



The Centre for  
Parent and Child  
Support

South London and Maudsley  
NHS Foundation Trust



## GUIDANCE NOTES

# Postnatal Promotional Guide

Postnatal  
Promotional Guide:  
Guidance Notes

# Contents



Introduction	p03
References and Acknowledgements	p10
Introducing the Antenatal Promotional Guide	p11
Observational Guidance	p12
Topic 1 Your labour, birth and recovery	p13
Topic 2 Your emotional wellbeing	p16
Topic 3 Becoming a mum, a dad, and family	p20
Topic 4 Your family and friends	p25
Topic 5 Your baby's development	p28
Topic 6 Caring for your baby	p31
Topic 7 Baby cues, getting to know your baby	p36
Topic 8 Your circumstances and community	p39
Topic 9 Recent and past life events	p42
Topic 10 Your priorities, plans and support	p45
Ending the Topic Guide	p48
Appendix	p49

# Introduction

## These Guidance Notes

These Version 4.0 Guidance Notes provide a brief description of the development, structure and use of the Postnatal Promotional Guide and the Family Strengths and Needs summary.

The Guidance Notes describe each of the topics of the Postnatal Promotional Guide detailing:

- the aims of each of the Guide's ten topics
- a brief summary of the Key Facts underpinning each topic
- the suggested conversational prompts for each topic
- a description of the process of using these prompts to explore the topics
- a summary of potential actions

Similar information about the Antenatal Promotional Guide can be found in the Antenatal Promotional Guide: Guidance Notes Version 4.0.

## The Promotional Guide System

This consists of the Antenatal Promotional Guide and Guidance Notes, the Postnatal Promotional Guide and Guidance Notes and the Family Strengths and Needs summary.

The Promotional Guide system offers a structured and flexible manualised approach that promotes:

- the early development of babies
- the transition of mothers and fathers to parenthood
- better informed professional and parent decisions about baby and family needs

When used effectively, the system provides consistency for all families and practitioners

The content of the Promotional Guide system is based on findings from developmental

science, research on early parenthood and extensive experience of professionals in the field.

The Promotional Guide system has been developed so that it is consistent with the values and good practice of health visiting and other forms of child and family public health nursing.

The System is recommended in the DH Healthy Child Programme (DH, 2010).

Health visitors trained to use the Promotional Guide System have been found to be better at identifying family need than practitioners not using the system (Davis & Tsiantis, 2005).

## The Development of the Promotional Guide System

The Promotional Guide system originates from the European Early Promotion Project (Puura et al., 2005; Roberts et al., 2005), where the Guides were known as Promotional Interviews. The Guides were subsequently used in the Oxfordshire Home Visiting Study (Barlow et al, 2001), the Family Partnership Model (FPM) - Prevention and Early Intervention module (Davis, Day & Bidmead, 2002) and the Maternal Early Childhood Sustained Home-visiting programme (MECSH, Kemp et al., 2012).

The Promotional Guide system is used extensively by health visitors in the England and child and family nurses internationally.

The Promotional Guide system has been updated and modified to ensure that it incorporates new findings from developmental science and learns from the experience of practitioners and families.

## Theories and Approaches Underpinning the Content and Use of the Promotional Guides

The Promotional Guides are based on the following theoretical frameworks and approaches:

- Fetal and infant development and neuroscience
- Attachment
- Ecological models of child development
- Early parenting
- Couple and family development and relationships
- Social support and social capital
- Self-efficacy
- Partnership and goal orientated approaches
- Strength-based approaches
- Adult (parent) learning theories

## The Structure of the Antenatal/ Postnatal Promotional Guides

These theories and approaches are reflected in the five core themes that underpin the Antenatal and Postnatal Guides:

- the health, wellbeing and development of the baby, mother and father
- family and social support
- the couple relationship
- parent-infant care and interaction
- the developmental tasks of early parenthood and infancy

The Antenatal and Postnatal Guides each consist of a range of topic areas that reflect these key themes. Appendix 1 shows how the topics of each Guide map onto these five core themes.

The topics provide a structure for a guided conversation with each mother and father. The professional should initiate and guide the conversation with parents about the topics using the suggested prompts offered in the Guides or similarly worded phrases. The Guides should not be used to conduct a question and answer-based 'interview' with the parents.

The Antenatal Guide focuses on the experiences of pregnancy; health and

wellbeing of the mother, father and baby, prenatal attachment, preparation for labour and birth, expectations for early infancy, parenthood and family life, and the impact of current and past life experiences and circumstances.

The Postnatal Guide focuses on the mother's and father's experiences and meaning of labour and birth, parent health and wellbeing, early parenting and new family life, the new baby's nature and characteristics, parent-infant care and interaction, and the impact of current and past life experiences and circumstances.

The meaning and specific experiences described by parents in relation to the Guide topics may vary in relation to the personal, ethnic and cultural practices and values.

## Using the Postnatal Promotional Guide

The Postnatal Guide should be used 4-8 weeks after birth. The intention being to give parents the opportunity to reflect on their early postnatal experiences, the chance to identify strengths and concerns as well as priorities and effective plans for action. Professionals should be cautious when using the full Postnatal Guide at an earlier point after the baby has been born, particularly in relation to interpreting early possible difficulties. This is because parents may still be adjusting to the labour, birth and their early experiences of parenting their baby in the first few days. Delayed use of the Postnatal Guide beyond the 8 week period may also delay the promotional value of the Guide and the identification of potential needs, risks and difficulties.

Typically, experienced professionals usually complete the process of using each Guide with a family in approximately 60 minutes.

## Contacting the Family Prior to the Promotional Visit

The purpose and length of the Promotional Guide contact should be briefly discussed with parents prior to the visit. It is preferable that both parents are present so that they can both participate in the contact. It may be that professionals need to think about the most effective way of contacting and organising the visit so as to maximise the chances of the partner being present.

If only the mother is present then the professional should openly invite her to share her partner's views and experiences as well as those of other influential family members and friends. The father, when present, should be fully involved in the conversation. This should be done naturally and inclusively, rather than in a repetitious or forced way.

Care should be taken to ensure that there is an appropriately balanced conversation with the parents, particularly if either the mother or her partner is more confident, knowledgeable or at ease with the process.

At the same time, professional judgement should be used to determine the value and implications of having both partners present particularly if there is concern that the presence of both partners will be an impediment to an effective contact, for example, domestic violence, and previously undisclosed, complex personal/family circumstances.

### Organising the Postnatal Guide Contact

The Postnatal Guide should be undertaken by the same professional who undertook the Antenatal Guide contact.

It is assumed that the Postnatal Guide contact at 4-8 weeks will not be the first visit since the arrival of the baby. The professional should adjust the Guide prompts to take account of the knowledge gained from the Antenatal Guide contact, earlier postnatal visits and the relationship that has developed with the parents.

The baby should also be present for the contact. This allows the professional to observe, promote and reinforce sensitive, caring interactions between the parents and their baby as well as see and appreciate any difficulties that may be arising with care and interaction. It is helpful if the baby is awake for at least some of the contact but this is not essential. The Postnatal Guide contact should be adapted to accommodate the needs of the baby and the parents. For example, it can be conducted while the baby feeds or is changed.



### The Structure and Purpose of the Family Strengths and Needs Summary

The Family Strengths and Needs summary (previously the Needs Checklist) is designed to support professional decision making and a shared understanding of family need between parents and professionals. It should be completed after both Antenatal and Postnatal Guide contacts.

Decisions about family strengths and needs are influenced by:

- the depth of knowledge that professionals and parents have about family circumstances
- the effects and interactions between risk and resilience factors in the family
- the dynamic changes to these risk and resilience factors that occur during pregnancy and early parenthood
- the personal experiences of parents and professionals
- the subjective reactions of parents and professionals

The Family Strengths and Needs summary, like the Promotional Guides is based on an ecological model of child development in which early infant outcomes are influenced by a range of risk and resilience factors related to the following domains:

- the intrinsic characteristics of the baby, their development and growth
- the quality of parenting care and interaction, and the developmental tasks of early infancy and parenthood
- parent & family health, wellbeing and life events
- wider family, neighbourhood and community circumstances

The exact impact of individual risk and resilience factors and combinations of factors is difficult to predict. The number, strength and endurance of factors is important in

determining effect. Intrinsic factors and those closest to the baby are likely to have the most significant impact. The majority of children in all social and cultural groups are successful, though individual resilience such as good health, intelligence and positive wellbeing does not necessarily overcome the effects of significant family, neighbourhood and community risks.

Risk and resilience may change as a result of the experience and meaning of birth, the intrinsic characteristics of the baby, the nature of parent-infant interaction, nurture and care, and changes in parent and family circumstances.

The Family Strengths and Needs summary itself consists of 36 risk factors across the



four domains listed above that are associated with increased risk of less optimal development and 36 resilience factors associated with a protective effect on development. Using the Family Strengths and Needs summary allows professionals to:

- summarise their knowledge about the parents and baby, their pregnancy, labour and birth and their personal, and wider circumstances in a quick and easy format
- identify the effects and interactions between risk and resilience factors to which parents and their baby are exposed
- take account of the dynamic changes that occur during pregnancy and after the baby is born
- check the extent to which the professional and family have talked about the existing risk and resilience factors
- have a shared conversation about the relative balance and influence of risk and resilience in parents' lives and their baby's life that takes account of the experiences and subjective reactions of parents and professionals.

### Using the Family Strengths and Needs Summary

Professionals should mark on the Family Strengths and Needs summary the known risk and resilience factors to which a family is exposed. Factors where the presence/absence is unknown should be left blank and professional judgment used to decide whether it is important to acquire this information. The professional should use the summary to help them to make decisions about the level of resilience and need to which each family is exposed using the following steps:

- Step 1: Examine the number of risks factors to which the family are exposed and assess the extent to which these are buffered by the presence of family resilience factors
- Step 2: Examine the specific type of risk and resilience factors present, assessing their strength, enduring nature and impact as well as the interaction between factors
- Step 3: Examine the presence and effects of particularly toxic risk factors and protective resilience factors.

The professional should use the summary information as the basis of their assessment of child and family need by considering the type, strength, endurance and impact of each risk and resilience factor together with the interactions between them for each individual family.

This should NOT be done by simply counting the numbers of risk and resilience factors. The Family Strengths and Needs summary has been designed to support and assist professional judgment not replace it.

### The Process of Using the Promotional Guides

The role of the professional is to engage the parents in a guided conversation about the Guides' topics. The overall framework underpinning the use of the Guides is the Family Partnership Model (Davis & Day, 2010). Practitioners who are not trained in the Family Partnership Model should familiarise themselves with its concepts, skills, interpersonal qualities and helping process. Some of the key features of the Model are captured in the acronym LESSS:

- Listen and hear so that parents feel listened to and heard
- Empathy and appreciation felt by parents for their thoughts, feelings and actions
- Shared understanding of family strengths and concerns is developed between the professional and the parents
- Summarise parents' experiences, knowledge and feelings in relation to the Guide, prioritise topics so that parents can identify goals for action during pregnancy and early parenthood
- Strategies and actions that are clear and realistic; involve friends and family, ensure parents acquire accurate, useful information and make use of local community resources and specialist services.

Throughout, the professional should express an authentic and respectful interest in the mother and father as they share their thoughts, feelings and experiences.

The aim is to give parents the opportunity to express their positive as well as negative feelings through using a conversational rather than interview method. Throughout, the

mother and father should be encouraged to talk freely, with non-verbal and verbal prompts such as *'that's really helpful, could you tell me more about that'* as necessary.

### A Guided Conversation NOT an Interview

The professional should avoid leading the discussion but use the Guide topics and prompts to structure and guide the conversation.

In doing so, it is important for the professional to facilitate and encourage the parents' participation in the guided conversation. However, the professional should not simply follow the lead of the mother and father but use the prompts to focus and deepen the conversation about each of the Guide topics. There may be occasions when the professional will feel in a dilemma about getting the right balance between listening, following the parents' narrative and focussing on the Guide topics. Similarly, there may be times when the professional may feel that to proceed will be counter to or insensitive to a parent's feelings.

These can be difficult and personal, professional judgments that require a careful balance of respect, sensitivity and purpose. The professional should be conscious of the ways in which their open-ended prompts, attentive non-verbal behaviour, empathy and summarising can be used to sensitively encourage and extend parents' involvement in the guided conversation rather than cut across parents, stymie them or create an interview based on 'questions and answers'.

Care should be taken not to appear intrusive. The professional's interest should be explained in terms of her desire to fully understand the parents' and family's personal circumstances so that she can be as helpful as possible. Parents should experience the professional as being sensitive and caring throughout the guided conversation and in relation to the information that the mother and father share.

At times, it may also be necessary for the professional to exercise more influence so that the conversation becomes more focused and succinct or to change the topic focus, for example, so that all of the Guide topics are covered. In these circumstances, the professional may be required to gently lead

the conversation by using prompts such as *'Do you mind if we move to talking about (topic).....'*, *'there are some more things it would be good to hear about, for example, do you mind if we talk about how you see (topic)'*, or *'I can see how you feel about this (topic) but I wonder whether it would be OK for us to talk a little about (topic)'*.

More rarely, the professional may judge that it is appropriate to concentrate on a particular topic or aspect of the Guides because of the personal needs and circumstances of the family. This is perfectly acceptable in stressful and urgent circumstances and should be openly negotiated with the parents involved

### Guided and Purposeful Listening

The professional should avoid unrealistic inauthentic and immediate expressions of reassurance but aim to empathise, appreciate and understand the parents' concerns and circumstances, whatever these may be. The professional should explore the extent to which the mother and her partner have sought to share their feelings and concerns with each other, family or friends, as well as the reactions and effects.

Throughout, the professional should seek to learn about and assess the accuracy and helpfulness of the parents' knowledge about each of the Guide topics, and their related skills and emotional resources.

During the guided conversation, the professional should listen for and gauge potential parental priorities and possible strategies to reinforce personal and family strengths as well as address family risks, concerns and difficulties.

The professional should also pay close attention to learning about key sources of emotional, practical and social support available to the mother and father, and the ways that these are currently being used.

### Priorities for Building Family Strengths and Reducing Risk

Right the way through the guided conversation, the professional should be alive to issues that may become potential priorities for the family. The final topic of the Guides





is for the professional and parents, together, to summarise the key parent and family strengths and needs, establish priorities, identify potential strategies and develop an action plan.

The professional should assist the mother and father to develop a set of realistic and useful priorities. The intention being to allow parents to develop and prioritise a limited set of goals on which they can focus that will build resilience and reduce risks during pregnancy and early infancy. Time should then be spent enabling parents to identify realistic and useful strategies that are likely to be effective in enabling them to fulfil their priorities. This part of the conversation may be relatively brief for parents with high resilience and relatively few needs. However, it is likely that more time will be required for families living in complex circumstances to work through their prioritisation and develop action plans based on realistic, effective evidence based strategies.

### Sustaining the Promotional Guides in Practice

Professionals who use the Promotional Guide system are going to be most personally effective when they receive the thorough support and commitment of their organisation.

This involves:

- A clear understanding of how the Promotional Guide system will help to meet key strategic goals for the service and organisation
- Effective notification systems so that the professional is informed of mothers who are pregnant sufficiently early so that the Postnatal Guide contact can take place during the recommended period.

- Continuity of professional across the Antenatal/Postnatal contacts. This is particularly important for families with higher levels of needs and less resilience
- Clear local operational guidance should be available to professionals so that they know when during pregnancy and the postnatal phase that the Guide contacts should take place, and how the content and outcomes of the contacts are recorded in electronic patient record systems
- Systems should be in place to monitor the frequency of Promotional Guide use by professionals as well as audits undertaken of parent and practitioner impact
- Professionals should have access to supervision, support and advice to address operational issues that come up as well as assist with clinical concerns and difficulties that arise in the use of the Guides
- Professionals should ensure that they are aware and understand the availability and quality of local and web-based resources that are likely to be effective in addressing the family needs that are identified through the process of using the Guides
- Professionals should be aware of the pathways and referral processes to access specialist services that may be required to meet the needs of families with complex and significant difficulties

The language used in the Guides is intended to be clear and concise, inclusive and non-discriminatory. The terms 'partner' and 'father' are used to refer to the adult who is in a couple relationship with the mother and/or will be a main carer to the baby alongside the mother.

Barlow J., et al. (2007). *The role of home visiting in improving parenting and health in families at risk of abuse and neglect: Results of a multicentre randomised controlled trial and economic evaluation*. Arch Dis Child, 92(3):229-33.

Barlow, J., et al. (2005). *Hard-to-reach or out-of-reach? Reasons why women refuse to take part in early interventions*. Children and Society, 19, 199-210.

Bidmead, C. & Davis, H. (2008) *Partnership working: the key to public health*. In Cowley, S (ed). Community Public Health in Policy and Practice: a Sourcebook (2nd Ed) London, Balliere Tindall

Davis, H. & Day, C. (2010) *Working in Partnership with Parents*. 2nd Edition. Pearson: London

Davis, H. & Spurr, P. (1998). *Parent counselling: an evaluation of a community child mental health service*. Journal of Child Psychology & Psychiatry, 39, 365-376.

Davis, H., et al (2005). *Child and Family Outcomes of the European Early Promotion Project*. International Journal of Mental Health Promotion, 7, 63-81.

Department of Health (2009). *Healthy Child Programme: Pregnancy and the first five years of life*. London: Department of Health.

Kemp L. et al. (2011) *Child and family outcomes of a long-term nurse home visitation programme: a randomised controlled trial*. Archives of Disease in Childhood. 96(6):533-40,.

Kirkpatrick, S., et al (2007). *Working in partnership: user perceptions of intensive home visiting*. Child Abuse Review, 16, 32-46.

Papadopoulou, K., et al (2005). *The effects of the European Early Promotion Project training on primary health care professionals*. International Journal of Mental Health Promotion, 7, 54-62.

Puura, K., et al (2005). *The outcome of the European Early Promotion Project: mother-child interaction*. International Journal of Mental Health Promotion, 7, 82-94.

## Acknowledgements

I have had the pleasure and privilege of working with many, many health visitors who have helped me to develop the Promotional Guides and understand how they can be used in practice to help parents give their babies the very best start in life. For this I am truly indebted.

# Introducing the Postnatal promotional guide



Continuity of professional from the antenatal contact, early postnatal visits and the Postnatal Promotional Guide contact means that the professional and the parents will already be familiar with each other and, most likely, the overall purpose of the Guide contacts.

The first priority of the Postnatal Guide visit is to settle the parents and professional so that they can comfortably begin the guided conversation.

The contact should begin with the warm and respectful greeting of the mother and father, engaging them in brief neutral conversation so that everyone can settle and relax together. The aim of the Postnatal Guide contact should be briefly discussed with the parents and clarified if necessary. The purpose being to give parents the chance to look back at their experiences of the labour, birth and the arrival of their baby, and to share their experiences of early parenting and family life.

For example, *'this visit is a chance for me to hear about how things have been going for you all since your baby arrived. It will be good to hear how you all have been doing. It is a chance for us to talk about what it has been like for you to become new parents, what you have discovered about yourselves, each other as well as your baby; what's been lovely, what's been a surprise as well as what's maybe been more difficult.'*

Agreement should be sought from the parents on the length and purpose of the contact, accommodating the needs of the baby in doing so. A maximum period of one hour should be set.

# Observational guidance

Professional observation skills are integral to the use and conduct of the Guide contacts.

The professional's observation helps to understand the correspondence and similarity between parents' description of their baby, their behaviour and interaction and what the professional sees in how parents behave towards each other, their baby and the professional during the Guide contact.

For example, observation of the couple together allows the professional to observe the ease, tension, comfort, uncertainty and bond between the mother and father.

With the baby present, observation allows the professional to sense and experience the emotional tone and warmth of the care, interaction and communication between the parents and their baby. This is most easily achieved by seeing routine care tasks such as feeding, changing etc..

Observation offers the professional the chance to consider the parents' desire and interest to stay in their baby's sight, make direct eye contact, exaggerated facial expressions and vocalisations. Alongside these, the professional should be alert to signs in the mother's and father's behaviour and responses that they are familiar and comfortable with their baby's behaviour, actions and rhythms.

Observation of the parents and their baby during the promotional contacts allows the parents' manner and quality of attention, verbal and non-verbal communication and touch to be seen, including shared turn-taking, adjusted tone and language (motherese/parentese), mirrored expressions and vocalisations that build on and expand infant communication so that interaction is paced and timed, characterised by burst and pause, to help infants assimilate their experience.

The quality of interaction will include the timing, ease, familiarity and comfort of interaction, and parents' capacity to respond and modify their communication and interaction to match their baby's needs. It also includes the mother's and father's capacity to respond to their baby as an intentional, purposeful being, the parents' mind-mindedness. This may include examples of how the parents are learning to 'read' their baby and give meaning to his/her behaviour, emerging character and needs. As well as the baby's familiarity, preference for, interest and ability to imitate the parents,

Depending on the circumstance, the observation may include more intense playful interactions and well as evidence of the parents' sensitivity towards their baby when s/he turns away from or wishes to avoid or withdraw from interaction and stimulation.

The potential effects of the couple relationship, parental mood, stress and anxiety should also be considered such as the effects of reduced attentiveness, brusque or irritated behaviour, higher degrees of contingent responding, reduced vocal and visual communication, smiling or touching.

Caution should be exercised in the conclusions that the professional draws from her observations. Observation provides one part of a whole picture. Parent's behaviour and their baby's can at times be unrepresentative of the typical and usual pattern because of the parents' feelings of scrutiny, tiredness and ill health, the needs of the baby, as well as the quality of the relationship with the professional.

# Your labour, birth and recovery



## Key Facts

- Women who receive continuous support during labour are less likely to require additional clinical intervention
- Participation in focussed, participative antenatal preparation can improve birth experiences
- Risk of low birth weight and preterm birth is increased by unwanted pregnancy, antenatal depression and domestic violence

## Risk Factors

- Premature/low birth weight
- Physical illness/complications
- Late antenatal care
- Unhealthy pregnancy behaviour
- Lack of confiding relationship
- Relationship conflict/violence
- Negative/absent feeling/bond

## Resilience Factors

- Normal fetal development
- Healthy pregnancy
- Routine care
- Healthy pregnancy behaviour
- Positive emotional support
- Supportive couple relationship
- Warm loving bond

## Topic Aims

- To encourage the mother and father to share their experiences and views about the physical and emotional effects of labour and birth
- To focus the parents on the immediate period after the baby was born and their baby's experience
- To offer the mother the opportunity to share the progress of her physical recovery

## Topic Prompts and Actions

### Looking back now, how was your labour and the birth of your baby? How are you feeling now?

Using open questions and prompts, the intention is for the professional to encourage the mother and father to share their experiences of the physical and emotional effects of labour and birth. The professional should encourage the parents to share how they felt about it and the extent to which the labour and birth went as the mother and father had hoped, planned or imagined. The professional should explore how the parents now feel about any major complications and other stressful or significant events that may have occurred.

The mother and father should be encouraged to think about how their preparations affected the labour and birth. This may include the mother's physical fitness and health, knowledge about the process of labour, birth plans and choices, the role and tasks of the birth partner, and support from friends and family.

Helpful, satisfying and positive experiences and views should be warmly appreciated, particularly if there were difficulties during birth and labour. The professional should encourage parents to explore the extent to which their feelings and views about their labour and birth have changed over the weeks and the way in which they have coped and adjusted to their more difficult experiences.

Unhelpful, negative and dissatisfying experiences should be listened to in a respectful and thoughtful way, without interruption or immediate challenge. The professional should encourage the mother and father to explore the source and reason for their continuing dissatisfaction and distress including the effects of labour and birth, ambivalent, unwanted and inappropriate behaviour from the birth partner, family or professional support. The professional should be particularly sensitive to signs and indicators of trauma such as intrusive images and behavioural avoidance. Care should be taken to explore the extent to which such difficulties have improved or worsened in the period since the baby was born.

The extent to which positive as well as negative experiences have affected the parents' capacity to care for and nurture their baby should be explored.

The mother and father should also have the opportunity to share the extent to which they have discussed their experiences with each other, and with family and friends, the effects of this and responses of others.

Specialist advice should be sought for women experiencing severe difficulties that impact upon their own wellbeing and their capacity to look after their baby.

## What was it like when you met your baby for the first time?

The purpose here is to focus the parents onto the immediate period after the baby was born and their baby's experience during birth and immediately afterwards. The professional should initially invite the parents to share their ideas about what their baby was like once s/he was born.

Care should be taken to reinforce positive and accurate knowledge of neonate skills, abilities and behaviour. An absence of or inaccurate knowledge about neonate behaviour and responses should be gently explored. The professional can potentially offer her knowledge and also suggest other accessible sources of relevant information.

Consideration of how the mother and father felt physically and emotionally after delivery should also be included in the conversation as well as the baby's experience of birth and the behaviour of midwives and other professionals.

## How are you feeling physically now? How has your recovery been?

The aim is to offer the mother the opportunity to share the progress of her physical recovery from labour and birth. The physical impact will vary depending upon the personal circumstances and required intervention.

Positive recovery should be appreciated and encouraged, particularly where mothers, supported by their partner and family, are engaged in healthy behaviours. Delayed recovery and the impact of this should also be appreciated and the reasons for this explored. The professional should share further advice and information that will assist recovery as well as identify the need for specialist health advice where necessary.

### Actions

- Identify key risk/resilience factors and consider parent/professional priorities
- Encourage and reinforce realistic appraisal of risk and resilience factors and the effects on early parenthood and the new baby
- Share and explore accurate and helpful information about the continuing physical and psychological effects of labour and birth
- Encourage and reinforce involvement of effective social support from friends and family
- Where concerns about domestic violence exist, arrange to see mother alone, consider additional risks to safety
- Consider local, social networks and other resources to support recovery from labour and birth

# Your emotional wellbeing



## Key Facts

- Parents who share newly received parenting information with friends and family are more likely to make behaviour changes
- Maternal parenting efficacy is higher when they have a supportive partner
- Prenatal depression is the strongest predictor of postnatal depression, risk factors include anxiety during pregnancy, stressful life events, low social partner support, and obstetric complications
- Depression in fathers in the postnatal period is associated with later childhood emotional and behavioural difficulties, independently of maternal postnatal depression.

## Potential Risk Factors

- Relationship conflict/violence
- Unhealthy pregnancy behaviour
- Chronic illness/disability
- Alcohol/substance misuse
- Stress/mental health problems
- Low parental confidence/self-efficacy

## Potential Resilience Factors

- Supportive couple relationship
- Healthy pregnancy behaviour
- Good physical health
- Positive health behaviour
- Positive wellbeing & mental health
- Positive confidence & self-efficacy



## Topic Aims

To give the mother and father an opportunity to talk about their emotional wellbeing and psychological health

To explore the extent to which parents have adopted ways of looking after themselves that are likely to protect their emotional wellbeing

To gain an understanding of the mood and emotional resilience of the mother and father now that their baby has arrived

## Topic Prompts and Actions

### How do you feel in yourselves now your baby's here?

The purpose here is to give the mother and father an opportunity to talk about their emotional wellbeing and psychological health including their self-esteem, positive feelings, joy and happiness, stress levels and any feelings of depression, anxiety or other mental health issues, alcohol or substance use/misuse.

The mother and father should be encouraged to describe the ways in which positive and negative feelings and experiences affect their daily routines, the care and nurture of their baby as well as their ideas about themselves as parents. In doing so, the professional should be sensitive to the changes as well as continuities in wellbeing and psychological health from pregnancy.

Positive feelings should be encouraged and the reasons for these understood and reinforced. The mother and father should be encouraged to share their wellbeing with other members of their close family and friends.

Negative and vague feelings about perceived changes in behaviour, attitudes, mood and feelings should be explored, appreciated and efforts made to understand the nature of these changes and the effects on the mother/father and their care and nurture of their baby.

These may include changes in maternal body image, appetite and eating habits, decreased interest in or fear of sexual intercourse, changed sleep patterns and routines, depressed and anxious mood.

The professional should prompt and encourage discussion of these issues and in doing so share accurate and helpful information on common changes in the early postnatal period, if relevant and encouraged, by the mother and father.

The mother and father should be encouraged to share changes with other members of the family and especially with each other.

Other prompts might include: *'How have you found these changes? In what ways may they have worried or concerned you? Have you talked about them to anyone, for example your closest friend/family member?'*

### What things are you currently doing to look after yourselves?

The aim is to explore the extent to which parents have adopted ways of looking after themselves that are likely to protect their emotional wellbeing now that they are parents.

Positive actions that support health and wellbeing should be reinforced and encouraged, such as realistic expectations, exercise, rest, relaxation, getting out and seeing friends, family and other new parents. Friends and family that encourage and maintain positive behaviours should be identified and reinforced.

Actions that are likely to impede or worsen the health of the mother, father or baby should be gently explored and the reasons for the behaviours appreciated and efforts made to understand the purpose and motivations of the parents' behaviour. These may include unhealthy behaviours, such as poor diet, lack of exercise, smoking, excessive alcohol use; social and couple withdrawal; unrealistic and rigid expectations and patterns of behaviour. Direct challenge, judgement and advice giving should be avoided unless invited by parents and appropriate to the context and relationship. Rather the value to the parents and baby of continuing or changing the

behaviours discussed should be explored, the views of friends and family sought and, potentially, additional help offered to support behaviour change, where significant difficulties exist.

### Do you have any worries about how you have been feeling as some women and men get depressed after their baby arrives?

The intention here is to gain an understanding of the mood and emotional resilience of the mother and father now that their baby has arrived. The professional should link this with the exploration of the couple's current wellbeing and mental health.

The mother's previous experiences of low mood should be gently probed and positive ways of managing mood reinforced, including irritability, low mood, loss of energy, apathy, loss of interest, negativity, withdrawal and self harm. Particular care should be taken with mothers and fathers who have previously experienced depression or who have been depressed during pregnancy.

The professional should help the parent to describe concerns about the possible reoccurrence of low mood now the baby has been born.

The professional can use the **WHOLEY QUESTIONS** to help guide and elicit further information about mood and to identify possible depression if this has not already been covered by the previous discussions:

*During the past month, have you often been bothered by feeling down, depressed or hopeless?*

*During the last month, have you often been bothered by having little interest or pleasure in doing things?*

A third question should be considered if the woman answers 'yes' to either of the initial questions:

*Is this something you feel you need or want help with?*

The professional should, if not known already, also explore the extent to which the mother and father have previously experienced mental health or emotional difficulties and the type and effectiveness of help they received at the time.

Care should be taken to listen to the mother's and father's ideas and experience about what has helped to lift mood in the past as well as how these may be useful in the present: *'that's really given me a good idea about what has helped you in the past, how could you potentially use these things to help you if your mood was to dip?'* Care should be taken to learn how parents combat negative thinking, loss of motivation and withdrawal associated with low mood.





The value and impact of the couple's relationship, friends and family should be explored as well as opportunities for strengthening the sources and availability of emotional and practical help. If there is no one to give support, using her knowledge of local networks and resources, the professional should help the mother and father to talk through pros and cons of developing new friendships with other new parents.

Depending on the overall level of need, the professional should also suggest the value of meeting again and potentially offering ongoing support herself, if appropriate, and also consider referral to specialist help if necessary.

---

## Actions

- Identify key risk/resilience factors and consider parent/professional priorities
- Encourage and reinforce realistic appraisal of risk and resilience factors and the effects on early parenthood and the new baby
- Share and explore accurate and helpful information about common changes in emotional wellbeing and mental health that occur during the postnatal period
- Encourage and reinforce effective coping strategies for maintaining mental health and psychological wellbeing including the support of partner, friends and family
- Identify significant low mood, anxiety, stress or other mental health difficulties
- Consider local, social networks and other resources to support parents and referral to specialist services

# Becoming a mum, a dad, and a family

## Key Facts

- New parents spend less time together, argue more and relationship satisfaction decreases
- Unrealistic and differing parental expectations are associated with couple conflict, maternal distress, reduced father involvement and lower affection in parent-infant interaction
- Maternal stress, depression and worry are less likely with a supportive partner
- Recovery from depression is predicted by couple satisfaction and support, maternal parenting efficacy is higher when the mother has a supportive partner
- Maternal criticism of fathers is associated with their reduced involvement in infant care
- Up to 50% of women and 20% of men feel less sexually responsive in the 6-12 months after the birth of a baby

## Risk Factors

- Relationship conflict/violence
- Stressful family environment
- Unrealistic/negative expectations
- Low parental confidence/self-efficacy
- Young parents/large family
- Lack of confiding relationship
- Lack of practical support
- Past physical, sexual or emotional abuse
- Childhood adversity
- Parental criminality/antisocial behaviour

## Resilience Factors

- Supportive couple relationship
- Strong, caring family environment
- Realistic/accurate expectations
- Positive confidence & self-efficacy
- Smaller family, 2yrs between sibs
- Positive emotional support
- Positive practical support
- Loving, supportive childhood
- Stable family
- Positive family values/traditions

## Topic Aims

To encourage the mother and father to talk about the meaning, ideas and significance of becoming parents

To help the mother and father to share their ideas and feelings about their immediate role as parents and their approach to caring for their baby

To enable parents to explore the emotional, practical and attitudinal effects of the arrival of their baby on their relationship

To enable parents to share any significant relationship stresses and difficulties

## Topic Prompts and Actions

### What has becoming a mother/father meant to you personally and as a couple?

The purpose is to allow the mother and father to talk about the meaning, ideas and significance of becoming parents. The professional should prompt and allow the mother and father to explore and share their own individual experiences of becoming a parent as well as the meaning for each of them in becoming a family.

The professional can encourage the mother and father to talk about the physical, emotional, social and attitudinal changes they have noticed in themselves and each other since their baby was born and the ways that they have coped with the demands of new parenthood.

In doing so, the professional should listen to the parents' hopes, expectations, worries and concerns for themselves and each other. It may be helpful to encourage parents to explain what has influenced and shaped these experiences and expectations.

The professional should reinforce and warmly appreciate positive and rewarding experiences, expectations and normative concerns, checking the extent to which these are held and reinforced by friends and family.

The professional should respectfully acknowledge and seek to understand when mothers and fathers express significant concerns and worries about their new role as individual parents and as a couple. The extent to which these are adversely affecting their early involvement with their baby, early parenting and own wellbeing should be explored with the parents.

The professional should also explore any experiences that the parents find unrewarding and dissatisfying as well as expectations,

hopes and fears that appear inaccurate or unrealistic. Parents' effective and well thought through plans to cope with difficult early parenting experiences should be reinforced. If no plans are foreseen – encourage the mother and father to describe the options available to them, and the pros and cons associated with each, encouraging the mother and father to discuss these actions with a valued close friend/family, for example, *'How about discussing this (the options available) with your closest friend/family? Or maybe there is someone else who might be better?'*

The professional should not directly challenge nor immediately seek to reassure. The professional should show interest in the parents' experiences and ideas, seeking to understand why the ideas are held and the implications for their role as parents. The professional may possibly then go on to share more accurate information by saying *'That's really interesting, I can see why you think that, though some mums and dads have different experiences,... what do you think?'* or *'that's interesting but doctors have looked into this and discovered....., what do you think?'*

Using open questions, the professional should help the mother and father to think about how they can use their existing personal, relationship and family strengths to cope with and manage the inevitable demands of looking after a new baby, for example, their personal emotional resilience, relationship strength, physical health, social support, confidence and ability to solve problems, financial security, and previous experiences with infants.

Parents with few or problematic resources should be encouraged to talk about what realistic forms of practical and emotional



resources that they can begin to develop for themselves now that their baby has arrived, such as learning new baby care skills, improving friendships with other new parents as well as attempts to improve significant barriers to resilience such as enduring social isolation, relationship and family difficulties.

Parents should be encouraged to talk over their experiences and expectations of early parenthood with close family and friends, where available.

### What sort of parents have you been so far?

A further aim of this topic is to help the mother and father to share their ideas and feelings about their immediate role as parents and their approach to caring for their baby.

Mothers and fathers should have the opportunity to share and explore where their current ideas and feelings as parents have come from and the similarities and differences between these and their own ideas during pregnancy, and those of their own parents, family and friends. Parents may also want to talk about the influence of parenting previous children that they have had either within this couple relationship or previous relationships.

Positive feelings, self confidence and efficacy, problem solving and emotional regulation should be reinforced and the parents encouraged to share them with close family and friends.

The professional should also encourage the mother and father to share negative and ambivalent feelings and attitudes such as concerns, fears and feelings of guilt, doubts about parental competence and being a 'good parent', feeling unappreciated and neglected by others, loss of self-identity, differences and conflict about parenting expectations, roles and tasks.

The professional should explore and seek to understand the mother's and father's feelings, their significance and impact. This will include the way in which the feelings are directed inwards towards the self, for example, being self-critical, feeling insecure; confused; feeling empty, etc.; directed towards the child, for example, s/he is a difficult baby/hard to manage, etc.; and directed towards the partner, family, friends and the outside world, for example, blaming and resenting the partner.

The parents should also be encouraged to share their feelings with close family, and friends, seeking to acquire emotional and practical support.

### How has your relationship been affected by the birth and looking after your new baby? How are things between you?

The aim is to allow parents to explore the emotional, practical and attitudinal effects of the arrival of their baby on their own relationship. These may include predicted

changes in line with their expectations, continuities from pregnancy as well as unexpected effects, both positive and negative. The professional should take into account what she knows about the couple relationship prior to the arrival of the baby.

Gently encourage the mother and father to describe how they have been getting on together. The professional may need to explain that her interest is based on her experience of the pressures and demands that having a new baby can place on relationships. The professional should show appreciation and acknowledge parents willingness to be open with her about their relationship as well as any difficulties and uncertainties they may have experienced.

The professional can use additional prompts and further open questions, if necessary, to explore a range of possibilities including changes in daily schedules and routines of the couple and the time and emotional availability that they have for each other, including closeness, intimacy and sex. It may also include tension and irritability with each other, arguments and disagreements. If these are not elicited then encourage using further exploratory prompts.

The professional should explore the effects on the couple's relationship of the demands and time that the parents may need to look after their very young baby, the potential pressures on their relationship, and the extent to which they have been able to offer thoughtful support to each other despite the effects of tiredness, broken sleep and the physical demands of feeding etc..

In doing so, encourage the mother and father to consider their other commitments such as the baby's siblings, work, caring for other relatives, and the effects on these since the birth of the baby and early parenthood.

Positive experiences and changes should be encouraged and reinforced. Realistic and mixed feelings should be appreciated and efforts made to understand the parents' reactions, concerns and worries.

Care should be taken to consider parents' experiences and the accuracy, practicality and realism of their expectations as well as the consistency of expectations and experiences between the mother and father.

The professional should seek to reinforce and support parents' capacity to positively adjust to becoming a family and the joys as well as demands involved. Share, if necessary and welcomed, knowledge about the value of positive and supportive couple relationships for early parenthood and the baby.

Negative experiences, such as less shared time, increased irritability and arguments, differences in expectations, and less affection, intimacy and sexual closeness should be explored and appreciation shown for the parents' experiences and impact. Parents should be encouraged to share their experiences with each other without increasing tension or conflict, and the strategies available to the parents for managing their differences and tension explored.

The practitioner should share common impacts on couples and couple relationships if relevant and invited. Couples should be encouraged to share their experiences with close and valued family and friends.

**How do you generally get on together? Are there times when you disagree or argue? Do these ever become serious?**

**(If mother on own) Have you felt frightened or scared?**

The aim here is to allow parents to share any significant relationship stresses and difficulties that have occurred since the baby arrived.

The professional should seek to reinforce the positive aspects of the couple's relationship while acknowledging that all new parents have their differences, especially once a baby arrives. For example, *'all couples go through ups and downs, they may argue more once their baby arrives'. What's this been like for you? How have you managed to get over any differences?'*

Significant negative experiences and expectations should be explored and genuinely appreciated and understood, for example, conflicts about early baby care and choices, changes in sleep patterns, coping with infant crying, the balance of care between the couple and time spent caring for the baby, behaviour and feelings of siblings, lack of support from family and friends, financial or housing problems etc..

The professional should take care to maintain a balanced position in listening to both the mother and partner, so as to avoid being perceived as favouring either. Encourage the parents to share their feelings with each other as well as invite parents to consider the pros and cons of making changes in an effort to improve their relationship. The effects on the care and nurture of their baby should also be explored and considered.

Encourage parents to share the positive as well as negative aspects of their relationship with close and trusted family and friends

At the same time, be sensitive to signs of significant relationship conflict and risk of harm and threat. Sensitivity and professional

judgement should be used to detect serious relationship conflict and domestic violence.

The professional should take appropriate care in managing such conversation so as to avoid increasing the risk to victims of violence and relationship conflict. The professional should use her professional judgment in such situations and ensure that the potential victim of violence has the opportunity to meet her separately so that her relationship circumstances can be further explored.

Further visits and referral to other services should be considered where relationship difficulties are entrenched and significant.

---

## Actions

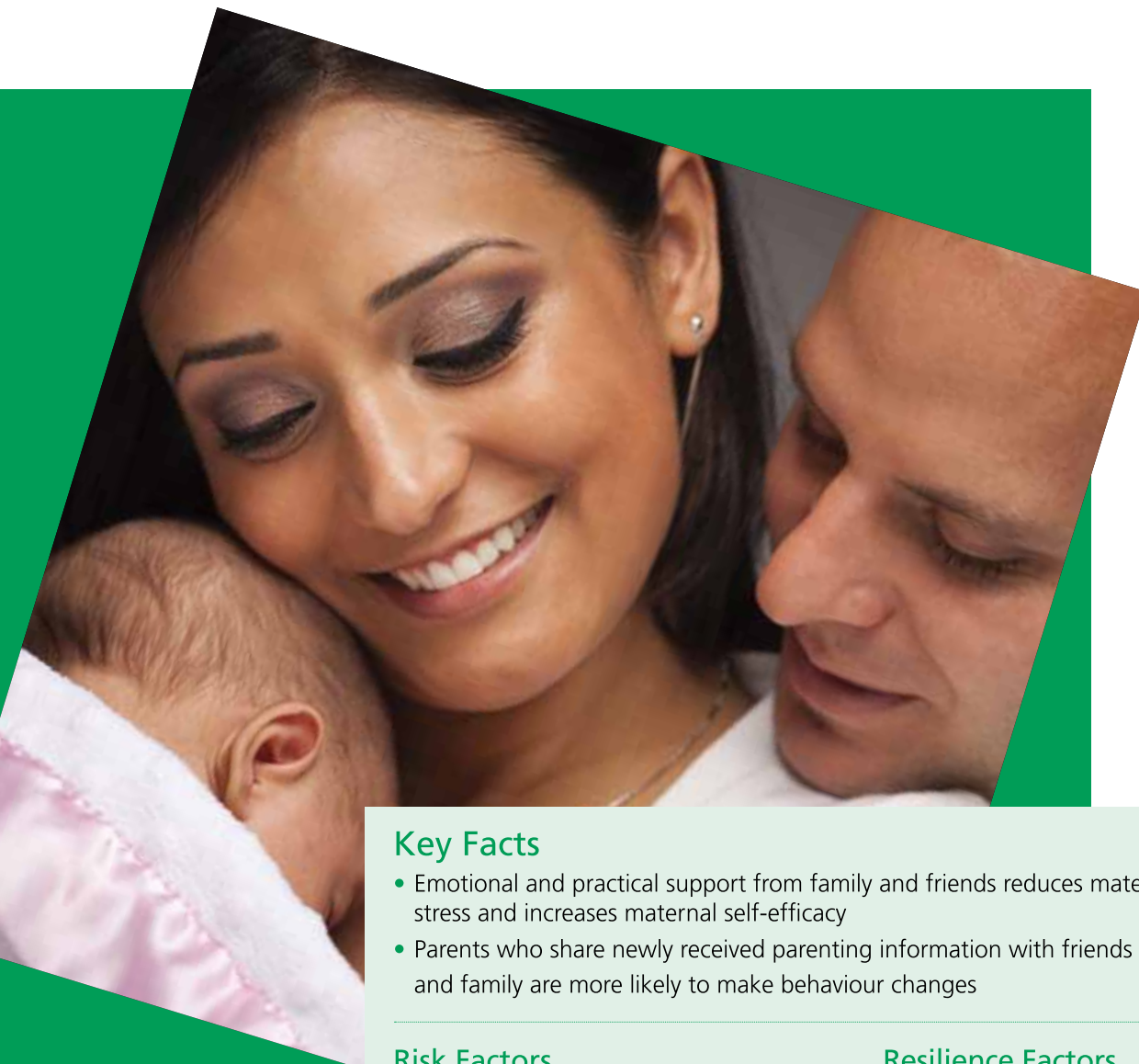
- Identify key risk/resilience factors and consider parent/professional priorities
  - Encourage and reinforce realistic appraisal of risk and resilience factors and the effects on early parenthood and the new baby
  - Share and explore accurate and realistic experiences of young infants and early parenthood
  - Encourage and reinforce effective coping strategies for changes to couple relationships and family routines and maintaining warm supportive couple relationships
  - Where concerns about domestic violence exist, arrange to see mother alone, consider additional risks to safety
  - Encourage and reinforce realistic expectations and concerns, and involvement of effective social support from friends and family
  - Consider local, social networks and other resources to support knowledge and skills in becoming new parents
-



TOPIC

# 4

## Your family and friends



### Key Facts

- Emotional and practical support from family and friends reduces maternal stress and increases maternal self-efficacy
- Parents who share newly received parenting information with friends and family are more likely to make behaviour changes

### Risk Factors

- Lack of confiding relationship
- Lack of practical support
- Relationship conflict/violence
- Stressful family environment
- Parental criminality/antisocial behaviour
- Service/resource non-engagement/hostility
- Fragmented/poor community ties

### Resilience Factors

- Positive emotional support
- Positive practical support
- Supportive couple relationship
- Strong, caring family environment
- Positive family values/traditions
- Positive use of services/resources
- Mutually supportive community

## Topic Aims

To explore the nature and quality of the mother's and father's close family and social ties  
To identify individuals who may be most likely to offer emotional and practical support  
To understand the emotional and practical support currently available to parents  
To explore the extent to which mothers and fathers are positively linked with other new parents

## Topic Prompts and Actions

### How has your baby's arrival affected others in the family? For example, other children, grandparents etc..

Building on knowledge gained from the Antenatal Guide contact and prior postnatal visits, the aim is to explore the nature and quality of the mother's and father's close family and social ties as well as to identify individuals who are most likely to offer emotional and practical support now the baby has arrived. This topic should also enable the parents to describe the size and current membership of their family and immediate social network, if not already known.

This topic also involves exploring the extent to which there have been positive or negative reactions to the baby's arrival from siblings, close family and friends.

The positive, supportive and involved reactions of family and friends should be reinforced and parents encouraged to share the value of this with the family and friends involved, if they have not already done so. Note should be taken of advice and support that may, in the judgment of the professional, be unhelpful or inaccurate.

Negative or ambivalent responses should be explored and the effects on the mother/father understood and appreciated. Negative reactions and changes may include sibling jealousy and fears of harm or injury, intrusive over-involvement, criticism and absence of family and close friends.

The mother and father should be invited to consider the pros and cons of raising these difficulties directly with the family and friends

involved, considering, as they do so, the ways in which they could do this constructively.

### Who among your family and friends has offered you practical and emotional support?

The aim here is to give the mother and father the opportunity to share with the professional the family/friends who are offering helpful emotional, financial and practical, social support since the baby arrived. This may include people already mentioned in the guided conversation. Note should also be taken of family and friends who offer little or no support.

Care should be taken to explore the extent to which the support is unconditional and non-contingent, desired and wanted as well as consistent with the wishes, expectations and needs of the mother and father.

Positive sources of support should be reinforced and the value emphasised.

Appreciation should be shown for the existence of any potential problems in relation to practical and emotional support including social isolation. Mothers and fathers should be encouraged to share anticipated problems either directly with those concerned, if possible, and/or with their close dependable social supports especially where the baby's father is absent or is unsupportive.

This may be raised by asking:

*What chances have you had to talk about these difficulties with someone else, particularly those concerned? Who was that? How did it go?'*

Positive experiences of sharing feelings and potentially resolving difficulties should be reinforced and admiration shown for the mother's and father's willingness to talk the issues through, particularly if they have had to handle a difficult, sensitive situation.

Negative experiences should be explored and effort made to understand the complexity of the circumstances. The mother/father should be encouraged to think about the further choices available to them for managing their situation and building appropriate sources of support particularly now their baby has arrived.

If support is not likely to be available or there is a strong concern or reluctance, the mother and father should be encouraged to share their feelings with the professional and other key people available postnatally.

Parents should be encouraged to consider the extent to which practical, emotional and social support for the mother/father could be strengthened through contact with other new parents.

### Have you had the chance to get together with other new mums and dads?

The aim is to explore the extent to which mothers and fathers are positively linked with other new parents through local as well as web-based contact.

The professional should explore the extent to which the mother and father are spending time with other new mothers and fathers as well as the opportunities available to them to do this.

The positive aspects of these experiences should be explored and the gains for the mother and fathers as well as any negative experiences explored and appreciated.

If there has been little or no contact, encourage a discussion about the pros and cons of getting involved with the opportunities locally available including services, organisations and groups where the mother and father could meet other new parents, those available through the web and the potential advantages and disadvantages perceived by the parents.

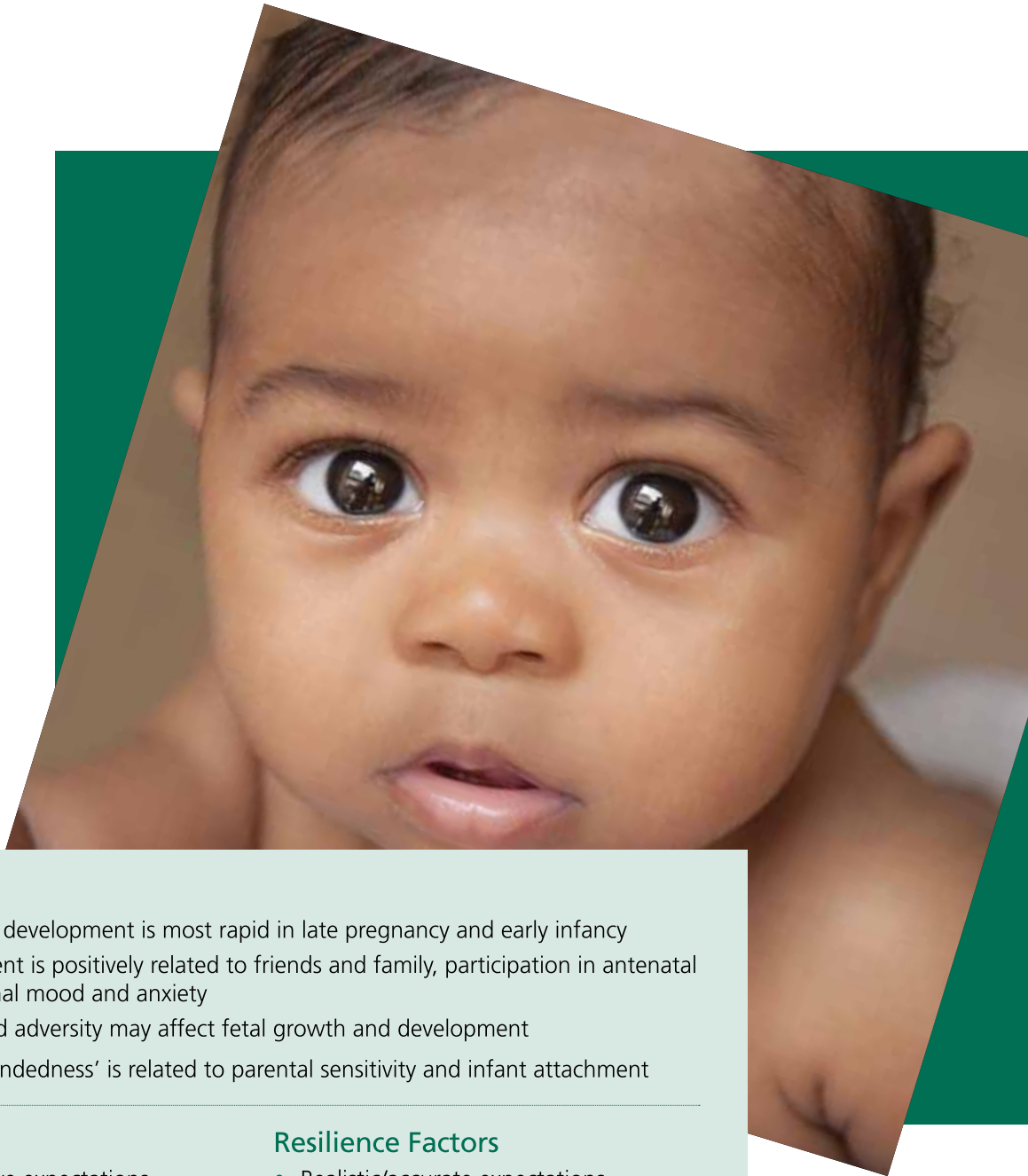
### Actions

- Identify key risk/resilience factors and consider parent/professional priorities
- Encourage and reinforce realistic appraisal of risk and resilience factors and the effects on the early parenthood and the new baby
- Encourage and reinforce effective coping strategies for maintaining social support
- Identify and reinforce reliable, unconditional support from family and friends
- Share and explore local resources for meeting new parents and social network and other internet resources

TOPIC

# 5

## Your baby's development



### Key Facts

- Brain growth and development is most rapid in late pregnancy and early infancy
- Prenatal attachment is positively related to friends and family, participation in antenatal screening, maternal mood and anxiety
- Parental stress and adversity may affect fetal growth and development
- Parental 'mind-mindedness' is related to parental sensitivity and infant attachment

### Risk Factors

- Unrealistic/negative expectations
- Negative/absent feeling & bond
- Lack of parental nurture & harshness
- Lack of confiding relationship
- Relationship conflict/violence

### Resilience Factors

- Realistic/accurate expectations
- Warm loving bond
- Sensitive nurture & protection
- Emotional family/social support
- Supportive couple relationship

## Topic Aims

To explore the mother's and father's knowledge, interest, familiarity and sensitivity towards with their baby's progress and development

To explore the mother's and father's interest and sensitivity towards their baby as a distinct individual

To explore and encourage the mother's and father's emotional involvement with their baby

## Topic Prompts and Actions

**How is your baby doing? In what ways has s/he changed and developed since s/he was born? Are there any things about your baby's progress that you particularly enjoy or are concerned about?**

The first aim of this topic is to explore the mother's and father's knowledge, interest, and familiarity with their baby's progress and development. This includes the opportunity to explore any particular concerns and worries that the mother and father may have about their baby's development

Parents should be encouraged to share their knowledge about the changes that they have seen in their baby's social, communication, motor, cognitive and other aspects of development since they were born.

Parents' positive awareness, familiarity and helpful, accurate knowledge of their baby's skills, abilities and behaviour across all areas of growth and development should be valued and encouraged. Accurate and helpful expectations should be reinforced and welcomed.

The professional can gently add to parent knowledge using specific, accurate information about early infant social, emotional, physical, cognitive, motor and communication development if invited and welcomed.

Limited interest, lack of familiarity, inaccurate knowledge and parental disinterest in their baby's social, emotional, communication and other aspects of development and progress should be explored with the mother and father and the reasons for this understood and appreciated. This may be related to a misunderstanding of early infant development, parental expectations, difficulties associated with parental mood, substance misuse or indications of significant difficulties in early parenting capacity.

The effects of parents' perceptions and knowledge should be explored in relation to the ways that they understand and try to meet the needs of their baby. The professional can potentially offer her knowledge from her observation of the baby as well as those based on the parent's descriptions of their baby. The views and expectations of the baby of close friends and family can also be explored.

Sensitivity towards any emerging differences between the parents should also be shown, appreciating that the possible discrepancies between the time spent involved with the baby, the division of the tasks of care and parenting roles.

Parents should be encouraged to share their observations and knowledge of their baby with close family and friends. Encouragement should be given to potential ways to attend to and enjoy their baby's development and changes.

Significant levels of disinterest should be explored, the risks assessed and specialist referral considered.

**What have you learnt about your baby so far? What sort of person is s/he? In what way is s/he the same as other babies, in what ways is s/he different?**

The purpose here is to explore the mother's and father's interest and sensitivity towards their baby as a distinct individual with her/his own personal characteristics, needs and attributes, that is, their mind-mindedness. This may include discussion of distinct, specific aspects of their baby's temperament and personality; her/his social, communication and motor skills and capabilities; preferences and sensitivities; interest, awareness and responsiveness; play, routines, rhythms and patterns of behaviour over the course of a day/night.

Sensitive, valued perceptions and awareness of the unique, personal characteristics and needs of the baby by the mother and father should be warmly reinforced. Parents should be encouraged to share their thoughts and insights with each other, close friends and members of the family.

Negative, undervalued and vague views and perceptions about, for example, temperament and characteristics, emotional state, such as, grizzly or never happy, and attribution of blame should be listened to carefully and sensitively and the reasons for this understood and appreciated. The professional should explore the way that these negative or vague perceptions affect the parents' capacity to offer sensitive and consistent care and nurture, for example ***'It can be quite hard to be with babies that are often upset and difficult to comfort and settle. When this has happened, what's it been like for you?'***

The professional should be alert to negative views that significantly undermine the capacity of the parents to meet the needs of their baby. Where necessary, the need for specialist advice should be discussed with the mother and father.

The parents should be encouraged to share their thoughts and feelings with each other and other key sources of emotional support

### How do you feel about your baby at the moment? What sort of bond do you have?

A further aim is to explore and encourage the mother's and father's emotional involvement with their baby. The mother

and father should be encouraged to share their feelings about their baby and the nature of the bond that is developing between them.

The professional should show empathic interest and respect towards the parents whether they describe absorption and profound love; vague and ambivalent feelings, guilt and discomfort, troubled and distressed feelings; or muted emotions.

Parents' love and enjoyment of their baby should be appreciated and its significance for maternal and paternal attachment and their baby reinforced. The professional should encourage parents to share their positive feelings with each other and valued friends and family.

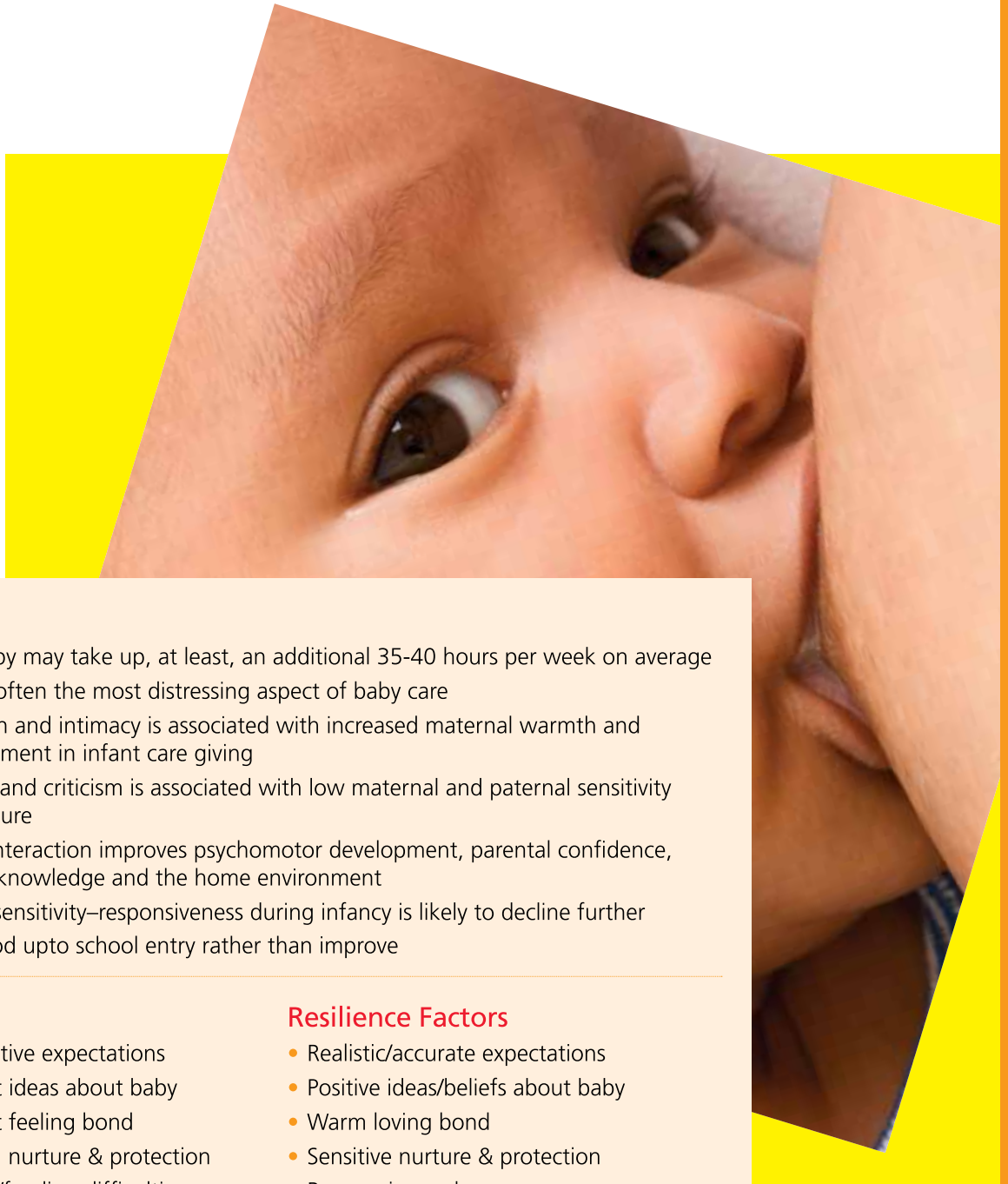
The professional should show respect and gently explore mothers' and fathers' ambivalent and negative feelings sensitively seeking to understand the nature and meaning of the parents' emotions, their possible causes, such as the circumstances of conception, relationship difficulties, the needs and nature of the baby, or previous miscarriage and loss. The parents and the practitioner should consider strategies that may increase the mother and father's ability to sensitively appreciate and respond to their baby's developing capabilities including the potential value of sharing their feelings with each other, trusted friends and family.

The professional should consider seeking specialist advice if she considers the parents' difficulties in this area to be beyond her own competence.

## Actions

- Identify key risk/resilience factors and consider parent/professional priorities
- Encourage and reinforce realistic appraisal of risk and resilience factors and the effects on early parenthood and the new baby
- Share and explore accurate and helpful information about early infant growth and development
- Encourage and reinforce effective early parental bonding and attachment
- Where concerns about domestic violence exist, arrange to see mother alone, consider additional risks to safety
- Consider local, social networks and other resources to support parents' baby knowledge and emotional involvement

# Caring for your baby



## Key Facts

- Caring for a baby may take up, at least, an additional 35-40 hours per week on average
- Infant crying is often the most distressing aspect of baby care
- Couple affection and intimacy is associated with increased maternal warmth and paternal involvement in infant care giving
- Couple conflict and criticism is associated with low maternal and paternal sensitivity in care and nurture
- Early play and interaction improves psychomotor development, parental confidence, developmental knowledge and the home environment
- Low parenting sensitivity–responsiveness during infancy is likely to decline further during the period upto school entry rather than improve

## Risk Factors

- Unrealistic/negative expectations
- Negative/absent ideas about baby
- Negative/absent feeling bond
- Lack of parental nurture & protection
- Frequent crying/feeding difficulties
- Irritable temperament/diff to settle
- Unclear/inconsistent feeding
- Lack of confiding relationship
- Relationship conflict/violence

## Resilience Factors

- Realistic/accurate expectations
- Positive ideas/beliefs about baby
- Warm loving bond
- Sensitive nurture & protection
- Responsive and warm care
- Settled and calm baby
- Breast-feeding/feeding pattern
- Positive emotional support
- Supportive couple relationship

## Topic Aims

To explore the mother's and father's interest and involvement, confidence and sensitivity towards caring and looking after their new baby

To enable parents to share their current experiences, skills and expectations of feeding their baby

To explore parents' knowledge, expectations and experiences of their baby's emergent sleep patterns and early settling routines

To give the mother and father the chance to explore their experience of caring for their young baby

## Topic Prompts and Actions

### What has it been like caring and looking after your baby, such as feeding, settling, comforting, bathing, playing?

The first aim of this topic is to explore the mother's and father's general interest and involvement, confidence and sensitivity towards caring for and looking after their new baby, and the new skills they have developed. It includes the opportunity to explore any particular concerns and worries that the mother, father and practitioner may have.

The topic also helps parents to think about their skills in caring for their young baby, their growing developmental knowledge and expectations and their personal learning about their baby, themselves and each other. In doing so it is important to encourage the mother and father to describe recent specific rather than general experiences.

In exploring this topic, it may be appropriate to encourage the mother and father to think about their baby's experience of the care and the nurture that s/he receives from them and any other significant care givers, as well as any potential differences in experiences between care givers.

Parents should be encouraged to share their growing knowledge and skills about caring for their young baby, what they have noticed about their baby's needs and how to best meet them. The role of the available practical and emotional support from friends, family and other new parents in relation to caring for their baby should be explored, including the ability to share accurate and

helpful knowledge and skills, problem solve, manage confidence and feelings; and build self-esteem. The professional should offer parents the opportunity to explore the way in which care tasks and activities affect their own feelings and relationship with their baby.

Warm encouragement and reinforcement should be offered to parents' positive experiences and expectations, developing skills, knowledge and confidence and the capacity to perceive, understand and respond to the individual needs of their baby.

Appreciation and understanding should be shown for the inevitable occasions when parents' have found it difficult to discern and respond effectively to their baby's needs. The professional can gently add to parent knowledge and experience using specific, accurate information about the early needs, behaviours, patterns and rhythms of young babies, if invited and welcomed.

The professional should explore, appreciate and grasp any significant difficulties that the parents have experienced in looking after, caring for and protecting their baby. These may include lack of confidence, involvement and enjoyment; limited interest and experience of care tasks, inaccurate knowledge and expectations, and self-criticism and criticism by others.

The effects of these early parenting difficulties should be explored in relation to the ways that the parents try to meet the needs of their baby. The practitioner should gently explore effective strategies with the parents for managing the difficulties that have arisen,



including the pros and cons of the suggestions made by the parents and practitioner. In doing so, the professional can potentially offer her knowledge from her observations of the baby as well as those based on the parent's descriptions of their baby.

Sensitivity towards any emerging differences between the parents should be shown, appreciating the possible discrepancies between their involvement with their baby, the division of the tasks of care and parenting role, among other things.

Significant levels of inappropriate, ambivalent and disinterested care that have implications for the health, wellbeing and protection of the baby should be explored, the risks assessed and specialist referral considered and discussed with the parents.

**How is feeding going?  
What have you and your baby learnt  
about feeding so far?**

**(Ask prompts in conjunction with  
Baby Friendly Initiative, UNICEF, UK)**

The purpose here is to enable parents to share their current experiences, skills and

expectations of feeding their baby, including the practical, emotional and relational aspects of feeding. The professional should explore these in an approachable and invitational way, listening sensitively to the knowledge, beliefs and choices that the parents feel are available to them, as well as the practicalities involved. If necessary and appropriate, the professional should gently and openly encourage the parents to share their feelings about their breast-feeding experiences. The professional should encourage the parent to focus on specific, recent examples of feeding, and then explore the extent to which these are representative and typical.

The mother's and father's knowledge and positive attitude and feelings towards breast-feeding should be appreciated and reinforced in a thoughtful and sensitive way. The professional should create an atmosphere in which the parents feel comfortable to express their doubts, ambivalence about their feeding choice.

The professional should not seek to place pressure on the parent about feeding choices but seek to understand the parents' knowledge and decision-making. It is





important to avoid the idealisation of feeding choice. The professional can offer to share accurate knowledge about feeding choices if relevant and appropriate as well as offer other potentially useful resources to the parents.

Positive descriptions and examples of close contact between the mother/father and baby during feeding, such as holding close, eye-to-eye contact and noticing feed/pause patterns should be warmly encouraged and reinforced. Feeding patterns and rhythms should be explored such as demand feeding or flexible intervals. Positive examples of accurate knowledge, expectations and problem-solving should be warmly supported. The support and encouragement of family and friends for feeding choices, expectations and skills should be explored and reinforced.

Care should be taken to explore and understand any practical and emotional difficulties in relation to feeding. The reasons and affects of these as well as efforts made by the parents to address the difficulties should be appreciated before advice and suggestions are made about alternative strategies. The pros and cons of additional coping strategies should be shared between

the family and the practitioner, including the potential for sharing these with and involving important friends and family.

### How is your baby sleeping?

The aim here is to explore parents' knowledge, expectations and experiences of their baby's emergent sleep patterns and rhythms as well as their early settling routines and behaviours. This should initially focus on recent specific experiences, for example, in the previous 24-48hrs and then explore the extent to which these experiences are typical or representative of more general patterns.

Positive parental knowledge, confidence, skills and attitudes should be reinforced and encouraged. If the mother and father report difficulties in their baby's settling and sleeping, the practitioner should encourage them to discuss their expectations, the nature of the difficulties and the physical, emotional and relational effects on their baby, themselves, and each other. If necessary, the professional should encourage the parents to think about possible ways of coping with the practical and emotional effects such as managing demanding infant sleep patterns and parental exhaustion, irritability and erosion of confidence.

The pros and cons of possible coping strategies should be discussed. Parents should be encouraged to share their feelings, expectations and experiences with close family and friends.

### How has it felt looking after your baby? How are you coping with the broken nights? How do you cope when your baby cries a lot or is difficult to settle?

The aim of this prompt is to give the mother and father the chance to talk about and explore how they feel about the experience of caring for their young baby. This includes their enjoyment and immersion in the tasks, their emotional experiences, their capacity to manage and contain the emotional demands involved as well as any ambivalent, difficult or negative feelings and experiences.

Care should be taken to ensure the mother and father do not feel a sense of failure – after all some babies cry more than others and some are hard to console and comfort.

The topic gives parents and the professional the chance to understand and appreciate the extent to which the mother and father are able to respond sensitively to their baby's needs and distress, as well as manage and control their own feelings.

The professional should encourage the parents to initially focus on their recent specific experiences and then move to a broader exploration.

The professional should warmly reinforce positive emotional experiences and parental preoccupation with their young baby. The mother's and father's ability to manage, soothe and contain any negative feelings and experience in themselves and each other so that they continue to offer sensitive and thoughtful care should be appreciated and encouraged.

Muted emotional involvement and experiences in which the mother and father have found it difficult to manage and maintain control over their feelings should be explored, and appreciation shown for the parents' experiences. These experiences should be explored further to understand the extent and persistence of the difficulties encountered and the affects on the sensitive of care received by the baby, the parents' coping, well being, confidence and esteem.

Ambivalent and negative feelings as well as developmentally inaccurate and inappropriate expectations directed towards the baby should also be explored, for example, by asking *'Do you think your baby notices or senses how you feel at these times?'*.

The professional should involve the parents in a discussion about their shared ideas about the strategies that may help to alleviate the parents' difficulties, including their pros and cons. This should encourage the mother and father to consider the practical and emotional support available through family, friends, other new parents and local resources as well as share potentially effective strategies for managing the stress and emotional demands of early parenthood and baby care, if appropriate.

Particular attention should be paid to mothers and fathers who express considerable indifference or little control over their own feelings in ways that appear to affect the quality of care and safety of the baby. Significant levels of inappropriate, ambivalent and disinterested care that have implications for the health, wellbeing and protection of the baby should be explored, the risks assessed and specialist referral considered and discussed with the parents.

## Actions

- Identify key risk/resilience factors and consider parent/professional priorities
- Encourage and reinforce realistic appraisal of risk and resilience factors and the effects on early parenthood and the new baby
- Share and explore parents' views and knowledge about feeding and other aspects of caring for their baby
- Encourage and reinforce realistic expectations and coping strategies for caring for a young baby, and involvement of effective social support from friends and family
- Share and explore accurate and helpful understanding of the influence of mood, wellbeing and the couple relationship on caring for a young baby
- Consider local, social networks and other resources to support knowledge and skills for becoming new parents

# Baby cues, getting to know your baby



## Key Facts

- Couple affection and intimacy is associated with increased maternal warmth and paternal involvement in infant care giving
- Couple conflict and criticism is associated with low maternal and paternal sensitivity in care and nurture
- Early play and interaction improves psychomotor development, parental confidence, developmental knowledge and the home environment

## Risk Factors

- Unrealistic/negative expectations
- Negative/absent ideas about baby
- Negative/absent feeling bond
- Lack of parental nurture & protection
- Communication/stimulation difficulties
- Frequent crying/feeding difficulties
- Irritable temperament/diff to settle
- Lack of confiding relationship
- Relationship conflict/violence

## Resilience Factors

- Realistic/accurate expectations
- Positive ideas/beliefs about baby
- Warm loving bond
- Sensitive nurture & protection
- Sensitive reciprocal interaction
- Responsive and warm care
- Settled and calm baby
- Positive emotional support
- Supportive couple relationship

## Topic Aims

To explore the mother's and father's attention, perception, sensitivity towards and interpretation of their baby's behaviour and social communication

To help the parents to think about their own skills, confidence and experience in relating to, interacting and communicating with their baby

## Topic Prompts and Actions

**How does your baby show you how s/he feels and what s/he needs, for example, when s/he is happy, excited, uncomfortable, tired, hungry or unwell?**

The aim here is to explore the mother's and father's detailed attention towards their young baby, their individual and shared perception, sensitivity towards and interpretation of their baby's cues, behaviour and social communication.

The mother and father should be prompted to describe their baby when s/he is relaxed, playful and engaged as well as when s/he is unsettled, distressed and difficult to calm. The parents should be encouraged to describe their baby's cries, posture, body tension, facial expressions and eye contact as well as the way in which they 'read' and interpret their baby's behaviour and communication in these different states. It is particularly helpful to focus on specific instances rather than broader generalisations.

The professional should give thought and consideration to the effects of mood, stress and other personal difficulties that may affect parents' sensitivity towards their baby

The parents' awareness and sensitivity towards their baby's efforts and ability to communicate, interact and relate should be warmly acknowledged and encouraged, including parents' capacity to differentiate the meaning of different communication, cries and feeling states; their capacity to adjust their own speech to make it baby friendly (motherese/parentese), involving, turn-taking and shared conversation. The positive effects of parents' awareness and perception on their parenting of their baby, their care and interaction should be explored.

Lack of awareness of baby cues, insensitivity, inaccurate and unhelpful experiences

and expectations should be explored and the meaning for parents appreciated and understood. These may include lack of interest or understanding of young babies' ability to communicate, interact and respond. The effects of parents' limited awareness, interest and negative perceptions of their baby's communication and social behaviour on the parenting of their baby, their care and interaction should be explored.

The professional may take the opportunity to share her observations of the baby as well as her professional experiences and developmental knowledge with the parents, if appropriate, invited and helpful. If it is likely to be helpful, the parents' should be encouraged to watch and carefully respond to their baby's efforts to communicate and interact, looking for different baby cues, feeling states, cries and ways of responding that their baby likes and enjoys.

The potential value of involving friends and family should be considered.

Significant levels of inappropriate, ambivalent and disinterested interaction that have implications for the health, wellbeing and protection of the baby should be explored, the risks assessed and specialist referral considered and discussed with the parents.

**Can you tell me a little about how you talk and spend time with your baby? What would your baby say, if s/he could talk?**

The aim here is to help the parents to think about their own skills, confidence and experience in relating to, interacting, playing and communicating with their baby. This should include how the baby responds, shows positive signs of enjoyment, communication

and interaction as well as when the baby is showing that s/he does not want to interact, play or communicate.

The professional should give thought and consideration to the effects of mood, stress and other personal difficulties that the parents may be experiencing in their interaction and communication with their baby.

It may be appropriate to encourage the mother and father to think about their baby's experience of interaction and social communication that s/he receives from them and other significant care givers, as well as any potential differences in experiences between care givers.

Parents' positive experiences, sensitive and developmentally attuned skills, interaction and behaviour should be warmly emphasised and encouraged. It may be appropriate to explore and reinforce the effects on their interactions with their baby, their baby's growing abilities and development, feelings towards their baby, their knowledge about their baby as an individual and broader developmental knowledge as well as the effects on their parenting confidence and sense of themselves.

Negative and neutral experiences, inaccurate and unhelpful parent knowledge and expectations, communication skills and styles of interaction should be gently explored and appreciated. Direct challenge or implied criticism should be avoided. The professional should seek to understand the parents' feelings and attitudes. Parents should also be encouraged to consider the ways that they

could enjoy spending time with, interacting and responding directly to their baby.

The pros and cons should be explored of trying new strategies, such as observing other babies with their parents or discussing these issues with experienced parents whom they know as close friends and family.

Significant levels of inappropriate communication, ambivalent and disinterested interaction that has implications for the health, wellbeing and protection of the baby should be explored, the risks assessed and specialist referral considered and discussed with the parents.



## Actions

- Identify key risk/resilience factors and consider parent/professional priorities
- Encourage and reinforce realistic appraisal of risk and resilience factors and the effects on the transition to parenthood and the new baby
- Share and explore parents views and knowledge about feeding and other aspects of caring for their baby
- Encourage and reinforce realistic expectations and coping strategies for caring for a young baby, and involvement of effective social support from friends and family
- Share and explore accurate and helpful understanding of the influence of mood, wellbeing and couple relationship on caring for a young baby
- Consider local, social networks and other resources to support knowledge and skills for becoming new parents

# Your circumstances and community



## Key Facts

- Mothers with strong community ties are likely to have better mental health
- Women in socially disadvantaged neighbourhoods are likely to have fewer social ties and experience higher isolation
- Reductions in disposable income is associated with deterioration in couple relationship satisfaction

## Risk Factors

- Material deprivation/financial problems
- Insecure work/unemployment
- Housing probs/overcrowding
- Fragmented/poor community ties
- Cultural & ethnic isolation
- Neighbourhood threat
- Ineffective support services

## Resilience Factors

- Economic security
- Job security
- Secure, adequate housing
- Strong community involvement
- Strong cultural/ethnic pride
- Supportive community
- Access effective support services



## Topic Aims

To explore parents' knowledge about services and resources available to new parents and their babies.

To explore parents' concerns about money, housing or other significant demands that affect their circumstances and capacity to care for their new baby.

## Topic Prompts and Actions

How much have you been able to get out since your baby was born?

What do you know about what's available locally for new mums and dads? And on the web?

The aim is to help parents to think about what they know about local and web-based services and resources available to new parents and their babies. It is important to work from what parents know already and their thoughts and feelings about using these resources. The professional can add to the discussion from her own knowledge but should avoid leading.

Discussion of relevant specialist resources and services for specific needs should be included where the professional has concerns about significant areas of family need.

Sound knowledge and enthusiasm from parents should be reinforced and the practicalities of using specific resources explored.

Ambivalent or negative reactions to using local resources should be explored and the practical and personal reasons for this appreciated. The professional should warmly and sensitively encourage the mother and father to share their ideas about the pros and cons for themselves and their baby in trying out and getting involved in local groups, resources and activities. The professional should encourage parents to think about close friends and family who could accompany them to resources and services.

Care should be taken to understand the extent to which the parents feel accepted



and integrated into their community from personal, social and cultural perspectives. Positive feelings of involvement and acceptance should be welcomed and encouraged. Ambivalent, negative and hostile feelings and threat about the local community should be explored and appreciated. The potential advantages and disadvantages for the parents and their baby in using local community resources should be explored and understood.

Last time, we talked about your financial situation, how is this at the moment?

We also talked about your housing and accommodation, how is this at the moment?

The purpose is to help mothers and fathers share any concerns they have about money, housing or other significant demands that affect their parenting. The professional should listen carefully to parents' concerns, appreciating the personal stress and practical demands and hardships that their circumstances may create now their baby has arrived.

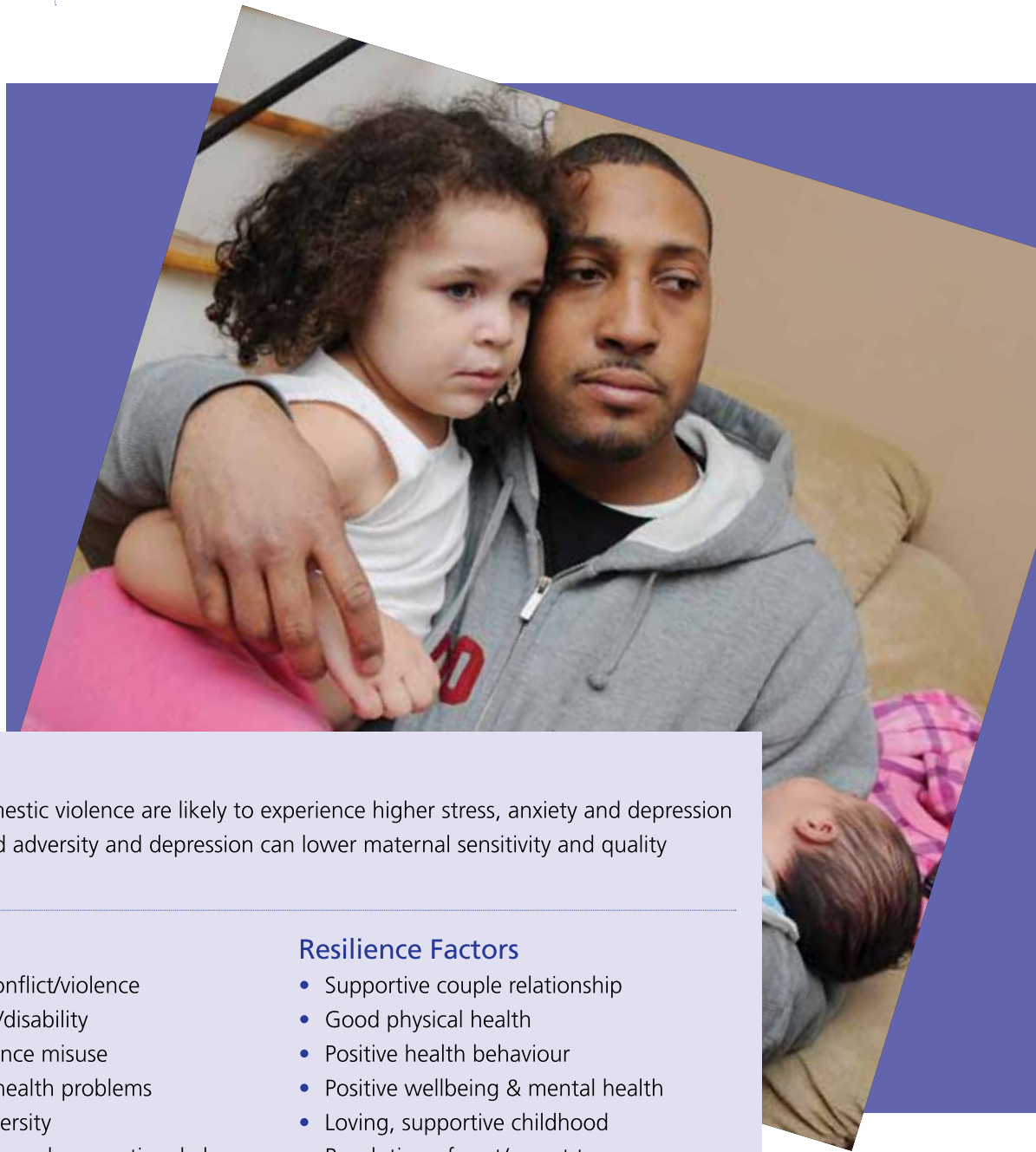
The professional should help the parents to realistically examine the pros and cons of practical action if it is possible to effect change. The professional should also show appreciation for the mother and fathers' feelings about their circumstances. The professional should explore potential strategies to help them manage their feelings if practical improvements in their situation are unlikely or unavailable, particularly those involving support and help from close family and friends.

---

## Actions

- Identify key risk/resilience factors and consider parent/professional priorities
  - Encourage and reinforce realistic appraisal of risk and resilience factors and the effects on early parenthood and their new baby
  - Share and explore parents' views and knowledge about local parent and baby resources and specialist services
  - Encourage and reinforce realistic expectations and coping strategies for managing family circumstances during early infancy
-

# Recent and past life events



## Key Facts

- Victims of domestic violence are likely to experience higher stress, anxiety and depression
- Early childhood adversity and depression can lower maternal sensitivity and quality of infant care

## Risk Factors

- Relationship conflict/violence
- Chronic illness/disability
- Alcohol/substance misuse
- Stress/mental health problems
- Childhood adversity
- Past physical, sexual or emotional abuse
- Major recent traumatic events
- Low educational achievement

## Resilience Factors

- Supportive couple relationship
- Good physical health
- Positive health behaviour
- Positive wellbeing & mental health
- Loving, supportive childhood
- Resolution of past/recent trauma
- Adaptation to trauma/life events
- Adequate educational achievement

## Topic Aims

To help the mother and father to share additional sources of strength and resilience as well as stress and hardship

To specifically explore the impact of stress on the mother and father and their most usual ways of coping

To enable parents to share personal, couple and family experiences that may affect their parenting and family life

## Topic Prompts and Actions

Last time you said that ..... (any major life event) had happened. How are you feeling about this now?

How are things in general? What's going well and good for you at the moment? What about things that are causing you a lot of stress on top of having a new baby?

The aim here is to help the mother and father to share any additional sources of strength and resilience as well as stress and hardship.

The professional should acknowledge and reinforce additional sources of support, strength and resilience, and explore their positive effect on the mother's and father's capacity to care and nurture their baby.

The professional should listen carefully and appreciate any additional stressors, demands and hardships described by the parents, exploring the potential effects on the mother and father, and their capacity to look after and care for their baby, particularly in relation to chronic, longstanding stress.

The pros and cons of different strategies for managing the practical and emotional effects of these stressors should be discussed to identify potentially effective coping strategies, especially those involving family and friends.

Have there been times in the past when you have worried about how you are coping with stress or experienced emotional problems?

The aim is to specifically explore the impact of stress, psychological and social adversity on the mother and father and their most usual ways of coping.

The use of positive and successful coping strategies by the mother and father should be endorsed, particularly those that demonstrate

personal and couple resilience. Unsuccessful and unrealistic strategies and their effects on the parents and their new baby can be explored and the pros and cons of their use considered.

The professional can possibly explore the pros and cons of other potentially more successful coping strategies that focus on practically addressing the sources of stress or improving emotional coping.

Care should be taken to learn about the quality of the couple relationship as a potential source of stress, conflict and violence. The professional should avoid potentially placing a mother/father in a difficult position in relation to the disclosure of domestic violence. The professional should use her professional judgment in such situations and ensure that a potential victim of violence has the opportunity to meet her separately so that her relationship circumstances can be further explored.

Has anything happened to you or your family recently or in the past that is affecting your new life as a parent and family? What about your own childhood and family life? To what extent did you feel looked after and loved?

Parents should be invited to share experiences that may have affected their personal, couple and family circumstances, health and wellbeing/mental health. Care should be taken not to appear intrusive and the professional's interest explained in terms of fully understanding parents' personal circumstances so that she can be as helpful as possible. Parents should feel that the professional is being sensitive and caring in relation to the nature of the exploration as well as to any information that the mother and father share.



Positive experiences should be appreciated and endorsed. Potentially negative experiences such as poor health, previous losses, significant mental health problems, adverse childhood experiences including abuse and neglect should be thoughtfully acknowledged, the affects on looking after their baby considered, and respect and care shown towards encouraging the mother and father to share appropriate and relevant aspects of their experience.

The practitioner should encourage parents to share ideas about the pros and cons of using different strategies for managing the continuing effects of life events on themselves and their capacity to look after and care for their baby, including the potential involvement of important friends and family.

Specialist advice and referral should be considered for parents experiencing significant difficulties related to long standing problems.

### Is there anything else you would like to mention or discuss?

The mother and father should be given a final open opportunity to share and explore any personal, couple or family circumstances that they consider important and relevant. These should be acknowledged and explored as appropriate by the professional, positive actions reinforced and negative circumstances explored and acknowledged.

## Actions

- Identify key risk/resilience factors and consider parent/professional priorities
- Encourage and reinforce realistic appraisal of risk and resilience factors and the effects on the transition to parenthood and the new baby
- Encourage and reinforce realistic coping strategies to manage effects of past and current life events on the transition to parenthood and the new baby
- Where concerns about domestic violence exist, arrange to see mother alone, and consider additional risks to safety
- Consider local, social networks and specialist resources to support knowledge and skills for becoming new parents

TOPIC

# 10

## Your priorities, plans and support



### Key Facts

- Parents with accurate and appropriate knowledge are more likely to feel competent, committed and satisfied in their role
- Parents who share newly received parenting information with friends and family are more likely to make behaviour changes

### Risk Factors

- Unrealistic/negative expectations
- Low parental confidence/self-efficacy
- Unsuccessful coping/problem-solving
- Lack of confiding relationship
- Lack of practical support
- Service non-engagement/hostility

### Resilience Factors

- Realistic/accurate expectations
- Positive confidence/self efficacy
- Positive coping/problem solving
- Emotional family & social support
- Practical family & social support
- Experienced success & achievement

## Topic Aim

To offer parents and the professional an opportunity to summarise and prioritise their main issues for early parenthood

To encourage the mother and father to share their ideas about what can be realistically achieved in relation to their priorities within a clearly defined timeframe

To give parents the opportunity to generate and agree plans to achieve their desired priorities

## Topic Prompts and Actions

**From everything that we have talked about, what are the main priorities that are most important to you and your baby?**

The professional and parents will have identified important issues as the Guide contact is undertaken. The aim here is to help parents to draw together and summarise the main issues as well as help them to prioritise their issues in relation to their potential importance, opportunity for change, and relevance for themselves, their baby and the professional. The professional should encourage parents to share their ideas, only adding to these if significant issues have emerged during the contact that will affect the health and wellbeing of the baby, mother, father and couple.

**What, if anything, needs to change and improve at the moment?**

Once the parents' overall priorities have been established, the professional should encourage the mother and father to share their ideas about what can be realistically achieved in relation to their priorities. This should be discussed in relation to a fixed timeframe, such as by the time the baby is 3-6 months old.

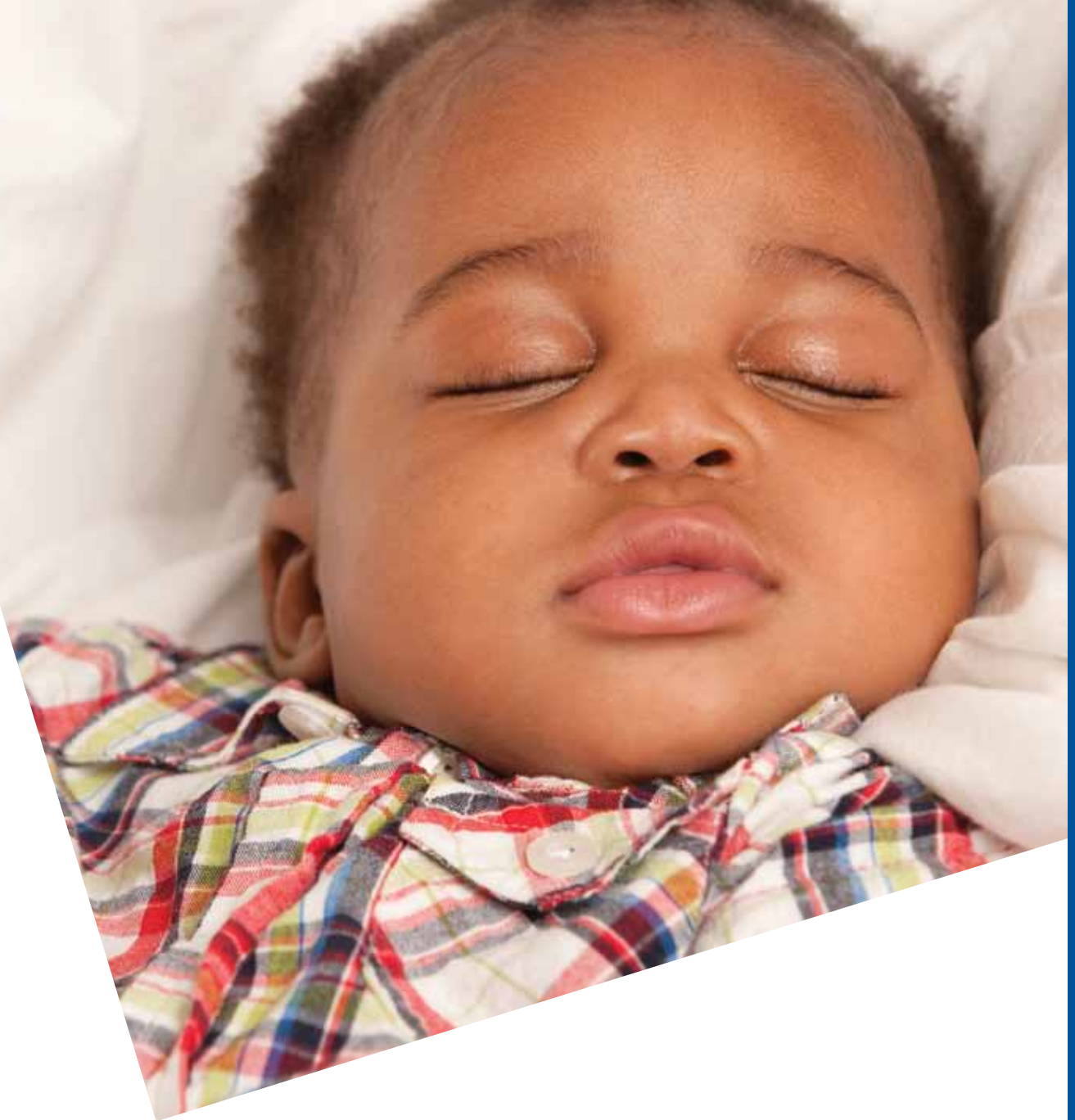
The professional should give parents time to share their hopes as well as expectations in relation to their main priorities, helping them to be as clear and realistic as possible about their desires. This will enable parents' to develop SMART goals that are specific, measurable, achievable, realistic and time limited.

**What would you like to do about this? What can help you achieve your main goal(s)?**

The intention here is to give parents the opportunity to share and generate plans and actions that will help them to achieve their priorities and goals. The parents' should feel that the professional is encouraging them to consider a range of potential strategies, so that they and the professional can assess the pros and cons in terms of likelihood of success, relevance, viability and suitability.

**Who is around to help you? Is there any other help that you would like?**

In undertaking this process, the professional should encourage parents' to think about which close friends and family can help and support them as they put their plans into action to achieve their goal priorities, as well as the value of using community and specialist resources.



## Actions

- Identify key risk/resilience factors and consider parent/professional priorities
- Encourage and reinforce realistic appraisal of risk and resilience factors and the effects on early parenthood and their new baby
- Where concerns about domestic violence exist, arrange to see mother alone, and consider additional risks to safety
- Share and explore realistic and effective, evidence based strategies to address parent/professional priorities
- Consider local, social networks and specialist resources to support knowledge and skills for becoming new parents

Postnatal  
Promotional Guide:  
Guidance Notes

# Ending the Topic Guide

It is important to end the Guide contact in an appropriately warm and positive way, which acknowledges any difficulties and concerns discussed and any solutions, supports and strengths identified. A short summary of some of the important points may be helpful, ending with genuinely encouraging and thoughtful observations to the parents.

The professional should express her/his readiness to talk again on the topics raised and the timing of the next visit should be discussed.





# Postnatal Promotional Guide: Guidance Notes

## Appendix

This table shows the relationship between the Promotional Guide Topics and the five core themes that underpin the Guide.

Core Themes	Antenatal Guide Topics	Postnatal Guide Topics
<b>Health, wellbeing and development of the baby, mother and father</b>	Topic 1: Your feelings about pregnancy Topic 4: Looking after yourself and your baby Topic 5: Your unborn baby Topic 6: Your labour and your baby's birth	Topic 1: Your labour, birth and recovery Topic 2: Your emotional wellbeing Topic 9: Your circumstances and community Topic 10: Recent and past life events
<b>Couple relationship</b>	Topic 3: Changing family life and relationships	Topic 3: Becoming a mum, a dad and a family
<b>Family &amp; social support</b>	Your family and friends	Topic 4: Your family and friends
<b>Parent-infant care and interaction</b> <ul style="list-style-type: none"> <li>• Familiarity and interest</li> <li>• Intuitive skills</li> <li>• Mind-mindedness</li> </ul>	Topic 4: Looking after yourself and your baby Topic 5: Your unborn baby Topic 6: Your labour and your baby's birth Topic 7: Becoming a mum, a dad, becoming parents Topic 8: Caring for your baby	Topic 5: Your baby's development Topic 6: Caring for your baby Topic 7: Baby cues, getting to know your baby
<b>Developmental tasks of early parenthood and infancy</b> <ul style="list-style-type: none"> <li>• Emotional bond</li> <li>• Structure, routines, protection &amp; care</li> <li>• Communication, play &amp; learning</li> <li>• Empathic responsiveness/self-control</li> </ul>	Topic 1: Your feelings about pregnancy Topic 5: Your unborn baby Topic 7: Becoming a mum, a dad, becoming parents	Topic 3: Becoming a mum, a dad and family Topic 5: Your baby's development Topic 6: Caring for your baby Topic 7: Baby cues, getting to know your baby

Version 4.0 (2012) Authored by Dr Crispin Day, Centre for Parent and Child Support

Modification of European Early Promotion Project: Promotion of the Psychosocial Development of Parents and Children, original devised by: Professor Veronika Ispanovic-Radojkovic and Dr Dejan Radojkovic, Institute of Mental Health, Belgrade, 1998

Postnatal  
Promotional Guide:  
Guidance Notes

Notes





The Centre for  
Parent and Child  
Support

South London and Maudsley   
NHS Foundation Trust

**Centre for Parent and Child Support,**  
**South London and Maudsley NHS Foundation Trust**  
Child and Adolescent Mental Health Service Research Unit,  
Kings College, Institute of Psychiatry,  
Michael Rutter Centre  
De Crespigny Park  
Camberwell  
London SE5 8AZ

email: [info@cpcs.org.uk](mailto:info@cpcs.org.uk)  
Web: [www.cpcs.org.uk](http://www.cpcs.org.uk)

© 2012. Dr Crispin Day  
Not to be reproduced without the permission of the author.

 KING'S HEALTH PARTNERS