

# What do Public Health Nurses do in home visits with first time mothers in Capital District, Nova Scotia?

- ✓ Holistic Assessments
- ✓ Family Centred Support
- ✓ Information Sharing
- ✓ Public Health Promotion

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**Public Health Nurses & Mothers Talk  
about Targeted and Universal Early Home  
Visiting Programs**

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June 17 - 19, 2013  
7th National Community  
Health Nurses Conference  
Kelowna, BC

# Research Methodology

Individual Semi Structured Interviews: 16 PHNs  
16 First Time Moms  
4 Managers

## Feminist Poststructuralism:

Examined personal, social and institutional constructions of mothering and early home visits

Common themes emerged through individual experiences

Questioned everyday practices and stereotypes

## Discourse Analysis:

Identified beliefs, values, practices and relations of power

Uncovered the invisible/misunderstood work of PHNs and moms

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# Universal and Targeted Programming

All moms in Nova Scotia were screened into a high risk 'targeted' or 'universal' post natal support program by PHNs through the hospital and by phone

Findings:

**Targeted** - A label of 'high risk' mom had been socially and institutionally created leading to stereotypical judgments of being low SES, low educated or single

**Universal** - A stereotype of 'lower risk' mom had been socially and institutionally constructed leading to the assumption that these moms were better able to cope and have more access to other resources

However, we also found that targeted and universal moms had many similar vulnerabilities, fears, anxieties and concerns, albeit experienced differently.

Therefore ●●●

This alerts us to the need to challenge everyday dominant practices and assumptions about social indicators such as socio economic status and its relation to programs and services.

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# Relationships & Communication

Trusting relationships were foundational to an effective home visit

Being in the home facilitated holistic assessments that could not be conducted elsewhere

PHNs understood the social and institutional construction of mothering

PHNs shifted negative power relations and reduced hierarchical relationships

PHNs were more sensitive to labelling, judging and stereotyping with targeted moms

## PHNs are Institutional and Social Mediators

*My job is 100% relationship building (PHN)*

*You have to really get to know the family...that's what we get to do when we go into the home (PHN)*

*She was very supportive... there was never any talking down (Mom)*

## Trusting Relationships Facilitated Positive Health Outcomes

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# Health Outcomes from the Home Visit

PHNs and moms told us what they valued and what health outcomes were *most important to them*

**Confidence**

Breastfeeding Support

Safety

Reassurance

Connecting to resources

Reduced Stress

Empowerment

Building Capacity

Emotional Support

**Comfort**

*I felt confident... she made me feel like I'm a good mom and I know what I'm doing (Mom)*

*You build people's confidence and you build their autonomy (PHN)*

Discourse analysis: These health outcomes are often invisible and therefore constructed socially and institutionally to be 'softer' or 'less than' more dominant measurable health outcomes such as morbidity and mortality.

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