

2023

WELCOME BABY: YEAR ONE REPORT

Results from the first year of the *Welcome Baby* program, March 2022–March 2023.



Welcome Baby One-Year Report | Yolo County

FIRST 5 YOLO MISSION STATEMENT

First 5 Yolo will assist our community to raise children who are healthy, safe, and ready to learn. We will assure that our resources are effectively used, and all community voices heard.

OVERVIEW OF THE FIRST 5 YOLO WELCOME BABY PROGRAM

First 5 Yolo *Welcome Baby* is a proactive prevention strategy designed to mitigate exposure to toxic stress related to the COVID-19 pandemic and to build family resiliency in Yolo County. The *Welcome Baby* program was launched in March 2022 with funding from the American Rescue Plan (ARP).

Welcome Baby is available to all postpartum women in Yolo County who are eligible for pregnancy and postpartum care services under Medi-Cal. Patients are recruited in prenatal clinics by providers as well as in labor and delivery by primary care nurses.

After delivery, trained nurses conduct home visits with families to assess needs and provide resources and connections to health and social welfare programs. Nurse home visitors also screen for mental health issues and provide breastfeeding support if desired.



ABOUT THIS REPORT

To evaluate the *Welcome Baby* program in its first year, we examined key outcomes for women and their infants who received services between March 2022 through March 2023. We have provided context for our program data by including data on postpartum visit rates and well-child visit rates from Partnership HealthPlan of California, a non-profit community-based healthcare organization that contracts with the state to administer Medi-Cal through local care providers. When possible, we also have included historical county-level data to show how key maternal-infant health indicators have changed over time in Yolo County.

This report was authored through a collaboration between First 5 Yolo and the UC Davis Health Equity Across the Lifespan (HEAL) Lab in the Betty Irene Moore School of Nursing. This report was supported in part by the California Collaborative for Pandemic Recovery and Readiness Research (CPR³) Program, which was funded by the California Department of Public Health (CDPH). CDPH was not involved in design, data collection, data analysis and interpretation, or the development of this report.

EXPERIENCES FROM WELCOME BABY NURSES

We asked nurses to share some of their experiences that stood out during their first year of participation with *Welcome Baby*. Their experiences echo the same story that the data are showing – *Welcome Baby* is positively impacting outcomes for families at a critical time.

Welcome Baby Connects Rural Family to a Medical Home

A *Welcome Baby* nurse visited a family in rural Yolo County where *neither the mother nor the newborn had seen any medical providers for postpartum or newborn care*. During the visit, the nurse learned that the toddler in the household also had never been seen by a medical provider. The nurse connected the mother to Northern Valley Indian Health and scheduled appointments for both children. Additionally, the nurse provided lactation support, educated the mother about Sudden Infant Death Syndrome, connected the family to WIC, and completed the full clinical assessment for the mother and newborn. The mother stated, “I didn’t know it was that easy to get my daughters seen.”

Welcome Baby Nurse Illustrates the Importance of Postpartum Visits

While in the home performing the clinical assessment, the *Welcome Baby* nurse identified that the mother had high blood pressure. The nurse was able to *coordinate care* and create a plan for the family with the primary care provider, and counseled the mother immediately on rechecking blood pressure, causes of high blood pressure (including stress) and *when to go to the Emergency Room*. Later, the mother developed a headache, followed the plan created by the nurse, and went to the nearest hospital. She was admitted, diagnosed, and treated for HELLP Syndrome, a potentially very dangerous condition that occurs in pregnant and postpartum individuals. Early diagnosis of HELLP Syndrome is critical because serious illness and even death can occur in 25% of cases.

Welcome Baby Nurse Provides Early Intervention for Newborn Jaundice

A medical provider called *Welcome Baby* to request a weight check and test bilirubin levels for jaundice for a premature newborn because the mom had missed appointments due to lack of transportation. During the visit, the nurse assisted the mother with breastfeeding support, including obtaining a breast pump, coordinated insurance coverage for the newborn, talked about Sudden Infant Death Syndrome in careful detail after ascertaining some immediate risks, provided a pack-and-play for safe sleep, and assessed the newborn for jaundice (bilirubin check). The newborn’s bilirubin level was dangerously high. The nurse coordinated care and the newborn was admitted to the hospital and treated. The Sutter pediatrician attending to the newborn commented, “*Thank you for going to this patient’s home. You possibly saved this baby’s life.*”

OVERVIEW OF MATERNAL AND INFANT HEALTH IN YOLO COUNTY

Yolo County continues to face challenges to achieving maternal and child health equity among its high-risk groups. California Department of Public Health (CDPH) data from 2018-2020 showed that 12.5% of mothers in Yolo County experienced postpartum depressive symptoms.

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For Yolo County women insured by Medi-Cal, this number was much higher at 23.2%. Data from the California Department of Public Health show 41% of all pregnancy-related deaths had a good to strong chance of being prevented.¹ Additionally, in almost two-thirds of pregnancy-related deaths, women had one or more social risk factors documented in their medical record, including lack of prenatal care, no insurance coverage, no domestic partner, less than 12 years of education, drug and alcohol use during pregnancy, mental health concerns (including depression), unstable living conditions, and exposure to violence, among many other factors.¹ Additionally, those insured by Medi-Cal continued to experience higher rates of pregnancy-related death versus those with private insurance, and this trend has been increasing over time.² Yolo County experienced higher maternal morbidity in comparison to the state of California.

¹The California Pregnancy-Associated Mortality Review. Report from 2002-2007 Maternal Death Reviews. Sacramento: California Department of Public Health, Maternal, Child and Adolescent Health Division. 2017

²CA-PMSS: *Pregnancy-Related Mortality in California, 2012-2020*. California Department of Public Health; Maternal, Child and Adolescent Health Division. 2023. www.cdph.ca.gov/ca-pmss

Table I: Overview of maternal and infant health among residents of Yolo County, recipients of Medi-Cal in Yolo County, and in the state of California

	Yolo County		
	Yolo County	Medi-Cal	State of CA
Maternal health indicators			
Pregnancy-related mortality ratio per 100,000*	-	-	18.6
Severe maternal morbidity per 10,000**	125	125.1	108
Postpartum depressive symptoms***	12.5%	23.2%	12.7%
Pre-pregnancy daily folic acid use****	40.0%	32.6%	37%
Infant health indicators			
Low birthweight*****	6.1%	6.3%	7.1 %
Preterm birth*****	8.3%	8.2%	8.95%
Neonatal abstinence syndrome per 1,000**	2.8	6.4	2.6
Exclusive breastfeeding at 3 months*****	42.5%	49.1%	32%

Source: California Department of Public Health Maternal, Child, and Adolescent Health Division Data Dashboards 2020*, 2020-2022**, 2018-2020***, 2017-2019****, 2019-2021*****.

RESULTS FROM WELCOME BABY: MARCH 2022-MARCH 2023

WELCOME BABY REACHED A HIGH-RISK POPULATION

In the first year of the *Welcome Baby* program, enrollment expanded to include 9 medical systems. 519 families were recruited and enrolled in year 1. During the reporting period, 252 women delivered infants and received home visits. A phased-in approach was used to enroll mother-infant pairs. 193 (76.6%) of these women responded to follow-up survey questions after their home visit. Most of these women (97.4%) followed up with a nurse by phone; 5 women completed follow-up surveys via a web survey tool.

The Administrative Data Screening (ADS) is a tool developed by the First 5 Yolo to collect information on social and demographic categories to understand a participant’s risk for adverse health outcomes. Of the mothers and babies screened, about one-third were categorized as moderate or high risk for poor postpartum outcomes. Risk factors included substance use history, behavioral health issues, partner involvement, and CPS involvement among others.

WELCOME BABY SERVED A DIVERSE GROUP OF PARTICIPANTS

More than half of women (59.5%) identified as Hispanic/Latina and 51.3% had a language preference other than English. Drug and alcohol information was obtained from the participant’s medical record. Self-reported drug and alcohol use of participants was low.

Table 2: Participant-reported race/ethnicity, language, insurance, and parental status for Welcome Baby participants (collected through survey) and comparisons from Yolo County census data

	Count	Percent	Yolo County
Race/Ethnicity			
Hispanic/Latina	150	59.5%	32.3%
Asian / Pacific Islander	39	15.5%	16.6%
White	26	10.3%	44.0%
Black	7	2.8%	3.3%
American Indian/Native American	1	0.4	1.8%
Multi-racial	9	3.6%	6.2%
Unknown	20	7.9%	-
Language preference			
English	113	48.7%	63.9%
A language other than English	119	51.3%	36.1%

Family insurance status			
Medi-Cal*	188	74.6%	29.1%
Uninsured**	64	25.4%	6.9%
Parental status			
First time parent	115	33%	-
1-2 children	174	49%	-
3 or more children	64	18%	-
Drug and alcohol use			
History of drug/alcohol abuse	12	3%	-
Current drug/alcohol use or use within 1st trimester	26	7%	-

Sources: Department of Healthcare Services Medi-Cal Continuous Coverage Unwinding Dashboard 2023*, United States Census Bureau 2022*, HD*Pulse*: An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities. Available from <https://hdpulse.nimhd.nih.gov>. Includes ages 18-64, all income levels, 2020.**

POSTPARTUM MENTAL HEALTH STATUS WAS POOR AMONG PARTICIPANTS

Screening and providing access to mental health services early in the postpartum period is critical for both mother and child wellbeing. *Welcome Baby* participants are being screened and provided referrals as needed as early as 1-2 weeks after hospital discharge. During the home visit, participants are screened using the PHQ-9, which measures symptoms of depression, and the GAD-7, which measures symptoms of anxiety. Among participants who were screened, 14.8% screened positive for depression and 22.2% screened positive for anxiety. Many women who received a positive screening were already connected to behavioral health services, including enrollment in First 5 Yolo’s Road to Resilience home visiting program. Nurse home visitors provided a referral to behavioral health services for those who screened positive and were not already connected.

Table 4: Percentage of participants experiencing symptoms of depression or anxiety during the postpartum home visit

	Count	Percent
PHQ-9 score		
No depressive symptoms	207	85.2%
Mild depressive symptoms	26	10.7%
Moderate to Severe depressive symptoms	10	4.1%
GAD-7 score		
No anxiety (0-4)	196	77.8%

Mild anxiety (5-9)	26	10.3%
Moderate to Severe anxiety (10-15+)	30	11.9%

MOST FAMILIES WERE REFERRED FOR HEALTH AND WELFARE SERVICES

Nearly all participants (228 women, 90.5%) received at least one referral to a community health center or community-based organization and most participants (73.0%) received more than one referral. Half to two-thirds of women received referrals to medical/dental care, child development/education services, and social support. Approximately one-third of women received a referral for food or other basic needs. One-fifth of women were referred to crisis or emergency services.

Table 5: Percentage of participants who received different types of referrals through the Welcome Baby program

	Count	Percent
Medical or dental	154	61.1%
Child development	163	64.7%
Social support	129	51.2%
Food/basic needs	85	33.7%
Crisis/emergency/safety	51	20.2%
Mental health	21	8.3%
Legal assistance	10	4.0%
Other	16	6.4%



NEARLY ALL FAMILIES RECEIVED NEEDED INFANT SUPPLIES

All *Welcome Baby* participants are either uninsured or enrolled in Medi-Cal. Providing support in the form of newborn necessities and hygiene products is critical. Most women received supplies during their home visits, including diapers, wipes, a book on baby basics, toys, clothes, toothbrushes, pack-n-plays, carriers, and/or gift cards. In addition, all participants were offered breastfeeding support and education on newborn brain development, feeding, well-baby care, safe sleep, newborn cues, and baby wearing.

Table 6: Percentage of participants who received different types of supplies through the *Welcome Baby* program

	Count	Percent
Diapers	201	79.8%
Wipes	200	79.4%
Baby toy or teether	127	50.4%
Baby clothes/onesie/sack	88	34.9%
Baby toothbrush	68	27.0%
Gift card	52	20.6%
Pack n play crib	9	3.6%
Baby carrier/wrap	9	3.6%

BREASTFEEDING RATES EXCEEDED BENCHMARKS

Two-thirds of participants (67.1%) reported exclusive breastfeeding at the time of the home visit. Among those who followed up by phone or online survey, 45.2% were exclusively breastfeeding at three months, compared to only 36.9% among Yolo County WIC participants and only 25.5% among California WIC participants. An additional 31.9% were still giving some breastmilk. Importantly, most participants reported that they felt much more confident (56.6%) or a little more confident (25.3%) about breastfeeding after the *Welcome Baby* home visit.

Table 7: Percentage of women breastfeeding at the time of the postpartum home visit and at three months and confidence in breastfeeding

	Welcome Baby N (%)	Yolo County WIC 2023	California WIC 2023
Breastfeeding status at time of home visit			
Breastmilk only	155 (67.1%)	-	-
Some breastmilk	57 (24.7%)	-	-
No breastmilk	19 (8.2%)	-	-

Breastfeeding at 3 months			
Breastmilk only	85 (45.2%)	36.9%*	25.5%*
Some breastmilk	60 (31.9%)	-	-
No breastmilk	43 (22.9%)	-	-
Breastfeeding confidence after Welcome Baby			
Much more confident	103 (56.6%)	-	-
A little more confident	46 (25.3%)	-	-
Confidence stayed the same	33 (18.1%)	-	-

*Source: WIC CDPH Local Agency Report, infants in foster care excluded

PARTICIPANTS HAD HIGH RATES OF POSTPARTUM VISIT COMPLETION

Postpartum visits are critical for identifying problems early and providing essential services including medical care, mental health services, and supplies. Nearly all *Welcome Baby* participants (97.8%) completed at least one postpartum visit, with nearly two-thirds of participants completing two post-partum visits. In comparison, Partnership HealthPlan of California reported a postpartum visit rate of 42.7% for those who had a visit between 7 – 84 days after delivery.*

Table 6: Postpartum visit completion among Welcome Baby participants and a comparison group from Partnership HealthPlan of CA

	Welcome Baby (N=252)	Comparison (N=783)*
Overall rates	N (%)	N (%)
Completed 1-2 week postpartum visit	197 (88.3%)	251 (37.4%)
Completed 6-week postpartum visit	179 (80.3%)	244 (31.2%)
Number of visits completed		
Completed at least 1 postpartum visit	218 (97.8%)	334 (42.7%)
Completed 2 postpartum visits	158 (70.9%)	161 (20.6%)
Completed 1 postpartum visits	60 (26.9%)	173 (22.1%)
Did not complete a postpartum visit	5 (2.2%)	449 (57.3%)

*Source: Partnership HealthPlan of California, Reflects all births between March 2022-March 2023. Denominator includes all deliveries and does not exclude patients without an established medical home.



MORE INFANTS SEEN FOR WELL CHILD VISITS

Well-child visits are important for ensuring that developmental and health concerns are identified early and that infants receive immunizations. *Welcome Baby* supports families in completing well-child visits. In the *Welcome Baby* program, 86.7% of participants completed their one-month visit and 99.4% of participants completed their two-month visit. These numbers are significantly higher than the 9.2% and 30.0% reported for all births in Yolo County among those covered by Partnership HealthPlan of California.

Table 9: Completed well-child visits for Welcome Baby Participants and a comparison group from Partnership HealthPlan of CA

	Welcome Baby (N=252)	Comparison* (N=783)
	N (%)	N (%)
Completed one-month well-child check	150 (86.7%)	72 (9.2%)
Completed two-month well-child check	170 (99.4%)	235 (30.0%)
Completed two or more well-child visits by 6 months	140 (98.6%)	465 (59.4%)

**Source: Partnership HealthPlan of California, Reflects all births between March 2022-March 2023. Denominator includes all deliveries and does not exclude patients without an established medical home.

FAMILIES ARE PRAISING WELCOME BABY

100% of families would recommend Welcome Baby to a friend.

Feedback provided from Welcome Baby Participants:

“The program is necessary for any mom, whether it's their first or second baby because every baby is so different...and a lot can happen in those first few days. It is so important to have someone in your home to support you.”

“It gave me confidence in breastfeeding. I had never breastfed for more than 3 months and now I want to with this baby.”

“You were very supportive. That was a very difficult time for us especially being first time parents, but you helped us so much. You felt like you were a family member. Thank you so much for everything.”

“You were very clear and helpful. Transportation was a big issue. I missed a lot appointments, but I had a lot of questions and doubts. This helped make everything clear.”

“This program helped me to feel supported and confident that I am trying my best and there are resources to help me.”

“This program is just so amazing. I already told my friends that you came out, and they asked me, ‘Is this really America?’ Back where I am from we just have the baby, but here you checked on me and weighed the baby, and even if it is not the first.”

SUMMARY OF WELCOME BABY ACHIEVEMENTS IN YEAR ONE

In the first year of *Welcome Baby*, the program enrolled 519 low-income families and completed 252 home visits, provided breastfeeding support, mental health screenings, infant supplies, and referrals to needed health and social welfare resources. *Welcome Baby* participants reported that the home visit resulted in improvements in confidence around breastfeeding. More than 90% of participants received a referral to a community-based organization providing support services and nearly 80% received baby supplies. We will continue to work towards improving health equity in Yolo County by providing *Welcome Baby* services. We also continue to evaluate our progress through quantitative and qualitative analyses and identify resources necessary for sustainability.