

Program Framework

General Overview

The Welcome Baby program offers hospital and home-based services for pregnant women and mothers who have just given birth. The main goal of Welcome Baby is to work with families to enhance the parent-child relationship and maximize the health, safety and security of the baby, and to link families to support services when needed. Welcome Baby is a voluntary, universal home visitation program designed for families living in Los Angeles County. Welcome Baby is offered at no cost to all mothers giving birth, or planning to give birth at participating hospitals. The program is voluntary; clients can elect to decline enrollment or discontinue the services at any time. Families will benefit in different ways from Welcome Baby depending on where they live and their needs.

Recognizing that where you live and grow up can determine if you have access to healthy food, safe places to play and quality schools, medical and child care, First 5 LA's commission invested in 14 Best Start Communities in Los Angeles County as part of their placed-based approach to build strong foundations in which children can grow and thrive. In Best Start, parents, civic, and business leaders, members of the clergy, representatives from community-based organizations and others work as partners to transform neighborhoods into places where young children can grow up safe, happy and healthy.

Families residing within a *Best Start* community may enroll in Welcome Baby anytime during prenatal care up until 38 weeks gestation and they will be eligible for up to nine Welcome Baby engagement points: three times prenatally, once at the hospital, and up to five times after the baby's birth. Prenatal outreach, recruitment, and referral are conducted through community health centers, local provider offices, hospital tours, and community sites such as WIC centers. The optimal time to enroll clients is during the prenatal period since this is a time when a pregnant woman is most receptive to information that will enhance the health and well-being of her unborn child. Families residing in Best Start Communities, who were not enrolled prenatally, may also enroll at participating hospitals following their baby's birth. This Welcome Baby hospital visit includes a universal screening for family strengths, needs and risks. Best Start Families that are determined to be high risk will be offered enrollment in an evidence based intensive home visitation programs selected by their Best Start Community. Best Start families who are determined to be low risk during the hospital visit will continue in Welcome Baby and receive five additional engagements.

Families giving birth at participating hospitals, and who do not reside within a Best Start Community will be invited to receive a Welcome Baby hospital visit which includes a universal screening for strengths, needs and risks. Families living outside the *Best Start* communities and who are determined to be high risk during the hospital visit will receive up to three postpartum home visits, as needed. Families living outside the Best Start Communities and who are low risk will receive the hospital visit and be given information on other community resources.

The program engagement points are as follows:



Schedule of engagement points:	Conducted by:	Timeframe to Complete Visit: <i>EDD = Expected Delivery Date</i> <i>DOB = Date of Infant Birth</i>
Prenatal home visit: Up to 27 weeks	Parent Coach	EDD - 91 Days (last day for engagement point)
Prenatal phone assessment: Between prenatal home visits	Parent Coach	EDD - 140 days (first day) EDD - 56 days (last day)
Prenatal home visit: 28-38 weeks	Parent Coach	EDD - 84 days (first day) EDD - 14 days (last day)
Postpartum hospital visit	Hospital Liaison	At the hospital following birth
Postpartum home visit: 72 hours post hospital discharge	Registered Nurse	Discharge date (first day) Discharge date + 14 days (last day) Note: RN first possible date uses DOB on SFDB.
Postpartum home visit: 2-4 weeks	Parent Coach	DOB + 14 day (first day) DOB + 35 days (last day)
Postpartum home visit: 2 months	Parent Coach	DOB + 60 days (first day) DOB + 90 days (last day)
Postpartum home visit: 3-4 months	Parent Coach	DOB + 90 days (first day) DOB + 150 days (last day)
Postpartum home visit: 9 months	Parent Coach	DOB + 270 days (first day) DOB + 300 days (last day)

Strength-based relationships built on mutual respect, trust, and confidentiality are the foundation of universal home visitation. During visits, Welcome Baby staff will:

- Provide education related to pregnancy, labor and birth, and self and infant care
- Assess maternal and infant health in the early postpartum period.
- Observe and assess infant feeding and providing breastfeeding support.
- Observe parent-infant attachment and infant behavior.
- Assist families in establishing a medical home, follow up on prenatal or well-child visits and identify health insurance coverage, if necessary.
- Educate about parent-child bonding and long-term impact on health & well-being.
- Screen mothers for postpartum depression and, if needed, refer them to services.
- In partnership with parents, perform a reputable screening to assess child development milestones.
- Assess the home environment & offer information & items to ensure child safety.
- Refer families to their local *Best Start* community activities.

California Hospital Medical Center, in partnership with Maternal Child Health Access, began implementing the Welcome Baby Pilot in *Best Start* Metro LA in 2009. First 5 LA has proposed strategic partnerships with up to 24 targeted hospitals to expand Welcome Baby throughout L.A. County. This plan would serve 80 percent of all families within *Best Start* Communities and more than half of births countywide. The LA Best Babies Network of Dignity Health DBA California Hospital Medical Center, in partnership with Maternal and Child Health Access and the Perinatal Advisory Council: Leadership, Advocacy, and Consultation (PAC/LAC), oversees and supports the standardization of the Welcome Baby program.

Background & Rationale

Public health and education programs can do the most good for children in the critical developmental period of birth-to-age-three when they incorporate early childhood development and parental support programs into their design.¹ Such programs are most effective when initiated either during pregnancy, or around the time of birth, as this is when new parents are most receptive to information.² Longitudinal studies have shown that a child's involvement in early intervention programs is associated with increased levels of education and earnings as an adult. These findings support the theory that critical learning begins at birth, and not in kindergarten.

Home visitation programs have benefited the health and well-being of mothers and infants in the United States since the late 19th century. By the late 20th century, however, the number of non-targeted home visitation programs in the U.S. had declined drastically due to loss of funding. Today, countries such as France, Denmark and England, all offer voluntary, universal home visitation programs as part of their comprehensive health care systems for women and children, and all have lower infant morbidity and mortality rates than the U.S.³ As of 2004, the U.S. ranked 29th in the world in infant mortality,⁴ and 41st in maternal mortality in 2005.⁵ Another recognized benefit of home visitation is the prevention of child abuse and neglect. Home visiting is an especially promising strategy because it is an overall service delivery strategy, not one specific intervention, set of interventions, or program model.⁶

Even though parents have been anticipating the arrival of their baby for almost nine months, once the time comes, many find themselves unprepared to meet the demands of taking care of a newborn. Hospital discharge less than 48 hours after delivery is common practice and provides little opportunity for parents to learn important skills related to infant and maternal care. A 1996 Commonwealth Survey⁷ of 2,000 parents with young children describes a healthcare system that often misses opportunities to help parents get their children off to a good start. These missed opportunities include failure to encourage breastfeeding or provide education about early infant

¹ Karoly, L. A., Kilburn, M. R., & Cannon, J. S. (2005). *Early childhood interventions: Proven results, future promise*. Santa Monica, CA: RAND Corporation. Retrieved from http://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG341.pdf

² Council on Community Pediatrics. (2009). The role of preschool home-visiting programs in improving children's development and health outcomes. *Pediatrics*, 123(2), 598-603. Retrieved from <http://pediatrics.aappublications.org/content/123/2/598.full.pdf>

³ Council on Child and Adolescent Health. (1998). The role of home visitation programs in improving health outcomes for children and families. *Pediatric*, 101(3), 486-489. Retrieved from <http://pediatrics.aappublications.org/content/101/3/486.full.pdf+html>

⁴ MacDorman M. F., & Mathews, T. J. (2008). Recent trends in infant mortality in the United States. *NCHS data brief*, no 9. Hyattsville, MD: National Center for Health Statistics. Retrieved from <http://www.cdc.gov/nchs/data/databriefs/db09.htm>

⁵ World Health Organization, United Nations Children's Fund, United Nations Population Fund, & the World Bank. (2007). *Maternal mortality in 2005*. Geneva, Switzerland: World Health Organization. Retrieved from http://www.who.int/whosis/mme_2005.pdf

⁶ Gomby, D. S. (2007). The promise and limitations of home visiting: Implementing effective programs. *Child Abuse and Neglect*, 31(8), 793-799.

⁷ Young, K. T., Davis, K., & Schoen, C. (1996, August). The Commonwealth Fund Survey of Parents with Young Children. Washington, DC: The Commonwealth Fund. Retrieved from http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/1996/Aug/The%20Commonwealth%20Fund%20Survey%20of%20Parents%20with%20Young%20Children/172_parents_survey%20pdf.pdf

development. Parents often want more information, resources and services to help their children thrive and learn during the critically important first years.

Philosophy and Approach

Welcome Baby believes that positive behavior change in health, well-being, and parenting is learned and enhanced in the context of a relationship that is based in empowerment and empathy. This is done through a client-centered and strength-based model, which is a non-directive approach that values clients as the authority on their own experience and as fully capable of fulfilling their potential for growth.

Welcome Baby's comprehensive cross-sector training in the disciplines of public health, mental health, social services, and early child development enables staff to provide holistic, client-centered services, and support to families. Through the client-centered model, WB staff assesses the strengths, needs, values, culture, and goals of each client and family and provides individualized services and support. Welcome Baby staff model empathy, reflective communication, and positive regard to help parents/primary caretakers receive the same experience of empathic connectedness that we want them to have with their infants and children. This approach is reinforced, supported and enhanced through ongoing reflective supervision, which is a parallel process of modeling empathy, highlighting strengths, and building a foundation of reflective communication in the workplace to mirror the work that is being done with the families in the home.

The core principles of the Welcome Baby program are as follow:

- We value the science that promotes practices that enhance the brain, and the emotional, physical, and social development of infants and children.
- We believe the most important predictor of a child's healthy growth and development is the healthy, secure attachment formed with a consistent, loving caregiver.
- We recognize that pregnancy and parenting can be a stressful, life-changing event, in addition to a joyous one.
- We believe in developing the self-awareness that allows us to support others in their own process of coping with stress.
- We believe in respecting and valuing each person's life story and how that may influence their beliefs, opinions, actions and decisions.
- We practice and model an empathetic and connected form of communication: putting oneself in the place of the other person to imagine what they might be feeling, thinking, and what experiences they may be bringing into the interaction.
- We value respectful relationships through which all parties feel understood.
- We value diversity and the opportunity to learn from various perspectives.
- We believe in providing women and families with the information necessary for them to make their own informed decisions.

The essential strategies that are utilized to achieve positive behavior change within the strength-based client-centered model include:

- Establishing trust and rapport with the client.
- Assessing the client/family's needs, goals, values, culture, and well-being by observation and exploration.
- Assessing level of family and community support (both emotional and concrete).
- Providing empathetic support and feedback to the client that allows her and her child to feel understood.
- Highlighting strengths of mother-child dyad to enhance and promote attachment.
- Providing education and support related to areas of need, concern, and interest using a client-centered approach.
- Demonstrating active listening skills by reflecting back the clients' concerns & feelings.
- Promoting self-efficacy by acknowledging the client's strengths.
- Discussing and reviewing accurate parenting information and appropriate expectations about infant behavior.
- Acknowledging and promoting behaviors that enhance parent-infant attachment and attunement, through observation, education, and modeling.
- Modeling and promoting practices that enhance social, emotional, physical, and intellectual (brain) development of infants and children.
- Demonstrating cultural competency by respecting individual family differences.
- Providing the client/family with needed referrals and follow up.
- Raising issues that may be of concern for individual families and for the community at large about barriers and other issues faced in obtaining services.

Objectives

Welcome Baby provides support, information, and resources to pregnant and postpartum women in an effort to:

- Enhance mother-infant attachment.
- Increase parental understanding of child development.
- Increase breastfeeding initiation, exclusivity and duration rates.
- Screen for perinatal depression and link women to mental health resources when needed.
- Increase dental screening during pregnancy.
- Ensure access to prenatal, postpartum, and ongoing health care for women.
- Increase the receipt of timely postpartum care (within 3-8 weeks).
- Ensure health care coverage for infants.
- Increase the receipt of well-baby visits and immunizations.
- Identify maternal and neonatal complications and ensure proper follow up and treatment.
- Screen for developmental delays in infants and link them to resources when needed.
- Improve home safety.
- Increase access to local food resources.
- Refer and link prenatal and postpartum clients to other community resources.