

Safe Mom, Safe Baby Program Evaluation

Paula Tran BS^{1,3}, Alice Kramer RN, MS, CEN,² Tina Watts RN,² Nancy Doucette-Wilkinson, BS,² Jessica Bergstrom MPH^{1,3}

Objective

To conduct key informant interviews to gather and analyze feedback from former *Safe Mom, Safe Baby* participants in order to provide recommendations for program adjustments.

Introduction:

Safe Mom, Safe Baby (SMSB) is an intervention that identifies pregnant women experiencing intimate partner violence (IPV) in order to offer social support and resources necessary to keep the mother and child safe and healthy. The program operates from an innovative model which combines screening, case management, advocacy and mentors, and aims to offer culturally sensitive, stage-based interventions. Specific outcomes the program intends to achieve include: improved knowledge, attitudes, and behavior of health care providers regarding IPV; increased safety and safety promoting behavior by pregnant women, increased use of community resources, decreased self-report violence, and forward movement in the stages of change; enhanced understanding of the relationship between IPV and maternal and child health outcomes.

Approach

As the field of public health continues to emphasize evidence-based practices, evaluation becomes a critical tool for practicing public health professionals to bridge the gap between theory and practice. Evaluation collects, analyzes, interprets, and communicates program logistics and effectiveness. Systematic evaluation methods provide a venue to offer scientific validity to programming that may be intuitive for veteran practitioners. Proving program effectiveness is particularly crucial during times of scarce resource allocation¹.

Key informant interviews were conducted to provide program process evaluation for the Safe Mom, Safe Baby Program. The interviews are a component of continuous evaluations, which assesses the extent to which the program is carrying out its intended purposes. Continuous program process evaluations identifies program improvement areas allowing for timely corrections and ensures adherence to program objectives¹.

Methods

- Obtained Institutional Review Board exemption from Aurora Health Care and UW Madison
- Prepared Interview Tool
- Topic areas: participant background, time in the program, resource utilization, program components that worked and did not work, and overall feelings of the program.
- Identified and contacted key informants.
- Scheduled and conducted interviews.
- All interviews included an oral consent process and were recorded.
- Gift Cards to local stores were used as interview incentives.
- Interviews were then analyzed for common responses



“I didn’t think that I fit the bill because I wasn’t in the relationship anymore. Once I started getting stalked I realized that I fit the bill”

Participant Quote

Key Results

Question	Response Themes and Notable Quotes
How did you first hear about SMSB?	The majority of participants learned of the program while in the hospital. One participant was referred while at the courthouse.
How did you make the decision to be in the program?	All participants decided to participate after speaking to a SMSB staff person and did so mainly for social support. Two of the participants decided to join because of the resources offered. One participant did not participate until her situation escalated. Almost half of the participants were hesitant about the program when they first heard about it. It was difficult for one person to connect to SMSB via phone and said it took some time to get involved. “I didn’t think that I fit the bill because I wasn’t in the relationship anymore. Once I started getting stalked I realized that I fit the bill” “This is the only resource that I know that I have used in almost three years and I know that when I call I will get help”
What was it like being in the program?	All participants received social support, often the only form of social support they received. Other common responses: safety, stress relief, and resources. “When I come to my meetings with her it is like a stress relief class and when I come home I feel like a different person. She made you feel like you could put all of your trust in her”
Of the resources offered, which were the most/least important to you?	Common most important resources include social support, financial help, and problem solving. Stress reduction, legal services, and self-care were each mentioned twice. The most common type of financial help were often things needed for children i.e. car seats, formula, etc. Most of the participants could not think of a resource that was not helpful with the exception of parenting classes. “I would say when my child was born I didn’t have the things that I needed. At this time me and the father was on very, very bad terms and he didn’t want to step up to the plate. The hospital provided a car seat, a bed, diapers, and formula. That there is a blessing”
What did you need/want, but didn’t get from the program?	A few things mentioned: better legal advice, employment assistance, and more housing options.
How could the program change to better suit your needs?	The participants felt they could have been better informed of available resources. Additional outreach would have encouraged participants to learn about and join the program earlier. One woman felt as if she was “red-flagged” in the hospital and thought nurses treated her differently because of her program involvement. “I was red-flagged, when I was in the hospital nurses came in and wanted to talk to me and the nurses weren’t nice and asked my family to leave. I didn’t appreciate being treated like a victim”
Was the process of the program accommodating?	All participants agreed that the program was very convenient and accommodating. “I didn’t have to do anything- she came to me. She wasn’t pushy. I liked that she didn’t try to dig into my business. It was whatever I wanted to talk about, she never judged me or she just said what you do is up to you just know that your safety is what’s important”
Since entering the program, how has your life changed and what part did the program play in that?	Increased self-confidence, stress relief, and becoming a better mom were the most common answers. A number of the women also said they left their abusers. “I have gotten so much more confidence than I could have ever imagined-so much confidence when it comes to my son, being myself, and working. My thing is, if not for SMSB staff I would have given my son up for adoption, I would never have known him or what it was like to be a mom. She has given me the greatest gift of all, my son, to know how to love him and be there for him and to enjoy him. I didn’t know any of that before”
What do you see in your future?	Most of the participants had positive outlooks for the future and have begun making positive changes such as finishing school, planning to go back to school, and focusing more on children.
Is there something you would like to add that hasn’t been asked or haven’t had a chance to talk about?	The program should do more outreach. Most participants want to encourage others to give the program a chance. All of the participants believe strongly that the program should continue. One participant stated that the program should allow women to stay in the program longer. “They help a lot of mothers-single mothers at that-that need it. A lot of us, it’s hard for us to make it especially as a single mom. We have hard times like going to a shelter. You need that help”

Conclusion

Key informant interviews have provided evidence of Safe Mom, Safe Baby success and present compelling reasons for program continuation. However, a few areas have been identified as component areas of improvement to enhance the effectiveness of the program. Program improvement recommendations include:

- Increase outreach and SMSB awareness.
- Make it clear to participants what resources the program offers, how long the program is (and whether or not they are still in the program).
- Ensure that the identification of potential participants in confidential and hospital staff stay neutral in treating the client.
- Services that can be improved upon:
 - Housing assistance
 - Legal services
 - Employment assistance

Interviews with former participants to measure their satisfaction with the program are one method of gauging SMSB program effectiveness. Formal quantitative evaluations are also planned to determine the full impact of the program.

Affiliations

1. University of Wisconsin School of Medicine and Public Health
2. Aurora Health Care
3. Center for Urban Population Health

References

¹ Rossi P, Lipsey M, Freeman H. (2004) *Evaluation: A Systematic Approach*. London: Sage Publications