SDU
University of Southern Denmark

Cross sectoral support for expectant and new parents in vulnerable Positions – a realist evaluation

Thomsen, Louise Lund Holm; Andersen, Clara Graugaard; Frederiksen, Marianne Stistrup; Evans, Rhiannon; Overgaard, Charlotte

Publication date:
2024

Document version:
Accepted manuscript

Citation for pulished version (APA):
Thomsen, L. L. H., Andersen, C. G., Frederiksen, M. S., Evans, R., & Overgaard, C. (2024). *Cross sectoral support for expectant and new parents in vulnerable Positions – a realist evaluation*. Abstract from Biennial Conference of the European Society for Health and Medical Sociology, Antwerp, Belgium.

Go to publication entry in University of Southern Denmark's Research Portal

Terms of use
This work is brought to you by the University of Southern Denmark.
Unless otherwise specified it has been shared according to the terms for self-archiving.
If no other license is stated, these terms apply:

- You may download this work for personal use only.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying this open access version

If you believe that this document breaches copyright please contact us providing details and we will investigate your claim.
Please direct all enquiries to puresupport@bib.sdu.dk

Download date: 17. Mar. 2025

Cross Sectoral Support for Expectant and New Parents in Vulnerable Positions

A REALIST EVALUATION

Louise Lund Holm Thomsen, Clara G. Andersen, Marianne Stistrup Frederiksen, Charlotte Overgaard
Research Team of Women, Children, Youth and Families Health, Unit of Health Promotion, Department of Public Health,
University of Southern Denmark, 6705 Esbjerg Ø, Denmark

INTRODUCTION: Women in pregnancy, living with psychosocial vulnerability are at increased risk of perinatal and maternal mortality and morbidity (Jones et al., 2022). Psychosocial vulnerability covers a wide range and combinations of factors that positions the woman and her infant at risk during pregnancy, birth and postpartum including demographic factors such as belonging to an ethnic minority group, being under the age of 20, having low socio-economic status, residing in a deprived neighborhood, and being a woman (Jones et al., 2022; Sule et al., 2022). Prior mental health problems, lack of social support, experiences of domestic violence and experiences of loss, trauma, or abuse also positions women in pregnancy vulnerable to adverse pregnancy and birth outcomes (Scheele et al., 2020). Early identification of vulnerability and interprofessional support is recommended by health authorities and have proved beneficial for the health and wellbeing of parents in vulnerable positions, their birth outcomes and their child's health and wellbeing (D'haenens et al., 2020). However, Studies show that pregnant women in vulnerable positions may have mixed or negative experiences of psychosocial risk assessment and support, and in some cases find that health care professionals act dismissive, disrespectful, or judgmental (Downe et al., 2009; Frederiksen et al., 2021). Identifying vulnerability as a professional relational practice is a balance between an expert perspective and the lay perspective (Spiers, 2000) and thus a balance between power and care (Klode et al., 2020). This study explored relevant contexts, mechanisms and experienced effects, in the perspective of parents, of a cross sectoral intervention for expectant and new parents in vulnerable positions in a Danish region. A dialogue-based vulnerability assessment is offered to all women and their partners in pregnancy during their first midwife consultation, with the aim to identify and subsequently offer support to women and their partners in vulnerable positions. We undertook a realist evaluation to contribute to the theory base of this and similar interventions.

METHODS: The study is part of a qualitative realist evaluation (Pawson & Tilley, 1997) of the cross sectoral intervention to explore how, for whom and under what circumstances the intervention works. 25 realist interviews (Manzano, 2016) were conducted, involving new parents receiving support across the region to refine an initial program theory of the intervention developed by the research team based on document analysis, interviews and workshops with key professional stakeholders delivering the intervention (Ellehave et al., 2023).

RESULTS: Parents in different vulnerability positions express that they benefit from uncovering their vulnerabilities and need for support in a safe and compassionate space during the assessment with their midwife. The professional approach must be compassionate, accepting, and emphasizing resources, normality of the pregnancy as well as vulnerabilities. Uncovering vulnerability is experienced as supportive or leading to parents feeling judged depending on professionals' approach, and services offered. Parents with a history of mental illness or social disadvantage are well prepared or on their guards when entering the intervention because of their previous experiences with the health and social systems. Having enough time for the dialogue-based assessment and having professional experience or confidence are key context stimulating a compassionate approach. Early bridging by the known midwife to other services and thus continuity in care increases parents' feeling of safety before and after birth if the approach is compassionate and interprofessional relations are well founded in good collaborative practice promoting informational, management and relational continuity (Reid et al., 2002; WHO, 2018). Gaps between services can lead to discontinuation of the safe space and experiences of stigma, control and uncompassionate treatment. Some parents experienced that the focus of support shifted from their wellbeing to solely the baby's wellbeing after birth leaving parents to reach out for support on their own. Parents benefit from group-based services by meeting likeminded parents in the context of known health and mental health professionals.

CONCLUSION: A compassionate professional approach along with continuity is central for parents in vulnerable positions to build trust and to engage in support. The intervention varies across the region due to different implementation practices, resources, and service histories. Integrated cross sectoral and cross service collaborative practices, continuous support of the parents after birth and availability of targeted group-based services where parents can meet and socialize is recommended.

EXTRA REFERENCES: (Andersen et al., 2023; Gram et al., 2023)

For referencelist, please scan the next QR-code