

## The New Birth Visit: The second of the child development reviews of the Healthy Child Programme (England)

The new birth visit is part of a series of reviews that health visitors undertake in the context of a valued relationship of trust established with parents from before the birth of their child and based on their knowledge of the family and community, as well as their direct assessment of their child's development at this critical stage.

The review therefore requires knowledgeable and skilful assessment, observation and relational skills to identify and act on any concerns, and to promote positive health and developmental outcomes amongst which are: High Impact Areas 1, 2, 3 and 5.

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 wellbeing; and
- Having a suitably skilled and trained workforce.

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

## 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 in dialogue with their parents and family, often in the home. The number of reviews/contacts varies across the UK (eleven in Scotland's enhanced programme of health visiting; nine in Wales<sup>1</sup>, with more intensive provision in its Flying Start programme). The minimum in England is *five key child development reviews*:

- antenatal health visit;
- *new birth visit*;
- 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 (DH) (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 ... [T]he '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)

## Second visit: 10 to 14 days following the birth (the new birth visit)

The DH (2015) advises Local Authority commissioners that this visit is:

The first visit made by health visitor at home after the baby is born, where health visitors will check<sup>2</sup> on the health and wellbeing of the parents and baby, support with feeding and other issues and give important advice on keeping safe, and to promote sensitive parenting.

The requirement to offer this visit (sometimes known as the 'primary visit') to families dates from the National Health Service Act of 1946. Current guidance goes on:

The health visitor will ask the parents how they are feeling and how the family is adjusting to the new arrival. They will also enquire if they have any questions (and listen to any concerns parents may have about baby's health or their health). This visit forms an important part of the ongoing holistic assessment of family risk and resilience factors started by the health visitor during the antenatal period. The time around the birth of a new child can often bring many unexpected changes to health needs; this may be due to many factors including complications associated with the baby's birth, parental mental health

<sup>1</sup>Reviews are of 'Family Health' focused on resilience.

problems and the birth of a child with complex health needs. Parents widely report that they prefer continuity of practitioner which has also been found to improve the identification of health needs and uptake of the health visiting service offer.

Some examples of issues that parents may wish to discuss include: interacting with baby (e.g. songs and music, books); feeding; diet and nutrition; colic; sleep; crying; establishing a routine; safety; car seats; and the immunisation programme. They may also weigh the baby during their visit.

## High Impact areas and the new birth visit

In England, six High Impact Areas (DH, 2014) describe where health visitors have a significant impact on health and wellbeing and improving outcomes for children, families and communities.

### High Impact Area 1: Transition to Parenthood (& the early weeks)

Health visitors have the skills, and knowledge to translate knowledge of policy, research and evidence relating to the transition to parenthood into their public health practice. Specifically, they can:

- Share the science and evidence related to pregnancy and the transition to parenthood accessibly with mothers and fathers/partners, avoiding jargon.
- Draw upon skills underpinned by evidence-based strategies, to help parents and carers to manage difficult and challenging issues such as parental and infant disability and chronic illness, perinatal depression, toxic stress, family conflict, social isolation.
- Observe parent-infant interaction and develop skills to identify the baby's experience – resulting in early identification and support when parents are facing challenges, using attunement principles and strengths-based interventions to support sensitive parent-infant interaction and model reflective function and secure-based behaviour.
- Recognise the signs of relationship distress in the parents' relationship and discuss relationship issues comfortably, offering effective support and refer sensitively to specialist services where necessary.
- Provide information and advice as needed to meet the reproductive and sexual health needs of parents.
- Facilitate effective one to one interventions at home visits with the family using strengths-based parenting approaches.
- Support parents and families to make links with other services including general practice, children's centre services and other community or specialist resources in ways that

<sup>2</sup>The term 'assessment' is preferable to 'check' or 'examine' to reflect the broadly based collaborative approach of the health visiting principles of 'searching for health needs', stimulating awareness of health needs' with the family and 'facilitating health enhancing activity' by the family and /or others.

affirm cultural distinctives and take into account any additional needs to be socially inclusive.

- Use data (including equality data) from outcome measures and service user feedback to improve delivery of care and services (that are inclusive of parents with protected characteristics) during transition to parenthood.

(Adapted from Institute of Health Visiting, 2015).

### High Impact Area 3: Breastfeeding (initiation and duration)

Research has highlighted that, through offering individualised evidence-based advice and practical support to mothers, breastfeeding initiation and duration rates can be improved. The health and psychological benefits of breastfeeding to both children and mothers has been clearly articulated. Breastfeeding is a priority for improving children's health. Breastfed babies have a reduced risk of respiratory infections, gastroenteritis, ear infections, allergic disease and Sudden Infant Death Syndrome. Health visitors are ideally placed through their provision of the HCP to offer structured advice and support to mothers, partners and the wider family on the public health benefits of breastfeeding. Working in partnership with early years agencies, health visitors can offer community-based interventions to provide targeted support to promote safe and effective feeding practice which is sensitive to the interaction between equality factors and feeding practices.

UNICEF Baby Friendly Accreditation is increasingly being achieved by health visiting services, in partnership with other services, to equip all staff to deliver consistently high level skilled support for best practices in infant feeding, whether or not mothers choose to breastfeed. While the rate of initiation of breast feeding has improved in recent years, there remains a lag in the duration of breastfeeding, with large social variations. Hence, health visitors are crucial to achieving cultural change to support wider adoption of best practice. According to Pokhrel et al, (2014), supporting mothers to breastfeed exclusively even to four months would save an estimated £11m a year by reducing infections.

Very often, at 10-14 days, breastfeeding is not fully established. Hence, in delivering the HCP (DH, 2009), health visitors include in this visit:

- Individual support and access to advice to promote exclusive breastfeeding.
- Provide information and advice to fathers to encourage their support for breastfeeding.
- Provide information about local support groups.
- Information on Healthy Start and vitamin supplements.
- Information on delay in introducing solids until six months.
- Parents and carers who feed with formula should be offered appropriate and tailored advice on safe feeding.

(DOH, 2009).

*Anticipatory guidance* is a key preventative health promotion skill of health visitors. They use their knowledge of child development and a personalised approach to relationship-building to tailor support, information or advice for current and projected needs and issues. Health visitors also assess and promote family resilience and protective factors to support the health and wellbeing of individual family members, as well as their capabilities as parents. These include their emotional availability to their new baby so that they can develop sensitive and responsive parenting. In these ways parents are equipped to meet their own healthcare needs and use their resources appropriately.

## High Impact Area 2: Maternal (Perinatal) Mental Health

Health visitors recognise the devastating effects of mental illness upon mothers, fathers/partners their children and families, communities and ultimately society, and can voice that this public health issue results in significant health inequalities for children and families. There is a wide range of requisite knowledge, skills and attributes possessed by health visitors in order to prevent, detect, screen and support the management of maternal mental illness, whilst acknowledging the interaction of equality factors and social deprivation on parental mental wellbeing.

The HCP (DH, 2009) states, 'Within 10–14 days of birth, women should be asked appropriate and sensitive questions to identify depression or other significant mental health problems, such as those recommended by the NICE guidelines on antenatal and postnatal mental health'. Health visitors have the requisite knowledge and are skilled to explore the emotional impact of the birth for both mothers and fathers.

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; and 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".

The Health Visiting Core Service Specification (NHS England, 2015, supported subsequently by Commissioning Guidance, PHE, 2016a & b) includes the expectation that health visitors assess mental health at the New Birth Visit, at 6-8 weeks and at 3-4 months – making use of evidence based tools and the skills that support a trusting relationship that is key to sharing concerns at a vulnerable time of life. **This highlights the importance to the planning and commissioning of health visitor services of the five mandated elements as the basis for the fuller health visiting service provision.**

## High Impact Area 5: Managing Minor Illness and Reducing Accidents (reducing hospital attendance/ admissions)

Health visitors use their knowledge of the significance of specific family behaviours (e.g. smoking in the home and car; certain cultural beliefs and practices around bed-sharing, swaddling and covering infants' heads) in increasing risk of unintentional injury through sudden infant death in the under-fives and so provide advice about sleeping position, smoking, co-sleeping, room temperature and other information in line with best evidence.

As prescribers, health visitors can use their clinical skills and knowledge to assess, advise and intervene early through prescribing appropriately, thereby reducing demand on GP or minor injury/A&E facilities and enhancing the family's experience of healthcare through this personalised approach.

**They also assess awareness of home safety and hygiene in order to promote keeping safe and home safety.**

### In addition

**The HCP (DH, 2009) indicates that during the first month of life:**

- If parents wish, or if there is professional concern, an assessment of a baby's growth should be carried out. This involves accurate measurement, interpretation and explanation of the baby's weight in relation to length, to growth potential and to any earlier growth measurements of the baby.
- Ongoing review and monitoring of the baby's health, to include important health problems, such as weight loss and progressive jaundice. (See also iHV (2015)) for Good Practice Points on 'Babies who have neonatal jaundice').

Usually, health visitors will use their clinical observational skills to assess the health and development of the baby, and this may or may not include systematic physical assessment. The primary purpose is to promote parents' confidence in appreciating the capabilities of their newborn and to be able to care for and nurture their baby physically and emotionally. Health visitors have developed their skills based on in-depth applied knowledge of attachment such as by adoption of the Solihull Approach and, more recently, use of tools such as Newborn Behavioural Observation (NBO) and Baby Steps (<https://www.nspcc.org.uk/services-and-resources/services-for-children-and-families/baby-steps/>) to promote parental sensitivity and secure infant attachment.

The extent to which health visitors engage in a comprehensive physical assessment of the newborn will be agreed locally as part of the care pathway for infants, in partnership with paediatric, midwifery and general practice services. In all cases, health visitors are able to use their clinical skill and judgement to observe normal infant development, recording and acting on any concerns. For example, identification of tongue-tie and

# Why a health visitor? continued

referral as appropriate can be key to establishing effective breastfeeding.

Health visitors have a detailed knowledge of the immunisation programme and are able to discuss parental concerns and factors that may influence their motivation. Hence, health visitors are key to the effective promotion of uptake of the immunisation programme through providing information and support for parents in their decision-making.

Health visitors also build upon their antenatal contact and knowledge of the community to assess the availability of support for the new parent(s) and their wider family, as well as their capacity to make use of them. Hence, safeguarding is a thread throughout all of the high impact areas ranging from identification of risk and need, to early help and targeted work, through to child protection and formal safeguarding. A health visitor's family health assessment identifies and promotes family strengths and resilience in a collaborative and trusting relationship. Evidence suggests that parents consider health visitors their most trusted and frequent source of advice and support (Early Intervention Foundation (2015), especially those most disadvantaged parents who often lack the confidence to access centre or group-based services (Scottish Government, 2015).

The iHV offers 'Champions' Training for:

- Perinatal and Infant Mental Health.
- Healthy Weight, Healthy Nutrition.
- Reducing Childhood Accidents (unintentional injuries).

These are supplemented by e-learning resources available from <http://ihv.org.uk/for-health-visitors/resources/e-learning/>

The iHV has also published Good Practice Points on Engaging with Fathers. [http://ihv.org.uk/wp-content/uploads/2015/10/24-GPP\\_Engaging-with-Fathers\\_V4.pdf](http://ihv.org.uk/wp-content/uploads/2015/10/24-GPP_Engaging-with-Fathers_V4.pdf)

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