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

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

Confidence
- Breastfeeding Support
- Reassurance
- Empowerment

Safety
- Reduced Stress
- Emotional Support

Connecting to resources

Building Capacity

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.