

Improving outcomes for parents through group work

Formative Evaluation Group-Based FNP

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What is gFNP?

- Group Family Nurse Partnership (gFNP) is an intensive, strength-based solution-focused model of preparation for parenthood in a group setting
- Underpinned by attachment, self efficacy and ecological theories and using methods, materials and content domains of the US developed Nurse Family Partnership (NFP; Olds, 2006)
- Run by 2 Family Nurses, one also a midwife

Health care integrated

- In addition to the FNP curriculum and based on the successful the Centering Pregnancy programme (Rising, 1998; Ickovics et al., 2007), midwifery and postnatal care are provided after each group session.
- Mothers are encouraged to monitor their own health status (blood pressure etc.)

Aims

- The aims of gFNP (and FNP) are to:
 - Improve birth outcomes for mothers and babies
 - Develop a warm and authoritative parenting style underpinned by good attachment and a good knowledge of babies' development and needs
 - Develop effective local support networks through contact with other parents
 - Increase take-up of local services that support child and family health
 - Develop greater parental self-efficacy to make positive life choices and plan for the future.

Participants

- Group members (N=12) share similar expected dates of delivery, ideally no more than 4 weeks apart
- Eligible if not eligible for regular FNP
- Either:
 - Under 20 and have child(ren)
 - 20 to 24 and expecting first baby or subsequent
- And: No or few educational qualifications
- Partner or supporter encouraged to attend

Duration and setting

- Sessions run from the 16th week of pregnancy to when the babies are 12 months old
- Pregnancy weekly for 4 weeks then fortnightly – 14 sessions
- Infancy weekly for 4 weeks then fortnightly – 29 sessions
- Sessions last for 2 hours
- Held in Sure Start children's centres
- Child care available for older toddlers

Materials

- Objectives for each visit
- Group materials and FNP materials
- Range of activities - Some whole group and some smaller break-out groups
- Leaflets to share and take away
- Ongoing feedback from participants and nurses

Content domains

Personal Health

Environmental Health

Life Course

Maternal Role

Friends and Family

Health and Human Services

Example of content, Pregnancy Session 2

OBJECTIVES

- Assess clients nutritional status and introduce nutritional needs during pregnancy
- Continuing assessment of clients readiness for change
- Continue establishing group process
- Use PIPE to focus on maternal attachment

How much weight should I gain during pregnancy?

How fast should I gain weight during pregnancy?

Where does the weight go?(for weight gain of 29 lbs)

EXAMPLE of content and activities, Pregnancy Session 6

OBJECTIVES

- Educate re breast changes during pregnancy
- Assist clients in examining the benefits and drawbacks of infant feeding options
- Assess clients management of financial resources and sources of financial support

"Feeding my Baby – benefits and drawbacks"

- Split group into 2 equal groups each group completing the facilitator getting as many benefits and drawbacks for both feeding methods as possible.
- Leaflets etc and knowledge of the FNP Nurses can be used.
- Once completed the 2 groups feedback together the information they have accrued and a large amalgamation of views are transferred to the White Board / flip chart
- Group discussion "What does this mean to you?"

Who owns the breast?

- Divide the group into 4, place each of the 4 groups in a corner of the room with a specific role for each group to defend in relation to ownership of the breast.
 - The Group debates the reasons why their group should own the breast.
- The groups are:
- The Dad
 - The Mum
 - The Baby
 - The Midwife

Example, leaflets for pregnancy 11

- Objectives:
 - Prepare for labour
 - Enable identification of newborn states
 - Determine clients' plans for support for themselves and their babies after delivery
 - Increase awareness of shaken baby syndrome and SIDS

Leaflets to share and take away

- Understanding your baby –(NHS Leeds)
- Shaken Baby handle with care. (NSPCC)
- Baby Zone , how to keep your baby safe and healthy (FSID)
- Reduce the risk of cot death. (FSID)
- Sleep on back play on front

Evaluation Research Questions

- How effective is recruitment pathway for chosen eligibility criteria?
- How effectively can gFNP be delivered?
- Is the programme acceptable to service users? To practitioners?
- Which elements are most effective to engage service users?

Methods

- Details of all referrals and disposition of each
- Recruitment visit feedback forms – integral part of FNP and gFNP, one per participant per session (present/absent; behaviour if present; content covered)
- Service user and practitioner written reflections after sessions
- Semi-structured interviews with participants, practitioners and service users in pregnancy, soon after birth and towards the end of the programme

Feasibility of recruitment

- First groups
- 47 names recorded on UK050G
 - 31 (66%) contacted
 - 8 (17%) unable to locate
 - 2 (4%) not eligible (medical)
 - 6 (13%) not eligible, quota full
- 8 (17% of 47; 26% of 31) turned it down
- Site difference in refusal, 14% and 35%
- 23 (49% of 47; 74% of 31) accepted

Recruitment

- Second groups (added low education criterion)
- 44 names, had to contact to determine eligibility
- 7 (16%) not eligible (all one site, 6 qualifications, 2 no details)
- 1 not contactable
- 19 recruited (11 and 8), 50% of eligible
- 19 refused (39% and 60%)

FN ratings of Clients at recruitment

- FNs judged 18 (78%) positive about idea of support
- FNs judged 16 (70%) positive about being in a group
- FNs judged that 15 (65%) would definitely be 'good group members'

Meet criteria? First groups

- 7/23 (30%) <12 weeks gestation
 - Mean 14 weeks (13, 15), ranges 10-19, 6-23
- 11 (48%) pregnant before, 8 (35%) had given birth to a child, including both under 20s
- None were mother to more than one child, but one was guardian for 2 other children

Demographic characteristics, first groups

- Mean age referred clients (47) 21.8 years
 - Site 1 22.5, Site 2 21.0 (p<0.01)
- Mean age enrolled clients (23) 21.8
 - Site 1 22.7, Site 2 20.8 (p<0.05)
- Of those interviewed (19) all but one (in FT education) had been employed in past
- 7 (37%) working at enrolment, most of jobs non-manual
- 69% had qualifications beyond GCSE

Second groups

- Only eligible if no educational qualifications
- Mean gestation 14.5 13.9
- Range 11-19 11-18
- Mean age 19.3 21.6
- Age range 17-22 19-24

Living arrangements, first groups

- Of those interviewed (19) more than half (10, 53%) lived with partner or husband
- 7 (37%) with extended family but not partner
- 2 (11%) in single parent households
- Only small proportion (3/19,16%) had no contact with baby's father

How did recruitment work?

- Due dates were available, but not always previous pregnancies/births
- Referrals slow without full midwifery cooperation
- Problematic to recruit before 12 weeks – time pressure, decided to be more flexible
- Had to expand geographical area to boost numbers
- Some took place after the group had begun
- FNs felt positive after most of recruitment visits

Dosage, attendance

- Average attendance per session:
 - Site 1 75% 14 pregnancy session
 - 72% 19 infancy sessions
 - Site 2 79% 14 pregnancy sessions
 - 69% 18 infancy sessions
- No show informed FN, of all non attenders
 - Site 1 66% pregnancy, 61% infancy
 - Site 2 86% pregnancy, 78% infancy

Content domain coverage

Pregnancy

Site	N groups	Personal health	Maternal role	Life course	Family and friends	Environ mental health	Percent of planned content
		35-40%	23-25%	10-15%	10-15%	5-7%	100%
1	14	33.9	32.5	11.8	13.6 (*)	8.2	97.9 *
2	17	42.7 (*)	30.3	7.5	9.6	9.4	90.9
Total	31	38.7	31.3	9.4	11.4	8.9	94.0

Infancy

Site	N groups	Personal health	Maternal role	Life course	Family and friends	Environ mental health	Percent of planned content
		14-20%	45-50%	10-15%	10-15%	7-10%	100%
1	12	22.1	46.7	9.6	8.3	12.9	89.2
2	6	23.3	49.2	9.2	9.2	9.2	93.3
Total	18	22.5	47.5	9.4	8.6	11.7	90.6

Mothers' reports on non attendance

- Generally, mothers have found attendance relatively easy and they looked forward to the group. Some particularly enjoyed getting away from their home to attend the group.

- *'I have been five times since birth.'*
- *'I have missed one day and that was the day I had her.'*

- The main reasons for non-attendance were if clients or their child was ill or if they had experienced a particularly bad night sleeping with their new baby.

- *'Yes, I missed one when my baby was ill he had a cold in his eye. He was really mardy and I was tired from being up all night.'*

- One mother explained that she did not attend for a number of weeks because she was experiencing panic attacks and another stated that she was too busy having to take her newborn to hospital every other day for medical attention.

Mothers' views, positive

- *'I would say it is really useful even if it is your second baby as there are things like you think you know it all but when you get to the group they show you things and you think actually I didn't know that.'*
- *'It is like a step by step to your pregnancy'*
- *'It is not an ordinary antenatal group it is much different and that is what I like about it'*
- *'It is somewhere for you to go where you can advice or if you don't want advice you can be told about different things that might help you and you don't have to follow them. Things they know could help you and you get to talk about it with people who have different experiences so it is always beneficial for you in some way.'*

Relationships between FN and clients

- *'I am going to the (FN) as she is the health visitor so I have become close to her now so it has changed.'*
- *'I love both of them. I feel like I have known them forever... I can talk to her about anything. I think the world of both of them.'*
- *'There is a variety of things they can offer you but the biggest thing they can give you is support.'*
- *'The midwife, she turns her phone off when she goes off duty... the FN midwife she always has hers on.'*

Did the group help you feel prepared for giving birth?

Yes definitely. Yes because we did a session on labour which my partner was involved in and it kind of prepared me about what to expect. Even though I knew what to expect from my first it helped my partner as-well as it was his first baby. Well he said after that he knew some of the stuff but it was really interesting he said it looked like it is going to be pretty painful if it is coming out of your pelvis. It showed you how your pelvis has to expand to let the baby through and he was kind of shocked.

Social support

- Mothers in both sites feel attached to their group, they reported calling each other and communicating electronically through 'Facebook'
- Mothers have shared baby equipment such as a travel cot and met up for exercise and coffee.
- In one site regular meetings take place at the local children's centre where the group have hired out the sensory room and also attended bi-weekly swimming sessions.
- *'It made a lot of difference I didn't feel so isolated and I got to talk to other mums.'*
- *'Now I have got friends'*
- *'I think it will carry on...not officially but we have become close and I think we will still want to do the group [after the programme ends]'*

Some worries before starting

- Relating to work difficulties, interacting with group members, uncertainty about whether to commit
- *'I would have to check with work for time off'*
- *'I was a bit unsure at first as I am not a people person'*
- *'I wasn't sure I would stick with the group'*

Remembering what they were shown

- Nearly all topics covered were mentioned by at least one group member but nutrition, the energy bucket and mother/baby development were very popular. Some were surprised to talk about relationships with partners and family
- *'I thought I ate healthy but it kind of made me realise I don't'*
- [Pregnancy exercises] *'There were a lot of physical activities we had to stand up and walk around'*
- *'I go in thinking I know it all and come away and I learnt lots'*

Comments on facilitators

- Humour, warmth and openness were frequently commented upon, nurses were universally praised by all the mothers!
- 'They are hilarious.. It is relaxed and natural'
- 'Very accommodating, anything you ask for you get'
- 'They are not coming across as your typical MW or HV'
- Home visit 'We sit and have a chat so I was getting things off my chest really, it helps a lot'

Issues with the group and content of sessions

- A small number of group members found dominating or quiet individuals difficult
- 'This one girl does take over, between us we know a lot about her life compared to the others'
- Only one subject matter stands out as being disliked – domestic violence
- 'It has taken an hour and it is irrelevant to me'
- 'I would have been ok with a 10 minute talk.. rather than it being hardcore domestic abuse'

Antenatal care

- Midwifery support after the sessions worked well, flexibility for working mothers was valued,
- Self care was being conducted infrequently at this stage, mothers preferred midwifery input in practice
- 'I would like to have a go ..(foetal heart beat) but I would be worried if I didn't find anything'
- 'Fantastic idea because you feel so much more in control when you do it yourself'

Frequency of sessions/times of sessions

- Some mothers requested sessions be every week, mothers who worked were less likely to request this
- Some mums would prefer longer sessions as they enjoyed it so much
- The time of day/locations were appreciated
- A very small number of working mothers would prefer weekends/evenings (this may change once the baby was born)

Observations

- The full time working mothers in the group were less interested in making new friends
- Some working mothers identified themselves as separate from mothers who did not work and did not identify with them as strongly
- Mothers who already had a child greatly appreciated the break from childcare and felt the crèche provided positive interactions for their child. No problems identified between 1st time mothers and mothers with a child

What they like best about being with other mothers

- Friendship, talking to mothers in the same stage of pregnancy, learning
- 'It is nice when you work FT you never get time to think about having a baby'
- 'You do pick up on their symptoms and what they are going through'
- 'I have learnt quite a bit, the support you get is unbelievable'

What engages most?

- Safe space with all members engaging in activities (including FNs) with ground rules that are flexible
- Breaking up into smaller groups
- Style of presentation of FNs – less judgemental and more involved than other professionals
- Home visits offered for extra medical input

Infancy activities liked

- *'It was probably feeding; I am probably the last one to get my baby into a feeding routine as-well as one of the other girls.'*
- *'They showed us how to give the baby a bath... if you didn't have things ready by the bath like a towel, then you are left with a baby in the bath.'*
- *'The baby massage was good because it relaxes her.'*
- *'We do a session about scenarios 'a baby is 3 months old and they have diarrhoea. We covered what you should do; do you phone NHS direct, do you take them to the doctors?'*

FN views

- *'I was impressed today at the group dynamic today– they very respectful of each other and each other's babies. They mostly listened and were supportive to each other's issues, helping to problem solve when necessary.'*
- *'They are very honest with emotions and feelings. Child rearing is hard emotionally and physically.'*
- *'The most vocal member of our group wasn't present and this appeared to provide an opportunity for the more quiet members to speak.'*
- *'We are different personalities. I think X tends to deliver the emotional part of FNP talking about trust and relationships whereas I do more of the clinical side.'*

Conclusions, delivery

- The results look positive in terms of attendance
- The attrition has remained relatively low, comparable with that found in FNP although the numbers are too small to make any meaningful comparison
- The content of the sessions reflects very closely the guidelines set out for the delivery of regular FNP and the FNs judge that group participants are involved, show a high level of understanding of the materials.

Conclusions, clients

- Mothers report that they almost always feel listened to and able to contribute to the group, they are happy with the number of group sessions although some would like more in this early infancy period.
- The presence of the infants enables FNs to observe parenting and to support parenting such as breastfeeding, coping with crying, and to model useful strategies for soothing infants such as baby massage.

Conclusions, Family Nurses

- The service is proving acceptable for the professionals. The FNs have seen progress in their groups which has been rewarding for them.
- They note that clients are engaging in the group and the therapeutic relationship is working well.
- Some stress was reported once infants were born, partly the need to re-arrange the rooms or obtain a larger space. Also clients come and go at times as they need to breastfeed or attend to their babies.
- Overall they like the dynamic of working closely with a colleague.

What next?

- Final report of the implementation evaluation due in August
- Expansion is planned, with several sites starting gFNP in September
- Applying for funds for an RCT starting in 2012
- Liaison with the USA where groups have also been going since 2009