KING'S College LONDON

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Postnatal Parenting

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Why Love Matters: Postnatal Care

RCM Annual Conference 2012

Postnatal Parenting

- A ‘parent’ defined as a person who provides significant care for a child in a home or family context (Moran et al 2004). Gender neutral term
- Evidence of what supports parenting and what influences ‘poor’ parenting has informed a significant literature base in last 20 years
- Role of maternity services crucial to support early interventions to enhance and improve longer-term outcomes for children and families
- Midwifery contribution as a universal intervention post-birth could positively influence experience of parenting and factors which influence this

Postnatal Parenting

- ‘Good’ parenting viewed as key to reduce poverty, anti-social behaviour, crime, poor educational attainment and poor mental health
- Policy underpinned by range of evidence
- Launch of ‘Sure Start’ in 1998
- Every Child Matters: next steps (DoH 2004); NSF Maternity, Children and Young People (DoH 2004); Family Nurse Partnership (DoH 2006, Barnes et al 2008, 2011); Supporting families in the Foundation Years (Field 2011); Children’s and Young People’s Health Outcomes Framework’ (DoH 2012)
- Promotion of ‘life course approach’ to improve inequalities in health from pregnancy and beyond (DoH 2012)

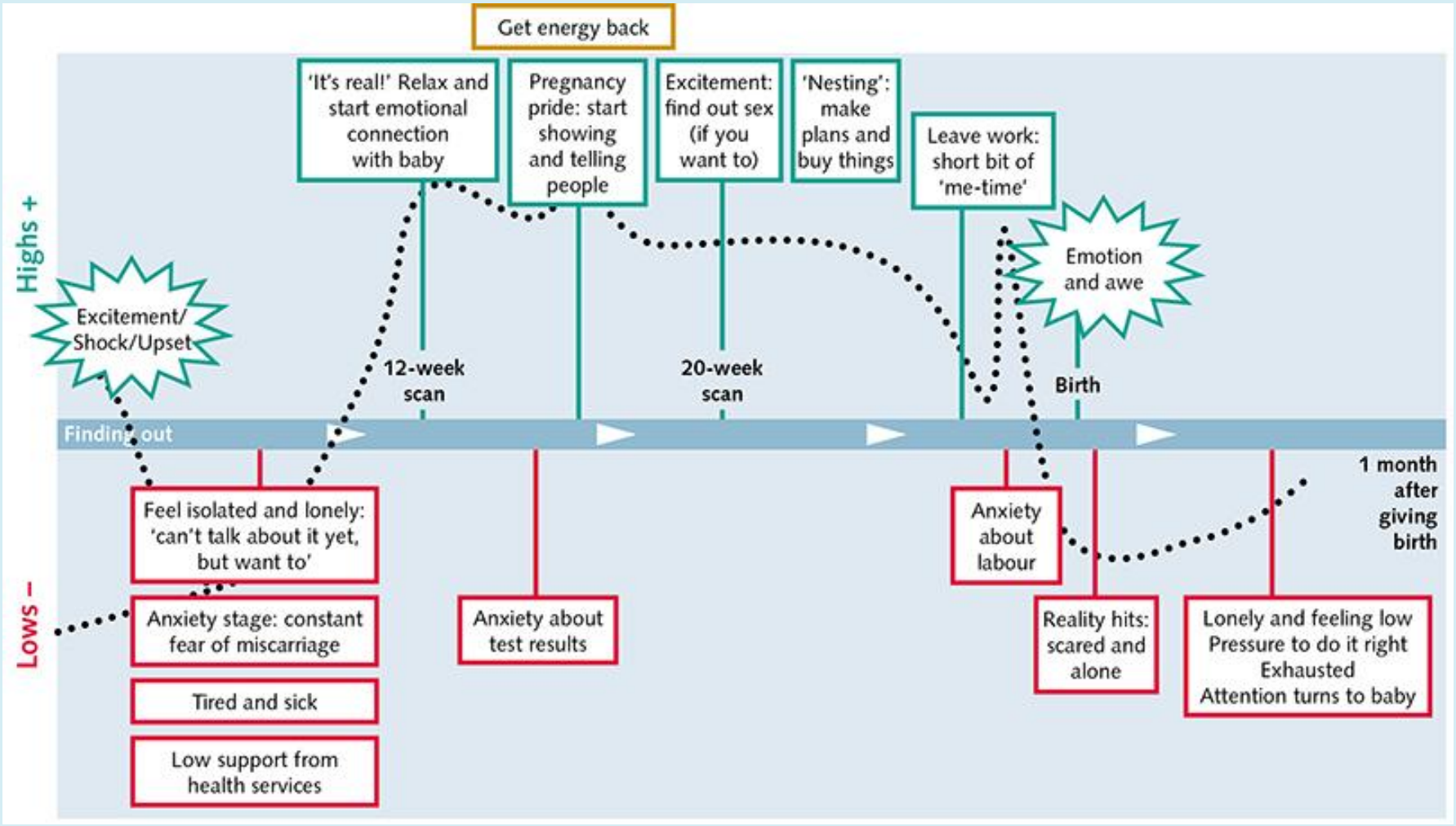
Postnatal Parenting

- All new parents require some support at some time. Informal (peer group, family, friends) semi-informal (voluntary sector) or formal (needs-led services, Ghate and Hazel 2002)
- Impact of structured postnatal parenting programmes unclear (Bryanton & Beck 2010)
- Diversity of needs means ‘one size fits all’ approach unlikely to be effective, highlighting importance of care tailored to need
- Midwifery role crucial at period of transition to parenthood
- Need to reconsider and reassess evidence to optimize outcomes from postnatal care and what it can achieve, given complexity of ecological environment of parenting

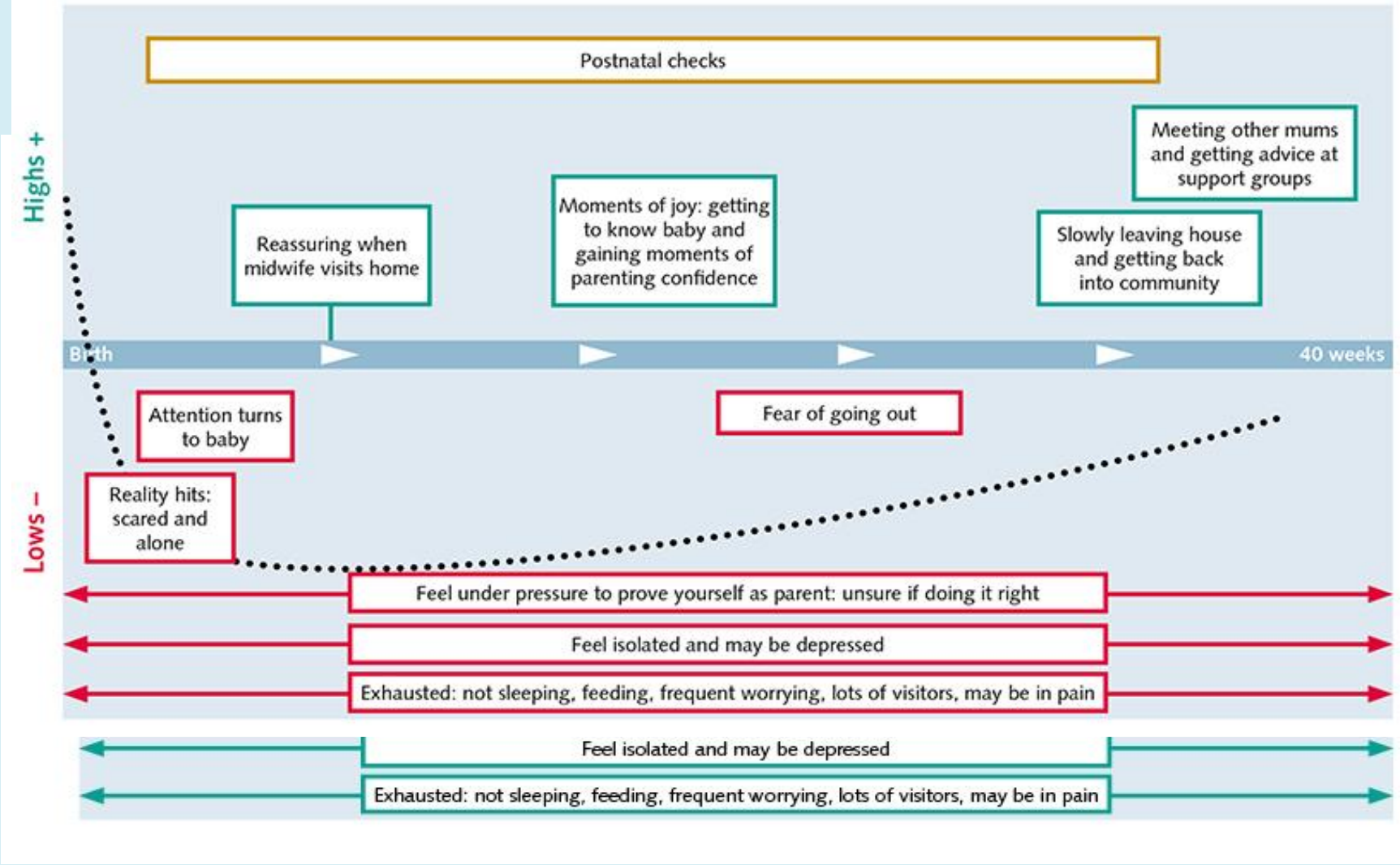
Why is this important?

- Human development complex. Greatest impacts on infant brain development in first three years
- Importance of parental psychosocial functioning clear
- Negative consequences longer-term for infants if parent depressed or suffering other mental health problems. Cognitive behavioural problems, psychiatric problems (Murray 1996, Ramchandani et al 2008). Impact on development of neurological system (Schore et al 2005)
- Parents overwhelmed by new role (DoH 2009)
- Drive for resource savings reducing potential for postnatal midwifery care to optimise support for parents at ‘emotionally draining time’ for parents (DoH 2009)

The emotional rollercoaster of pregnancy and birth (DoH 2009)



Insecure and isolated: the challenges of the first months with a new baby (DoH 2009)



Postnatal parenting

- Women and partners/key supporter need advice on maternal physical and psychological health and well-being, emotional feelings and confidence in parenting. Role of self efficacy crucial (DoH 2011)
- Parents require encouragement to interact with, and care for, their infants. Key milestones in infant development, infant feeding and how to keep their infants safe
- Could revisions to universal provision of postnatal care support parenting outcomes through the early months? Improve mental and emotional health; improve confidence and experience of care?

Revisions to routine postnatal care

- Studies have considered impact of interventions *in addition* to routine postnatal service provision
- Early GP postnatal consultation (Gunn et al 1998)
- Postnatal support groups/booklets (Reid et al 2002)
- Community support workers (Morrell et al 2000)
- One off ‘debriefing’ following caesarean or instrumental birth (Small et al 2000, 2006)
- None found a difference in maternal mental health outcomes. Some differences in women’s views of care
- Studies have also considered impact of interventions as *revisions to content* of current care

Revisions to routine postnatal care

- Redesigned, extended midwifery led postnatal care in community (MacArthur et al 2002, 2003). GP contact through referral. Cluster RCT with over 2,000 women
- Symptom checklists (10 & 28 days and 10-12 weeks) and EPDS screening (28 days and 10-12 weeks) to identify health needs
- Primary outcomes at 4 and 12 months: mental and physical health, using SF36 and EPDS
- Secondary outcomes: women's satisfaction with care; use of NHS services in 12 months post-birth
- Significant difference in mental health outcomes. No differences physical outcomes
- Significant differences in women's views of care and use of NHS resources

Revisions to routine postnatal care

4 month outcomes

	Control mean	Intervention effect (95% CI)	p value
Mental Component Score (MCS)	47.74	3.03 (1.53 to 4.52)	<0.001
EPDS	8.17	-1.92 (-2.55 to -1.29)	<0.001
Physical Component Score (PCS)	47.57	-0.79 (-1.91 to 0.34)	0.169
	Control	**OR (95% CI)**	
EPDS score 13+	1	0.57 (0.43 to 0.76)	<0.001

12 month outcomes

	Control mean	Intervention effect (95% CI)	p value
Mental Component Score (MCS)	48.46	2.74 (1.48 to 4.0)	<0.001
EPDS	7.62	-1.54 (-2.26 to 0.82)	<0.001
Physical Component Score (PCS)	48.76	-0.24 (-1.37 to 0.89)	0.680
	Control	**OR (95% CI)**	
EPDS score 13+	1	0.46 (0.33 to 0.63)	<0.001

MacArthur C, Winter H, Bick D et al (2003), HTA, Vol 7, No. 37

Revisions to routine postnatal care

- Hospital to Home Postnatal (HoP) Study (Bick et al 2012)
- Pre and post intervention based on Continuous Quality Improvement approach
- Revisions to routine systems and processes following interviews with all key stakeholders
- Revisions to routine care processes from antenatal through to postnatal ward and home
- Pre and post intervention survey of women at 10-12 days and 3 months, over 1400 women recruited
- Primary outcome: breastfeeding uptake and duration
- Secondary outcomes: mental and physical health; women's views of care

Primary outcomes

10 – 12 days	Pre intervention N = 741	Post intervention N = 725	*p* value (adjusted)
Ever breast fed	636 (86.1%)	628 (87.4%)	.050
Still breastfeeding at 10 days	526 (83%)	550 (87.3%)	.020
Breastfeeding exclusively at 10 days	344 (65.8%)	378 (70.3%)	.038
Breastfeeding plus formula at 10 days	179 (34.2%)	160 (29.7%)	
3 months	**Pre intervention N = 606**	**Post intervention N = 529**	
Breastfed/given expressed breast milk after 10 days (up to 3 months)	466 (76.9%)	448 (84.7%)	.016
Still breastfeeding at 3 months	328 (70.4%)	319 (71.2%)	NS
Exclusively breastfeeding at 3 months	208 (63.4%)	213 (67%)	NS
When did you stop breastfeeding?	Kaplan-Meier mean 57.0 days	Kaplan-Meier mean 62.1 days	.039

Secondary outcomes

First 10 days (in hospital)	Pre intervention N = 741	Post intervention N = 725	*p* value (adjusted)
Fever/high temperature	116 (15.7)	88 (12.1)	NS
Excessive vaginal bleeding	96 (13)	71 (9.8)	NS
Offensive vaginal loss	28 (3.8)	5 (0.7)	.001
Severe or persistent headache	27 (3.6)	29 (4.9)	NS
Perineal pain	172 (23.2)	133 (18.3)	NS
Haemorrhoids	90 (12.1)	81 (11.2)	NS
Constipation	148 (20)	130 (17.9)	NS
Difficulty passing urine	41 (5.5)	37 (5.1)	NS
Caesarean wound problems	23 (3.1)	22 (3)	NS
Backache	135 (18.2)	104 (14.3)	.076
Mastitis	2 (0.3)	0(0)	NS

Secondary outcomes

- No differences in women's emotional well-being
- No differences in need for emotional support in hospital or at home, or feeling they could talk to their midwife
- No differences in mean EPDS scores at 3 months, or proportion of women with EPDS scores of ≥13
- Postulate that women may not consider mental health needs in immediate postnatal period
- Significant differences in women's views of care: planning of care in hospital and at home

Revisions to routine postnatal care

- Both studies showed potential for universal midwifery services to enhance maternal and infant health and well-being
- Evidence of potential benefit of tailoring care to individual need through pregnancy, birth and beyond, to support parenting
- Translation of evidence into practice remains key challenge despite policy support
- Postnatal care remains the ‘invisible’ component of maternity care, poorly evaluated by women

Views of women of postnatal care

- Survey of 1260 first time mothers (UK wide) about care during first 30 days of birth (Bhavani and Newburn 2010)
- Measured against current NICE guidance for postnatal care (NICE 2006)
- Unmet emotional and physical needs
- Lack of information for women on their own health
- Lack of information for women on infant health
- More help needed to support breastfeeding
- Women who had operative births reported biggest gaps in care

'An overall decline in the extent to which woman-centred quality standards are being met'

- Illustrates 'Why Love Matters'

Why Love Matters

Barriers to support postnatal parenting

- Postnatal care under-valued and under-resourced
- Lack of quality measures of effective care
- Care not managed within an effective continuum; midwifery contact ends too soon; lack of data on longer-term impacts
- Revisions to maternity systems and services informed by 'reactive' response rather than evidence of benefit

Future facilitators to support postnatal parenting

- Listen to what women, their partners and families want
- Universal access to effective postnatal models of care, with input of multi-disciplinary team
- Greater attention to dissemination and knowledge translation
- Greater awareness of what works for whom and in what circumstances
- Greater policy recognition of the role of the midwife to support parents

Why Love Matters

A woman, her infant, partner and family are postnatal for ever!

Don’t define parents needs or midwifery support within an arbitrary definition of ‘postnatal’