Why a health visitor?

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The antenatal health promoting visit:

The first of five key child development reviews of the Healthy Child Programme

There is compelling evidence that health visitors can have a positive impact on child and family health but their effectiveness depends on practising in particular ways. Successful health visiting relies on:

- organising Health Visiting Services to support best practice;
- delivering proven programmes and interventions to promote health and well-being;
- having a suitably skilled and trained workforce.

(Scottish Government, 2015; Cowley et al, 2013).

The antenatal health review/visit initiates the HCP as part of an evidence based programme of universal prevention and early intervention. Health visitors and the health visiting service model is strategically placed to support the best start in life for all babies, possessing the skills, knowledge and capability to respond proportionately and proactively to emerging needs and strengths within a relationship of trust during the transition to parenthood and throughout the foundation years, with impact across a wide range of outcomes including infant and perinatal mental health.

The Healthy Child Programme (HCP)

Across the UK, the spine of the HCP is a series of regular, planned universal health visitor reviews of the health and development of each child. Each review is carried out in dialogue with the parents and family, often in the home. The number of reviews/contacts varies across the UK. The minimum in England is five key child development reviews, with 11 in Scotland's enhanced programme of health visiting and more intensive provision in Wales' Flying Start programme:

- antenatal health visit;
- new baby review;
- 6 to 8-week assessment;
- one-year assessment;
- the 2 to 2½ year review.

These, together with health promotion, parenting support, screening and immunisation programmes (PHE, 2015) comprise the HCP led by health visitors for the 0-5 population.

The Department of Health (2015) states:

It is also important to note the aggregated public health benefits of the range of family assessments and delivery of public health messages at key points during the first five years of a child's life when they can make the greatest difference. The assessments undertaken by health visitors go beyond the[se] specific activities … The 'return' on such activity is that issues are tackled before they become more serious, impacting on families and/or impinging on costlier services (para 2.11).

It also states:

It is recommended that professional health visitors with specialist public health knowledge and clinical skills are used to deliver the 0 to 5's HCP. We would particularly recommend that at the very least the first three visits: antenatal; new baby; and 6 to 8 week should be carried out by the health visitor due to the need for continuity for the family as this will help assess infant mental health and attachment and enable detection of any concerns around neglect/safeguarding (para. 2.3).

The antenatal health visit

First visit: Antenatal visit at 28 weeks or above (health promoting visit)

The antenatal visit is first time that the health visitor will meet with parents to discuss any concerns or issues that they may have about becoming parents; this is particularly important for first time parents. It is the first time that the health visitor will meet with parents to explain the health visiting service offer and complete the initial holistic family health needs assessment. The health visitor will explore what is going well, as well as any difficulties that the family may be experiencing. This forms the basis for a shared understanding between parents and health visitors about family strengths and needs and mutual decision-making about appropriate goals and actions to improve health outcomes for all children. The assessment will include: emotional support, discuss transition to parenthood and attachment, identify families who need additional support, infant development, feeding, and the Healthy Start programme:

http://bit.ly/1H06ggS

According to the Scottish Government (2015):

Spanning the antenatal to pre-school period, [the antenatal visit] ensures the opportunity for Health Visitors, children and their parents to truly "connect"; and provides the platform for ensuring the unique family/Health Visitor relationship, pivotal to providing a gateway to other levels of Health Visiting provision and to promoting, supporting and safeguarding the wellbeing of children.

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The proactive and health promoting focus of Health Visiting means that, particularly in the mid to later phases of pregnancy and having a new baby, services reach out to parents who may not initially have engaged with services. This way of working can potentially enhance the uptake and use of services (P4).

The initial antenatal visit in the HCP provides a relational basis for assessing perinatal mental health for mothers and fathers and supports parents to 'mentalise' their unborn child, laying the ground for parental bonding. Health visitors have in-depth knowledge and advanced skills in assessment, therapeutically oriented interpersonal communication and care management that ensures this is a High Impact Area (Department of Health, 2014) for health visiting intervention. Examples include the ability to:

- identify and promote parental bonding, reflective function and parental sensitivity during pregnancy, helping mothers and fathers to identify with the baby's experience and bond prenatally;
- assess presence of individual risk and resilience factors in families perinatally and use these to determine the level of future health visiting support (universal, universal plus or universal partnership plus), in line with the safeguarding procedures of their local safeguarding board as appropriate;
- draw upon skills, underpinned by evidence based strategies, to help parents and carers to manage difficult and challenging issues that are affecting their transition to parenthood, such as parental and infant disability and chronic illness, perinatal depression, toxic stress, family conflict, social isolation;
- recognise the signs of relationship distress in the parents' relationship and discuss relationship issues comfortably, offer effective support and refer sensitively to specialist services where necessary.

Health visitors are able to make practical use of knowledge of:

- the significance of infants' development of regulatory function, through parent-infant communication patterns, parent attunement to baby cues from pregnancy onwards, and knowledge of attunement, associated evidence based observation and assessment tools;
- the use and purpose of evidence based needs assessment and needs analysis tools, e.g. Promotional Guide system

  http://bit.ly/2cSX5XY
- universal one to one approaches to support home visiting during pregnancy and early infancy e.g. Family Partnership Model, Solihull Approach.

Updated NICE (2014) guidelines highlight key contributions of the health visitor:

- in the recognition of mental health problems in pregnancy and the postnatal period and referral; assessment and care planning in response to a suspected mental health problem in pregnancy and the postnatal period;
- providing interventions as appropriate.

The guidelines underline the importance of providing 'culturally relevant information on mental health problems to the woman and, if she agrees, her partner, family or carer'. Health visitors therefore routinely assess for risk and signs of mental health problems by asking the Whooley and GAD questions as recommended by current NICE guidance (2014). This questioning is supported by the use of other clinical skills such as observation, listening, paraphrasing and clinical judgement to determine if the mother is at risk. Further assessment using an assessment tool such as the Edinburgh Postnatal Depression Scale (EPDS) may be used to support the finding, and always at 6-8 weeks & 3-4 months.

http://bit.ly/1MagdeI

The tool choice may vary and will be dependent on local organisational policies. The EPDS is internationally used and respected. It is a 10 item self-report questionnaire that was developed in primary care specifically for the use of HVs with mothers and its use is endorsed by NICE (2014). The Department of Health (2012) affirms that HVs should be able to offer mothers a range of support services, as suggested by the Maternal Mental Health Pathway.

http://bit.ly/2cSYC0h

Transition to parenthood requires adjustments to personal and social identity that can lead to escalation of tensions in couple relationships, including domestic abuse and violence. Health visitors are able to explore transitions sensitively, following NICE guidance.

Antenatal and Postnatal Mental Health (NICE, 2008/2016: 1.5.5) recommends that 'Healthcare professionals need to be alert to symptoms or signs of domestic violence and women should be given the opportunity to disclose domestic violence in an environment they feel secure'.

See iHV fact sheet Working with Domestic Violence and Abuse.

http://bit.ly/2d1XtE6

Health visitors as nurses are able to work effectively with midwifery and related services in primary and hospital care to support any aspects of physical healthcare issues experienced. This can include smoking, alcohol or use of other harmful substances that impact upon the growing unborn baby in the context of the mother's lived experience of couple relationships and wider networks. Availability of emotional and practical support from friends and family is associated with improved maternal prenatal bonding, lower maternal stress and increased maternal self-efficacy. Maternal mental health and well-being is related to the strength of her community ties and social capital, thus new parents at risk of social isolation (e.g. those with protected characteristics – younger or migrant parents, disabled parents) or material deprivation may face distinct challenges in their adaption and transition to parenthood. Health visitor

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assessments (e.g. utilising the promotional guide tool) enable early identification of clear goals and interventions working in partnership with other services as necessary where issues arise in the transition to parenthood period.

With a first pregnancy, the antenatal period provides opportunities to absorb and act on information in ways that are less likely following the birth of the baby, which can sometimes be overwhelming. For example, health visitors are able to use their expert knowledge of infant feeding to initiate sensitive, mother centred conversations with pregnant women and new mothers around infant feeding practices, choices and support. They provide anticipatory guidance about risk protection including the immunisation programme, safe sleeping and home safety. With a subsequent baby there can be unanticipated anxieties, challenges or concerns from previous experiences. In either case, mothers and fathers are able to clarify their needs, responses, anxieties and hopes, providing a platform to navigate the early days and weeks of parenthood.

According to Dr Crispin Day http://bit.ly/2cnYv9d health visitors bring to expectant parents a combination of craft, experience and science, which provides them with the opportunity to be listened-to, understood and therefore to feel known and to know better their own feelings in relation to becoming a parent to their unborn baby. Thus, the antenatal review/visit by the health visitor supports foundations for the parental bond with their child, as well as forging an alliance with the health visitor for future support and advice when the baby is born. Parents consistently rate health visitors amongst their most trusted and preferred sources of advice and support (Early Intervention Foundation, 2015; Scottish Government, 2015).

This is of value to all parents, but especially so when there are additional challenges physically (such as medical complications; traumatic birth; or a baby with complex needs); socially, (such as a crisis in housing); relationally, (such as relationship conflict or violence); or due to mental health issues (such as perinatal depression, anxiety or psychosis). Health visitors have experience and knowledge in all of these areas, and a trusting relationship enables families to access the services that HVs can mobilise and coordinate, either with the family or on their behalf.

References

Most of this briefing is drawn directly from:

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