All About the Newborn Visit: Information and Tips for Early Head Start Staff

The first few weeks of a baby’s life are an exciting and demanding time for both the baby and the newly expanded family. The newborn visit, required by Head Start Program Performance Standards (HSPPS), focuses on the well-being of both mother and baby and is to be scheduled within 2 weeks after a baby’s birth.

What Is the Newborn Visit?
This visit does not take the place of well-baby checks or replace medical care for the mother. At the newborn visit, staff:
- Address families’ questions
- Assess the health of mother and baby
- Offer resources and provide referrals as necessary
- Offer support outside of medical appointments

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A program must provide a newborn visit with each mother and baby to offer support and identify family needs. A program must schedule the newborn visit within 2 weeks after the infant’s birth.
Timing and Length of the Visit
To the extent possible, staff should plan the newborn visit with a family when the woman is pregnant. Staff should describe the goals of the visit and document plans in the Family Partnership Agreement. Plans must be flexible, however, as family preferences for the visit may change after the baby’s birth.

HSPPS do not specify a required length of time for the newborn visit or the qualifications of staff who conduct the visit. If programs are able to, they often designate staff with expertise in maternal and child health to conduct the visit. During the visit, staff should take cues from each family. For example, life with a newborn can be exhausting; therefore, staff should plan for a short visit unless a family asks for more time. Staff should avoid overwhelming families with information and instead offer them an opportunity to share how things have been going since the birth and ask any questions.

Key Goals of the Visit

Evaluate Safety and Address Concerns
Many safety issues (for example, issues related to sleeping and feeding practices or exposure to secondhand smoke) can be discussed before the baby is born. During the newborn visit, staff should address only issues of immediate concern. Any discussions about safety should be approached in a respectful and sensitive manner.

Ensure the Baby Has a Medical Home
One important goal of the visit is to ensure the baby has a medical home. Often, this is done when the mother is pregnant, as parents have to identify and make an appointment with a provider before being discharged from the hospital. The baby may have already had a 2-day-old visit with the health care provider before the newborn visit. Staff should reinforce the importance of routine well-baby visits and make sure the family has a medical home. Staff should also provide information about what to expect at well-baby visits. They can also encourage parents to share any concerns with their child’s health care provider.
Assess Postpartum Recovery and Answer Questions
An important goal of the newborn visit is to make sure families have the information and resources they need to care for their new baby. Staff can encourage new mothers to consider how they can take care of their own recovery needs and gain support from their partner, family, or friends. Staff can also address families’ needs for support for emotional well-being, nurturing and responsive caregiving, and father or partner engagement. And staff can ask families if they have questions about recovering from the birth.

Support Infant Feeding
Staff can provide information on the benefits of breastfeeding and support mothers in their decision to breastfeed. If necessary, staff can provide referrals to lactation consultants and counselors.

Coordinate Any Additional Care
Staff can encourage mothers to attend postpartum appointments, work with families to solve any challenges to accessing health care, and assist families with care coordination.

Identify Red Flags for Depression
Mothers and fathers 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. During the newborn visit, staff can work with families to identify any red flags for depression. Staff may want to use a validated tool to screen for depression, many of which are only a few questions long. Staff should also be prepared, with support from a program’s mental health professional, to refer families for further support and intervention if necessary.

Tips for the Visit
Recognize the Family’s Expertise
Families are the decision-makers for their children’s health. They may 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 related to their baby.

Ask Questions and Encourage the Family to Do the Same
Ask open-ended questions (for example, “How are you and the baby sleeping/eating/feeling?”). Encourage the family to ask questions as well.
**Point Out the Positives**
Use the visit to support the family in focusing on the baby’s behaviors. Invite the family to share their observations, reflections, ideas, and guesses about the baby’s needs. Notice and affirm the positive ways family members engage with the baby. This will support their positive relationship with their baby and reinforce their confidence at a time when they might feel unsure.

**Be Prepared**
Although you cannot predict every question that families might have at the newborn visit, you should be prepared to provide information and answer questions on the following topics:

**Physical Health**
- Mother’s recovery
- Breastfeeding concerns (for example, mastitis, pain in the breasts, chapped nipples)
- Postpartum care (including 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
- 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 crying and self-care strategies when the baby cannot be soothed
- Substance use

Referrals
Staff may not have the expertise to respond to all family concerns. Staff should bring information on community resources that can support families to the visit. 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 for parent education and support
- Mental health services related to postpartum issues and attachment
- Resources for support in accessing food
- Furniture or items for baby that they might need
- Earlyintervention programs

Resources on ECKLC
- Breastfeeding Resources
- Supporting Families’ Mental Health: A Special Focus on Maternal Depression
- Social Emotional Tips for Families with Infants
- What is Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
- Partnering with WIC for Breastfeeding Success
- Beyond Bottles and Baby Food: Setting the Nutritional Foundation for Lifelong Wellness
- Depression in Mothers: More than the Blues

Other Resources
- Safe to Sleep
- Newborn Care and Safety
- Depression in the Lives of Early Head Start Families: Research to Practice Brief
- Feeding Infants: A Guide for Use in the Child Nutrition Programs
- Healthy Active Living for Families
- Building a Foundation for Healthy Active Living
- What is the Period of PURPLE Crying?
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