



Oslo kommune

# Health disparity and social inclusion – home visits to new mothers, a feasibility study

Jeanette H. Magnus MD PhD,

Maria Leirbakk MPH, Johan Torper MD

University of Oslo, Norway

No relationships to disclose





NORWEGIAN SEA

NORWAY

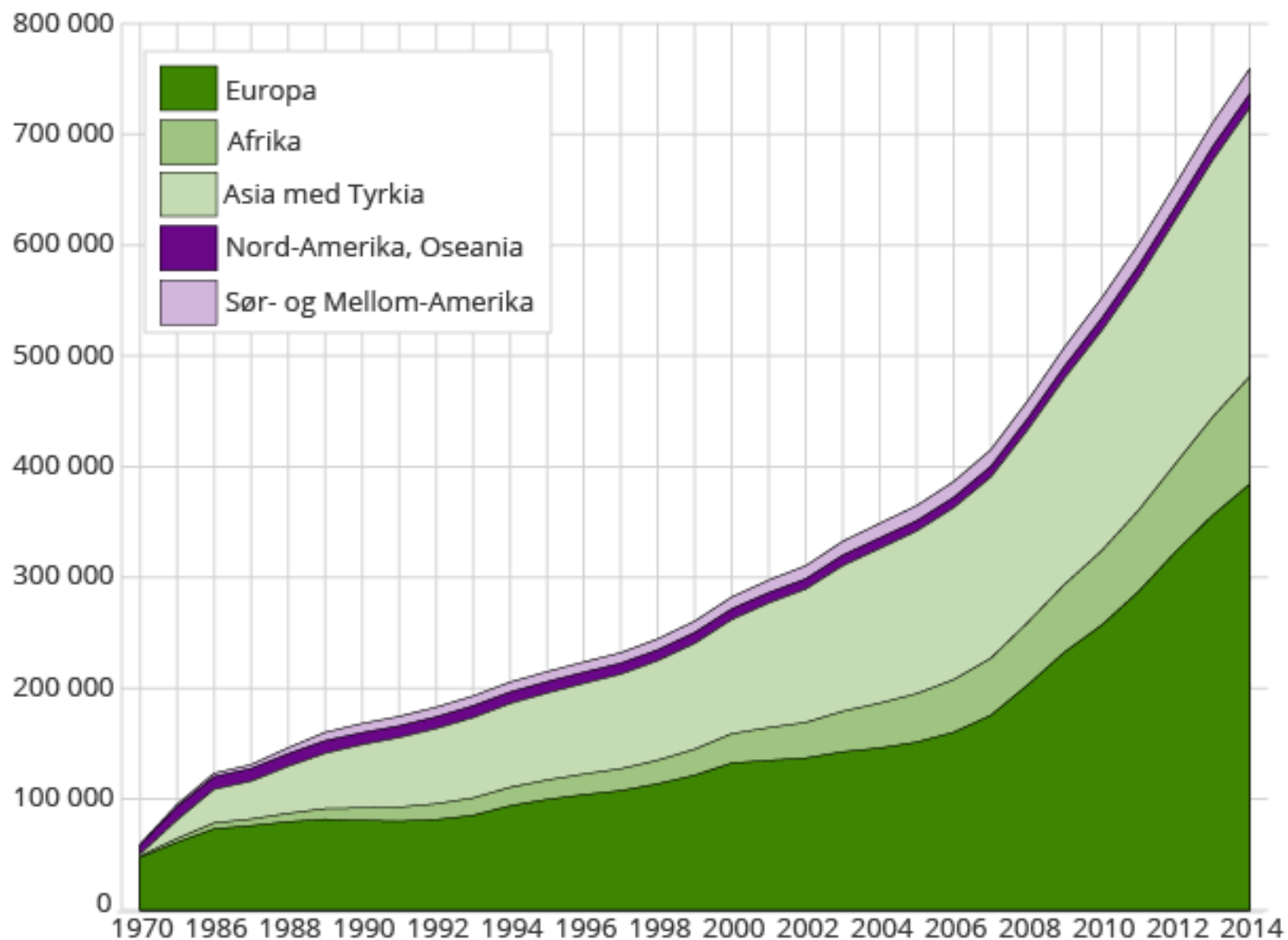
SWEDEN

FINLAND

Oslo

ESTONIA

Figur 1. Innvandrere og norskfødte med innvandrerforeldre, etter landbakgrunn



Kilde: Statistisk sentralbyrå.

# Population 2013

- Norway
  - 5 million
  - 14.9% immigrants
- Oslo
  - 625 000
  - 31% immigrants
- Stovner district
  - 31 000
  - 50% immigrants (137 different countries)
  - 400 births (80 % non-western immigrants)

# Norwegian MCH service

- Embedded in the primary care service structures in Norway are universal free maternal and child clinic services.
- The services are well attended (98%) and trusted.



# Challenges

- Knowledge about services
- Health literacy
- Language
- Individualized service
- Isolation
- Child attachment
- Early infant development
- Cultural challenges
- Integration



25,7% of all children under 5 years are registered and monitored by social services



- An expanded home visiting program was suggested.
- Currently the law require the MCH clinic nurse to do one home visit after birth
- The current project was a feasibility study of acceptance of home visit during pregnancy in this multi-ethnic and multi-cultural community.

In Norway, public health nurses are required to conduct a home visit to the mother within 14 days after birth. What do you think if a public health nurse came to your home for several visits during pregnancy as well as after birth?



Many first-time mothers, and mothers need someone to talk to when they are pregnant, both about being pregnant, what happens before and after birth, being a mom and raising a child. To your opinion, what was most difficult related to becoming a mother?

# Focus groups

**Average age:** 31.5 years

**Ethnicity:** 44.5% Norwegian

**Nationality:** Norwegian, Filipino, Slovak, Pakistani, Somali, Turkish, Kurdish and Moroccan

**Children:** Average 2.0



## **“Good enough”**

Overall, the mothers had a common concern: whether they were “good enough” mothers for their children. This concern was expressed through the various topics, regardless of cultural background or social affiliation.

## **Loneliness**

The mothers expressed a feeling of loneliness, independent of the size of their family. They described a desire to be heard and to have someone to talk with. This desire was often characterized by a long for someone that they could talk freely with, without any strings attached.

## **Recurrent themes:**

giving birth, problems with breastfeeding, need of help, family, lack of personal network, safety, being pregnant, time pressure, private conversations, cultural differences, feelings.



# NFP in Norwegian MCH clinics?

- Overlap
- Standardized
- Two years
- Therapeutic relationship
- Nurse training in the NFP program
- Young disadvantaged first time mothers
- Risk perspective
- 5-7 visits before 6 months
- Individualized
- Dose flexible
- Mentor
- All nurses MCH education (license)
  - International Child Development Program
  - Circle of Security
  - Motivational interviewing etc.
- All mothers new to the district
- Salutogenetic – strength/resource perspective

# «New mothers» Pilot

Acceptability, utility and focus areas of pregnant women

Opportunities, modifications and challenges of nurse role

Economic assessment, cross sector collaboration and opportunities of administration