



Title	The Social Support and Family Health Study: A Randomized Controlled Trial and Economic Evaluation of Two Alternative Forms of Postnatal Support for Mothers Living in Disadvantaged Inner City Areas
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Aim

To address the question of whether increased postnatal support could influence maternal and child health outcomes and to measure the impact and cost effectiveness of two alternative strategies for providing support to mothers in disadvantaged inner city areas.

Conclusions and results

The strategies studied were:

- Support Health Visitor (SHV), a program of visits from health visitors trained in supportive listening
- Community Group Support (CGS), the services of local community support organizations.

The 731 participants were well matched in terms of socioeconomic characteristics and health and support variables. Fourteen percent of the participants were non-English speaking. Response rates at the two followup points were 90% and 82%. At both points there were no differences that could not be attributed to chance on the primary outcomes of maternal depression, child injury, or maternal smoking. Both followups revealed differences in secondary outcomes. The first followup showed a reduced use of general practitioners (GPs) by SHV children, but an increased use of NHS health visitors and social workers by mothers. The second followup showed that both CGS and SHV mothers used midwifery services less (fewer pregnancies), and that SHV mothers were less worried about their child's health and development. Uptake of the CGS intervention was low, 19% versus 94% for the SHV intervention. Satisfaction with the intervention among women in the SHV group was high. Based on the assumptions and conditions of the costing methods, the economic evaluation found no net economic cost or benefit of choosing either of the two interventions.

Recommendations

No evidence was found concerning the impact on the primary outcomes of either intervention. The SHV intervention was popular with women and was associated

with improvement in some of the secondary outcomes. This suggests that greater emphasis on the social support role of health visitors could improve some measures of family well-being.

Methods

In the SHV intervention, participants were offered 1 year of monthly supportive listening home visits, starting with a visit when the baby was approximately 10 weeks old. The SHVs focused primarily on the woman and her needs, with practical support and information provided on request. The CGS intervention entailed being assigned to 1 of 8 community groups. The groups offered drop-in sessions, home visits, and/or telephone support. Their standard package of services was available to study women for 1 year.

Further research/reviews required

Future research could usefully focus on:

- combining the results of this trial and others into a systematic review of social support and its effect on health
- developing and testing other postnatal models of support that match more closely the age of the baby and the changing patterns of mothers' needs
- evaluating other strategies for mobilizing 'non-professional' support
- developing and testing more culturally specific support interventions
- developing more culturally appropriate standardized measures of health outcomes
- providing longer term followup of social support interventions
- exploring the role of social support on the delay in subsequent pregnancy.