

SUMMARY STATEMENT

The South Dakota Department of Health has provided nurse home visiting services to young families since 2000 using the Nurse Family Partnership (NFP) model. Trained nurses support pregnant women and families with children until age two or three. This agile and dedicated team has responded to two emerging issues in the last year to ensure that young families thrive: maternal mental health and the COVID-19 global pandemic.

ACTIVITIES AND RESULTS

In the last few years, the Bright Start Home Visiting team has noticed an increase in the number and complexity of mental health crises among the pregnant women and mothers of young children that they serve. According to the 2018 South Dakota Pregnancy Risk Assessment Monitoring System (PRAMS) report, 16% of women reported depression three months before pregnancy, and 17% reported it during pregnancy. Of those that attended postpartum visits, 13% reported symptoms indicative of postpartum depression. Additionally, women who were enrolled in the South Dakota Women, Infants and Children (WIC) program were more likely than those not enrolled in WIC to have depression during pregnancy (26% vs. 13%). These same women were also more likely to score high on indicators of postpartum depression (21% vs. 10%).

To address this need, the Bright Start team chose to participate in an NFP pilot project, which provided specialized monthly NFP mental health consultation. Over six-monthly video calls with a consultant and a home visiting team from another state, there was the opportunity for peer-to-peer learning and mentorship. The Bright Start team experienced success in monitoring and assessing their comfort level in intervening with families through regular surveys completed by nurses. The team developed a "Crisis Intervention Decision Aid" with a pathway for nurses to help them decide on the course of action in working with families in the moment. Nurses carry the Aid during visits to use in the event of a mental health crisis. The team also developed relationships with local mental health agencies and law enforcement crisis units to enhance referral resources. Nurses felt more confident making a referral based on a high screening result for maternal depression screening.

This project resulted in 87% of Bright Start clients screened for maternal depression using the Patient Health Questionnaire (PHQ) 9 screening tool; the home visitors referred 100% of those clients that screened positive to a behavioral health provider, and 28% of those completed their referral by making an appointment.

COVID RELATED WORK

The Bright Start Home Visitors are committed to supporting families through the COVID-19 global pandemic using almost exclusive telehealth visits. Since the early days of the pandemic, the nurse home visitors have been pleasantly surprised by the very high acceptance rate of telehealth visits, increased number of completed visits in March and April, and continued enrollment of new families.

This transition was improved by Nurse Family Partnership's prior integration of telehealth as a standard component of services, allowing for greater flexibility to stay in contact with families. Before the pandemic, very few families requested telehealth visits, preferring to meet in person with their assigned nurses. However, the initial introduction of phone or video visits as an option eased the transition in March. It is common for clients to request more frequent "check-in" visits rather than more extended visits every 2-3 weeks.

The Nurse Family Partnership program provided a unique opportunity locally to offer cell phones with a data plan to clients who needed a way to stay in touch with the nurse home visitors to complete telehealth visits. Verizon partnered with NFP to provide the phones and data, and local agencies could request the number of phones they would need. South Dakota nurses requested 14 phones for clients and reported that these have turned out to be a lifeline for families.