BABY CLINICS – WHY AND HOW?

From re-assurance to parental self-efficacy: Lay and professional perceptions of the purpose and value of health visitor-led child health clinics

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I think for many health visitors, because of the monitoring culture we’ve created within the service, the fear of missing something and not recording it is greater than the motivation to try to provide a service that prevents it... (Health Visiting Clinical Lead)

Discussion

Health Visiting services focus on preventative work within a model of progressive universalism (DOH 2009). Working from a strengths based, solution focused approach with a salutogenic and relational orientation to practice, it is therefore suggested that health visiting services are structured and organised to facilitate and support relationship based interventions (Cowley et al., 2013).

The community level of service provision within the four progressive levels of service offered (IHV 2015) encourages health visitors to engage in practice which builds community capacity and utilises that capacity to improve health outcomes (Cowley et al., 2013). A relationally and socially orientated clinic model therefore provides an opportunity to explore the potential of a community based support to building both individual and community resilience with parents.

Increasing budgetary cuts to public health and early years services in recent years has engendered a collective drive both within the health visiting profession and from local authority commissioners to identify and adopt integrated evidence based approaches that have the potential to be collaborative, sustainable and effective (IHV, 2016).

The delivery of health visiting services, which consume a substantial amount of health visiting hours (Cowley et al. 2007) is therefore an area of practice which requires an innovative and de-emphasised approach. The relational approach to support to citizens and a desire for collaborative examples of practice is needed to explore their potential contribution to preventative work as universal, public health interventions.

Implications for practice

It is suggested that organisations providing a health visiting service centred on universal primary prevention, who seek to enhance the efficacy of support offered to parents and children at clinics should aim to restructure clinics to deliver a psychologically informed, heuristic model which encourages social interaction between parents.

Health Visitor Led Baby Clinics - an introduction

Despite the widespread presence of Health Visitor led Baby Clinics across the UK, there is little published research about the service, its purpose or effectiveness and no national or professional guidance currently exists on their model of delivery.

This research follows a systematic review of the effectiveness of universal Health Visitor led Child Health Clinics (Webb 2016). The review suggested that professional reflection and research into the focus, structure and function of clinic models and the theoretical process of community based family support is needed in order to progress this element of universal service provision to an evidence base.

This qualitative research began to address this theoretical gap with an aim of taking a preliminary look at both lay and professional perspectives of the purpose and value of baby clinics, in order to illuminate the experiences of mothers and professionals attending and the process of support that they may be engaged in.

Methods

Informal semi structured interviews were conducted with 24 participants, including health visiting staff and mothers across two local authority areas in the South West of England. A constructivist Grounded theory methodology was used to analyse the data.

References


Results

Process models

Two cyclical support processes were developed which reflect two models of clinic provision: a surveillance model, focusing on weighing and monitoring and a primary prevention model focusing on reflection and compassion.

Fig 1. Surveillance model — a didactic approach engendering a cycle of serial reassurance

Mothers attend clinics to seek reassurance about the health, wellbeing or development of their baby, their parents or their own psycho-social needs as new parents

Health Visiting staff provide reassurance and advice

Health Visiting staff weigh the baby

Fig 2. Primary prevention model – an heuristic approach promoting parental self-efficacy

Mothers feel supported to reflect on their experiences, understand their infant’s behaviour & treat themselves & their children with compassion

Mothers share their experiences with health visitors / or other mothers

Parents communicate empathy, compassion & positive regard without judgement

Health Visiting staff activity input & communicate empathy, compassion & positive regard without judgement

Conclusions

This study sought to illuminate the experiences of mothers and professionals attending clinics and the grounded theory outlined provides conceptual insight into the process of support sought and offered at baby clinics.

Implications for practice are considered and with limited research to inform national or professional guidance on the delivery of baby clinics, providers organisations delivering health visiting services are encouraged to reflect on their service objectives and adopt a model of service delivery within an appropriate rationale and focus, underpinned by a psychologically informed process model.

Where process models underpinning clinic delivery are clear and fidelity to the model and effective implementation can be established, research evaluating the effectiveness of such models should then be conducted in order to progress this service element to an evidence base.

Conclusion

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