



# THE NESTING PROJECT REPORT

Because early childhood development affects every aspect of our community, Porter County Community Foundation (Indiana, USA) launched [First Things First Porter County](#) (FTF) in 2021 to strengthen, sustain and nurture partnerships promoting Healthy Beginnings, Supported Families and Quality Early Experiences. FTF is a collaborative of community partners working to create a healthy ecosystem of care, support and services to ensure that every baby born in Porter County is prepared for a strong start to life.

Porter County Indiana is rich with assets, including a committed legion of personnel dedicated to improving the lives of children and families. To support Porter County families, there are award-winning birthing hospitals, numerous social service agencies committed to serving pregnant women, infants and toddlers, as well as strong faith-based organizations, neighborhoods and schools. Yet, not every baby born in Porter County has opportunity nor access to these resources. FTF is a bold approach, aiming to shift the culture of the community and prioritize the goal to ensure each of the five babies born every day has equal opportunity to grow and thrive.

## The Nesting Project

During 2022, The Nesting Project involved many sectors of the community. The Nesting Project gathered stories about the real-life experiences of having a baby in Porter County. Individuals, all moms, who participated in the study engaged in a series of nine phone calls—one call per month beginning at 28 weeks of pregnancy through six months postpartum. The 20-minute phone conversations focused on the health and wellbeing of the baby and family. These interviews captured the lived experience of pregnant women before and after delivery. FTF asked this important question: **What is it like to have a baby in Porter County right now?**

### What We Discovered

Based on the conversations with 18 families, FTF identified three cross-cutting themes which connect Porter County families' experiences of having a new baby.

**Access to Resources:** Expecting and new moms need *materials, equipment and items for the health and wellness* of their baby and themselves. Moms were asked about how and where they obtained items they need or want and if they found them affordable. Moms commented on their confusion and difficulty in understanding and accessing vital materials and equipment such as what is available to them from their insurance provider, employer and/or spouse's employer, and local community organizations. A common comment among many of the Moms was "I purchased a breast pump" not knowing many insurance companies would provide one if requested.

*Welcoming Porter County Babies Home*

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**Educational Support:** Porter County providers, practitioners and agencies have programming, information and services available for expecting and new families. Nesting moms were asked about the sources they use to find information about their baby's health and well-being. In today's digitally connected world, many Moms are turning to the internet for information related to health and wellness, including information on caring for themselves and their baby. Several Moms discussed their engagement with lactation consultants, a highly recognized educational support for many families. Moms also shared the difficulty in finding qualified prenatal medical resources after hours. Turning to "doctor Google" and "nurse Facebook" can pose a risk when it comes to getting accurate and reliable information.

**Systems of Support:** It really does take a village to raise a child. Porter County expecting and new families are no different in their *need for connection with a close network of trusted and compassionate individuals*. Nesting Families were asked to describe the individuals they considered to be in their system of support throughout their pregnancy and perinatal period. All Nesting Families expressed their desire for connection and support with such a network. Not surprisingly, many of the Moms commented on the difficulty of securing quality childcare for their baby. Several Moms connected their decision to either rely on close family members or to stay home themselves with these childcare system challenges. Families that do not have an extended family support system within the area experience even greater challenges, sending families to look elsewhere for physical, social and emotional support.

## Recommendation

Informed by the voices of the 18 participating Moms, the Nesting Project offers one striking recommendation:

All Porter County partners will **collaborate to systematize a process for universal screening, referral, and connection to services**. Creating a prenatal to 3 (PN-3) countywide single point of entry<sup>1</sup> that links families to systems of health, wellness and education will bolster the network of support and streamline access for all Porter County families. By moving forward in cooperation with partners across Porter County, **the prenatal to 3 ecosystem will be stronger**. If we take care of first things first, other downstream challenges will be mitigated.

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<sup>1</sup>Colvard, J. and Cohan, J. (2019). [Cross-system collaboration to better support babies in New Jersey: Providing families with a single point of entry for accessing services](#). ZERO to THREE.

## Findings/Implications

Throughout the Nesting Project, 18 families agreed to participate in monthly interviews from the third trimester of pregnancy through baby's sixth month. Of all the families who started the interviews, 16 families persisted, 18 babies were born (two sets of twins! and one more due spring 2023) and almost all families completed all the interviews. Every family was comfortable having someone from FTF deliver a token of appreciation at their home following the baby's arrival.

- 18 families enrolled in the study
- 15 families completed all Phases
- 3 families only participated in Phases I and II
- 17 babies were born during the Project, 2 sets of twins—9 girls and 8 boys

Porter County can be very proud of the many organizations, agencies and programs that exist to aid expecting and new families. The Nesting Families reported that it is often challenging to find the services and materials appropriate for their unique needs. Further, The Nesting Project foreshadowed the challenges that providers, agencies and others may encounter when engaging with all families so that families' needs are being addressed by the collective efforts of FTF.

**Access to Resources:** Many new Moms were unaware of where they could find many of the necessary equipment and vital supplies they needed such as a breast pump or diapering resources. Some of the Moms who had been pregnant before were aware of some local community resources or what was available from their insurance company, but many were still reliant on newly purchased items. The Nesting Project was not specifically focused on the resources provided by each participant's insurance provider. However, when discussing this topic, it became clear that many Moms had numerous questions on what types of resources (i.e., materials, equipment, and educational support) were provided.

***I live in a community without a named department store. If I needed an item, I would have to plan ahead and travel to another part of the county to purchase it, order it online or borrow from a neighbor or friend.<sup>2</sup>***

***I have been able to get all of the items that I needed through hand-me-downs. If I wasn't able to do that, I would not have been able to afford everything I needed.***

### *Strategies to Expand Access to Resources*

- Partner with area agencies to curate a list of area businesses and organizations where families can find needed materials and equipment.
- Ensure that local OB offices have curated lists that can be provided to patients.

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<sup>2</sup> Direct quotes are noted with quotation marks. Other comments are representative of the responses collected through the interviews with Nesting Families.

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- Encourage employers to provide specific and timely education for families about benefits available when they are expecting a baby.

**Educational Support:** Of the participants, only three (3) of the Nesting Moms reported that they participated in a prenatal or birthing education course for this pregnancy. Others reported taking a course during a previous pregnancy. Some families utilized hospital-provided and other community programs such as [Centering Pregnancy](#) through Prima Bella and Northshore prior to delivery, and continually receive information on lactation support services available through local agencies. Outside of these hospital-sponsored and lactation support programs, Moms were not aware of and did not participate in other health and wellness or other community educational programs. Parents reported the need for real world connections and social support for themselves as well as for kith and kin. There is a need for education for extended family members and caregivers. Additionally, families are also relying heavily on internet search engines (i.e., Google) as a resource for the majority of their health, wellness and caregiving questions.

***The lactation consultant at the hospital gave me information about breastfeeding classes. The call I received was focused on lactation.***

***Someone from Healthy Families at the hospital explained that I was eligible for WIC (Women, Infants and Children nutrition program), but I have chosen not to participate.***

***My sister-in-law took her children to the library for story time and invited me to join.***

## *Strategies to Strengthen Educational Support*

- Normalize pregnant women participating in prenatal care during the first trimester. Encourage health care providers to prioritize care during the first 12 weeks of pregnancy.
- Lean into tendencies to rely on social media for information and create a short curated list of reliable web based resources for families to use (e.g., [Parents' Village](#), [Centers for Disease Control and Prevention](#), or [American Association of Pediatrics](#)).
- Rely on trusted messengers who have a relationship with the family to share this information to increase the likelihood that families will utilize it.
- Amplify assistance for kith and kin care, promoting culturally responsive practices.
- Explore partnerships with national organizations such as [All Our Kin](#) and [Home Grown](#).

**Support Systems:** The Nesting Project defined support systems as all available or desired connections during the prenatal - newborn stages for both live births and pregnancy loss. Some moms received a follow-up phone call from the hospital after discharge. However, there does not appear to be standardized practices for follow-up.

During this time of dire shortages in child care when there are few to no options for infant care, it was not surprising that many Nesting Families were aware of the challenges in finding quality care. Some families did report utilizing workplace childcares. However, child care was not a primary focus of this project.

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**About receiving follow-up phone calls: “No. I will be honest, though, I don’t usually answer numbers that are unfamiliar.” I haven’t had any missed voicemail messages, though.**

## Strategies to Cultivate Inclusive Systems of Support

- Identify and advocate for available support beyond family members, helping parents to access these systems.
- Create educational opportunities for the systems of support, not only for the pregnant person or new mom, leveraging the overlap and alignment with the need for quality prenatal and perinatal education.
- Develop programming for grieving moms experiencing loss or stillborn births as well as for siblings, fathers, and grandparents.
- Promote collaboration among health care providers for a system of contact with families that begins before baby’s arrival that may include referrals to services, programs and educational support.
- Elevate and celebrate employers who are providing support for child care so that others can learn from the different models.

## Looking Ahead

FTF looks to catalyze a culture shift in Porter County that elevates and celebrates the first 1,000 days of a child’s life by taking care of first things first through a unified message that “learning begins at birth.” We will promote the universality of these first 1,000 days through tactics that are accessible to all Porter County babies, toddlers and their families, including: [Porter County Talking is Teaching Campaign](#) and the [Seeds of Promise Children’s Savings Account](#).

## FIRST THINGS FIRST EVALUATION WORKGROUP

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## First Things First Porter County

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## ADDENDUM

The purpose of The Nesting Project, a qualitative study, was to gather information about the lived experience of expectant persons from 28 weeks of pregnancy through 6 months postpartum by conducting monthly interviews to inform the design of a universal family support plan, informed by the voices of the participants.

The Nesting Project explored these research questions:

1. What is the lived experience of expectant and new families in Porter County?
2. In what ways are the existing systems effectively working?

Through an iterative process of narrative data analysis, the patterns, themes and topics that emerged through the Nesting Project revealed the strengths, challenges and opportunities for systems-level transformation in Porter County.

## Glossary of Terms

**Infant:** Period of child development from birth to 12 months of age.

**Interview Phase I:** Third trimester. Focused on interactions with healthcare providers, preparation for baby, and identification of and access to support systems and resources.

**Interview Phase II:** Fourth trimester; Delivery to 3 months postpartum. Focused on the birthing plan, procedure and recovery, postpartum interactions with healthcare providers for baby and themselves, establishment of new routines, access to resources and support, identifying and managing challenges, and celebrating milestones.

**Interview Phase III:** 4 to 6 months postpartum. Focused on baby's developmental milestones, baby's and mother's interactions with healthcare providers, identification of and access to community resources and support, and establishing and maintaining health and wellbeing habits.

**Nesting Family/Nesting Mom:** Participants who voluntarily agreed to be interviewed for the purpose of sharing their experience of being pregnant, delivery and having a baby in Porter County during 2022.

**PN - 3:** The prenatal to age three stages of development, that include pregnancy and the first 1,100 days of life.

**Prenatal to 3:** See PN - 3.

**Prenatal:** The period of time before birth; pregnancy.

**Perinatal:** The time period following the delivery of a baby.

## Methodology

FTF utilized a community-based qualitative approach for the Nesting Project implementing a structured three phase interviewing protocol over a nine month time period. It employed a convenience case sampling strategy to [recruit 20 pregnant persons reflective of the Porter County population](#). Individuals recruited to participate were to be approximately 28-weeks along in their pregnancy and would continue in the study through six months postpartum. Expectant mothers [learned about the project through a variety of sources](#). Interested participants completed an online form and were contacted by the study coordinator to complete an Interest Intake Call where they would learn more about the project and determine if they wished to participate. Those who self-selected to participate were then assigned to a trained Nesting Project Interviewer who would be their point of contact for the remaining nine months. These expectant mothers participated in monthly 20-minute phone conversations focused on the health and wellbeing of their baby and family. The nine phone calls were divided into [three data collection phases](#).

Initial themes and findings were generated via an open-coding process. Data was de-identified and reviewed by an external researcher before being reviewed by the FTF Evaluation Workgroup using a consensus building activity to identify the themes and findings reviewed above.

In addition to the Nesting Project study, two birthing hospitals serving Porter County families distributed a paper survey to expecting moms through the Labor and Delivery departments. Moms were asked to complete the anonymous survey before delivery or just before discharge. A representative of the Evaluation Workgroup collected batches of the surveys and tabulated the answers. While the survey distribution was not grounded in a systematic methodology, the results were helpful and provided information about the experience of having a baby in Porter County. The calculated results were used to supplement the qualitative data, however, this quantitative data is not reflected above.

## Sample

Porter County, Indiana, with a population of 169,549<sup>3</sup>, prides itself for its hometown feel, welcoming neighborhoods and expansive library and park systems. Residents are united by the common bond of working hard and providing opportunity for their families. In 2017, 1,642 babies were born in Porter County<sup>4</sup>—approximately five babies every day.

**Sample Population:** The Nesting Project was initially designed to engage a total of 20 pregnant persons who reflect the demographics of Porter County to serve as expert informants. Ultimately 18 individuals participated with an intake call and 15 individuals completed all phases of the Project. Through interviews, these informants provided information and reactions to interactions

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<sup>3</sup> Source: US Census Bureau 2021 Data.

<sup>4</sup> Source: Centers for Disease Control and Prevention (CDC) Wonder Online Database, Natality 2007-2017.

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with and availability of resources during the prenatal and postpartum periods. Priorities for selection included:

- Geography: Porter County zip codes represented proportionally.
- Diversity to reflect Porter County demographics: race/ethnicity; socioeconomic status.
- Other: Experiencing homelessness; multiple pregnancies; age (geriatric, i.e., over 36 years of age); English language learners.

Although these priorities guided the selection process, the Nesting Project was not able to full meet the desired representation of Porter County demographics.

- Geography: Greater concentration in some zip codes than others.
- Diversity: Over-representation of socioeconomic status. For example, the median income in Porter County is slightly greater than \$72,000. For seventy percent of the Nesting Families, the self-reported income was greater than \$80,000. The education level of the Nesting Families was higher than the Porter County education level. In Porter County, ten percent have a graduate or professional degree and of the participants, fifty-three percent have attained a graduate or professional degree. All of the Nesting moms were married or in a domestic partnership. Finally, the race and ethnicity of the participants is limited in its reflection of the population of Porter County.

A discussion of the limitations of this sample is offered below.

**Recruitment:** A convenience case sampling strategy was employed to enlist a pool of participants who met the selection criteria. A variety of recruitment tactics were used. Printed flyers and brochures were distributed to Porter County healthcare providers (obstetricians, pediatricians, federally-qualified healthcare centers, etc.) and posted in locations such as laundromats, convenience stores and food pantries. A QR code directed interested parties to the FTF website that featured a brief video describing the project as well as an interest form. Word-of-mouth through the Early Learning Collaborative stakeholder group, moms' groups and other trusted messengers proved to be the most successful tactic. Although it was not included in the promotional information, participants received tokens of appreciation for their time and expertise as they concluded each phase of the interview process.

**Limitations:** Facets of the study were constrained, such as:

- Regulations for confidentiality from the Health Insurance Portability and Accountability Act (HIPPA) constrained recruitment of participants. Recruitment was further complicated because interested parties had to follow multiple steps for enrollment, including completing an online form on the FTF website.
- The sample size was very small (N = 18) and therefore did not fully represent all segments of the county population.
- The persistence of the participants was relatively high, with 88.8 percent completing all interviews. However, given the small sample, the raw number of families who remained for the entire project was 15.
- Overall, connecting with families who have low-incomes, face barriers or who may need a higher level of support was a challenge. Most of the interest in the Nesting Project came from families who attained a college degree, are two-parent households and are well-resourced.



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## Data Collection

Study data was collected via 9 monthly interview calls implemented beginning at week 28 of pregnancy and continuing through 6 months postpartum. Interviews lasted between 15 and 25 minutes and focused on the health and wellbeing of the baby and family. Data was collected by a trained interviewer using a predetermined set of questions. Interviewers were trained in mandated reporting, ethical interviewing techniques, and resource and referral information. All participants went through a verbal informed consent process at the beginning of the study. Interviews were not recorded, but rather interviewers took extensive notes and recorded responses on an interview form. Interviews were divided into three phases.

- Phase I (third trimester) focused on interactions with healthcare providers, preparation for baby, and identification of and access to support systems and resources.
- Phase II (fourth trimester to 3 months postpartum) focused on the birthing plan, procedure and recovery, postpartum interactions with healthcare providers for baby and themselves, establishment of new routines, access to resources and support, identifying and managing challenges, and celebrating milestones.
- Phase III (4 to 6 months postpartum) focused on baby's developmental milestones, baby's and mother's interactions with healthcare providers, identification of and access to community resources and support, and establishing and maintaining health and wellbeing habits.

Participating families received tokens of appreciation as they completed each Phase.

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## For More Information Contact

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