

NCT Policy briefing: Services that guarantee high quality preparation and support for all those with a new baby

This briefing sets out the NCT policy on the need for high quality services providing preparation and support for parents-to-be and new mothers and fathers. Becoming a parent may require an adjustment in a sense of identity, in the relationship between the new parents and with their own parents, family and friends. Both men and women need antenatal preparation which starts the process of helping them adjust to parenthood.

NCT Policy

- 1. Once their baby is born parents should be provided with daily home visits from a health professional for at least 10 days or until they feel comfortable and confident in caring for their baby.**
- 2. The handover from midwifery care to another community health professional must ensure that parents are clear whom to contact and are not left feeling they are without a source of help.**
- 3. All parents should have universal access to support through children's centres.**
- 4. All public facilities should be family friendly and welcoming to parents with young children.**
- 5. All parents should have access to postnatal courses or learning opportunities, to support them in coming to terms with their new role. These should be run by qualified facilitators working in a client-led, participatory way, providing practical evidence-based information in response to individual need.**
- 6. Specific services should be designed with and for young parents and in parents' first language where this is needed. Parents with particular needs, such as mental health issues or disabilities should have additional support services tailored to their circumstances.**

Policy background

The first few weeks of family life with a new baby are likely to include joy and celebration in welcoming the new arrival, but may also see experiences of fatigue, anxiety and bewilderment for both parents. The mother may need time for physical recovery, especially if the birth required intervention such as operative delivery. The following months are often rewarding times as the baby rapidly grows and develops. However, as at least one parent is likely to return to paid work in the early weeks, there may be a time of feeling isolated and unsupported for the parent caring for the baby at home, and stress on the relationship can heighten as both mother and father start to cope with their new roles. Sadly, many relationships break down in the first year after a baby is born.

Parents can be helped to do the best job they can by positive support and encouragement within services that enable them to adjust to their new role and work out how they are going to parent. The way parents interact with and care for their children has a profound effect on their child's future. It is strongly in the social and economic interests of the UK government to invest in helping parents become confident and effective carers and advocates for their children.

1. Once their baby is born parents should be provided with daily home visits from a health professional for at least 10 days or until they feel comfortable and confident in caring for their baby.

The mother – and if possible the father - should be fully involved in planning the timing and content of each postnatal care contact so that care is flexible and tailored to meet the needs of mother and baby. The views, beliefs and values of the woman, her partner and her family in relation to her care and that of her baby should be sought and respected at all times.¹

Providing information and encouragement in developing parenting skills is helpful. Telling parents 'what to do' may be disempowering and does not fit them to cope with the changes and challenges that parenting a growing child brings.

2. The handover from midwifery care to another community health professional must ensure that parents are clear whom to contact and are not left feeling they are without a source of help.

Support from the midwifery and health visitor teams should be well-integrated and extended so that women have ready access to individualised help and support, including home visits when needed. Women should receive co-ordinated postnatal care, delivered according to relevant guidelines and an agreed pathway of care, encompassing both medical and social needs of women and their babies including those requiring perinatal mental health services or neonatal intensive care.²

All women should have a lead professional to co-ordinate their postnatal care to ensure that any health or social needs are identified and responded to, with ready access to translation services, link workers and advocates, social and psychiatric services and family support workers for those who have more complex health or social needs.

3. All parents should have universal access to support through children's centres.

Sure Start Children's Centres form a key part of the delivery of early years services, providing a range of assistance depending on local need and parental choice. They offer information, advice and support to parents/carers, as well as early years provision (i.e. integrated childcare and early learning), health services, family support, parental outreach and employment advice for disadvantaged families. Services offered will not be the same everywhere, because needs and communities vary greatly, but the greatest resource for children's centres will go to those children most in need.³

A strengthened role for Sure Start Children's Centres, through additional health-based programmes, was set out in 2009, with an assurance that each centre will have access to a named health visitor.⁴

4. All public facilities should be family friendly and welcome parents with young children.

All parents should have access to welcoming services in their local community that put them in touch with other families. These should take account of the specific and diverse needs of parents. Voluntary organisations and statutory services should be fully integrated - working together through groups, classes, cafés, or drop-ins in local health centres, family centres, children's centres and maternity units - to ensure that all mothers and fathers have an opportunity to meet other local families with babies and toddlers of similar ages, and obtain care or advice when needed, in an informal welcoming environment.⁵

Around 63% of breastfeeding women report that they have been on the receiving end of unsupportive comments or behaviour while breastfeeding in a public place. Whilst most places have an open attitude, not all women know this, so it is important to encourage all businesses to become breastfeeding friendly and welcome these mums into their venues. NCT is part of the 'Breastfeeding: Access All Areas' campaign which supports mothers to have the freedom to choose to feed their child when they need to be fed.⁶

5. All parents should have access to postnatal courses to support them in coming to terms with their new role. These should be run by qualified facilitators working in a client-led, participatory way, providing practical evidence-based information in response to individual need.

Having a baby has a major impact on a couple's relationship, with changes to the routines and patterns of life. Evidence suggests that couples, and particularly new mothers, become less satisfied with their relationship after having children and positive partner interactions can decrease while conflict increases. Maintaining a couple relationship has a beneficial effect on outcomes for the child. Preparation for becoming a parent is essential in helping parents-to-be to adjust.

Feedback from parents attending NCT antenatal courses provided via an NHS Trust indicated that almost all parents (96%) felt that the course gave them new information about life with a new baby. Confidence about being a parent increased from 62% before the course to 78% after the course.⁷

6. Specific services should be designed with and for young parents and in parents' first language where this is needed.

A high quality service to meet the needs of teenage mothers and young fathers should: be welcoming for young people; be accessible to young people in location and timing; take a multi-agency approach to meeting young parents' needs; and offer a dedicated service for young people where feasible.⁸

Maternity services must have in place inter-agency arrangements, including protocols for information sharing and a lead professional, to ensure that women from disadvantaged groups have adequate support and benefit from other agencies (such as housing) referring women, with consent, to local maternity services. Interpreting services should be provided for women where English is not their first language. Relatives should not act as interpreters.⁹

7. Parents with particular needs, such as mental health issues or disabilities should have additional support services tailored to their circumstances.

Isolation, lack of support and anxieties about the baby can cause emotional problems in new parents, sometimes leading to depression. Postnatal depression in women occurs at a prevalence of around 20% and at an unknown level in men. Postnatal depression in mothers can severely affect the development of the baby. Although levels from previous years have dropped, suicide remains a leading indirect cause of maternal death.¹⁰

A gap in information relating to pregnancy and disability has been highlighted. Additional difficulties have been noted around access to culturally appropriate information and information in languages other than English. Some physically disabled women found choices limited in terms of how they would deliver and care for their baby, with the assumption being made that they would have a Caesarean section and pressure applied to do so. Assumptions were sometimes made that physically disabled mothers would not breastfeed, or that they would have no additional needs when it came to breastfeeding.¹¹

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The NCT wants all parents to have an experience of pregnancy, birth and early parenthood that enriches their lives and gives them confidence in being a parent.

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