

**To:** Antelope Valley Partners for Health (AVPH), First 5 LA

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**Subject:** Home Visiting Linkage

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### Project Background

The Children's Data Network (CDN) at the University of Southern California collaborated with Antelope Valley Partners for Health (AVPH) to develop a project that would lead to the probabilistic linkage of home visiting service records to birth, death, and child protective service (CPS) records.

The project had two specific aims.

1. Linkage Feasibility. The first aim was to assess the feasibility of linking home visiting records from Los Angeles County to other sources of administrative data. This involved documenting the completeness of the home visiting records, in terms of both linkage and analytic fields; assessing the quality of matches that could be produced using linkage algorithms customized and trained on records from California; and developing a strategy for constructing longitudinally linked, analytic files for future research and evaluation.
2. Characterizing Families. The second aim was to document how birth, death, and CPS record data could be used to better characterize families receiving home visiting services compared to other families with infants born at the same hospitals during the same window, but who did not receive home visiting services.

Data Sources included:

- Vital birth records for all births occurring in 2015 and 2016 in Antelope Valley Hospital (i.e., the designated birthing hospital);
- Vital death records for children in California with a birthdate in 2015 and 2016;
- Welcome Baby (WB) and Healthy Families America (HFA) home visiting and bedside screening records for clients with an infant born in 2015 and 2016; and
- *Child protection records will be linked during a phase 2 of this project, ensuring a longer follow-up window during which to look at rates of contact.*

## Results

### *Aim 1: Assess the Feasibility of Linking Home Visiting Records*

The first aim was to test the feasibility of linking home visiting records to other administrative data sources.

#### ***Record Universe***

Child-level records (with accompanying parent and family information) for WB and HFA home visiting clients were provided for linkage and analysis. Only children born to mothers who consented to a bedside screen and were then referred to WB or HFA services were included in the dataset. For this reason, we are only able to compare families screened and connected to home visiting services to the larger population of families with babies born in Antelope Valley Hospital; not to all families screened. Likewise, the data are limited to only those individuals screened and connected to WB and HFA, the data do not include individuals who may have been screened and connected to other home visiting programs (e.g., Parents as Teachers).

#### ***Information Collected***

At the hospital, through a consent and screening process with mothers, a variety of information, including personally identifiable information (PII), is collected. These data are not collected for research purposes. Rather, they are collected as part of the administration of the WB and HFA programs, including documenting service eligibility.

Data include:

- PII (e.g., Names, birthdates, and address(es) of the infant, mother, and father)
- Sociodemographic information (e.g., mothers' age, nativity, years in US, language, ethnicity, marital status, education, employment status, household income, other income indicators (e.g., number of people supported by household income, annual household income level, insurance), secondary caregiver, secondary caregiver ethnicity, gravidity, and parity);
- Health and risk behaviors (e.g., mother smoking during pregnancy, tobacco smoking in home, prenatal services, breastfeeding, and infant feeding issues);
- Maternal emotional health and support (e.g., Patient Health Questionnaire (PHQ-2/9), maternal mental health, history of domestic violence (DV), history/current depression, and risk of symptoms of postpartum depression);
- Newborn risk (e.g., NICU admission, receiving phototherapy, infant death, and stillbirth); and
- Family needs and strengths (e.g., strength of maternal bond with infant, history of child abuse and neglect (CAN), history of excessive alcohol or other drug use, social support and involvement of secondary caregiver/father, home environment and safety, mental illness, past and current trauma including DV and CAN).

Please see Appendices B and C for forms completed at the hospital screening.

Protocol stipulates that all mothers are asked all questions. For that reason, missingness was treated as “no.” However, the high levels of missingness for many analytic questions, and especially among those that touched upon sensitive topics (e.g., child maltreatment, infant death, and past incarceration), highlight the potential value of data linkage as a way of augmenting self-report data.

Compared to the analytic data elements, PII fields used to match these records to birth, death, and CPS records had very low levels of missingness.

Please refer to Appendix D. Missingness Appendix for more detailed information by variable.

## ***Record Linkage and Match Quality***

In order to achieve the aims of the project, AVPH shared information for the study population (i.e., Clients who received a bedside screen for home visiting services for all birth occurring in calendar year 2015 and 2016<sup>1</sup>) in two separate files. File 1, containing all Personally Identifiable Information (PII) available for clients, was used solely for linkage purposes. All direct identifiers were stripped out once linkage was complete. File 2 contained all analytic fields relevant to assessing the feasibility of using linked home visiting data for future research and evaluation projects.

PII in File 1 were linked using an open source, probabilistic, machine-learning record linkage software trained using administrative records from California. All linkages were conducted on a non-networked workstation in the CDN's restricted Data Lab. PII from home visiting records (organized around the focal child born in 2015 or 2016) were imported into SQL database tables. Birth record data was similarly organized – and then restricted to only those births occurring in Antelope Valley Hospital.

- Home Visiting – Birth Linkage. A total of 98.9% of home visiting records were successfully matched to a hospital birth records. Specifically, only 21 of the 1,908 children in the home visiting file did not match to a birth record.
- Home Visiting – Death Linkage. Home visiting records were also linked to vital death records, but the number of deaths was too low to report per the terms of our data use agreements.
- Home Visiting – CPS Linkage. *Although currently available records offer a very short / partial picture of CPS involvement, home visiting records were linked to child welfare records through the third quarter of 2015 as part of this initial feasibility project. Overall, 11.7% of children (222) matched to a CPS record. Future work will expand this linkage and will include comparisons to other children birthed in the same hospital.*

The completeness of the PII in the home visiting records and the match rates to the other data sources (especially birth record) suggest that the data collected by AVPH can be successfully matched with a high degree of confidence to other administrative data sources.

### ***Aim 2: Characterize Families Receiving Home Visiting Services***

The second aim was to better characterize families receiving home visiting services relative to families with infants born at the same hospital during the same window.

## ***Results***

As shown in Table 1, there were 259,144 births recorded in LA County, and 10,338 births in Antelope Valley Hospital in 2015 and 2016. Of all the babies who were born in Antelope Valley Hospital, 1,885 (18.2%) had mothers who were screened and consented to home visiting services, and 835 (8.1% of all births, 44.3% of those who were screened and consented) received at least one Welcome Baby (WB) or Healthy Families America (HFA) home visit.

LA vs. AVPH. Compared to Los Angeles County overall, a higher proportion of births in Antelope Valley Hospital were to:

- Black mothers (19.6% vs 7.1%)
- Teen mothers (8.0% vs 4.6%);
- Mothers with no established paternity (15.3% vs 6.9%);

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<sup>1</sup> With the exclusion of records for Children Bureau clients, which were stripped from the files ahead of delivery to the CDN per the data sharing agreement.

- Mothers with missing/none or third trimester prenatal care (7.0% vs 5.6%);
- Mothers whose births were covered by public insurance (63.3% vs 49.5%);
- Mothers for whom this was at least the third birth (37.7% vs 28.2%);
- Mothers with no high school diploma (20.8% vs 17.4%);
- Mothers who were born in the United States (80.1% vs 57.2%); and
- Mothers who reported perinatal smoking (5.9% vs 0.7%).

AVPH vs. Screened / Consented Mothers. Compared to all babies born in AV Hospital in 2015 and 2016, a significantly higher proportion ( $p < .05$ ) of infants with mothers who consented to a home visiting screen:

- Had mothers who were Hispanic / Latino (61.6% vs 53.0%), with significantly lower proportions of infants with mothers who were white (15.0% vs 23.6%);
- Had teen moms (9.8% vs 8.0%);
- Had no established paternity (17.1% vs 15.3%);
- Were funded by public insurance (69.9% vs 63.3%);
- Had mothers with one total child ever born (40.8% vs 32.7%), with significantly lower proportion of mothers with three or more children ever born (31.9% vs 37.7%);
- Had mothers with no high school diploma (23.5% vs 20.8%); and
- Had mothers who were born outside of the United States (25.3% vs 19.9%).

AVPH vs. Home Visit. Compared to all babies born in AV Hospital in 2015 and 2016, a significantly higher proportion ( $p < .05$ ) of infants with mothers who received at least one home visit:

- Had mothers who were Hispanic / Latino (68.3% vs 53.0%), with significantly lower proportions of infants with mothers who were white (11.4% vs 23.6%);
- Were funded by public insurance (71.9% vs 63.3%);
- Had mothers with one total child ever born (38.7% vs 32.7%)
- Had mothers who were born outside of the United States (34.5% vs 19.9%); and
- Had mothers who reported no perinatal smoking (96.6% vs 94.1%).

Risk of Child Protection Involvement. The most recent extract of statewide child protection records available to the CDN only permitted linkage for children with a birthdate in 2015, and only provided one year of follow-up (i.e., until 2016). For that reason, we opted to calculate rates of child protection involvement for babies born in Antelope Valley between 2010 and 2015 for context (Figure 1). In addition, using insights generated from prior linkages between birth and child protection records, we risk-stratified infants born in LA County in 2015 based on information on their birth record that has been shown to be correlated with future child protection involvement (Table 2). When we applied this method to AV births, we found that babies born in Antelope Valley Hospital were more than twice as likely to be in the highest risk group compared to babies born in Los Angeles County (24.1% vs 9.7%). This relatively high proportion of infants falling into the highest risk category indicates a higher level of riskiness among infants born in Antelope Valley. We saw evidence of this skew toward higher levels of risk among the infants in the consented to screen and received at least one home visit groups, where 22.8% and 17.8% fell into that highest level of risk, compared to the 9.7% for all LA County births. We did notice, however, that substantial proportions of infants with mothers who consented to screening and who received home visiting services did not fall into the riskiest categories, suggesting that data linkage and risk stratification could enhance the process by which families are prioritized for screening and services.

Next, in an effort to better characterize the population who received at least one home visit in relation to those screened, we examined differences in the sociodemographic and health information collected at screening (Table 3).

In addition, we examined information available on the birth record by program. As shown in Table 4, of the 835 infants who received at least one home visit, 663 (79.4%) received Welcome Baby (WB) and 172 (20.6%) received Healthy Families America (HFA). The results indicate:

- Hispanic / Latino mothers comprised more than half of all clients in both programs (70.6% WB, 59.6% HFA);
- Mothers under the age of 20 comprised 5.7% of WB and 20.9% of HFA; and
- The vast majority of clients in both programs had public insurance (68.6% WB, 84.3% HFA).

However, there was some variation in the demographics of the clients served in each program. This variation is likely an artifact of the screening and matching of clients to the programs that would best meet their needs (i.e., WB is the lowest intensity of the two programs, offering families a light-touch home visiting experience). Specifically, a higher proportion of HFA clients (compared to WB clients):

- Reported perinatal smoking (7.6% vs 2.3%, respectively);
- Had no high school diploma (32.6% vs 20.5%, respectively);
- Did not have established paternity (25.0% vs 11.0%); and
- Received no, late (third trimester), or missing prenatal care (9.9% vs 5.1%).

We also found that higher proportions of clients served by HFA fell into the highest level of risk when stratified by birth risk score. Although we are unable to present the details of this stratification due to low cell sizes, we are able to report that of the 428 infants who received at least one home visit and whose records were able to be risk stratified (i.e., born in 2015), 353 received a WB home visit and 75 received an HFA home visit. While 13.0% of the infants in the WB group had risk scores that placed them in the riskiest decile for future child protection system involvement, that percentage was 40.0% for infants in the HFA group.

### ***Key Findings and Recommendations***

This initial data linkage generated valuable information about the quality and completeness of home visiting client records and the CDN's ability to integrate them with other service records. The results also demonstrated the value of this linked file in conducting within- and between-group analyses to better characterize families receiving home visiting services in terms of their health, sociodemographic, program characteristics, and cross-sector service interactions, and how they related to other families with infants born at the same hospital during the same window, but who did not receive a bedside screen for home visiting services.

First, we demonstrated that it is possible to link administrative home visiting and birth records to generate a file of sufficient quality to answer questions important to policy and program development. We were able to link records and use that file to characterize infants with mothers who consented to a home visiting screening and who received at least one home visit in relation to the universe of children born in Antelope Valley and LA County. Key findings include:

1. Nearly one quarter (24.1%) of all babies born in Antelope Valley Hospital fell into the highest risk decile (10%) of future child protection system involvement. In fact, babies born in the Antelope Valley were more than twice as likely to be in the highest risk group compared to babies born in Los Angeles County (9.7%), indicating an increased level of 'riskiness' for babies born in Antelope Valley.
2. The proportion of babies in the consented to screen group who fell into the highest risk decile (22.8%) was consistent with that of all babies born in Antelope Valley. Seeing as the screen should be the point at which 'riskier' families are identified and prioritized for home visiting services, we would expect to see higher proportions of infants who received at least one home visit falling into the highest risk decile. However, a *smaller* proportion (17.8%) of the infants in the home visiting group fell into that highest risk category. Combined with indicators suggesting that families in the home visiting group, as compared to those screened, had *lower* levels of risk in the areas of depression,

financial stress, and abuse/maltreatment among others, the results suggest that administrative data linkage and risk stratification could enhance the process by which families are prioritized for screening and services.

Second, we were able to identify clear next steps that would enhance the value of a linked data file to evaluate the effectiveness of home visiting services at a population level and form a more complete picture of what happened before, during and after a client received Home Visiting services. Specifically, expanding the study window to include additional historical birth cohorts would increase small cell sizes and provide a more generous follow-up period, permitting reporting on important outcomes such as death and child protection involvement. Linking home visiting records to child protection and death records would be incredibly valuable given the work to expand and strengthen HV programs in LA County, and provide information critical to evaluating precision, dosage, and cost-effectiveness of HV services.

In conclusion, this feasibility study generated important information that will form a foundation for future linkages that will enhance our understanding of children and families across Los Angeles County.

## Tables and Figures

Table 1. Client Characteristics 2015-2016

	All Birth Records for Los Angeles County (N=259,144)		All Birth Records for Antelope Valley Hospital (N=10,338)		Consented to Screening (N=1,885)		$\chi^2$ p-value	Received At Least One Home Visit (n=835)		$\chi^2$ p-value
	n	col%	n	col%	n	col%		n	col%	
<i>Maternal Race/Ethnicity</i>										
White	49,784	19.2%	2,444	23.6%	288	15.0%	p < 0.001*	95	11.4%	p < 0.001*
Black	18,509	7.1%	2,027	19.6%	369	19.2%		151	18.1%	
Hispanic	147,369	56.9%	5,481	53.0%	1,187	61.6%		570	68.3%	
Asian/Other	43,482	16.8%	386	3.7%	41	2.2%		19	2.3%	
<i>Maternal Age at Birth</i>										
under 20	12,010	4.6%	825	8.0%	184	9.8%	p < 0.001*	74	8.9%	p = 0.509
20-25	56,120	21.7%	3,489	33.7%	691	36.7%		271	32.5%	
26+	191,014	73.7%	6,024	58.3%	1010	53.6%		490	58.7%	
<i>Paternity</i>										
Established	259,835	93.1%	8,755	84.7%	1,563	82.9%	p = 0.018*	719	86.1%	p = 0.240
Missing	19,309	6.9%	1,583	15.3%	322	17.1%		116	13.9%	
<i>Prenatal Care</i>										
First Trimester	215,828	83.3%	6,767	65.5%	1,227	65.1%	p = 0.891	570	68.3%	p = 0.195
Second Trimester	28,768	11.1%	2,845	27.5%	525	27.9%		214	25.6%	
Third Trimester, None, Missing	14,548	5.6%	726	7.0%	133	7.1%		51	6.1%	
<i>Use of Public Insurance</i>										
No	130,788	50.5%	3789	36.7%	568	30.1%	p < 0.001*	235	28.1%	p < 0.001*
Yes	128,356	49.5%	6549	63.3%	1,317	69.9%		600	71.9%	
<i>Sex of Child</i>										
Male	132,980	51.3%	5,200	50.3%	957	50.8%	p = 0.597	434	52.0%	p = 0.295
Female	126,164	48.7%	5,138	49.7%	928	49.2%		401	48.0%	
<i>Total Children Ever Born</i>										
1	101,736	39.3%	3,376	32.7%	770	40.8%	p < 0.001*	323	38.7%	p < 0.001*
2	84,048	32.5%	3,064	29.6%	514	27.3%		214	25.6%	
3+	73,001	28.2%	3,897	37.7%	601	31.9%		298	35.7%	
<i>Maternal Education</i>										
No High School Diploma	43,946	17.4%	2,139	20.8%	442	23.5%	p = 0.001*	192	23.0%	p = 0.095
High School Degree or GED	207,997	82.6%	8,158	79.2%	1440	76.5%		643	77.0%	
<i>Maternal Nativity</i>										
US Born	148,168	57.2%	8,281	80.1%	1408	74.7%	p < 0.001*	547	65.5%	p < 0.001*
Foreign Born	110,976	42.8%	2,057	19.9%	477	25.3%		288	34.5%	
<i>Maternal Smoking</i>										
No	252,939	99.3%	9,725	94.1%	1,782	94.5%	p = 0.329	807	96.6%	p = 0.001*
Yes	1,755	0.7%	611	5.9%	103	5.5%		28	3.4%	

Note:  $\chi^2$  was used to assess the pairwise differences between the population of births for AV Hospital and 1) the population with mothers who consented to a screen and 2) who received at least one home visit by covariates. The resulting p-values are reported. \* denotes a statistically significant difference (p < 0.05).

Table 2. 2015 Birth Risk Scores

	All Birth Records for Los Angeles County		All Birth Records for Antelope Valley Hospital		Consented to Screening		Received At Least One Home Visit	
	(N=130,226)		(N=5,189)		(N=942)		(n=428)	
	n	col%	n	col%	n	col%	n	col%
At-Risk Birth Score								
1	15429	11.8%	127	2.4%	26	2.8%	18	4.2%
2	14420	11.1%	206	4.0%	33	3.5%	11	2.6%
3	13563	10.4%	302	5.8%	57	6.1%	26	6.1%
4	12,153	9.3%	337	6.5%	41	4.4%	16	3.7%
5	12,639	9.7%	406	7.8%	70	7.4%	31	7.2%
6	11,804	9.1%	546	10.5%	100	10.6%	56	13.1%
7	12,063	9.3%	530	10.2%	105	11.1%	57	13.3%
8	12,867	9.9%	703	13.5%	144	15.3%	70	16.4%
9	12,675	9.7%	779	15.0%	151	16.0%	67	15.7%
10	12,613	9.7%	1,253	24.1%	215	22.8%	76	17.8%

Table 3. Differences among Screened for Services vs those who Received Services

	Consented to Screening		Received At Least One Home Visit		$\chi^2$
	(N = 1,885)		(n=835)		p-values
	N	col %	n	col%	
<i>English as Primary Language</i>					
No	304	16.1%	207	24.7%	p < 0.001*
Yes	1,581	83.9%	631	75.3%	
<i>Mother's History of/ Current Physical/ Emotional Abuse</i>					
No	1,523	80.8%	692	82.9%	p = 0.041*
Yes	362	19.2%	143	17.1%	
<i>Mother's Trauma Past/ Current (Domestic Violence, Child Abuse, etc.)</i>					
No	121	6.4%	53	6.4%	p = 0.910
Yes	1,764	93.6%	782	93.7%	
<i>Financial Difficulties</i>					
No	1,421	75.4%	648	77.6%	p = 0.046*
Yes	464	24.6%	187	22.4%	
<i>Level of Employment</i>					
Full Time	245	13.5%	105	13.1%	p = 0.363
Part Time	98	5.4%	50	6.2%	
Leave of Absence/Unemployed	1,472	81.1%	649	80.7%	
<i>CalWORKs</i>					
No	1,445	76.7%	663	79.4%	p = 0.274
Yes	440	23.3%	172	20.6%	
<i>CalFresh (Food Stamps)</i>					
No	1,151	61.1%	538	64.4%	p = 0.007*
Yes	734	38.9%	297	35.6%	
<i>Homeless Assistance</i>					
No	1,879	99.7%	833	99.8%	p = 0.588
Yes	6	0.3%	2	0.2%	
<i>WIC</i>					
No	532	28.2%	194	23.2%	p < 0.001*
Yes	1,353	71.8%	641	76.8%	
<i>SSI/SDI</i>					
No	1,780	94.4%	793	95.0%	p = 0.362
Yes	105	5.6%	42	5.0%	
<i>Breastfeed (fully or partially)</i>					
No	153	8.1%	48	5.7%	p = 0.029*
Yes	1,732	91.9%	787	94.3%	
<i>Depression Screening PHQ-2 Completed</i>					
Answered All No (no risk)	1,652	87.6%	754	90.3%	p = 0.002*
Answered with at least a 1 (possible risk)	233	12.4%	81	9.7%	
<i>Depression Screening PHQ-9 Score</i>					
Minimal/None (including those in No Risk category on PHQ-2)	1,722	91.4%	779	93.3%	p = 0.047*
Mild	86	4.6%	37	4.4%	
Moderate/Severe	77	4.1%	19	2.3%	
<i>Social Support and Involvement of the Secondary Caregiver</i>					
No	254	13.5%	139	16.6%	p < 0.001*
Yes	1,631	86.5%	696	83.4%	
<i>Home Environment/ Safety</i>					
No	115	6.1%	50	5.7	p = 0.855
Yes	1,770	93.9%	785	94.4	
<i>Mental Illness (mother)</i>					
No	118	6.3%	50	6.0%	p = 0.069
Yes	1,767	93.7%	785	94.0%	

Note:  $\chi^2$  was used to assess the pairwise differences between the population with mothers who consented to a screen and who received at least one home visit by covariates. The resulting p-values are reported. \* denotes a statistically significant difference ( $p < 0.05$ ).

Figure 1. Percentage of Infants Born in AV Hospital between 2010-2015 Reported to Child Protective Services During Infancy

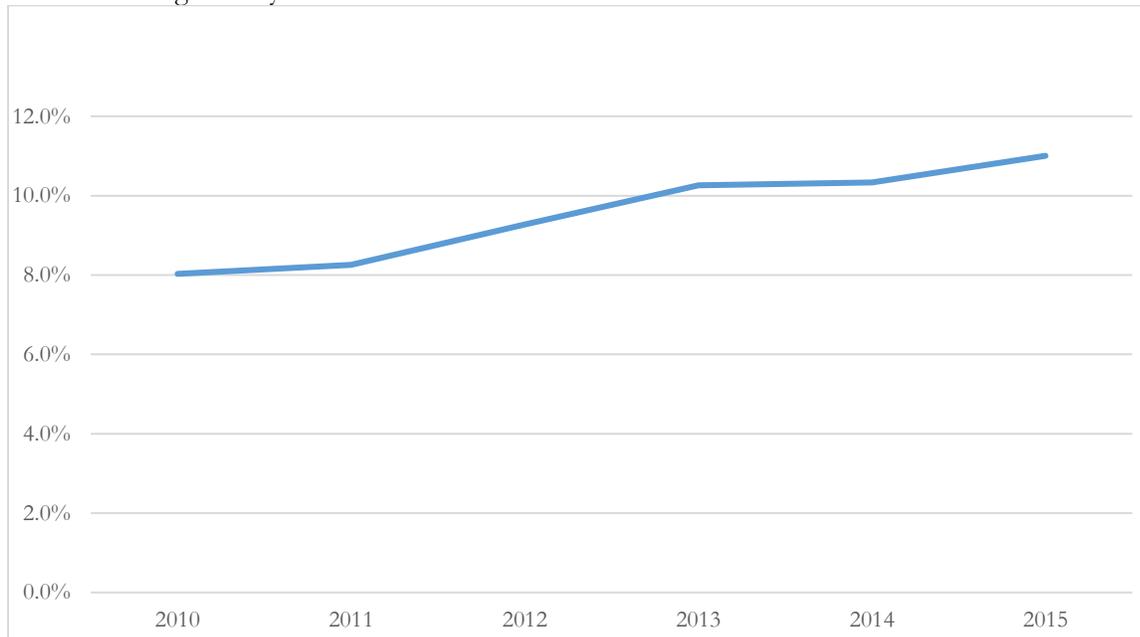


Table 4. 2015/2016 Client Characteristics across HIV programs

	Welcome Baby		Healthy Families America	
	(n=663)	col%	(n=172)	col %
<i>Maternal Race/Ethnicity</i>				
White	71	10.7%	24	14.0%
Black	106	16.0%	45	26.3%
Hispanic	468	70.6%	102	59.6%
Asian/Other	18	2.7%	--	--
<i>Maternal Age at Birth</i>				
under 20	38	5.7%	36	20.9%
20-25	211	31.8%	60	34.9%
26+	414	62.4%	76	44.2%
<i>Paternity</i>				
Established	590	89.0%	129	75.0%
Missing	73	11.0%	43	25.0%
<i>Prenatal Care</i>				
First Trimester	468	70.6%	102	59.3%
Second Trimester	161	24.3%	53	30.8%
Third Trimester, None, Missing	34	5.1%	17	9.9%
<i>Use of Public Insurance</i>				
No	208	31.4%	27	15.7%
Yes	455	68.6%	145	84.3%
<i>Sex of child</i>				
Male	340	51.3%	94	54.7%
Female	323	48.7%	78	45.3%
<i>Total Children ever Born</i>				
1	251	37.9%	72	41.9%
2	170	25.6%	44	25.6%
3+	242	36.5%	56	32.6%
<i>Maternal Education</i>				
No High School Diploma	136	20.5%	56	32.6%
High School Degree or GED	527	79.5%	116	67.4%
<i>Mother Smoked During Pregnancy</i>				
No	648	97.7%	159	92.4%
Yes	15	2.3%	13	7.6%
<i>Nativity</i>				
US Born	413	62.3%	134	77.9%
Foreign Born	250	37.7%	38	22.1%

## **Appendix List**

- A. Overview of Home Visiting Programs Operating in Antelope Valley
- B. Welcome Baby Hospital Intake/Visit 2015-2016 (Including Bridges for Newborns Screening Tool)
- C. Patient Health Questionnaires (PHQ-2 and 9)
- D. Missingness Appendix

## Appendix A.

### Overview of Home Visiting Programs Operating in Antelope Valley

#### *Healthy Families America (HFA)*

Healthy Families America was established in 1992. The program provides home visiting services for at risk mothers struggling with various hardships including single parenthood, low income salaries, child history of abuse, substance abuse, mental health, and domestic abuse. Children are enrolled prenatally or within the first three months of birth. HFA provides screenings and assessments to evaluate the family's risk for child maltreatment, home visiting services, and screenings for child development and maternal depression. HFA strives to lower child maltreatment; enhance parent-child interactions and children's social-emotional well-being; increase school readiness; support child physical health and development; support positive parenting; support family economic self-sufficiency; increase access to healthcare and community services; reduce juvenile delinquency; reduce family violence; and reduce child injuries and emergency department use (Healthy Families America, 2015).

In Antelope Valley hospitals, children can participate in the program once or twice a week for 6 months based on their need, which is identified by a risk level of 1-4. Unlike other HFA programs, families in AV cannot enroll prenatally and can participate in the program for a maximum of 36 months.

Studies that have examined HFA across the United States have produced mixed results. Several studies have critiqued the program and have questioned its effectiveness. The Coalition for Evidence-Based Policy examined evaluations of HFA programs in Alaska, Hawaii, San Diego (HFSD), and New York (HFNY). Hawaii Healthy Start, Healthy Families Alaska, and HFSD found few effects on child and parent outcomes (Duggan et al., 2004; Duggan et al., 2007; Landsverk et al., 2002). HFNY had positive initial effects on child outcomes. Mothers engaged in significantly fewer acts of serious physical abuse, minor physical aggression, and psychological aggression. First-time mothers under age 19 were less likely to use harsh parenting behaviors and mothers experiencing psychological disorders were less likely to engage in serious abuse or neglect (DuMont et al., 2008). However, these outcomes were insignificant by the end of year two (Coalition for Evidence-Based Policy, 2009; DuMont et al., 2008). Overall, they found HFA to have little program effect on maltreatment reports (Coalition for Evidence-Based Policy, 2009; Duggan et al. 2004; Duggan et al., 2007; DuMont et al., 2008; Landsverk et al., 2002). It is important to note that HFNY included pregnant women whereas Hawaii and HFSD limited the studies to postpartum women (DuMont et al., 2008; Duggan et al., 2004; Landsverk et al., 2002).

In contrast, 33 evaluations of HFA sites showed positive effects on birth outcomes and breastfeeding, some effects on children's cognitive development, mixed results on well-child visit rates, and little or no positive effects on immunization rates or linkages to healthcare providers. Many of the cross-sectional studies yielded lower maltreatment rates in home-visiting families than expected (Harding et al., 2007). Five other HFA studies also showed significant results in reducing child maltreatment, physical punishment, yelling, and improved use of non-violent discipline. Among women enrolled prenatally, HFA also reduced the rate of low birth weight infants. Low birth weight is associated with higher infant mortality (Healthy Families America, 2015). Healthy Families Arizona found significant results in the following outcomes: violent parenting behavior, parenting attitudes and practices, parenting support, mental health and coping, and maternal outcomes (LeCroy & Krysik, 2011). Another study conducted in Arizona showed that HFA mothers had higher rates of breastfeeding than the control group (LeCroy & Davis, 2016).

One study found that parents who completed an HFA program in western North Carolina showed significant positive changes in parenting attitudes and practices related to child maltreatment. Their children were less likely to experience social, emotional, and behavioral changes than their peers. However, these results do not

apply to the 60% of families that enrolled and failed to complete the program (Cullen, Ownbey, & Ownbey, 2010).

### ***Welcome Baby Program (WB)***

Welcome Baby, established in 2009, is a program funded by First 5 LA. It is a home visiting program for all pregnant women and new moms in Los Angeles County. WB follows moms during pregnancy and throughout their babies' first nine months. WB provides an in-hospital visit, a personal Parent Coach, information and support on breastfeeding and home safety, an in-home appointment with a nurse within the first few days of birth, referrals to additional resources, and baby- and mom-friendly items such as nursing pillows (First 5 LA, 2018). To be eligible for the services, the clients must reside in L.A. County and deliver or plan to deliver at one of the thirteen participating Welcome Baby hospitals. Families that live in a Best Start community can enroll prenatally (up to 38 weeks) or at the hospital.

The Urban Institute and UCLA have conducted several studies on the effects of WB. Mothers who participated in WB were 40%-60% more likely than a control group to breastfeed their babies at four months postpartum (Benatar et al., 2012). From the 24-Month Child & Family Survey they found positive and significant outcomes in positive parenting and child development, specifically communication skills and social competence (Benatar et al., 2014). These outcomes remained significant at 36 months postpartum. (Sandstrom et al., 2015) However, rates for physical punishment and obesity were still high at 24 months. (Benatar et al., 2014) At the 36-month checkpoint, new positive children outcomes were revealed, including: greater communication skills, greater social competence, greater engagement and attention, greater personal-social skills, lower BMI, and higher rates of dental insurance. Several outcomes that were significant at 12- and 24-months faded at 36 months, including higher quality home environments (Sandstrom et al., 2015). Overall, these results show that children involved in WB exhibit positive outcomes.

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Hospital Liaison: \_\_\_\_\_

## Welcome Baby Hospital Intake/Visit

Date: \_\_\_\_\_ Length of visit: \_\_\_\_\_ hour(s) \_\_\_\_\_ minute(s) Client ID #: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Client name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First, Middle, Last)

Home address: \_\_\_\_\_  
(Street address, City, State, Zip)

Home phone number: \_\_\_\_\_ Mobile phone number: \_\_\_\_\_

email: \_\_\_\_\_

Date of delivery: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected date of discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of Client Written Consent Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ (If no consent given stop here)**

Reason Case was Never Opened. (Select all that apply)

- Client Did Not Accept Welcome Baby
  - Participant is Unavailable Due to School/Employment
  - Family / Partner Object to Program
- Out of Geographical Target Area
- Primary Caregiver No Longer has Custody
- Already Participating in a Home Visitation Program
- Mother Deceased
- Infant Deceased
- Other: \_\_\_\_\_
- Already Participating in Another Home Visitation Program
- Prenatally Enrolled WB Client Declined Further Participation

### Visit Information

**Who participated in this visit? (Select all that apply)**

- Mother/Client
- Secondary Caregiver/Father
- Grandparent
- Siblings
- Supervisor
  - Observed
  - Training
  - Staff support
- Newborn
- Other: \_\_\_\_\_



**If newborn not present for visit, why?**

- In NICU (explain why in case notes)
- Receiving phototherapy
- Receiving other procedure, including circumcision
- Other (explain in case notes)
- In well-baby nursery
- Infant death (indicate cause in case notes)
- Stillbirth

**Marital status:**

- Single
- Married
- Separated
- Divorced
- Widowed
- Living together/  
Common law
- Other: \_\_\_\_\_

**Born in the U.S.?**

- Yes
- No
- Decline to State

If no, country of birth: \_\_\_\_\_

If no, how many years in the U.S.? \_\_\_\_\_

**Primary language spoken at home:**

- English
- Spanish
- Cantonese
- Mandarin
- Vietnamese
- Korean
- Hmong
- Tagalog
- Khmer
- Unknown
- Other, Specify: \_\_\_\_\_

**Language client would like for services:**

- English
- Spanish
- Cantonese
- Mandarin
- Vietnamese
- Korean
- Hmong
- Tagalog
- Khmer
- Unknown
- Declined to State
- Other, Specify: \_\_\_\_\_

**Race/Ethnicity: (select all that apply)**

- Alaska Native/American Indian
- Black /African American
- White
- Middle Eastern
- Hispanic /Latino (if volunteered, select ethnic origin)
  - Mexican, Mexican American, Chicano
  - Puerto Rican
  - Cuban
  - Central American
  - Other Hispanic/Latino
- Asian (if volunteered, select ethnic origin)
  - Asian Indian
  - Cambodian
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Vietnamese
  - Other Asian
- Pacific Islander (if volunteered, select ethnic origin)
  - Native Hawaiian
  - Guamanian or Chamorro
  - Samoan
  - Other Pacific Islander
- Other, Specify: \_\_\_\_\_
- Unknown
- Decline to State



<i>Risk Level</i>	<i>None</i>	<i>Low</i>	<i>Moderate</i>	<i>High</i>
<b>1. Mother's age</b> ■	25- 39 <b>0</b>	20-24 <b>4</b>	17-19 or over 39 <b>8</b>	Under 17 <b>12</b>
<b>2. Mother's use of English</b> ■	Fluent <b>0</b>	Medium Fluency <b>1</b>	Some English <b>2</b>	No English <b>3</b>
<b>3. Mother's marital status</b> ■	Married <b>0</b>	Single, living w/ partner/family <b>2</b>	Single with roommate <b>4</b>	Single, living alone <b>6</b>
<b>4. Mother's Highest Education Level</b> ■	College Graduate <b>0</b>	Some College <b>3</b>	High School or GED <b>6</b>	Did not complete high school <b>9</b>

### Education & Employment

#### Highest level completed: (select one)

- No formal schooling     
  8th grade or less     
  9<sup>th</sup> to 12<sup>th</sup> grade or vocational school     
  High School Diploma/GED Certificate  
 Post high school vocational or technical training program, some college (no degree)     
  College graduate – bachelor's degree     
  Some graduate school     
  Graduate degree  
 Declined to State

#### Type of Educational program currently enrolled in:

- Post-high school vocational certification, technical training     
  College     
  Adult school     
  High school     
  Middle School or lower  
 Not enrolled in any program  
 Declined to State

#### Employment Status:

- Employed Full Time (35 hours plus)     
  Employed Part Time (20 to 35 hours)     
  Employed Part Time (less than 20 hours)     
  Not Employed     
  Leave of Absence/ Disability  
 Declined to State

#### Household Income:

Which of the following categories best describes client's total household income in the last 12 months?

- Less than \$10,000 (*less than \$833/month*)     
  \$25,000 - \$29,999 (*\$2084 - \$2500/month*)     
  \$75,000 - \$99,999 (*\$6251 - \$8333/month*)  
 \$10,000 - \$14,999 (*\$834 - \$1250/month*)     
  \$30,000 - \$39,999 (*\$2501 - \$3333/month*)     
  \$100,000 or more (*\$8334/month or more*)



- \$15,000 - \$19,999 (\$1251 - \$1667/month)
  \$40,000 - \$49,999 (\$3334 - \$4167/month)
  Do not know
- \$20,000 - \$24,999 (\$1668 - \$2083/month)
  \$50,000 - \$74,999 (\$4168 - \$6250/month)
  Decline to answer

# of people supported by household income: \_\_\_\_\_

5. Annual household income level: <input checked="" type="checkbox"/> \$ _____	>\$60,000	\$60K-36K	\$36K-18K	Below \$18K or mother unaware of income
	0	3	6	9

### Health Care

Is the client covered by any of the following health insurance programs? (select all that apply)

- Medi-Cal Presumptive Eligibility
  Restricted Medi-Cal
  Medi-Cal Managed Care
  Full-Scope Medi-Cal
- AIM
  No health insurance
- Private health insurance (Enter in Case Notes)
  Other

If Other, Specify: \_\_\_\_\_

Medical Provider: \_\_\_\_\_  No Medical Provider

Providers name: \_\_\_\_\_ Clinic's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Phone number: \_\_\_\_\_

Client has scheduled an appointment for 6 week postpartum check-up?

### Dental Status

- Client received an exam in the last 12 months.
  Client has scheduled an appointment for a dental exam.
  Dental referral made by WB.
  Client received a referral from elsewhere.
  Client opts out of dental services.
- Client not receiving dental care in the last 12 months.
  Declined to State

6. Health Coverage <input checked="" type="checkbox"/>	Full	Partial (i.e. hospital only; high deductible)	Temporary (i.e. restricted; pregnancy only, AIM)	None
	0	1	2	3



### Public Benefits

Is client's family receiving any of the following benefits? (select all that apply)

- CalWORKs     
  CalFresh     
  Homeless Assistance     
  WIC     
  SSI/SDI  
 General Relief     
  Other: \_\_\_\_\_     
  None     
  Declined to State

\*\*\*\*If needed, please make referral\*\*\*\*

<b>7. Adequate food in the house</b> <input checked="" type="checkbox"/>	Consistent <b>0</b>	Adequate <b>3</b>	Inconsistent <b>6</b>	Chronically inadequate <b>9</b>
<b>8. Mother's demonstrated awareness of available resources</b> <input checked="" type="checkbox"/>	Full Awareness <b>0</b>	Moderate Awareness <b>1</b>	Some Awareness <b>2</b>	No Awareness <b>3</b>
<b>9. Transportation a barrier?</b> <input checked="" type="checkbox"/>	Never <b>0</b>	Rarely <b>1</b>	Sometimes <b>2</b>	Frequently <b>3</b>



## Secondary Caregiver Information

No Secondary Caregiver

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male  Female

Name \_\_\_\_\_  
(First Middle Last)

**Relationship to baby?**

- Biological parent   
  Step-parent/ Parent's partner   
  Grandparent   
  Adoptive parent  
 Relative caregiver   
  Guardian   
  Other: \_\_\_\_\_

**Secondary Caregiver Race/Ethnicity: (select all that apply)**

- Alaska Native/American Indian   
  Black /African American   
  White   
  Middle Eastern  
 Hispanic /Latino (if volunteered, select ethnic origin)  
 Mexican, Mexican American, Chicano   
 Puerto Rican   
 Cuban   
 Central American  
 Other Hispanic/Latino  
 Asian (if volunteered, select ethnic origin)  
 Asian Indian   
 Cambodian   
 Chinese   
 Filipino   
 Japanese   
 Korean  
 Vietnamese   
 Other Asian  
 Pacific Islander (if volunteered, select ethnic origin)  
 Native Hawaiian   
 Guamanian or Chamorro   
 Samoan   
 Other Pacific Islander  
 Other    If Other, Specify: \_\_\_\_\_   
 Unknown   
 Decline to State

**Secondary Caregiver Employment Status:**

- Employed Full Time (35 hours plus)   
 Employed Part Time (20 to 35 hours)   
 Employed Part Time (less than 20 hours)   
 Not Employed   
 Leave of Absence/Disability  
 Decline to State

<p><b>10. Level of family support</b></p> <p>■</p>	<p>Family and/or partner is supportive, available and committed to help</p> <p style="text-align: center;"><b>0</b></p>	<p>Inconsistent or limited family or partner support (e.g., family is supportive but partner is not)</p> <p style="text-align: center;"><b>2</b></p>	<p>Family or partner supportive but not in geographic area; some support from friends and neighbors; limited community services available</p> <p style="text-align: center;"><b>4</b></p>	<p>No relatives/friends/partner available or committed; geographically isolated from community services; no phone</p> <p style="text-align: center;"><b>6</b></p>
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### Other Children in Household

Name: \_\_\_\_\_  
(First, Middle Last)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Male  Female

Name: \_\_\_\_\_  
(First, Middle Last)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Male  Female

Name: \_\_\_\_\_  
(First, Middle Last)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Male  Female

<b>11. Other Children in the Home</b> ■	None under 5 y/o; singleton birth  <b>0</b>	1-2 under 5 y/o; singleton birth  <b>1</b>	First-time mother or 0-2 under 5 y/o w/twin or multiple birth  <b>2</b>	3 or more under 5 y/o w/ singleton, or multiples, or other child(ren) removed from home or deceased  <b>3</b>
<b>12. Current housing conditions</b> ■	Stable and safe  <b>0</b>	Adequate  <b>6</b>	Rents a motel, garage or portion of a living space; frequent migration; staying with friends  <b>12</b>	Currently homeless or in temporary shelter or car  <b>18</b>

### Newborn Information

Newborn's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Newborn's gender?  Male  Female

### Prenatal Care and Pregnancy Outcomes

Approximate date mom began to receive prenatal care: \_\_\_\_\_

Mom smoked during this pregnancy?  Yes  No

Parity: \_\_\_\_\_ # of births      Gravidity: \_\_\_\_\_ # of pregnancies including this one

Before this pregnancy, had mother had a C-section?



<b>Type of labor? (check all that apply)</b> <input type="checkbox"/> None (Scheduled C-Section) <input type="checkbox"/> Spontaneous <input type="checkbox"/> Augmented <input type="checkbox"/> Induced	<b>Delivery Method (check all that apply)</b> <input type="checkbox"/> Vaginal <input type="checkbox"/> Forceps <input type="checkbox"/> Vacuum <input type="checkbox"/> C-section
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Birth complications for this pregnancy? (If checked enter reasons in case notes)

Gestational age? \_\_\_\_\_ weeks Birth weight: \_\_\_\_\_ (lbs) \_\_\_\_\_ (oz) Length: \_\_\_\_\_ inches

<b>13. Tobacco smoke in home?</b> ■	No smoking <b>0</b>	Visitors smoke <b>1</b>	Household members smoke <b>2</b>	Mother smokes <b>3</b>
<b>14. Adequate and timely PNC?</b> ■	Accessed PNC w/in 3 months; consistent with follow up appts <b>0</b>	Accessed PNC between 3 and 6 months; consistent with follow up appts <b>4</b>	Did not access PNC until after 6 months or inconsistent with f/u appts <b>8</b>	No PNC <b>12</b>

### Infant Health Care

- Medi-Cal-       Healthy Kids       No health insurance       Declined to State  
 Private health insurance (Enter in Case Notes)       Other: \_\_\_\_\_

Infant Medical Providers Name: \_\_\_\_\_  No Provider

Providers name: \_\_\_\_\_ Clinic's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Phone number: \_\_\_\_\_

Client has scheduled an appointment for the 3-5 day well-baby check up?

- Scheduled  
 Attended  
 N/A  
 Neither scheduled or attended

Client has scheduled an appointment for the 2 week well-baby check up?

- Scheduled  
 Attended  
 N/A in NICU (different follow up schedule)  
 Neither scheduled or attended



\*\*\*\*If needed, please make referral\*\*\*\*

<b>15. Infants' Health Coverage</b> ■	Full <b>0</b>	Partial <b>1</b>	Temporary <b>2</b>	None <b>3</b>
<b>16. Source of medical care</b> ■	Regular pediatrician or community clinic <b>0</b>	Attending pediatrician <b>1</b>	Emergency room <b>2</b>	No plan for future care <b>3</b>
<b>17. Mother's intent to remain current with well-baby care and immunizations for her infant</b> ■	Very Strong <b>0</b>	Moderately Strong <b>1</b>	Weak <b>2</b>	Very Weak/ No Understanding <b>3</b>
<b>18. Infant's Medical Problems</b> ■	No apparent medical or physical problems          <b>0</b>	Minor medical or physical problems which do not significantly affect infant's vital functions or physical and intellectual development (including low Apgar score)          <b>6</b>	Medical or physical problems which moderately affect infant's vital functions or physical and intellectual development          <b>12</b>	Any pre-term infant (born at or before 36 weeks) and/or physical or medical problem which significantly impacts vital life functions or physical and intellectual development          <b>18</b>
<b>19. Mother's worry about infant's health</b> ■	Not Worried <b>0</b>	Minor Worries <b>1</b>	Moderate Worries <b>2</b>	Very Worried <b>3</b>

### Breastfeeding

How is the client feeding the baby?

- Breast only     
  Mostly breast, with some formula     
  Mostly formula, with some breast     
  Formula     
  Other: \_\_\_\_\_
- Not Interested in Breastfeeding*     
  Decline to State

If breastfeeding, how long would client like to breastfeed?

- About 1 month or less     
  About 6 weeks - 2 months     
  3 - 4 months     
  5 - 6 months     
  7 - 9 months
- 10 - 12 months     
  12+ months     
  N/A

Was client helped and encouraged to hold newborn skin-to-skin after delivery and at other times? *(Check all that apply)*



**If yes, what type: (check all that apply)**

- Latch-on & positioning  
 Yes, within the first hour after delivery  
 Pumping  
 Yes, the first day  
 Engorgement  
 After the first day  
 Sore nipples  
 Not at all  
 Milk supply

**Has client roomed in with baby at any point in time?**  
*(Rooming-in is defined as 23 out of 24 hours per day from birth to discharge) –check all that apply*

- Yes  
 No baby in NICU  
 No Hospital Policy  
 No, Mother chooses not to.

**Infant feeding education or support provided?**

- Breastfeeding  
 Formula Feeding  
 None

**Breastfeeding assistance provided?**

- Yes  
 No  
 Mother exclusively Formula Feeding

**Needs further breastfeeding assistance/support after discharge.**

\*\*\*\*If needed, please make referral\*\*\*\*

**20. Infant Feeding Issues: ■**

Mother demonstrates knowledge, confidence regarding infant feeding; sufficient resources available to support a healthy feeding relationship with infant	Mother requires some education regarding infant feeding; adequate resources available to support a healthy feeding relationship	Great uncertainty or lack of experience or knowledge with infant feeding and/or limited resources available to support a healthy feeding relationship	Grossly insufficient knowledge regarding infant feeding; lack of interest in improving feeding skills; evidence of or high potential for poor feeding relationship with infant
0	3	6	9

**Parent Infant Interaction Observation**

**Was positive mother/infant interaction observed?**

- Yes  
 No  
 Baby not present

**Education provided on bonding and secure attachment**

**21. Strength of maternal bond w/infant? ■**

Strong	Moderate	Weak	None
0	5	10	15



<b>22. Medical Problem</b> ■	No limitations; fully able to care for child  0	Mild limitations which may impact ability to care for child  6	Moderate limitations which could significantly impact ability to care for child  12	Severe limitations; mother is unlikely to be able to care for child  18
<p><b>Depression</b></p> <p>Depression screening PHQ-2 completed <input type="checkbox"/> Answered with at least a 1 <input type="checkbox"/> Answered all No <input type="checkbox"/> Not administered</p> <p><input type="checkbox"/> Did not administer PHQ-9</p> <p>PHQ-9 score: _____</p> <p>****If depression present, please make referral****</p>				
<b>23. Mental Health Problem (Mother; include PPD)</b> ■	No challenges; realistic expectations of child; in full control of mental faculties  0	Mild challenges which may impact ability to care for child  6	Moderate challenges which could significantly impact ability to care for child  12	Severe challenges; mother is unlikely to be able to care for child  18
<b>24. History of domestic violence?</b> ■	No known history of domestic violence  0		Partner currently in treatment for domestic violence.  12	Domestic violence investigation; previous domestic violence of serious nature; prior court action  18
<b>25. History of child abuse/neglect?</b> ■  Include parents' own childhood history of abuse or any non-spousal assault	No known history of child abuse/neglect  0		Prior protective services provided to siblings, with that episode resolved and case closed; mother retains custody of siblings; parent of child was a victim of childhood abuse.  12	Pending child abuse/neglect investigation; previous abuse/neglect; prior court action, e.g., siblings removed from home; or child abuse suspected or discussed but no system intervention to date  18



**History of incarceration for mother, partner or by people who will impact infant's wellbeing? (check all that apply)**

- Mother/Client     
  Biological Father     
  Step-parent/Parent's partner     
  Grandparent     
  Relative caregiver  
 Other: \_\_\_\_\_

<b>26. History of excessive alcohol or other drug use by people who will impact infant's wellbeing?</b> 	No History	Some history but not currently using any drugs/alcohol	Mother/Father/Significant Other is receiving drug/alcohol treatment, remains in program, and is considered compliant	Mother/Father/Significant Other not in drug/alcohol treatment program; individual is in program but attendance is sporadic; (mother) entered program late in pregnancy
	0	6	12	18

<b>Medical Score</b> [Questions: 6, 13, 14, 15, 16, 17, 18, 19, 20, 22]	
<b>Psycho-social Score</b> [Questions: 10, 21, 23, 24, 25, 26]	
<b>Demographics/Basic Needs</b> [Questions: 1, 2, 3, 4, 5, 7, 8, 9, 11, 12]	
<b>Total Bridges Score</b>	

**Other Content Areas Covered**

Please indicate whether the following content was covered during the visit. If a specific content area was not discussed or covered, please indicate the reason(s) in your case notes.

- Assessment of social support and involvement of the secondary caregiver/baby's father     
  Car Seat Safety  
 Was time spent on other educational topic(s) not listed above? \_\_\_\_\_ (List in Case Notes)

Was time spent addressing family crisis or immediate needs of the client?

- Medical Concerns/Issues for mother or child  
 Home Environment/Safety  
 Mental Illness  
 Trauma Past/Current (including Domestic Violence, Child Abuse, etc)  
 Basic Needs  
 Resources for other children  
 Other: \_\_\_\_\_



## Hospital Referrals Bedside Services

- Referred to Hospital Social Worker
- Hospital Lactation Specialist

**Are there any concerns or issues that you currently need support with? (List in case notes)**

**\*\*Document Referrals**

APPENDIX

*Nine-symptom Checklist*

Name \_\_\_\_\_ Date \_\_\_\_\_

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

(For office coding: Total Score \_\_\_\_\_ = \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ )

If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). The PHQ was developed by Drs. Robert L. Spitzer, Janet BW Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at [rls8@columbia.edu](mailto:rls8@columbia.edu). PRIME-MD is a trademark of Pfizer Inc. Copyright 1999 Pfizer Inc. All rights reserved. Reproduced with permission