NEWBORN HOME VISIT PROGRAM IN GRAND COUNTY UTAH TO PROMOTE PARENTAL COMPETENCE AND INFANT HEALTH OUTCOMES

Connie Wilson BSN, RN, MSN Student

PROJECT METHODOLOGY

All new parents must learn to provide safety, support development, and maintain the newborns physical health (1). Unfortunately, many parents that reside in Grand County Utah begin the process with minimal mentoring or training (2). A registered nurse through home visiting programs can provide this needed education and create positive change among parents (3).

Implements a nurse delivered newborn home visit program
- Provides emotional parenting encouragement
- Diminishes parental and newborn health problems
- Assists the parent with newborn care practices (2)

Develops universal weekly home visit for the first 12 months of life.
- Offers an extensive support network
- Supports parents with the transition to parenthood (4)
- Provides healthcare in a safe in their environment
- Permits the nurse to build a relationship, assess the family, and teach (5)

Establishing this early and frequent relationship between the nurse and the parents provides far-reaching health benefits to the family and community (6).

Plan and Development
- Creates a new healthcare delivery program in Grand County Utah.
- Community-wide dissemination and comprehensive development of program.
- The projects provides a template to implement the home visit program.

Project Includes
- Parental informational brochure
- Parental competence assessment tool
- Nurse orientation curriculum
- Promotional slideshow presentation

Strengths of the Project
- Creates a parental support program
- Trains nurses to perform public health visits
- Demonstrates the benefits of universal newborn home visits

Evaluation- Parenting Sense of Competence
The parenting sense of competence scale (PSOC) Gibaud-Wallston and Wandersman (1978) Self-report questionnaire that quantitatively evaluates the effectiveness of the intervention through parent self evaluation(8).

Evaluates with Parent Self-Report
- Competence
- Capability
- Problem-solving

17 Questions with a 6 point Likert-scale
A higher score indicates a higher parenting sense of competency.

Example of a questions asked
Score ranges from strongly disagree to strongly agree.
"Being a parent is manageable, and any problems are easily solved." 1 2 3 4 5 6

Administered as the pre-test and post-test at three, six, and twelve months

The findings will be recorded in the electronic health record and reviewed with the parents.

REFERENCES
7. McEwen, M. & Wills, E.M. (2014). Parenting strain in Grand County Utah is prevalent and is associated with common health problems. The tourism-based economy has created high housing costs and seasonal unemployment placing Grand County Utah at the third highest poverty levels in the state (12). These high levels of poverty leave parents deprived of time and resources that promote parenting competence. In 2017, local community leaders established a team to look for evidence-based solutions to support the healthy development of the children. The team identified that establishing a community-wide early childhood parenting improvement program is a necessary intervention (13). Creating this needed parenting improvement program is the purpose of this MSN project. The project provides a foundation for a nurse-led healthcare delivery initiative and demonstrates how universal newborn home visits will increase the well-being of the entire community in Grand County Utah.

PICOT QUESTION
In families in Grand County Utah with newborns, how does a weekly nurse-led home visit parenting improvement program improve parenting competence over a 3, 6, and 12 month period?

LITERATURE REVIEW
- A universal newborn home visit program during the newborn period will prevent health problems and avoid chronic long-term effects on newborns and their families (5).
- Interventions address the CDC (2014) five protective factors that decrease child maltreatment and promote health family interactions (6).

1. Bolster parental attachment
2. Increase knowledge about parenting and child development.
3. Create resilience and self-efficacy
4. Create social connections to community resources
5. Provide concrete community and peer support for parents.

THEORETICAL FRAMEWORK
Barbara M. A. Martinian’s Intersysytem Model (IM) (1983) provides the structure for the nurse-patient relationship model for this home-based intervention.

The Framework
The IM provides prompts for the nurse to assess the patient environment, score the patient’s situational sense of coherence, and develop appropriate goals (1).

The nurse will utilize this stepwise approach in the following way.
- Data collection of main concern
- Negotiation of goals
- Implement plan of care
- Resolution of main concern

CONCLUSIONS
This project provides a new opportunity for nurses to assist the community in Grand County Utah. Many positive outcomes are anticipated from delivering these home visits. Similar programs have documented a reduction in child abuse, improved child development, and increased parenting confidence (8). This project constructs a nurse-led home healthcare delivery initiative and illustrates how universal newborn home visits will increase the well-being of the entire community.

NEED TO KNOW
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  - Permits the nurse to build a relationship, assess the family, and teach (5)
- Establishing this early and frequent relationship between the nurse and the parents provides far-reaching health benefits to the family and community (6).
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  - Capability
  - Problem-solving
- 17 Questions with a 6 point Likert-scale
  - A higher score indicates a higher parenting sense of competency.
- Example of a questions asked
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