

## **1.1 Support for a newborn child and mother with postnatal depression.**

### **Introduction**

Corinne has recently given birth to Ben. She also has four year old son, James. She lives with her husband, Sam in a three bed house in a suburb of the town. The family has only moved into the area fairly recently because of Sam's new job. He now works long hours as head chef in a restaurant in the town. Both of their parents live about four hours away by car. It is taking Corrine some time to make new friends in the area, although she has met some other mothers through James's nursery.

### **Current service delivery within universal provision and presenting issues**

Her antenatal assessment revealed that she had no history of problems during the pregnancy and the birth of her first son James. However she had found breast feeding James difficult and after a short time had changed to bottle feeding. Corrine admits to a tendency to excessive worry, and how she found the support of her mother invaluable in looking after James at the start. As a result she has been worried about coping on her own with James and the new baby, especially given the long hours Sam spends at work. As part of her antenatal care, Corrine was given information and advice about a range of health and safety issues, including breastfeeding, and the support services available to her in the local area.

Mother and baby were discharged from hospital two days after birth. Corrine and MW have already agreed a postnatal care plan, taking into account Corrine's preferences, her health and social circumstances and giving details of all practitioners involved. As identified antenatally, Corrine's main concerns were in her ability to successfully breastfeed Ben and practical and social support after the birth. As part of the agreed plan, Corrine is given initial support with breast-feeding and information and advice about key health issues from MW including advice on establishing a routine for looking after Ben.

Although Corinne has opted to receive most of her postnatal care at home, she has also been given information about drop-in postnatal clinic that she can access via the Children's Centre. She is given a copy of the 'Birth to Five' book and Ben's personal health record that can be shared with any practitioners supporting him.

MW visits Corinne and her family two days after discharge from the hospital to see how the family are coping. As part of routine postnatal care, MW assesses Corinne's emotional and physical wellbeing and development of the mother baby bond. Corinne and Ben appear to be doing well with the support of her mother who is staying with her for one week. MW observes Corinne feeding Ben and reminds Corinne of the advice she received in hospital and how to assess Ben's condition and identify any signs and symptoms of common health problems. MW updates HV with details of her visits to Corrine.

Building on the information from MW, Corinne's health visitor, makes a new birth visit to Corinne and Ben at home to see how mother, baby and the family as a whole are progressing. Corinne reports that the support of MW and her mother has helped her to persevere during the first few days at home however her mother has now returned home and she is finding breast feeding difficult again. Corinne is worried that she is not feeding him enough and that Ben is not gaining the proper amount of weight.

She also reports that she is feeling increasingly tired as the baby is waking several times during the night and she has difficulty getting him back to sleep. Corrine says that she never seems to have enough time to eat herself as she is so busy responding to the needs of both her children. She explains that dealing with James can be challenging at times as he demands a lot of attention, especially since the arrival of Ben. This is made more difficult by her lack of energy and the fact that Sam spends so much time at the restaurant.

Despite her worries Corinne is keen to continue trying to breastfeed as she feels this is best for Ben. HV reviews Corrine's breastfeeding technique and discusses any problems she might have. She reassures Corrine that he is within the expected weight range for a baby of his age whilst also reinforcing MW suggestions about the importance of rest, optimum nutrition and fluid intake for herself. HV also explores with Corrine possible activities that might engage James whilst she is feeding Ben and when Ben is sleeping.

#### **Initial targeted response**

HV reassures Corinne that it can take a while to become confident at breast feeding especially since she had difficulty feeding James. However given Corrine's level of anxiety HV feels that Corrine would benefit from continued support with breast feeding and in looking after Ben and James. She reminds Corinne about the information she was given about local breastfeeding support groups and also services available at the local Children's Centre such as the weekly postnatal drop-in centre, the mother and baby café and baby massage classes. HV also explains that, if Corrine prefers to stay closer to home then support can be offered in the form of home visits from a maternity support worker or a family support worker. She can also ring HV or other team members at the Children's Centre for advice.

HV reassures Corrine about the typical reactions of a first child to a new baby and refers her to the 'Birth to Five' book for more information, especially with regard to James's need to have some one-one time with Corrine. She tells Corrine about a range of support services available at the Children's Centre.

HV also tells Corrine about Home Start who visit families in their own home to offer support, friendship and practical assistance. Corrine is keen to take advantage of support available and agrees for HV to make a referral to Home Start, agreeing at the same time for HV to provide the Home Start worker with background information about the family situation. Corrine also decides to attend the next mother and baby café and to investigate the other options when she is there. HV will continue to visit Corrine at home to provide her with support. She arranges to visit next time when Sam is at home. HV updated Corrine and Ben's records with details of her visit.

Naomi, a family support worker for Home Start, visits Corrine at home to talk about the service they provide. From the information provided by HV, Naomi is familiar with Corrine's situation and concerns. She tells Corinne about the type of support she can offer and agrees to visit twice a week for an initial period of one month. Naomi updates HV with details of her visit having received consent from Corrine.

Corrine attends the baby café, whilst James is at nursery. It provides space for mothers to relax, feed their babies and socialise with other mothers.

While at the Children's Centre Corrine finds out more about one of the parent and toddler groups in the Children Centre. The group is run by the local parenting support forum – an inter-agency group with representatives from health and voluntary organisations. It is facilitated by a play worker and family support worker and aims to promote positive parenting through building on the existing expertise of parents with a view to increasing their confidence and skills in their role as parents. Corrine is told what she and James can expect as Participants. Ben will be looked after in the crèche whilst Corrine and James are at the group.

#### **Outcomes of initial targeted response**

Naomi provides Corrine with practical help and support in looking after Ben and James and coping whilst her husband Sam is at work. Corrine enjoys having someone to provide a helping hand at home and is reassured about her capabilities as a mother. Her confidence starts to build and she feels more relaxed, which has a positive impact on the children and the daily routines. At the end of the month they agree that Naomi will no longer visit regularly but Corrine can ring her to discuss any problems or arrange another visit if she feels the need.

#### **Further actions leading to coordinated targeted response**

Corrine takes Ben to her GP for the six-eight week post natal check at his clinic at the Children's Centre. The GP has been updated by HV and is aware of Corrine's concerns about feeding and Ben's weight. He examines Ben and explains that, although Ben's weight gain is at the lower end of that expected for a breast fed baby, he seems healthy and still within the normal weight range for his age. She briefly discusses her concerns with her GP but explains that she is very happy with the support of HV. The GP updates HV following the check.

As part of her routine visit HV talks with Corrine about how she is feeling, physically and emotionally. Corrine reports that she and Ben were enjoying the baby café and that James seemed to enjoy the parent and toddler group but for the last few weeks she has felt too tired to attend any of the groups.

Corinne explains that, although talking to the mothers and extra support with breastfeeding is helping, she still does not feel confident. Ben has been crying a lot and she is often having difficulty getting him to settle. She is worried that he is still hungry after feeding. Corinne also says that James has been very disobedient lately.

Corinne looks pale, tired and nervous. She confides to HV that she finds it difficult to concentrate on anything and starts doing something and then doesn't finish it. She went to the shops yesterday and couldn't remember what she wanted when she got there. She feels that she is not keeping on top of things as she would wish and the housework is piling up. She doesn't like eating much and keeps waking up in the early hours of the morning even though she is exhausted and Ben is asleep.

HV has noticed a significant change in Corrine and is concerned about her emotional state so asks further questions. Corinne explains that she has been feeling increasingly down over the last few weeks and has started to have panic attacks. She feels quite different to how she felt with James and worries that she is not a good mother to Ben. Despite Corinne having no history of postnatal depression (PND), HV feels that Corrine's symptoms may be indicative of the condition. HV talks

to Corinne about PND and about some of the techniques she could try to help herself. She explains about the range of help that is available including talking to her GP, seeing the practice councillor, attending a support group or receiving extra support from HV in the form of listening visits. Corrine prefers to opt for the extra support from HV in the first instance to give her the opportunity to talk through how she is feeling and discuss possible solutions. HV also tells Corinne about other forms of support including an internet-based group and a new mother and baby group that operates from the children's centre. The group is coordinated by the health visiting service and addresses a range of topics, including promoting the mother-baby bond. Corinne can attend up to 10 weekly sessions. A crèche is also provided for older children, if required. Corinne thinks that she would like to attend the next group and HV arranges this. HV updates her case notes and with Corinne's consent notifies Corrine's GP.

### **Outcomes of coordinated targeted response**

Corinne and Ben attend the mother and new baby group while James is at nursery. The group addresses a range of topics including developing relationships, touch and communication, feeding, sleeping and crying, normal child development, immunisations and safety in the home. Corinne is reassured by the advice and by the experiences of the other members and enjoys the group.

HV reviews Corinne and Ben's progress after 4 weeks. Corinne reports that as a result of the support that she is receiving she is feeling less isolated and her mood has improved. Time out with Ben and the mother and baby group and one-one support at home from HV resulting in a more positive relationship with Ben.

HV continues to monitor Ben's weight and notes that he gained extra weight over the last few weeks. Corrine reports that she feels more relaxed when breast feeding and Ben is now settling well at night.

Corrine's ability to cope with James has also improved. She and Sam have set more positive routines in looking after James, which have improved his behaviour. This in turn is helping Corinne in caring for Ben. Corinne is very pleased that she has made some new friends through the groups and is happy with the progress Ben is making. They agree that RV will ring her in two weeks time to see how they are progressing. With Corinne's consent HV updates her GP.

When HV calls, Corinne reports that she is feeling well, physically and emotionally and that Ben seems happy and content. Corinne calls into the Children's Centre to have Ben weighed and lets HV know that all is going well. Corinne reports that she has more energy and is enjoying looking after both Ben and James.

### **Appropriate maintenance within universal provision**

Corinne would like to continue at the baby café. Corinne is happy with the support she has received from HV and the team. She now feels that she no longer needs the additional support as she has regained her confidence and Ben is progressing well. She knows that should she need any information or guidance in the future can contact the health visiting service direct or the Children's Centre. RV informs Corinne that she will conduct a review of Ben's progress and the family health needs before his first birthday.