Mothers' Experiences of Facilitated Peer Support Groups and Individual Child Health Nursing Support: A Comparative Evaluation

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Abstract

The "Early Bird Program" is a support group facilitated by child and family health nurses and offered to families of infants aged 0–8 weeks in South East Sydney, Australia. This paper describes the experiences of 20 women who participated in the Early Bird groups and 20 women who chose to use individual consultations with the child and family health nurse. The qualitative evaluation used focus groups and interviews with the 40 women, and data were analysed using content analysis. Key findings show the Early Bird Program mothers received support and knowledge from both the nurses and each other, while the women who utilised the individual consultations with the nurses sought out and received specific services and information that focused on the baby. The group approach appears to promote group relationships and to empower mothers as a group by de-emphasising the power and expertise of the professional.

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Introduction

The transition to parenthood is known to be a stressful time, and many women report feeling isolated and alone in their task of caring for a baby (Crouch & Manderson, 1993; Rogan, Schmied, Barclay, Everitt, & Wyllie, 1997). Increasingly, new mothers no longer have access to extensive social systems and a growing body of research has shown that social support is necessary in promoting maternal confidence and optimizing parenting skills (O'Connor, 2001).

Research demonstrates that peer support, where interaction occurs between people sharing similar experiences, is highly effective and important in sustaining breastfeeding and negotiating the transition to parenthood for new families (Dennis, Hodnett, Gallop, & Chalmers, 2002; Kisten, Abrahanson, & Dublin, 1994; Morrow et al., 1999; Shaw & Kaczorowski, 1999). Sharing experiences amongst women undergoing similar life events can assist individuals in coming to terms with their own experiences that will, in turn, enable them to support others (McConville, 1989).

Nurses and midwives[1] in Australia and elsewhere have conveyed information to parents for many years. The processes they use often rely on the "teacher" to give the information to individuals or groups of women and are didactic in style, though many practitioners endeavor to promote peer support in these groups (Lawson & Callaghan, 1991; Scott, Brady, & Glynn, 2001). The use of traditional mothers' groups, where the expertise remains with the nurse, highlights the position of women as passive recipients of information and reinforces medical hegemony (Reiger, 1999).

Increasingly, with the aim of improving confidence in women, nurses and midwives are adopting more client-directed groups where the participants set the agenda and determine their own goals and resources (Rodwell, 1996). By allowing the women to identify their own needs and set their own agenda within the group, the nurse promotes empowerment, which can result in enhanced self-esteem, the ability to set and reach goals and a sense of control over one's life (Rodwell, 1996).

This paper reports on the qualitative component of a two-part evaluation process of a child and family health service for new mothers. It consists of a comparative evaluation of two groups of 20 women, one group who chose individual nurse consultations and the other who accessed a support group known as "Early Bird." A subsequent quantitative evaluation of breastfeeding rates of first-time mothers is currently underway.

[1] It is acknowledged that both nurses and midwives are involved in antenatal and postnatal education and support; however, for the purposes of this article, the term "nurse" will be used since the area of inquiry involved child and family health nurses.

The Early Bird Program

Child and Family Health is a universal service available free of charge to all women in Australia. During the late 1990s, child and family health nurses (CFHNs) in South East Sydney, Australia, recognized that first-time mothers were waiting up to three weeks for an appointment for services. By then, many had already weaned to formula due to breastfeeding problems. The Early Bird Program (EBP) was established, aiming to promote mother-to-mother support, increase satisfaction and confidence in new mothers, improve breastfeeding rates, and heighten mother-infant attachment. The program was adapted from the United Kingdom-based "Deptford model" (Leap, 1993, 2000) to provide both professional and peer support for families as soon as possible after birth. The groups, offered in 6 of the 10 child and family health centres (CFHCs) across the area health service, are "open"[2] and run on a continual basis for women with babies up to 8 weeks of age.

The EBP requires the CFHN to surrender the role of expert and facilitate learning originating from the women's sharing of ideas and experiences. The facilitator must possess skills to focus, summarise, probe, and clarify (Asselin, 2001), and must also show impartiality, be able to interpret information, remain sensitive, and have the ability to put people at ease with each other (McConville, 1989). Prior to the commencement of Early Bird groups, the area health service conducted a 12-hour training program on adult learning and facilitation skills in parent education groups to assist the CFHNs to conduct the sessions in a facilitative rather than a didactic style.

The Early Bird facilitator and co-facilitator provide health and parenting information and other clinical services through the group that would usually be provided in the health centre setting. Newborn developmental assessments and baby weighing are available before and after each session. While no set agenda exists for sessions, the facilitators use their skills to ensure that, over an eight-week period, key parenting and infant information is addressed. These issues can almost

[2] Women access the groups whenever they choose and no bookings or appointments are required. Thus, no barriers restrict the women from beginning early.

always be woven into the conversations and discussions initiated by women themselves. Time is made available at the end of each session for individual attention to special needs and for clients perceived to be at risk.

Methods

The aim of this evaluation was to compare the reasons for participation and the experiences of first-time mothers who attended the EBP with the reasons for participation and the experiences of first-time mothers who elected to attend individual consultation appointments with the CFHN. A qualitative design comprising semistructured interviews and focus groups with consenting participants was used to generate data. Focus groups were the preferred methodology as the principal interest was the range of women's opinions and perceptions derived from the group discussion. The focus group facilitator drew out the diversity of perceptions, beliefs, and self-reported behaviours in the participants while also gaining group consensus (Hawe, Degeling, & Hall, 1990).

Sample

The South East Sydney Area Health Service Human Research Ethics Committee approved the evaluation. Child and family health nurses approached clients in the CFHC and in the Early Bird groups and gave each client an information sheet about the evaluation. Permission was obtained for one of the authors to telephone clients to further explain the project. The phone call ascertained if clients were interested in attending a focus group and, if so, a suitable date, time, and venue were arranged.

The participants formed a convenience sample of 40 first-time mothers attending six CFHCs in South East Sydney in 2001. At the time of the evaluation interviews, mothers ranged from 8 weeks to 32 weeks postbirth with a mean of 12.2 weeks. Only first-time mothers were invited to participate, although some women having second or subsequent children attended the EBP. Mothers who attended the EBP two or more times were classified as "Early Bird Attenders." Mothers who visited the EBP once or not at all and utilised individual consultations with the CFHN were classified as "Individual Consultations."

Data Collection

Data were collected using both focus groups and telephone interviews. Focus-group sessions were audiotaped and transcribed verbatim, and telephone interviews were recorded by hand at the time of the interview. Telephone interviews were entered into the computer immediately on completion of the interview to avoid loss of data. Open-ended questions were used. Some of the prompts used to generate discussion included:

- Tell me about the support you received in the early weeks of parenting.
- In what ways did the groups/individual consultations give you practical help in the way you cared for your baby?
- How would you describe the role of the nurse in the group/consultation?
- In what ways do you think the groups/individual consultations supported you emotionally in the first eight weeks of parenting?

Each focus group consisted of a selection of women from the different CFHCs to ensure diversity amongst the group. Two focus groups were held with Early Bird attenders and two with women who accessed individual consultations. Eleven women who attended Early Bird groups came to focus groups, but only five women who were Individual Consultations were interviewed in this way. Due to difficulties in attracting women who accessed individual consultations to focus groups, phone interviews were held with the remaining 15 women. To maintain similar data collection methods in both groups, nine women who attended the EBP were also interviewed over the telephone until a total of 20 women in each group was achieved. The same prompts and questions were used in both the focus groups and the telephone interviews.

Data Analysis

The data were analysed according to content analysis procedures (Bordens & Abbott, 1999) and organised into categories related to topics discussed in the focus groups and interviews. Each sentence of the interviews was analysed and assembled into categories (e.g., I'm more confident after observing the older babies). The

researchers could then see the responses by each woman and the frequency with which similar responses occurred (Miles & Huberman, 1994). The data from the women who attended the EBP were compiled separately from those who attended individual consultations in order to make comparisons between the groups.

Findings

Women who did not go to the Early Bird group tended to use the child and family health service less, overall. As seen in the Table, over half of the women who used individual consultation appointments only attended once or twice, while 70% of the Early Bird attenders had five or more visits in the first eight weeks.

Ten (50%) of the women who used individual consultations were fully breastfeeding at 8 weeks. Six of these women had no breastfeeding problems from the beginning, one woman saw a lactation consultant once at Day 12, and three described receiving support from the CFHN for several visits in the first few weeks. Of the women who had weaned, most had not sought assistance from the CFHN. Two women weaned in hospital, four women weaned between 3 and 4 weeks, and another at 6 weeks.

Of the 20 women who went to the Early Bird groups, 15 were still fully breastfeeding at eight weeks (75%), 3 had weaned prior to going to the group, and 2 weaned while attending the group. These women repeatedly mentioned breastfeeding support as an important aspect of the EBP.

Experiences of Women Who Attended the Early Bird Groups

All of the women interviewed who attended the EBP were very positive about the groups and the service, commenting: "They kept me sane"; "It was my life line"; and "I used to get so stressed and tense, and then I would go to the group and I would come home all relaxed and happy."

Learning to mother was central to the women's lives and the motivating factor that brought many to the groups. Importantly, the combination of both professional and peer-facilitated learning helped some women the most. As one woman commented, "The mothers gave advice on little things like…nappy rash...and for the bigger things the nurses were the ones I asked. Things on feeding and stuff."

Some women clearly prioritised the advice and information provided by the nurses. "I went mainly for the professional advice of the nurses," one woman said. "The social aspect was an advantage, but it was definitely the professional advice." Another mother commented that while her main motivation to attend was to obtain information from the nurses, she was surprised by how much she learned from other women: "I thought that mothers didn't know anything like me, but it is amazing how we all helped each other." Others highlighted the value of peer learning: "I preferred to go to the group…all that knowledge in all those women."

Women also provided information about how they learned. Many of the women appreciated the diversity of opinion and experiences relating to the management of common problems. Learning occurred in a number of ways. Women talked of observing, listening, and sharing experiences. Observing older babies was repeatedly mentioned as a benefit: "I like watching the older babies knowing that my baby will be doing that particular thing in a few weeks' time. It is things to look forward to." Listening to ideas and opinions of others was also mentioned often: "I hear things and think, 'I would never have thought to ask that,' and am so glad they did."

The women felt they had the opportunity to "open up" and the group environment was safe enough to disclose or share aspects of parenting that were causing them anxiety or distress. "I just burst into tears…," one woman said. "But you know you are safe because everyone is going through something similar and at the same time." The sharing of experiences was an important benefit for many of the women: "Coming to the groups makes you realise that being a mother is so

Table Number of Service Visits by Both Groups in Eight Weeks

	Early Bird Attenders ($n = 20$)	Individual Consultations ($n = 20$)
1–2 Visits	0	11 (55%)
3–4 Visits	6 (30%)	4 (20%)
>4 Visits	14 (70%)	5 (25%)

full-on for everyone, not just you. And you would never see that in an individual appointment. But you can get it by sharing it with other women." This sharing confirmed that they and their babies were "normal." As one mother said, "It makes me realise that there is nothing wrong with me." This seemed to be particularly important in relation to breastfeeding: "It is so reassuring to know that so many other women have problems breastfeeding and to see that it actually does get easier."

Many of the women accessing the Early Bird groups described an increase in self-esteem and confidence. "What I learned from that group is still helping me today, six months later," one woman observed. "I am more relaxed, confident, and just go with the flow so much more than I would ever have done before." Women attending the EBP stressed the importance of accessing the groups early: "Coming early is really important because you can stop so many things before they become a real problem." Another woman confessed, "I didn't come for three-and-a-half weeks, and I wish I had known how helpful it would be and I would have come earlier."

The ability of the group members to understand and empathise with each other had unexpected benefits for some of the women: "I didn't use to understand why women bottle-fed, but now after coming here…I think I have become a lot less judgmental through the group." Women who chose to formula-feed were equally accepted and supported within the group: "No one in the group ever made me feel even the slightest bit guilty [for bottle-feeding]."

For some women, the social contact kept them coming week after week. One woman said, "I don't know anybody with babies. It was great to come and meet other mothers." Another woman observed, "For me, it was the social aspect that was most important, as we had just moved to Sydney."

Some participants commented that the nurses definitely set the agenda, whereas other mothers felt the group was controlled and managed by the women, not the nurses. One woman said, "The success of the group does depend on the skill of the facilitator." When the nurse allowed the women to control the groups, the effects were felt by the women: "You can facilitate a group and have people walk out the door feeling pretty small. But the nurses facilitate the group in a way that is empowering for women, and that is important." The absence of structure and formality was seen as a benefit to the women: "I liked that the group was casual, not structured."

Experiences of Women Who Accessed Individual Consultations

These women accessed the CFHC for specific infant-oriented services, which precluded a social or supportive group focus. One woman said, "This is why you come here, because you had a baby. I definitely come for the baby." Although participants reported the service was for their babies, it was assumed they would receive better-quality care on an individual basis: "They can't assess you or your baby properly in a group" and "It was good to have that full check up that you don't get in the group."

These women prioritised the role of the nurse as one of checking or monitoring the baby. They seemed to rate their baby's needs as more important than their own: "I think the groups are more for me than for him." As one woman stated, "I think of the clinic as only to check that everything is okay with him." This focus on the baby was demonstrated in the way some of the women described coming to the centre: "We used to write down all our questions and go in once a fortnight. It was great." The service was seen as an opportunity to gain information to specific questions and to ensure, by checking the infant's weight, that the baby was physically thriving.

For the women who used the individual consultations, there appeared to be no expectation of preventing problems from occurring or a need to prepare mothers for what was ahead. The vast majority of women who did not access the EBP used the CFHC "when necessary" or "when they told me to come" (the newborn and 6-week child health and development assessments) or "if there was a problem."

It is not surprising, then, that the women would not expect to get those services in a peer support group setting. One mother said, "The other mothers are just like me—they don't know anything." The social or supportive benefits were recognised by some as being available but not necessary for themselves: "I didn't feel like I needed the extra support" and "I had a good baby—I didn't need the support." The sharing of problems was a deterrent for others: "A bunch of mothers

talking about their experiences sounded boring." Also, "I had my own problems. I didn't need to hear about anybody else's." The social aspect of the group did not appeal to some of the women: "I just wasn't interested…cesarean, milk leaking everywhere...the last thing I felt like was socialising."

Some of the women discussed the invaluable breastfeeding support given to them at individual consultations: "If it wasn't for [the nurse], I don't think I would be breastfeeding now." Another woman who used individual consultations, however, had weaned at 3 weeks and did not know that support was available. "[Breastfeeding] was too hard and not worth it," she said. "I didn't think of using the nurse for help at this time. I think, if I had treated the thrush and got some help, I would still be breastfeeding."

Some of the mothers who did not attend the EBP reflected back on the first few weeks and identified that they had low confidence, which could have, or did, dissuade them from leaving the house. One woman said, "At only 1 week, I was already not confident as it was," suggesting that going to the groups may have further undermined her ability to mother. Other women said, "I am more confident now, but then I just wanted to be by myself," and "All new Mums feel a bit unsure and emotional."

Privacy was an issue for some of the women who chose the individual consultations with the nurses. Many mothers stated that more opportunity was available to talk about issues in private: "I can close the door and it is one to one" and "I think there are some things that I wouldn't like to discuss in a group setting."

Discussion

The EBP differed from traditional mothers' groups offered by most services in that it was specifically aimed at infants aged between birth and 8 weeks, with the nurses encouraging mothers to attend as soon as possible after birth. This early support was identified by many mothers as being one of the most important aspects of the program, as it supported mothers when they needed it most and successfully prevented many issues from becoming major problems. Women have previously identified the need for support as being very time-specific, with early parenting being one of the most important (O'Connor, 2001). With many of the women accessing the service through the EBP, the appointment waiting times within the clinic were reduced. Women requesting individual appointments could be seen within a few days of telephoning to schedule a time to meet. The EBP thus enabled all women to receive earlier parenting support.

The benefits of Early Bird attendance primarily revolved around increased confidence in the mothers' parenting role and greater satisfaction in this role. By sharing and receiving peer support, the women moved from being initially unsure and potentially dependent on the service to self-resourcefulness and improved confidence (Hartman, Radin, & McConnell, 1992). In doing this, it is presumed that mother-infant attachment would be heightened (Pridham & Chang, 1989), though this aspect was not measured in this study. The provision of peer support in early parenting has been shown to provide long-lasting friendships, strengthen community networks, and improve breastfeeding duration (Dennis et al., 2002; Lawson & Callaghan, 1991; Scott et al., 2001). Statements from Early Bird attenders were strikingly similar to the voices of women who attended the Deptford groups in London (Leap, 1993, 2000), on which the EBP was based.

From the experience of the women interviewed and from anecdotal evidence from the nurses working in these centres, it is surmised that a potential exists for groups such as Early Bird to increase breastfeeding duration. In this small sample, the women who attended groups maintained better breastfeeding duration rates than those who did not attend groups. Research is currently underway to determine if the groups do have a positive effect on breastfeeding rates.

Breastfeeding support was not exclusively available to the Early Bird attenders. Several of the women using individual consultations spoke of the invaluable breastfeeding assistance and support they received from the nurses in consultations. However, more opportunity apparently exists for women who attended the Early Bird groups to learn not only that many other women have problems with breastfeeding, but also that the problems are short-lived. This insight encouraged them to persevere and, within a few weeks, they were advising new mothers to "hang in there."

Perception of the role of nurses differed between the two groups. While mothers who attended the groups seemed to find the benefits in support for themselves,

the women using individual consultations appeared to desire or expect a much more clinical service focused on the baby. The nurse was seen by many of the Early Bird mothers as being a facilitator first and an expert second, while the mothers accessing individual consultations saw the nurses as knowledgeable professionals who could provide necessary information. This is a much more passive role for the mother and confirms the potential for empowerment that may occur in participants of the EBP. Conversely, it may reflect the changed expectations of women exposed to health professionals in nontraditional settings, as was found by Lock and Gibb (1996) when midwives visited the homes of clients to carry out postnatal care.

The EBP requires the nurses to work in a very different way from their traditional role. The nurse working within the CFHC often assumes authority and, therefore, power—an action that is expected or even sought by some of the women. In contrast, for the nurse to be an effective facilitator in Early Bird groups, she must first acknowledge her power and, then, surrender it (Byrne, 1999). Some mothers, however, may not desire to become partners in their care (Salvage, 1990).

Several of the women interviewed commented how differently nurses facilitated the groups. Some were "empowering," while other nurses continued to set the agenda and "direct" the groups. For nurses to effectively enable situations in which women feel more powerful, they must first be aware of the environment in which they practise and the hegemony of the health care system (Gilbert, 1995; Kendall, 1992). Responsibility belongs to the health service to ensure that adequate training and support are available to nurses to assist them to do this.

It must be acknowledged that some women who chose not to attend the groups may have already been suitably supported and were equally empowered, using the service only for development assessments or information, which they identified was needed. Several of the women who accessed individual consultations did, however, mention their lack of confidence in the first few months of parenting and it appears they might have benefited from the groups.

It is not known if the women who chose the Early Bird groups differed in some way from the women who chose individual consultations. While this may be seen as a limitation to the study, it was not possible to randomize women to either option.

Conclusion

This was a descriptive study, which articulates the experiences of a small group of women. While the results cannot be generalised, this evaluation suggests that the EBP may increase the confidence of participating mothers, may provide support around common problems experienced in early parenting (e.g., breastfeeding, sleep, and settling/soothing), and has the potential to increase breastfeeding duration rates. It appears to promote peer relationships, de-emphasise the power and expertise of the professional, and increase community networks. The findings have implications for midwives, CFHNs, and other educators who support women and their families in pregnancy and early parenting.

One of the key lessons learned from this project is the importance of adequate training and management support for the nurse, especially since the mothers observed some nurses were more controlling than others. This approach will allow a nurse to surrender his/her position as an expert in order to become the facilitator of a group that supports and encourages women to take control and share their wisdom and experience.

Many benefits appear available for women who attend the Early Bird groups; however, some women have no desire to access such groups. In this time of rapid change for the CFHN and changing expectations in the community of nurses and midwives, the EBP may be one of a number of strategies where the nurse or midwife can help women help themselves.

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