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First Time Parent Group Resource  
and Facilitation Guide for

Maternal

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Child

Health

Nurses



# **First-Time Parent Group Resource and Facilitation Guide for Maternal and Child Health Nurses**

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# 1. Introduction to the First-Time Parent Group Resource and Facilitation Guide for Maternal and Child Health Nurses

## 1.1 Introduction

Welcome to the *First-Time Parent Group Resource and Facilitation Guide for Maternal and Child Health Nurses* (The Guide). This Guide has been designed to assist maternal and child health nurses in their facilitation of the first-time parent groups for which they are responsible.

First-Time Parent Groups are funded by the Department of Human Services in recognition of the challenges and stresses that may be associated with the transition to parenthood (Department of Human Services, 1997, p. 3). The purpose of groups for first-time parents is to:

- Enhance parental and emotional well-being.
- Enhance parent–child interaction.
- Provide opportunities for first-time parents to establish informal networks and social supports.
- Increase parental confidence and independence in child rearing.

Parenting groups have been provided by maternal and child health nurses since the 1920s. However, it was not until 1994 that funding was formally allocated for first-time mothers' groups by the then Department of Health and Community Services (now the Department of Human Services). The name of the groups was changed to First-Time Parent Groups in 1997–8 in recognition of the role fathers play in parenting. The role of fathers as members of the First-Time Parent Groups is developing.

The Guide provides information about the theory and research which underpin the funding of First Time Parent Groups and the consequent emphasis within the Guide on promoting social interaction, both within the formal group sessions facilitated by the nurse and outside the sessions as well.

The primary focus of the Guide is the role of the maternal and child health nurse as a group facilitator. Most sections of the Guide are dedicated to the work of group facilitation. There are some tips for running effective groups and a series of sessions detailed. Nurses can select directly from these sessions for their groupwork or they can adapt them to suit the needs of their groups and their own facilitation styles. There are some materials which can be copied directly or again adapted for use by maternal and child health nurses. Throughout the Guide there are current references which have been provided for nurses and group participants to follow up.

Numbers of maternal and child health nurses have been successfully facilitating first-time parent groups for years. Many of the ideas within the Guide have been drawn from their experience and others have been developed to address the concerns which have been identified by nurses during the research and trialling phases conducted in preparation of this Guide.

## 1.2 Aims of the Guide

The specific aims of the Guide are to:

- Enhance maternal and child health nurses' knowledge and skills in providing first-time parent groups.
- Provide information on the facilitation of groups.
- Provide a range of group topic outlines.
- Provide a range of group models for increased flexibility.
- Provide information on suitable resources for groups.

First-time parents require a range of information which supports the development of their parenting skills when they become a new parent. The provision of First-Time Parent Groups is one strategy used by Victoria's Maternal and Child Health Service to provide parents with a range of information, while developing a supportive group environment for parents. The Department of Human Services, Victoria, has formally funded First-Time Parent Groups since January 1994. This new funding initiative was evaluated in 1995 by Deakin University (Clarke, Hanna, Rolls, Grant, Bethume, Horne and Ching, 1995, pp. 3–4). The areas of concern identified were:

- The groups should also include fathers and any other persons taking a major role in caring for the new baby.
- Consideration should be given to the flexibility of the timing of the groups, such as offering evening or weekend sessions.
- Greater involvement of participants in selecting the group topics may reduce the mismatch found between the parents (development of long-term friendships and informal social networks) and nurses' needs (more interested in information provision and education).
- All nurses should evaluate their groups.
- There is a need to have an interpreter present for some non-English speaking groups.
- There is a need to provide continuing education for some maternal and child health nurses in group facilitation.

Many Victorian maternal and child health nurses have the knowledge and skills needed for managing and facilitating First-Time Parent Groups and group work generally. This Guide is designed to capitalise on their expertise and provide new information and resources to assist them with this aspect of their practice.

While this Guide will be sufficient stimulus for many nurses in their group facilitation, others may find it advantageous to access some of the one or two day training programs in general group facilitation which are available at various educational organisations throughout Victoria. The Guide will then be useful for its suggestions in the specific application to the issues of first time parents.

## 1.3 How Was the Guide Developed?

Since 1994, maternal and child health nurses have requested assistance with the development of a package to assist them to provide high quality First-Time Parent Groups across Victoria. In 1997, a project team from RMIT University successfully tendered for a Department of Human Services Project Brief, Development of a First-Time Parent Group Resource and Facilitation Guide for Maternal and Child Health Nurses (April, 1997).

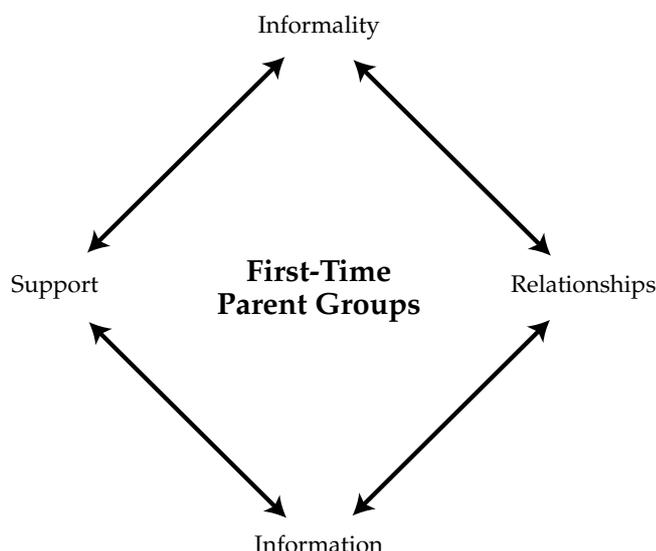
As it was several years since the evaluation of First-Time Parent Groups by Deakin University (1995) the project team undertook a series of focus groups with maternal and child health nurses and first-time parents in 1997, prior to commencing work on the design and layout of the Resource and Facilitation Guide.

Key positive features of the groups identified by parents included:

- The groups are fun.
- Parents value the informality of the groups.
- The information shared and discussed at the groups.
- The new relationships developed with other parents.
- Support received from the group.
- Support networks discovered through the groups.
- Parents also commented that they particularly liked the continuing use of name tags for parents and babies within the groups and secondly, the opportunity to choose their content from a list of group topics.
- Parents discovered that their maternal and child health nurse had knowledge and skills on a wide range of topics.

The above findings have been illustrated in Figure 1.

**Figure 1 Model of Parents' Perception of Core Benefits of First-Time Parent Groups**



Key issues identified by maternal and child health nurses were:

- Groups widely used.
- Not all maternal and child health nurses are providing First-Time Parent Groups.
- Maternal and child health nurses' knowledge and skills in group facilitation appears to be at different levels.
- Quality of groups not known.
- 'Nurses need to be more innovative in how they facilitate groups'.
- 'Parents don't only attend for information'.
- 'Getting discussion going and keeping on track is an issue for me'.

As the recommendations from the Deakin 1995 evaluation and the 1997 focus groups identified similar issues, the project team felt reasonably confident to begin designing the Resource and Facilitation Guide in August 1997, following the first meeting of the project's Parent Group Resource Guide Reference Group on July 25, 1997.

The team recognised that nurses have varying experience in group facilitation, and work with new parents across all regions of Victoria, with a wide range of needs and issues. In order to design a practical and user-friendly document to address this range of requirements, a draft Guide was developed and distributed to 150 maternal and child health nurses, from all parts of Victoria, who attended one of a series of one-day workshops. During the workshops, the nurses reviewed the content and layout of the Guide and experienced some of the suggested strategies as group participants. Following these workshops, the nurses were invited to trial (some of) the strategies with the next groups they were facilitating. The feedback from the 150 nurses provided during the workshops and after their own trials was taken into account and the issues were addressed in the final production of the Guide.

### **1.3.1 Background to the First-Time Parents' Sessions**

Maternal and child health nurses have had many years of experience in facilitating groups for new parents. The team which prepared this Guide observed numbers of nurses facilitating First-Time Parent Groups and have incorporated many of their ideas and activities in the sessions.

Although nurses have this extensive experience, they requested the writing team make the group processes as simple to prepare as possible. The authors determined that the style chosen for the Guide would provide a step-by-step simplicity, and it is expected that nurses will adapt the sessions to their own situations, groups and time constrictions. For example, nurses working with groups with low literacy levels will focus more on discussions than print materials.

In addition, the Reference Group for the Project was of the view that the Guide needed to pay particular attention to the process of group facilitation. Maternal and child health nurses are well able to address the content for the Sessions presented in the guide, but have had less opportunities to develop other aspects of group work.

The session titles themselves were agreed after extensive consideration. They are designed from the parent perspective. In fact, this perspective has been used throughout and the content of all sessions has been planned to be both parent and nurse user-friendly.

The sessions have been developed through:

- The experience of maternal and child health nurses who have been facilitating groups for mothers and/or fathers for many years.
- A process of consultation with a range of maternal and child health nurses and first-time parents currently participating in groups.
- Consideration of recommendations in recent literature which addressed the content and style of first-time parent groups, particularly Lawson and Callaghan (1991) and Moran and Martin (1997).
- Discussion with older parents about the sorts of issues they would have liked to discuss as well as what they had found valuable.

## 1.4 How to Use the Guide

Sections Two and Three of the Guide provide some theory and point to some research about the increasingly acknowledged value of social interaction for first time parents. This material has been provided as the rationale for the focus of the Guide on promoting social interaction through and within the First Time Parent Groups. It has also been included to encourage maternal and child health nurses to place an emphasis on their group facilitation responsibilities, since during the preparation of the Guide, nurses frequently commented on the difficulty of giving the time for planning and organising their group facilitation when there were many other competing priorities, especially for one-to-one consultations.

Sections Four to Seven of the Guide have been designed to assist maternal and child health nurses to meet two key objectives in their facilitation of first time parent groups. These objectives are:

- To develop a cohesive group with sustainable links between individual participants.
- To provide information and develop skills, where appropriate, which are critical to the role and tasks of new parents.

The Guide highlights the group and discussion facilitator roles, in which maternal and child health nurses need to become expert, rather than the presenter role that some nurses still use in order to 'get through the information parents need to be aware of'. This facilitator role enables nurses to empower parents to play an active role in the group process and development of knowledge about parenting. In preparation of the session guides, the authors were very aware that nurses need to 'switch hats' quickly, from providing individual consultations to facilitating groups, and so a detailed step-by-step process was used throughout the seventeen session designs.

Seventeen different group session designs are provided in the Guide to enable selection according to the interests, information and skill needs of the groups. Most First-Time Parent Groups run for a period of eight weeks and so it assumed that while (a version of) the first and last sessions will be used in common, the other six sessions will be selected and mixed and matched for different groups. Most groups run for approximately two hours and each session has been designed to cover that time period, although it is possible to shorten each session if that is required. Each session has an introductory time to enable the group to re-form and a closure time. It is anticipated that some of the activities suggested for these times will be mixed and matched in different sessions.

The session titles have been designed to reflect the language used by parents, rather than the language maternal and child health nurses may traditionally use. However, the titles do reflect the issues, topics and / or information that parents have been asking maternal and child health nurses about for many years.

The sessions have been designed to include both parents, but at the time of writing it is acknowledged that the usual group participant is the mother. The time of day at which the group is conducted affects participation. Some sessions, such as What to do in an Emergency (1) Resuscitation and What to do in an Emergency (2) First Aid, lend themselves to promotion to both parents, perhaps in an evening session.

Finally, as there is a need for all nurses to evaluate their First-Time Parent Groups, some examples of evaluation tools have been included in the final section. These may be used directly or adapted to meet the needs of the different users.

## 1.5 Information about the Guide

If you need information about the Resource and Facilitation Guide, contact Gay Edgecombe through the Office of Clinical Chair, Community Child Health Nursing.

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## 2. Social Interaction and Health

### 2.1 Introduction

It is well established that the transition to parenthood is a stressful time and the need for social support, paramount. Why is this? It is now known that integration into a social network protects health and promotes recovery (Bloom 1990). In addition, social support enhances health outcomes and reduces mortality by fulfilling basic social needs and enhancing social integration, mediating the effects of stress on health and protecting individuals from harmful influences of acute stressful events (Quittner, Gleuckouf and Jackson 1990). The need for social support networks is recognised as an important feature of health-care delivery for parents as women are leaving hospital earlier than before following the birth of a child (Stewart and Tilden 1995).

An Australian study by Rogan, Shmied, Barclay, Everitt and Wylie (1997) reports the hurdles new parents face as monumental, leaving many women initially feeling drained, alone and with a sense of loss. Research by Majewski (1987) and others suggests that partners provide new mothers with the greatest levels of support. They also identified a different type of support which is provided through parent groups. According to Majewski such groups offer parental guidance and a network of friends which is sustained over time. It is through social support that individuals gain information, see new role models and are encouraged by others (Bloom 1990).

In a publication by the World Health Organisation (WHO) and the International Centre for Health and Society *The Solid Facts: Social Determinants of Health* (1998, p. 1-10) an attempt is made to examine research and present it in a useful format for policy makers, managers and health care providers. The ten social determinants of health referred to in this publication are:

1. **The social gradient:** People's social and economic circumstances strongly affect their health throughout life, so health policy must be linked to the social and economic determinants of health.
2. **Stress:** Stress harms health. Social and psychological circumstances can cause long-term stress.
3. **Early life:** The effects of early development last a life-time; a good start in life means supporting mothers and young children.
4. **Social exclusion:** Social exclusion creates misery and costs lives.
5. **Work:** Stress in the workplace increases the risk of disease.
6. **Unemployment:** Job security increases health, wellbeing and job satisfaction.
7. **Social support:** Friendship, good social relations and strong supportive networks improve health at home, at work and in the community.
8. **Addiction:** Individuals turn to alcohol, drugs and tobacco and suffer from their use, but use is influenced by the wider social setting.
9. **Food:** There is a need to ensure access to supplies of healthy food for everyone.

10. **Transport:** Healthy transport means reducing driving and encouraging more walking and cycling, backed up by better public transport.

WHO states that (1998, p. 20-21):

Social support and good social relations make an important contribution to health. Social support helps give people the emotional and practical resources they need. Belonging to a social network of communication and mutual obligation makes people feel cared for, loved, esteemed and valued. This has a powerful protective effect on health.

Support operates on the levels of both the individual and the society. Social isolation and exclusion are associated with increased rates of premature death and poorer chances of survival after a heart attack. People who get less emotional social support from others experience less wellbeing, more depression, a greater risk of pregnancy complications and higher levels of disability from chronic diseases. In addition, the bad aspects of close relationships can lead to poor mental and physical health.

Access to emotional and practical social support varies by social and economic status. Poverty can contribute to social exclusion and isolation.

Social cohesion - the existence of mutual trust and respect in the community and wider society - helps to protect people and their health. Societies with high levels of income inequality tend to have less social cohesion, more violent crime and higher death rates.

Sir Donald Acheson (WHO, 1998, p. 5) states that "...scientific knowledge on the social determinants of health is accumulating quickly. The need to direct our efforts there has become increasingly clear. This means 'upstreaming' public health, spreading awareness and promoting debate on social determinants."

## **2.2 Benefits of Social Support**

Benjamin, Bessant and Watts (1997) are of the view that parents gain a range of benefits from support groups. These include:

- Therapeutic benefits.
- Understanding emotional problems.
- Developing relationships.
- Shared reciprocity.
- Knowledge acquisition which leads to a greater sense of control.
- Gaining a sense of who they are.
- Self determination.
- Equality.
- Empowerment.

Empowerment, which is about encouraging participants to exercise more control over their lives is receiving more attention in the literature. For example, Neville, Beak and King (1995, p. 28), through their work with The Centre for Fun and Families in Great Britain, aim to empower parents who are experiencing behaviour and communication difficulties with their children. They have found that empowering parents results in a number of changes:

- Parents attain increased dignity and self respect.
- Decision-making about individual services is based on the best, most accurate, information.
- Services are more appropriate to parents' needs.
- Parents' problem-solving skills are improved.
- Greater diversity and choice of services develop to meet parents' needs more appropriately.
- Forward planning of services is based upon the best information and therefore more accurately reflects client's needs.

Crittenden (1985) is of the view that social support has the ability to:

- Mediate environmental stress and personality deficits to enhance parent-child attachment.
- Increase parental self-esteem and coping.
- Foster healthy child development and prevent family breakdown.
- Provides a protective element in avoiding child abuse and neglect.

Abriola (1990) reported on a descriptive study of postpartum support groups which explored mothers' perceptions of a support group which had been operating for many years. Specifically, the researcher investigated the reasons why the monthly support group continued and how it helped the twelve participants. The study found that the supportive nature of the groups was the most important aspect. Benefits included:

- Support and reassurance.
- Knowledge.
- Needs were met.
- Information and support.
- Networking.
- Help with transition to parenthood.
- Interaction with children of similar ages.

## **2.3 Facilitator's Role and Related Benefits**

Gitterman (1989) offers advice to those who would be group facilitators regarding how to build support in groups. He claims that professionals can do much to assist group members in feeling supported while encouraging participants to be open with each other. The facilitating process, according to Gitterman, assists group members in the following ways by:

- Reducing isolation.
- 'De-pathologising' problems.
- Diminishing stigma when experiencing problems.
- Helping each other learn skills.

- Managing their own anxieties.
- Improving their own problem solving skills.
- Managing self-doubt's and insecurities.

Facilitating adequate support networks promotes a positive state of health for individuals. However, when that support is not available or is inappropriate, then alternative ways of obtaining support need to be facilitated. Maternal and child health nurses are in a key position to facilitate the development of new social networks for new parents. This view is supported by the work of Lawson and Callaghan (1991) who examined whether an educational 'mothers group' facilitated by the early childhood nurses in New South Wales, encouraged social support and reduced isolation. They found that the early childhood nurse played an important role in helping parents to overcome reticence to become involved with strangers. The study demonstrated a strong commitment to the group process through education, but at the same time it provided a subtle and socially acceptable way of facilitating interpersonal relationships. Facilitating supportive relationships within an interpersonal network has also been examined by Boyle (1989). Thus, it is increasingly being recognised in Australia and elsewhere that maternal and child health nurses have a central role to play in facilitating the development of supportive social networks during the transition to parenthood. They are often the "nucleus in the neighbourhood" network and so are ideally located to create lasting linkages between families and so enhance the social well-being of all family members.

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## **3. Benefits of New Parents' Support Groups**

### **3.1 Introduction**

One of the ways of assessing the benefits of New Parents' Support Groups is by evaluating the degree to which they evolve into self-sustaining supportive social networks. Maternal and child health nurses have long heard the anecdotal reports of how some of the groups they ran over a six to eight week period at the centre went on to have a long lasting life of its own, with strong bonds being forged between the children and the families.

This has recently been the subject of research undertaken by Associate Professor Dorothy Scott and Sue Bradey of the School of Social Work at the University of Melbourne in association with a La Trobe University research Masters student and maternal and child health nurse, Patricia Glynn, and her thesis supervisor Professor Judith Lumley.

The research involved doing a two year follow up of women who joined New Parent Groups in two outer urban municipalities of Melbourne in which the nurses had expressed an interest in new parent groups. A total of 243 women from 24 groups were interviewed and the study explored a number of issues in relation to consumer satisfaction with the maternal and child health nurse facilitated group sessions. The primary focus of the study however was on the extent to which the group members had maintained contact with one another after the formal phase of the group was finished. Maternal and child health nurses in both municipalities were also interviewed about the way in which they ran their groups and their attitudes to this aspect of their work.

### **3.2 Parents' Perceptions of the Value of First-Time Parent Groups**

Some of the key findings of the study in relation to the first phase of the group were as follows:

Most of the women (75%) reported positive feelings about the prospect of joining a group, with the remainder equally divided between those who were neutral, those who were negative and those who felt hesitant about doing so.

The most important things women hoped to gain from the group were: child health and development information, and the sharing of experiences and mutual support with other first time mothers.

The majority of women (76%) reported that the members of their group got along well. Those who had been in groups where this had not happened thought that the reasons included: group size (too large for the group to "click" or "gel" as they described it); too great a diversity of age and background; and differences in values and lifestyles, especially related to child rearing.

Most women (60%) were highly satisfied with the way their group was facilitated. Those who expressed dissatisfaction reported that the sessions were too didactic ("too much like a school class") or that the physical attributes of the centre itself were a problem (for example, too small, noisy, too hot in summer).

**Some of the key findings in relation to the later phase of the group were as follows:**

All but one of the 24 groups continued to meet informally after the sessions at the centre had ended with 5 ending by 12 months. At 12 months 18 groups (constituting two thirds of the women in the study) were still meeting, and 16 groups were still meeting at the time of follow up (18 months to 2 years).

Women returning to paid employment was related to some groups not continuing but other groups with members who returned to paid employment went to considerable lengths to change the group meeting times to accommodate this and these groups continued to flourish.

Even among those groups which were not meeting 18 months later, there was considerable one-to-one contact between some members and significant friendships had been made through the groups.

One-to-one relationships were classified as mutual aid friendships, social activity based friendships or acquaintance relationships. A large majority (80%) formed at least one mutual aid friendship through the group, and had frequent contact with the friend(s) outside of the group, often assisting each other with babysitting, as well as being a confidante.

Social activity based friendships did not involve the sharing of personal information but were characterised by participating in activities such as children's birthday parties, clothes parties and occasional evenings spent together without the children. In some instances family to family contact developed which involved the fathers (for example, barbecues and picnics with the children).

A small number of women formed only acquaintance relationships, and would occasionally 'bump into' one another at the shops. This generally applied to women who had only attended the group for a short period of time or had returned to work and lost contact with the group. However, even this level of relationship was described by some women as giving them a sense of familiarity with others in their community.

Women gave multiple reasons for participating in the continuation of their group, with the main reasons being: that they enjoyed sharing their experiences of motherhood with one another (96%); that the groups provided support (95%) and that it was beneficial for their child to have contact with others (82%).

Most of the groups met in one another's homes. As the children became increasingly mobile this presented problems and some of the groups evolved into playgroups which met at community

venues. A few women spoke of their discomfort at meeting in one another's homes, particularly where there was a discrepancy in the level of affluence among members.

Overall there was a high level of homogeneity among those interviewed in relation to maternal age, occupation, ethnicity and marital status. While to some degree this reflects the demographic characteristics of the two municipalities involved in the study, it also raises concerns identified in earlier research as to whether young single mothers, and women from low income families and women from non-English speaking backgrounds are less likely to participate in such groups.

### **3.3 Maternal and Child Health Nurses Perceptions of the Value of First-Time Parent Groups**

A total of 17 maternal and child health nurses were interviewed about their experiences in facilitating groups. Most had facilitated a large number of groups (average 34 groups) over an average period of running groups of 10 years. Most of the nurses reported that they enjoyed running groups but that there was insufficient time allocated for the work which this entailed. A few expressed apprehension about facilitating groups and found the first group session rather anxiety provoking. Many mentioned the inadequacy of the facilities for running groups (overcrowding, no space for prams, no air conditioning, parking problems).

All the nurses thought that the groups fulfilled a valuable function, but there were significant differences in the proportion of their first time mothers who joined their groups (ranging from one third to over 80%). Nearly all reported that it was more difficult to engage young single mothers, women from low income families and women from non-English speaking backgrounds in the groups, although some appeared to have had a lot more success than others in doing so. For example, some had successfully mixed women of very different ages in the same groups while others had run specific groups for young mothers in quite a different way from their other groups. Another nurse had run a highly successful group for women of very diverse cultural backgrounds and made the theme "mothering in a new land" a particular focus of discussion. Some nurses described how they introduced two mothers of the same non-English speaking background and that this had been more successful than trying to involve mothers with limited English in their groups. Others had linked such mothers to ethnic specific women's associations or referred young single mothers to a specific program designed to meet their particular needs.

Most of the nurses emphasised the importance of creating the right climate, particularly in the first group session, so that the group could develop a sense of cohesion and an informal atmosphere. Most of the nurses had a set content which they followed but tried to be flexible in response to the needs and wishes of the particular group. They varied in the degree to which they balanced the provision of information with open discussion and social contact. Some commented that they had learned over time to become less preoccupied with getting through

their prepared material and more oriented to encouraging participation and social interaction as this is what mothers appeared to value most about the groups.

A few had successfully engaged men in their groups, some effectively using infant CPR sessions in the evening to draw in the fathers. Others were unsure about the participation of fathers and a few were opposed to it, believing that it inhibited women from discussing some issues and made the group less cohesive. One nurse had gone to great lengths to establish a group for at home fathers. The issue of paternal participation is obviously an area which requires more research and discussion.

### **3.4 Conclusion**

In summary, this study has demonstrated that at least in two outer urban areas of Melbourne, a large majority of first time parent groups evolve into self-sustaining social networks and provide significant social support for women having their first child. Because so many of the groups in this study continued, it was not possible to identify the characteristics of those groups which were more likely to continue from those which were not. However, there is some evidence to suggest that continuation is more likely to occur if the group is facilitated in a way which creates an atmosphere of trust and builds a sense of group cohesion. If the nurse is overly focussed on didactic input, or if the group is too large or the backgrounds of the members too diverse, there may be insufficient group cohesion to sustain it. Future research is required, particularly on the participation of men in groups, how to make groups more accessible to parents of different backgrounds, and what alternative ways might exist for increasing the level of social support for families other than through groups.

# 4. Tips for Organising and Facilitating First-Time Parent Groups

## 4.1 Introduction

Many of the tips for organising and facilitating the First-Time Parent Sessions are incorporated into the Seventeen Suggested Sessions (Section 6). This section of the guide expands upon some of those tips and adds a few more to assist with the planning and facilitation of each session. There are numerous books available, too, which expand all the following ideas. One of these which many nurses have used is by Kerri Hamer, entitled *Leading a Group: A Practical and Comprehensive Handbook* (1997) Published by Hamer, Maroubra, NSW (phone 02 9349 5170).

## 4.2 Successful First-Time Parent Group Session Factors

The success of the first-time parent sessions depends on a number of factors, including:

- A definition and clear understanding of the purpose of the overall program and each of the individual sessions.
- Pre-session planning to address the purpose and objectives.
- Active marketing of the sessions.
- Articulation of group expectations and development of guidelines or rules.
- Consideration of the diverse needs of participants, for example, cultural background, rural or metropolitan setting.
- Opportunities for equal involvement by all participants.
- Effective facilitation.

While collection of information resources for participants often dominates early planning time, this issue may be of less importance than the discussion in the sessions themselves. It is important that nurses know their local services and resources well and prepare relevant documentation to encourage their group participants to learn about and use them. Nurses need to remind themselves too, that the objectives of the group sessions are additional to individual one-to-one consultations. Nurses may occasionally need to remind themselves and parents that these consultations provide opportunities to address individual health concerns of the parents and babies, and the group time allows opportunities for shared issues and discussion.

## 4.3 Role of Facilitator

As the facilitator of the session the nurse acts as a catalyst. They bring together first-time parents, providing them with an environment which enables open communication and encourages the forming of networks and friendships.

An effective facilitator of First-Time Parent Groups:

- Is a good listener.
- Utilises all opportunities to encourage participant involvement.
- Acknowledges and builds on participants' knowledge and skills.
- Allows and encourages participants to explore ideas.

- Is the timekeeper.
- Summarises, or encourages the participants to summarise, the process, issues and decisions made in each session.
- Does not dominate the group.

While it is important for nurses to have done plenty of homework to ensure they are adequately informed about current parenting and health issues and local resources, they must take care not to be tempted to be the 'fountain of all knowledge'. Participants will bring a great deal of knowledge to most issues, although this knowledge may not be as complete or as well organised as the nurse's. It is helpful to remember that most groups do not take in information after fifteen minutes of concentration.

It is likely that numbers of participants will not have had a group learning experience since school and for some participants that past experience may not have been a positive one. Nurse facilitators may have a powerful impact through their role in modeling group skills like active listening and encouraging resolution of differences as well as encouraging commitment to identification and achievement of group goals.

## **4.4 Encouraging Sustainable Connections Between Participants**

The group sessions are intended to create opportunities for socialisation within the formal group, but also to promote sustainable relationships and networks between participants after the formal sessions are completed. Mixing and matching participants in all sorts of varied combinations early in the group development will promote the cohesion of the group and the likelihood that all will be included in future. Groups are more likely to continue to meet beyond the structured sessions if the participants have not become dependent on the facilitator. This requires the nurse to be constantly alert to those situations and activities where participants will take the lead themselves. This may begin with the organisation of tea and coffee at the sessions, but will have even more lasting effect if people take responsibility to organise a trip to the library together, for example, with (or preferably without) the nurse's participation. The circulation of names and contact address and phone numbers as early as the group is comfortable with this will enhance the opportunities for connections to continue after the sessions.

## **4.5 Group Guidelines or Rules**

In the session 'Getting to Know Each Other: Beginning Our Group' it is recommended that the first-time parent group develop their own guidelines or rules. It is important that participants develop their group's rules or guidelines and are not 'given' them, as they will be implementing the guidelines and need to 'own' them. This process also provides an excellent model for participants in setting up their own formal and informal (community) groups in future.

A process has been included in the session notes to assist the nurse in facilitating the development of the group rules or guidelines.

Possible areas for discussion and inclusion in the guidelines or rules are:

- Confidentiality (within and outside the group).
- Attendance at the group.
- Listening to each other.
- Positive communication.
- Acceptance of a diversity of ideas.

The group's guidelines or rules could be written onto butcher's paper and displayed on the wall for each session.

## **4.6 Handling Difficulties in the Group Sessions**

The sessions in this guide have been designed to assist the facilitator manage any 'difficult' situations for example where some participants may talk too much. Working in small groups, utilising personal stories and developing group guidelines will capture the needs of the group and reduce the possibility of participants being 'difficult' for the facilitator.

Regular referral to, and if necessary, development of further group rules or guidelines are likely to be the best methods for handling issues like time keeping and participants who put down, talk over or contradict other parents.

While acknowledging that parenting is a value laden area, it will be important that the nurse encourages the group to discuss and explore a range of strategies for all situations and particularly for situations where inappropriate suggestions are made for handling some parenting concerns, such as 'giving a baby a smack to help them to settle'. On occasion, it will be appropriate for a nurse to express her concern about some strategies suggested by parents but it is critical that the group be assisted to explore and discuss the pros and cons of options rather than focus on the negatives of any inappropriate suggestion.

Occasionally, members of the group may be upset or distressed, perhaps because of personal issues outside the group, exhaustion from being a new parent or sensitivity to the issues being discussed. The nurse should be sensitive to personal needs within the group and can offer to spend time with the participant outside the group, but it is not the role of the nurse to be a therapist. The nurse could provide advice about where the participants could access help or resources.

## **4.7 What to Do about 'Drop Outs'**

If a participant attends a session and then drops out it would be appropriate to contact that parent to talk through reasons for non-attendance.

Maybe it was a bad day for them and they intend to continue or the group may not have met their needs. Find out how the group could meet their needs, and what they are wanting from the group sessions.

If the reason for non-attendance is the group composition it could be appropriate to refer or transfer the parent to another First-Time Parent Group.

## **4.8 Evaluating the Sessions**

Session evaluation should be considered during the planning stage of the First Parent Sessions. The facilitator needs to determine the areas they will evaluate, the evaluation process and how the information collected from the evaluation will be used. Evaluation assists facilitators to improve and or refine their practice.

## **4.9 Debriefing the Facilitator**

Facilitators often need to talk about the success and/or failure of facilitated sessions, this process is called debriefing. The nurse may elect to do this with a professional colleague or someone else within their professional group or agency. Talking through the highs and lows of a session can be a form of self evaluation and new ideas for future sessions may come to the surface or be shared with others for inclusion in their groups. Care needs to be taken not to talk about particular participants, but about the issues on which the facilitator needs to debrief.

## **4.10 Engaging 'Experts'**

For some sessions, nurses will choose to invite a person with specific expertise to contribute to the session. In these cases, it is important to clarify what the speaker is to address, and to brief the person accordingly. Nurses may wish to photocopy and distribute the objectives of the session and explain how the person's information will be developed by group activities. It is important that the nurse is present at the session with the speaker so they can pick up on the issues for continuing the workshop process. The continuing role of session facilitation is critical to achieving the intended outcomes of the overall program.

## **4.11 Inviting Participants**

Word of mouth from new parents about the value to new parents of First-Time Parent Groups is the most powerful marketing tool anyone can use. It will be important to encourage past

participants to tell others about the value they gained, and, of course, in some areas, the nurses in the maternity units of local hospitals can assist in encouraging participation.

Personalised, written invitations, with dates, times, venue and perhaps the names of streets where other anticipated participants live will also provide interest in participation. Remember, people are more confident when they know what to expect from the sessions, so it may be useful to talk to new parents about the sorts of activities of past participants and some of the positive outcomes for those people.

If it is possible to put people who live near each other in touch prior to the first session or at least at the first session, they may be able to travel together which will have the dual benefit of promoting connections and providing a familiar face at the early sessions.

## **4.12 Times, Days and Venues**

These will largely be determined by the demands of your organisation. However, some people cannot attend sessions because of transport access issues or work demands with the time of the sessions. It will be important to ask people about times, days and venues that suit them best and be prepared to be adaptable if at all possible. Participants will generally appreciate the nurse's responsiveness to their needs. Obviously, if you wish to include working parents in the groups, then some special evening groups especially in daylight saving months, perhaps with a light meal included, will be more appropriate.

## **4.13 Engaging Fathers**

Time of day (or evening) will affect the participation of many (new) fathers in groups. Inclusion of fathers will be promoted by providing at least one evening session. The content of the planned session may affect some fathers' interest too. However, if fathers are involved in the initial session when the topics are chosen, they will have an equal chance to express their interests. If mothers only are present at the initial session, then the nurse can encourage the group to consider a topic they would like to choose for a shared parent session. Sometimes women are reticent about including fathers in some of their sessions. It may be useful to discuss whether there are some groups people would like as mothers only, some fathers only and some combined.

## **4.14 Maintaining and Continuing the Group**

Group dynamics change over the life of a group. Regular review of participants' expectations and adaptation of group rules as required, will assist in maintaining a strong group. Continuing some mixing and matching of small groups within the larger group for different activities will promote cohesion among members and is a key strategy in addressing the issue of the 'isolate'.

Dynamics will also change with the introduction of new participants into an established group. Some introductory icebreakers or introduction exercises, especially with numbers of pairings as are described in the introductory session in Section 6, will be useful to quickly establish a personal connection between participants.

As the group nears its formal ending, it will be important for the facilitator to invite participants to explore opportunities for continuing the group without the role of nurse as facilitator and in a new venue. Encouragement of options which will provide for inclusion of all group members, addressing participants' concerns about appropriate venues, for example, will assist in continuing the life of the group. In some cases, the group may decide to meet in a low cost community hall on an ongoing basis rather than individuals' homes, for example. Whatever the decision, the nurse has responsibility for promoting and encouraging sustainable relationships among all participants.

## **4.15 Developing and Improving Facilitation Skills**

In preparing this Guide, a number of highly experienced nurses asked permission of other nurses to watch them at work facilitating their groups. Without exception, the nurses reported learning a great deal about development of their own facilitation skills from this close observation. It is probable that nurses can arrange such collaboration themselves, remembering always to ask permission of the group beforehand, and remembering too, the importance of providing positive feedback which can be built upon.

For nurses practicing as maternal and child health nurses for the first time or for those who wish to develop their skills in facilitation of diverse groups, observation of skilled maternal and child health nurses facilitating First-Time Parent Groups may assist. This diversity includes people from a wide range of ages, family support systems and life experiences, as well as people from a number of different cultural backgrounds.

Shared planning and co-facilitation also provides excellent opportunities for developing facilitation skills. However, it must be noted that to work well for both group participants and facilitators, the shared facilitation role requires a substantial time commitment to discuss personal facilitation styles, and to clarify and plan each person's expectations and responsibilities.

Formal training in the process of group facilitation through tertiary education institutions and private education providers will also enable nurses to gain confidence in the facilitation role quickly. The nurses will then be free to use and adapt the content of the sessions provided in this Guide to suit their own facilitation style.

Some references have also been provided in this Guide for nurses for follow up reading about special facilitation issues.

# 5. About the First-Time Parent Group Sessions

## 5.1 Introduction

The workshop sessions are provided as a source of ideas and have been written as recipes for facilitation only. As with recipe books and cooking, those who are experienced in facilitation may note the desired outcomes, suggested ingredients and method and then immediately adapt the recipe (if required) to fit their own situation. Others will follow the recipe as detailed and may continue to do so because it provides an effective result, while still others will need to make changes along the way, perhaps because they prefer some slightly different outcome or perhaps because their 'ingredients' vary from those suggested. Feedback from the nurses who have trialled the sessions has shown that the designs have worked for some of their groups and they are already mixing and matching the strategies provided in the document with a range of strategies they were already using themselves. The following quotes taken from feedback on the use of this Guide illustrate this:

### *Feedback One*

*...Initially very time consuming getting resources and photocopying done and organising and planning generally. Initially some sessions can be expensive, for example, Session 5.9 cost \$35.00 for RCH Safety Book and for some appliances (not many). For 5.1 I have chosen to purchase an oil burner, oil, tape deck and tape – these, of course, will be used frequently, perhaps each week. I chose to combine 5.7 with my CPR training (Heart Foundation) handbook and I think it went well.*

### *Feedback Two*

*Congratulations on an excellent idea, presentation and resources. This is what we needed across the state to bring everyone into line with running professional parent groups. It is one thing we never had any training or guidelines in and really is needed by us and by the parents who attend our groups. The resource will be even better when it is complete with lots of wonderful pamphlets introduced that the nurses have collected, updated and used as handouts or resources.*

### *Feedback Three*

*I enjoyed the workshop – good introduction to manual. Gave great spurt to own conduct of groups. Enjoying them more, lots more ideas, from manual and from hearing of colleagues experiences. 75% of enrolments and birth notifications (at my centre) are first-time mothers therefore greatly increased workload, particularly groups. However, great way to disseminate knowledge, confidence, networking, etc. Great feedback from parents. Thank you to the team for putting together a useful, useable stimulating manual. I look forward to seeing the final product and hope it won't be too long.*

### *Feedback Four*

*My main comment is that I found it hard to keep the group attention for two hours and usually had to cut the content down even though I found it relevant. The mothers were often tired and were easily distracted by babies. They needed more time just to relax and chat. Even so, the group became very cohesive and the feedback was good. They are continuing to meet in own homes. Ages varied from 17 years to 34 years.*

Group facilitation is challenging and requires quite different skills from one-to-one consultation and other practices well developed by maternal and child health nurses. Each group is different and success depends on the willingness of the facilitator to reflect on each group's specific needs and interactions and to develop the group processes accordingly. Most groups and particularly very diverse ones, will be more effective if the nurse provides a structured process, especially at first. The structure will reduce as the sessions progress, especially as group members know each other and are keen to take the opportunity for discussions.

The workshop sessions described in Section Six have been developed for use by maternal and child health nurses as facilitators of the First-Time Parent Groups which they are responsible for organising for new parents in their municipality.

## **5.2 The Purpose of the Group Sessions**

The workshop processes have been designed to enable the maternal and child health nurse, in her role as the group facilitator, to:

- Engage parents.
- Promote continuation of a group following the formal phase facilitated by the nurse.
- Develop links between all individual participants of each First-Time Parent Group.
- Acknowledge and build on the knowledge and experience which first-time parents bring to their parenting role.
- Create formal opportunities for participants to share their concerns, joys and learning.
- Provide relevant information about health and parenting issues and encourage use of local resources.

## **5.3 The Maternal and Child Health Nurse as the Group Facilitator**

As noted earlier, many nurses have been facilitating groups for many years, often well before these became an expected part of funding agreements. These groups were undertaken for a variety of reasons, not least of which was to save the time required if (health) information was provided by the nurse on an individual basis. Implementation of the following session designs may not provide as much opportunity for information provision by the nurse to the groups as previously, but is likely to encourage participation by all group members and optimise the chances of all individuals developing sustainable relationships with other group participants.

We anticipate that much of the information provided and even some of the group processes detailed will not be new to nurses. What may be new are the combinations in which they are provided. We hope all nurses will test the session processes as they are described and adapt them as they develop strategies which are more effective in meeting the stated objectives of the individual sessions, while keeping the objectives of the group sessions in total in mind.

Traditionally, groups have very few fathers participating. In fact, they were usually called first-time mothers' groups. The seventeen group sessions following have been designed to provide the facilitator with strategies to enable meaningful participation by either or both parents. If both parents are participating together in the group, the facilitator will need to be alert to concerns about group cohesion, as will also be required if there are two or three very close friends joining the group together. In these cases, the group will probably be best served by the facilitator treating the parents as individuals and, for example, inviting them to participate in separate small groups when small groups are formed.

Setting group guidelines provides an initial opportunity for the group to discuss expectations of each other. A review of these guidelines, and perhaps encouragement of additional ones at some time down the track can also be used to address any difficulties developing within the group around participation or future planning.

### **5.3.1 Accessing Resources for Parents and Maternal and Child Health Nurses**

It is important to make sure that any resources being used in conjunction with the Guide for parents and/or to guide maternal and child health nursing practice, meet copyright regulations. Copyright regulations include obtaining permission to use materials from the author(s) of the material, including permission to copy a percentage of the materials for teaching purposes. This permission must be written on the materials and include the year of publication, publisher etc.

Most feedback from maternal and child health nurses on the Guide during 1997–1998 has been related to resources, such as 'who is to pay for resources referred to in the Guide' and the 'need to include contact phone numbers for all resources cited in the Guide'. As most resources referred to in this Guide are not provided with the Guide, an allocation will need to be included in annual budgets for resource purchase. This will be for both new resources and to update older ones already held.

The resources included in the outline of each session have been selected as the most appropriate at the time of the publication of this Guide and all were available.

### **5.3.2 Accessing Resources for Culturally Specific Groups**

Some parents from culturally or linguistically diverse backgrounds may benefit from attending culturally specific groups instead of or as well as First-Time Parent Groups provided by maternal and child health nurses. Maternal and child health nurses can find out where these groups are held by contacting the Centre for Culture Ethnicity and Health, 23 Lennox Street, Richmond, Victoria 3121 (telephone 03 9427 8766) or the local Community Health Centre.

## 5.4 The Session Designs

All sessions have been designed to cover a two-hour time period. However, the two-hour layout is only a guide. It is anticipated that the time for 'cups of tea and chats' will be either integrated into the sessions which have been designed with informality in mind, or may be provided at the end when time for one of the suggested strategies has been reduced. It is important to note that participant discussion and strategies like brainstorming and small group problem solving take time to be effective, but they are the formal processes which are most likely to achieve the objective of whole group cohesion and support.

Each session has an introductory time, with some suggested ice breakers and warm ups and frequently a suggested process for reviewing the intervening week. These activities are important to enable a fairly speedy 'regrouping' after a week's separation and will facilitate communication between participants quickly. The inclusion of name tags at first and introductory or review activities every session are critical for group cohesion and will assist inclusion of latecomers to both the group and the individual session. There are some homework suggestions provided in relevant sessions. These are designed to build the links between the group and relevant community groups and services.

Many sessions suggest the use of butcher's paper for small group work in particular. As the size of the venues vary, it may be necessary for nurse facilitators to be creative about the materials used and the placement of the small groups. Butcher's paper can be fixed to walls or A3 sized paper may prove as effective for the whole group to see. Most important is the chance for small group discussion on particular issues and notation to a congregate sheet provides the means of checking understanding among group members and for feedback to the group as a whole. The use of small groups and paper with babies and associated paraphernalia will probably not be very tidy, and the nurse facilitator's attitude to the process will be critical to the group response to and management of the recommended strategies.

More than 50 maternal and child health nurses have provided feedback from trialling the sessions. The following quotes are examples of their feedback and show the ways they have adapted some aspects to meet their group's needs:

*I actually became excited using some of the suggestions, for example, Home Safety. Everyone had to close their eyes and visualise their homes, room by room, and this method generated a bit of conversation with safety issues.*

*I am finding butcher's paper too ungainly – have found blank paper on a clipboard with a scribe very good.*

*I think the whole idea of being able to rev up a group so quickly in preparation time can work, and each activity gives me time to think through to the next.*

*I find the guide really useful in planning an actual session with regard to the timetables supplied.*

*My first session was last week, and with plenty of participation from mothers present. We have outlined an interesting series of sessions to be undertaken over the next seven weeks.*

*I have found the parts of the Guide I have used wonderful.*

*I found the layout very clear and informative. Easy access to information for busy professionals who find it hard to spend much time accessing literature.*

*I have started using butcher's paper and brainstorming at some sessions which is going okay... Overall I have found the resource guide helpful and am starting to incorporate some of the suggestions. Also, the guide is useful for planning – collecting leaflets, and resources...*

*I thought I was going along quite well with my groups – it was really challenging to make the group sessions much more two-way – rather than me doing the majority of the talking. The skills illustrated at the workshop have really helped me with this.*

## **5.5 Choosing the Sessions for Parent Groups**

Funding agreements provide for eight formal First-Time Parent Groups. There are seventeen sessions developed in all to provide opportunities for choices according to everyone's interests and group needs. Two of the sessions: Getting to Know Each Other and Where to From Here? are designed as the first and last meetings, which, it is assumed, are likely to be used and adapted by most nurse facilitators.

It is expected that the other six sessions can be chosen by the group participants and the nurse. A careful reading of the session designs will show that some topics have lent themselves to more content developed from participants' personal experience than others. For example, the sessions Being a Parent: Changes and Challenges and Returning to Paid Work rely mostly on issues raised and strategies developed (brainstormed) by the group, whereas, What to do in an Emergency(1): Resuscitation and Looking after Your Teeth for Life both demand more health information content from the nurse. Those groups which undertake a mix of these session types will have more opportunity to fully address the two objectives of the program which were stated earlier. These are:

- To develop a cohesive group with sustainable links between individual participants and
- To provide information and develop skills which are critical to the tasks and role of new parents.

Session 6.15 Being a New Parent in Australia and Other Countries has been specifically designed to assist those groups which include parents from a variety of other countries, particularly those from a non-English speaking background. We recommend that nurses who facilitate groups with such a composition plan to include this session early in their series, as we believe it will assist with group cohesion and development of confidence and understanding between participants.

Some of the sessions, like sessions 6.4 Looking after Yourself: Exploring Mother's Health, demand an understanding and knowledge of a broad range of health issues. It is not likely that all issues will be addressed in the session, but it is helpful for the nurse to have done some reading and have accessed one of each of the resources listed so they can enable participants to

follow them up themselves. The group will discuss the issues relevant to the majority if the process described is followed. A display of relevant literature, whether or not it is available for loan, is likely to support the information needs of the participants. While we have supplied up-to-date information sources, resource recommendations and, in some cases, the appropriate support materials for the facilitators' use, it is expected that nurses will need to continue their reading to maintain the currency of their own information as well as the recommendations for resources to be used by participants.

## **5.6 Notes About the Strategies Used in the Following Sessions**

Careful reading of the workshop sessions will show that a range of strategies are incorporated. Of particular note are:

- Chalk and talk.
- Discussion.
- Brainstorming.
- Problem solving.
- Rehearsing or practising a role.
- Use of butcher's paper and group notes.

The process for using each of these is described in at least one session, and particular points about the use has been noted in the Suggestions for Nurse column. As you become familiar with using these processes in the sessions as provided, you may wish to take the strategy and use it to meet objectives in a different topic area.

### ***Chalk and Talk***

The didactic mode allows the nurse to provide some carefully planned and organised material quickly and concisely by talking about it with support materials provided either on the board, overhead transparency or video. This is an excellent mode for information provision but this information only becomes the knowledge of the participant when they are able to relate it to their own lives and situations in a meaningful way.

### ***Discussion***

This is one method whereby participants are able to consider information, talk about it in relation to their own situations, and determine their level of understanding of the information. This is the process which allows incorporation of the information provided. It is also likely to begin building 'connections' between participants as they learn more about the interests and values of the other participants.

### ***Brainstorming***

This strategy promotes lateral thinking and frequently provides a creative outcome or result. It requires that all ideas are accepted and noted so that participants can contribute without fear of rejection.

This is particularly important where some group participants lack confidence within the group. The brainstorming process provides the opportunity for participants to build on each other's ideas, so that quite exceptional solutions, which are not likely to have ever been reached through linear, and logical thinking, are developed. The facilitator's skill is required to maintain the 'creative flow,' prompting ideas and limiting people's inclination to evaluate ideas as they are presented. When the group's ideas dry up, there is plenty of opportunity to toss out suggestions which are not feasible.

### ***Problem Solving***

This is a group process which utilises brainstorming as one step in the process. Critical to the success of problem solving is the initial clarification of the issue; then determining that the problem is one which can be solved; and then determining whether or not the problem is one which can be solved directly by participants. The issue of parental response to baby's sleeping patterns is one which demands this type of clarification. Parents can change their responses to sleep cues, but they may have little effect on the number of times a baby wakes at night when the baby is very young. The exercise in Session 6.2, 'Being a Parent: Challenges and Changes,' where participants are asked to explore 'locus' or point of control is a good beginning for the problem solving process. This is then followed by a brainstorming of strategies, which can then be refined and developed by individual participants.

### ***Rehearsing or Practising a Role***

Not to be confused with formal role play, practising saying the words and showing the actions is a particularly useful strategy for building confidence in a safe environment. It is very different from 'talking about' what might be said in a situation from actually saying it. This strategy is sometimes difficult for facilitators to initiate, but if nurses encourage participants to work in pairs or threes, as if they were actually talking to the person, they can become quite confident with the process. If using role rehearsal in a group, it is best to begin with brief examples in pairs, and debrief by talking about how it went and how the participants felt. Actually showing the rest of the group will be of limited value to the individual, and probably only of use for the fun of watching a brief drama. Whole group role play is best used when the group feels safe and comfortable with each other as a large group, but may seldom be used in First-Time Parent Groups.

### ***Use of Butcher's Paper and Group Notes***

The use of butcher's paper and/or writing on a board are suggested regularly as a strategy. This is particularly important to enable feedback or if the group is to be asked to work on the ideas they initially generate as in 6.2 Being a Parent: Challenges and Changes. Comfort and

willingness to write will vary between groups and between participants within groups. It is important to stress that in these sessions, spelling is not an issue as it is the ideas the group is trying to capture. Some people will not want to write at all and it is important for the facilitator to accept that and manage the strategy in a different way, perhaps with the maternal and child health nurse or a participant writing on a central board or sheet of butchers paper for the whole group.

## **5.7 Promoting Discussion in Groups**

Discussion which involves all participants in a large group is usually more productive where all participants know and are confident with each other. The use of pairings, trios and small groups will encourage participants to connect with each other in discussion.

Inviting people to work and discuss in small groups means that the facilitator has less control over the content of the discussion, but it promotes the connections which are an objective of the session. Mixing and matching participants by numbering off or other means provides the opportunity for all participants to spend time with others on an individual or small group basis, and limits the formation of cliques (and isolates) within the group. This mixing and matching role of the nurse is critical in the early sessions as a means of promoting comfort by all participants with each other. However, if the group comprises only three or four participants, a smaller group will actually be impossible. In this case, the group will work as a whole. Pairings become possible with five people and more, when the nurse forms one of the pair with a five-participant group.

## **5.8 Assertiveness and First-Time Parent Groups**

On reading through the various sessions, it will be noted that many include an assertiveness component. Many of the difficulties for new parents result from trying to deal with others' expectations and advice, which frequently threatens the confidence of the new parent. The assertiveness exercises are designed to assist parents to hear the conflicting advice or view, take it on board to the extent they are willing and able, and then to respond appropriately to the advice giver. This response is critical to new parents maintaining the relationship with the advice giver, while still feeling confident about their own behaviour. New parents have enough change to manage in their lives without the added burden of guilt about their inappropriate responses to a well-meaning advisor!

# 6.1 Getting to Know Each Other: Beginning Our Group

## 6.1.1 Planning the Session

### Objectives of the Session

- To provide a non-threatening environment in which participants can get to know each other, feel acknowledged and listened to.
- To create an opportunity for first-time parents to share ideas and concerns about aspects common to parenting.
- To promote sustainable connections between parents of children of similar ages.
- To determine topic areas for a series of seven sessions of interest to the group.
- To agree on a suitable time frame and arrangements for refreshments, and safety strategies to prevent accidents with hot drinks.
- To agree on a set of operational rules for the group, including about degree of commitment over the next series of sessions.

### Anticipated Outcomes of the Session

- Participants will have talked individually with all other group members and will have begun to know each other's names.
- Some participants will have identified shared interests.
- Participants will know of the planned program for the next seven weeks.

### Pre-session Planning

- Organise name tags for babies and parents.
- Prepare a sheet so participants can note program plan and dates of meetings.
- Write or type out introductory statements onto individual file cards.
- Organise tea, coffee and drinking water for this session.
- Collect sheets of butcher's paper and textas.

### Resources for Nurses' Information Prior to Session

- Letter to invite parents to first-time parent group.
- Read the related sections of the Resource Guide.

### Handouts to Group Participants

- Pre-Group Information Questionnaire.
- Eight Week Topic Outline for parents to complete.
- Conversation Starters.

## 6.1.2 Getting to Know Each Other: Beginning Our Group Workshop Session

\* Approximate time allocation for each activity

*Time	Content	Process	Suggestions for Nurse
0.00	Introductions and Future Sessions	<p>Nurse introduces the session and explains the aim of First-Time Parent Group: <i>To provide an opportunity for local first-time parents to meet, get to know each other and build connections so the group has a life after the eight sessions.</i></p> <p>Nurse asks participants to turn to the person sitting next to them and talk about the following: (allow a few minutes)</p> <p><i>Introduce yourself and your baby.</i> <i>How did you choose your baby's name?</i> <i>What is your idea of fun?</i></p> <p>Repeat this exercise three times.</p> <p>Nurse asks two pairs of participants to join together and talk about the following: <i>At these sessions I would like to...</i> <i>What would make you want to come here each week?</i></p> <p>Give each group a piece of butcher's paper and ask participants to record their ideas.</p> <p>When small groups are finished ask them to report back to larger group.</p> <p>Participants stay in the same groups.</p> <p>Groups are asked to write down all the topic areas they would like to address over the eight weeks. When they have compiled their lists, ask each small group to determine their top five preferences and note them in order of importance.</p> <p>Ask groups to report back to the large group their five top preferences and why they have been chosen.</p> <p>Record them onto butcher's paper up on a wall and see if the group can decide upon six session topics as well as the introduction and final sessions.</p>	<p>Provide name tags for participants and babies</p> <p>Nurse suggests that in the next few weeks they will check if it is okay to circulate a list for names, addresses and telephone numbers to be distributed to all members of the group.</p>
1.00	Group Guidelines (rules)	<p>Nurse asks the whole group: <i>What would you all be hoping for or expecting from each other within the group?</i> <i>What would you all be hoping for or expecting from each other outside the group?</i></p> <p>Brainstorm ideas onto butcher's paper and develop some agreed guidelines. <i>Is everyone happy with our group guidelines?</i></p>	<p>Possible areas to include:</p> <ul style="list-style-type: none"> <li>• confidentiality</li> <li>• attendance at group</li> <li>• listening to each other</li> <li>• safety strategies to prevent accidents with hot drinks.</li> <li>• others...</li> </ul>

<b>*Time</b>	<b>Content</b>	<b>Process</b>	<b>Suggestions for Nurse</b>
1.20	Getting to Know You	<p>Nurse gives each participant a card with a conversation written starter on it. (see Handout – Conversation Starters)</p> <ul style="list-style-type: none"> <li>• Invite participants to pair and talk about what is on their card.</li> <li>• After 3 minutes ask participants to swap cards.</li> <li>• Ask participants to make a new pair and repeat exercise with their new card.</li> <li>• Continue until all participants have talk to each other at least once.</li> </ul> <p>Ask participants to get themselves a cup of coffee/tea and discuss as a large group:</p> <p><i>I expect you are looking after your babies... what sort of things are you doing/could you do to look after yourselves?</i></p> <p>Brainstorm as a large group. When the ideas dry up, ask the group to choose one of the ideas which they will plan to implement over the following week.</p> <p>Invite participants to pair up and tell their partners what they are committing to and suggest they may like to check with each other the following session. However, make sure that participants know that while you are encouraging a commitment to something, it is OK if it is not possible.</p>	Handout: A Conversation Starter to each participant
2.00	Close		

# Conversation Starters

## Session One

Since I became a parent I feel.....

Since I became a parent .....has changed.

In the month before I had my baby I.....

In the 12 months before I had my baby I.....

I have learnt most about babies from.....

I spent the first five years of my life .....

A really enjoyable experience I have had is .....

Since having my baby my time is mainly spent.....

The people I rely upon most are .....

One thing I really love to do for myself is.....

The best holiday I ever had was .....

I am looking forward to.....

*It is useful to prepare two cards for each statement — it does not matter if people have two of the same cards*

## 6.2 Being a Parent: Changes and Challenges

### 6.2.1 Planning the Workshop

#### Objectives of the Session

- To create an opportunity for first-time parents to share ideas and concerns about aspects common to parenting.
- To promote sustainable connections between parents of children of similar ages.
- To provide an opportunity for participants to express and discuss some of the frustrations and joys of being a new parent.
- To clarify the issues which new parents can influence and those which they must accept or live with.
- To develop strategies to address some of the challenges and changes within the realm of parents' influence.
- To consider the concept of 'self talk' as a strategy for coping with the issues which new parents cannot control or change.
- To encourage parents to put some of the strategies discussed throughout the session into practice.
- To consider some of the resources in the community which participants can access for personal issues.

#### Anticipated Outcomes of the Session

- Some participants will have identified shared interests.
- Participants will be alert to a wide range of the (positive and negative) stresses which are experienced by first-time parents.
- Participants are able to clarify the issues which are within their influence and those which they must accept.
- Participants will know of, and feel encouraged to use, a range of strategies they can use to address some of their stresses in their own lives.
- Participants will be alert to a range of community resources which they could access to assist them.

#### Pre-Session Planning

- Investigate and prepare list of local resources which parents can access.
- Collect approximately 12 sheets of butcher's paper and textas (at least two colours).

#### Resources for Nurses' Information Prior to Session

- For information on ordering Positive Parenting Program resources contact the Victorian Parenting Centre, 24 Drummond Street, Carlton South, Vic 3053  
Ph: (03) 9639 4111  
fax: (03) 9639 4133.
- Local Council's Community Resources Directory.

- *How to Survive Becoming a Father*, by WYETH. WYETH prefer you to obtain these pamphlets from your local WYETH representative.
- Sarros, N. and Sarros, A., 1991, *Stress Busters*, Lothian, Port Melbourne.
- Bernard, M., 1991, *Staying Rational in an Irrational World*, McCulloch Publishing, North Carlton.

### **Handouts for Group Participants**

- Positive Parenting Program, Parent Tip Sheets.
- Handout on local resources.

## 6.2.2 Being a Parent: Changes and Challenges Workshop Session

\* Approximate time allocation for each activity

*Time	Content	Process	Suggestions for Nurse
0.00	Introductions	<p>Choose someone you didn't talk to last week and talk about a surprise you have had since your baby arrived — it could be to do with the baby, your relatives, friends, neighbours...</p> <p>Please stay with your partner and join up with another pair in the room.</p>	<p>Provide name tags for participants and babies.</p> <ul style="list-style-type: none"> <li>• A surprise can be anything — pleasant or unpleasant.</li> <li>• Adapt the groupings depending on number of participants.</li> </ul> <p>When facilitating the brainstorming part of the session ensure you allow enough time for the participants to think about the questions and respond. It may take time for the participants to warm up, and will require encouragement. Emphasise that participants are not to criticise others' ideas. Brainstorming is about getting onto paper <i>lots</i> of ideas and doesn't require group consensus.</p>
0.15	Changes and Challenges	<p>Prepare two sheets of butcher's paper for each group with the headings: Positives and Negatives.</p> <p><i>Becoming a parent is a big change, lots of excitement and some down times. We are going to brainstorm ideas in both of these areas, some of our thoughts or ideas will fit under both headings. List them under both.</i></p> <p><i>In your small group elect someone to be your scribe. The scribe is to write down the ideas or thoughts of each person in their own words.</i></p> <p><i>Talk about the positives and negatives about being a parent now and as you imagine in the near future.</i></p> <p><i>Don't worry about spelling or the ideas — just get everything down.</i></p> <p>When the groups have finished (or the ideas have dried up) encourage all participants to stand up and walk around the room to look at what is written on each other's butcher's paper.</p>	<p>Nurse may be the scribe if there not enough participants.</p> <p>Nurse needs to allow participants to explore changes, not to give answers or solve all problems.</p>
0.40	Control or Influence	<p>While walking around the room look at the sheets to see if there are any themes.</p> <p>Encourage participants to chat amongst themselves or make comments to the larger group.</p> <p>Nurse to introduce the concept of Control or Influence.</p> <p>Ask participants to move back into the smaller groups.</p> <p>The aim of this section is to encourage small groups to talk through their own views of influence.</p> <p>For some issues, members of the group may see different levels of influence, so it's okay to end up with F, P and N on some issues.</p> <p><i>There are no right or wrong answers. It provides an opportunity for discussion and sharing ideas between participants.</i></p> <p><i>For each of the issues you have listed under either headings, positives and negatives, on the butcher's paper, think about how much control or influence you have over it and label each accordingly. Talk about each within your group before you place a F or P or N beside the issue.</i></p> <p><i>F – I have full control or influence over the issue.</i></p> <p><i>P – I have partial control or influence over the issue.</i></p> <p><i>N – I have no control or influence over the issue.</i></p>	<p><b>NOTE</b></p> <p>This task may take a long time. The discussion between participants at this time is the critical part of the session so do not push the groups to complete the list.</p> <p>Write F, P and N definitions onto butcher's paper and display for participants.</p>

*Time	Content	Process	Suggestions for Nurse
	Control or Influence (cont)	<p><i>Some of you may know the 'stress management prayer':</i>  <i>Give me the strength to change the things I can change, the grace to accept the things I can't change and the wisdom to know the difference.</i>  <i>This exercise assists us to work out that difference.</i></p> <p>When groups are finishing this task, ask for any comments.  <i>Are there any ideas/thoughts you didn't expect?</i>            There may be quite a number of individual comments.</p>	
1.10	Strategies to deal with the challenges and changes of parenting	<p>Nurse asks each small group to choose an issue that all believe is an F and tell the rest of the group what it is. Nurse may write the issue on butcher's paper and put up on wall.</p> <p>For each F chosen, ask the large group to discuss the sorts of things that put this within our control or influence. 'What can we do to manage this issue?' For example, what makes it an F?</p> <p>Note the list of ideas under each heading.</p> <p>If time allows continue developing these ideas and discussing strategies for each F and some Ps.</p>	
1.40	Ways of 'living with' or coping with the changes we cannot affect. Self talk.	<p>There are some Ns on all lists. These are things we cannot change — we have to live with them.</p> <p><i>What sorts of things can people do to live with the fact they cannot change these issues?</i>  <i>What is some of the self talk people use to live with these changes?</i></p>	<p>The group can just discuss these or if the nurse has some expertise in self talk, it is possible to use this time for some brief input. A useful reference for people is 'Staying Rational in an Irrational World' by Michael Bernard.</p>
1.50	Commitment to using some strategies	<p>To wind up the session, ask each person to mention one way they plan to use to assist them to manage the challenges and changes of being a new parent.</p> <p>May go round the group or just ask one or two for their ideas.</p> <p><i>Some of these issues may have raised concerns and issues for you which can't be addressed here. Let's look at ways they can be followed up.</i></p> <p>Brainstorm the sorts of people or organisations or books participants can follow up to assist them with addressing any of the issues raised.</p>	<p>Be aware that this process may have raised issues for participants which requires some debriefing.</p> <p>Nurse could have available a handout of local resources or organisations which are available for support.</p>
2.00	Close		

## 6.3 Getting to Know Your Baby

### 6.3.1 Planning the Session

#### Objectives of the Session

- To create an opportunity for first-time parents to share ideas and concerns about aspects common to parenting.
- To promote sustainable connections between parents of children of similar ages.
- To encourage participants to take the time to concentrate on and get to know their babies.
- To inform participants about the critical importance of touch as part of a child's development.
- To encourage participants to develop a broad range of strategies and make use of all possible times to enhance their touching connection with their babies.
- To demonstrate baby massage to first-time parents and show the variety of appropriate oils.

#### Anticipated Outcomes of the Session

- Some participants will have identified shared interests.
- Participants will know about the importance of touch for young babies.
- Participants will be aware of a range of times and situations when they can increase touching of their baby.
- Participants will have practiced the skill of gentle baby massage.
- Participants will be alert to the importance of taking time to concentrate on their babies.

#### Pre-Session Planning

- Organise name tags for babies and parents.
- At previous session, ask participants to bring a 'bunny rug' and towel.
- Review information on 'touch'.
- Warm room prior to the session.
- Collect oil for massage and oil burner.
- Collect CD player or tape recorder and gentle music tape.
- If required, brief invited speaker or demonstrator.

#### Resources for Nurses' Information Prior to Session

- Auckett, A., 1981, *Baby Massage*, Hill of Content, Melbourne.
- Field, T., 1995, 'The benefits of infant massage on growth and development', *Pediatric Basics*, Winter, 71:8–12.

#### Handouts to Group Participants

None.

## 6.3.2 Getting to Know Your Baby Workshop Session

\* Approximate time allocation for each activity

*Time	Content	Process	Suggestions for Nurse
0.00	Welcome	<p>Do any of you have comments or queries from last week?  <i>Maybe something has happened or you have become aware of something since we last met.            Any special occurrences — a tooth, a smile, a time out hour for you?</i></p> <p>Allow time for discussion about these changes, either in pairs or a big group.</p> <p><i>Parents often spend many hours thinking about what their baby will be like. All babies are different and the way we have imagined them will often be very different from the way they are when they are born.</i></p> <p>Ask participants to draw the baby they imagined before they arrived. Discuss how this may be similar or different from their baby in reality.</p> <p><i>How did you work out what was similar or different? How did you get to know your baby?            What was your impression of your baby at one week and one month? Was it different?            These impressions are an important part of our identity, as is how we feel about our bodies.            Touching, such as massage can contribute to how people feel about ourselves.</i></p>	<p>Ask participants at the previous session to bring to this session:</p> <ul style="list-style-type: none"> <li>• bunny rug or towel.</li> </ul> <p>Outline the session.</p> <p>Provide name tags for participants and babies.</p> <p>Allow time for participants to respond to introduction activity... You may want to give a few prompts.</p> <p>Watch for participants who might have something to say but may be a little reluctant.</p>
0.25	Massage and Touch	<p>Invite people to talk about their experience of massage.</p> <p><i>Has anyone ever had a massage? Foot, back, whole body?            What did it feel like?            What did you like and what didn't you like?</i></p> <p>Nurse talks about our skin which is our largest sense organ giving vital feedback to the brain (refer to references to assist with talk), for example, touching is the main way we transmit love.</p> <p><i>There is no formula for massage, as long as your baby and you enjoy it. It can be done at any time — when changing a nappy, after a bath, fully clothed or with clothes removed. It is a chance to commune with your child — talk, laugh and relax.</i></p>	<p>Have the room prepared, warm, oil for massaging, aromatherapy — oil burning, music playing.</p>

<b>*Time</b>	<b>Content</b>	<b>Process</b>	<b>Suggestions for Nurse</b>
0.35	Massage Demonstration	<p>Show the video <i>Massaging Your Baby</i>. Stop at appropriate stages and discuss.</p> <p>Nurse or participant or invited guest demonstrate massage on one of the baby's or participants.</p> <p>Discuss the type of oils which can be used, benefits of massage, and when participants think they could massage their babies.</p>	Invited guest could be a masseur or a physiotherapist.
0.50	Massage Practice	<p>Invite participants to massage their babies.</p> <p>Explain that the massage may last one minute or ten minutes, depending on the baby. It is important that participants don't feel pressured or feel that there is an appropriate response by the baby.</p> <p>The nurse needs to organise a warm room, warm oil, soft music and scented oil burning to create a relaxed atmosphere.</p> <p>Emphasise that participants don't need to do all this at home when they massage their baby.</p> <p>The nurse circulates around the room, talking quietly and assisting any participants who require help.</p> <p>Encourage participants to experiment with their baby (long, slow, soft stroking) and talk amongst themselves as they massage.</p> <p>The towel is to catch urine and provide a soft surface.</p>	

<b>*Time</b>	<b>Content</b>	<b>Process</b>	<b>Suggestions for Nurse</b>
0.50	Massage Practice	<p>Example of massage:</p> <p>Stroke from shoulder down across tummy to hip.</p> <p>Down whole leg.</p> <p>Circling the leg, slow gentle strokes.</p> <p>Down the arms — again circle from shoulder slowly down the arm to the hand, gently unclasp the fist.</p> <p>Turn the baby over stroking down the back from the neck.</p> <p>Over bottom, thighs and legs.</p> <p>Encourage talk to the babies by the participants:</p> <p>‘You really enjoy having your tummy rubbed.’</p> <p>‘Do you like having your face stroked?’</p> <p>‘What about your feet?’</p> <p>As people seem ready to stop, suggest they dress babies and get a cup of tea or coffee and chat until all are ready.</p> <p>Finish the message session with discussion around the following questions:</p> <p><i>What sorts of things did or didn't you like about massaging?</i></p> <p><i>If you were to continue at home, what times would work best?</i></p> <p><i>Lots of parents say they don't have time for this. How else can you provide lots of touch?</i></p> <p><i>Apart from our touch, how else can we get to know our babies well? What sorts of things can we do?</i></p> <p>Ask participants to suggest any ideas they have or have noticed others using.</p>	
1.40	Getting to know your baby		<p>If participants don't suggest many opportunities, nurse may assist discussion with:</p> <ul style="list-style-type: none"> <li>• At nappy time</li> <li>• When feeding baby</li> <li>• When watching TV.</li> </ul>
2.00	Close		

## 6.4 Looking After Yourself: Exploring Mother's Health

### 6.4.1 Planning the Session

#### Objectives of the Session

- To create an opportunity for first-time parents to share ideas and concerns about aspects common to parenting.
- To promote sustainable connections between parents of children of similar ages.
- To develop awareness of some health (particularly physical) issues for new mothers.
- To consider and share ways of addressing some of the physical health issues.
- To encourage new mothers to practice pelvic floor exercises regularly.
- To introduce and experience a gentle form of massage which relaxes shoulder area.
- To alert participants to a range of local resources which new mothers can access for their own (physical) health issues.

#### Anticipated Outcomes of the Session

- Some participants will have identified shared interests.
- Participants will be alert to their own and some of the physical health concerns of other participants.
- Participants will be aware of the importance of continuing practice of pelvic floor exercises and exploring times for their practice.
- Participants may continue to provide 'Raindrop Massage' to each other or encourage their partners to do so.
- Participants will be aware of local resources which can support them with their physical health issues.

#### Pre-Session Planning

- Review current information regarding aspects of managing physical aspects of a new mother's health.
- Collect handout on pelvic floor exercises for participants.
- Collect and tape together body size sheets of butcher's paper and textas (at least two colours).
- Collect a CD player or tape recorder and an appropriate relaxation music tape, for example, *Titania: The Fairy Queen* by Mike Rowland.
- Read through the raindrop massage text and practise appropriate speed and trial it with someone because the practice is critical to the ultimate success for all participants.
- Explore and list contacts (with date of handout) for local resources re: mother's physical health, for example, physiotherapy service, local dietitian, local walking group.

#### Resources for Nurses' Information Prior to Session

Chiarelli, P., 1992, *Women's Waterworks: Curing Incontinence*, Gore and Osment.

Millard, R., 1995, *Bladder Control – A Simple Self-Help Guide*, MacLennan & Petty.

*Pelvic Floor Exercises*, a two-page tip sheet published by Pharmacy Self Care. Contact Mel Blachford (03) 9903 9600.

Raindrop Massage' script.

Additional resources needed regarding:

- Breasts
- Abdominal exercises
- Veins
- Dry skin
- Haemorrhoids
- Hair care
- Teeth
- Sexuality
- New parents.

One agency that you could contact for useful information for this session is:

Anti-Cancer Council of Victoria  
1 Rathdowne Street  
Carlton South, Victoria 3053  
Phone (03) 9279 1111

## **Handouts to Group Participants**

*Pelvic Floor Exercises* — a two-page tip sheet.

## 6.4.2 Looking After Yourself: Exploring Mother's Health Workshop Session

\* *Approximate time allocation for each activity*

*Time	Content	Process	Suggestions for Nurse
0.00	Introductions and review	<p><i>Hello again. Let's begin with a brief review. Last session we looked at such and such a topic... What sorts of ideas or thoughts have you had about that issue since then? Anything you are happy to discuss about that with the rest of the group?</i></p> <p><i>What about you... has anything come up about the issue for you?</i></p> <p><i>We are going to start today by finishing the statement:</i></p> <p><i>Since I have had my baby I feel..... about my body.</i></p> <p>Complete as a large group or ask participants to talk with the person beside them.</p>	<p>Provide name tags for participants and babies.</p> <p>Allow time for participants to respond to introduction activity... You may want to give a few prompts.</p> <p>Watch for participants who might have something to say but may be a little reluctant.</p>
0.15	In Touch with our Bodies	<p><i>Today we are exploring our health.</i></p> <p><i>We are going to commence by getting in touch with how we feel. We often know we are tired, sore, etc., but don't stop to pin point any specific areas of our bodies.</i></p> <p><i>We are going to do this now.</i></p> <p><i>We are going to think about our bodies and how different parts feel.</i></p> <p><i>Can you please close your eyes if you feel comfortable and relax. You may want, or be more comfortable to sit or lie on the floor.</i></p> <p><i>Start at the top of your head, feel your hair and scalp, slowly move down your face over your eyes, nose, mouth to your neck. Note how these parts of your body feel. Are they tight, relaxed, dry, tingling?</i></p> <p><i>Be aware of your shoulders, slowly move down your arms note how they feel Move across to your chest what do you feel there? Glide down to your stomach.</i></p> <p>Nurse continues down to the toes.</p>	<p>Read through this activity very slowly. Allow plenty of pauses so participants can think about different parts of their bodies.</p>

*Time	Content	Process	Suggestions for Nurse
0.30	Our Bodies	<p><i>We are finishing at your toes. Now spend a few seconds flowing back up your body, Think about how each part feels.</i></p> <p><i>Slowly open your eyes.</i></p> <p>Nurse demonstrates shaking.</p> <p><i>Stand up and give yourself a shake. Have a walk around the room.</i></p> <p>Number participants off so they are in groups of 3—4 (or work as a large group if few participants).</p> <p>Give each group a really large sheet of paper (could be a few sheets of butcher's paper joined together).</p> <p>Explain to the groups that they are going to make a body outline. They need one volunteer in each group to lie on the sheet, while someone traces around their body.</p> <p><i>We are going to use this body outline to highlight what you felt and discovered while we wandered down our bodies.</i></p> <p><i>Discuss, then mark with crosses on the outline any areas of the body which have been challenges, frustrations and excitement since having your baby.</i></p> <p>The nurse could wander around the room to prompt participants, or stay away from the groups.</p> <p>When the groups have finished the activity ask participants to wander around the room and look at each others drawings. Ask the group to look for any similarities between the pictures (encourage talking amongst them).</p> <p>Ask the large group:</p> <p><i>What questions or comments do you have about the areas marked on the outlines?</i></p>	<p>You will need as many sheets of butcher's paper, tape and textas as there are groups.</p>
1.00			

<b>*Time</b>	<b>Content</b>	<b>Process</b>	<b>Suggestions for Nurse</b>
1.00		<p>Nurse uses the comments and questions to provide information to participants about how to deal with or alleviate health concerns and encourages participants to share their strategies.</p> <p><i>What have you found helpful so far?</i></p> <p>If the pelvic floor is mentioned (or not mentioned) explain the need for pelvic floor exercises and do an activity. Ask participants to recall any discussion re: pelvic floor at ante natal classes or hospital. Ask what they remembered about the exercises. Ask participants to practise an exercise. Provide them with a practical example.</p> <p><i>Who can you get help from with any of these concerns?</i></p> <p>List these ideas onto butcher's paper.</p> <p>Nurse provides local area resource listing to participants and participants are encouraged to discuss and add others.</p>	<p>This assumes nurse has done some homework on:</p> <ul style="list-style-type: none"> <li>• Breasts — sore, size</li> <li>• Pelvic floor exercises</li> <li>• Abdominal exercises</li> <li>• Veins</li> <li>• Dry skin</li> <li>• Haemorrhoids</li> <li>• Hair and teeth.</li> </ul>
1.40	Raindrops Massage	<p><i>We are all going to make some commitments about when and how often we will do our pelvic floor exercises. When is the best time of the day and how we will remember to do them?</i></p> <p>On butcher's paper brainstorm ideas of when and how often.</p> <p>Choose your preferred option.</p> <p><i>We will see how you have all gone with your exercises next week.</i></p> <p><i>Now is a chance to try something different. It's what we call the Raindrops Massage, and we need to pair up. One touches the head and shoulder of the other. You might like to experience a raindrop massage of those areas.</i></p> <p>Read script (both pages).</p> <p>Encourage participants to talk about whether or not they enjoyed it and when next they might do it.</p>	<p>Hand out local resource list.</p> <p>Ensure you don't hurry the process. You could invite a participant to read the script if any is interested.</p>
2.00	Close		

## Raindrops Massage Text

Allow approximately 2—3 minutes per massage

Explain to the group:

*This massage extends from the top of the head, across the shoulders to the top of the back. Some people do not like being touched in the head area and may prefer to try the same experience on their hands and arms. Still others would prefer not to be touched at all and will prefer to listen to the music. While we are encouraging you all to try this at least once, it is not compulsory.*

It is useful to talk a little about tension across the shoulders as people feed their babies, and that this helps reduce this tension.

*Now let's organise ourselves. Please pair with another participant. You will both have an opportunity to receive the massage, decide who would like to go first.*

- Ask the masseur to stand behind the receiver of the massage (who is preferably sitting on a chair).
- The nurse will demonstrate the massage (on a participant) while the others follow.
- As the name of this massage suggests, the masseur uses all the fingers to tap the participant, replicating the feeling of rain falling onto them.
- Start the massage at the top of the head. After giving the crown lots of 'rain drops', move down the sides of the head (still rain dropping) to the top of the shoulders and across the upper back.

The 'rain drops' start gently and few in number on the top of the head and crescendo to a down pour on the shoulders and back. Finish the massage by gently 'rain dropping' back up from shoulders to the top of the head.

## Script for Raindrops Massage

Start the soothing music.

Place your hands gently onto participant's head.

Read the script slowly.

Commence the massage.

*Clouds gather on the horizon – it looks as if it may rain!  
I can feel a gentle shower.  
A few drops are softly falling.  
It feels like a sunshower.*

*The raindrops are increasing.  
There is a steady falling of light rain.  
Feel the light rain.  
It is raining in a steady stream.  
It is warm, balmy, gentle rain.*

*The drops are getting heavier,  
Rain is falling quickly.  
Drumming on the tin roof.*

*Down comes the rain.  
It is a downpour!  
It is a downpour!  
The rain is pounding the dry earth.*

*Slowly the rain is beginning to subside.  
It's no longer a downpour, but steady, continuous rain.*

*The drops are becoming lighter and lighter,  
Lighter and lighter.  
It is a light shower.  
A few more drops.*

*The rain has stopped.*

Leave your hands resting gently on the head of your partner for a few seconds.

Lift your hands away.

Spend a few minutes talking about the massage with your partner

Swap positions!

Repeat the massage.

## 6.5 Baby's Ages and Stages: What to Expect

### 6.5.1 Planning the Session

#### Objectives of the Session

- To create an opportunity for first-time parents to share ideas and concerns about aspects common to parenting.
- To promote sustainable connections between parents of children of similar ages.
- To identify the variety of expectations and comments which new parents deal with, especially related to developmental abilities.
- To inform new parents about the range of ages at which children reach developmental stages and what can be expected at each stage.
- To assist participants to develop (and practise, if enough time) appropriate (assertive) responses to expectations of others.
- To explore the types of activities which stimulate and limit baby's development at the developmental stages of the first year in particular.

#### Anticipated Outcomes of the Session

- Some participants will have identified shared interests.
- Participants will know about stages of babies' development and the breadth of ages at which they are reached.
- Participants will be alert to the types of comments about their baby's development which they find difficult to manage and will have had an opportunity to prepare appropriate responses which maintain their own confidence in their parenting.
- Participants will be alert to the types of stimulation which enhances development at various ages.
- Participants will be aware of the limitations and problems of a range of equipment in particular.

#### Pre-Session Planning

- Organise name tags for babies and parents.
- Ask participants on previous week to bring Child Health Record to this session.
- Collect four or five *Your Child's Health and Development—Birth to Six Years* Poster from the Department of Human Services. It may be useful to laminate them.
- Prepare two sheets of paper, with headings Activities and Alerts ready for input by participants.
- Collect 'SafeKIDSnow' safety sheets for each participant.

#### Resources for Nurses' Information Prior to Session

- Department of Human Services poster, *Your Child's Health and Development—Birth to 6 Years* \*
- 'SafeKIDSnow' safety sheets.
- Positive Parenting Program, Parent Tip Sheet: *'Promoting Development in the First Year.'*

## **Handouts to Group Participants**

- Department of Human Services Ages and Stages poster
- 'SafeKIDSnow' safety sheets.
- Positive Parenting Program, Parent Tip Sheet: *'Promoting Development in the First Year.'*

\* It is suggested that the nurse facilitator will need to highlight to participants that although stages of development follow the sequences on the chart, the ages at when these stages occur are likely to be different for each child.

## 6.5.2 Baby's Ages and Stages: What to Expect Workshop Session

\* Approximate time allocation for each activity

*Time	Content	Process	Suggestions for Nurse
0.00	Welcome and introduction to session	<p>At the previous session ask participants to bring their Child Health Record — the 'Yellow Book' to this session.</p> <p>As an ice breaker for the group ask participants to:</p> <p><i>Try to recall your earliest memory you are happy to talk about.</i></p> <p>Allow participants to sit and reflect for a few moments.</p> <p>Ask participants to share their earliest memory, including how old they were.</p> <p>Nurse may choose to comment that:</p> <p><i>We are rarely able to recall how we developed into these stages, and yet by the age of two years most children can communicate, are mobile, have favourite activities and people in their lives.</i></p> <p><i>All those things happen by the age of two, but they occur at different speeds for children.</i></p> <p><i>A real challenge for us as parents in our competitive society is coping with our own and other people's expectations and consequent fears about our child's development. You are encouraged to continue visiting your Maternal and Child Health Nurse until your child is six years of age so you can discuss any individual concerns and can be reassured about your child's development.</i></p> <p><i>What are the most common comments you have heard made by friends or family about a baby's development, ages, stages and expectations.</i></p> <p><i>For example, 'Shouldn't you be giving him real food by now?' or 'Isn't she advanced compared to her cousin!'</i></p> <p>On a board or butcher's paper write up all the comments participants can recall. (Could be recorded by either nurse or participants. Provide extra butcher's paper around the room or on the floor for recording by the participants)</p> <p><i>Let's leave those comments for the moment. we will come back to them soon.</i></p>	<p>Provide name tags for participants and babies</p> <p>When facilitating the brainstorming part of the session ensure you allow enough time for the participants to think about the questions and respond.</p> <p>It may take time for the participants to warm up, and will require encouragement.</p>

*Time	Content	Process	Suggestions for Nurse
0.45	Dealing with Expectations and Myths	<p>Distribute to participants the Human Services <i>Your Child's Health and Development — Birth to 6 Years</i> poster, preferably one poster between four participants.</p> <p>Ask participants in small groups to look at the poster and discuss it between themselves.</p> <p><i>You may be able to identify the stages your own baby has reached and notice how alike and yet how different each baby is even as early as this.</i></p> <p>Ask the whole group:</p> <p><i>Does anyone have any comments or questions they would like to make about the information on the poster?</i></p> <p>Or, if participants are reticent within the large group, ask the small groups to discuss their questions and to note their comments and questions and nominate one participant to talk on behalf of the small group.</p> <p>The nurse then asks for a question or comment from each group until all are read out. If time is limited, ask each group to choose one question or comment to feed back.</p> <p>As each question is posed, the nurse may respond with an answer and invite others to comment as well.</p>	<p>For this section of the session: Nurse may have 3—5 Ages and Stages posters (maybe get them laminated).</p> <p>or</p> <p>Show slides, handouts.</p> <p>or</p> <p>Give a ten minute presentation about ages and stages.</p> <p>or</p> <p>Invite parents of babies of various ages and stages to attend this section of the session and talk about their babies' age and stage.</p> <p>NOTE</p> <p>It is important to choose:</p> <ul style="list-style-type: none"> <li>• A variety of baby ages</li> <li>• Parents who enjoy sharing.</li> </ul>
1.15		<p>Refer back to the earlier comments recorded on the board or butcher's paper (first activity).</p> <p>Ask participants to stay in the small groups.</p> <p>Nominate one or two of the comments from initial butcher's paper notes to each group to develop a response to the comments.</p> <p><i>Having looked at the poster and discussed its content, what responses would be best made to these comments we wrote up on the board or butcher's paper earlier?</i></p> <p>Ask for participants to feed back the suggested responses or ideas to deal with comments made.</p> <p><i>What would you say to those comments?</i></p>	

<b>*Time</b>	<b>Content</b>	<b>Process</b>	<b>Suggestions for Nurse</b>
1.30	Activities for Ages & Stages and Issues to be careful about.	<p>If the group seems confident, ask for volunteers to demonstrate (role play) the response. We want to spend the last part of this session considering activities to support baby's development and things to be aware of at the different ages and stages.</p> <p>The nurse records the following onto prepared sheet of butcher's paper.</p> <p><i>Let's brainstorm or talk about any appropriate activities (and types of stimulation) for different ages and what to be alert to at these different ages and stages.</i></p> <p><i>What activities come to mind for each age or stage?</i></p> <p>The nurse could input ideas as the list is being developed. For example, issues related to baby walkers, jolly jumpers.</p> <p>As a finishing suggestion for homework, ask participants to look around their homes and consider the developmental ages and stages of children and think about what may need changing from a safety perspective by when. (May link to safety session.)</p> <p>Refer participants to the 'safeKIDSnow' safety sheets.</p>	<p>Provide participants with written information on ages and stages to read at leisure with partner at home.</p> <p>Note</p> <p>It is important to choose ages and stages not too far ahead of the ages or stages of babies in the group or it may seem irrelevant to participants.</p>
2.00	Close		

## 6.6 Managing Childhood Illnesses

### 6.6.1 Planning the Session

#### Objectives of the Session

- To create an opportunity for first-time parents to share ideas and concerns about aspects common to parenting.
- To promote sustainable connections between parents of children of similar ages.
- To inform participants about the signs of illness in a baby and appropriate ways of responding to the illness.
- To promote the confidence and competence of first-time parents in approaching health professionals with concerns about their child's health.
- To encourage participants to consider using each other as resources in times of need.
- To introduce first-time parents to a range of community resources to support families and sick children.

#### Anticipated Outcomes of the Session

- Some participants will have identified shared interests.
- Participants will be aware of signs of illness in their babies.
- Participants will know a range of strategies to appropriately manage a sick child.
- Participants will express confidence in their anticipated dealings with health professionals.
- Participants will be aware of a range of local community resources which they can contact for support with a sick child.
- Some parents will have expressed a willingness to be contacted by other group members if their babies are unwell.

#### Pre-Session Planning

- Develop a list of local community resources and contact numbers for parents (remember to date the list as these become outdated quickly).
- Organise sheets of butcher's paper and textas and crayons.
- Collect handouts for each participant – and *Child Health Fact Sheets* on Childhood Illnesses from the Department of Human Services.
- *Visiting a Health Professional* (copy of this handout at the end of this session).

#### Resources for Nurses' Information Prior to Session

- Department of Human Services Child Health Fact Sheets are:
  - Vomiting
  - Fever
  - Gastroenteritis
  - Middle Ear Infections
  - Asthma
  - Croup and Bronchiolitis
  - Eczema.

#### Handouts for Group Participants

- Department of Human Services *Child Health Fact Sheets* on Childhood Illnesses (listed above).
- *Visiting a Health Professional*.

## 6.6.2 Managing Childhood Illnesses Workshop Session

\* Approximate time allocation for each activity

*Time	Content	Process	Suggestions for Nurse
0.00	Introduction	<p><i>Hello again. Let's begin with a brief review. Last session we looked at such and such a topic... What sorts of ideas or thoughts have you had about that issue since then? Anything you are happy to discuss about that with the rest of the group?</i></p> <p><i>What about you ... anything come up about the issue for you?</i></p> <p><i>Pair up with someone you haven't spent much time with and spend a couple of minutes talking about the best thing that has happened to you this week.</i></p> <p><i>Today we are exploring managing childhood illness.</i></p>	<p>Provide name tags for participants and babies.</p>
0.10	Childhood illness	<p>As a large group brainstorm the signs of an unwell or sick baby.</p> <p><i>You have all probably seen a sick baby. What are the signs of an unwell or sick baby?</i></p> <p>Discuss with the group and write the responses onto a piece of butcher's paper or a board (leave up on the wall).</p> <p><i>Think back to a time when you had the flu. How did you feel?</i></p> <p>Discuss and write the responses onto another sheet of paper (place beside the first sheet).</p> <p><i>Look at the list you have generated about the flu. If you had any of these symptoms (written on butcher's paper) what did you do or want to do about them?</i></p> <p>List the ideas onto the same sheet of butcher's paper and discuss them.</p> <p>Example prompts for the nurse:</p> <p><i>Did you want to lie down?</i></p> <p><i>Did you like eating and drinking?</i></p> <p><i>Did you want people around?</i></p> <p><i>Did you feel like sleeping?</i></p> <p><i>Would you care for baby in the same way?</i></p> <p>List these ideas on the first piece of butcher's paper used for the baby (first exercise) place them next to the symptoms. Discuss the ideas as they are written up.</p>	<p>When facilitating the brainstorming part of the session ensure you allow enough time for the participants to think about the questions and respond.</p> <p>It may take time for the participants to warm up, and they will require encouragement.</p> <p>Any responses are okay.</p> <p>Remember: it is a brainstorm.</p> <p>Arrange the butcher's paper side by side.</p> <p>Make sure the following is included in the discussion:</p> <ul style="list-style-type: none"> <li>• Dehydration (signs, etc.)</li> <li>• Fluid intake</li> <li>• Temperature control.</li> </ul>

*Time	Content	Process	Suggestions for Nurse
0.40	When an illness doesn't improve	<p>The following questions are for discussion as a large group It isn't imperative to record ideas, but it may help the participants to remain focused.</p> <p><i>If your illness got worse what would you do?</i></p> <p><i>How would you know the illness was getting worse or if it was time to do something else?</i></p> <p><i>So given this response what would you do if your baby's illness was getting worse?</i></p>	
1.00	At the Health Professional's rooms	<p>Often parents are unsure or lack confidence when they visit a health professional with a sick child. This section is to assist participants learn strategies or questions which may be helpful when they visit a health professional.</p> <p><i>If you have taken your child to a health professional what type of questions would you ask them and what sorts of things would you need to tell the health professional?</i></p> <p>Refer to the handout: Visiting the Health Professional to assist with the discussion.</p> <p>Ask participants to look through the handout and note particular points.</p> <p><i>What types of responses or reactions might you expect from the health professional?</i></p> <p>Write responses onto butcher's paper.</p> <p><i>Are there particular ones which are difficult or frustrating?</i></p> <p>Mark particular ones on the butcher's paper and discuss why.</p> <p><i>What is the best way to deal with or respond in these situations?</i></p> <p>Discuss and write responses onto butcher's paper.</p> <p>Now invite participants to pair off one ask to be the health professional and the other the parent and practice the responses.</p> <p>Have 2-3 minutes practice and then discuss learning's with the whole group.</p> <p>Note questions for discussion.</p> <p>One of parents' greatest fears is knowing what to do when a child is sick in the middle of the night.</p>	<p>Handout: Visiting the Health Professional.</p> <p>This section would be great as a role play, if there was time and it was appropriate with the group.</p>
1.20	What to do in the middle of the night		

*Time	Content	Process	Suggestions for Nurse
1.20	What to do in the Middle of the Night!	<p>What would you do in the middle of the night if the baby:</p> <p><i>Had a fever?</i></p> <p><i>Was vomiting?</i></p> <p><i>Had diarrhoea?</i></p> <p><i>Had a noisy loud cough?</i></p> <p><i>Was fitting?</i></p> <p>List the ideas onto butcher's paper and contribute to the ideas.</p> <p><i>Who would or could you call for support or help when your baby is sick?</i></p> <p>Ask group to brainstorm ideas.</p> <p>Nurse may be able to suggest the statement:</p> <p><i>Some groups have decided it would be okay to contact each other at times like this. Maybe some of you would feel okay about contacting one of the others from this group.</i></p> <p>Nurse finishes by talking about the resources available in the community to support families and sick children that is, Maternal and Child Health Line, Community Health Centre, General Practitioners, etc.</p>	<p>Handouts: Child Health Fact Sheets from Human Services on Childhood Illnesses</p> <p>Nurse contributes ideas to each illness or symptom.</p> <p>Leave this an open invitation for discussion over their cup of tea or coffee.</p> <p>The nurse should develop a handout which lists local resources available to families and give to participants. Or direct participants to where they can obtain this information.</p>
2.00	Close		

## Visiting a Health Professional

Visiting a health professional can sometimes be a daunting experience. This leaflet provides some tips to help you make the most out of the visit.

### **By choosing someone you feel confident about you also have the right to:**

- Have health professionals fill in relevant information in your baby's Child Health Record.
- Ask for explanations of words or statements you do not understand.
- Obtain informative answers about your baby's and/or your condition.
- Obtain informative answers about proposed treatments, both positive and negative.
- Ask for information about you or your family, either written or spoken, to be kept confidential except for when:
  - a) You have given your consentor
  - b) You are referred to another worker.
- Feel that the health professional listens to you, and takes your ideas into account.
- Be treated with respect.
- Be treated as a person, not just a 'condition' or 'case'.
- Feel physically and emotionally safe with the health professional.
- Know what the costs will be.

### **Information to take with you when you visit a health professional:**

How many times have you visited a health professional, meaning to ask about something, then totally forgotten to ask your question? These suggestions may help you to remember.

- Be clear about why you are attending the health professional. Write it down if necessary.
- Make a note of:
  - When the problem started.
  - The symptoms you have noticed, how long they have been present, and when they first occurred.
  - What things make the problem worse, or better.
  - Any other situations or issues that might be associated with the symptoms.
  - Things you have already tried to solve the problem.

Developed by Carol Jackson, RMIT Faculty of Nursing, 1997

## 6.7 What to do in an Emergency (1): Resuscitation

### 6.7.1 Planning the Session

#### Objectives of the Session

- To create an opportunity for first-time parents to share ideas and concerns about aspects common to parenting.
- To promote sustainable connections between parents of children of similar ages.
- To equip participants with the basic knowledge and skill to apply in an emergency when the child has stopped breathing or is choking.
- To actively discourage parents from shaking their babies at all times and especially when the baby has stopped breathing.
- To encourage participants to join a CPR course if they are interested. (If the group seems very interested, this may provide an opportunity to suggest that they organise a course to be run for their group at a future time that suits participants.)

#### Anticipated Outcomes of the Session

- Some participants will have identified shared interests.
- Participants will know about CPR and be able to apply it at the appropriate speed for a baby in an emergency situation.
- Participants will be alert to a range of safety issues and particularly the behaviours which may lead to choking.
- Some groups and individual participants may be stimulated to follow-up with a CPR qualification course.

#### Pre-Session Planning

- Organise name tags for babies and parents.
- Collect resuscitation doll and spare faces.
- Prepare anatomy diagrams.
- Prepare notes on CPR, EAR and DRABC.
- List local CPR courses (date list) and contact numbers.

#### Resources for Nurses' Information Prior to Session

NOTE: Only nurses who have completed a CPR qualification and are currently accredited will conduct this session.

Courses for parents available from:

- St John Ambulance Australia, phone 131 394.
- Royal Children's Hospital Safety Centre (03) 9345 5085.
- Australian Red Cross (03) 9685 9990 or 1300 367 428.

Other related information:

- Pamphlet *Information for Health Professionals – Never, Never, Never Shake a Baby*, Department of Human Services.

### **Handouts to Group Participants**

- Nurses may wish supply parents with a list of contacts for local CPR courses.
- *CPR Chart* Metropolitan Ambulance Service, Melbourne, phone 9840 3620.
- Pamphlet *Never, Never, Never Shake a Baby*, Department of Human Services.

## 6.7.2 What To Do In An Emergency (1): Resuscitation Workshop Session

\* *Approximate time allocation for each activity*

*Time	Content	Process	Suggestions for Nurse
0.00	Introductions & Review	<p><i>Hello again. Let's begin with a brief review. Last session we looked at such and such a topic... What sorts of ideas or thoughts have you had about that issue since then? Anything you are happy to discuss about that with the rest of the group?</i></p> <p><i>What about you .. anything come up about the issue for you?</i></p>	<p><b>To undertake this session the nurse must be qualified to teach CPR.</b></p> <p>Provide name tags for participants and babies.</p> <p>Allow time for participants to respond to introduction activity. You may want to give a few prompts.</p> <p>Watch for participants who might have something to say but may be a little reluctant.</p>
0.15	Basic Anatomy	<p><i>The topic today is how to resuscitate a baby.</i></p> <p><i>Have any of you done a resuscitation course or had to apply it to an adult or child?</i></p> <p>Discussion of participants experiences with resuscitation.</p> <p>Nurse explains basic anatomy — where heart is located, how to listen for heart beat and feel the baby's pulse and location of the sternum.</p> <p>Demonstrate on the babies in the group and encourage participants to practise.</p> <p>The nurse moves around the room assisting participants.</p>	<p>Display anatomy diagrams for referral</p>

*Time	Content	Process	Suggestions for Nurse
0.40	Heart Rate of Infants	<p>Discussion about a baby's heart rate: somewhere between 120 and 160 beats per minute — approximately double an adult's.</p> <ul style="list-style-type: none"> <li>• When CPR is done on a baby, that rate is copied.</li> <li>• Breathing rate of baby is twice as fast as adults.</li> <li>• Encourage participants to listen to baby's breathing.</li> <li>• The rate at which a baby's heart beats and their breathing rate must be considered when applying CPR.</li> </ul>	Nurse could refer to any heart monitoring which participants may have seen in hospital or on television.
0.40	Introduce Themes: EAR, CPR and DRABC.	<p>Use examples which participants can relate to and use their responses to show them that they were practising elements of DRABC.</p> <p><i>Have you ever overslept and thought: the baby hasn't woken! And you raced to the cot. What did you do?</i></p> <p>Demonstrate how to lift a baby that is not breathing from a cot, how to carry a baby to a hard surface, clear the airway, find the landmarks and do CPR while ringing for help.</p> <p>Reinforce not to shake the baby and take the opportunity to explain to the group the dangers of shaking in all situations.</p> <p>Encourage questions and discussion.</p>	Provide notes on CPR, EAR and DRABC
1.00	Choking	<p><i>What types of things do you think could cause a baby to choke?</i> (For example, food, small objects, toy pieces.)</p> <p>Reinforce importance of safety for example, children not walking around while eating, food that is unsafe for babies.</p> <p><i>Has anyone seen a baby or child choke? What did the adults do?</i></p> <p>Demonstrate on the doll how to dislodge food. Explain what is being done.</p> <p>Invite each participant to practice EAR and CPR on the doll and reinforce main points with each participant.</p> <p>Prior to closing ask participants to turn to person next to them and talk about most useful aspects of the session.</p> <p>Explain that this session gives an overview of CPR and if participants want to attend a course nurse could provide details of local courses or where they can find out about them. If group seems interested, it would be a good idea for nurse to suggest or encourage participants to organise a follow-up CPR course as a group.</p>	
2.00	Close		A handout of CPR courses available in the local area.

## 6.8 What to do in an Emergency (2): First Aid

### 6.8.1 Planning the Session

#### Objectives of the Session

- To create an opportunity for first-time parents to share ideas and concerns about aspects common to parenting.
- To promote sustainable connections between parents of children of similar ages.
- To develop awareness of possible emergency situations for babies and young children.
- To assist participants to develop personal strategies for staying calm in an emergency.
- To inform parents about first aid strategies which are most effective in immediately responding to a range of childhood emergencies.
- To introduce participants to and promote exploration of an excellent resource which they can read and discuss at their leisure.
- To prepare participants' responses for situations of which they are fearful.
- To encourage participants to develop a list of people they could call for support in an emergency situation (as in protective behaviours program — this list will be a personal one developed from a brainstorm of roles or relationships).
- To provide participants with a list of local emergency contacts which they can post near their phone.

#### Anticipated Outcomes of the Session

- Some participants will have identified shared interests.
- Participants will be alert to their own possible reactions in an emergency situation and have developed some possible strategies for maintaining calm.
- Participants will be aware of most common emergency situations for babies and young children, and know of immediate actions to take.
- Participants will know the range of content of the Royal Children's Hospital safety and first aid document.
- Some participants will ensure they have a current first aid kit available at home and in the car.
- All participants will have a copy of local emergency numbers to stick by their home phone.

#### Pre-Session Planning

Nurses must hold a current first aid certificate prior to facilitating this session.

- Organise name tags for babies and parents.
- Have several RCH first aid and safety booklet for participants to review in small groups.
- Seek out current listing of local first aid trainers — participants may choose to continue first aid as a group.
- Collect a number of local emergency service stickers for posting near phone.

## **Resources for Nurses' Information Prior to Session**

- Brown, J. and Walker, T., 1996, *Royal Children's Hospital, Safety and First Aid Book*, Lothian Books, Melbourne. Available from Royal Children's Hospital, Child Health Information Centre, phone (03) 9345 6429.
- St John Ambulance, 1997, *Staying Alive: First Aid*, St John Ambulance, Canberra. Available from St John Ambulance, phone 131 394.
- St John Ambulance, 1996, *Australian First Aid: Volumes One and Two*, St John Ambulance, Canberra. Available from St John Ambulance, phone 131 394.

## **Handouts to Group Participants**

Parents may wish to purchase: Brown, J. and Walker, T., 1996, *Royal Children's Hospital, Safety and First Aid Book*, Lothian Books, Melbourne. Available from Royal Children's Hospital, Child Health Information Centre, phone (03) 9345 6429.

## 6.8.2 What To Do In An Emergency (2): First Aid Workshop Session

\* Approximate time allocation for each activity

*Time	Content	Process	Suggestions for Nurse
0.00	Introductions & Review	<p><i>Hello again. Let's begin with a brief review. Last session we looked at such and such a topic... What sorts of ideas or thoughts have you had about that issue since then? Anything you are happy to discuss about that with the rest of the group?</i></p> <p><i>What about you ... anything come up about the issue for you?</i></p>	<p><b>To undertake this session the nurse must hold a current first aid certificate.</b></p> <p>Provide name tags for participants and babies.</p> <p>Allow time for participants to respond to introduction activity. You may want to give a few prompts.</p> <p>Watch for participants who might have something to say but may be a little reluctant.</p>
0.15	Accidents	<p><i>What do you think are the major causes of childhood accidents within the first twelve months of a child's life?</i></p> <p>Write ideas onto butcher's paper. Nurse contributes ideas.</p> <p><i>What is likely to be your reaction to any of these accidents if it was your child?</i></p> <p>List responses onto butcher's paper.</p> <p>Nurse explains that it is critical to keep calm.</p> <p>Group brainstorm some of the ways to keep calm, assess situation and not panic child further.</p> <p>Nurse asks participants to turn to the person next to them and discuss the strategies which will be of most personal use.</p> <p>How to respond to each accident or situation (refer to accidents listed on the first piece of butcher's paper).</p> <p>The nurse hands out copies of the Royal Children's Hospital Safety and First Aid Book (Royal Children's Hospital Melbourne) to each participant. They lead the participants through the booklet using the accidents listed on the butcher's paper as the guide and discusses how each situation should be responded to.</p> <p>Nurse invites participants to turn to each relevant section in the booklet as the issues are being discussed and encourages sharing of ideas and stories by participants.</p>	<p>Major accidents or reasons for requiring first aid include:</p> <ul style="list-style-type: none"> <li>• Poisoning</li> <li>• Burns</li> <li>• Drowning</li> <li>• Falls</li> <li>• Bites (insects or animals)</li> <li>• Choking</li> <li>• Allergic reactions</li> <li>• Fitting</li> <li>• Electric shocks.</li> </ul> <p>NOTE</p> <p>The aim is not to go through the booklet in a 'neat' order but to get participants familiar with the booklet and the information within it.</p> <p>Follow the order of accidents or issues on the butcher's paper.</p>
0.30	What to do		

*Time	Content	Process	Suggestions for Nurse
1.15	What would I do?	<p>Number participants into groups of 3—4 (if group is large enough). Invite the small groups to talk amongst themselves for a few minutes about:</p> <p><i>What would be your most frightening emergency first aid situation for your baby?</i></p> <p>Ask the group to choose one of the situations they discussed as a small group and develop a plan of action of what they would do. Small groups are to write their plan onto butcher's paper.</p> <p>Invite the small groups to feedback to the larger group their emergency situation and plan of action.</p> <p>Encourage discussion, for example:</p> <p><i>Are there any other steps you would add to the plan?</i></p>	
1.45	Emergency contacts	<p>Brainstorm as the large group:</p> <p><i>Who would you contact for immediate support in an emergency: during business hours and after hours?</i></p> <p>List onto butcher's paper.</p>	
2.00	Close	<p>Nurse finishes the session by encouraging participants to attend a first aid course and provides a list of course dates venues and costs.</p> <p>Nurse provides a handout or telephone sticker of emergency telephone numbers and stresses importance of access to emergency phone numbers in the home, car and away from the home.</p>	<p>Nurse provides:</p> <ul style="list-style-type: none"> <li>• Information re: first aid courses</li> <li>• List or phone sticker of emergency telephone numbers.</li> </ul>

## 6.9 Keeping Your Child Safe: Preventing Accidents

### 6.9.1 Planning the Session

#### Objectives of the Session

- To create an opportunity for first-time parents to share ideas and concerns about aspects common to parenting.
- To promote sustainable connections between parents of children of similar ages.
- To provide participants with an opportunity to consider the safety for young children inside and outside their own homes (in a non-threatening manner).
- To promote participants' awareness of the general safety issues for young children in specific areas inside and outside homes.
- To encourage parents to investigate and review some safety literature.

#### Anticipated Outcomes of the Session

- Some participants will have identified shared interests.
- Participants will be alert to specific safety concerns for young children in their own homes.
- Participants will know of a range of safety items they can use in their own environments.
- Participants will be alert to a range of community resources which they could access to assist them with safety concerns.

#### Pre-Session Planning

- Obtain a safety handout for each participant to take home.
- Investigate and collect a range of safety equipment which parents can purchase or obtain in some way.
- Prepare a list of costs and places where it is possible to purchase various safety items.
- Collect two sheets of butcher's paper for each participant and at least one texta or crayon each (at least two colours).

#### Resources for Nurses' Information Prior to Session

- Kidsafe *Home Safety Audit*, (includes Child Safety Resource Manual). Available from Kidsafe Victoria, phone (03) 9345 5085.
- Home Safety Shop price list and order form, Safety Centre Royal Children's Hospital, phone (03) 9345 5085.
- Safety Centre Royal Children's Hospital, 1996, Safety Information Booklet.
- *Child Safety First* video available from Royal Children's Hospital Safety Centre (03) 9345 5085 or Kidsafe (03) 9427 1008.
- Poster Growing Safely available from Royal Children's Hospital Child Safety Centre, phone (03) 9345 5085.
- Department of Human Services Child Health Fact Sheet: *Care of Your Child in Hot Weather*
- Positive Parenting Program Parent Tip Sheet: *Home Safety*.

- There are many more very good pamphlets available on choking, burns and scalds, smoke alarms, pool safety, etc.
- Local Council's Community Resources Directory.

### **Handouts for Group Participants**

- 'safeKidsnow' pamphlet: Birth–9 months.
- Farmsafe 'safeKidsnow' Birth–5 years.
- For more information on VicRoads Restraint Fitting Stations *Get It Right* Phone (03) 9790 2190
- Poisons Information Centre, Royal Children's Hospital phone 131 126.
- *Keeping Your Baby Safe: A Guide to Nursery Furniture*, available from the Consumer and Business Affairs Victoria, 2nd Floor, 452 Flinders Street, Melbourne, 3000 phone (03) 9627 6000.
- *Making Your Baby's Cot Safe*. Available from Consumer and Business Affairs, phone (03) 9627 6000.
- Department of Human Services Child Health Fact Sheet: *Care of Your Child in Hot Weather*.
- Positive Parenting Program Parent Tip Sheet: Home Safety.
- Royal Children's Hospital Safety Centre pamphlet *Dogs 'n Kids*, phone (03) 9345 5085.

Parents may wish to attend child safety awareness workshops held regularly at the Royal Children's Hospital Safety Centre, phone (03) 9345 5085.

## 6.9.2 Keeping your Child Safe: Preventing Accidents Workshop Session

\* *Approximate time allocation for each activity*

*Time	Content	Process	Suggestions for Nurse
0.00	Welcome again and regrouping	<p>Invite people to think about a highlight of the last week. <i>Think back over the last week and recall one moment or highlight which you are happy to discuss with the group.</i></p> <p>Invite each person to describe their highlight — people do not have to go in turn. Others may wish to comment or ask questions <i>Who'd like to go first — what was your highlight?</i></p>	Continue to use name tags for participants and babies
0.15	Linking with the Last Session	<p>Ask if people have had any further thoughts about last week's session or any comments they would like to make on reflection. <i>Any comments or ideas that have occurred to you since we last met about what we discussed in the last group?</i></p>	
0.25	Leading into People's Homes	<p>It may be possible to pick up on one of the points someone has made in the last discussion.</p> <p>Invite people to take one or two pieces of butcher's paper each and some crayons. Lay the papers on the floor among the babies. <i>We are going to sketch your home and think about safety concerns — we will note areas where accidents may happen.</i></p> <p>Ask people to get comfortable (on the floor), close their eyes if they are happy to do so. <i>Imagine you are in your own home — walk from space to space and look around. Look carefully at each area — cooking area, where you sleep, etc.</i></p> <p><i>Go out the front and look toward the front of your home — walk around the side and towards the back.</i></p> <p><i>Now open your eyes and with the crayons and paper sketch a floor plan of your home.</i></p> <p>Invite participants to talk to the next person about their imagining so far while doing a sketch of their floor plan and any outside features. Encourage them to talk about their sketches while they are drawing the floor plan.</p>	<p>Read through the 'vision' very slowly and add local flavour, for example, if participants live in flats or caravans or houses use appropriate models.</p> <p>It is suggested that participants will be talking about their drawings in groups of two, three or four, possibly with some large group interactions.</p> <p>It doesn't matter what the drawings look like, it's more important that participants enjoy themselves and talk to each other.</p>

<b>*Time</b>	<b>Content</b>	<b>Process</b>	<b>Suggestions for Nurse</b>
0.45	Safety in the Cooking Areas	<p>Now ask participants to: <i>Imagine you are in the kitchen or cooking area of their home — look around the area. What is there?</i></p> <p>Ask people to sketch in their cooking areas and talk about them.</p> <p>Are there any aspects of your cooking area which may be a safety issue?</p> <p>Prompts:</p> <p><i>Where can fingers get jammed?</i></p> <p><i>Are there likely to be poisonous fluids anywhere?</i></p> <p><i>Anywhere where burns can happen?</i></p> <p><i>What about suffocation or strangulation in cot or with a curtain cord?</i></p> <p><i>Mark with a red cross any areas of concern (safety) in your cooking area.</i></p> <p>Suggest participants look at the booklets and pictures you have on safety in the kitchen or cooking area, to think about for their own household. Pass around the pieces of equipment in the sample bag.</p> <p>Ask participants to talk with the person next to them about what they might do with their areas which are marked with a cross.</p>	Refer to your sample bag of resources.
1.15	Safety in Other Household Areas	<p>Invite participants to:</p> <p><i>Imagine and draw the main living area of the home.</i></p> <p><i>Look around and discuss what is there? What may have a safety concern or impact for babies, toddlers, older children.</i></p> <p><i>Mark areas of concern with a red cross.</i></p> <p>Suggest participants look at the booklets and pictures you have on safety in the living area, to think about for their own household. Pass around the pieces of equipment in the sample bag.</p> <p>Repeat the process of drawing attention to the concerns and ask participants to talk with the person next to them about what they might do with their areas which are marked with a cross.</p>	

<b>*Time</b>	<b>Content</b>	<b>Process</b>	<b>Suggestions for Nurse</b>
1.35	Sleeping and Washing Areas (if not already discussed)	Invite the group to think about the sleeping and washing areas, and generate a list of safety issues or rules for sleeping and washing areas. Write list onto a board or butcher's paper continuing with the group discussion.	
1.45	Outside the Home — Yards and Farm Areas	Repeat the last exercise — write ideas onto a board or butcher's paper.	
1.55	Other Areas	Ask participants to suggest ways people can follow-up if they have any safety concerns about aspects of their home areas. <i>Who do you go to?</i> Invite people to take home booklets or resources you have distributed during the session.	
2.00	If people have not had a cup of tea during the session, now may be the time.		

## 6.10 A Settled Baby: What Does it Mean?

### 6.10.1 Planning the Session

#### Objectives of the Session

- To create an opportunity for first-time parents to share ideas and concerns about aspects common to parenting.
- To promote sustainable connections between parents of children of similar ages.
- To consider and address the realistic and unrealistic expectations people (including new parents) have of babies sleeping behaviours.
- To inform participants of sleep patterns and common cues babies display when ready for sleep.
- To inform parents about appropriate parental responses to the sleep cues, especially to encourage a settled baby.
- To provide an opportunity for parents to develop a range of considered responses to (critical) comments about sleep and babies.
- To alert parents to a range of safety issues around baby's sleeping.

#### Anticipated Outcomes of the Session

- Some participants will have identified shared interests.
- Participants will be informed about what happens during sleep and the range of sleep patterns of babies.
- Participants will be alert to baby's sleep cues and aware of appropriate parental response to these cues.
- Participants will be alert to the value of sleep associations for babies.
- Participants will have considered a range of strategies to assist parental fatigue.
- Participants will be confident in responding (assertively) to people's (sometimes critical) comments, concerns and advice about their baby and sleep.

#### Pre-Session Planning

- Purchase some South Australian blue books: *Settling Your Baby: A Survival Guide for Parents Birth to 12 Months and Child and Youth Health*, phone (08) 8303 1500.
- Organise name tags for babies and parents.
- Collect sheets of butcher's paper and textas.
- Prepare handouts for participants to use during session and take home:
  - Sleep patterns
  - Sleep cues and associations
  - Safety, beds and sleeping.
- If using video, collect player and video.

#### Resources for Nurses' Information Prior to Session

- *Settling Your Baby: A Survival Guide for Parents Birth to 12 Months and Child and Youth Health*.
- Positive Parenting Program, Parent Tip Sheet, *Crying*.

## **Handouts to Group Participants**

- *Settling Your Baby: A Survival Guide for Parents Birth to 12 Months and Child and Youth Health*, phone (08) 8303 1500.
- Positive Parenting Program, Parent Tip Sheet, *Crying*.

## 6.10.2 A Settled Baby: What Does It Mean? Workshop Session

\* Approximate time allocation for each activity

*Time	Content	Process	Suggestions for Nurse
0.00	Welcome	<p><i>Hello again. Let's begin with a brief review. Last session we looked at such and such a topic... What sorts of ideas or thoughts have you had about that issue since then? Anything you would like to discuss with the rest of the group?</i></p> <p><i>What about you ... anything come up about the issue for you?</i></p>	<p>Allow time for participants to respond to introduction activity. You may want to give a few prompts.</p> <p>Watch for those who may have something to say, but are a little reluctant.</p>
0.15	What is a Settled Baby?	<p><i>The topic for this session is settled babies.</i></p> <p><i>Let's dream for a moment... What would make the perfect settled baby at six weeks? Would you have any changes in your perfectly settled twelve-week -old baby?</i></p> <p>Nurse notes the comments on the board.</p> <p><i>We have dreamt for a few moments, now let's look at reality.</i></p> <p><i>Are there any differences between the descriptions you have given and what is actually happening?</i></p> <p>Number people off so they are in groups of three and ask them to sit around a sheet of paper with the 24 hours marked on it.</p> <p>Ask the groups to think back over the last 24 hours and talk about the behaviour of each of their babies over that time. Each can be marked onto the sheet with a different coloured texta.</p> <p>Ask participants then to think back to when the baby was one week old. Mark the differences and discuss the similarities and variety of patterns.</p>	<p>This provides opportunity to look at variety of patterns between babies and also change over time with one baby.</p>

*Time	Content	Process	Suggestions for Nurse
0.40	Parents' Coping Skills What is Sleep — What is Actually Happening?	<p>While participants are still seated with their small group, ask them to note their own sleep (and tiredness) patterns at these same times and to discuss and note the sorts of strategies they used to manage.</p> <p>Ask for feedback and note on board the strategies which have helped parents cope with fatigue so far.</p> <p>Nurse provides handout (on sleep) to participants and discusses the phases of sleep (REM, etc.) and patterns of babies — sleep or awake and how this varies over time (as demonstrated already on butcher's paper).</p> <p>Participants may wish to make notes on their handout.</p> <p><i>What sorts of things have you become aware of while watching your babies sleep? How do these match with the sorts of patterns I have just described?</i></p>	<p>Providing a simple handout at time of discussion allows people to make notes on it and become 'their own'.</p>
0.55	Sleep Cues	<p><i>Just as there are sleep patterns there are also some fairly common cues for readiness for sleep. What have you noticed?</i></p> <p>Nurse notes ideas on board. Nurse then invites participants to look at all the babies in the room.</p> <p><i>Are any showing us any cues that they are ready for sleep?</i></p> <p>If available, this is a good time to show aspects of the video on sleep cues. If not available, nurse alone can provide some more information.</p> <p>Hand out copies of Settling Your Baby (South Australia) and ask all to turn to the section on sleep cues. Discuss the cues noted there and invite participants to look at the babies again. Any cues? Changes from before?</p>	<p>Purchase multiple copies of the blue South Australian book 'Settling your Baby: A Survival Guide for Parents Birth to 12 months, for use at this time.</p>
1.10	Using Sleep Cues	<p><i>So when we notice the sleep cues what does a person do to encourage a settled baby?</i></p> <p>Note ideas from group to the board and nurse adds her own if there are any others.</p> <p>Nurse may demonstrate the appropriate behaviours as they write ideas to board.</p> <p>Nurse may add some ideas here on sleep association and self-soothing, or ask participants to note that aspect in the book.</p> <p>Invite group to note the sorts of problems and barriers, for example, thumbsucking, they have with these ideas — note these on the board and invite participants to brainstorm (either in small groups or large group) ways they could address these barriers.</p>	<p>It is possible that some will have a number of reservations, so a brainstorm of possible strategies for overcoming the barriers is likely to be most effective. If people start giving each other advice, it may be quite unsatisfying for most of the group.</p>

<b>*Time</b>	<b>Content</b>	<b>Process</b>	<b>Suggestions for Nurse</b>
1.30	Coping with Others' Expectations about Sleep.	<p>Ask participants the types of things people have already said to them about aspects of sleep. For example, is the baby a good baby? (Meaning, does the baby sleep 22 hours a day?)</p> <p>Note some of these ideas down. Invite participants to choose one of those written down that they would like to work on.</p> <p>Ask those who chose one particular comment to sit together, and others with a second comment to do likewise. Say you are hoping to get a number of comments worked on.</p> <p>Invite the small groups to plan some possible (assertive) responses to the comment they have chosen especially using the information of the session.</p> <p>After five minutes, invite feedback and if time, you might ask a pair from the group to demonstrate the comment and response. This may be quite fun if group is comfortable with each other.</p>	
1.50  2.00	Some notes on safety and sleep  Tea and coffee	<p>Provide a handout re the sorts of things to be careful about around beds, sleep and safety. Ask the group to take a few minutes to discuss and respond to any questions — but note these issues can be picked up in the safety session.</p> <p>Close</p>	This paper can just be handed out without group discussion if there is too much energy for the previous task as people finish the session.

# 6.11 Food: Your Baby and the Family

## 6.11.1 Planning the Session

### Objectives of the Session

- To create an opportunity for first-time parents to share ideas and concerns about aspects common to parenting.
- To promote sustainable connections between parents of children of similar ages.
- To inform participants about appropriate foods for their babies at different development stages.
- To anticipate a range of other peoples' expectations about food and feeding for babies and develop and practice appropriate (assertive) responses.
- To develop a collection of fast family food ideas which are tested by group members.

### Anticipated Outcomes of the Session

- Some participants will have identified shared interests.
- Participants will be able to make appropriate food choices for developmental stages.
- Participants will feel confident about responding to critical comments and pressures from others about food and feeding babies.
- Participants will be alert to the importance of, and ways of providing, opportunities for food and socialisation for babies and young children.
- Participants will have a collection of fast family food ideas.

### Pre-Session Planning

- Organise name tags for babies and parents.
- At previous session, ask participants to bring recipes, books and suggestions about 'fast family food ideas'.
- Collect first food examples for taste and exploration in the group.
- Collect a variety of feeding items and utensils.
- Prepare information for ten minute presentation on the whens, whys and whats of first foods.
- Prepare sheet of paper for each participant with Taste, Texture, Colour, Smell, so they can write the ideas from the group and take home.
- Prepare a sheet of butcher's paper with the same headings for group use.

### Resources for Nurses' Information Prior to Session

- *The Food Pyramid* Available from Dental Hospital Health Promotions Unit on Loan phone 9341 0413.
- *Dietary Guidelines for Infants* available from Gerber.
- *Eating Readiness Signs for Introducing First Foods* available from Gerber.
- *Filling the Gap: A Nutrition Needs Assessment Children Aged 0–8 Years in Melbourne's Western Metropolitan Region*. Available from the Department of Human Services. 1997 publication.
- Child Nutrition Fact Sheets, Department of Human Services.
- *Posters Healthy Snacks Healthy Teeth* in 12 languages is available from the Royal Dental Hospital Health Promotions Unit phone 9341 0413.

## **Handouts to Group Participants**

- *Eating Readiness Signs for Introducing First Foods.*
- *Dietary Guidelines for Infants.*
- Child Nutrition Facts Sheets, Department of Human Services.

## 6.11.2 Food: Your Baby and the Family Workshop Session

Nurse asks participants the previous week to bring recipes, books and suggestions about 'fast family food ideas' to share with each other at the next session.

\* *Approximate time allocation for each activity*

*Time	Content	Process	Suggestions for Nurse
0.00	Welcome	<p><i>Do any of you have comments or queries from last week?</i></p> <p><i>Maybe something has happened or you have become aware of something since we last met.</i></p> <p><i>Today we are going to explore a favourite topic of many people: FOOD, What is your favourite food?</i></p> <p>Brainstorm ideas and write up onto butcher's paper.</p> <p><i>Has your interest in food changed since having your baby? How has it changed?</i></p> <p>For example:</p> <p><i>You don't have time to eat? Eat different food?</i></p> <p>Write these ideas onto butcher's paper or board and use as basis for discussion about family food, including food and nutritional requirements of breastfeeding women.</p>	<p>Provide name tags for participants and babies.</p> <p>Allow time for participants to respond to introduction activity. You may want to give a few prompts.</p> <p>Watch for participants who might have something to say but who may be a little reluctant.</p>
0.25	Introducing Foods	<p>Nurse does presentation about Introducing First Foods – When, Why, What. (Be careful this is not a repetition of individual consultation.)</p> <p>Encourage group discussion and questions.</p> <p>Nurse has a display of possible first foods, providing opportunities for participants to play with food.</p> <p>Encourage discussion on: texture, consistency, taste (use of salt or sugar) and colour of first foods.</p> <p><i>What other ideas do you have about first foods for your babies?</i></p>	<p>Include:</p> <ul style="list-style-type: none"> <li>• Importance of iron and milk</li> <li>• Sequence of food offerings</li> <li>• Initial difficulties</li> <li>• Equipment needed</li> <li>• Where to feed and time of day</li> <li>• Home versus bought</li> <li>• Ideas to save time</li> <li>• Intolerance and allergies</li> <li>• Water and juice.</li> </ul> <p>Display a range of feeding items: bowls, spoons, cups, etc.</p>

*Time	Content	Process	Suggestions for Nurse
0.50	Food and Developmental Stages Food and Socialisation	<p>Nurse has prepared a single sheet of butcher's paper with the following headings:</p> <ul style="list-style-type: none"> <li>• Taste</li> <li>• Texture</li> <li>• Colour</li> <li>• Smell</li> <li>• Introduce one at a time.</li> </ul> <p>Nurse briefly explains the importance of each of these areas in relation to choosing the food babies eat.</p> <p><i>There are developmental stages which parents often associate with feeding babies they include: chewing and finger feeding.</i></p> <p>For the stages chewing and finger feeding ask the group to brainstorm some food ideas for babies under the headings: Taste, Texture, Colour, Smell and Introduce One at a Time.</p> <p>The nurse writes the participants ideas onto the sheet of butcher's paper under each of the headings. The nurse contributes ideas to the discussion.</p> <p>As a large group discuss:</p> <p>What ways can we provide socialisation for our children around food and babies?</p> <p>What about the idea of family food that babies can enjoy also?</p>	
1.10	Dos and Don'ts	<p><i>What sorts of food or food mixtures are not appropriate to give a baby during the first 12 months?</i></p> <p>Brainstorm onto butcher's paper or board and discuss.</p>	
1.20	Dealing with External Pressures	<p>Number the participants off into groups of 3 – 4 (if the group is large enough). Ask the groups to think about and note ideas:</p> <p><i>What are some pressures you have heard about or anticipate from family or friends about food? Think about how you would respond to these pressures, write down some suggested responses.</i></p> <p>Pairs may be willing to demonstrate their pressure and response scenarios. (This could be a fun activity leading to lots of laughter and story sharing.)</p> <p>Or, ask groups to choose one of their pressures and suggested response to share with the larger group.</p>	
1.45 2.00	Sharing Family Food Ideas Close	<p><i>Now it is time to share some fast family food ideas. Last week we talked about bringing some recipes, books, suggestions about 'fast family food ideas' to share with each other.</i></p> <p>Nurse asks the group how they would like to collate ideas and share recipes. etc.</p>	

# 6.12 Teething and Looking After Baby's Teeth for Life

## 6.12.1 Planning the Session

### Objectives of the Session

- To create an opportunity for first-time parents to share ideas and concerns about aspects common to parenting.
- To promote sustainable connections between parents of children of similar ages.
- To identify the signs of teething in babies.
- To clarify the stages of tooth eruption and appropriate care at these times.
- To promote the importance of care of primary teeth.
- To promote ongoing and appropriate care of teeth in babies and children.
- To support participants to develop a range of personal strategies to assist them to cope with difficulties of teething.
- To enable participants to explore a range of effective strategies to use with their child at times of teething.

### Anticipated Outcomes of the Session

- Some participants will have identified shared interests.
- Participants will know about stages of tooth development and appropriate care as they develop and erupt.
- Participants will be alert to some of the common activities which are likely to affect and damage tooth development.
- Participants will have considered a range of strategies to assist them to personally manage times of teething.
- Participants will be aware of the reasons for care of primary teeth and the relationship with developing healthy secondary teeth.

### Pre-Session Planning

- Organise name tags for babies and parents.
- The previous session, ask participants to listen for teething stories over the intervening week.
- Collect copies of teething and developmental stages from the dental association.
- Collect sheets of butcher's paper and textas.
- Label two sheets with Mother's Personal Strategies and Strategies for use with Baby.

### Resources for Nurses' Information Prior to Session

- Department of Human Services Child Health Fact Sheet: *Care of Your Child's Teeth*.
- Department of Human Services, Dental Health Fact Sheet *Tooth Development; Tooth Loss* available from Royal Dental Hospital Health Promotions and Resource Unit.
- Royal Dental Hospital Health Promotions Unit list of resources available to borrow phone (03) 9341 0413 these resources can also be borrowed through Regional Dental Health Services offices.

- Posters Healthy Snacks, Healthy Teeth in 12 languages is available from the Royal Dental Hospital Health Promotions Unit phone (03) 9341 0413.
- Nursing Caries Photos available for loan from Dental Health Promotion Unit, Resource Centre, Royal Dental Hospital, 711 Elizabeth Street Melbourne, 3000, phone (03) 9341 0413. (Also available in Vietnamese and Arabic).
- *Dental Health for Children 0–6 years: Information for Maternal and Child Health Nurses*, Department of Human Services.

### **Handouts to Group Participants**

- Department of Human Services Child Health Fact Sheet: *Care of Your Child's Teeth*.
- *Zero to Six – Teething Preventing Tooth Decay* (Colgate brochure) available from the Royal Dental Hospital Health Promotions Unit phone 9341 0413 or free from Colgate on 1800 802 307. Colgate have a series of brochures on oral care, including Pregnancy and Oral Health.
- *Cheesy Grins: A Guide to Healthy Teeth through Good Nutrition* available from The Australian Dairy Foods Corporation (03) 9694 3777, or free call 1800 655 441.

## 6.12.2 Teething and Looking After Baby's Teeth For Life Workshop Session

\* *Approximate time allocation for each activity*

*Time	Content	Process	Suggestions for Nurse
0.00	Introductions and Review	<p><i>Hello again. Let's begin with a brief review. Last session we looked at such and such a topic... What sorts of ideas or thoughts have you had about that issue since then? Anything you are happy to discuss about that with the rest of the group?</i></p> <p><i>What about you ... anything come up about the issue for you?</i></p>	<p>Provide name tags for participants and babies.</p> <p>Allow time for participants to respond to introduction activity. You may want to give a few prompts.</p> <p>Watch for participants who might have something to say but be a little reluctant.</p>
0.15	Teeth	<p><i>The topic today is looking after teeth for life.</i></p> <p><i>We hear lots of comments and stories about baby's teeth. What are your favourite baby teeth stories?</i></p> <p>Write onto butcher's paper any themes which may come through and discuss.</p>	
0.30	Teething	<p><i>A lot of the teeth stories are about teething and baby's moods are often blamed on teething.</i></p> <p><i>What are the signs of teething? How will you know when your baby is teething?</i></p> <p>Brainstorm ideas onto butcher's paper.</p> <p>Nurse contributes to discussion and adds ideas about signs, symptoms and stages of teething.</p> <p>Nurse gives participants a copy of available handouts.</p> <p>Encourage participants to read handouts and look for similarities or links to the ideas on the butcher's paper.</p>	<p>Nurse can use brainstorming activities as an opportunity to provide input when:</p> <ul style="list-style-type: none"> <li>• The group has run out of ideas</li> <li>• The group has left items out.</li> </ul>

*Time	Content	Process	Suggestions for Nurse
0.45	Managing Teething	<p><i>What do you anticipate as some of the challenges or difficulties of teething for you personally?</i></p> <p>Write participants' ideas onto a sheet of butcher's paper and discuss.</p> <p><i>How do you think you will handle these challenges or difficulties?</i></p> <p>Write participants' ideas onto two sheets of butcher's paper labelled Mother's Personal Strategies and Strategies for use with Baby and discuss.</p> <p>Nurse inputs ideas about what to be careful about or alert to.</p> <p><i>What have you heard is important for us to consider about teeth during the first year of your baby's life?</i></p> <p>Participants brainstorm ideas onto butcher's paper.</p> <p><i>How do we care for our baby's teeth in the first two years?</i></p> <p>Brainstorm onto butcher's paper. Nurse contributes to discussion and adds ideas.</p>	<p>Opportunity to note stress and frustration with irritable baby.</p> <p>Opportunity to address overuse of panadol, and the fact that 'teething doesn't last forever'.</p> <p>Ensure inclusion of discussion about infant feeding caries, importance of primary teeth, impact and importance of fluoride (particularly in rural areas), toothpaste — do's and don'ts.</p> <p>Use of dummies and sucking thumbs, sweets, dental checks, etc.</p>
1.30	The Importance of and Caring for Teeth	<p>Brainstorm 'healthy' options for calming children when they are teething.</p>	
2.00	Close	<p>Time for coffee or tea.</p>	

# 6.13 Returning to Paid Work

## 6.13.1 Planning the Session

### Objectives of the Session

- To create an opportunity for first-time parents to share ideas and concerns about aspects common to parenting.
- To promote sustainable connections between parents of children of similar ages.
- To develop awareness of the issues for all parties about a first-time parent (mother) returning to the paid workforce.
- To develop and consider a range of options for addressing the concerns of returning to work.
- To introduce the full range of local child care options and consider the pros and cons of each.

### Anticipated Outcomes of the Session

- Some participants have identified shared interests.
- Participants will be alert to the concerns of a range of people with an interest in a first-time mother returning to work.
- Participants will be aware of a range of options for dealing with the concerns about a first-time parent returning to work.
- Participants will be aware of the full range of local child care options and of the pros and cons of each.
- Some members of the group may visit a child care centre or occasional care centre together independent of the nurse's organisation.

### Pre-Session Planning

- Investigate local child care options including ages for enrolment and costs if possible.
- Prepare (and date) handout re: local child care options.
- Read the mapping process described in accompanying handout material.
- Collect approximately 12 sheets of butcher's paper and textas (at least two colours).

### Resources for Nurses' Information Prior to Session

- Cornelius, H. and Faire, S., 1989, *Everyone Can Win: How To Resolve Conflicts*, Chapter 8: Mapping the Conflict, pp. 117–129.
- Mapping the Conflict one-page diagram (The Conflict Resolution Network).
- Victoria Legal Aid and the Department of Human Services, 1997, Fifth Ed., *Legal Aspects of Child Care: A Guide for Workers in Child Care Centres, Preschools and Parents*, Victoria Legal Aid, Melbourne.
- Rolfe, S., Harley, A. and Richards, L., 1995, *Using Child Care: How Will I Feel?* Department of Early Childhood Studies, The University of Melbourne.
- The following series of books published by the Australian Institute of Family Studies:
  - Ochiltree, G., 1991, *An Ear to Listen and a Shoulder to Cry On*, Paper No. 1.
  - Ochiltree, G. and Greenblat, E., 1991, *Sick Children: How Working Mothers Cope*, Paper No. 2.
  - Jackson, J., 1991, *Taking the Children to Work: Work-Related Child Care in South Eastern Melbourne*, Paper No. 3.
  - Greenblat, E. and Ochiltree, G., 1991, *Use and Choice of Child Care*, Paper No. 4.
  - Ochiltree, G., 1994, *Effects of Child Care on Young Children: Forty Years of Research*. Paper No. 5.

### Handouts to group participants

- Prepare (and date) handout re: local child care options.

## 6.13.2 Returning To Paid Work Workshop Session

\* Approximate time allocation for each activity

*Time	Content	Process	Suggestions for Nurse
0.00	Introductions and Review	<p><i>Hello again. Let's begin with a brief review. Last session we looked at such and such a topic... What sorts of ideas or thoughts have you had about that issue since then? Anything you are happy to discuss about that with the rest of the group?</i></p> <p><i>What about you ... anything come up about the issue for you?</i></p>	<p>Provide name tags for participants and babies.</p> <p>Allow time for participants to respond to introduction activity. You may want to give a few prompts.</p> <p>Watch for participants who might have something to say but may be a little reluctant.</p>
0.15	Issues in Returning to the Paid Workforce	<p><i>The topic today is returning to the paid workforce. Some of you may be considering it and for others there may not be an option, but others may just be interested in thinking through some of the challenges as a useful exercise.</i></p> <p><i>I would like to tackle this topic through a mapping exercise first prior to looking at some of the tasks for a new (mother) parent returning to work.</i></p> <p><i>The process of mapping is taken from the Conflict Resolution area, where it important to understand the issue from each point of view in order to negotiate an effective resolution or outcome.</i></p> <p><i>The first step in mapping is to clarify all those people who have an interest in the particular issue. Who are the people who have an interest in a new parent returning to work? For example, yourself, your baby.</i></p> <p>Ask group to brainstorm all those with an interest in the issue of a new parent returning to work.</p> <p>Write all people noted on the board or butcher's paper until the ideas dry up.</p>	
0.25	Mapping or Clarifying the Issues	<p>Ask participants to write one role (or person with an interest in the issue) onto a separate sheet of butcher's paper and below that to make two columns — one headed Needs or Wants, and the other, Fears or Concerns.</p> <p>Whole group is now asked to consider one role. Participants are asked to think of themselves as that person. For example, if the father is chosen first, ask participants to all think of themselves as a new father for a little while.</p>	<p>You will need as many sheets of butcher's paper as there are roles or people on the brainstormed list.</p> <p>Depending on numbers in the group, it may be possible for each participant to have one sheet headed with a role in front. If not, maybe one sheet between two or two sheets each.</p>

*Time	Content	Process	Suggestions for Nurse
	Mapping or Clarifying the Issues (cont)	<p><i>Okay, you new fathers, let's think about your needs or wants and your fears or concerns about a new mother returning to the (paid) workforce. We are noting what the new father's needs and wants are, not what they should be needing. A good way to think this is to say, I am a new father and I want... or I am worried about or fearful of...</i></p> <p>Ask participant with the new father role to be noting these down in the words that people are using under the appropriate heading.</p> <p>When one role begins to dry up move on to the next role until all are completed. Some will be very quick and others may prompt quite a deal of discussion.</p>	<p>Nurse's role during this work is to encourage participants to stay in role and think about the needs or wants from the perspective of the role they are currently playing.</p> <p>Participants often raise issues from their own perspective, so encourage the person responsible for the new mother's role to keep noting those issues raised from that perspective onto the new mother's sheet.</p>
0.50	Reviewing Everyone's Concerns or Issues	<p>Spread sheets on floor or affix to walls and invite the participants to walk around and explore what is in common and where some peoples' concerns appear diametrically opposed. Asterisk these two lots and then invite participants to choose one they would like to consider further.</p>	
1.00	Designing Options	<p>At this point it may be useful to break the larger group into two or three small groups, each one with a different issue. Using new butcher's paper, ask participants to talk through the issue, consider and note down options for addressing the issue.</p>	
1.20		<p>Ask a spokesperson from the small groups to feed back their topic to the large group and describe the options they had come up with.</p>	
1.45	Child Care Options	<p>If this topic has not already been covered through the options. Nurse has a prepared list of child care options on a large sheet of butcher's paper or overhead, as well as a small handout for each participant.</p> <p>As a large group, ask participants to talk through the pros and cons and things to beware of for each option. Nurse may wish to add points of their own here, especially if they are aware of costs of some options or can expand participants' awareness of local options.</p> <p>Close with an invitation to the group to discuss their thoughts about their own particular child care plans, whether or not they plan to return to work in the near future, now that they have discussed some options with the group.</p>	
2.00	Close		

## 6.14 Play: More than Fun and Games

### 6.14.1 Planning the Session

#### Objectives of the Session

- To create an opportunity for first-time parents to share ideas and concerns about aspects common to parenting.
- To promote sustainable connections between parents of children of similar ages.
- To promote the importance and value of play with children.
- To explore ideas for engaging children and parents in play, particularly related to the age and stage of development of the child.
- To show a range of inexpensive appropriate toys and make one for each baby.

#### Anticipated Outcomes of the Session

- Some participants will have identified shared interests.
- Each participant will have made a toy for immediate use.
- Participants will be aware of the value of play and their role in encouraging their children.

#### Pre-Session Planning

- Collect materials for toy making session.
- Obtain Department of Human Services posters *Your Child's Health and Development – Birth to Six Years* (possibly have them laminated).
- Read through articles provided on the value of play.
- Obtain Positive Parenting Program, Parent Tip Sheets '*Promoting Development in the First Year*'.

#### Resources for Nurses' Information Prior to Session

- Crockford, P., *Games for Growing Babies, Ages and Stages*, Fawkner, Victoria. Available from Royal Children's Hospital Clinical Health Information Centre.
- Burt, K. and Kalkstein, K., 1981, *Smart Toys for Babies from Birth to Two*, Harper and Row, New York.
- Esdaile, S. and Sanderson, A., 1987, *Toys to Make*, Viking, Ringwood, Victoria.

#### Handouts for Group Participants

- *Your Child's Health and Development — Birth to Six Years*.
- Positive Parenting Program, Parent Tip Sheet: '*Promoting Development in the First Year*'.

## 6.14.2 Play: More Than Fun And Games Workshop Session

\* *Approximate time allocation for each activity*

*Time	Content	Process	Suggestions for Nurse
0.00	Introduction	Ask participants to complete the following statement (work as the whole group): <i>The play activity I like doing best with my baby at the moment is...</i>	Provide participants and babies with name tags Ask participants to bring to this session their child's favourite toy.
0.15	The Importance of Play	Nurse makes input or gives presentation and discussion about the importance of play.	
0.30	Age and Play	Display the Human Services <i>Your Child's Health and Development — Birth to Six Years</i> poster for all participants to see. If possible have a few of these posters available. If the group is large break it into smaller groups. A fun way of doing this could be numbering off participants using the names of toys (rather than numbers) for example, a rattle group, ball group. Go around the room putting people into the rattle or ball groups. If the group is small work with them in total. Refer to the <i>Your Child's Health and Development — Birth to Six Years</i> poster and ask each group to select an age and stage that they will to look at in relation to play. <i>Looking at the developmental stages on the poster what type of play activities and toys would you suggest for your selected age and stage?</i> Ask participants to write and draw (diagrams, etc.) their ideas onto provided sheets of butcher's paper. The nurse moves around the room and adds ideas to assist the groups.	It is important that participants are mixed into different groups each week.

<b>*Time</b>	<b>Content</b>	<b>Process</b>	<b>Suggestions for Nurse</b>
1.00	Encouraging Play	<p>Each group presents their ideas to the larger group. The nurse encourages discussion. After each group presents the nurse asks the question:</p> <p><i>What do you have to do to ensure that there is enough play for your child at this age and stage?</i></p> <p>Encourage discussion.</p>	
1.20	Making Toys, Inexpensive Toy Ideas and Safety of Toys	<p>The nurse has a bag of goodies for participants to make a toy for their baby. Parents make a simple toy to take home.</p> <p>The nurse provides a handout to participants:</p> <ul style="list-style-type: none"> <li>• Ideas for making your own toys</li> <li>• Safety tips about toys.</li> </ul> <p>While the participants are making the toys and talking, it may be useful for the nurse to ask people to talk about both ideas and safety tips as a group.</p>	
2.00	Close		

# 6.15 Being a New Parent in Australia and Other Countries

## 6.15.1 Planning the Session

### Objectives of the Session

- To create an opportunity for first-time parents to share ideas and concerns about aspects common to parenting.
- To promote sustainable connections between parents of children of similar ages.
- To build an understanding within the group of the range of different challenges faced by group members.
- To provide an opportunity for participants to explore some of the differences, similarities and challenges of being a new parent in a different countries.
- To develop an understanding between participants of some specific cultural expectations of parenting.

### Anticipated Outcomes of the Session

- Some participants will have identified shared interests.
- Participants will be alert to a wide range of the (positive and negative) stresses which are experienced by first-time parents in Australia, particularly if it is a new country for participants.
- Participants will have developed a wider understanding of each other.
- The group will have developed some cohesion.

### Pre-Session Planning

- The week prior to this session, ask participants to bring along a toy or plaything, or drawing of one, which they had as a young child of less than five years – invite people to think particularly of the types of playthings which were typical in their country or local area.
- Investigate and prepare list of local resources which parents can access.
- Investigate and prepare a list of family assistance for example, Family Tax Benefit Part A, Family Tax Benefit Part B, Child Care Benefit, Maternity Allowance and Maternity Immunisation Allowance.
- Collect approximately 12 sheets of butcher's paper and textas (at least two colours).

### Resources for Nurses' Information Prior to Session

- Local Council's Community Resources Directory.
- Pamphlets on Commonwealth Centrelink Government Programs for example, Family Tax Benefit Part A, Family Tax Benefit Part B, Child Care Benefit, Maternity Allowance and Maternity Immunisation Allowance.

### Handouts for Group Participants

- Family Tax Benefit Part A, Family Tax Benefit Part B, Child Care Benefit, Maternity Allowance and Maternity Immunisation Allowance.
- Local Resources and their use.

## 6.15.2 Being a New Parent in Australia and Other Countries

### Workshop Session

#### Previous week

Ask participants to bring a toy or a play thing that they had as a child, or something similar to what they had as a child, or an example of a toy or plaything young children play with in their country of birth.

Impress upon participants that toys or playthings could be anything: sticks and stones, coconut shells, teddies, etc. They need not be elaborate.

\* *Approximate time allocation for each activity*

*Time	Content	Process	Suggestions for Nurse
0.00	Introductions	<p><i>Hello again. Let's begin with a brief review. Last session we looked at such and such a topic... What sorts of ideas or thoughts have you had about that issue since then? Anything you are happy to discuss about that with the rest of the group?</i></p> <p><i>What about you ... anything come up about the issue for you?</i></p> <p><i>As we discussed at the end of last week's session, today we are exploring what it is like being a new parent in Australia and other countries.</i></p>	<p>If this is the second session, the introductory activity could be a brief discussion using pairs to discuss highlights for participants since the last session.</p>
0.10	Sharing Experiences	<p>As a large group the nurse asks participants to show the group their toy or play thing.</p> <p>As each participant shows their toy or play thing to the group, the nurse asks each participant the following questions and records the responses onto butcher's paper.</p> <p><i>In what country were you born?</i></p> <p><i>Who is likely to have given you your toy or plaything (a relative, bought at a shop, made by a parent, etc.)</i></p> <p><i>Is there anything about the toy or plaything which shows something special about your country of birth or the people there?</i></p> <p>Ask participants to comment on any surprises, themes, learning from the presentations by fellow participants.</p>	<p>Through this process cultural influences could be explored.</p> <p>Encourage participants to ask any questions of the speaker as they go around the circle.</p>



# 6.16 Communicating With Your Baby Through Music and Books

## 6.16.1 Planning the Session

### Objectives of the Session

- To create an opportunity for first-time parents to share ideas and concerns about aspects common to parenting.
- To promote sustainable connections between parents of children of similar ages.
- To encourage introduction and enjoyment of books and music by parents and their first children from a very early age.
- To introduce a wide range of books and music relevant to young children.
- To introduce first-time parents to a range of community resources relating to books and music.

### Anticipated Outcomes of the Session

- Some participants will have identified shared interests.
- Participants will be alert to the value of introducing books and music to young children.
- Participants will be aware of the types of books and music useful for young children.
- Participants will be aware of a range of community resources which are useful for introducing books and music to young children.
- Members of the group may attend a story time session at the the local library independent of the nurse's organisation.
- Some parents will have enrolled children in the local library.

### Pre-Session Planning

- If you decide to use a guest speaker, organise the guest speaker for the date and brief them carefully about purpose of session and their role – maybe show speaker the session outline.
- Ask participants the week prior to the session, to bring any favourite books or musical instruments which they and their children enjoy.
- Investigate local story time sessions (when and where) and collect flier for participants.
- Collect books and tapes, etc. From library for display.
- Collect tape recorder or CD player for music.
- Organise a visit by book shop if relevant.
- Collect a range of musical instruments which can be home made, for display.
- Collect items for participants to make musical instruments and books

### Resources for Nurses' Information Prior to Session

- Russell-Bowie, D., 1989, *'Music is For Young Children Too!'* Karibuni Press, Campbelltown, NSW.

### Handouts for Group Participants

- Music and Your Baby.

## 6.16.2 Communicating With Your Baby Through Music and Books Workshop Session

The week before ask participants to bring to this session their child's favourite book or musical instrument (or their own).

\* *Approximate time allocation for each activity*

*Time	Content	Process	Suggestions for Nurse
0.00	Introduction	<p>Ask participants to complete the following statement (work as the whole group):</p> <p><i>The music I like playing to my baby at the moment is...</i></p> <p><i>I like singing ... to my baby</i></p> <p>and/or</p> <p><i>My favourite book as a child was...</i></p> <p><i>My favourite song or nursery rhyme as a child was...</i></p> <p>Encourage discussion about why participants think it was their favourite.</p>	<p>Provide participants and babies with name tags.</p>
0.15	The Importance of Books and music	<p>Nurse does a presentation and encourages discussion about: the importance of music and books.</p> <ul style="list-style-type: none"> <li>• Include a display of books and musical instruments. Ask participants the previous week to bring books and musical instruments.</li> <li>• Nurse or participants organise a collection of books and tapes from the local library for display at the session.</li> <li>• Maybe invite toy library to attend session and display musical instruments.</li> </ul> <p>and/or</p> <p>Invite guests to talk with group about the importance of music and books, for example, guests include: children's librarian, music therapist, journalist.</p> <p>and/or</p> <p>Visit the local library to view books, tapes etc. available and organise children's librarian to talk about the value of books. Opportunity for participants to join library.</p> <p>and/or</p> <p>Invite a local bookshop to do a show and tell and set up display of children's books.</p>	<p>Handout: The Importance or Value of music and books.</p> <p>Questions to consider in discussion:</p> <ul style="list-style-type: none"> <li>• What sorts of books or music do your babies seem to respond to now (if any)?</li> <li>• Where will you go to access books or music?</li> </ul> <p>Encourage group to join local library.</p>

<b>*Time</b>	<b>Content</b>	<b>Process</b>	<b>Suggestions for Nurse</b>
1.00	Music and movement	<p>If the babies are awake the nurse could invite parents to hold their babies and move to different music (tapes)</p> <p><i>Are the babies responding to the music and movement?</i></p> <p>Any comments?</p> <p>Change the speed of the music. Invite comments.</p>	Tape recorder and music tapes required.
1.20	Making Musical Instruments	<p>After three or four musical pieces, invite group to make a musical instrument.</p> <p>The nurse has a bag of goodies for participants to make a musical instrument for their baby.</p> <p>Parents make a simple instrument to take home.</p> <p>Encourage participants to play with the instruments. Nurse talks about value of music as parents make instruments.</p> <p>Suggest to the group that they may like to attend a story time session at the local library as a group or even in pairs.</p> <p><i>When would be a good time for you all to go to a story time at the library?</i></p> <p>Nurse encourages group to make times with each other to attend the story time.</p>	<p>The nurse provides a handout to participants: ideas for making your own musical instruments.</p> <p>Display example home-made instruments.</p> <p>Nurse researches when and where local story time sessions occur. Nurse encourages group to attend session.</p>
2.00	Close		

# Music and Your Baby

Based on a pamphlet developed by Viviana Lawry, 1992, Child and Family Health Nursing Student Pamphlets, RMIT Bundoora.

## Attitudes to Music are 'Caught' not 'Taught'

Music belongs to everyone; it is part of being a human being. Your enthusiasm and enjoyment will be shared by your baby. Musical activities benefit your baby by:

- Sensorimotor stimulation
- Encouraging interaction
- Audio-motor coordination (hearing and movement)
- Concept development (loud and soft, fast and slow)
- Developing body awareness
- Increasing 'world' awareness
- Being enjoyable, creative and just good fun!

Listening skills that children learn through musical activities will affect their whole development. You can help develop your baby's in-built musical abilities just by making music a part of your everyday activities. Musical activities overlap, for example, listening, singing, movement and making sounds. All help develop your child's ear for, and enjoyment of, music.

## You can help promote listening skills by:

- Talking, chanting, singing or humming to your baby as you care for them.
- Playing a variety of pre-recorded music, such as classical, folk or pop.
- Allowing your baby to hear sounds in the environment, such as a clock ticking, a dog barking or water running. Imitate these sounds with your baby.
- Letting your baby create and experiment with different sounds, such as bells, rattles, music boxes, saucepan lids or hitting a wooden spoon on different surfaces.

## Babies Love to Listen to Singing – Especially if it is Your Voice

Even if you think you can't sing, your baby will still enjoy your voice.

Choose simple songs with frequent repetitions. This allows your baby to enjoy both the tunes and the words. Examples include folk songs and melodies.

Movement, such as rocking, patting, clapping and bouncing in time to the music gives pleasure to your baby. Moving with the rhythm of the words you say, and repeating them over and over, will help your baby feel the beat.

### 0–3 Months:

Lullabies and rocking rhymes, such as *Sleep Baby, Sleep* or *Rockaby Baby*.

### 3–6 Months:

Pat and clap to the rhythm of the words. Wiggle legs and tickle as appropriate. For example, *Round and Round the Garden*, *This Little Piggy*.

### Further information:

Parents for Music Association, PO Box 346, Camberwell 3124.

Lady Gowrie Centre, Carlton. *Music with infants and small children*.

Russell-Bowie, D. (1989). *Music is for young children too!* Karibuni Press Campbelltown, NSW.

## 6.17 Where to From Here?

### 6.17.1 Planning the Session

#### Objectives of the Session

- To create an opportunity for first-time parents to share ideas and concerns about aspects common to parenting.
- To promote sustainable connections between parents of children of similar ages.
- To determine the ways the participants will continue the group after the formal sessions are completed.
- To share an enjoyable meal.
- To review the learning's and outcomes of the group.
- To clarify the ways formal groups could be improved for future participants.

#### Anticipated Outcomes of the Session

- Some participants will have identified shared interests.
- Participants will know of and be committed to the ways the group participants plan to follow-up the group.
- Participants will be aware of the developments of their babies over the intervening group period.
- Participants will know of future opportunities for support from the nurse.

#### Pre-Session Planning

- At session prior, encourage participants to bring a plate for a bring and share meal.
- Name tags for babies and parents should not be necessary by now – but group could have a ceremonial tearing up!!!!.
- Collect sheets of butcher's paper and textas.
- Prepare contact lists.
- Organise evaluation sheets provided in document.

#### Resources for Nurses' Information

##### Prior to Session

- Local resource directory may be useful for follow-up ideas for group.

##### Handouts to Group Participants

- Participants' contact lists
- Group photos if taken at prior session
- Evaluation sheets.

## 6.17.2 Where To From Here? Workshop Session

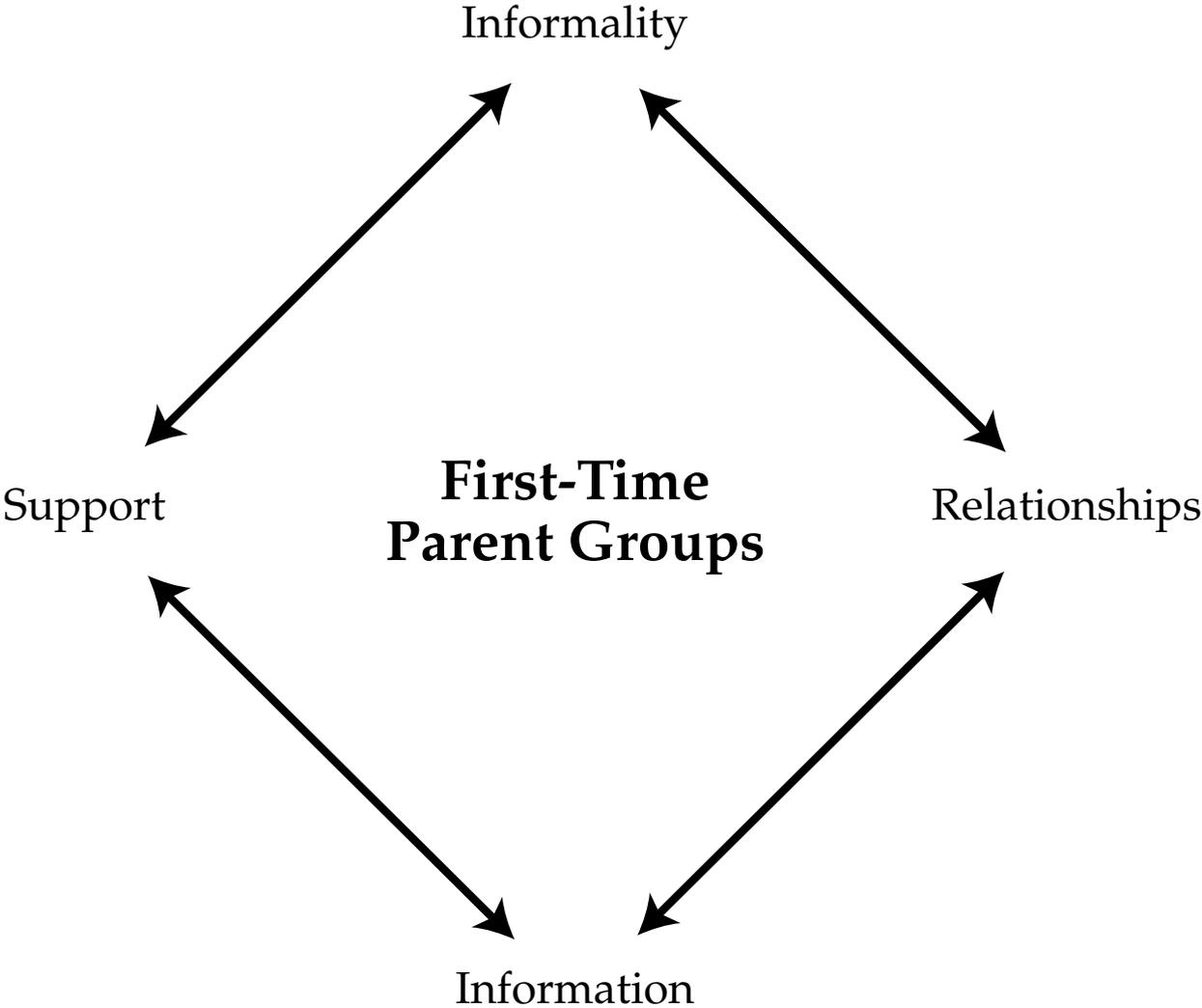
\* *Approximate time allocation for each activity*

*Time	Content	Process	Suggestions for Nurse
0.00	Welcome	<p>Nurse invites each participant to privately think about two or three ways their babies have changed and developed since Session 1.</p> <p>If people have brought photos of their babies from about the time of the first session, these will make the discussion easier.</p> <p>Ask participants to pair up with someone, look at each other's babies and the photos and discuss one change each.</p> <p>After two minutes, nurse asks pairs to stop, form new pairs and repeat, and after another two minutes to repeat again.</p> <p>Finally, reform the large group and have a general discussion about the changes. Nurse may lead this by saying:</p> <p><i>What the sorts of changes you have discussed?</i></p>	
0.15	Reflection	<p>Nurse has pinned up butcher's paper from first session on which are written the themes people wanted to address (or hands out the program outline which was developed).</p> <p>Divide people into groups of three. Ask small groups to discuss each one and note:</p> <ul style="list-style-type: none"> <li>• The important learning's from the session in retrospect.</li> <li>• The actions participants have taken as a result of the session for example, put a barrier in place as a result of the safety session.</li> <li>• Any community resources they have used and the value of each.</li> <li>• Any other questions or concerns about each issue.</li> </ul> <p>Invite feedback from each group – address one of the above questions at a time.</p>	<p>It is probably best for nurse to number the groups off rather than allow groups to choose as this will ensure everyone is automatically included in a small group for this final session.</p>

*Time	Content	Process	Suggestions for Nurse
0.45		<p>Nurse can hand out Group Contact list (assuming everyone gave permission earlier and it hasn't already been handed out).</p> <p>Remind participants that numbers of groups have continued their groups after the formal sessions have finished and individuals have also continued their connections.</p> <p>Invite participants to brainstorm ways groups could follow up the formal sessions and what sorts of things would be good to have a group for. For example, a group booking is often cheaper for outings at places like the zoo, or it's fun to meet with others with young babies for a picnic in a park.</p> <p>Secondly, ask the group to brainstorm possible locations within community which are available.</p> <p>If the nurse has taken an initial group photo and photos seem to interest the group, it could be an idea for the nurse to suggest a six-monthly occasion where the group could do a group photo shoot. Nurse may have a photo board following groups in the Centre which will promote this idea.</p> <p>Using the brainstormed list, nurse can ask:</p> <p><i>What do you think could work for you as a group? I anticipate that some of you may connect individually anyway.</i></p> <p>Let the participants take some moments to contemplate. It may take some time before anyone takes the lead.</p> <p>If the participants don't do it themselves at this point, the nurse could ask:</p> <p><i>So, when and where do you plan to meet next?</i></p> <p><i>Who will be the contact point for everyone?</i></p> <p>After group decisions have been made, remind participants how they can follow up for particular individual issues with the nurse and the formal times which they can arrange over the next six years for individual appointments.</p>	<p>Although it may be uncomfortable for the nurse to 'push' at this point, many groups are grateful that someone is doing the pushing. It does not guarantee a follow-up, but making the initial moves are often the hardest.</p>
1.15		<p>When some agreement has been made — even if they determine they will just wave at each other in the supermarket in future years — invite participants to join the 'bring and share' afternoon tea or supper (depending on time of day).</p> <p>It may be appropriate to have this in the garden or a nearby park.</p> <p>At either this point or perhaps in the initial small group session handout evaluation sheets and ask participants to complete them.</p>	
2.00	Farewell for Now		

# 7.1 Model of Parents' Perception of Core Benefits of First-Time Parent Group

Figure 1 Model of Parents' Perception of Core Benefits of First-Time Parent Groups



## 7.2 Invitation

Dear \_\_\_\_\_ and \_\_\_\_\_

You are invited to come to our First-Time Parent Group starting on

(date): \_\_\_\_\_ for 8 sessions, from \_\_\_\_\_

to \_\_\_\_\_ (time). The group will be held at:

\_\_\_\_\_ (venue).

During the first session, the group will choose the topics to be covered. Group sessions will cover a range of topics, such as:

- Getting to Know Your Baby.
- Being a Parent: Changes and Challenges.
- A Settled Baby: What Does it Mean?
- Managing Childhood Illnesses.
- Keeping Baby Safe.
- Baby's Ages and Stages.
- Returning to Paid Work.
- Resuscitation.
- Looking After Yourself: Exploring Mother's Health.
- Food: Your Baby and the Family.
- Looking After Teeth for Life.
- Play: More than Fun and Games.

The groups are intended to provide the opportunity for new parents in your area to meet each other and discuss parenting issues. They are informal and refreshments are available throughout.

I really look forward to you being a part of the group — please let me know if you would like to attend.

\_\_\_\_\_  
Phone \_\_\_\_\_

Maternal and Child Health Nurse

# 7.3 First-Time Parent Group Pre-Group Information

Please take a few minutes to answer these questions. Your feedback will help in the planning of future groups. We value any relevant comments. Please tick relevant boxes.

## What do You Want from this Group?

- friendships
- understanding about my parenting role and my baby
- information
- knowledge of community resources
- contacts
- more confidence in my parenting
- some parenting tips
- some 'living' tips
- other (please state).

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**2. During the group sessions, are there any topics you would like to learn more about? Please write them below:**

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Thank you for your participation.

Date \_\_\_\_\_

## 7.4 First-Time Parent Group Session Outline and Roster

Date: from \_\_\_\_\_ to \_\_\_\_\_

Date	Topic	Snack	Milk	Clean-up
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			

**Centre:**

**Phone:**

**Maternal and Child Health Nurse:**

# 7.5 First-Time Parent Group Evaluation

Please take a few minutes to answer these questions. Your feedback will help in the planning of future groups. It will help us if you let me know if this group has been helpful for you. We value any relevant comments. Please tick relevant boxes.

## 1. As a result of the group, I have gained

- Friendships
- Understanding about my parenting role and my baby
- Information
- Knowledge of community resources
- Contacts
- More confidence in my
- Parenting
- Some parenting tips
- Some 'living' tips
- Other (please state).

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## 2. Has the group experience helped how you feel and care about yourself?

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## 3. What things have happened for you as a result of the group?

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## 4. How could the group be improved?

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Thank you for your participation.

Date \_\_\_\_\_

