

Home visits lessen emergency care for infants

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Home visits from a nurse are a proven, but expensive, way to help newborns get a good start in life.

New research from Duke University suggests that less costly home visiting programs can reach more families and still produce significant health care improvements. Infants in the study had 50 percent fewer emergency care episodes than other babies in the first year of life.

"For a relatively small investment, the reward is significant," said lead author Kenneth A. Dodge, the William McDougall Professor of Public Policy and director of Duke's Center for Child and Family Policy.

The study, which appears Nov. 1 in a special issue of *Pediatrics* devoted to home visiting, looks at Durham Connects, a program that provides [home visits](#) for newborns and their parents in Durham, N.C. Authors Dodge and Benjamin Goodman, a Duke research scientist, found that participating families visited the emergency room less often than control group families and had fewer overnight hospital stays. The results held true a year after birth, well after the nurse's contact with the [family](#) had ended.

The findings have significant cost implications because the price of hospital [emergency room](#) visits and overnight stays often ranges into the thousands of dollars. By contrast, the Durham Connects program costs an average of \$700 per family.

The Affordable Care Act includes funding for home visiting programs.

In September, the federal Department of Health and Human Services announced \$69.7 million in grants to expand home visiting services in 13 states.

But home visiting encompasses a wide array of approaches. Many programs are intensive, multiyear efforts targeted to poor families that can cost \$4,000 per family or more. By contrast, Durham Connects costs less because it is relatively brief and makes extensive use of referrals.

The program was developed by Duke University in partnership with the Durham County Health Department and the Center for Child and Family Health. A nurse visits new parents soon after their newborn comes home from the hospital, checks the mother's and baby's health, and offers the parents tips on topics such as breastfeeding and child care. Nurses also screen for potential problems such as maternal depression.

But the nurses are not primarily caseworkers. Instead, they serve to link families who need help with appropriate community services over a series of one to three [home](#) visits.

To gauge the program's effects, the Duke research team designed a study that divided into two groups all of the 4,777 babies born in Durham County between July 1, 2009, and Dec. 31, 2010. Those born on even dates were offered the program, while those born on odd dates were not. The authors then analyzed medical records for a random subsample of those families.

In addition to an overall reduction in emergency care episodes, the authors found that all the subgroups studied saw a decrease in use of [emergency care](#). While some groups benefited more than others, the pattern held true for both single- and two-parent families, for families receiving Medicaid and for privately insured families.

"High-risk families were not the only ones who benefited," Goodman said. "All families benefitted. It was great to have this kind of finding almost a full year after the program was implemented."

More information: "Randomized Controlled Trial of *Universal* Postnatal Nurse Home-Visiting: Impact on Emergency Care," Kenneth A. Dodge, W. Benjamin Goodman, Robert A. Murphy, Karen O'Donnell and Jeannine Sato. *Pediatrics*, November 1, 2013. [DOI: 10.1542/peds.2013-1021M](https://doi.org/10.1542/peds.2013-1021M)

Provided by Duke University

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