



Providing care for young children is an acute challenge for many new parents, and many families have insufficient resources (financial, social) to ensure adequate support.<sup>1</sup> Home visiting programs represent an attempt to provide support to families with young children. Home visiting programs are a prevention strategy where trained visitors provide family support and information to expectant mothers and new parents in their home. Home visiting programs are intended to improve parent-child relationships, increase knowledge and skills among parents, and support the health and development of children. Home visiting programs have been associated with reduced child abuse, reduction in cognitive and behavioral developmental issues, reduced adverse birth outcomes such as low birthweight, and healthier weight gain during early childhood.<sup>2</sup> The COVID-19 pandemic introduced a tremendous disruption in the mode of delivery of home visiting services to at-risk low-income households, with many programs transitioning to a fully telehealth format,<sup>3</sup> and disruption of these services have been associated with elevated maternal depression in the 12 months postpartum.<sup>4</sup> Given the marked changes in the delivery of services during the COVID-19 pandemic, it is critical to understand how services are being delivered during the pandemic, who is receiving these services and whether there are differences in maternal or infant healthcare receipt by home visiting status. The analysis included in this report was conducted to evaluate the differences between women who reported receiving and not receiving home visiting services in Los Angeles County, California during the COVID-19 pandemic.

**Methods**

Women who reported being pregnant during the 2020 Los Angeles (LA) County WIC Survey (July to December, 2020) who gave birth and enrolled their infants in WIC were invited to participate in the Welcome Baby Comparison Group Study in 2021, with the first follow-up interview when the infant was around 12 weeks of age. Mothers reported information on demographics, household composition, and pregnancy experiences prenatally during the 2020 LA County WIC Survey. Mothers reported about home visiting program participation, prenatal healthcare, postpartum healthcare, and infant healthcare around infant age 12-weeks in the Welcome Baby Comparison Group Study. This report compares demographics and healthcare (prenatal, postpartum and infant) receipt among women who reported any and no home visiting program participation through infant age 12-weeks among women who participated in both the 2020 LA County WIC Survey and the 12-week interview of the Welcome Baby Comparison Group Study (n=292), both conducted by telephone.

**Results**

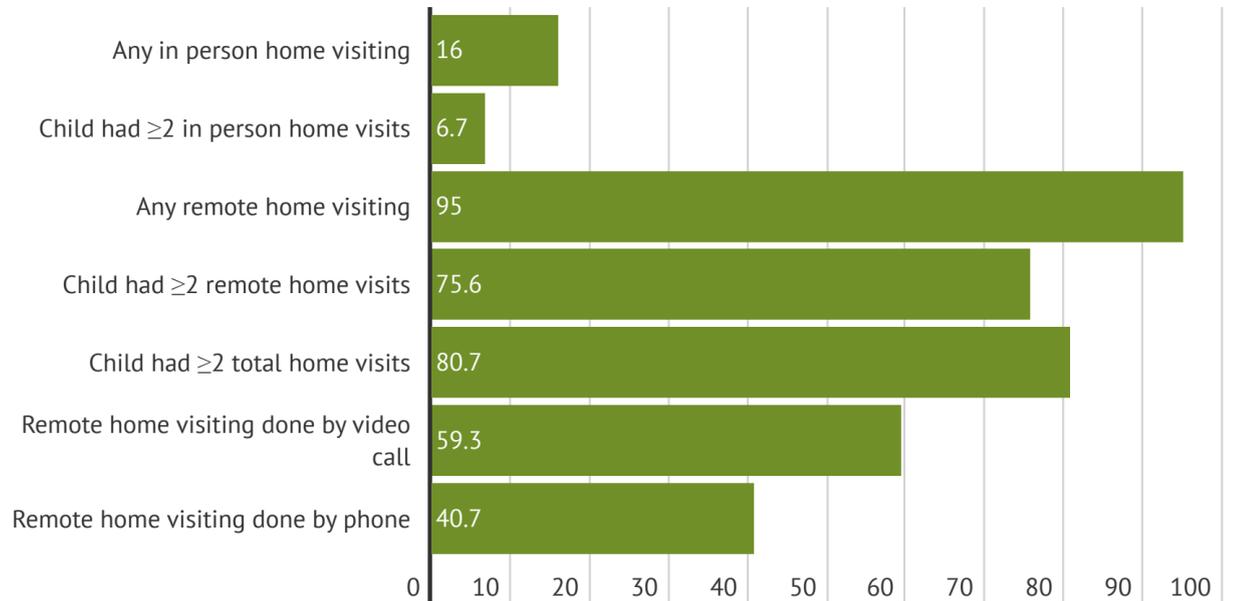
*Demographics*

Under half of mothers reported receiving any home visiting by 12 weeks postpartum (n=119, 40.8%). No significant differences were observed between mothers who did and did not receive home visiting by race/ethnicity-language preference, educational attainment, age, maternal or paternal employment, household size, or pregnancy characteristics assessed during pregnancy. Mothers who reported receiving any home visiting by 12 weeks postpartum were less likely to have an older child than mothers receiving no home visiting (94.9% vs 98.8%, p-value=0.05).

*Home visiting experience*

Mothers who reported receiving home visiting by 12 weeks postpartum were significantly more likely to have received home visiting for a prior child than those who received no home visiting (39.5% vs 15.6%, p-value<0.01). Of mothers who received home visiting, few reported receiving in person visits (16.0%) or more than 1 in person visit (6.7%). A majority reported any remote home visiting (95.0%), more than 1 remote visit (75.6%), 2 or more total home visits (in person or remote, 80.7%) (Figure 1). Of mothers reporting receiving remote visits, a majority used video calls (59.3%).

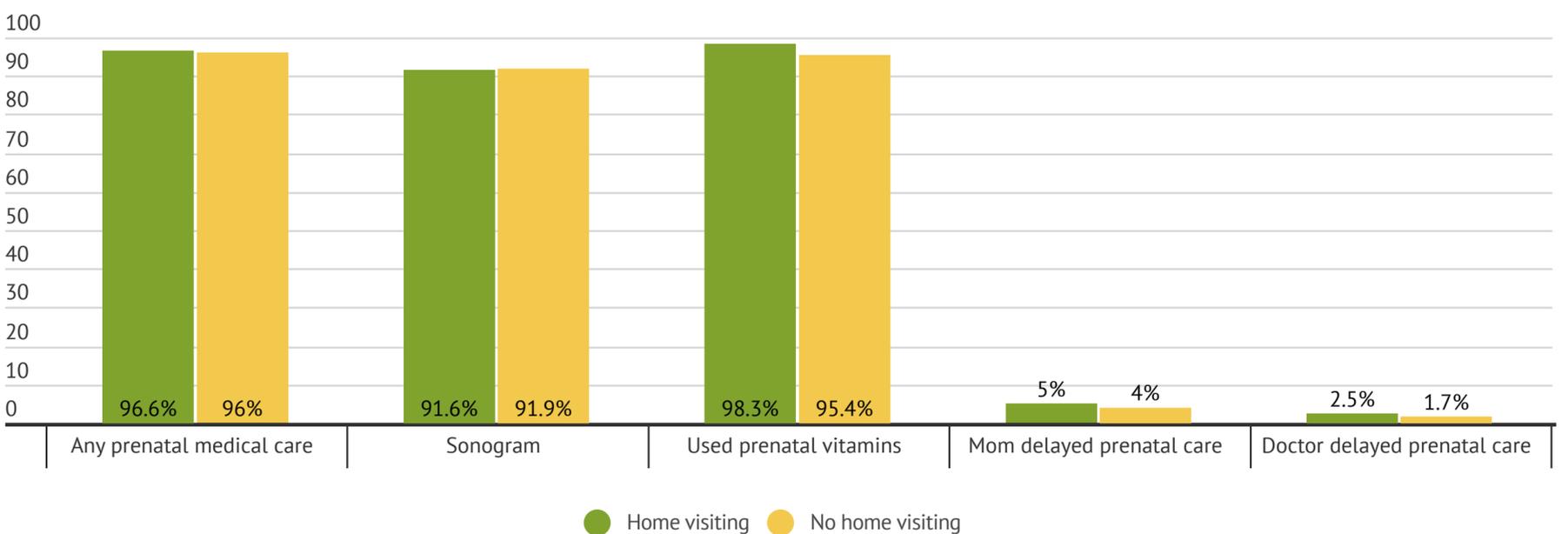
Figure 1: Description of home visiting services received during the COVID-19 pandemic.



*Medical care and health insurance during pregnancy*

No significant differences in prenatal healthcare were reported by women who received and did not receive home visiting by 12 weeks postpartum (Figure 2), with over 96% in both groups reporting receiving any prenatal care, over 91% in both groups receiving a sonogram, over 95% in both groups using prenatal vitamins, 5% or fewer in both groups reporting they delayed prenatal care, and fewer than 3% in both groups reporting their doctor delayed their prenatal care.

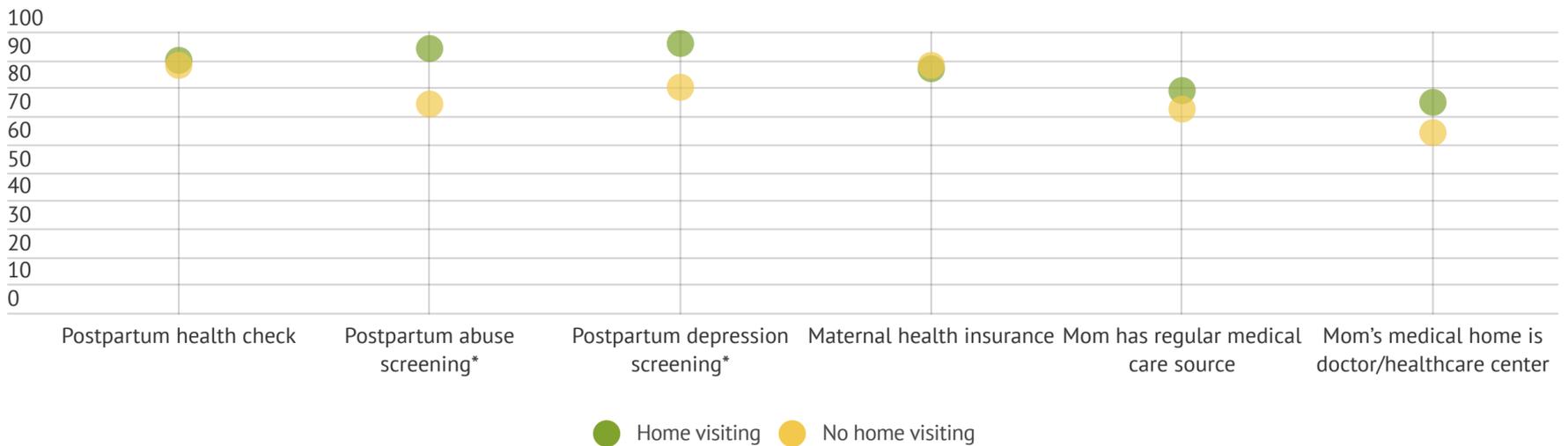
Figure 2: Prenatal care by home visiting.



**Maternal medical care and health insurance from delivery to 12-weeks postpartum**

Nearly all mothers reported receiving a postpartum health check whether they received any or no home visiting (89.9% vs 87.9%) (Figure 3). Mothers who received home visiting were significantly more likely to report receiving a postpartum abuse screening (94.1% vs 74.0%, p-value<0.01) or depression screening (95.8% vs 80.3%, p-value<0.01) than mothers who did not receive home visiting. No significant differences were observed between mothers with any or no home visiting for maternal postpartum health insurance, having a regular source of medical care or for that regular source of medical care being a private doctor's office or healthcare center.

Figure 3: Postpartum medical care by home visiting.

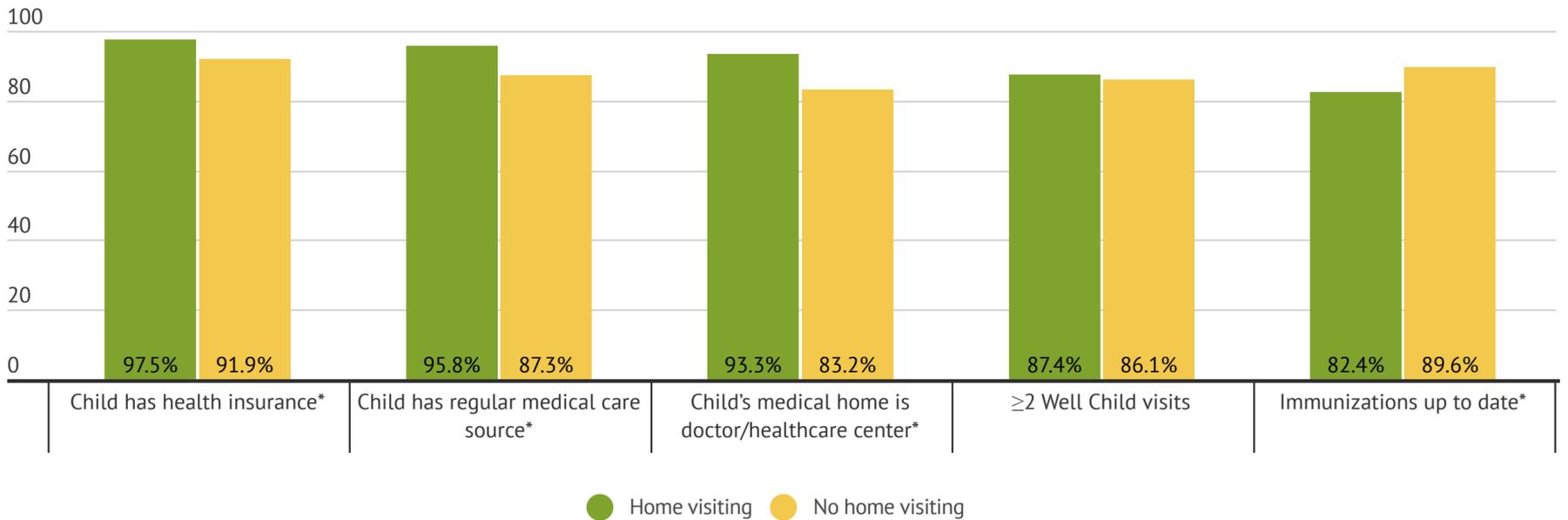


\* Indicates a statistically significant difference between home visiting and no home visiting (p-value≤0.05)

**Infant medical care and health insurance from birth to 12-weeks of age**

Infants whose mother reported receiving home visiting were significantly more likely to have health insurance (97.5% vs 91.9%, p-value=0.05), to have a regular health care source (95.8% vs 87.3%, p-value=0.01), for the regular health care source to be a private doctor's office or healthcare center (93.3% vs 83.2%, p-value=0.01) than infants whose mothers reported receiving no home visiting (Figure 4). A majority from both groups reported having 2 or more well child visits by 12 weeks of age (87.4% and 86.1%), and infants who received any home visiting were less likely to be up to date on their immunizations (82.4% vs 89.6%, p-value=0.02) than infants who received no home visiting. Fewer than 10% of either group was reported to have experienced a delay of well child visits due to the healthcare provider, delay of well child visits due to the mother, or avoidance of medical care when the infant was sick due to COVID-19 with no significant differences observed for these variables.

Figure 4: Infant healthcare through 12-weeks of age.



\* Indicates a statistically significant difference between home visiting and no home visiting (p-value≤0.05)

**Conclusions**

Home visiting was received by over 40% of pregnant WIC-participating women who responded to the 2020 LA County WIC Survey during the COVID-19 pandemic, and nearly all of these women received home visiting services remotely, via video call or telephone call. Recipients of home visiting did not differ from non-recipients in maternal or household socio-demographic characteristics, nor in characteristics of the prenatal care experience. Mothers who reported any home visiting by 12 weeks postpartum were significantly more likely to report receiving depression and abuse screening, and their infants were significantly more likely to have health insurance, a regular source of medical care, and for that regular source of care to be a private doctor's office or healthcare center; however, infants of mothers who reported any home visiting were significantly less likely to be reported as up to date on immunizations, which may reflect a different degrees of familiarity with child immunization schedules among recipients and non-recipients of home visiting. These data suggest that home visiting, even in an almost exclusively remote format, continued to play a pivotal role in extending healthcare services to at-risk women and children in low-income households in LA County during the COVID-19 pandemic.

**References**

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