

**Public Hearing Presentation**  
**Special Committee on Infant Mortality, WI Legislative Council**  
**9/22/10**  
**By: Teri Hicks, RN, BSN, MS – City of Racine Health Department**

I would like to thank Rep. Cory Mason for asking our department to present on client needs and experiences identified in our program.

**History:**

The Racine Healthy Births Healthy Families Program was approved for creation in 2007. Local Legislative support allowed the City to create an intensive home visitation program focused at preventing adverse birth outcomes in the African-American population in zip codes 53402 – 53406.

During the planning phase for the program, it was identified that Public Health Nurses would provide the intensive and comprehensive range of services for this program. Support of this decision was provided through research in support of the positive impact of home visitation by paraprofessionals, but also identifying the benefits of nurse home visitation for the medically high-risk clients. (David Olds) Within the context of our program, we focus on education, advocacy and empowerment.

Empowerment = opportunity to enhance individual/community power

**Section 1:**

It has been identified that in relationship-based home visiting programs, relationships – between staff and also between staff and families – are based on trust, empathy, and responsiveness. (Saul & Jones Harden, 2009). Positive relationships between families and program staff are essential for the quality of the home visitation service. For example, a family's involvement in a home visitation program is related to the home visitor's capacity to develop a positive helping relationship with the family.

The following story is an example of such a positive relationship between one of our Public Health Nurses and her client.

**Story 1:**

A prenatal client had a C-Section performed and during the surgery the Doctor discovered that the client had placenta previa. (placenta grows in the lowest part of the womb (uterus) and covers all or part of the opening to the cervix.) This caused severe bleeding, additional surgery and blood transfusions. The client was discharged home 4 days later, but was experiencing lower abdominal pain and was on pain meds as needed.

On Day 10, the client passed a clot the size of a small newborn and called the Dr.'s office. She was instructed to save the clot and to come into the doctor's office the next day. She was seen by the Dr., had labwork performed, and was sent home on oral antibiotics.

During the next home visit on Day 17, the client stated that:

- She continued to bleed heavily and leak through a pad per hour
- She passed a plum sized clot during the night
- And had a very foul vaginal odor

The client also verbalized experiencing extreme weakness and fatigue. Her next follow-up Dr. appt. was not scheduled for an additional week. The public health nurse explained to the client the seriousness of the situation and the need for her to be seen by the Dr. as soon as possible. During the visit, the client asked the public health nurse to call the Dr.'s office, which she did, in order to demonstrate to the client how important it is to give detailed and descriptive information. The clinic nurse stated that only 1 appt. was available for the day and that it was saved for an emergency. The public health nurse stated that this was an emergency and with Dr. approval, the client was seen at 4pm that day.

Upon assessment and testing by the Dr., it was discovered that the client's blood count was so low that she needed 6 units of blood. The next day she had to have a hysterectomy.

In the words of the public health nurse, this occurrence serves as an example as to why we need to have nurses conducting home visits with these high-risk families. "I hate to think about what could have happened to her if I was not there that day to ask all of the right questions, assess the situation and advocate for her well being!"

## **Section 2:**

Researchers know that the relationship between families and a service provider is a powerful influencer of a client's engagement in a home visiting program as well as of their outcomes. These relationships may be particularly important for high-risk families, who may have had negative encounters with service providers in the past. (Harden, 2010)

The following story serves to reinforce this fact. This story is in the words of the nurse and the client.

## **Story 2:**

In discussing the upcoming case closure with the client, I asked the client "if she had learned anything from this program. Her reply was 'yes', I learned that not all races are bad. I said 'by that do you mean white people' and she replied 'yes, you are the first white person who wasn't trying to take something from me'. You are the first white person that I actually got along with".

This serves to also enforce Dottie-Kay's comments regarding racism and oppression.

**Section 3:**

Lastly, a home visitor's nonjudgmental, optimistic attitude about a client is more likely to lead to increased family participation and positive family outcomes. Thus, home visitors who display empathy, acceptance, and positive responses to families, can provide high-risk families with a positive experience with a service provider that they may have not experienced. This positive experience is more likely to result in positive long-term outcomes for the family. Danielle will share with you a story outlining how she spent the majority of her day yesterday coordinating care for a client. (Beeber et al, 2007 & Harden, 2010)

**Story 3:**

Danielle to speak

Thank you for your time and for allowing us to present on the importance of our program.