



The Newborn Visit: Information for Early Head Start Staff

The first few weeks of a baby's life are an exciting and demanding time for both the baby and the newly expanded family. The newborn visit, required by Head Start Program Performance Standards (HSPPS), focuses on the well-being of both parent and baby and is to be scheduled within two weeks after a baby's birth ([45 CFR §1302.80\(d\)](#)).

What is the newborn visit?

This visit does not take the place of well-baby checks or replace medical care for the birthing parent. At the newborn visit, staff:

- Address families' questions
- Assess the health of parent and baby
- Offer resources and provide referrals as necessary
- Offer support outside of medical appointments

Timing and Length of the Visit

To the extent possible, staff should plan the newborn visit with the expectant family before the baby is born. Staff should describe the goals of the visit and document plans in the [Family Partnership Agreement](#). Plans must be flexible, however, as family preferences for the visit may change after the baby's birth.

The HSPPS do not specify the required length of time for the newborn visit or the qualifications of staff who conduct the visit. If programs are able to, they often designate staff with expertise in maternal and child health to conduct the visit. During the visit, staff should take cues from each family. For example, life with a newborn can be exhausting; therefore, staff should plan for a short visit unless a family asks for more time. Staff should avoid overwhelming families with information and instead offer them an opportunity to share how things have been going since the birth and ask any questions.



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Key Goals of the Visit

Learn about key elements of the newborn visit.

■ Evaluate Safety and Address Concerns

Many [newborn safety issues](#) — including issues related to [sleeping](#) and [feeding practices](#) or exposure to secondhand smoke — can be discussed before the baby is born. During the newborn visit, staff should address only issues of immediate concern. Any discussions about safety should be approached in a respectful and sensitive manner.

■ Ensure the Baby Has a Medical Home

One important goal of the visit is to ensure the baby has a medical home. Often, this is done during pregnancy, as parents have to identify and make an appointment with a provider before being discharged from the hospital. The baby may have already had a two-day-old visit with the health care provider before the newborn visit. Staff should reinforce the importance of routine well-baby visits and make sure the family has a medical home. Staff should also provide information about what to expect at well-baby visits. They can also encourage parents to share any concerns with their child's health care provider.

■ Assess Postpartum Recovery and Answer Questions

An important goal of the newborn visit is to make sure families have the information and resources they need to care for their new baby. Staff can encourage new parents to consider how they can take care of their own recovery needs and gain support from their partner, family, or friends. Staff can also

address families' needs for support around [social and emotional well-being](#), nurturing and responsive caregiving, and father or partner engagement. And staff can ask families if they have questions about recovering from the birth.

■ Support Infant Feeding

Staff can provide information on the benefits of breastfeeding/chestfeeding and support parents in their decision on how to feed the infant. If necessary, staff can provide referrals to lactation consultants and counselors.

■ Coordinate Any Additional Care

Staff can encourage families to attend postpartum appointments, work with families to solve any challenges to accessing health care, and assist families with care coordination.

■ Identify Red Flags for Depression

Parents in Early Head Start are at high risk for [depression](#). Depression rates are highest during pregnancy and postpartum. Parental depression can severely impact child development. During the newborn visit, staff can work with families to identify any red flags for depression. Staff may want to use a validated tool to screen for depression, many of which are only a few questions long. Staff should also be prepared, with support from a program's mental health professional, to refer families for further support and intervention if necessary.



Tips for the Visit

Use these tips to connect with parents and make the most of the newborn visit.

■ Recognize the Family's Expertise

Families are the decision-makers for their children's health. They may have important and powerful, culturally-rooted beliefs about the health and care of a newborn. These beliefs lay the foundation for health and care decisions related to their baby.

■ Ask Questions and Encourage the Family to Do the Same

Ask open-ended questions (e.g., "How are you and the baby sleeping/eating? How do you feel?"). Encourage the family to ask questions as well.

■ Point Out the Positives

Use the visit to support the family in focusing on the baby's behaviors. Invite the family to share their observations, reflections, ideas, and guesses about the baby's needs. Notice and affirm the positive ways family members engage with the baby. This will support their positive relationship with their baby and reinforce their confidence at a time when they might feel unsure.

■ Be Prepared

Although you cannot predict every question that families might have at the newborn visit, you should be prepared to provide information and answer questions on the following topics:

Physical Health

- Birthing parent's recovery
- Breastfeeding concerns (e.g., mastitis, pain in the breasts, chapped nipples)
- Postpartum care
- Newborn's growth
- Newborn's movement, including reflexes
- Newborn's temperature
- Newborn's cord care
- Newborn's sleeping
- Jaundice
- Newborn's hearing and vision
- When to call the doctor

Nutrition

- Nutrition for breastfeeding/chestfeeding parent
- Family access to nutritious food

- Breastfeeding questions
- Family access to lactation support or breast pumps
- Making and storing formula and breast milk
- Newborn's eating
- Newborn's weight gain
- Newborn's elimination patterns
- Newborn's burping or spitting

Mental Health

- Maternal and paternal depression
- Parental responsiveness to the baby
- Adjustment of all family members (including siblings) to the newborn
- Family sense of competence
- Social support for the family
- Stress related to upcoming return to work or school and plans for the baby's care
- Newborn crying and self-care strategies when the baby cannot be soothed
- Substance use

■ Referrals

Staff may not have the expertise to respond to all family concerns, so they should bring to the newborn visit information on community resources that can support families. In addition, if families are not already connected to primary care and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), this visit is a great opportunity to make those important referrals. Families with newborns might also request or benefit from information on:

- Local lactation consultants
- New parents' groups for parent education and support
- Mental health services related to postpartum issues and attachment
- Resources for support in accessing food
- Furniture or items for baby that they might need
- Early intervention programs

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