

# Comprehensive Nurse Home Visiting: Scope, services, duration

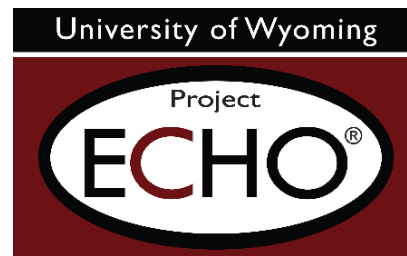
SCOPE Vermont Session #8

May 2, 2022

Solenne Thompson - RN, BSN, IBCLC



# This project is supported, in part, by:



# Objectives

- Identify scope of nurse home visitor services and indications for home health referral
- Nursing assessment of prenatally exposed infants, lactation support, and ongoing growth/development monitoring
- Explore strategies for parent engagement and coordination of visits for multiple service agencies



# Return Home

## Post-birth hospital discharge

### Home Health Referral

- Indications: feeding/nutritional assessment of newborn for weight, lactation support, maternal assessment, infant care education, coordination of community resources,
- Frequency: MD ordered visits per provider determined frequency, nursing clinical judgement, family request



# Nursing Assessments

Communication with PCP office/medical home and community resources

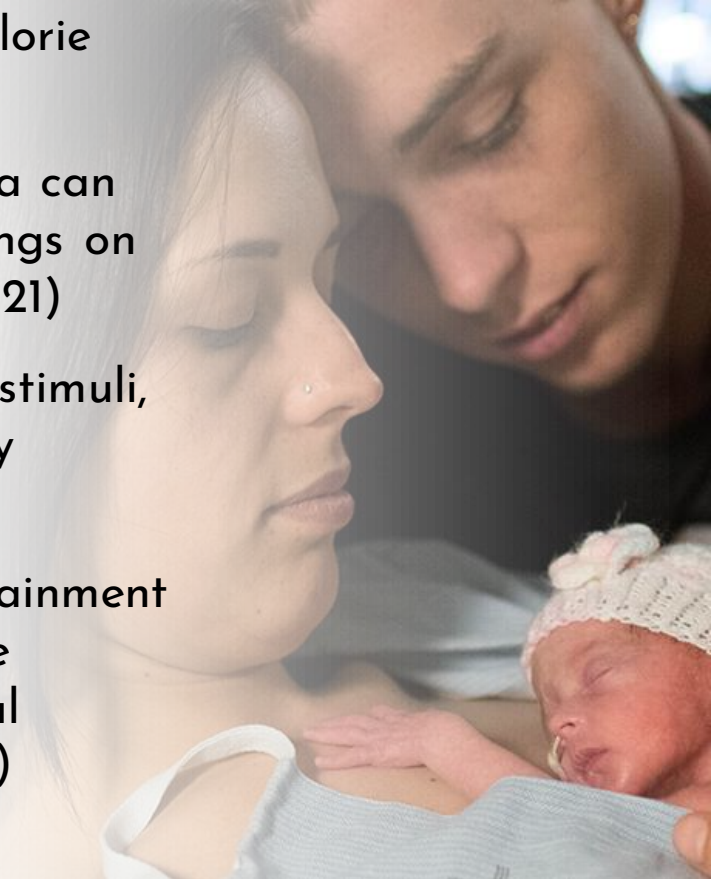
- Infant -feeding/nutritional, ESC, medications, neurological
- Maternal - postpartum, medication management, lactation support
- Home - living situation, transportation, safe sleep
- Family - infant care education, assessment of natural supports



# Infant Assessment

Feeding/nutrition - difficulty gaining weight, high calorie formulas, paced feeding, flow rated.

- Poor feeding, regurgitation, vomiting and diarrhea can lead to dehydration. Frequent small volume feedings on demand are preferable to Q3hrs. (Anbalagan, 2021)
- Non-pharmacological management - minimizing stimuli, swaddling, non-nutritive sucking, skin to skin, baby wearing
- Gentle vertical rocking, side-lying C-position, containment with hands held, swaddling and swaying to reduce irritability and hypertonicity. Skin care with topical barrier cream and pacifier use. (Anbalagan, 2021)



# Maternal Assessment

- Postpartum assessment - bleeding, incision, mobility, incision
- Medication management - has hospitalization for birth interrupted regular MAT schedule?
- PMAD - Edinburgh, connection with resources, community health team
- Lactation - supporting goals and managing infants with difficulties feeding
- Birth Control support - education and resources for avoiding short interval pregnancies



# Home Assessment

- Transportation - public transportation, Medicaid rides, other resources
- Living situation - number of people in home, space, home safety, cleanliness
- Safe sleep - infants with multiple risk factors for SIDS

## How to help everyone in the house get a good night's sleep:

Sleep time can be hard when you have an infant. Here are some time-tested tips for making bedtime easier.

- ▶ **Make daytime play-time** so that baby is sleepy at night.
- ▶ **Try to spend time outdoors every day.** Sunlight exposure helps babies stay awake and learn to be active and social during the day and to sleep at night when it is dark and quiet.
- ▶ **Create a calming bedtime routine** such as a warm bath, softly reading a book or singing to baby.
- ▶ **Keep focused when baby wakes at night** by doing just feeding and diaper changes - no play or fun time!
- ▶ **Pacifiers can help soothe a baby.** If you are breastfeeding, wait until your milk supply is well established before using a pacifier.
- ▶ **New babies are growing fast so they get hungry and want to eat** - usually around the clock! This is why they are awake at night and want to be fed. Expect that it may be a few months before your baby regularly sleeps through the night.
- ▶ **Wait a few minutes before you respond to baby's fussing** to see if they will fall back asleep on their own.

## For more tips on getting your baby to sleep, or soothing a fussy baby, go to:

- [HealthyChildren.org](http://HealthyChildren.org)  
The official parenting website of the American Academy of Pediatrics
- [Vermont Help Me Grow 2-1-1 x6](http://VermontHelpMeGrow.org)
- [MarchOfDimes.org](http://MarchOfDimes.org)

## Other ways you can protect your baby and keep her healthy:

- Breastfeeding is a great way to get your baby off to a healthy start.
- If you are a smoker, consider quitting. Call 1-800-QUIT-NOW.
- Keep up with all your baby's well child visits and immunizations.
- Practice safe sleep for your baby every time—at night and during naps.



Sometimes infant safe sleep is discussed along with Sudden Infant Death Syndrome (SIDS). SIDS is a term used for infants whose sudden death cannot be explained even after a thorough investigation. Researchers are still working to fully understand the cause of SIDS. The information in this pamphlet is to help parents and caregivers put their baby to sleep in a safe environment to reduce the risk of accidental suffocation.

## FOR MORE INFORMATION

If you have questions about your baby's sleep, talk to your health care provider.

Visit the Vermont Department of Health's website:

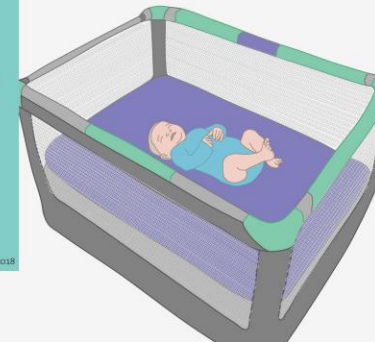
- For information on safe sleep: [healthvermont.gov/safesleep](http://healthvermont.gov/safesleep)
- For information on finding a health care provider or parenting support: [healthvermont.gov/local](http://healthvermont.gov/local)

October/2018



# Keep Your Sleeping Baby Safe

Information for Parents and Caregivers of Infants



[Vermont Department of Health brochure: Keep Your Sleeping Baby Safe](#)

[go.uvm.edu/scopevt](http://go.uvm.edu/scopevt)



The University of Vermont



# Lactation

- Balancing the benefits of breastfeeding and human milk with risk of substances infants may be exposed to
- Encourage to breastfeed: methadone or buprenorphine maintenance
- Contraindicated: cocaine, phencyclidine hydrochloride (PCP); caution urged with codeine
- THC: half-life of 25-27 days, 2nd hand smoke increases risk of SIDs, but breastfeeding reduces risks, long term effects unknown
- Alcohol: maternal blood alcohol parallel human milk levels
- Smoking cessation: nicotine patch, gum and possibly bupropion compatible with breastfeeding



# Lactation Resources

- Lact Med - Research on drugs and lactation

[Fact Sheet. Drugs and Lactation Database \(LactMed®\) - Drugs and Lactation Database \(LactMed\) - NCBI Bookshelf \(nih.gov\)](#)

- Academy of Breastfeeding Medicine - ABM Clinical Protocol #21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder
- Lactation consultant referral - home health, outpatient or private lactation



# Proposed Cascade of Care for Prenatal Opioid Exposure and the Impact on Mothers and Infants

- Reproductive-aged women with opioid use disorder at risk for pregnancy
- Pregnant women with opioid use disorder
- Pregnant women with opioid use disorder linked to treatment
- Pregnant women with opioid use in treatment throughout pregnancy and postpartum period
- Women with opioid use disorder in a previous pregnancy who are receiving appropriate treatment and care preconceptionally
- Infants with prenatal opioid exposure receiving appropriate neonatal assessment and care
- Infants with prenatal opioid exposure linked to early intervention services
- Infants with prenatal opioid exposure monitored for behavioral and learning disabilities (Honein, Boyle & Redfield, 2019)



# Growth and Development monitoring

- Different studies indicating that children with a history of NAS were significantly more likely to have an educational disability (Fill et. Al, 2018) (Oei et al, 2017) with 16% with developmental delays not identified until school age.
- Demonstration that early support of identified infants from 6 weeks of age prolonged education achievements and increased employment rates even at the age of 30 (Oei et al, 2017) and maternal education also a modifiable risk factor.
- “Families affected by drug use disorders may be more socially chaotic, with increased occasions of out of home care, school mobility and other stressors such as poverty, poor nutrition and poor parenting skills” (Oei, et al., pp.12)



# Home Health Services and Programs

Closing the gap between hospital discharge and EI

- Medically ordered visits
- CIS responsive nursing visits
- Sustained Nursing Visits (Strong Families VT Program)
- Lactation support



# Medically ordered visits

- Provider ordered - birthing center or NICU discharge or from follow-up primary care provider
- Frequency indicated by provider with input from nurse
- Must be medically indicated - feeding/nutritional assessment or monitoring related to specific diagnosis
- Discharge from home health when nursing goals are met or provider indicated



# CIS responsive nursing visits

- Medicaid eligible mothers prenatal-2 months and up to age 6
- Can accept prenatal referrals from WIC, local CIS team, or OB office of prenatal care. Internal referrals (i.e. infant discharged from medical)
- Nurse and family set goals on admission and review every 6 months.
- Visit frequency determined by nurse and family.
- Communication with provider office if concern or pertinent information (i.e. vaccinations in home, ASQ results)
- Good way to keep engagement with families with children who may be too young or not developmentally delayed, but families would like additional support



# Lactation visits

- For private insurance providing preventative lactation services
- No authorization or provider order needed
- Must be lactation specific, but usually no time restriction as long as mother is lactating/pumping
- Engagement with families that may not be identified or qualify for other services







- Sustained home visiting - prenatal until child age 2
- Following evidenced based MESCH curriculum on parenting skills, infant growth and development and supporting parent-child attachment
- Visit frequency determined by curriculum - 3 prenatal visits, weekly for 6 weeks, every 3-4 weeks by 6 months, 6-7 weeks 6mo-1yr, and then every 2 months 12-24 months.
- Developmental monitoring with ASQs done at specific intervals throughout program with referrals to appropriate services as indicated
- Goal setting with families both short term (“Quick Wins”) and long term (job-seeking, education, childcare)
- Confidence building & increasing independence by discharge



# Parent Engagement Techniques

- Providing re-assurance (weight checks, feeding support, infant care questions). Consistency of nurse visits can reduce anxiety and provide support between pediatric visits.
- Being practically useful. Nurse home visitor can help make phone calls, remind about appointments, bring diapers/wipes/books
- Telehealth as option if client overwhelmed with visits
- Focusing on specific goal during visit to relieve parent stress (i.e. work on Reach up application)



# Coordination with Community Resources

How nurse home visitor can support:

- Completing ASQ developmental screenings and entering in database. Referral to appropriate support - Early Intervention, Early Headstart, PCP.
- Coordinating co-visits with for initial evaluations for hard to reach or overwhelmed families
- Supporting access by hosting telehealth visits with other providers in home. (i.e. EI, medical providers) Situations of no transportation or anxiety about new people
- Referrals to supports - breastfeeding and parenting groups, EI, Early Headstart, childcare
- Reminding about appointments during visits, myChart set up
- Assist with applications/paperwork (i.e. housing, Reach up/3 Squares)



# Summary

- Nurse home visiting provides holistic family support - juncture between medical and social support
- Can provide a bridge to gap between hospital discharge and Early Intervention, child care or school
- Appropriate referrals for developmental delays
- Sustained support for families with consistent nurse
- Increase engagement with other service providers through co-visits and practical assistance



# References

- Anbalagan S, Mendez MD. Neonatal Abstinence Syndrome. [Updated 2021 Jul 22]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK551498/?msckid=efe226d0bc5211ec91571c3aca6cd4c3>
- Fill, Mary-Margaret A.; Miller, Angela M.; Wilkinson, Rachel H.; Warren, Michael D.; Dunn, John R.; Schaffner, William; Jones, Timothy F. (September 2018). Educational disabilities among children born with neonatal abstinence syndrome. *Pediatrics*, 142(3)
- Honein, Margaret A.; Boyle, Coleen; Redfield, Robert R. (March 2019) Public Health Surveillance of Prenatal Opioid Exposure in Mothers and Infants. *Pediatrics*, 143 (3).
- Oei JL, Melhuish E, Uebel H, Azzam N, Breen C, Burns L, Hilder L, Bajuk B, Abdel-Latif ME, Ward M, Feller JM, Falconer J, Clews S, Eastwood J, Li A, Wright IM. Neonatal Abstinence Syndrome and High School Performance. *Pediatrics*. 2017 Feb;139(2):e20162651. doi: 10.1542/peds.2016-2651. Epub 2017 Jan 16. PMID: 28093465.
- Reece-Streman, S.; Marinelli, K.A.; The Academy of Breastfeeding Medicine. (2015) ABM Clinical Protocol #21: Guidelines for Breastfeeding and Substance Use or Substance Use Disorder, Revised 2015. *Breastfeeding Medicine*, Vol 10 (3). <https://www.bfmed.org/assets/DOCUMENTS/PROTOCOLS/21-drug-dependency-protocol-english.pdf>

