



Parent education interventions designed to support the transition to parenthood: A realist review



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ABSTRACT

Background: Public health nurses use parent education programmes to support individuals' transition to parenthood. A wide array of these programmes exists; however, the approach must be accommodated by resources available in a publicly funded system. For example, some new-parent education approaches use 1:1 home visiting (with a nurse or trained lay-home visitor) but the costs of this intensive approach can be prohibitive. Because of this limitation there is an interest in identifying effective and efficient new parent educational approaches that can realistically be provided at a universal level. Unfortunately, there is a lack of high-quality evaluation identifying programmes or educational processes that meet these criteria.

Objectives: To identify potentially effective new-parenting education interventions that could be implemented at a population level during the transition to parenthood period.

Design: Realist synthesis.

Data sources: Medline, CINAHL, ERIC, PsycINFO, Sociological Abstracts, grey literature.

Review methods: A realist review method generated a total of 72 papers that were used to inform the results. A three-pronged approach was used incorporating an initial search (6), a database search using applicable keywords and MeSH headings (58), and review of literature identified by advisory group (8 grey literature). An 'implementation chain' was developed to outline the overall logic and process behind parent education interventions and to guide the analysis.

Results: Seventy-two papers informed this review: 13 systematic reviews/meta-analyses, 34 intervention studies, 9 opinion papers, 8 programme reviews, and 8 grey literature reports. There was no compelling evidence to suggest that a single educational programme or delivery format was effective at a universal level. Some inherent issues were identified. For example, adult learning principles were overlooked and theories of parent-child interaction were not in evidence. No direct links between universal new-parent education programmes and child development outcomes were established. Programme reach and attrition were key challenges. Programme evaluation criteria were inconsistent, with an over-reliance on parent satisfaction or self-reported intention to change behaviour. There was evidence that effective facilitators helped increase parents' perceived satisfaction with programmes.

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Conclusions: It is unlikely that a single standardized format or programme will meet all the specific learning needs of parents. Multiple approaches that will allow people to access information or education at a time and in a format that suits them may be of value. The importance of the transition to parenthood and its impact on parent and child wellbeing warrant careful consideration of current programming and careful evaluation of future initiatives.

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What is already known about the topic?

- Public health nurses use parent education programmes to support individuals' transition to parenthood.
- Many programmes exist to support parent education.
- However, examination of which programmes are most effective is required.

What this paper adds

- A comprehensive review of the literature related to parenting education interventions.
- Discussion of the limitations of current parenting education programmes and strategies to support parent education.

1. Introduction

It has long been understood that transitioning to parenthood can be a stressful and difficult time for parents (Buist et al., 2003; Doss et al., 2009; Gottlieb, 1985; May and Fletcher, 2013; Redshaw and Martin, 2014). To help support parents during this challenging time, public health units have consistently used nurse facilitators to deliver parent education (prenatal and postnatal) as a primary strategy (Friedewald, 2007). Parent education is defined as "a process that involves the expansion of insights, understanding, and attitudes and the acquisition of knowledge and skills about the development of both parents and their children and the relationships between them" (Campbell and Palm, 2004, p. 18). Parent education programmes have been employed with the belief that increased knowledge will reduce parental stress, improve knowledge and awareness of healthy parenting behaviours and activities, and promote healthy parent–child relationships. The ultimate goal of this education is to improve developmental outcomes for children (McDermott, 2006). Parent education thus describes a range of activities designed to address specific learning needs that would promote the physical, psychological, and social growth and development of the child.

One major challenge for new-parent education providers is that these initiatives require considerable resources, time, and involvement of both the knowledgeable and trained public health nurses and the parents for which these programmes are designed to support. Recent analyses have started to question if parent education programmes have the reach and impact that is commensurate with the resources required to implement and maintain high quality programming (Coatsworth et al., 2006; Wilson et al., 2012).

The primary assumption of parent education, implicitly and explicitly, is that challenges with parenting and parental distress are the result of a knowledge deficit. This leads to the expectation that pre and postnatal parent education will help to resolve this knowledge deficit (e.g., by providing information to parents about breastfeeding, healthy eating strategies, or information on child development). Further, parent education is based on an assumption that when parents are equipped with this new knowledge, it will reduce their distress and promote positive changes in parental attitudes and ultimately behaviour. These positive changes in parental behaviour will then support the overall goal of helping parents create a nurturing environment for their children. Of course, parent education is also employed with the hope that there will be benefits beyond simply educating parents (e.g., developing a trusting relationship with the facilitator, connecting with other parents, and reducing isolation), but the primary focus of these initiatives is on providing a curriculum to educate people on becoming better parents (McDermott, 2006).

Prior to initiating this realist synthesis, we examined the records for systematic reviews, literature reviews, and meta-analyses on efficacious universal parenting programmes. One of the immediately apparent issues was that there are few high quality studies available to validate the efficacy of universal parent education programmes (Bryanton and Beck, 2010; Sandler et al., 2011). The majority of these reviews looked at literature that focused on targeted populations such as low-income families or teen mothers, included a component of home visiting, or focused on a very specific topic area (e.g., infant feeding or reducing infant crying). Individual or 1:1 parenting education programmes, such as home visiting, have been reviewed extensively and while most of these reviews find that well-designed home visiting programmes are efficacious across a range of child developmental outcomes, they are expensive to implement and challenge the fiscal realities of a publicly-funded system with limited resources (Barnes, 2003; Benzie et al., 2008; Olds and Kitzman, 1993; Olds et al., 2007). For example, in the Region of Peel in Ontario, Canada anticipated over 17,500 births in 2012. To conduct individual, 1:1 home-visiting programming with even a portion of parents requires considerable investment of professional or trained lay-visitor time. As such, it is not typically feasible to use intensive programming as a universal parent education programme in large centres with a high birth-rate without a large investment and a change in funding structure.

Other more fiscally manageable programmes include those that can be made available to larger, more

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