



Executive Summary

A Three-Year Focused Initiative to Reduce Maternal Distress for Better Child Outcomes

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About the William J. and Dorothy K. O'Neill Foundation

Since its inception in 1985, The William J. and Dorothy K. O'Neill Foundation, a private family foundation, has emphasized the importance of family. The O'Neills come together as philanthropists, and as a family, to support work that strengthens family structure to assure children reach their full potential.

Executive Summary

Launched in 2011, The William J. and Dorothy K. O'Neill Foundation's (ONF) *Positively Moms Initiative* (PMI) sought to advance understanding and treatment of maternal stress¹ (henceforth "distress") in order to address its negative impact on healthy child development and family functioning. This three-year, \$1.5M initiative engaged experienced home visiting service providers in Cuyahoga County, Ohio and in Hawaii (along with their research/evaluation partners) to assess the prevalence of perinatal maternal distress in high-risk families, and to design and implement new interventions in order to help those mothers reduce or better handle their stress in order to improve their ability to parent so their children could thrive.

Why Focus on Maternal Distress?

During pregnancy and early parenting (the perinatal period) maternal trauma, anxiety, depression and especially stress can create an environment for the developing fetus and, later, for the very young child that will have negative developmental and educational impacts over the course of the child's life. Recent research in neuropsychology, maternal health, and other fields has consistently implicated distress in this period (traumatic stress, anxiety, and everyday stressors of poverty) as a major contributor to premature birth, low birthweight, and later developmental delays that can lead to educational deficits.

Maternal distress interferes with effective parenting in three ways: 1) by interfering with a positive parent-child bond which is a crucial protective factor for healthy families; 2) by making it less likely that a mother will provide essential intervention, protection, and buffering of stressors for her child(ren), resulting in toxic levels of stress for the child; and 3) by inhibiting a mother's ability to learn new skills or behaviors which is the focus of most home visiting and other maternal intervention programs. Together, these outcomes of maternal distress can set the stage for a lifetime of struggles for a child, both in and out of school.

While there are overlaps between maternal distress and maternal depression, the latter requires clinical assessment and in many cases high-cost treatment. By contrast, maternal distress can be assumed to be pervasive in poor populations, is sometimes a precursor to depression, and in the case of extreme stress, leads to similar negative childbirth and developmental outcomes. Addressing distress, therefore, is a way of looking farther upstream at the causes of developmental and educational challenges in children born into high-poverty environments.

Why Partner with Home Visiting Services?

Home Visiting has been called the flagship program through which many states and local communities reach out to new parents, in particular to improve child and family outcomes in poor communities. A number of home visiting programs (home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of life) have

¹ The term "distress" is often used interchangeably with "stress," but "distress" is the more comprehensive of the two, denoting a combination of stress, anxiety, and/or mild depression.

demonstrated significant positive impact on at-risk families, as in supporting positive parenting, improving cognitive development in young children and reducing the incidence of child abuse and neglect.

In 2010, Congress included a major new funding initiative for home visiting as part of the Comprehensive Care Act. The Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) provides significant, sustained funding for a range of home visiting services in all 50 states. Coinciding with the ONF's decision to look at maternal distress, this federal funding was viewed as a key resource in designing the Positively Moms Initiative and a primary driver of the decision to partner with home visiting services. [see PMI Grantees list in full report]

Many home visiting programs include some attention to maternal stress, anxiety, and depression, but neither screening nor curriculum in home visiting has systematically addressed maternal distress. A review of practice by Positively Moms in Hawaii revealed that practice in this area lags well behind the stated intent.

In crafting PMI, the ONF believed home visiting provided an ideal delivery mechanism for a newly-informed and carefully designed intervention/curriculum to reduce maternal distress in at-risk women. If successful, such an intervention could dramatically expand the percentage of at-risk women receiving services vital to the future wellbeing of their children.

Putting it Together: The *Positively Moms Initiative*

To test the potential of perinatal distress reduction for improving child and family outcomes, the ONF sought out established providers of research-based home visiting programs to *develop, deliver, and evaluate* new interventions to reduce distress in pregnant women and mothers of young children.

An RFP process, with proposals reviewed by a newly formed National Advisory Committee, [see Committee list in full report] yielded ONF grants in Ohio and Hawaii. Over the next three years, teams of experienced home visiting providers and their university-based evaluation partners in those two states designed and delivered enhanced home visiting services to reduce or mediate maternal distress and tested through a Randomized Controlled Trial (RCT) whether the new targeted strategies had potential to significantly improve the lives of families with children living in poverty.

The two grantee teams took very different approaches. In Hawaii, where social isolation is a major negative factor, they developed a clinician-led group-based intervention Positive Moms, Happy Babies that brought moms to the serving agency for a group interaction with lessons and skills which were reinforced during regular home visits. Adapted with the help of Northwestern University's Darius Tandon from Munoz's Mothers and Babies curriculum, the approach had already shown some promise in helping with maternal depression.

It was felt that an out-of-home model would not work in Ohio's Investment in Children given the challenges of weather and transportation during much of the year. Because there wasn't already a home visiting enhancement for maternal distress, 3forMe! was developed as a brand new curriculum. Integrated into regular home visiting, 3forMe! built upon the established structure of Parents as Teachers (PAT) and was delivered by a home visitor during the same visits as the non-enhanced home visits.

Results

The results of the RCTs yielded rich data for further exploration of maternal distress and targeted interventions, in particular the role of social supports for reducing maternal distress and the potential of investing in strong maternal-child interaction to improve longer-term child and family outcomes.

In Ohio, results were characterized as “both surprising and sobering” because across a host of measures, no statistically significant differences emerged between the enhanced PAT group and the control group that received PAT alone. The PMI team agreed, however, that results raised intriguing questions worthy of further analysis, such as the possibility that the intervention would work if targeted to high-stress moms exclusively, using highly effective home visitors, and in a targeted stand-alone intervention rather than layered on top of PAT.

In Hawaii, by contrast, the RCT showed statistically significant improved maternal coping and reduced perceived stress and depression post intervention, though those gains were not sustained after six months. The more dramatic and significant result was that mothers in the PMI treatment group had more sensitive responses to, and involvement with, their children on an observational measure of parent-child interaction at six months. One of the PMI Advisory Committee members characterized improvements in parent-child interaction as “the holy grail” of early parenting interventions because its benefits can be traced to lifetime improvements on a number of health and wellness measures.

Lessons & Conclusion

ONF found Positively Moms to be a rewarding experience that contributed significant data and learning about how families can be strengthened by mitigating maternal distress, the relationship of maternal distress to child outcomes, and the possibilities and challenges of adapting home visiting models for this purpose.

In particular:

- Statistically significant results in Hawaii highlight important questions about the relative efficacy of individual vs. group-based models for reducing stress levels in mothers living in poverty, in particular suggesting that **group models and creation of social support systems may be key to better maternal-child outcomes.**
- Results from Ohio’s RCT illustrated the **importance of home visitor quality and “fit” with families, linking those elements with outcomes** around maternal distress (and other home visit outcomes).
- PMI Ohio’s innovative use of **wireless tablets improved home visitor data reporting, home visitor and family satisfaction with home visits, and data quality.** This is an area where private funds from foundations can advance practice beyond what more constrained public dollars can achieve.
- PMI demonstrated that even a **medium-sized family foundation can catalyze important program innovation and rigorous research that benefits families and promotes attention to a major social problem and potential solutions.** Partnership with grantees, leveraging existing

relationships and other funding, and providing sufficient planning time for careful development of new approaches are essential.