

Family Nurse Partnership

Olivia McDaid

Family Nurse Supervisor

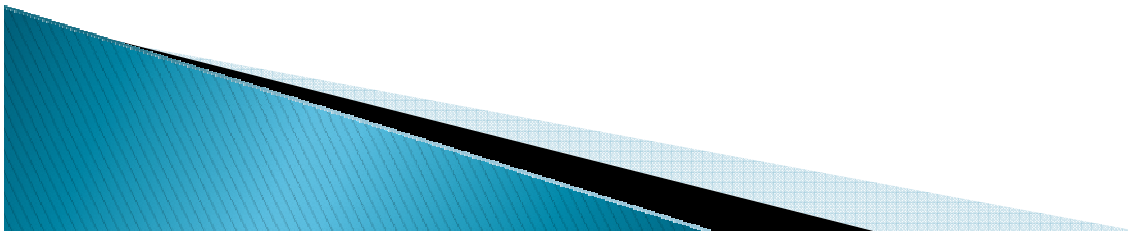
Emma McCurry

Family Nurse



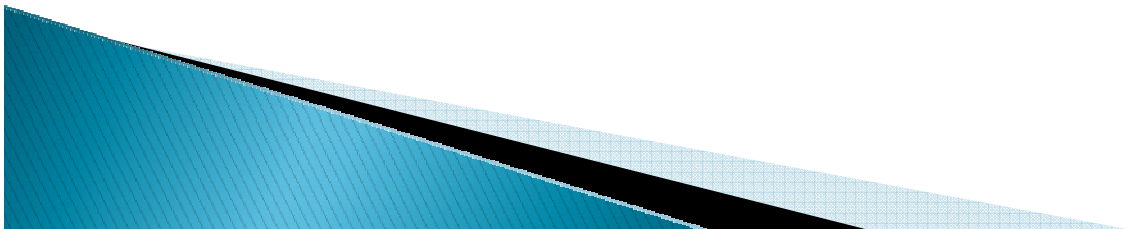
What is the Family Nurse Partnership?

- ▶ FNP is an evidence based, nurse-led home visiting programme that improves the health, well-being and self-sufficiency of first time young parents and their children.
- ▶ The programme runs from early pregnancy and ends when the child reaches 2 years.



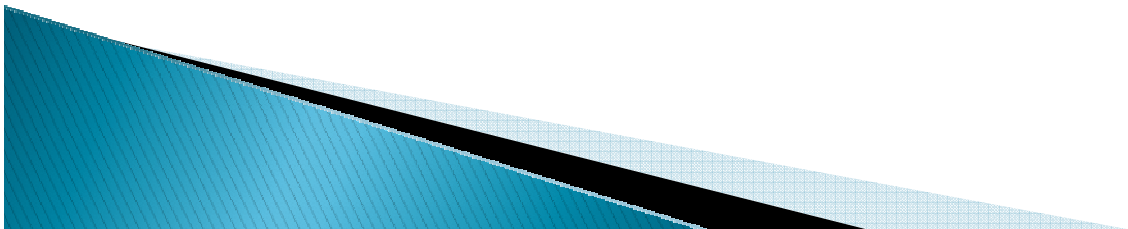
continued

- ▶ It is a licensed, structured programme developed over 30 years in USA by Professor David Olds
- ▶ The programme evolved as a result of 3 large RCTs
- ▶ Programme outcomes are dependent on faithful replication of the original programme
- ▶ A number of fidelity measures are used to ensure that this is the case
- ▶ The programme content is prescribed but delivery is tailored to individual needs – Agenda Matching



Why FNP?

- ▶ Advances in neuroscience and our understanding of pregnancy show just how important early life is for the emotional and cognitive development of children
- ▶ Pregnancy and birth is a key time –mothers have an instinctive drive to protect their young. First time parents in particular want their child to be healthy and happy and do well in life
- ▶ Increasing evidence that effective health promotion and disease prevention interventions in early life can produce measurable benefits in long term health, later educational achievement, economic productivity and responsible citizenship

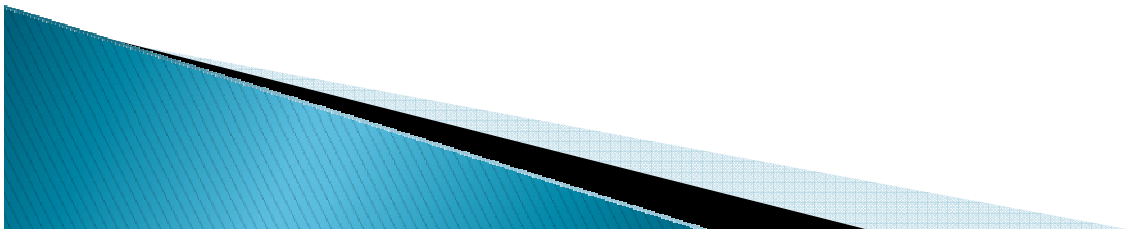


FNP Goals

Connecting with families to:

- ▶ Improve pregnancy outcomes
- ▶ Improve child health and development and future school readiness and achievement
- ▶ Improve parent's economic self sufficiency

*The relationship between the family nurse
and the family lies at the heart of the
programme*

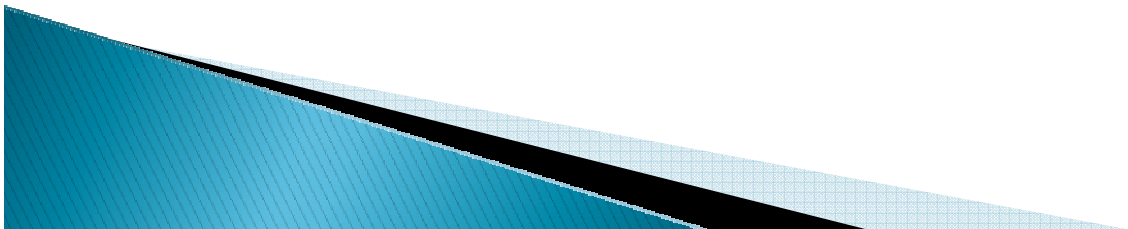


What's involved in FNP

- ▶ Visits start in early pregnancy until the child reaches 2 years
- ▶ Enrolment onto the programme is between 12–28 weeks of the pregnancy

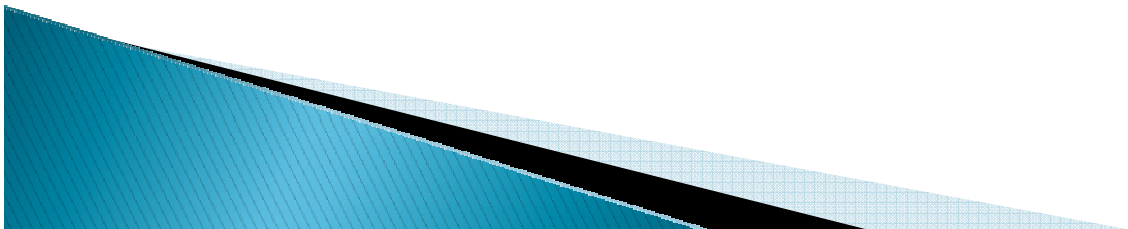
After enrolment visits are:

- ▶ Weekly for first 4 weeks
- ▶ Fortnightly until birth
- ▶ Weekly for six weeks postnatal
- ▶ Fortnightly until 21 months
- ▶ Monthly until the child reaches 2nd birthday




WHSCT Team

- ▶ 5 Family Nurses and 1 supervisor with backgrounds in Midwifery, School Nursing and Health Visiting
- ▶ Healthy Child, Healthy Future Programme is delivered by the Family Nurse
- ▶ Midwifery care is delivered by Midwives alongside FNP



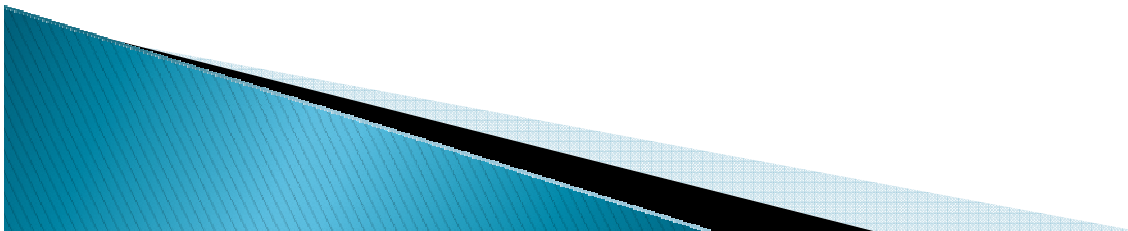
Family Nurse Learning Programme

- ▶ Three Modules
 1. Pregnancy
 2. Infancy
 3. Toddlerhood
 - ▶ Motivational Interviewing
 - ▶ DANCE (Care Giver/Child Interaction)
 - ▶ PIPE (Partners In Parenting Education)
 - ▶ Supported by Learning Needs Assessment and FNP Competence Framework
 - ▶ Learning Programme accredited at Masters Level via Liverpool John Moores University
- 

Recruitment

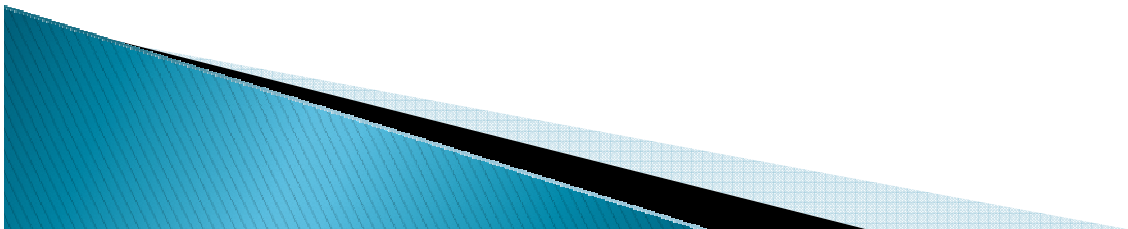
Voluntary Programme

- ▶ Eligible
- ▶ Entitled
- ▶ Enrolled (usually via midwife booking clinic)



Eligibility Criteria

- ▶ 19 years and under on date of LMP
- ▶ First baby (previous miscarriage, termination and still birth still eligible)
- ▶ Between 12 and 28 weeks
- ▶ Confirmed pregnancy by scan
- ▶ No planned adoption



Approach

- ▶ Based on 3 theories
 - 1) Human Ecology
 - 2) Attachment
 - 3) Self Efficacy
- ▶ Therapeutic relationship
- ▶ Focus on bonding, attachment and emotional availability of care givers
- ▶ Utilises client's primary motivation as expectant mother
- ▶ Strengths based, positive and hopeful – belief in client's strengths, talents, skills and resources, expectation that the client will succeed
- ▶ Using motivational interviewing skills to explore ambivalence and structure conversation about change and personal growth without coercion
- ▶ Respectful agenda matching to align client's aspirations with programme goals

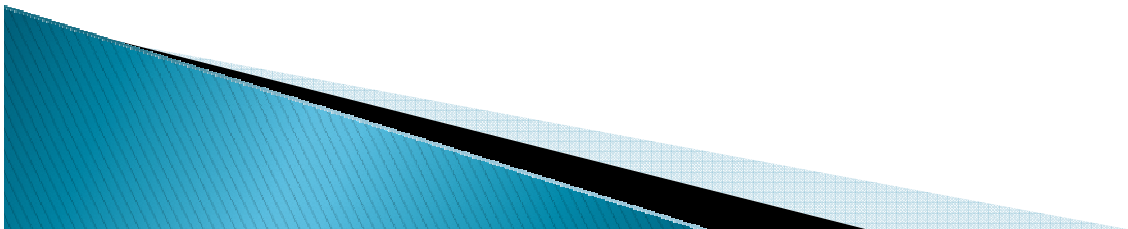
Small steps – positive feedback



Client Led Intrinsic Motivation

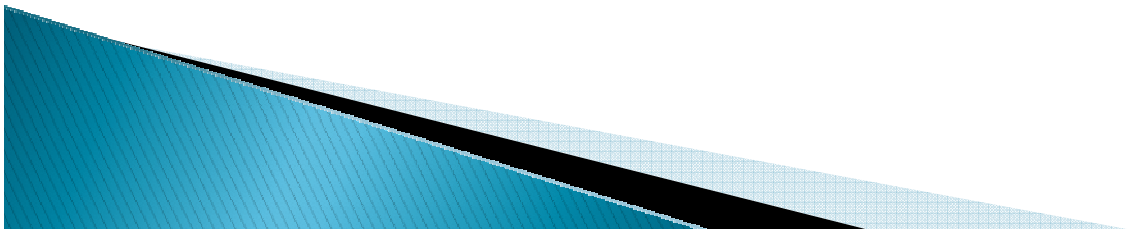
- ▶ “People are generally better persuaded by the reasons which they have themselves discovered, than by those which have come into the minds of others.”

Blaise Pascal, Pensees (1670)



The content of the visits cover 6 Domains

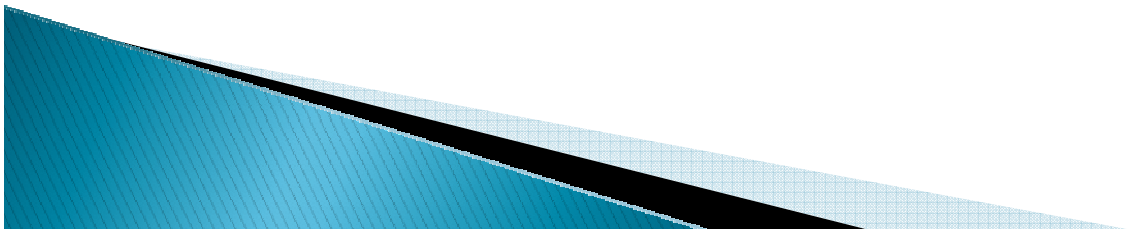
- ▶ Personal Health
- ▶ Environmental Health
- ▶ Life Course Development
- ▶ Maternal and Paternal Roles
- ▶ Family and Friends
- ▶ Health and Human Services



FNP Tool Box

Educational Materials and Facilitators

- ▶ P1 Building baby's brain– *fact sheet*
Building baby's brain – *day to day care*
Becoming a Mum – *sharing the news*
Becoming a Dad – *finding out*
- ▶ P4 My Dream Sheet – *what my life will be like in 3 years*
- ▶ P5 Focus on strengths
- ▶ P6 Draw your Baby's Family Tree
- ▶ P8 Readiness for Childbirth
- ▶ P10 Life Stressors
- ▶ P12 Soothing a Crying Baby Checklist

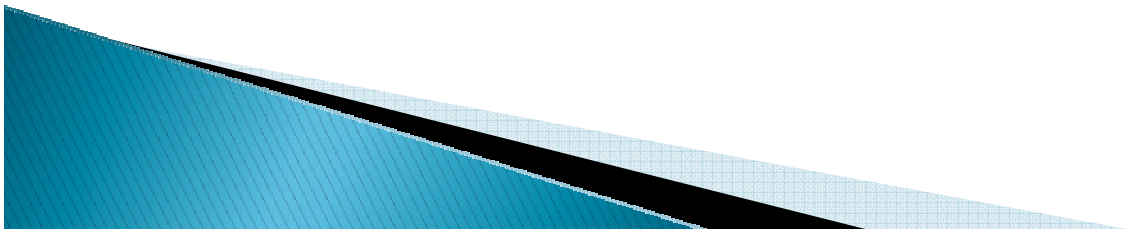


PIPE

Partners in Parenting Education

Resources/Education used to help clients understand:

- ▶ States of awareness
- ▶ Baby cues
- ▶ Crib side Communication
- ▶ Play
- ▶ Emotional Refuelling
- ▶ Attachment



Data Collection

Some of the Data collected by Family Nurses during visits:

- ▶ Maternal health
- ▶ Demographics
- ▶ Health habits
- ▶ Relationships
- ▶ Infant health/development
- ▶ Client Activity/Engagement

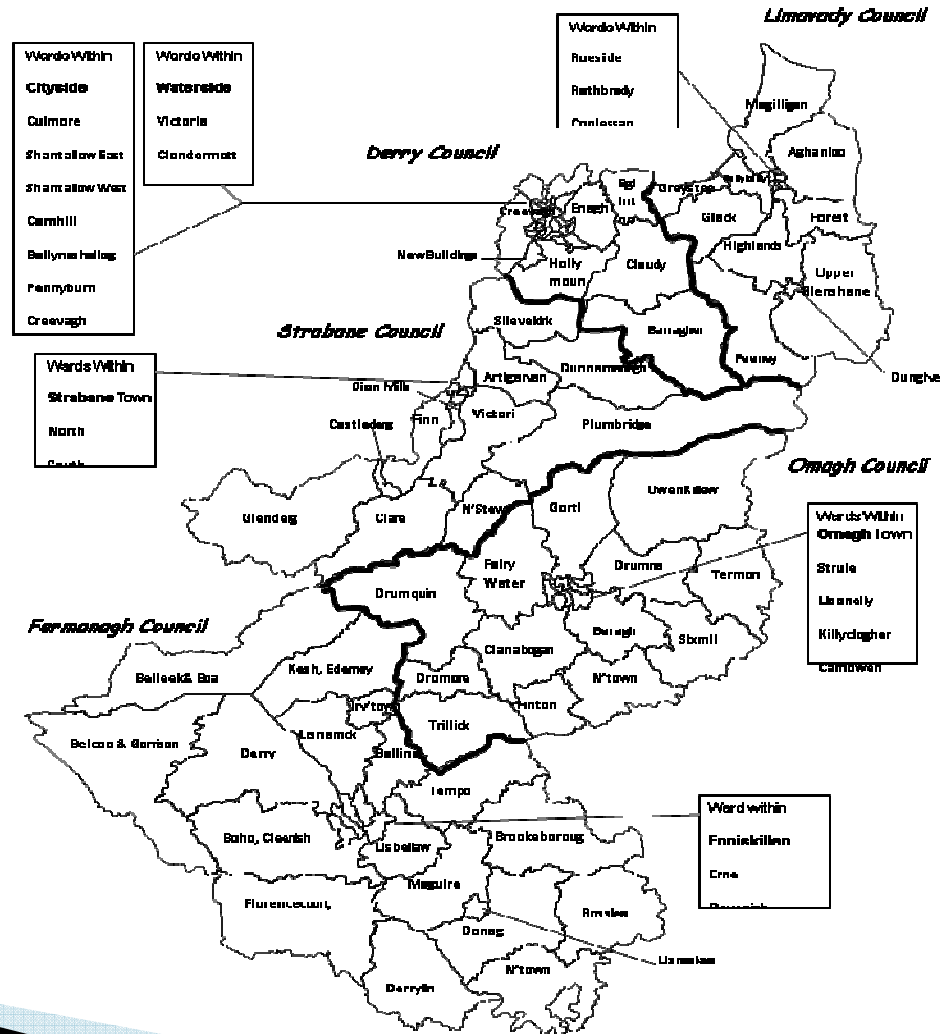
New digital pen technology used to collect data from which reports can be generated and fidelity measured.



Western Health and Social Care Trust

~ 5 council areas ~5000 square Km

~providing services to approximately 300,000 people



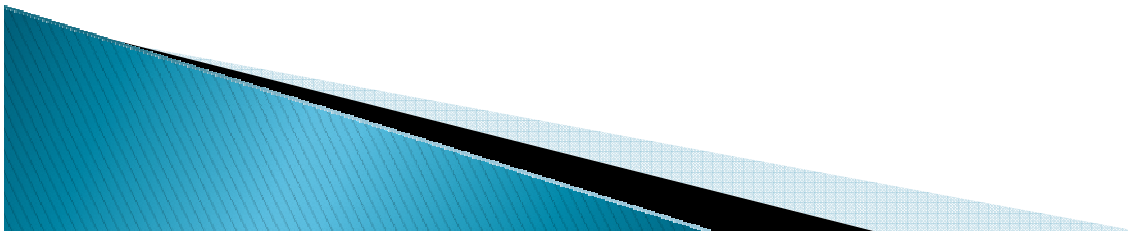
FNP in the WHSCT

- ▶ 100 clients to be recruited in a 9 month period
- ▶ 63 recruited to date with a 90% uptake rate
- ▶ Geographical spread covering Derry, Limavady, Strabane and Castlederg
- ▶ Project board includes service user involvement in which clients directly participate
- ▶ Integrated model of health and social care
- ▶ Infant mental health strategy
- ▶ Safety in Partnership and FNP sharing strength based, partnership working with families
- ▶ Derry's regeneration plan to become an Early Interventions city



Challenges for FNP N.I.

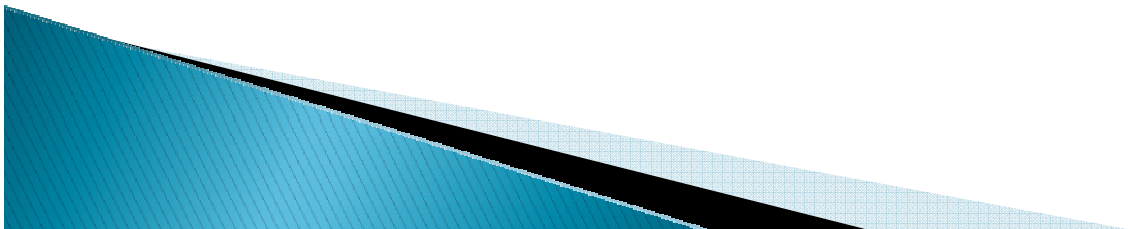
- ▶ Geographical spread/rural nature of N.I.
- ▶ Travel time for family nurses
- ▶ Complexity of cases
- ▶ Allocation of clients with additional considerations such as travel time/location of clients



Key points

FNP is.....

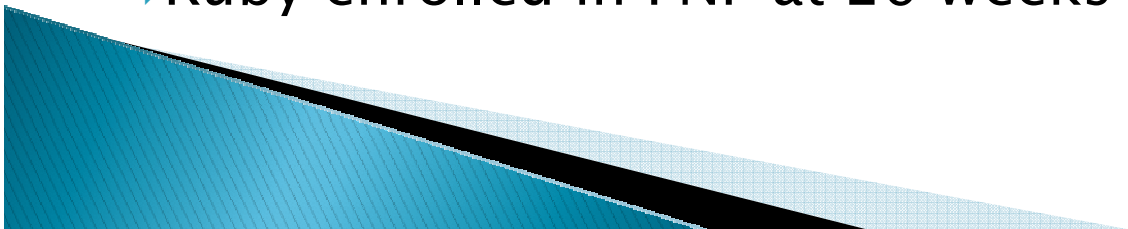
- ▶ Licensed
- ▶ Client is the expert in her own life
- ▶ Structured
- ▶ Interactive
- ▶ Grounded in theory
- ▶ Strength based
- ▶ Research based
- ▶ Motivational interviewing techniques
- ▶ Based on a therapeutic relationship



Case Presentation

Demographics

- ▶ Ruby is 17 years old
- ▶ Usual place of residence is with her Mother but due to an argument, her Mother “kicked her out” when she was 24 weeks pregnant. Ruby then stayed with other family members, her boyfriend or at a friend’s house.
- ▶ Other family members include her 15 year old brother, her Mother’s current (live in) partner and her Father’s current partner.
- ▶ Her 20 year old boyfriend of 3 years is the father of the child
- ▶ Ruby enrolled in FNP at 26 weeks gestation



Building baby's brain

Fact sheet

The brain grows and develops best when it has the right conditions: food, vitamins, oxygen and a happy, healthy place to live.

Before the baby is born, he or she responds. When the baby is touched, or talked to, or hears a song, thousands of brain cells are tuned in.

When brain cells are tuned in they make connections, and those connections are strengthened.

People need lots of connections that are well organised. Just like traffic in the city, you can get somewhere faster and easier if there are lots of ways to get there.

When the mother is stressed, the stress hormones show up in the baby's brain. Babies can manage some stress, but chronic stress affects the development of brain cells and healthy connections from one brain cell to another. When the mother does things to reduce her stress, she is helping her baby.

The developing brain produces many times more neurons and more connections than it will need. By 10 years of age, each neuron may be connected to as many as 15,000 other neurons!

If you repeat an activity with your baby, it increases the strength of the connections in the brain. The connections that are weak will disappear. The connections that are strong will be used by your baby over and over throughout life.

Being responsive to your baby not only meets baby's day-to-day needs for nourishment and warmth, but also takes into account your baby's rhythms, preferences and moods. The ways that you relate and respond to your baby, and the ways that you provide a healthy place to grow, directly affects the development of your baby's brain.



Building baby's brain

Day-to-day care

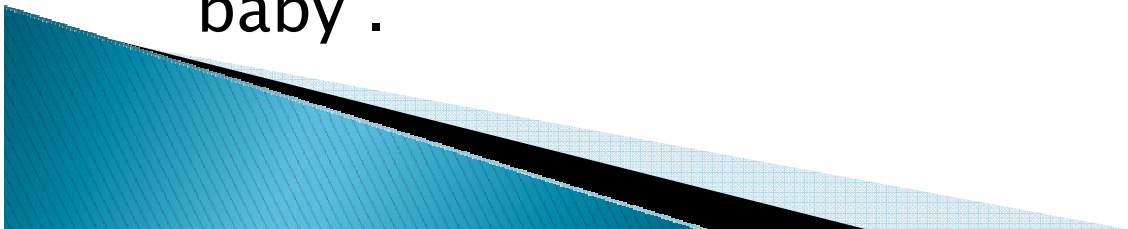
The following things can help baby's brain develop to its fullest:

- ✓ going to antenatal visits regularly
- ✓ touching baby
- ✓ making decisions that keep us safe
- ✓ getting regular sleep
- ✓ responding when baby kicks or wiggles
- ✓ playing with baby
- ✓ eating healthy foods
- ✓ talking, reading and singing to baby
- ✓ having a warm, caring relationship with baby and others
- ✓ laughing, relaxing, enjoying myself.

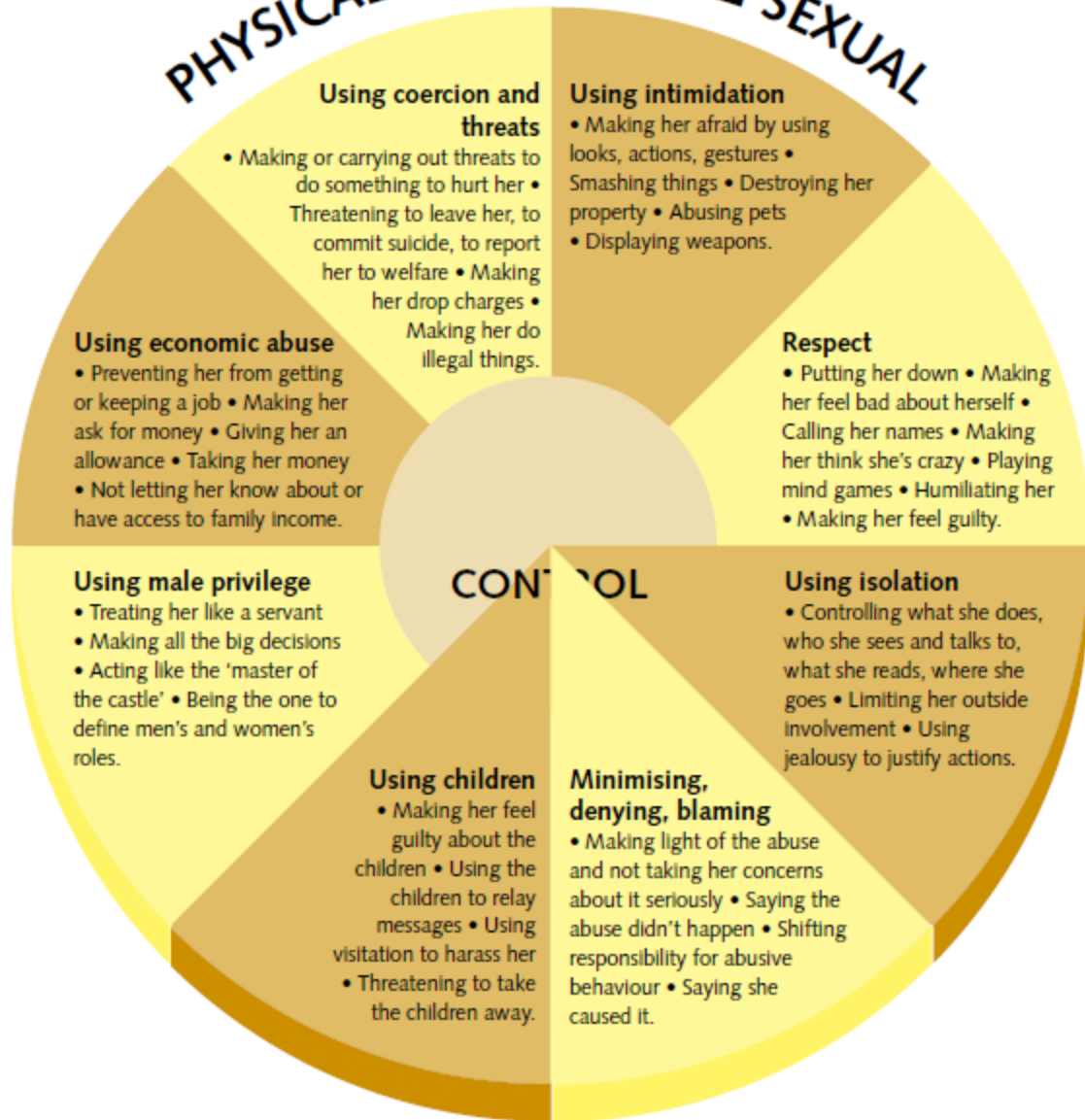


Building Baby's Brain

- ▶ Used to discuss how baby's brain grows and develops
- ▶ Used to explore the importance of communicating with baby in utero – voice recognition/singing/reading/talking to baby and responding to fetal movements
- ▶ Ruby had difficulty talking to baby but gradually got used to the idea. Towards the end of pregnancy Ruby explained being able to calm baby movements by gently stroking her abdomen – positive feedback re: interactions with her unborn baby .

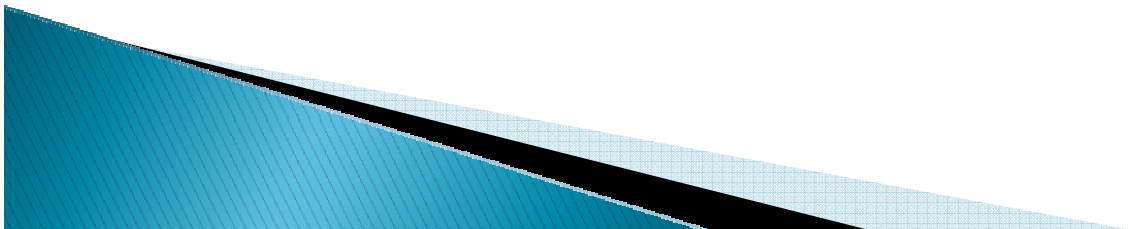


PHYSICAL VIOLENCE SEXUAL



Power and Control/Equality Wheel

- ▶ Used to explore what a relationship with equality looks like and identifies examples of power and control in a relationship
- ▶ While using this tool Ruby disclosed having been sexually abused by her Uncle when she was 13 years old
- ▶ Support for Ruby, referring onto other services – placed a lot of strain on the nurse/client relationship “if you tell I don’t want you back”. Offered a break.



Attachment moments



Self-care

I know that if I take care of and nurture myself, I will feel better about my baby and myself.

I did these things today to take care of myself:

Pregnancy: my baby and me

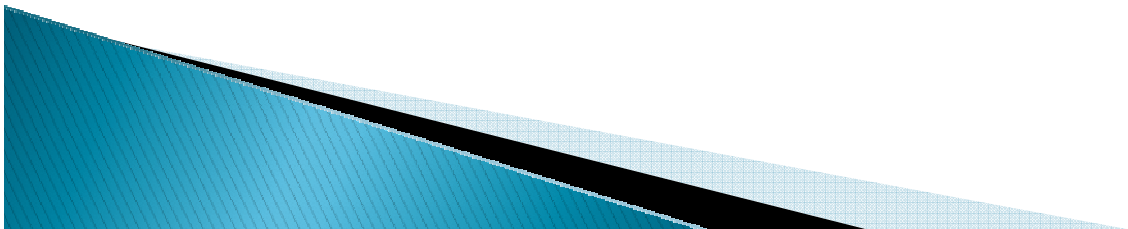
I know that my baby can sense the way I feel and I am working at developing a warm and loving relationship between us. I have tried to communicate my feelings or ideas to my unborn baby today by:

After my baby arrives

I understand that it is the little things I do each day that will help my baby and me develop a warm and loving relationship. I have thought of the following ways to help this relationship along after my baby arrives:

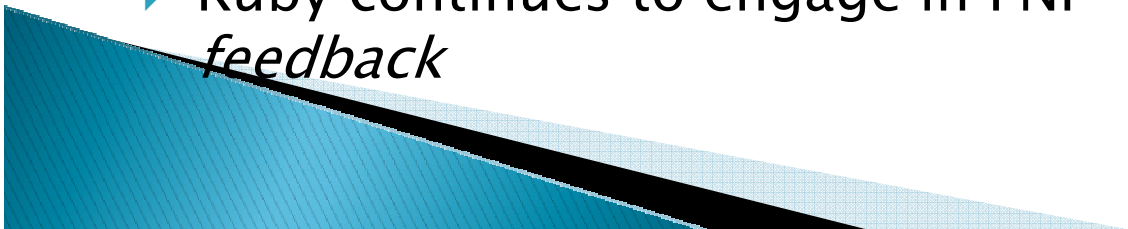
Attachment Moments

- ▶ Initially Ruby stated “I don’t think I’ll bond with my baby because I’ve never had a good relationship with anyone”
- ▶ Worked through issues together using skills such as MI and identified positive aspects of her relationships
- ▶ Helped Ruby identify what kind of relationship she would want with her baby – “I want to be a good mum”, “my baby comes first now”



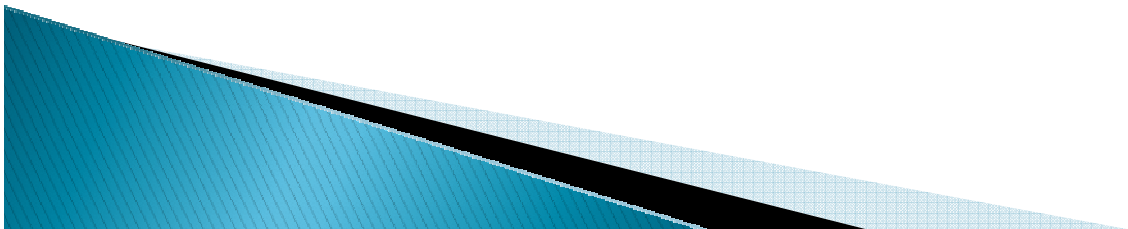
Summary

- ▶ Ruby had a baby boy following a normal delivery who was breastfed for the first week of his life. He is now 7 weeks old
- ▶ Ruby communicates beautifully with her baby and can recognise his baby cues and states of awareness through the work we did together
- ▶ Ruby and baby have returned to the family home and both Ruby and her Mother are working at maintaining a positive relationship
- ▶ Father of the child is very much involved and participates in some FNP visits and completes some of the facilitators for fathers
- ▶ Ruby continues to engage in FNP – *small steps – positive feedback*



Views from our FNP clients

- ▶ **“If I had to make the decision again I would definitely do FNP again!”**
- ▶ **“When I went to the antenatal classes and when I was in labour I knew what the midwives/doctors were talking about - I knew stuff that people 10 years older than me didn't know!”**
- ▶ **“FNP made it not as overwhelming as if I'd gone through it on my own”**



“It has given me real confidence in becoming a Mum”

“Through some of the stuff I learned, I was able to teach my Mum things that she didn't know even after having four of her own children!”

“Learning about states of Awareness and baby cues has helped me learn so much about my baby - I didn't know how well he would be able to communicate with me”.

