

Challenges and Rewards of Change

The APPLE Project

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Giving Every Child the Best Start-Making Life Better

23rd October 2019

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Drivers for Change

- Antenatal care & education recognized as mechanisms to improve maternal and infant outcomes
- Foundations are laid during pregnancy & early childhood
- Early intervention is key
- Existing research suggests that provision of antenatal care could be improved
- Attendance at antenatal education could be optimised



The model: Getting Ready for Baby (GRfB)

- Integrated model: antenatal care and education
- Universal
- Women and family-centred
- Group based
- Adopted the Solihull Antenatal Approach
- 6 group based sessions
- Delivered by 2 midwives
- For first time low risk women



Early Intervention
Transformation Programme



Implementing the Model



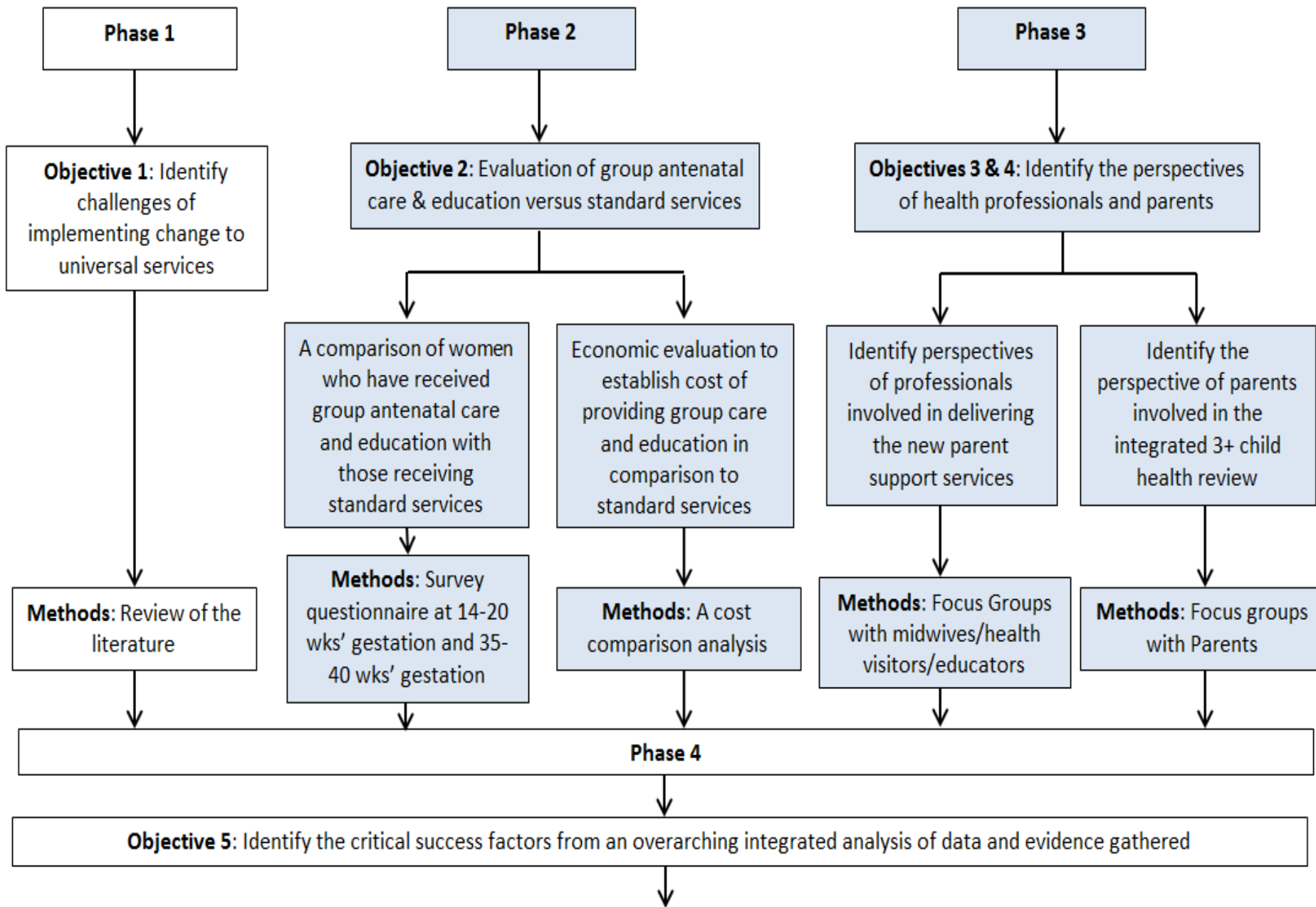
- 1 Project Implementation Manager per HSCT
- 3x FTE midwives per HSCT
- Administrative Support
- Change Manager/Midwife Cons –PHA Programme Leads
- Implementation Group Meetings-Leads & QUB
- Local Implementation Team meetings
- Phased

The APPLE Project -evaluation



Objectives

- Identify challenges to implementing change to universal services
- Comparative evaluation of group antenatal care & education versus standard care including an economic evaluation
- To identify professional perspectives involved in delivering the interventions
- To identify parent perspectives of the 3+ review
- To identify critical success factors



Methods



- Scoping Review
- Survey:
 - 14-20 weeks gestation
 - 35-40 weeks gestation
 - 12 weeks postnatal
 - Supplemented by routinely collected outcome data
- Focus groups with managers and midwives implementing/delivering GRfB
- Focus groups with teachers and parents involved in 3+review
- Health economic evaluation

Measurement tools used (survey)

- Health related QOL (EQ-5D-5L)
- Social Support Index
- Depression, Anxiety & Stress Scale (maternal & partner)
- Revised Prenatal Distress Questionnaire
- Prenatal Attachment Inventory
- Prenatal Adequacy Index
- Maternal Postnatal Attachment Scale
- Karitane Parenting Confidence Scale (maternal & paternal)
- Paternal Antenatal Attachment Scale
- Paternal Postnatal Attachment Scale

Routine Data Collected

- Type of antenatal care
- Feeding intention and feeding choice
- Type of birth
- Analgesia
- Gestation at birth/weight
- Admission to NICU
- Smoking status

Response

- 226 women invited: 26 not interested
- 202 recruited (86%)
- 118 responded to baseline (58%)
- 3 lost to study (pregnancy unconfirmed)
- 47% follow ups returned currently-ongoing
- Return of postnatal questionnaires ongoing



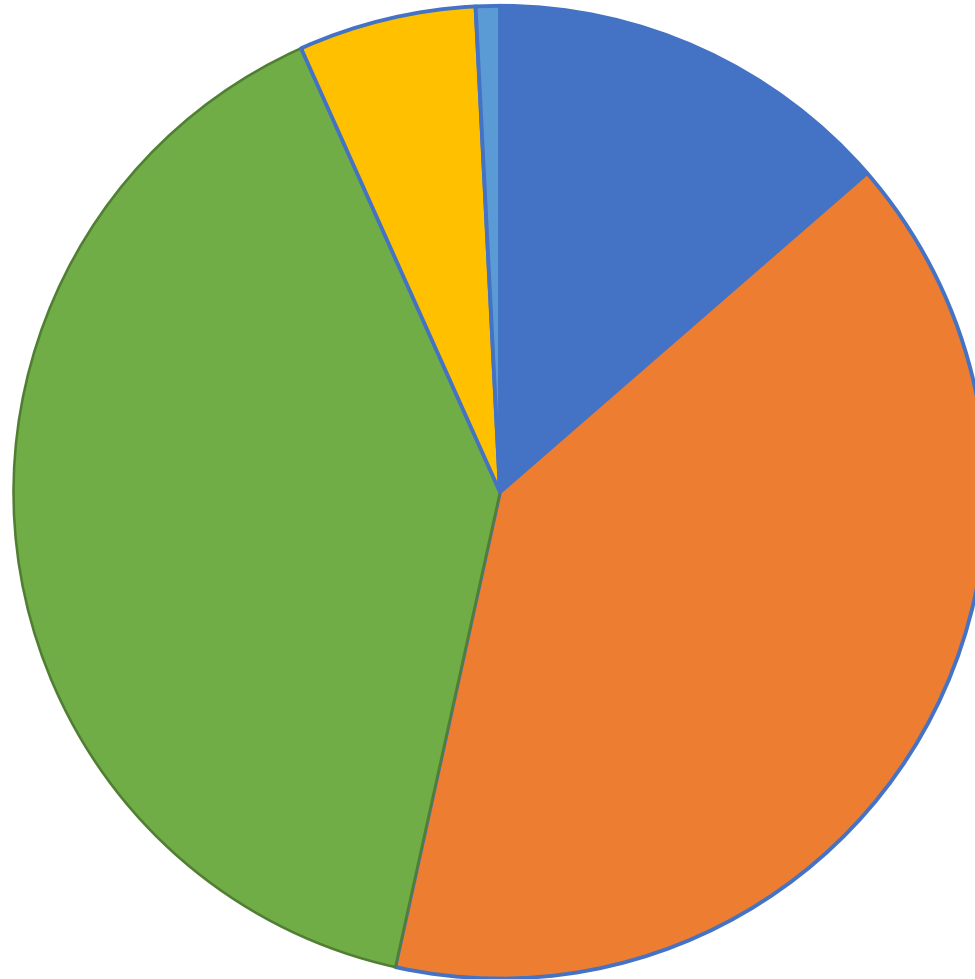
Early Intervention
Transformation Programme

Pregnancy

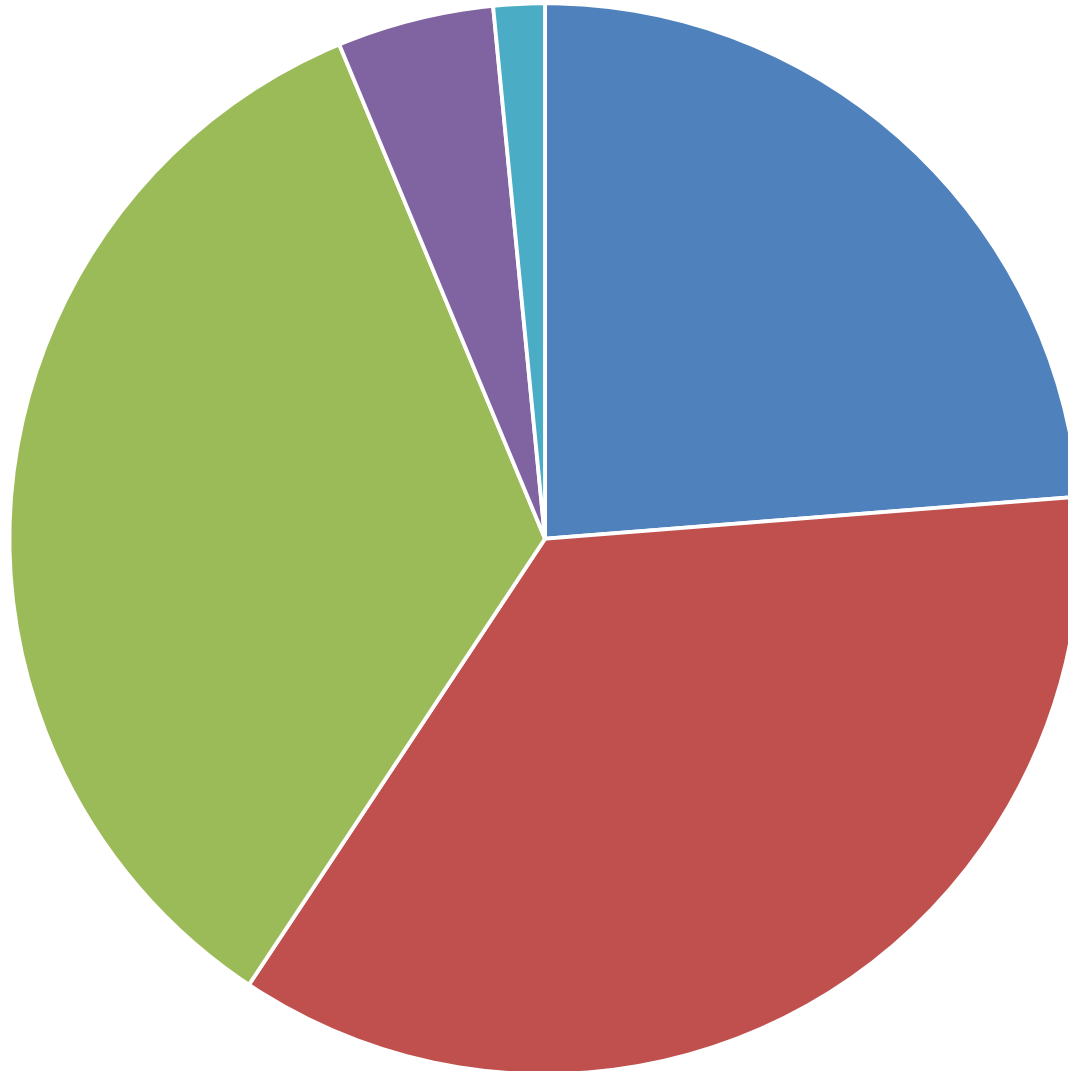


- 78.3% planned pregnancy
- 62.5% were overjoyed with their pregnancy, 21.7% were pleased, 12.5% had mixed feelings
- First attended HCP: 7.4 weeks (SD: 2.96, range from 0-19 weeks)
- Average gestation of baseline survey- 17.09 weeks (SD 2.656, range from 12 - 30 weeks)
- 84.2% planned to attend antenatal appointments

Baseline confidence in looking after baby (women)



Partner's confidence in looking after baby (baseline)



■ very confident ■ confident ■ somewhat confident ■ not very confident ■ not at all confident

Pregnancy Plans (baseline)



- Health Care Professional as main source of information: (88.9%)
- Majority preferred to have continuity of midwife throughout pregnancy (62.7%)
- Feeding intention:
 - 40.2%planned on only breastfeeding
 - 31.6% planned on using a combination
 - 17.9% planned on only using formula.
 - 10.3% were not sure of their feeding plans

Psychological Wellbeing (at baseline)

Mother

- DASS Mean Scores:
- Depression: 3.36 (SD: 5.80)
- Anxiety: 4.37 (SD: 5.38)
- Stress: 7.90 (SD: 7.63)

Partner

- DASS Mean Scores
- Depression: 2.26 (SD: 5.53)
- Anxiety: 1.54 (SD: 4.26)
- Stress: 4.49 (SD: 6.71)

Objectives 3 & 4: Identify the perspectives of health professionals and parents

Identify perspectives of professionals involved in delivering the new parent support services

Methods: Focus Groups with midwives/health visitors/educators

Identify the perspective of parents involved in the integrated 3+ child health review

Methods: Focus groups with Parents

Participant Information

Managers	Midwives	Health Visitors	Health Visitor Leads
2 Joint Interviews	1 Focus group	1 Focus Group	1 Focus Group
4 Participants	8 Participants	8 Participants	6 Participants
4 HSCNI Trusts	4 HSCNI Trusts	4 HSCNI Trusts	5 HSCNI Trusts
all 10+ years experience	all 10+ years experience	¼ with 5+ years & ¾ with 10+ yrs experience	all 10+ years experience
Aged 46-55	Aged 41-55	Aged 26-56+	Aged 41-56+

Key themes





Leadership

Vision
Relationship
Characteristics
Crucial for success



Organisational Factors

Administration
Data collection
Funding
Venues



Senior Support

Positive
Negative
Sustainability

Managers said:

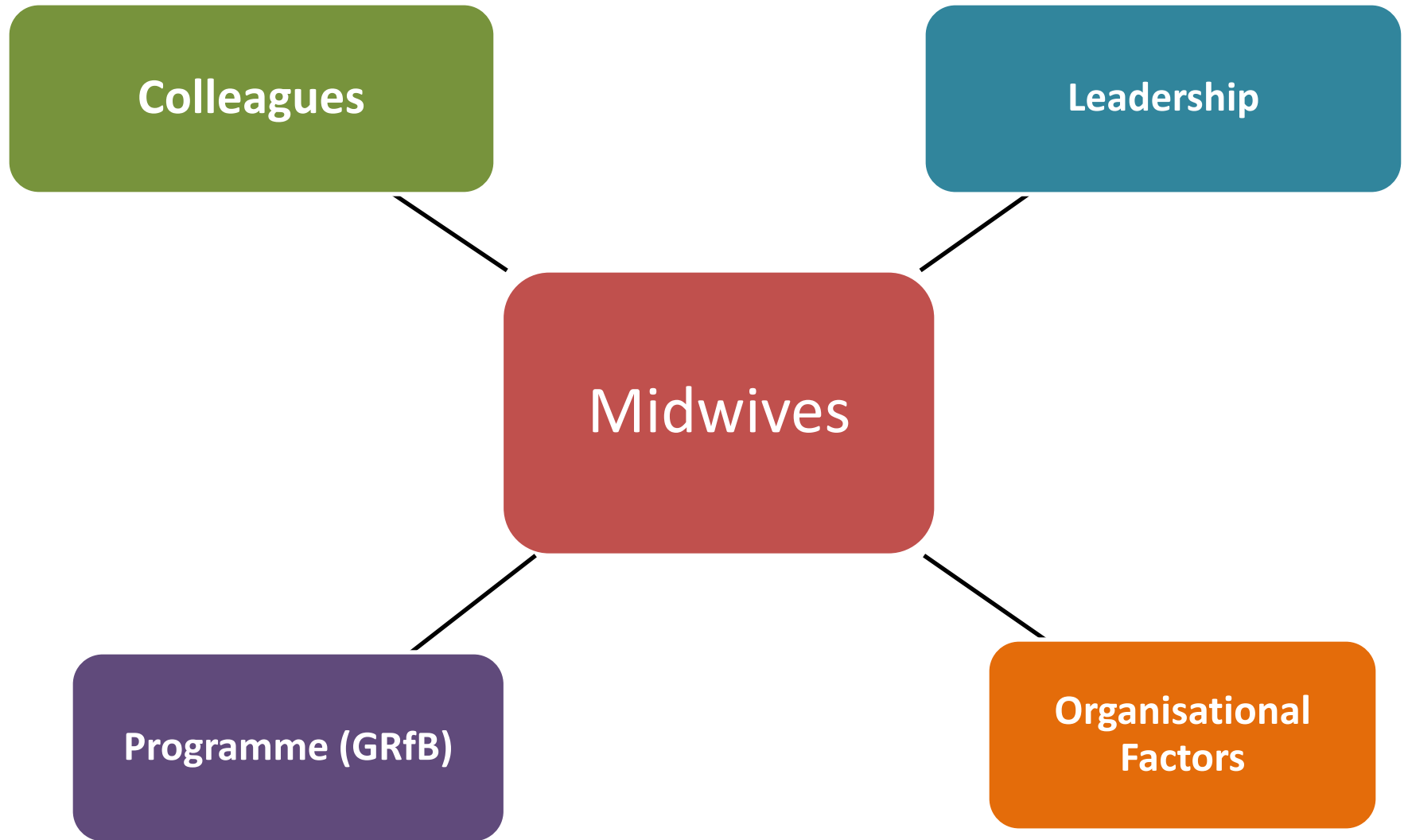


“I think a lot of midwives have surprised themselves with how able they are.”

“We will deliver what we can deliver on, but my priority is to get the structure and processes in place.”

“What really helped drive it forward, it was the PHA leading on this, this needed to be driven by a regional body.”

Key themes





Colleagues

Buy in
Enthusiasm
Training
Staffing
Well-being



Programme (GRfB)

Changed practice
Engaged women
Eligibility/Inclusivity
Continuity
Sustainability
Satisfying



Leadership

Day to day
Senior Management

Midwives said:

‘There is a lot to say for the continuity and getting to know women’

“I just can’t get over how engaged the partners are, they just love it and they get just as much out of it as the women”

“as a professional I feel like I get so much out of it, because that continuity is really good and it’s good to know you’re really helping somebody, especially people who have really complex needs”



Health Visitors said:



“I work in a deprived area, and I suppose the understanding of parents of the questions on that was a massive thing how they interpreted it. Just like learning ability and things like that.”

“We didn’t realise how much paperwork and documentation and organising that was involved.”

“ I think when you do it, it is important as well, because if you do it when the children are not really settled into nursery, there are more issues.”

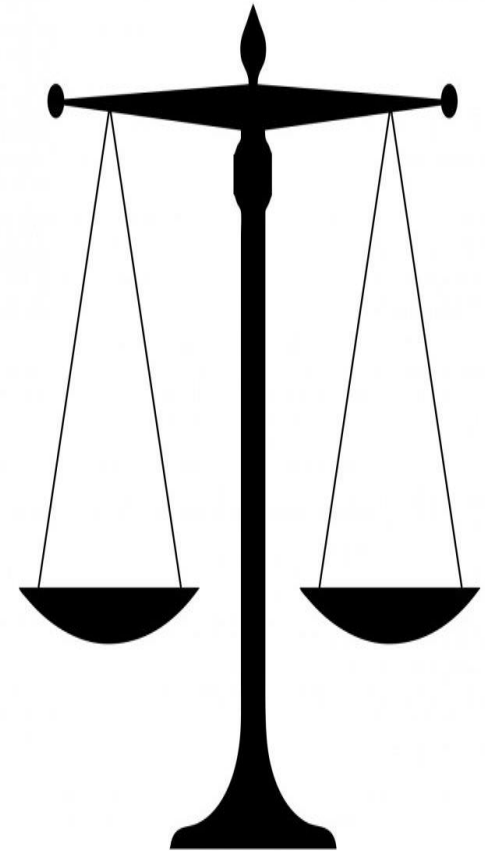
Summary: Rewards and Challenges

Rewards:

- Satisfying to change model of care
- Positive feedback from women and partners
- Measurable impact-service improvement
- Potential to expand

Challenges:

- Practical difficulties
- Buy in from colleagues
- Resources
- Sustainability



Key Messages for Change Interventions

- Motivation, determination, persistence
- Strong leadership
- Context of implementation is crucial
- Delivery mechanism of intervention (GFrB) is vital to success (or failure)
- Consistency is essential for measurement
- Willingness to embrace change



Change is never
a matter of
ability, it's always
a matter of
motivation



Thank you

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