

## WHAT IS VISITING MOMS®?

- **Visiting Moms® was created at JF&CS.**  
A nationally-acclaimed program, Visiting Moms® (VM) was developed 23 years ago by Peggy Kaufman, director of the Center for Early Relationship Support of Jewish Family & Children's Service (JF&CS).
- **The program provides in-home support.**  
Through a rigorous selection and training process fine-tuned over many years, VM prepares experienced mothers to provide weekly in-home support to mothers of newborns until the baby's first birthday.
- **Volunteers build relationships with new moms.**  
After a careful matching process, volunteers offer new mothers nurturance, support, and encouragement. All volunteers receive continuous supervision with clinically-trained program staff every two weeks.
- **VM serves mothers from diverse backgrounds.**  
Since its inception, VM has served almost 2800 economically, culturally, and religiously diverse new moms in 66 urban and suburban communities across the greater Boston area.
- **VM is offered at no cost to families.**  
The generosity of volunteers and philanthropic donors ensures that cost is not a barrier.



## WHAT IS THE GOAL OF VISITING MOMS?

The main goal of VM is to identify mothers of newborns who are in need of support, nurturing, and guidance in their roles as mothers. Specifically, the program aims to:

- **Improve maternal self-confidence.**  
By providing positive feedback and reinforcement, experienced moms help new mothers feel more competent in caring for their babies.
- **Reduce maternal depression.**  
Reduction in maternal depression improves maternal self-esteem and increases a mother's efficacy as a new parent.
- **Strengthen the mother-baby bond.**  
Decades of research have demonstrated the crucial role of positive early relationships in lifelong outcomes for children. By modeling nurturing behaviors and raising mothers' awareness of their babies' development, volunteers help moms to deepen their relationships with their babies.

## HOW WAS VISITING MOMS EVALUATED?

An evaluation of the VM program, undertaken in the spring of 2012, used three data sources:

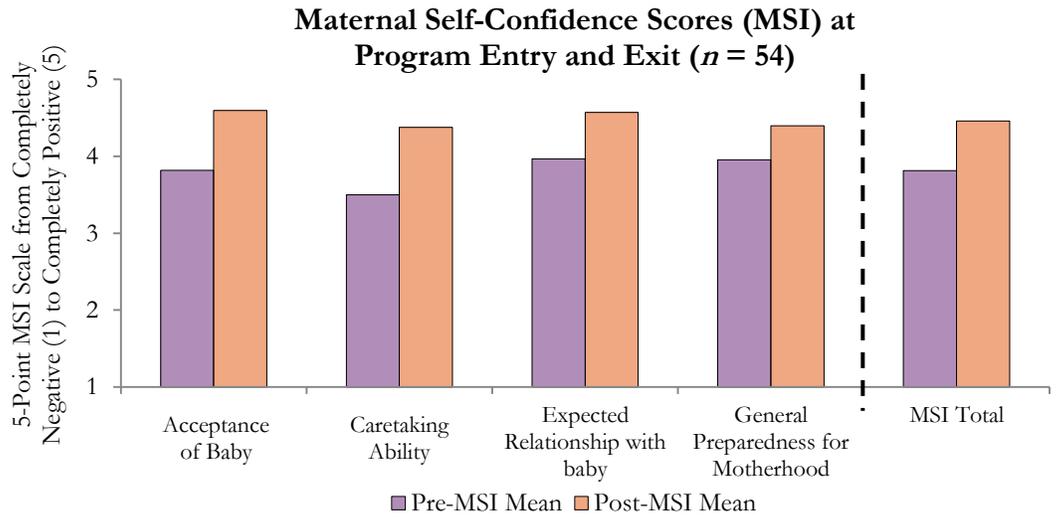
- **Demographic data.**  
Since March 2007, demographic data—including religion, annual household income level, race/ethnicity, and education level—has been collected on all moms in the program.
- **Pre-program responses to the MSI and PHQ9.**  
Program participants were asked to complete two standard instruments prior to starting the program: *Maternal Self Report Inventory* (MSI), which covers seven dimensions of attitudes and feelings related to maternal self-esteem, and *Patient Health Questionnaire 9* (PHQ-9), which measures depression. Collection of these measures began in August 2009.
- **Post-program responses to the MSI, PHQ9 & CSS.**  
Program participants were asked to complete three measures at the conclusion of the program: the JF&CS-developed Consumer Satisfaction Survey (CSS), beginning June 2008, and the MSI and PHQ-9, beginning in March 2010.

As these data collection measures were implemented at varying times over the past five years, and because not all participants chose to complete the pre- or post-assessments, the majority of the analysis was completed on a group of 65 mothers who completed all three measures listed above.<sup>1</sup>

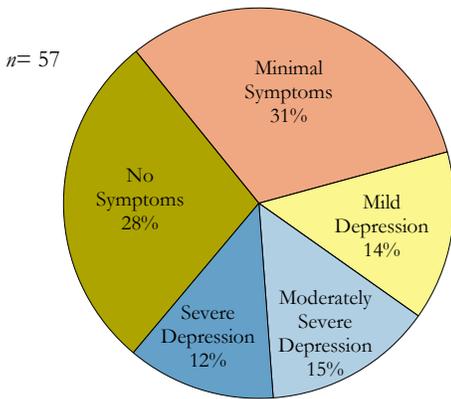
# WHAT IMPACT DOES VISITING MOMS HAVE ON MOTHERS OF NEWBORNS?

Overall, participants showed a significant increase in maternal self-esteem and a significant decrease in maternal depression.

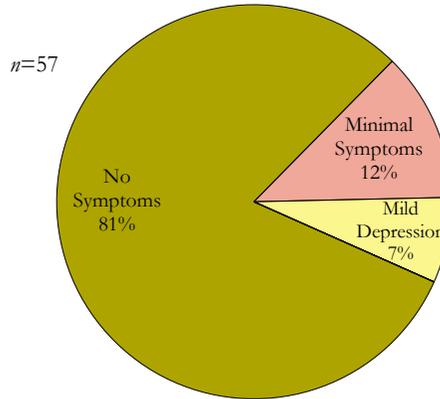
Between two-thirds and three-fourths of participants showed an improvement on each of the MSI subscale measures, indicating an increase in maternal self-esteem. Analyzed in aggregate ( $n = 54$ ), all MSI subscale increases were statistically significant.



### Pre-Program Depression Scores by Category (PHQ9)



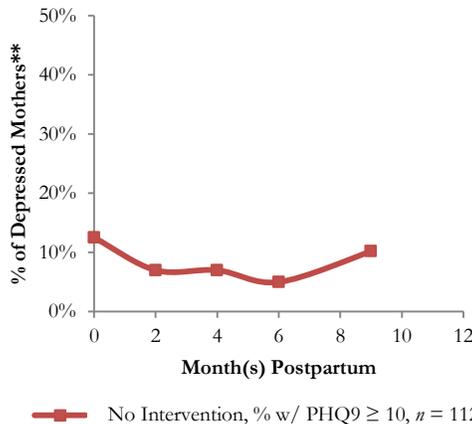
### Post-Program Depression Scores by Category (PHQ9)



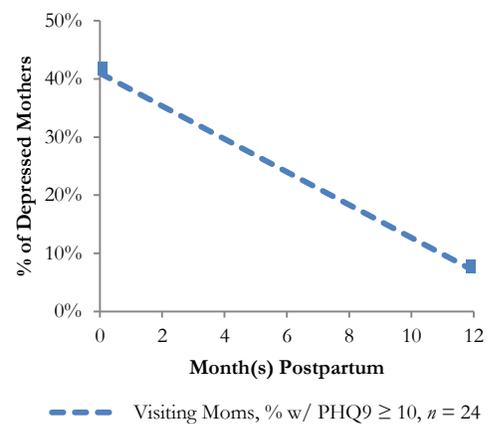
86% of participants showed a decrease in their scores on the PHQ9, indicating a decrease in depression. In addition, the percentage of participants who scored mildly, moderately, or severely depressed decreased from 41% pre-program to 7% post-program, a statistically significant difference.

As contrasted with an independent study on the course of untreated maternal postpartum depression\*, results from the VM population show a dramatic decrease in the percentage of depressed women at the conclusion of the program. This comparison may suggest that the intervention is successfully addressing maternal depression.

### Proportion of Mothers with Depression in Gjerdingen Study Population\* over Nine Months Postpartum



### Proportion of Mothers with Depression in Visiting Moms Population over Twelve Months Postpartum



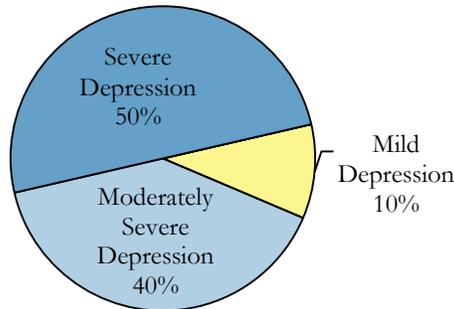
\*Gjerdingen, D., Crow, S., McGovern, P., Miner, M., & Center, B. (2011). Changes in depressive symptoms over 0-9 months postpartum. *Journal of Women's Health, 30*(3), 381-386.  
 \*\* Depression is defined as a PHQ9 score  $\geq$  10, which corresponds to the categories of mild depression, moderately severe depression, and severe depression.

Visiting Moms was particularly effective for Latina mothers.

VM has increased its capacity to meet the unique needs of Latina and immigrant mothers. In comparison with non-Latina mothers, Latina mothers on average were more depressed at the beginning of their participation in VM, according to the PHQ9. However, after participating in the program, Latina mothers and non-Latina mothers had the same low levels of depression.

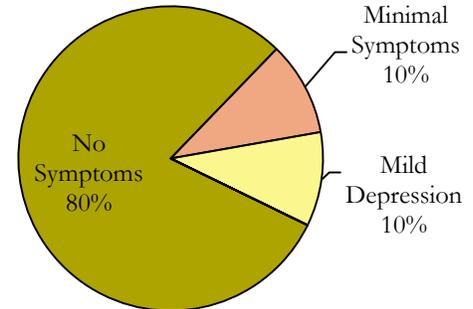
**Pre-PHQ9 Diagnostic Categories for Latina Mothers**

n=10



**Post-PHQ9 Diagnostic Categories for Latina Mothers**

n=10



Average (Mean) PHQ9 Scores	Pre-PHQ9	Post-PHQ9
Latina Moms (n = 10)	17.8	2.5
Non-Latina Moms (n = 47)	7.6	2.9

**WHAT DO MOTHERS OF NEWBORNS SAY ABOUT VISITING MOMS?**

- Out of 159 respondents, 88% said that having a Visiting Mom helped them to feel **more confident** and 86% said the experience helped them **sort through their feelings** as mothers of newborns.
- Participants emphasized the reliable weekly visits as **providing stability** during an otherwise chaotic time.
- Moms repeatedly described their visitors as **non-judgmental**, unbiased, objective, listening, and **supportive**.
- Participants particularly reported **gaining confidence** as a result of the program and matched relationship.
- Mothers described the program as **combating isolation** and providing valued adult conversation and connection.

The harmony between respondents’ open-ended comments and the program’s stated goals is some of the most compelling evidence that the intervention is itself having an effect.

What did you feel was most helpful about having a VM?

*[My Visiting Mom] is one of the most nurturing people I have ever met. She was always so supportive and nonjudgmental. She gave me confidence as I embraced my new identity as a mother. Words cannot describe how grateful I am to have met her. I am so grateful I had access to this program. I do not know what I would have done without [her]. She was like the mother I never had -- she guided me into becoming the mother I am today. She was an amazing role model.*

How did you and your VM spend your time together?

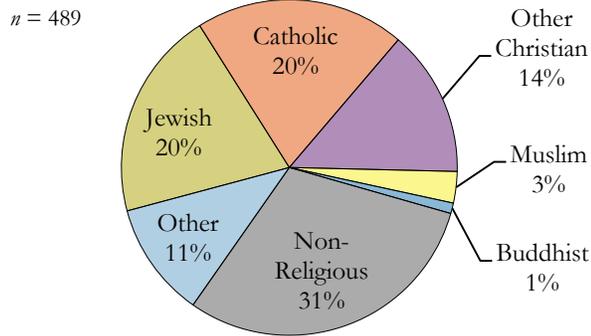
*We met at my home, which was much appreciated in the winter months when . . . I was afraid to venture out with a newborn. . . . She helped me process a lot of the overwhelming emotions I was experiencing. I was able to open up and tell her things that concerned me and even scared me. She was a patient, kind and empathetic listening ear. I never felt judged and most importantly, it was so helpful to have someone really listen to you and reassure you that what you were going through was very normal.*

## WHO PARTICIPATED IN VISITING MOMS?

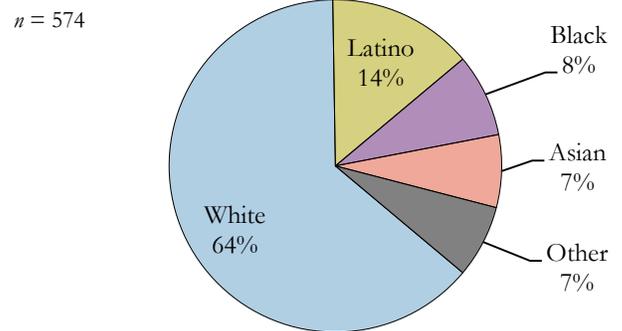
Between March of 2007 and April of 2012, 576 mothers served by VM were tracked in the JF&CS database, which records demographic information about participants.

VM serves a diverse population, reflecting the program philosophy that all new mothers need support and that postpartum depression crosses all boundaries, putting everyone at risk.

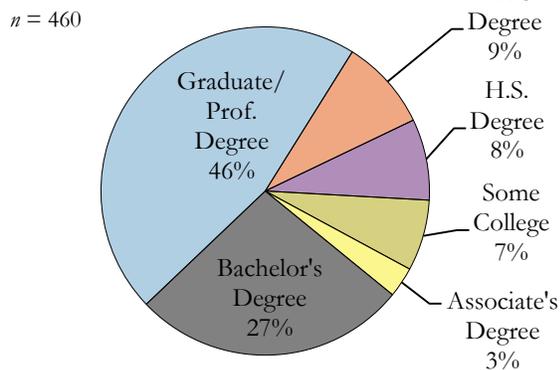
### Religion



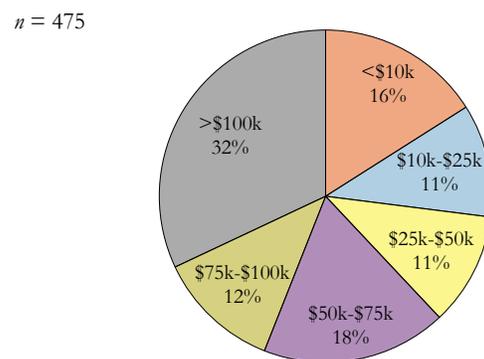
### Race/Ethnicity



### Highest Level of Education in the Household



### Annual Household Earned Income



## WHAT ARE THE LIMITATIONS OF THIS EVALUATION?

The following characteristics of the data pose limitations to interpretation:

- Missing data, resulting from staggered use of different research instruments at different points in time, incomplete questionnaires, incomplete tests (e.g., filled out the MSI, but not the PHQ9 or vice versa), and tests not entered electronically.
- Possible bias due to self-selection of respondents, resulting in small sample sizes for the study populations.
- Unavailability of complete data on precise number of visits received by participants.
- Differential data collection methodologies for post surveys.

<sup>1</sup> For more information regarding the evaluation sample selection process, please see the full report.

### Notes:

This executive summary was prepared by the Performance and Quality Management Department (PQM) at JF&CS and highlights only the key findings from the evaluation of VM completed by PQM in April of 2012. For more detailed information about this evaluation, please contact Rachel Albert, Director of PQM, at [rualbert@jfcsboston.org](mailto:rualbert@jfcsboston.org). This report is based on independent data analyses by JF&CS, and JF&CS is solely responsible for its content. The report does not necessarily reflect the individual views of JF&CS's funders or advisors.

### About JF&CS:

Jewish Family & Children's Service cares for individuals and families by providing exceptional human service and health care programs, guided by Jewish traditions of social responsibility, compassion, and respect for all members of the community.

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