

Results of the First Steps study: a randomised controlled trial and economic evaluation of the Group Family Nurse Partnership (gFNP) programme compared with usual care in improving outcomes for high-risk mothers and their children and preventing abuse

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Declared competing interests of authors: Elizabeth Allen, Joanna Sturgess and Diana Elbourne report grants from the NHS National Institute for Health Research Public Health Programme to the London School of Hygiene and Tropical Medicine during the conduct of the study. Geraldine Macdonald is in the process of completing a Cochrane Review of home-visiting programmes that will include studies of nurse–family partnership. Two predecessor reviews were withdrawn in response to a criticism by David Olds. The criticism did not materially affect the results or conclusions of the reviews, but it was deemed appropriate to correct these and republish. This work is in progress, but the results are not yet available.

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Plain English summary

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This study aimed to discover if Group Family Nurse Partnership (gFNP) could reduce risk factors for child maltreatment. The gFNP programme, provided by two family nurses, one of whom was also a midwife, was offered to groups of about 10 mothers, to run from early pregnancy until infants were aged 12 months. The participants were either pregnant teenagers who already had a child or women aged 20–24 years with few educational qualifications who were expecting their first child. The programme aims to promote mother–infant attachment, healthy lifestyle, maternal confidence and good decisions about relationships and life plans. In total, 166 women were enrolled (99 to the intervention group and 67 to the usual-care group). The women were asked in pregnancy about their attitudes to parenting, how they were feeling and their family background, and then, using a chance method, were either offered gFNP or continued with usual care. In interviews at 2, 6 and 12 months, they were asked about how they were feeling, stresses, infant feeding, the services they had used and attitudes to parenting, and at 12 months videos were made of mothers and babies playing. Nurses delivering the programme and 32 women assigned to the intervention were interviewed in detail about their views of the programme. The study did not find differences in parenting attitudes or mothers' sensitivity between those offered gFNP and those receiving usual care. The results suggest that gFNP is unlikely to be a cost-effective service for enhancing parenting to reduce abuse. However, the study faced challenges in recruiting sufficient women for the groups to be of adequate size, which may have affected the results.

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This report

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