Stepping into a stranger’s home on a medical visit was a new and humbling experience. During a recent medical school elective in social paediatrics, I had the opportunity to make several such home visits. It was challenging and eye-opening to enter a child’s home and confront the huge disparities that exist in our Canadian cities in such a personal way. Feeling slightly intimidated, I was initially unsure how to open a meaningful dialogue in such a sensitive situation. By asking two simple questions, I was able to gain the trust of a young mother and hear her story. I would like to share the lesson that I learned about the importance of considering not only a child’s medical health, but also where and how they live.

Born unexpectedly on a cold winter night, her mother was an 18-year-old woman from an inner-city neighbourhood who hid her pregnancy from her family and friends. She had received no prenatal care. Sitting with a social worker in their crowded apartment, I listen as this young mother tells the dramatic story of the birth: after a night of severe abdominal cramps and vomiting, she finally called out to her own mother in desperation. She could no longer hide the fact that she was pregnant, something she was too ashamed to share with anyone for the past eight months, too afraid to even admit to herself. Minutes later, a tiny baby was born in their squallid bathroom. Shortly after birth, her baby’s cry became weaker, then stopped altogether. By the time the paramedics arrived at the apartment, they were worried that she would not survive. Luckily, the tiny infant was resuscitated successfully in the hospital. From then on began an intensive month of treatment and recovery for this miracle baby. Despite being born prematurely and under challenging conditions, she improved dramatically in the hospital; she began breathing on her own, feeding and gaining weight. After an impressive recovery, she was discharged home. As the young mother told her story, I thought to myself: when we discharge a recovered patient home from the hospital, do we consider where ‘home’ is?

Walking into their crowded apartment in an inner-city high-rise, the outlook is not an optimistic one. The apartment smells of urine. Mother and baby share the living space with four other adults. Cardboard boxes and plastic bags filled with old belongings are piled up in the living room, taking up half the space. I notice that there is barely any empty floor space for this baby to explore, once she is able to crawl. No safe space for tummy time. We walk through a narrow dark hallway into the baby’s room. There is a stark contrast between the baby’s new IKEA crib, provided by community support, and her mother sleeping on blankets on the floor. Standing in their bedroom on this cloudy afternoon, I ask this young mother two simple questions that I had been taught to ask as a mental health screen: How did you sleep last night? – “Not well,” she replied. The baby had been keeping her up, as had thoughts about their uncertain future. She didn’t tell anyone she was pregnant, and I am worried about this young woman not having anyone to talk to now. Have you eaten today? – “…No,” she replied hesitantly. Despite her insistence that she had access to food, her lack of appetite, combined with her flat affect, was a worrisome red flag for postpartum depression.

I left their home worried about all the obstacles stacked against this young family, the barriers that could prevent this baby from achieving her optimal life trajectory. Her living conditions place her at a significant disadvantage at such a young age: her crowded apartment, the nonstimulating environment, the lack of reading, singing and play, missed medical follow-ups because of their inaccessibility. These experiences and stressors affect her brain’s architecture in this critical period of learning; they affect her ability to develop to her full potential through safe exploration. Combined with an unavailable parent figure, such as in situations of child neglect or severe maternal depression, these ongoing stressors could disrupt her neurodevelopment, leading to a future tendency toward anxiety, impulsiveness, vulnerability to stress and difficulty learning new skills (1,2). Thus, the stress she experiences as a young child has the capacity to impact her readiness for kindergarten, her future success in school and as an adult. It shapes her ability to form positive interpersonal relationships, which will help guide her along her life trajectory. Ongoing stress can also have direct effects on her health; she may be prone to earlier initiation of harmful behaviours, such as smoking and alcohol use, and stress itself can have harmful inflammatory effects on the body, which have been linked to heart disease, asthma and depression (2). As a young infant, she has no way to control these factors, yet they play such a critical role in determining the direction of her life trajectory and shaping the person she will ultimately become (3).

As I left their apartment and headed home on the crowded bus, I told myself that I wouldn’t forget this experience, which had taught me about the importance of truly knowing our patients and how they live. Integrating meaningful home visits into medical care provides the opportunity to gain a much more realistic understanding of a child’s living environment. By addressing the family’s unmet needs outside of the superficial boundaries of an office or a hospital, we can advocate for them and aim to reduce the health disparities that exist in our cities (4). I realized that this baby’s dramatic birth and the unsafe conditions surrounding it were the result of a failure to support her young mother. This was a woman who had no one to advocate for her. She was not reached by any community programs that advocated for literacy, safe housing, education, safe sex practices or prenatal care. Instead, she felt isolated and ashamed, and chose to carry the burden of her pregnancy...
on her own. Following my visit, I considered all of the social supports that would benefit this young family, and discussed these with the family’s social worker. She was planning to meet with them the next day, to bring the mother some more baby food and delve deeper into her depressive symptoms. We discussed offering the mother psychological counselling, resources for affordable and healthy food, education about reading and singing to the baby, and assistance in creating a safe home for learning and play. Her medical follow-ups could be made more accessible with convenient appointment times, assistance with transport and a paediatrician close to home. The mother could be enrolled in a program for young families that would enable her to complete her high school education, improve her parenting skills and be supported by other women in similar situations.

By asking two simple questions – “How did you sleep last night?” and “Have you eaten today?” – a dialogue was opened with this young mother. These questions created a safe environment for her to express her concerns without feeling judged. With a better understanding of the supports that she needed, it became possible to advocate for her and for her infant, and, thus, to begin to break the cycle of social disadvantage.

REFERENCES