Evaluation of the Postpartum/Newborn Home Visit Service: Aiken County, Health Region 5, South Carolina Department of Health and Environmental Control

by

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Abstract

Objective: Home visiting enjoys widespread endorsement as a strategy for promoting child health and development. An evaluation of the infant component of the South Carolina PPNBHV service was conducted to determine the level of program fidelity and impact.

Methodology: Data was manually extracted from the health records of 176 randomly selected infants who were born and enrolled in the Women, Infants, and Children's (WIC) program in 2004. The processes reviewed include timeliness of home visits and appropriateness of revisits. The impact measures studied include age at enrollment in the WIC program and immunization status at six/nine months. Chi-square tests were used to check for associations between home visit status and each of these impact measures. A multivariable logistic regression was used to identify the relationship between home visit status and age at enrollment in the WIC program.

Results: Of the 176 infants, 76 (43%) received a home visit. Of these, 13 (17%) received the home visit within 72 hours after discharge. After controlling for several variables including race/ethnicity and birth weight category, the infants who received a home visit had a four times greater odds of enrolling early in the WIC program than infants who did not receive a home visit (AOR: 4.0; 95% C.I. 1.92 – 8.36).

Conclusion: The PPNBHV service may contribute to early enrollment in the WIC program. Improvement in the timeliness of the visits is needed.

Public Health Implications: Periodic program monitoring is necessary to ensure program fidelity, determine impact, and provide feedback for continuous quality improvement.

Limitations of Study

1. The infants were not randomized to the 'home visit group' or the 'no home visit group'.
2. The program was not implemented according to the planned schedule (low level of fidelity to design).
3. A very small sample and only one county was used for this study. This should be seen as a pilot study. Caution should be exercised in over-generalizing the findings.
4. This study was based on only the WIC population.
5. Data was incomplete for certain variables (immunization status at 6/9 months and medical provider status at 1 year).
6. In the data analysis, adjustments were not made for the WIC enrollment status at the time of the home visit. Since some infants (N = 35) were enrolled in the WIC program before they received home visits, it is hard to determine causality given the temporal sequence.

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