Minding the Baby® (MTB) Fact Sheet

What is MTB?
Minding the Baby® (MTB) is an interdisciplinary home visiting intervention for young families, run jointly by faculty and staff from the Yale University Child Study Center and Yale University School of Nursing, in partnership with two local community health centers. Primarily grant-funded, MTB has received a combination of federal, foundation, and private funding since the intervention began in 2002.

Does MTB meet federal requirements for an evidence-based model?
Yes. The MTB model meets the criteria established by the Department of Health and Human Services (DHHS) for an “evidence-based early childhood home visiting service delivery model.” MTB is one of 15 interventions nationwide with this designation, making it eligible for implementation via state funds through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, established through the Patient Protection and Affordable Care Act.

What are MTB’s goals?
The core aims of MTB are to enhance opportunities for families to flourish and thrive by strengthening attachments and preventing potential obstacles to young children’s health and development. MTB home visitors achieve this by promoting strong early relationships, which form the foundation for physical health, solid brain architecture, social development, and learning.

What is unique about MTB?
For one, MTB is a reflective parenting intervention. Many parents, particularly highly stressed parents, find it difficult to listen to their children and wonder about their thoughts and feelings. This leads to disrupted interactions, insecure attachment relationships, and long term emotional difficulties. In MTB, parents are encouraged to be curious, to try and figure out what the child needs or is thinking or feeling even in early infancy. MTB clinicians work to slow down the stress response, so that parents can begin to hear their children, and hear themselves.

Secondly, it is interdisciplinary. MTB recognizes that parents living in under-resourced communities often lack access to regular or coordinated health care, or to services that promote positive child and parent development and support mental health. MTB provides these services in a coordinated and comprehensive way, with the nurse and social worker collaborating to insure that the full range of the mother’s, infant’s, and family’s needs are met.

What is the evidence that MTB works?
From 2002-2014, 135 intervention and 104 control families were enrolled in a study examining the effects of the MTB intervention on a range of outcomes. Data from the first group of families show improved health and relationship outcomes for intervention families as compared to control families. These include:

- higher rates of on-time pediatric immunization
- lower rates of rapid subsequent childbearing
- lower rates of child protection referrals
- higher rates of secure attachment
- lower rates of disorganized attachment

There were also increases in mothers’ abilities to parent reflectively over the 27 months of the intervention, especially among the most vulnerable mothers (Sadler, Slade, Close, Webb, Simpson, Fennie, & Mayes, 2013). In a follow up pilot study, lower levels of maternally reported behavioral problems were found in intervention children (Ordway, Sadler, Slade, Close, Dixon & Mayes, 2014).
Who can join MTB?
MTB is a voluntary and preventive program that has been delivered to young English-speaking parents (between the ages of 14 and 25) and their children living in resource-constrained urban neighborhoods. Only mothers who are abusing drugs prenatally or have a serious medical condition are excluded from joining the program.

How is MTB delivered?
Mothers seeking routine prenatal care at collaborating community health centers are typically invited to join MTB during the second trimester or early in the third trimester of pregnancy. Weekly home visits continue from pregnancy until the baby’s first birthday, at which point families are visited every other week until the child’s second birthday.

Who delivers MTB?
The program is delivered by a highly trained team that includes a nurse practitioner or registered nurse and a clinical social worker, each of whom see the mother, child, and other participating family members on an alternating basis. Health, developmental, parenting, and mental health concerns are addressed in a comprehensive and ongoing way. Team members work collaboratively with each other. They also work closely with other providers at the community health center and coordinate a range of social service, educational, and other resources.

Is MTB manualized?
The MTB treatment manual was revised in 2014 and is available to those who participate in the MTB training institute. The manual describes the intervention in detail and provides a flexible set of principles and guidelines for implementation.

What kinds of MTB training are available?
Three kinds of training are available. The first is a general, three-day training in the MTB model. The training focuses on the theoretical and conceptual frameworks that guide MTB, and provides an in-depth introduction to 1) recognizing, assessing, and enhancing parental reflectiveness, 2) the fundamentals of our interdisciplinary approach, and 3) crucial principles of teamwork, consultation, and supervision.

Ongoing consultation, training, and/or supervision are also available for clinicians and administrators working in reflective parenting programs.

For those wishing to implement the full MTB intervention with evaluation component, all staff working on the program are required to complete the first level of training described above, in addition to a combination of on-site and distance consultations over a two-year period.

Where can I find more information?
Please visit us on the web at www.mtb.yale.edu. For training and replication inquiries, please contact Crista Marchesseault at cristamarchesseault@yale.edu.