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

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No relationships to disclose
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