Introduction
Engaging and retaining mothers in home visiting is one of the paramount challenges facing the field. Seeing mothers early, often, and consistently are foundational principles of most home visiting models. Although research findings are mixed, there is evidence for a dose-response relationship between number and intensity of home visits and outcomes. Yet, a large proportion of mothers leave home visiting prematurely. Most mothers who drop out are lost to contact, and as a result little is known about why they were unable or disinterested in continuing. Understanding why mothers drop out prematurely is essential to develop new strategies and approaches to engage and keep mothers in home visiting long enough to fully benefit from services.

Method
Data for these analyses were drawn from 137 of 232 mothers who participated in a study of retention involving four sites in a regional, multi-state home visiting program. The four sites were divided equally between HFA and NFP models. Mothers received in-home assessments at enrollment, 9 months post-enrollment, and 18 months post-enrollment. Mothers were assessed if they remained in or dropped out of the study. The sample retention in the study was high (94.1%). At 18 months post-enrollment, 51.4% of mothers had dropped out of home visiting prematurely. A survey of mothers’ experiencing in home visiting were administered to 90 mothers who dropped out by 18 months and 37 who were retained beyond this point. The survey consisted of 45 items organized under seven categories reflecting reasons for why mothers might stay or leave the program: logistical barriers, invasiveness, confusion about program, pressured to participate, support, mismatch, and satisfaction with program. Each item was endorsed using a 4-point Likert scale indicating agreement (4)/disagreement (1).

Results
There were no differences between retained and dropped out mothers on age, race, birth status at enrollment, home visiting model, or history of childhood trauma. Mothers who dropped out had higher scores on the Beck Depression Inventory-II at enrollment (13.4 vs. 10.5, p < .05).

The graphs below show statistically significant (p < .05) and statistically trending (p < .10) endorsements by retained and dropped out mothers on survey items. Dropped out mothers indicated that it was harder to find time to meet with home visitors because of school (p < .10), friends (p < .05), and being tired (p < .10). They were more likely to move (p < .05) or have a phone disconnected (p < .05). Dropped out mothers were also more likely to state that they were unaware up front how often home visitors would visit the home (p < .10). Dropped out mothers were also less likely to see value in home visiting or to see the home visitor as providing helpful or useful support. Specifically, they noted that they were less in need of home visitor support (p < .05), they were doing fine without home visiting (p < .05), saw less value in the program’s monthly gift bags (p < .10), found that home visitors were less helpful in obtaining tangible items (p < .05), provided less emotional support than desired (p < .05), and provided less helpful ideas on taking care of the child (p < .05), taking care of oneself (p < .05), or what to expect from the developing child (p < .05).

Summary
Most mothers endorsed multiple reasons for staying and leaving. Dropouts were more likely to see less value in home visiting and to struggle to find times to meet. Importantly, poor relationship with home visitor, concerns about child abuse reporting, and family interference were infrequently endorsed. Findings are consistent with qualitative and quantitative studies that a sizable proportion of mothers do not see home visiting as meeting their needs.

Acknowledgments
Funded in part by grant #HR40 MC 08632-01 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services. Contact information: Robert T. Ammerman, Ph.D., Cincinnati Children’s Hospital Medical Center, 3333 Burnet Avenue, Cincinnati, OH, 45229. E-mail: robert.ammerman@cchmc.org.