

## MOTHERS' EXPECTATIONS OF VISITING SERVICES REGARDING NEWBORNS AND NURSELINGS

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### Abstract

*Objective:* The research was focused on the issue of visiting services regarding newborns and nurselings, the mothers' opinion and expectations, their benefits and the reasons for refusing such form of care.

*Methods:* The participants in the sample group were selected randomly. The group consisted of 254 mothers of toddlers between 12 and 24 months. The research method used a self-created semi-structured questionnaire. The gained data were processed using descriptive statistics. The chi-square test was used to establish the level of relation between the selected categorical data. The level of significance was set to  $\alpha = 0.05$ . MS Excel was used for statistical processing.

*Results:* We learned that 59.8% of mothers would welcome visiting services, and 40.2% would not be interested. This opinion was not influenced by the number of the respondents' children, i.e. a statistical relation between the number of children and the mothers' opinion on the necessity of visiting services was not proven. The mothers mainly expected the nurses to check their techniques of care and breastfeeding and help them to solve possible problems. The nurse was also expected to provide important information on childcare. The possible causes of the respondents' lack of interest were stress over tidying up, disruption of privacy and the feeling that they were being checked. 44.5% of mothers thought that the ideal frequency of nurse visits was only in the case of the first examination of the child after being discharged from hospital, and 29.5% thought that visits were only acceptable once a week during puerperium.

*Conclusion:* The visiting service for a household with a newborn has its purpose and it should be offered to mothers. The paediatric nurses' active participation in community activities shows their important role in the support of children's health.

**Keywords:** community nurse; paediatric nurse; visiting service; newborn; mother

### INTRODUCTION

The inclusion of community nursing in the contemporary system of primary health care in the Czech Republic is becoming more and more topical in light of the progressing social changes and the economical, political and medical crisis (Petrušek

2007, Zrubcová et al. 2013). In obstetric and paediatric nursing, community care has a certain tradition. The community of mothers, newborns and nurselings provides the space for safe, kind, economical and quality nursing care in a familiar social environment (Leifer 2004). In recent years, the attention has been focused on

health support and preventative strategies by paying home visits, field programmes, group facilitation, etc. Furthermore, support in pregnancy, parenthood and early child age is emphasized as a strategy for healthy future generations (Borrow et al. 2011).

The fact that visiting services for newborns and nurselings play an important role in the system of care for children is based on rationality and the practical experience of countries in which such services are common practice. An example can be Great Britain, which belongs among the countries with the best community care in Europe (Clinical Guidelines 2006). The Department of Health and Social Care of the United Kingdom reacted to the needs of mothers and issued a recommendation regarding primary care in 2004. They emphasize the provision of postnatal support, which would systematically respond to the individual physical, psychological, social and emotional needs of the mother and the child. Considering the long-term nature of some problems, such support should last at least a month after birth, but ideally support would be provided for up to three months or longer, depending on the mother's or the child's needs. A year later, the National Assembly for Wales supported this opinion. After birth, a professional, usually a midwife, who assesses the mother's needs and runs the postnatal care, takes responsibility for the mother and the child. Mothers can use a nurse's services 28 days after delivery. They are entitled to home visits 14 days after delivery (Clinical Guidelines 2006). Scandinavian countries have a similar system. Community care for the mother and the child is at a high level. Hjälmhult and Lomborg (2012) studied the influence of visiting services in the early postnatal period on the health of mothers and newborns. They learned that professional support in the home environment positively affected the transformation of women to mothers; the development and stabilization of their parenting skills and confidence. Another study showed that mothers who were visited by a community nurse adapted much more quickly to the new life situation and had fewer problems in puerperium. Mothers also developed the feeling of trust and safety because of the possibility of telephoning a nurse (Löf et al. 2006). The newborn home care in Sweden

is very much oriented on breastfeeding and associated problems (Wilsson and Adolfsson 2011).

In Finland, parents are very positive about the visiting services and appreciate the smooth relationships with experts who strengthen their roles as parents, nurture their decisiveness, help them to understand problems, and organize their family life (Rautio 2013). In the USA, the Nurse-family partnership programme was set up. It provides care to pregnant women and mothers with small babies who are primarily socially and economically disadvantaged. The programme is focused on improving children's health, as well as the prevention of mistreatment and injuries (Jacket al. 2015).

The model of community care, as it is established in Scandinavia, England or the USA, was based on the similar past system of care in the Czech Republic. We are aware that we lack such a model. Mothers' needs are similar regardless of the economic condition of the country they live in (Schönbauerová and Boledovičová 2015). In the Czech Republic, newborn and nursing care is ensured by preventative check-ups at paediatric surgeries. During the first year, there are nine check-ups – after leaving the hospital, when the baby is 14 days old, six weeks old, three months old, four months old and every two months until the end of the first year (Vincentová 2007). The regulation of the Ministry of Health No. 70/2012 Col. on preventative check-ups recommends the first preventative check-up in the first two days after leaving the hospital. It is best to have a home visit in the child's own social environment so that it is possible to ascertain an adequate understanding of its quality. This is covered by the public health insurance. One of the most important things regarding visiting services (other than the typical doctor's assessment of the health condition of a newborn and taking family, personal, pregnancy and perinatal anamnesis) is informing the mother about newborn care, breastfeeding or different nutrition (regulation No. 70/2012 Col.).

The goal of this article is to show what mothers expect from visiting services regarding newborns and their opinion on such form of care.

**MATERIALS AND METHODS**

We used the quantitative method of research, i.e. the technique of a semi-structured questionnaire. The data collection was carried out in all regions of the Czech Republic between May and September 2016. To ensure anonymity and facilitate completion, the questionnaires were available online. The questionnaires were sent to mothers through social networks and servers for mothers of small children. The sample group of respondents were intentionally selected, and it comprised 254 mothers of toddlers who were between 12 and 24 months old. The gained data was optically and logically checked, coded and computerized. In the first phase, the data was processed using descriptive statistics. The level of dependence of the selected categorical data was based on the chi-quadrade test, with a level of significance of  $\alpha = 0.05$ . The statistical processing was carried out using MS Excel. The article states only partial results that are related to visiting services regarding newborns and nurselings.

**RESULTS**

We researched the mothers for their age, marital status, highest education, number of children and permanent residence. 39.4% of mothers were between 31 and 34 years old, 32.7% were between 26 and 30. 22.4% were 35 and older, and 5.5% were between 18 and 25.

**Table 1 – Mothers’ interest in visiting services**

Answers/ number of children	Mothers in total		Primiparas	Primiparas	Multiparas	Multiparas
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Interested	152	59.8	77	65.8	75	54.7
Not interested	102	40.2	40	34.2	62	45.3
Total	254	100.0	117	100.0	137	100.0

**The mothers’ expectations of visiting services**

In total, 152 mothers were interested in visiting services, and we searched for their opinion on how a nurse’s visit could be useful (Table 2).

33.6% of the mothers would most appreciate the nurse checking whether their care

72% were married, 18.1% lived in a partnership, 7.9% were single mothers, and 2% were divorced. 51.6% were university graduates, 33.5% had high school education, 8.3% had higher education, 5.9% graduated from middle school, and 0.8% had primary education. 46.1% had one child, 38.6% had two children, 13.8% had three children, and 1.6% had four or more children. 36.2% lived in a town with a population of over 50 thousand, 35.8% lived in a town with a population of up to 50 thousand, and 28% lived in a village.

**The mothers’ interest in visiting services**

The mothers responded to the question “Would you welcome a nurse’s visit at home in the first days after leaving hospital?”.

59.8% of mothers would like such a service and 40.2% would not be interested. 65.8% of primiparas would be interested in such a service. We used the chi-quadrade test to verify the relationship between the mothers’ interest in a visiting service and the number of children they had. The level of significance was  $\alpha = 0.05$  and the number of degrees of freedom was  $df = 1$ . Using the data from the contingency table (Table 1), we counted the value of 3.217 from the chi-quadrade test. Because of  $p = 0.073$ , no statistical dependence between the questions was proven, and we can say that the mothers’ interest in visiting services is not related to the number of children.

for the baby is right. Other expectations were related to breastfeeding. 26.3% would like the nurse to check their breastfeeding technique and help them to solve possible problems. 19.7% would appreciate the nurse informing them about child care. 9.9% mostly thought that the nurse should provide a psychological support. 1.3% would appreciate not being

obliged to commute to the doctor's surgery with their baby, which means that they did not completely understand the meaning and content of visiting services; this should not be a substitute for preventative check-ups at the

paediatrician's surgery, but instead complement them. 9.2% of mothers chose the option "other", but specified that they would choose all the options given.

**Table 2 – Mothers' expectations from a nurse's home visit (n = 152)**

The nurse will check whether my care for the baby is right	33.6%
The nurse will check my breastfeeding technique and help to solve possible problems	26.3%
The nurse will give me important information about child care	19.7%
The nurse will provide me with psychological support	9.9%
All options given	9.2%
I will not have to take my child to the doctor's surgery	1.3%

**Possible causes of mothers' disinterest in visiting services**

We searched for the possible causes of mothers' disinterest in visiting services (Table 3).

36.6% responded that it was stressful because of tidying up. 25.2% did not like the disruption of privacy. 22.4% did not state any

reasons and noted that they would welcome a nurse's visit. 7.5% felt that the nurse would want to check their household, 6.3% thought that the visit was absolutely unnecessary, and 1.6% were afraid of the quality of the check-up outside the doctor's surgery. 0.4% were afraid for different reasons.

**Table 3 – Possible causes of mothers' disinterest in visiting services (n = 254)**

It was stressful because of tidying up	36.6%
It disrupted my privacy	25.2%
No reason, I would welcome the visit	22.4%
I would feel that the nurse wants to check our household	7.5%
The visit is unnecessary	6.3%
I would fear that the nurse would not be able to examine us properly outside the surgery	1.6%
Different reasons for fear	0.4%

**The mothers' opinion on the ideal frequency of visits**

The mothers also responded to what they believed to be the ideal frequency of nurse visits (Table 4).

Table 4 shows that 44.5% of mothers believed that one visit after leaving the hospital would be ideal, whereas 29.5% thought that the ideal frequency would be once a week during puerperium. 7.5% thought that the ideal

**Table 4 – The mothers' opinion on the ideal frequency of visits (n = 254)**

Only one after leaving the hospital	44.5%
Only once a week during puerperium	29.5%
Once a week during puerperium and once a month in the first six months	7.5%
Never	7.5%
According to the individual needs and arrangements with the mother	6.7%
Once a week in puerperium and once a month during the first year	3.9%
Twice a week in puerperium and twice a month during the first year	0.4%

frequency would be once a week during puerperium and once a month during the first six months. 3.9% of mothers chose the option of once a week during puerperium and once a month during the first year. 0.4% thought that twice-weekly visits in puerperium and twice-monthly in the first year would be ideal. 6.7% thought that it would be best to pay visits according to the individual needs and after arranging them with the mother. 7.5% chose the option "other", where they specified that they had refused a nurse's visit and so they could not choose any of the options offered.

## DISCUSSION

The results of the research showed that mothers' interest in visiting services is not unequivocally positive. Although the number of mothers who would welcome the visits is higher, there is still a high percentage of those who would refuse it. Why it is so? The mothers stated that it would be stressful because of tidying up, their privacy would be disrupted or they would feel as though they were being checked. Some mothers were afraid that the nurse would not be able to examine their child at home as well as at the doctor's surgery, and they feared different opinions on care. According to Heřmanová et al. (2012), of all the medical workers, a paediatric nurse is most frequently in contact with children and parents, and their common interest is to create a professionally balanced relationship based on trust and respect. A nurse should see parents as partners in child care, listening to them and encouraging them. The stated reasons for refusing visits show that the mothers do not have a clear idea of the content of such a service and how it could be useful. If they had sufficient information about the course and the benefits of visiting services, their assessment might be more positive. Jarošová (2007) states that a nurse's main role during visiting services is not only to monitor, but also to actively contribute to creating an ideal background for both the mother and child, assess the needs and problems, advise and consult, educate in health care, etc. Sikorová (2012) adds that a nurse works with the family as a whole. Influencing one member affects the whole family. According to Marková (2009), a nurse always intervenes to the benefit of the

newborn but must co-operate with the family. She does not take the parents' responsibilities in the care, but she is obliged to support and help them to manage such a difficult role and their transformation into parenthood.

Regarding their expectations, the mothers felt the need for the nurse to check whether their care methods were right, provide them with feedback and reassure them that they will be able to take care of their child. This initial insecurity is natural, especially in primiparas, because childbirth is a great life event and a big change. It requires the mother to take full responsibility and to identify with this new life role. Rossiter et al. (2012) describe visiting services in Australia, where a nurse pays 10 ten visits in the first six months after delivery. They concentrate on the assessment of the interaction level between the mother and the child and provide mothers with consulting, help them with problems, support the development of parenting skills and monitor the mental and physical condition of the mother and the child. The study which looked at the feedback on this program showed that the mothers most appreciated the support and personal attention from qualified medical professionals. The personal relationship between the nurse and the mother in the home environment enables the to immediately react if they feel insecure and hopeless. It is an important factor in gaining trust and motivating mothers in solving problems. It is also important for the nurse to focus on building trust so that the parents co-operate in solving problems. Naughton (2005) states that this initial phase in building relationships is very individual. Some families are open to discussions and build a relationship with a nurse easily, and others are more difficult and it takes longer to build a relationship. However, it is necessary for the success of visiting services. Heaman et al. (2006) present the skills which are necessary for building positive relationships with families, e.g. effective and empathic communication, the ability to be trustworthy, being understanding and respectful, or the ability to motivate and guide a family.

Today the problem is the unlimited access to information on the internet. Sometimes it cannot be considered professional and can be harmful. Mothers are often disoriented and do not know what methods of childcare are right. Contradictory advice and information

from hospital staff can have a similar effect. This is the reason why they expect the paediatric nurse to check and explain to them what method of care is right, which is positively reflected in their psychological condition (Takács et al. 2011).

26.3% out of 152 mothers expected the nurse to check their breastfeeding technique and to help to solve possible problems. Not only primiparas' largest problem is breastfeeding, which is a source of stress, but the feeling of failure, fear and having difficulties identifying with the role of a mother is felt by multiparas as well. Hjälmhult and Lomborg (2012) state that problems with breastfeeding, lack of sleep, increased psychological load and insufficient professional support are a significant risk factor for postpartum depression. Regarding professional support, Stevens et al. (2006) explain that breastfeeding mothers are more satisfied and confident when they are provided with professional support at home rather than in a medical facility. As such, visiting services are more positive and effective. This model of care is also economically effective. Kronborg et al. (2012) learned that mothers who did not use the visiting service breastfed for a shorter period than those who had professional support in their own social environment. Besides that, mothers who were not visited used health care as a substitute for visiting services more frequently.

All mothers felt the need for psychological support, understanding and reassurance. A paediatric nurse is a professional in his or her field and can provide this. For this reason, it is necessary for nurses to be enabled to educate themselves further and gain more skills. A nurse in a paediatric surgery is not only an administrative worker, but also an important part of the community. As mentioned, for a visiting service to fulfil its purpose, it is necessary that it be systematic and long-term. Here, our respondents' and professionals' opinions contradict one another. Jack et al. (2005) present a research in which they show the positive effects of visiting services if these started in the prenatal period, are intensive, long-term and are conveniently supported by other community services. Naughton (2005) also confirms that only a long-term visiting service programme based on trust affects the improvement of mothers' and children's he-

alth. Short-term interventions had positive results that were similar to the families where there were no visits. The long-term visiting services are economically more effective, because they are more effective. Despite this fact, 44.5% of mothers thought that visiting services would be ideal only for the first examination of their child after leaving the hospital, and 29.5% believed that once a week in puerperium would be sufficient. We think this is the result of insufficient information and understanding of the goal of visiting services and of their positive effects. In the Czech Republic, it is a pity that only one visit to a newborn is provided and parents must gain information from other sources in the following months of the nurseling period. Our experience shows that, in many cases, even the one recommended visit is not carried out, and consultations are frequently carried out over the telephone. A home visit for only the first examination is insufficient and its effect is not as wide as in the case of long-term systematic and repeated visits, which were carried out in the past (Schönbauerová and Boledovičová 2013). Visiting services in the Czech Republic could significantly increase the quality of provided care, and are recommended by the WHO and UNICEF (WHO 2009, 2015). The active participation of paediatric nurses in community activities shows their importance in supporting children's health (Schönbauerová and Boledovičová, 2017).

## **CONCLUSION**

Home visiting services regarding newborns are meaningful and should be actively offered. Consistent home visits and the co-operation with professionals, such as consultants in lacteal matters, can be of great help in helping women to adjust to a mother's role and in reducing problems in the first year. If the mothers' expectations are fulfilled, this will be reflected in the total assessment of visiting services.

## **CONFLICT OF INTERESTS**

The authors have no conflict of interests to disclose.

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