

The Social Support and Family Health Study: a randomised controlled trial and economic evaluation of two alternative forms of postnatal support for mothers living in disadvantaged inner-city areas

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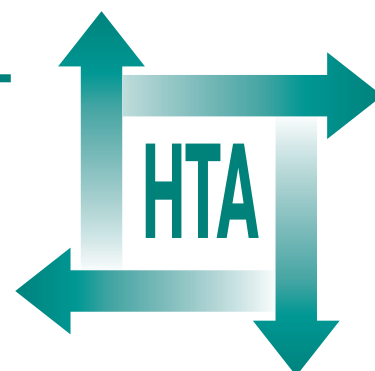


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Executive summary

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Executive summary

Objectives

The objective of this study was to address the question of whether increased postnatal support could influence maternal and child health outcomes. It aimed to measure the impact and cost-effectiveness of two alternative strategies for providing support to mothers in disadvantaged inner city areas: a programme of visits from health visitors trained in supportive listening [Support Health Visitor (SHV)] and the services of local community support organisations [Community Group Support (CGS)].

Methods

Design

The Social Support and Family Health (SSFH) Study was a randomised controlled trial which compared maternal and child health outcomes for women offered either of the support interventions with those for control women receiving standard services only. Outcome data were collected through questionnaires distributed 12 months and 18 months postrandomisation. Process data were also collected. There was an integral economic evaluation.

Setting and subjects

Women living in deprived enumeration districts in the London boroughs of Camden and Islington were eligible for the trial if they gave birth between 1 January and 30 September 1999. Women whose babies had died, were seriously ill or had been placed in foster care were excluded from the trial.

Interventions

The SHV intervention consisted of the offer of 1 year of monthly supportive listening visits; the first visit took place when the baby was approximately 10 weeks old. The SHVs' primary focus was on the woman and her needs, with practical support and information provided on request.

The CGS intervention entailed being assigned to one of eight community groups. The groups offered drop-in sessions, home visiting and/or telephone support. They made their standard package of services available to study women for 1 year.

Main outcome measures

The primary outcome measures were child injury, maternal smoking and maternal psychological well-being. The secondary measures were uptake and cost of health services, household resources, maternal and child health, experiences of motherhood and infant feeding. The Edinburgh Postnatal Depression Scale (EPDS) and the General Health Questionnaire (GHQ12) were used to measure maternal depression. The Duke Functional Social Support scale (DUFSS) was used as an indicator of support resources available to participants.

Results

The 731 participants were well matched in terms of socio-economic characteristics and health and support variables. Fourteen per cent of the participants were non-English speaking. Response rates at the two follow-up points were 90% and 82%. At both points there were no differences that could not be attributed to chance on the primary outcomes of maternal depression, child injury or maternal smoking. At both follow-ups there were differences in secondary outcomes: at the first follow-up, there was reduced use of general practitioners (GPs) by SHV children, but increased use of NHS health visitors and social workers by mothers; at the second follow-up, both CGS and SHV mothers had less use of midwifery services (fewer were pregnant), and SHV mothers were less worried about their child's health and development. Uptake of the CGS intervention was low: 19%, compared with 94% for the SHV intervention.

Satisfaction with the intervention among women in the SHV group was high. Based on the assumptions and conditions of the costing methods, the economic evaluation found no net economic cost or benefit of choosing either of the two interventions.

Conclusions

There was no evidence of impact on the primary outcomes of either intervention. The SHV

intervention was popular with women, and was associated with improvement in some of the secondary outcomes. This suggests that greater emphasis on the social support role of health visitors could improve some measures of family well-being.

Recommendations for further research

Future research could usefully focus on:

- combining the results of this trial and others into a systematic review of social support and its effect on health
- developing and testing other postnatal models of support that match more closely the age of the baby and the changing patterns of mothers' needs
- evaluating other strategies for mobilising 'non-professional' support

- developing and testing more culturally specific support interventions
- developing more culturally appropriate standardised measures of health outcomes
- providing longer term follow-up of social support interventions
- exploring the role of social support on the delay in subsequent pregnancy.

Publication

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