

EARLY HEAD START TIP SHEET

No. 51

Two-Week Newborn Home Visit



What Does the Two-Week Newborn Home Visit Address?

Response:

The first few weeks of a baby's life are an exciting and demanding time for the baby and the family. The two-week newborn visit required by the *Head Start Program Performance Standards* focuses on the "well-being of both the mother and the child." This visit does not take the place of well-baby checks. It also does not replace medical care for the mother. Instead, at the two-week newborn visit, staff

- supplement those medical appointments,
- address families' questions,
- evaluate the health of babies and mothers, and
- offer resources and referrals as necessary.

To the extent possible, staff plan this visit with a family when the mother is pregnant. Staff describe the goals of the visit and document plans in the Family Partnership Agreement. Plans must stay flexible, however, as family preferences for the visit may change after the baby's birth.

The *Standards* do not specify a required length for the two-week visit. Staff should take their cues from each family. Life with a newborn can be exhausting. Plan for a short visit unless a family asks for more time. Be careful not to overwhelm families with information. Instead, offer them an opportunity to share their experiences and pressing questions.

As programs prepare for and conduct these visits, staff must recognize the expertise of the family. Families are the decision makers for their children's health. They have important and powerful culturally-rooted beliefs about the health and care of a newborn. These beliefs lay the foundation for health and care decisions about their baby.

During the visit, staff ask open-ended questions ("How are you and the baby sleeping/eating/feeling?"). They encourage the family to ask questions as well. Use this time to support parents in focusing on their baby's behaviors. Invite the family to share their observations, reflections, ideas and guesses about their baby's needs. Notice and affirm the positive ways family members engage with their baby. This will support their positive relationship with their child. It also will reinforce parents' confidence at a time when they might naturally feel unsure.

Many safety issues (for example, related to: sleeping and feeding practices, exposure to second hand smoke, etc.) can be discussed before babies are born. During this two-week visit, staff should take extra care to address only issues of immediate concern. Any discussions about safety should be approached in a respectful and sensitive manner.

One important task of the two-week visit is to ensure the family has a medical home for the baby. Staff provide information about what to expect from well-baby visits. They can also encourage and assist families to share any concerns with their child's medical home provider.

At the same time, staff ask if families have any questions about the birth recovery and encourage mothers to attend postpartum appointments. Work with families to solve any challenges to accessing medical care. Staff assist families with any care coordination that may be needed.

The Early Head Start Research and Evaluation Project¹ found that mothers and fathers served in Early Head Start are at high risk for depression. Depression rates are highest during pregnancy and postpartum. Parental depression can severely impact child development. At this visit, staff work with families to identify any red flags for depression. Program staff may want to use a depression screening, many of which are only a few questions long². Staff should also be prepared, with support from a program's mental health professional, to refer families for further support and intervention if necessary.

Although staff cannot predict every question that families might have at the two-week visit, they should be prepared to provide information and answer questions on the following topics:

Physical health:

- Mother's recovery
- Breastfeeding concerns (mastitis, pain in the breasts, chapped nipples, etc.)
- Postpartum care for any health concerns for the baby or mother
- Newborn's growth
- Newborn's movement (including reflexes)
- Newborn's temperature
- Newborn's cord care
- Newborn's sleeping
- Jaundice
- Newborn's hearing and vision
- When to call the doctor

Nutrition:

- Nutrition for breastfeeding mother
- Family access to nutritious food
- Breastfeeding questions
- Family access to lactation support or breast pumps
- Making and storing formula and/or breast milk
- Newborn's eating
- Newborn's weight gain
- Newborn's elimination patterns
- Newborn's burping or spitting

Mental health:

- Maternal and paternal depression
- Parental responsiveness to the baby
- Adjustment of all family members (including siblings) to the newborn

¹ Early Head Start Research and Evaluation Project, 2006.

² There is a variety of short and simple depression screening tools. Information on depression screening can be found at <http://www.ecmhc.org/>.

- Family sense of competence
- Social support for the family
- Stress related to upcoming return to work or school and plans for the baby's care
- Newborn's crying, including how to put the baby down and take a break when needed

While staff may answer general questions during the two-week visit, they may not have the expertise to respond to all of a family's specific concerns. To prepare for this visit, staff should bring information on community resources that can support families. In addition, if families are not already connected to primary care and WIC, this visit is a great opportunity to make those important referrals. Families with newborns might also request or benefit from information on:

- local lactation consultants,
- new parents' groups,
- mental health services related to postpartum issues and attachment,
- resources for support in accessing food,
- furniture or materials that may become necessary during this time,
- early intervention programs, etc.

Questions to Consider for Planning and Programming:

- How are staff trained to conduct this particular visit? What topics are covered?
- Are issues related to newly delivered babies and their parents addressed in the Community Assessment (e.g., low birth weight, breastfeeding rates, failure to thrive, community resources, etc.)?
- How do staff describe this visit to families and plan it with their input before the baby is born?
- How are staff individualizing these visits for each family based upon their strengths and needs?
- How are staff prepared to be sensitive and attuned to the cultural diversity of families related to infant care and wellness?
- How does the program monitor newborn visits? Does/how does the program collect data from parents and staff after visits to ensure that these visits are meaningful?
- How are staff documenting information gathered during this visit and tracking and following up on identified needs?

Performance Standards, Title 45, Code of Federal Regulations:

1304.40(i)(6) Grantee and delegate agencies serving infants and toddlers must arrange for health staff to visit each newborn within two weeks after the infant's birth to ensure the well-being of both the mother and the child.

Resources:

American Academy of Pediatrics. **"SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment."** *Pediatrics*, 128(5): 1030–1039. <http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284.full.pdf> (Accessed December 7, 2012).

Early Head Start National Resource Center (EHS NRC). **Guide to On-Line Breastfeeding Resources.** DHHS/ACF/OHS. 2008. <http://www.ehsnrc.org/Publications/breastfeedingtoolguide/index.html> (Accessed December 7, 2012).

Early Head Start Research and Evaluation Project. **Research to Practice Brief: Depression in the Lives of Early Head Start Families.** DHHS/ACF/OPRE. April 2006.
http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/reports/pregnancy/pregnancy.pdf
(Accessed March 19, 2013).

Hagan, Joseph S., Judith S. Shaw, and Paula M. Duncan, eds. **Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents.** 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics, 2008.
http://brightfutures.aap.org/pdfs/Guidelines_PDF/15-Infancy.pdf (Accessed March 19, 2013).

Information Memorandum, ACYF-IM-HS-09-04: Services to Expectant Families Participating in Early Head Start. DHHS/ACF/OHS. 2009.

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This Tip Sheet is not a regulatory document. Its intent is to provide a basis for dialogue, clarification, and problem solving among Office of Head Start, Regional Offices, TA consultants, and grantees. If you need further clarification on Head Start Policies and regulations, please contact your Regional Program Specialist.