



*Centre for the Study of  
Mothers' and Children's Health*

**Process Evaluation for PRISM:  
Report of Telephone Interviews with  
Maternal and Child Health Nurses**



PRISM Research Team  
Centre for the Study of Mothers' and Children's Health  
Faculty of Health Sciences  
La Trobe University  
February 2000

## CONTENTS

ACKNOWLEDGEMENTS.....	3
INTRODUCTION.....	4
PRISM PROCESS EVALUATION: MCHN INTERVIEWS.....	4
MAJOR FINDINGS.....	5
ISSUES FOR DISCUSSION.....	7
CONCLUSIONS.....	8
APPENDIX 1.....	9
<i>Positive comments</i> .....	9
<i>Negative comments</i> .....	10

## LIST OF TABLES

Table 1 MCHNs' opinions about kit distribution.....	5
Table 2 Befriending strategies utilised by MCHNs.....	6
Table 3 MCHNs' experience of involvement in PRISM.....	7

## LIST OF FIGURES

Figure 1 Use of MCHN Introduction Card .....	6
--	---

## ACKNOWLEDGEMENTS

The MCHN Telephone Interviews were designed and conducted by the PRISM research team at the Centre for the Study of Mothers' and Children's Health, Faculty of Health Sciences, La Trobe University. The data were subsequently analysed and presented in this report by Ms Ying Chen, a public health trainee from the Victorian Public Health Training Scheme, who worked at the Centre from October 1999 to February 2000, with the support and advice from the PRISM research team and under the supervision of Ms Rhonda Small.

The PRISM research team members are Professor Judith Lumley, Ms Rhonda Small, Dr Stephanie Brown, Ms Creina Mitchell and Ms Lyn Watson from the Centre for the Study of Mothers' and Children's Health, and Ms Ying Chen, Public Health Trainee from the Victorian Public Health Training Scheme

We would like to thank all the maternal and child health nurses for their participation in the PRISM project, and for their generous offer of time and willingness to give their opinions in the interviews.

## **INTRODUCTION**

In 1997, the Centre for the Study of Mothers' and Children's Health initiated the Program of Resources, Information and Support for mothers (PRISM). This is a five-year health promotion program, which aims to enhance the mental and physical health of women after childbirth. It is a randomised trial, in eight intervention and eight comparison local government areas, of primary care and community based strategies designed to mobilise appropriate community support for mothers and children with a view to strengthening local communities and building community capacity to address social and health issues. It is an intersectoral collaborative effort amongst universities, local government areas, maternal and child health teams, local GPs and communities.

The maternal and child health nurses (MCHNs) have served key roles in PRISM while distributing PRISM kits to women, addressing their physical and emotional health issues and facilitating befriending activities.

## **PRISM PROCESS EVALUATION: MCHN INTERVIEWS**

Process evaluation in PRISM aims to assess all the elements of the program: MCH training, professional peer support, primary care networks, mother and baby-friendly services, PRISM kits for mothers, non-professional befriending, local community support and community development officer (CDO) activities. It is attempting to answer the question “Are the elements of the program being implemented? If not, what needs to be done to achieve full implementation before the evaluation of health outcomes begins.”

The MCHN Telephone Interviews were one of the PRISM process evaluation strategies.

The MCH Telephone Interviews aimed to evaluate PRISM implementation in terms of MCHNs' involvement in the eight intervention communities. They were intended to capture information about the MCHNs' distribution of PRISM kits and their attitudes towards it; if MCHNs used the MCH Introduction Card for GPs; befriending strategies utilised by MCHNs; their overall views about participating in PRISM; problems/barriers in implementation; and recommendations on the improvement of PRISM implementation.

From November 1999 to January 2000, the PRISM research team members interviewed via telephone 65 MCHNs participating in PRISM across the intervention municipalities ie. Melton, Maroondah, Bayside, Mornington Peninsula, Wellington, Greater Bendigo, Glenelg, La Trobe. All but one of the nurses named on current MCHN team lists were interviewed. The MCHNs were asked about

- ◇ PRISM Kit distribution
- ◇ Mothers' responses to the PRISM kit
- ◇ MCH Introduction Card for GPs
- ◇ Befriending activities
- ◇ Overall views about participating in PRISM

The interview results demonstrate that PRISM has been implemented with the active involvement of MCHNs, including successful distribution of the PRISM Kits for mothers, positive overall attitudes towards the project and experiences of participation in PRISM, and engagement in befriending initiatives despite a range of challenges in this area. An account of the major findings is given in the following section. Comments from nurses are quoted for illustration in Appendix 1.

## MAJOR FINDINGS

The major findings from the interviews are summarised as follows. The percentage is calculated as a proportion of the nurses responding to a particular interview question.

### *PRISM kit distribution*

- The majority of nurses, 46 (76.6%) out of 60 nurses, reported that PRISM kit distribution had been a positive experience; 11 (18%) nurses felt it was positive in some ways and negative in others; only 2 (3%) felt it was a burden.
- 60 (92.3%) nurses felt that kit distribution had been smooth; none reported it to be a major problem.
- The majority of MCHNs, 45 out of 63 nurses (71%), reported that they spent a few minutes outlining the purpose of the kit and its features eg vouchers while handing out the PRISM kit.
- 93% of nurses gave the kit to mothers at their first Centre visit if they had not received one at the home visit.
- The locations for kit distribution were mainly in women's homes or at MCH centres.
- 59 (91%) nurses expressed no difficulty in getting a kit to every mother.
- There was no standard way of recording kit distribution. Methods of recording were either electronic or manual. 27 (41.5%) did not record at all.
- 29 (44.6%) nurses felt that mothers' initial responses to the kit were very positive and 23 (35.4%) that they were positive; 9 (13.8%) nurses felt that women were neutral and 2 (3%) nurses felt they were both positive and negative.
- It has not been a major problem for nurses to explain to non-eligible mothers that the kit was only for mothers giving birth since the launch of PRISM.
- Few nurses raised concerns about kit distribution, though the most commonly expressed frustration was concern about information overload at the first home visit and for one or two nurses dealing with more than one research project at the same time.

*Table 1 MCHNs' opinions about kit distribution*

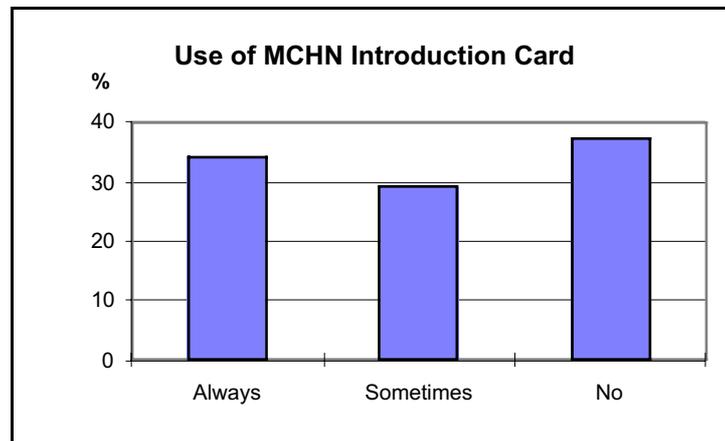
MCHNs opinions	Number of MCHNs	Percentage (%)
Very smoothly	60	92.3%
Smoothly most of the time	3	4.6%

Initially a problem, better now	1	1.5%
Not very smoothly at all	0	-
<b>Total</b>	<b>64</b>	<b>100%</b>

### ***MCHN Introduction Card for GPs***

- 41 (63%) nurses reported that they had been using the MCHN Introduction Card to GPs for mothers with new babies: 22 (34%) nurses said they always used it and 19 (29%) nurses sometimes; 24 (37%) nurses reported they had not been using it.
- The low usage of the MCHN Introduction Card for GPs was explained by lack of knowledge about the card usage, lack of time or a feeling that there was no need for it.

*Figure 1 Use of MCHN Introduction Card*



### ***Befriending***

- 25 (37% out of 63 responses) nurses reported that they had tried some new befriending strategies since PRISM commenced in their area. The most commonly expressed reason for not having tried new strategies was not having enough time.
- The most frequently used strategy for facilitating mothers’ befriending activities was “get-togethers” for mothers of various kinds.

*Table 2 Befriending strategies MCHNs tried*

<b>Strategies</b>	<b>Number (%) of MCHNs who tried the strategy</b>
“Meet-a-mother” noticeboard in Centre	12 (20%)
Advertised drop-in coffee times at Centre	23 (35%)

Facilitated activity based get-togethers eg pram walks at specific times from Centre	26 (40%)
Suggested two mothers might get together	38 (58.5%)
Suggested that mothers might use vouchers together	17 (24.6%)
Others	33 (52.3%)

- Other befriending strategies mentioned by nurses included walking groups, distribution of local PRISM newsletters to mothers, carols by candlelight, and setting up new “multi” groups.

### ***MCHNs’ involvement in PRISM***

- The majority of nurses, 59 (91%) nurses said that their involvement with PRISM was a positive experience. A small number (6, 9%) reported it had been a mixed experience. None reported it to be negative.
- A number of nurses commented that MCHN training sessions had been beneficial.
- The overall comments from MCHNs were positive. They felt PRISM was a good initiative to enhance mothers’ health and made them more aware of mothers’ health issues. They liked the kit including the colour, the artwork and the up-to-date-information for mothers and fathers alike. They were also pleased to develop connections with other local services.
- Concerns included information overload for mothers at the first home visit, extra workload for MCHNs, use of MCHN Introduction Card for GPs, and lack of time for MCHNs to facilitate new befriending activities.

*Table 3 MCHNs’ experience of involvement in PRISM*

<b>MCHNs’ experiences</b>	<b>Number of MCHNs</b>
Positive experience	59 (91%)
Mixed experience	6 (9%)
Negative experience	-
<b>Total</b>	<b>65 (100%)</b>

## **ISSUES FOR DISCUSSION**

From the interviews, we had feedback that PRISM had been running smoothly as far as maternal and child health nurses were concerned, particularly with the kit distribution.

However, there are a few issues where further discussion between the research team and nurses may be beneficial to the project:

- MCHNs' capacity to undertake befriending strategies
- Whether we want to standardise the recording system for kit distribution
- Use of MCH Introduction Cards to GPs
- Availability of locality guides for mothers not eligible for the kit.
- Liaison between CDOs and MCHNs.
- Publicity about PRISM and PRISM initiatives in each area.

## CONCLUSIONS

The MCHN interview results demonstrate that PRISM kit distribution has been progressing very smoothly thanks to the active and positive participation of all the nurses in this process. MCHNs' involvement in PRISM, their attitudes towards the research project as a whole, and their experiences with participation in PRISM has also been positive. However, the findings relating to the MCHN Introduction Card to GPs are mixed. Further investigation as to whether the card is useful or whether there are ways to improve the Card usage is warranted.

Difficulties in implementing befriending strategies for mothers were also raised, though in discussion, nurses were often interested to try out some new ideas, and a range of befriending strategies have been implemented.

The interview findings will be used to plan for the next MCHN refresher training being organised by the PRISM research team in March 2000 and used to improve PRISM implementation, as well as contribute to the overall evaluation of PRISM.

For more details of the interview findings, please contact Rhonda Small or Stephanie Brown at the Centre for the Study of Mothers' and Children's Health, 251 Faraday St, Carlton 3052, telephone: 8341 8500.

## APPENDIX 1: A RANGE OF ILLUSTRATIVE COMMENTS FROM THE INTERVIEWS

### *Positive comments*

The overall comments from MCHNs were positive. The nurses felt it had been rewarding to have been involved in the PRISM project. They commented

*“Very good, lucky to be involved. It’s great to have support and information for mothers.... Big bonus to be involved in PRISM....”*

*“Its good; a well structured program. I enjoyed the education for nurses. I like the kits. It’s bound to make a difference for mothers.”*

*“Very beneficial.... Like language and look of everything. I’m very old and cynical, but this has been a really great program. Lots of things we do in new programs have seemed such a waste of time.”*

One of the nurses felt it was excellent and just in time because some people had said to her: *“Something needs to be done to make communities more supportive for parents.”*

The MCHNs particularly liked the information in **the kit** for mothers and fathers alike.

*“Smooth simple process - doing something really worthwhile. {I} value factual information in the kit and use this in first time mothers’ group.”*

*“Excellent kit - really well accepted. Dads like it.”*

*“Very important that the kit includes stuff for dads.”*

Some felt that it was a **good initiative** for the local MCH team to do something.

*“{It’s a} shot in the arm for the MCH team - we were a bit stagnant - has been great.”*

*“Personally - I’ve widened my practice to include mothers’ physical health. Addressing those right from home visit, notice a bigger impact on mothers and then follow up as time goes on.”*

PRISM also served as an “opener” for the MCHNs to be **more aware of mothers’ health** and to talk to mothers about their own mental and physical health.

*“Very worthwhile project: kit has helped me think about questions to ask mothers; mothers responding to more specific questions eg incontinence.”*

*“{I} think it’s a good idea.... {MCHNs} more aware eg mother and baby friendly places. Great from mothers’ point of view - to be informed and up-to-date.”*

*“Picking up on PND has always been difficult. Being a small area, people don’t want to discuss things with people who know them. Used to have lots of women saying ‘I didn’t want to tell you’. {but now} mothers {are} more inclined to discuss physical problems.”*

The MCHNs felt pleased to have the **connection with other local services**, including visiting local GPs, although there were mixed feelings regarding using MCH Introduction Card for GPs.

*“... good to have connections with other services, and {to have} go between roles.... Has been extra work, but the team leader has arranged for reliever to cover some of this time.”*

Quite a few nurses showed that they enjoyed the PRISM training and benefited from the sessions. They commented that training had made them more aware of maternal health issues and more able to generate discussions at mothers’ groups. One of the nurses said she had “blown up” copies of overheads from training sessions for use. The other nurse commented:

*“Great... we just need to remind ourselves about the importance of it, the thought behind it, the commitment, the many other people involved. The discussions at the workshop last week. Heard about some new ideas in MCH training...it was great being able to talk with other MCHNs. A real reminder of all of that.”*

*“... listening and saying a bit differently now.... Flooded by the answers! Just the info and different ways of listening and going to steering committee, listening to colleagues and other people’s ideas. Really enjoyed the meetings with the GPs (GAPP) opened up all sorts of doors.”*

*“Enjoyed it {PRISM}. Training was excellent.... Made me more aware of physical problems. More inclined to raise sensitive issues.”*

They felt that the involvement in PRISM had helped in asking mothers questions. They were also pleased that there was no extra paper work for them to do.

### ***Negative comments***

However, some nurses had mixed feelings about the extra workload, befriending activities, and MCHN Introduction Card to GPs.

***Workload:*** *“It’s felt like I’m doing too much. We have our own work agenda, then the PEAS Project for first time mothers and then PRISM. It hasn’t impacted too much on the workload except for handing out the kits and the Intro Cards.”*

*“Happy to be involved, but to some extent just another thing to do on top of everything else.”*

***Befriending:*** *“... Not sure about befriending. It’s important but it’s not a priority for me.”*

**MCHN Introduction Card to GPs:** *“It’s unusual to need introductions to GP as formal activities.”*

**Visiting GPs:** Although some nurses were quite positive about visiting GPs, one of the nurses was very negative about the likelihood that GPs would work collaboratively and mentioned that she rarely got written responses to referrals. She commented that

*“{I} was not happy to be asked to visit GPs. ... {I don’t} think it will make a difference and don’t have time to do it.”*

**Other issues:** One of the nurses said that she felt a bit confused at the start because she changed municipalities and it took a little while to sort out what she was meant to do. Another nurse was frustrated although she did not think it had been a problem. She said: *“Job is difficult - do find it difficult to ask mothers about their health at 3 month and 6 month visit - tend to overlook maternal health problems. Mothers go to great lengths to discuss baby health - hard to turn conversation to their health.”*

A few nurses were concerned about the sustainability of the program: particularly when it was not taken up at a Council level; and in one area there have been no steering committee meetings since the CDO left and her job advertised. One of the co-ordinators was concerned about the working relationship with the CDO in the area. She described it as “a bit disjointed”.