



# Briefly...

## Policy Brief: Promoting Healthy Pregnancies and Families Through Home Visiting Programs

Home visiting programs are designed to improve the well-being of children and families. Typically, nurses, social workers, or other professionals meet with at-risk families in their homes, provide them with information and advice, and connect them to available services. Although home visiting programs have a variety of goals, many work on improving maternal and child health, parenting skills, and self-sufficiency of parents.

Research shows that some home visiting programs have many positive effects. For example, the Nurse Family Partnership—a high quality, evidence-based, voluntary home visiting model—resulted in fewer subsequent unplanned pregnancies and increased intervals between births.<sup>1</sup> The Chicago Doula Project, which connects low-income pregnant women with doulas from the same community to help with pregnancy, childbearing, and parenting education, and that also provides links to other health and social services, has also helped younger mothers participating in the program to delay subsequent pregnancies.<sup>2</sup>

Several other home visiting programs have focused on the importance of pregnancy spacing. For example, workers in the Healthy Families Montgomery program help each family participating in the program to develop goals and discuss whether a family is ready for another child. Workers and families discuss the benefits of waiting at least 24 months between pregnancies and the importance of family planning when they are not seeking to get pregnant. In the last several years, 99 percent of mothers in the program did not have a repeat birth within a 24-month period.<sup>3</sup> The West Virginia Perinatal Partnership recently trained nurses and in-home family educators in several of the state's home visitation programs to discuss the health and social benefits of spacing pregnancies in their prenatal and post-partum visits—information that was well-received by parents and staff.<sup>4</sup> The West Virginia home visitation programs worked closely with the state family planning program, as well as the March of Dimes, in designing and delivering the program.

Home visiting programs often serve first-time parents, many of whom are teens or young adults. Nearly one-third (32%) of births to 18-19 year olds are subsequent births to teens who already have at least one child.<sup>5</sup> At present, among women in their twenties, half of all pregnancies are unplanned (as reported by women themselves) and 70 percent of these are subsequent unplanned pregnancies. A growing body of research shows that unplanned pregnancy has negative consequences for children and for their parents. Helping young parents plan and space future pregnancies will contribute to improved health, developmental, and educational outcomes for children that are consistent with the goals of many home visiting programs. Expanded investments in home visiting offer an important opportunity to ensure that families at the highest risk receive education, services, and support to discuss personal goals for family size and to plan accordingly.

### Recommendation

Home visiting programs should discuss the importance of pregnancy or family spacing as one important way to help improve the health and well-being of children, women, and their families. It is essential that these discussions be voluntary, culturally sensitive, and appropriate, and should focus on helping families achieve the goals they set for themselves.

## Key Facts

- At least 40 states and territories are currently operating a variety of home visitation models through over 70 distinct programs.<sup>6</sup>
- A 2005 analysis from the RAND Corporation found a net benefit to society of \$34,148 per high-risk family served, equating to a \$5.70 return per dollar invested in the Nurse-Family Partnership.<sup>7</sup>
- It is widely recommended that mothers wait an adequate interval between pregnancies (generally 24 months).
- Women experiencing an unplanned pregnancy are less likely to obtain prenatal care, and their babies are at increased risk both of low birth weight and of being born prematurely. They are also less likely to be breastfed.
- Children born from unplanned pregnancies also face a range of developmental risks, including poorer physical and mental health and lower cognitive test scores at age two compared to children born as the result of an intended pregnancy.<sup>8</sup>

## Legislative Background and Policy Opportunities

Over the years, home visiting services have been funded by a number of federal sources including: Medicaid, the State Children's Health Insurance Program, Temporary Assistance for Needy Families, the Maternal and Child Health Block Grant, and the Social Services Block Grant. The recently-passed Affordable Care Act (P.L. 111-148) created a significant, dedicated federal funding stream for home visiting—the *Maternal, Infant, and Early Childhood Home Visiting Program*.<sup>9</sup> This \$1.5 billion grant program will allow states over a five-year period to provide evidence-based home visitation services to improve outcomes for children and families who reside in at-risk communities.

States interested in applying for these new funds need to submit a needs assessment and a home visiting strategy that is responsive to the findings of the needs assessment. As the U.S. Department of Health and Human Services oversees the new funding, we encourage the Administration to provide flexibility and support for states to include improved pregnancy planning and spacing within the topics they cover in home visits. States should also consider opportunities to address these topics as they apply for and implement the new funding. Specific steps could include:

1. identifying early, unplanned, or closely spaced repeat pregnancies among the risk factors states identify in their needs assessments—all are closely associated with the other risk factors listed in the law, such as premature birth, low-birth weight infants, poor maternal and child health, poverty, and high drop-out rates;
2. incorporating reduction in subsequent unplanned pregnancies and increase in birth spacing among the maternal and child outcome measures that grantees must establish and track; and
3. providing high quality training and materials for home visitors about the benefits of family spacing and about effective methods of contraception to help them achieve their family goals.

## Sources

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8. See <http://www.thenationalcampaign.org/resources/pdf/fast-facts-consequences-of-unplanned-pregnancy.pdf>
9. For more information and state-level allocations, see <http://www.hhs.gov/news/press/2010pres/07/20100721a.html>