parents are Largely Open to Talking About Paternity Issues, so Direct Discussion Appears to be an Important Tool for Encouraging Acknowledgment.

When hospital staff discuss acknowledgment with parents, in addition to giving them the materials to read, they are more likely to fully grasp their option and to understand the implications of signing the paternity affidavit. This oral discussion is not only beneficial for parents, but as previously mentioned, is mandated in PRWORA. Although the amount

of time available for discussion varies, depending on the mother's hospital stay and staffing, hospitals report most mothers are open in asking questions concerning acknowledgment and the paternity affidavit. The written materials serve as a catalyst to prompt questions and promote discussion. After giving them time to review the materials, one nurse schedules herself to be available to talk with parents when both mother and father can be there for questions. Hospitals report parents often ask questions, regardless of whether they are already familiar with paternity acknowledgment or if it is new to them. Hospitals active in attempting to meet the needs of parents provide opportunities to discuss paternity acknowledgment in order to encourage parent understanding.

Hospital staff should be prepared to clarify the numerous benefits of acknowledgment and to answer related questions not covered in outreach materials. Predicting and addressing issues such as child support helps relieve parents' anxiety and gives them a clearer understanding of paternity. Even when thorough outreach materials are available, parents may be unwilling or unable to comprehend various issues and concerns. Parents may understand the literature but be confused about how it relates to their particular situation. We found in our companion report on hospital experiences that both the child support and the vital records agencies rate hospital staff as largely capable and willing to address issues with parents, and hospitals report parents are usually receptive to discussion and advice. Therefore, hospital staff must be versed on important paternity issues and be clear on their responsibility to communicate with parents.

Hospitals surveyed generally report the same types of questions were asked, regardless of the parent's circumstances, so the body of information to master should not be exhaustive. Most commonly asked questions deal with the baby's surname, eligibility for public assistance, paternity establishment for siblings, payment of hospital bills, custody and visitation, and issuance of child support. The importance of explaining these corollary issues should not be underestimated, as they may have a dramatic effect on decision-making. Concern about the baby's surname, for example, may lead parents to acknowledge. At a minimum, staff must be capable of referring parent questions to the appropriate public agency.

Talking with the Mother Alone Initially May Allow for Greater Privacy and a Clearer Focus on Paternity Issues.

A number of hospital respondents prefer to talk first with the mother alone, giving her time to broach the subject of paternity with the father privately, and then follow up with additional information and discussion with both parents when possible and necessary. Talking with the mother alone gives her privacy in assessing her unique concerns related to paternity acknowledgment. A birth registration clerk in Texas reports, "The mothers tend to be more anxious when the father is in the room, wondering what he'll say." Talking with the mother alone may also increase the comfort level of the hospital staff member. One respondent said she can better approach the subject and learn the mother's wishes when she is alone, saying "Even sometimes when the father is there I might wait

for a time when the mother is alone because I'm afraid it might be an abusive situation." Mothers may also be unsure of the father's identity and would therefore value private time to answer questions.

Pre-arranging a Time For the Father to Sign or Receive Information May Avoid Problems of Timeliness and Coordination, and Allow Staff to Talk with Both Parents at Once.

Most hospitals report the best time to locate the father is right after delivery. At this time, hospital staff may choose to pre-arrange a time with both parents present to discuss paternity and sign the acknowledgment. An Illinois hospital respondent talks with the father if he is present or gives the mother an opportunity to telephone the father and bring his picture identification so he can sign the affidavit or at least be given paternity information. Another hospital phones the mother in the hospital room and offers to arrange a meeting time. Pre-arranging a time for the father to sign or receive information is beneficial for both parents as well as hospital staff in cases where a notary is only available at certain times. Another obvious advantage to hospital staff in talking with both parents together is saving time by making only one contact.

Hospital Staff Should Recognize and Adapt to the Influence of Others on Parental Decision-Making.

Others present in the hospital setting, such as maternal and paternal grandparents, may heavily influence parents when deciding whether or not to acknowledge. Hospital staff may be able to use these people to serve as "translators" of the paternity message. Discussing paternity with a mother can be a very sensitive issue, and the presence of the maternal or paternal grandparents may either hamper or encourage discussion about paternity. One health information systems administrator said "Grandparents can make it difficult to talk with the mom. It is more uncomfortable talking with her if the grandparents are in the room." Another hospital respondent commented, "Yes, many times the girl's parents are there and they are into the issue and it can get sticky."

A number of different strategies may be employed to handle the presence of grandparents. Another hospital respondent says she explains the law to the grandparents and adds that it is the mother's responsibility to make decisions for her own child. Sometimes a birth registrar may need to ask very personal questions of the mother about past pregnancies. A Virginia respondent simply asks the unmarried mother whether or not she wants others to be present when she talks to her. When grandparents favor acknowledgment, they can be powerful allies for hospital staff and serve in a translation role. For example, a California birth registrar likes the grandparents present because the unmarried parents may be very young and may not fully understand what 'paternity' means. One registrar reports, "A lot of times the mother of the unmarried mom is there and she is a big influence in encouraging the mother to acknowledge." Because the birth registrar isn't intimately familiar with the parents it makes sense that parents might rely on others, especially if the parents are young. Many parents want to use all of their available

resources in making a decision about paternity, including close friends, grandparents, and public assistance caseworkers.

Where Hospital Staff Choose to Go Beyond Informing Parents to Serving as Advocates of Acknowledgment, they Should Be Careful to Preserve its Voluntary Nature.

While some hospital staff may simply inform parents about the option of acknowledging, others perceive their role as that of counselor and advocate. These latter must maintain a balance to preserve the voluntary nature of paternity acknowledgment. Although it is most important that hospital staff provide parents with timely and accurate information on the process of acknowledging paternity, a number of hospital respondents reported more personal levels of communication with unmarried parents. Some hospital staff feel strongly about the societal benefits of paternity establishment and are therefore especially motivated to encourage parents to acknowledge. Those hospital respondents who choose to go beyond merely informing parents about paternity by serving as advocates of acknowledgment vary in their degree of encouragement.

In the process of distributing paternity outreach materials, hospital staff who choose to serve as advocates may discuss the details of a patient's circumstances and relate the benefits of acknowledgment to their situation. Staff who are involved at this level appear to come more often from the obstetrics than the medical records departments. This may be due to their greater interaction during the mother's hospitalization or because obstetrics staff members are already heavily involved with patients regarding other highly personal issues such as baby care and postpartum recuperation. The decision to take on this broader role is likely to vary from patient to patient. When staff determine that it is appropriate to take on the role of advocate rather than educator, it is important to not mislead or coerce parents into acknowledging or giving advice that goes beyond the parameters outlined in staff training and outreach materials.

PRENATAL EDUCATION

Nearly All Hospitals Offer Childbirth Classes, and Some Include Paternity Acknowledgment Education in their Prenatal Curriculum.

Prenatal education gives unmarried mothers more time to think and prepare for a decision concerning the paternity affidavit prior to delivery. This advance notice allows the mother to encourage the father to be present at delivery and to bring identification needed for notarization. A number of hospitals include paternity acknowledgment information in childbirth education classes. This strategy can reach a large proportion of the target population due to widespread acceptance of the importance of childbirth classes. In some States, mothers on public assistance or Medicaid are required to take such classes. Paternity acknowledgment information may be included in the parent tour of labor and delivery facilities required by many hospitals. A Massachusetts hospital offers a separate childbirth class just for teenagers which focuses more on paternity acknowledgment than the general childbirth course.

Medical Clinics, Physicians' Offices and Schools are Valuable Venues for Addressing Paternity Acknowledgment Issues Prenatally.

Once outreach materials are produced, States would be well-served to market them beyond the hospital environment. Mothers must, of course, seek medical care during pregnancy, and this provides a number of entry points for providing outreach to mothers at a less stressful time than the hospital stay. Some States have targeted only high-risk clinics for this outreach and some have taken a broader approach by distributing materials and presenting workshops at clinics, physician's offices and schools statewide. Materials may also be placed in other social service offices and in child care centers. Outreach to schools may be particularly effective because it involves the father as well as the mother and because it reaches young people who are not yet pregnant. Colorado's child support agency is currently developing specific curriculum for its public schools on paternity establishment so outreach may be conducted within the framework of health or parenting classes. Although the regulations written for interpreting OBRA focused primarily on in-hospital paternity acknowledgment, there is a clear intention to broaden paternity outreach beyond the hospital.

FOLLOW-UP AFTER DISCHARGE

Timely Follow-up with Mothers After Discharge Reintroduces the Idea of Acknowledgment at a Less Hectic Time and Provides a Method for Supplying Additional Outreach Materials and Documentation Forms.

When hospitals or child support agencies make the effort to follow-up with parents who do not acknowledge during the hospital stay, parents are afforded another opportunity to acknowledge before the birth certificate is filed. Often, hospitals routinely call all mothers anyway to check on the baby's progress and the mother's post-partum care. The mother and child's hospital stay may be very brief, making a full discussion of the paternity acknowledgment process difficult. Through follow-up, hospitals allow parents more time to understand the benefits of acknowledgment.

Follow-up may consist of phone calls, letters or both. When follow-up letters are used, they may include the following information: number of days they have to establish paternity, the fee for late acknowledgment, and legal information regarding time limits for registering the birth and for changing the baby's surname. An example of a follow-up letter is included in Appendix I. Hospitals usually place phone calls within two weeks, and may send letters following phone contact. The amount of time allowed depends upon when the birth certificate information is due to the vital records agency. Because parents may relocate quickly after the time of birth, prompt follow-up is important.

In some States, privacy statutes prohibit the child support agency from receiving information on nonmarital births until they become a part of the IV-D caseload. Indiana's child support agency purchases lists of parents from hospitals as would a diaper service or a parenting magazine. They then notify all mothers who have not listed a father's name or have provided different surnames for the father and the child.

Another common method of encouraging acknowledgment after discharge is holding the birth certificate for a few days in case the parents change their minds or if the father was not available. Several hospitals give the mother outreach information and/or the paternity affidavit and tell her to contact them if she decides to acknowledge or can locate the father. One hospital gives a discharge packet of materials containing a form letter stating they can still acknowledge paternity without a fee if the parents return within a certain number of days. Follow-up may be even more crucial when the birth registration clerk is not there on weekends to notarize acknowledgments.

CONCLUSIONS

Although many States are still early in their implementation of in-hospital voluntary paternity acknowledgment programs, a number of State child support agencies have made great strides in addressing parent outreach and education. Based upon our analysis of the materials and practices reviewed in this report, we draw the following conclusions about parent outreach and education:

CONTENT OF MATERIALS. *Outreach should explain the benefits and consequences of paternity acknowledgment as well as the mechanics of acknowledging, and written materials should be supplemented with discussion.* Not only is oral communication of paternal rights and responsibilities mandated by PRWORA, but direct contact between hospital staff and parents clarifies the concept of paternity and allows parents to better relate issues to their own circumstances.

INDIVIDUALIZED APPROACH. *Hospital staff should attempt to personalize outreach efforts, using information about the parents to better meet their needs.* Different approaches are appropriate in speaking to the parents about paternity according to the timing of the presentation, the availability of the father, the visitors in the room, the mother's interest, and cultural or language barriers.

USE OF MULTIPLE OUTREACH VENUES. *Multiple outreach opportunities can be used to reach a broader segment of the target group and to introduce early, and reinforce through repetition, a clear message on paternity acknowledgment.* States should use a variety of entry points for introducing paternity acknowledgment information. Parents may receive paternity acknowledgment information at the physician's office, during a childbirth class, hospital pre-registration, or upon admittance prior to delivery, rather than only during the hospital stay for delivery.

FOLLOW-UP AFTER DISCHARGE. *Timely follow-up with mothers after discharge provides additional encouragement to acknowledge, and opportunity to re-distribute documentation forms.* Many parents may leave the hospital without acknowledging because of the unavailability of the father or of a notary. They may also need more time to make the decision to acknowledge and would value a reminder and the availability of new documentation materials.

AGENCY COMMENTS

We have worked in close partnership with OCSE throughout the conduct of this inspection. Although we did not receive formal comments from ACF on our draft reports, they demonstrated through their collaboration a general agreement with this report and the companion reports. We worked with OCSE in developing a research methodology, provided extensive briefings on study findings and created additional documents to meet agency needs. We appreciate their cooperation and guidance and will continue to work with them on the issues raised in these reports.

Appendix A: Questions and Answers

Typical Questions and Answers¹	
Questions	Answers
Why can't the father just sign the birth certificate?	Having the father's name on the birth certificate is a good first step, but it does not make him the legal father. When the father signs the affidavit he is saying that he is the baby's biological father. It is best if the father signs both the birth certificate and the acknowledgment of paternity.
Whose name will be on the birth certificate?	Example: If the baby's mother and father complete the affidavit of paternity at the hospital, the father's name will appear on the birth certificate based upon the information the hospital sends to the Center for Health Statistics (Alabama).
What if I am not yet 18 years old?	You can still be named as the father. You can also be ordered to help the mother support the child. Even with limited income, fathers should be required to provide regular financial support for their children.
What if the mother and child live in a different State from the father?	States have an agreement which allows the mother to prove who the father is even if he lives in a different State. The agreement also covers collecting child support from absent parents in other States.
Genetic testing	Genetic tests can be performed to determine the paternity of a child. These tests will show that a man is not the father of a child or indicate the probability that he is the child's father. The test results provide reliable information to aid parents and judges in parentage decisions.

¹ When an answer is referred to as an "example," specific State laws appear to dictate the response and the answer should not be considered viable for all States.

<p>Who pays for the blood tests?</p>	<p>Answer varies by State such as the father, AFDC, child support arranged payments, or private arrangements with the hospital or a paternity testing laboratory. Parents may ask hospital staff for information.</p>
<p>What about Visitation and Custody?</p>	<p>Issues concerning custody and visitation are not a part of the paternity establishment process. If they become an issue then they may be resolved by a voluntary arrangement between the parents or by court action.</p>
<p>What if the child is receiving government assistance (welfare or Medicaid)?</p>	<p>If the child is receiving AFDC (welfare) or medical assistance, the mother must assist the agency to establish paternity. When the parents sign the Affidavit Acknowledging Paternity, a copy is sent to the child support office.</p>
<p>Can I sign the acknowledgment if I am married to someone else?</p>	<p>A father can sign the affidavit if he is married to someone else. A denial of paternity form is available for a mother who is married to someone who is not the biological father.</p>
<p>Why is establishing paternity important?</p>	<p>Explanations include identify, benefits, money, medical, etc.</p>
<p>How is paternity established?</p>	<ul style="list-style-type: none"> -Voluntary Acknowledgment of Paternity Affidavit in the hospital. -Paternity Affidavit after discharge from the hospital. -Seek State Child Support Agency <p>Example: When the baby is born the hospital staff must get information for the baby's birth certificate. They will have the Affidavit Acknowledging Paternity form for the mother and father to sign saying that he is the biological father. The parents must show a picture ID, such as a driver's license. Both parents must give the hospital staff their social security numbers.</p>

<p>Does there have to be a trial?</p>	<p>Example: No, not when you and the mother both agree that you are the father. Even for those cases which go through the court, there is usually no trial. It is easiest to establish paternity when the mother and father have a good relationship. If you have any doubts, you may ask for paternity blood tests to be sure you are the father (Colorado).</p>
<p>What if the father thinks the pregnancy was an accident?</p>	<p>Example: Texas law says that a father is responsible for supporting his children. This means that once the court decides he is the biological father, the man must pay to help support his child, even if the pregnancy was an accident.</p>
<p>The mother of the child said she was using birth control. I do not think I am responsible for the pregnancy, so why do I have to pay?</p>	<p>Example: Legally, you are responsible for supporting the child if you are his or her biological father. It does not matter whether you agreed to the pregnancy.</p>
<p>What about child support?</p> <p>Does the father have to pay child support?</p>	<p>Example: The law requires that both parents provide for the financial needs of their child. By receiving assistance from both parents a child's chances for success are greatly improved.</p> <p>Example: Yes. Once paternity is established, the father has a legal obligation to support his child through minority and /or as otherwise allowed under law.</p>
<p>If I am afraid of the father, do I have to name him?</p>	<p>If you are asking for public assistance or help with paternity establishment, you must name the father. However, you may not be required to establish paternity if you can show risk to yourself or the child. This is called "GOOD CAUSE." Include contact telephone numbers for more information.</p>

What Is Paternity?

Paternity means fatherhood. Establishing paternity means a person named as the father of a child has been legally determined to be the father of a child. Establishment of paternity is necessary only when the mother is not married to the father of the child.

Why Is Establishing Paternity Important?

Both parents have a right and a need to know that they have contributed to the future development of their child.

Identify - We all have a basic need to know who we are and who our family members are. By knowing both parents we have a better understanding of our own identity and past. Establishing paternity will help to strengthen a child's emotional growth by providing an added sense of security as well as aiding in the child's social and psychological development.

Medical - Your child needs to be aware of his parents medical history. This is important as your child may have inherited diseases or disorders which may not be detected at birth or in childhood.

Benefits - Your child has the right to benefits from both parents. These may include Social Security, insurance benefits, inheritance rights, Veteran's and other types of benefits. Your child may not receive these from his father unless paternity has been legally acknowledged or established.

Money - The law requires that both parents provide for the financial needs of their child. By receiving assistance from both parents a child's chances for success are greatly improved.

Fathers as well as mothers have the right to know their child and a responsibility to support them.

How Do We Establish Paternity?

There are several ways that paternity may be established. A brief explanation of each of them is listed below. If you have questions about any one method or need help to determine which may best meet your needs, you may contact the Child Support Enforcement office, legal counsel or your local Clerk of Court.

Hospital-Based Paternity - North Carolina provides the opportunity for a father to acknowledge paternity at the time of a child's birth. This is a simple procedure whereby parents sign the Affidavit of Parentage form in the hospital. This allows the father's name to be placed on the birth certificate, and also serves as a legal acknowledgment of paternity.

Paternity may be established by signing this affidavit if:

the mother was unmarried when she became pregnant and when the child was born, and

the father is willing to sign an affidavit stating that he is the father of the child.

This Affidavit of Parentage is filed with the State Registrar (Vital Records) and legally declares the paternity of your child.

Voluntary Acknowledgment of Paternity - If you did not establish paternity at the time of birth, you may choose to do so at a later date. The mother and father sign documents acknowledging they are the parents of a child. These signed statements are presented to the court and an Order of Paternity is entered. This legally establishes paternity for a child.

Genetic Testing - If there are any doubts regarding the paternity of a child, you should not sign any

paternity declaration documents. Genetic tests can be performed to determine the paternity of a child. These tests will show that a man is not the father of a child or indicate the probability that he is the child's father. The test results provide reliable information to aid parents and judges in parentage determinations.

Court-Ordered Paternity Establishment - If the parents do not agree to voluntarily establish paternity, legal action may be filed with the court to establish paternity for a child. After all evidence is presented, a judge will decide if paternity should be ordered.

Do We Need To Establish Paternity Now?

Yes. Although the relationship between the mother and father may be good now, things may change in the future. You should also consider the possibility that something could happen to the father. It's always best to resolve the paternity issue as soon as possible to protect your child's future.

What About Visitation And Custody?

Issues concerning custody and visitation are not a part of the paternity establishment process. If they become an issue then they may be resolved by a voluntary arrangement between the parents or by court action.

How Do I Find Out More Information On Paternity And Other Child Support Services?

If you have more questions regarding paternity and other child support issues you may contact the local Child Support Enforcement office which serves your county. The staff can answer any further questions that you may have on paternity as well as explain all other child support services that are available.

Appendix D: Parent Information Sheet



How a *Declaration of Paternity* Can Help You and Your New Baby

What is a Declaration of Paternity?

The *Declaration of Paternity* is a legal document that, when signed by both parents, says the man is the natural father of the child.

How Can a Declaration of Paternity help me?

When the parents of a child are not married at the beginning of the pregnancy or at the birth of the child, the father may NOT be considered a legal parent with rights or responsibilities for the child. Even signing the child's birth certificate will not make him the legal father. To help you gain legal rights as your child's father, you can sign the *Declaration of Paternity*. In most cases, signing the form will make it easier to establish paternity in court later.

Why should I sign the declaration?

To show your child that you are proud to be his or her father!
To help you have a bond with your child.
To get a legal paper that says you are presumed to be the child's father under California law.
To give your child your legal name if you choose.
To help you be able to add your child to your health insurance plan.
To help make sure that your social security or veteran's benefits are paid to your child in case you die or are disabled.
To help protect your child's right to inherit from you.

What does it mean when I sign the declaration?

After both parents have signed the *Declaration of Paternity*, the form and other appropriate paperwork may be filed with the court to establish paternity. Once paternity is established, you will have the legal rights and financial responsibilities of a parent under California law. Signing this declaration will help your child have the same rights that he or she would have if you were married to the other parent.

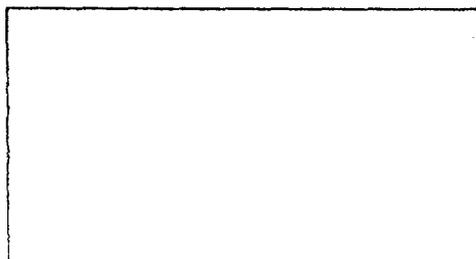
How do I fill out the declaration?

Sections A, B and D should be filled out by the parents of the child. The witness will fill out section E. See the instructions on the declaration for more details.

What do I do if I have more questions?

For more information about the *Declaration of Paternity*, establishing parentage or child support, please contact the local District Attorney Family Support Office or legal services organization.

For more information please contact:



Appendix E: Parent Statements

PATERNITY ACKNOWLEDGEMENT RIGHTS AND RESPONSIBILITIES STATEMENT

RIGHTS AND RESPONSIBILITIES OF FATHER

I have read or was told of the following matters before signing the acknowledgement of paternity on the reverse side of this form.

1. I understand that my signature on this form establishes that I am the natural parent of the named child for all legal purposes.
2. I sign the Acknowledgement of Paternity voluntarily and understand that I am under no obligation to do so. No pressure is being or has been placed upon me to sign. I understand I may take the following actions instead of signing this form.
 - a. seek the advice or representation of legal counsel
 - b. request that blood tests be taken and
 - c. have the matter of paternity determined by the court
3. I understand that I will have the responsibility to provide support for my child
4. I understand I will be responsible to pay such support until the child turns 18 years of age or beyond if required by law.
5. I understand that after paternity is established I have the right to request visitation with and custody of the child. Custody and visitation are decided in legal actions separate from the issues of paternity and child support.
6. I understand that the Acknowledgement of Paternity may be used in any legal proceeding regarding my child
7. I understand that I have the right to talk to a staff person to clarify information on this form and answer any questions I have.

RIGHTS AND RESPONSIBILITIES OF MOTHER

I have read or was told of the following matters before signing the acknowledgement of paternity on the reverse side of this form.

1. I understand that my signature on this form means that I swear that I am the mother of named child and the person signing as the father is the biological father of the child.
2. I sign the Acknowledgement of Paternity voluntarily and understand that I am under no obligation to do so. No pressure is being or has been placed upon me to sign. I understand I may take the following actions instead of signing this form.
 - a. seek the advice or representation of legal counsel
 - b. request that blood tests be taken and
 - c. have the matter of paternity determined by the court
3. I understand that after paternity is established the father has the right to request visitation with and custody of the child. Custody and visitation are decided in legal actions separate from the issues of paternity and child support
4. I understand that I have the right to talk to a staff person to clarify information on this form and answer any questions I have.



Mary

Her new baby added reality to her Marybook romance.



Jon

Young, confused and wanting to make the right choice.



Baby

Jon & Mary's newborn baby. Will they establish paternity? Maybe!



Ann

Paying the price for waiting too long.



Bill

He doesn't wear a wedding ring, but cared enough to do the right thing.



Dinah

Deprived daughter of Ann and?



Pat

Looked for love in all the wrong places.



Ernie

He lives a life of shame. He lacks his fathers name.



"T"

Tómas The product of looking for love in all the wrong places.

Follow the saga of Jon and Mary as they try to decide for themselves and their new child whether they should establish paternity. Also letters to Patman - the superhero with all the answers.



Jon and Mary just had a baby. It's a joyous occasion. They're still young, and this is going to be a major test of their maturity...

O.K. next on the agenda; I need to explain this paternity affidavit. It's important because it affects you and your child's life.

What's paternity?

Paternity means fatherhood and it must be agreed to when the parents of a child aren't married at the time of birth.

Why should we worry about paternity?

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Appendix G: Certificate Worksheet

BIRTH CERTIFICATE WORKSHEET

Sonora Community Hospital

Delivered By: _____

Medical Record Number: ____ - ____

I have named my baby: (first) _____ (middle) _____ (last) _____

Sex of Child: ___ M ___ F ___ Single ___ Twin ___ Triplet Length _____ inches

Date of Birth: ___/___/___ Time of Birth: ___:___ a.m./p.m. Weight ___ lbs. ___ oz.

Information on Father: (first) _____ (middle) _____ (last) _____

State of Birth: _____ Date of Birth: ___/___/___ Last grade of education completed: _____

Information on Mother: (first) _____ (middle) _____ (maiden) _____

State of Birth: _____ Date of Birth: ___/___/___ Last grade of education completed: _____

Race of Father (please circle one): White / Black / Asian / American Indian / Other _____

Spanish or Hispanic in background? No / Yes (specify) _____ Social Security Number: _____

Occupation of Father: _____ Type of Industry: _____

Race of Mother (please circle one): White / Black / Asian / American Indian / Other _____

Spanish of Hispanic in Background? No / Yes (specify) _____ Social Security Number: _____

Occupation of Mother: _____ Type of Industry: _____

Home Address of Mother: _____ / _____
Street, Apt. # City, State, Zip Code

Mailing Address of Mother: _____ / _____
Street/P.O. Box City, State, Zip Code

County of Residence: _____ Telephone Number: () _____ - _____

Date of last normal menstrual period: ___/___/___ Month prenatal care began (i.e. 1st, 2nd etc.): _____

Number of prenatal visits: _____ Source of payment for care: Private Pay / Medi-Cal / Blue Cross / Other Private Insurance

I have ___ other children who are now living (do not count this birth or any adopted children).

I have ___ other children who were born alive but are now dead (do not count this birth or any adopted children).

I have had ___ miscarriages before the fifth month of pregnancy. I have had ___ miscarriages after the fifth month of pregnancy.

Date of birth of youngest child (do not count this child or any adopted children) ___/___/___.

Date of last miscarriage: ___/___/___.

Do you want a social security number for your new baby? ___ Yes ___ No. May the Social Security Administration share it with the Department of Health Services? ___ Yes ___ No.

Signature of Mother or Father: _____ Dated: ___/___/___

Appendix H: Evaluation

BABY INFORMATION

Name: _____ Baby's DOB: ____/____/____
First Middle Last

MOTHER INFORMATION

Name: _____ Mother's DOB: ____/____/____
First Middle Last Maiden

County of Residence: _____ Race: _____ Years of Education: _____

Marital Status:

- 1 - Married to FOB
- 2 - Married but not FOB
- 3 - Common law with FOB
- 4 - Not married

Occupation: _____

Worked during pregnancy: 1-Yes 2-No 0-Don't know

Number of other children: _____

Language Barrier:

- 1 - No
- 2 - Yes... 1 - Spanish only
- 2 - Other _____

Pre-natal care:

- 1 - No pre-natal care
- 2 - Pre-natal care, not at this facility
- 3 - Pre-natal care at this facility

Mother's social security number: _____

FATHER'S INFORMATION

Name: _____ Father's DOB: ____/____/____
First Middle Last

Race: _____ Years of Education: _____

PROJECT INFORMATION

Was father present at delivery:

- 1 - Yes
- 2 - No
- 0 - No information

Reasons Paternity Affidavit Not Completed (*circle all that apply*)

- 1 - Mother doesn't want him on (abusive/fears/dislikes father)
- 2 - Father uninterested, not involved
- 3 - Father incarcerated
- 4 - Father out of state
- 5 - Father not at hospital
- 6 - Both interested, but want to wait
- 7 - Mother wants father to marry her first
- 8 - Mother wants boyfriend to adopt the baby
- 9 - Adoption by third party
- 10 - Father doesn't believe the baby is his
- 11 - Neither parent interested
- 12 - Wants informal payments, can do better financially alone
- 13 - Doesn't know who father is
- 14 - Mother doesn't want him on, no reason given
- 15 - Married, but not to FOB
- 16 - Cannot determine
- 17 - Other _____

Was the paternity affidavit signed:

- 1 - Both parents signed
- 2 - Mother signed
- 3 - Neither signed
- 8 - Other _____

RR Present? CSE-6 Gives?

- 1 - No 1 - No
- 2 - Yes 2 - Yes

Video # In-person # Class

Appendix I: Follow-up Letter

Dear _____

Our records indicate that your baby was born on _____, to date we have been unable to register the baby's birth for the following reason(s):

_____ Parents of the child have not signed the birth certificate and/or the acknowledgment of parentage.

_____ Mother of the child has not signed the birth certificate and/or the acknowledgment of parentage.

_____ Father of the child has not signed the birth certificate and/or the acknowledgment of parentage.

_____ Parent(s) have not completed a birth certificate worksheet. Please find worksheet enclosed. Fill out immediately and return to the medical records department at the hospital.

Other: _____

Your immediate attention is required on this matter. Please contact me with any questions you might have.

The baby's incomplete birth certificate will be sent to the town hall on _____, if we do not hear from you. At the town hall the birth certificate will be put into a pending file until this matter is taken by you.

Thank you.

Birth Registrar