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# 'It Was Easier Because I Had Help': Mothers' Reflections on the Long-Term Impact of Sustained Nurse Home Visiting

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**Abstract**
*Objectives* This qualitative descriptive study sought women's views of the Maternal Early Childhood Sustained Home-visiting (MECSH) program they received from prior to birth to child-age 2-years. MECSH is a structured nurse home visiting program for a broad range of women of all ages (both primiparous and multiparous) who experienced stressors in pregnancy that could negatively impact on maternal and child outcomes. Women were asked for their perceptions of how and why the intervention worked for them, and the impact of the intervention on their subsequent parenting to child-age 5-years.
*Methods* Thirty-six women participated in a semi-structured interview when their child commenced formal schooling at age 5-years. Recorded and transcribed data were analysed using qualitative content analysis.
*Results* Women described the importance of a positive relationship with the nurse, and nurses' availability and responsiveness as critical to positive impacts. The interventions they recalled receiving were consistent with the comprehensive MECSH program model. The intervention impacted on women's emotional well-being, confidence and help-seeking behaviour, and positively impacted on their parenting of their MECSH program child and their older and subsequent children. A small number of women reported feeling stressed and disconnected from services following program completion, however, most women continued to apply the learnings from the program.
*Conclusions* Overall women reported positive impacts not just for themselves and their parenting abilities during the 2-year intervention program, but also described ongoing benefit to their subsequent parenting in the preschool period.

**Keywords** Nurse home visiting · Mothers' experiences · Qualitative research · At-risk mothers

## Significance

*What is already known on this subject?* Sustained nurse home-visiting positively impacts on maternal and child outcomes in early childhood and later life. Nurses' perceptions of how programs work; mother related factors, reasons for and process of, program engagement; and mothers' experience of current program participation have been explored. How and why interventions work, from the mother's perspective and upon reflection over time is not well understood.

*What this study adds?* This study provides an insight into how and why programs work from the mothers' perspective, and into mothers' perceptions of effectiveness in terms of intervention outcomes and their views of the legacy of the intervention. This information will assist in ensuring interventions are offering the type of support that will achieve outcomes valued by mothers in the long term.

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## Introduction

The effectiveness of sustained nurse home visiting interventions has been previously reported in international trials and systematic reviews to improve maternal and child outcomes in early childhood and later life. However, despite this evidence, how the interventions work is still not well documented [1, 2]. We still do not fully understand what is supposed to be happening and what actually does happen over the course of a home visiting program, and little is known about the program processes necessary for success [3]. A clearer understanding of how home visiting programs work to achieve these positive changes for families is needed.

Some recent work has explored nurses' perspectives about the mechanisms by which the interventions are effective [4, 5], woman-related factors, reasons for and processes of engaging or not with home visiting programs [6–8], and their experience of their current participation in programs [9, 10]. Women's perceptions of how and why the programs worked for them, their perspective of the intervention upon reflection over time and the subsequent impact on their care of their preschool child and subsequent children have not been explored. Other studies have reported the long-term benefit of sustained nurse home visiting programs for children, most notably the follow-up of the Nurse Family Partnership program trials (see for example [11, 12]), however, women's views of the legacy of the intervention and how that may contribute to longer-term outcomes is unknown.

This paper explores women's perceptions of the Maternal Early Childhood Sustained Home-visiting (MECSH) program (see Fig. 1); a comprehensive sustained nurse home visiting (SNHV) program commencing antenatally and continuing to child-age 2-years [13–15], that was developed to improve maternal and child outcomes for vulnerable at-risk families residing in a socioeconomically disadvantaged urban community. The program is embedded within the universal child and family health service system and is broadly targeted to women of all ages, with any number of children, who are experiencing stressors and distress in pregnancy that could negatively impact on maternal and child health and development. In a randomised trial the program has been shown to be effective in improving maternal health, child health, and positive parenting practices [14, 15].

## Methods

This qualitative descriptive study investigated women's perceptions of the MECSH sustained nurse home visiting program, and the impact it had, upon reflection when their child was aged 5 years. Qualitative descriptive studies are well suited to obtaining answers to the types of 'who', 'what' and 'where' questions that relate to particular events or experiences.

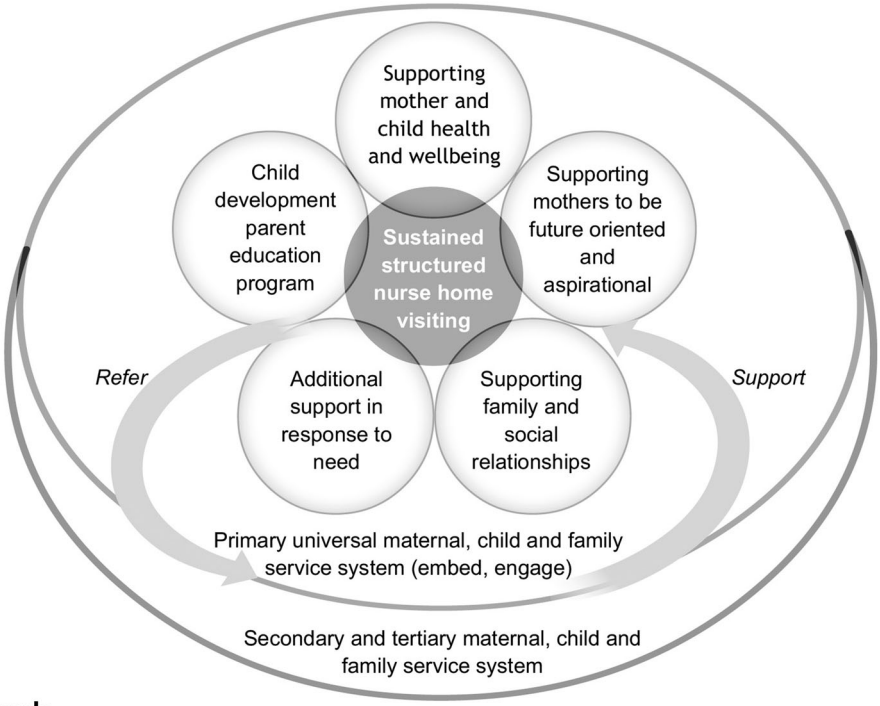
Of the 111 women who received the MECSH intervention [13], 42 were followed up to their child's first year of formal schooling at child-age 5-years. Thirty six consented to be interviewed at this time. Interviewed women did not differ in risk or demographic profile to non-interviewed women (see Table 1).

Interviews were conducted face-to-face by a research assistant who was unaware of the number of program visits the women had received. On average, interviewed women had received 20 of the program's 25 scheduled visits, and had exited the MECSH program at an average child-age 69-weeks [range 0 (one woman received antenatal visiting component only) to 104 weeks (completion of program to 2 years)]. The interviewed sample thus included women who had received a varying amount of the program as scheduled. This group of interviewed women did, however, on average receive more visits and participate for longer in the program than those women who were not able to be followed up to interview at child-age 5-years [non-interviewed women average 15 program visits, and exited program at average child-age 52-weeks (range 0–104 weeks)].

The semi-structured interviews explored: women's perceptions of what they received during the intervention; their relationship with the nurse; the impact of the program on the woman; the impact of the program on their parenting; the value of home visits; their opinions about the program; what they would have done without the intervention; and life post intervention, that is what happened after the visits stopped. Interviews were recorded and transcribed. All transcripts were imported into NVivo-10 qualitative software for data analysis.

The data were analysed using qualitative content analysis; a preferred analysis strategy in qualitative descriptive studies. Content analysis is a dynamic analysis oriented towards summarising the contents of the data [16, 17] as expressed in a single word, phrase, sentence, or paragraph [18]. Codes were systematically generated from the data in the course of the study firstly by the lead author, and patterns, categories and themes were uncovered [19] and discussed by all authors. In qualitative content analysis counting occurs, but is used as a means to an end, not the end itself. Content analysis is a description of patterns or regularities discovered in the data and confirmed by counting.

The study received approval from the UNSW Australia Human Research Ethics Committee. All interviewee names used are pseudonyms.




**Program goals**

- Improve transition to parenting by supporting mothers through pregnancy.
- Improve maternal health and wellbeing by helping mothers to care for themselves.
- Improve child health and development by helping parents to interact with their children in developmentally supportive ways.
- Develop and promote parents' aspirations for themselves and their children.
- Improve family and social relationships and networks by helping parents to foster relationships within the family and with other families and services.

**Program structure**

- Sustained and structured antenatal and postnatal nurse home visiting. To meet the program goals, the program content of each home visit was individually tailored to the mother's needs, skills, and strengths.
- Postnatal child development parent education program (*Learning to Communicate*‡) consisting of 12 monthly sessions commencing by the first month of the baby's life and finishing when the baby was 12 months old, which included information and activities for parents to encourage child development.
- Access to secondary and tertiary early childhood health services, volunteer home visiting services and family support services within the local area.
- Group activities and community links including parenting group and walking group for program families, and linking into community activities in the local area.

**The program was:**

1. Delivered by child and family health nurses embedded within the universal child and family health nursing services.
2. Managed by the universal child and family health nursing services.
3. Embedded within the broader child and family services system, which included paediatric and allied health services, as well as broader human and social services (for example, child protection, education and housing).

‡ Anderson T. *Learning to Communicate: A Guide to Infant Communication Development. Liverpool: South West Sydney Area Health Service, 1997.*

**Fig. 1** MECSH program model [14]

## Results

The findings include descriptions of key categories, relating to the areas of interest, constructed from the data. Categories are not always mutually exclusive. Quotes from the interviews are used to illustrate and support the findings.

Analysis of the interviews showed that women valued the intervention, speaking about it in terms of what it did for them, how it helped them, and how they and their

**Table 1** Participant demographic and risk factors

| Demographic or risk factor at intervention intake in pregnancy | Interview participants $n = 36$ | Not interviewed $n = 75$ |
|---|---|---|
| Maternal age mean (SD) | 27.5 (7.4) | 27.7 (6.5) |
| First time mother *n* (%) | 13 (36.1) | 18 (24.0) |
| Born overseas in non-English speaking country *n* (%) | 15 (41.7) | 40 (53.3) |
| Post school or tertiary education *n* (%) | 13 (37.1) | 29 (40.8) |
| Married or living with partner *n* (%) | 27 (77.1) | 60 (82.2) |
| More than one risk for poorer outcomes (all women had at least one risk) *n* (%) | 15 (41.7) | 41 (54.7) |

children benefited. Most women ($n = 31$) used positive descriptors, made positive recommendations, and referred to the program as being important and beneficial to their own health and wellbeing, their parenting, and to their child's health and development, and reported how much easier the program made things for them, how tough it would be doing it on your own, and how difficult it would have been without the program.

> Oh, because I had help, I had help, Yeh. So it was easier because I had help (Safiya).

## Women's Perceptions of Program Provision

The program structure was spoken about by 29 women. Twenty seven were happy with the structure of the program, that is, what happened during the visits, and did not think any changes were needed. *Program length* was talked about by 17 women. Five were happy with the program concluding at child-age 2-years, ten thought it should run for longer. The women who thought the program should be longer talked about parents still needing help and advice beyond those first 2 years. Only two women thought the program should run for less than 2 years.

Twenty eight women talked about their *relationship with the nurse*. Most ($n = 24$) described it as being good to excellent or saying they got on very well. Women stated that the nurse was 'very friendly', 'very nice', 'non-judgemental', and 'straightforward'. Women spoke about looking forward to the visits or being happy and excited when the nurse came, being pleased to have someone to help or another adult to talk with. Eight reported a close bond with the nurse referring to her as a friend, sister, or second mother. For instance:

> I just felt that the bond became close…. actually felt like she was a sister that would come in and see what I needed to do and answer my questions and made me feel good about myself (Tessa).

They also talked about *nurse availability and responsiveness*, reporting how the nurse would always be there when they needed her. If they had a bad moment, were worried or unsure about things, they would give her a call and she would be there for them, either reassuring them on the phone, or at times coming out to them even before the next visit was due.

> I was very happy with the program. Um, [small pause] they were there whenever I needed them. Even, I mean, I think a couple of times I just called her and she just came out before the next visit was due, so (Carla).

Fourteen women emphasised the relief they felt at having the nurse come to their home which meant they did not have to go out to a clinic or other service. For them, having the nurse come to the home was easier and convenient, but it also relieved the worry and stress of having to take their baby out.

## Women's Perceptions of What They Received During the Intervention

Most of the women ($n = 30$) indicated they received *parenting help* during the intervention. The type of parenting help most often mentioned was advice ($n = 23$), followed by information about baby and child issues ($n = 13$), education and training ($n = 9$), and help with problems or issues they were having ($n = 9$). Parenting help included such examples as advice relating to bathing and feeding, information about child development, education or training in infant settling, help with breastfeeding issues, advice and practical help with housing, and helping out with sick children. The next most frequently identified category was *baby development monitoring and support* ($n = 28$), which included checking baby's weight, measurements, immunisations, general health, and developmental milestones for the baby. Twenty four women said they received support from the nurses, including *emotional support* such as having someone to talk to and listen to them, having the nurses checking up on them to see if they were alright, emotional support when they were down, depressed or anxious, and reassurance. *Help with other children* was mentioned by 12 of the 23 women who had older children, most commonly in the form of help with

older children directly, such as management of older children's health or development issues, or how to manage the older child and new baby. Six women talked about the nurses providing support *networks and connections* to other women through playgroups, providing information about services and programs, and offering referrals to other health services and programs. Some spoke about the value of the program in connecting them with sources of help, as they would otherwise have limited knowledge of the available services.

> I'm not sure. To be honest, I don't know, especially because I'm a first time mum, the state I was in, I don't know where I would have gone, yeah (Sarina).

### Impact of the Program on the Women

Women spoke about how the support they received was good for their *emotional well-being*. They spoke about how having someone to talk to, ask questions of, support them, and care about them and their child helped them.

> They did help they did help so, tough doing it on your own, they did help you. Umm just having someone knock that door, you know, how you doing, how's [child's name] going? (Danika).

They valued the reassurance they received from the nurses and how it impacted on their well-being. Women described being calmer, more relaxed, less stressed, and less worried. They used strategies to help them calm down when needed, and being calm helped them to cope and respond to the babies' needs.

> I just think it made everything a lot easier, like I was a lot calmer, I wasn't stressed out and I wasn't as worried (Ashley).

Women spoke about how they felt good about themselves, were coping well, and doing a great job as a mother. This self-esteem was enhanced through the way the nurses interacted with the woman.

> They made me feel excellent like… they made me feel like a good mum like (Erin).

Other women talked about improved emotional health with the nurses helping them through periods of depression and anxiety, or simply by raising their spirits, or making them feel refreshed by taking them out for coffee and giving them time out.

Having the nurses do developmental checks on the babies gave the women *reassurance and confidence about their developing child*. Women talked about being more confident in their parenting and how they believed they were doing the right thing.

> It makes you confident that I'm doing the right thing because of everything you're going through (Lynn).

In addition, what they learned through the intervention helped them to gain an understanding of their child's development, which was also reassuring.

> It took a lot of strain off me, you know, knowing that she was weighing her and checking her and…. seeing that she's going good with her speaking, her ability to walk and all that, that was helpful, very helpful. It took a lot off my back, to tell you the truth. Until this day, like I know that she's fine in that way (Ashley).

Women also felt that the visits reassured them that *seeking help* was 'okay'.

> And she would just sort of advise me just to get some form of help, which I didn't want to get because I thought okay, well if I'm already asking for help it's because I'm an unfit mum. So she was just sort of reassuring me that that's not the case…Yeah, because I think it was more a confirmation that it's okay to feel how I feeling and it's okay to get help (Cathy).

### Impact of the Program on Women's Parenting

Most women ($n = 29$) talked about a range of things that improved their *parenting knowledge, understanding and skills*. Women commenting about the overall help to their parenting made general comments such as:

> She gave me a lot of advice on being a mother (Erin),

or talked about learning things they did not know, as shown by the following quotes from both new and experienced mothers:

> [Child's name] was the first child and I was really umm, it was my first experience. I was learning along the way and the nurses helped me (Benita),
> She teaches you different things about like baby habits and stuff like that. Some things that I didn't have with the other kids yeah (Gemma).

Women also discussed how the program helped them in specific areas. For example women reported that the program helped with breastfeeding. The advice and support from the nurses also helped women who had not been able to breastfeed previous children. It gave them more confidence, encouragement, and helped them to persevere.

Women also talked about a range of other specific areas in which the advice, information and support improved their parenting. Specific areas discussed included, for example, infant settling, bathing and general parent-craft, safe sleeping practices to reduce the risk of Sudden Infant

Death Syndrome, establishing and maintaining routines, understanding of children and realising how each child was different, and connections to programs such as playgroups.

The advice, information and support given by the nurses was particularly beneficial when the women were having problems. Twenty one women spoke about the nurses always being there to offer advice, answer questions and provide support for problems they were having.

> When he was a baby he had a lot of feeding problems, umm and that was just because he was a bit tongue tied and trying to get the right teats. Umm sleeping issues, umm behaviour issues, just anything and I just always had that support and plenty of advice (Ingrid).

They spoke about always having advice, information and support whenever they needed it, were unsure about something, or when they had already tried things that weren't working.

> They made an absolute difference. Got this extra knowledge, yeah, because what I was doing wasn't working (Simone).

They also spoke about how important the visits, and what they learned from them, were to their child's learning and development. They learned the importance of *creating a stimulating environment*, one that provides opportunities and encouragement for a child to learn and explore.

> I didn't realise you had to put children on the floor for them to crawl. I, I'd either leave them in the bed or in a bouncer or whatever, but to actually on the floor to play, and experiment and just little things like that and it's made a big a huge difference with [child's name] impact on her learning and growing I believe (Tessa).

Women spoke about how the nurses provided advice, information and support relating to *management of other children*. For instance, one woman was given parenting books for teenagers and other resources that she found helpful. Another was offered help with speech therapy for her older children. Women with more than one child benefited from advice on how to effectively manage them at the same time.

> Yeah, because I had two and then I didn't know how to handle them both at the same time. I think that that way she gave me advice what to do (Natasha).

Parenting of older children was also improved in other ways. Two women spoke about benefits such as being calmer and more patient when things happened with their older children, and one spoke about how she adapted what she learned through the program to parenting her older child.

## Long Term Impact Post Intervention

For 25 women life just 'moved on' after the intervention finished at child-age 2-years; they either got on with everyday living, discussed by nine women, and/or went back to work or school, or had more children, also discussed by nine women. Nine women felt *able to deal with things* because of the experience they now had as a result of the intervention. They also talked about their *continued use of the program learning and resources*.

> Stuff that I've learnt has stayed in my mind and I'm telling everybody else things. So I'm sure I'm doing it with my, my younger son as well (Carla).

Women spoke about *continued service use*. Seven continued with programs such as playgroups they had been linked with during the intervention. Fourteen maintained contact with services like speech therapy, Aboriginal services, and breastfeeding services. One woman said she had never used services, and another said she found it difficult so hardly ever did. Eleven women did not maintain contact with services. Six of these women did not give a reason. The others said they didn't need them, could not get to them, or, for one woman, she feared her children would be taken away from her if she used services too often.

The program also impacted on women's *parenting of subsequent children*. Sixteen women discussed how the benefits they received from the program flowed through to their parenting of their younger children, talking about remembering what they had learned, being more confident with them, calmer, more assertive, no longer being overprotective, and about how they will now go and seek help if needed.

Although most women spoke positively about the long term impact of the intervention, five women talked about having problems, experiencing *stress and loss of services*. One woman described life as being a little stressful here and there but the others said that for them, life was really difficult and they struggled. One woman reported getting depressed. In particular, once the home visiting program finished, they reported that they could not cope with having to 'go out' to the doctor or clinic and deal with long waiting times.

## Program Logic Based on Women's Perceptions of the Program

The findings are summarised in the logic flow diagram (Fig. 2).

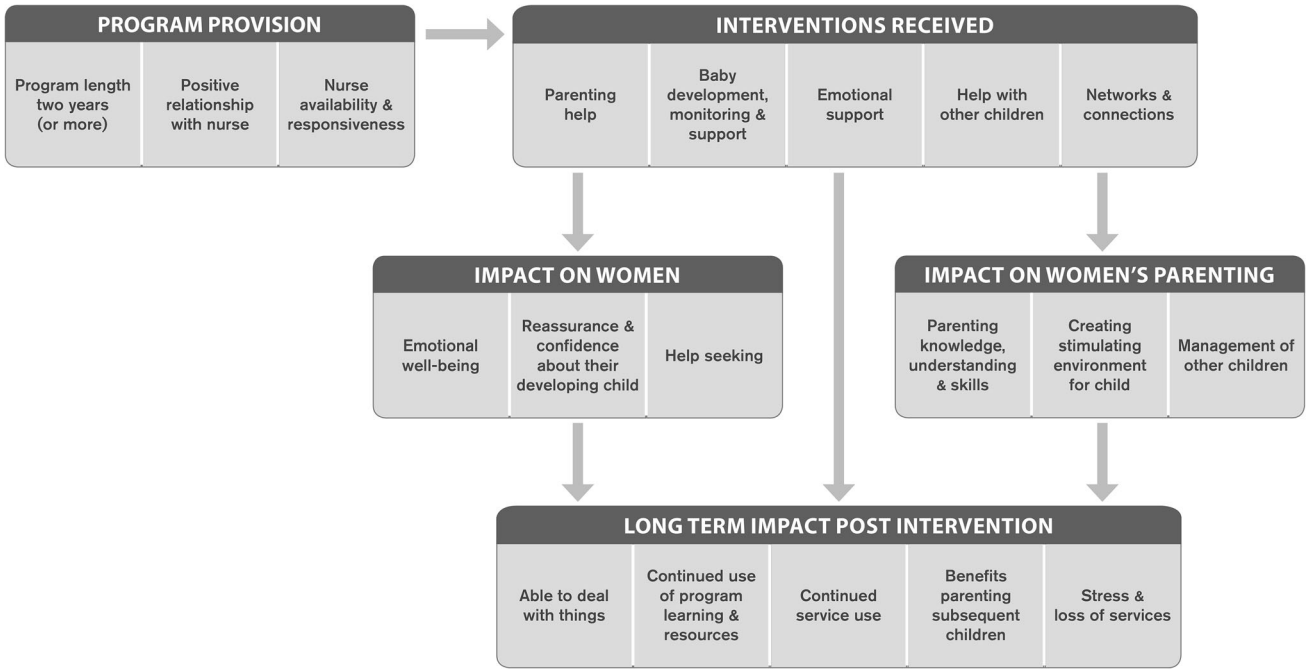



**Fig. 2** Logic flow diagram

Patterns in the ways women spoke about the intervention and its benefits indicated that the program provision formed the basis for the delivery of interventions perceived by the women to impact on themselves and their parenting at the time and over the subsequent years of parenting. This 'flow' is illustrated, for example, in a quote from Tessa who identified how the nurse availability facilitated the provision of parenting help with breastfeeding, resulting in improved emotional well-being and confidence.

> Through MECSH, I had two children previous so I was never able to breastfeed and I had a lot of stress in that way……but with her I persisted for 5 months and that was purely because I had [nurse's name] who came to me….And she helped me and persisted with me…and she really helped me lift, and gave me confidence (Tessa).

## Discussion

This study explored women's views as they reflected on their receipt of the MECSH program and its impact on themselves and their parenting in the years prior to school. Importantly, unlike most studies conducted concurrently with program provision, this study included women who had received the program to varying extents. However, the study participants were women with whom contact was able to be maintained for 5 years, and hence may not be fully representative of the client group for home visiting services.

Based on the positive relationship with the nurse, with adequate time, availability and responsiveness, the women reported receiving a comprehensive intervention consistent with the MECSH program model (Fig. 1). Women received help and support for their own and their child's health and well-being, and their child's development. They valued having networks with other parents and connections to services to source additional support in response to need for both the baby in the program and their other children. The logic flow diagram (Fig. 2), illustrates how the program provision and interventions supported women to achieve many of the program goals. Women particularly noted impacts on their own emotional well-being and ability to care for themselves, their capacity and confidence to interact with their children in developmentally supportive ways, and their relationships with other families and services.

Other studies have highlighted the critical role that fostering a positive relationship between the woman and nurse has on successful program provision. Similarly to other studies [7, 10], the women in this study framed their positive relationship with the nurse as akin to other relationships positively viewed by society, but not necessarily personally experienced, such as ideal mother figure, sister or friend. This positive relationship formed the platform for successful impacts for the women and their parenting. The relationship with the nurse experienced in this study was similar to that noted by DeMay [9]: 'although mothers

found information and support helpful, it appears this had to be done within the context of a respectful, nonjudgmental relationship.' Adequate program duration and nurse availability and responsiveness were also identified as key program elements. Women valued support being available when and where (in the home) needed, resulting in reassurance and confidence. Other studies have noted the importance to women of regular visitor engagement, accessibility, and response to help when needed [9, 10].

Women in this study reported that the program had important impacts on their emotional well-being and confidence as a parent. Butcher et al. [20], in their study of a home visiting intervention by educational psychologists for families experiencing parenting difficulties, noted that 'The part which met the parent's emotional needs, in addition to the children's, seemed to be the critical part that made the parent perceive it as "really good".' Reassurance and positive reinforcement have also been linked to program success [9, 10]. Landy et al. [10] noted that women found the expert information and parenting advice of the nurse to be reassuring, as did women in this study. Other studies have not reported an impact on women's help seeking behaviour. This absence of reported findings in this area may be because those studies were focused on reporting the relationship between the woman and nurse, but may also be because other programs, which are not embedded in service systems, may not have such an explicit focus on linking families into other services.

The participating women placed value on the impact of the program on their parenting knowledge, understanding and skills, as noted in other studies [9, 10]. They also valued the support for creating a stimulating environment for their child, which is a key component of the Learning to Communicate child development parent education program included in MECSH (Fig. 1). Women in this study did not identify particular developmental benefits of the program for their children, however, it should be noted that the interview questions were focussed on women's perceptions of the impact of the intervention on them and their parenting, rather than the impact on their child. This study also found the intervention positively impacted on the women's parenting of their older children. Unlike the MECSH program, many home visiting programs implemented worldwide focus on primiparous women (notably Nurse Family Partnership, [21] ), and thus do not support parents in managing older children. This positive impact of MECSH suggests that programs for multiparous women can have multiplying benefits beyond those of programs focused solely on first-time parenting.

Unique to this study was the investigation of women's perceptions of their life post intervention. Women discussed the value of the program in their ongoing parenting and described the ways they continued to positively apply their learnings from the MECSH program. For a small number of women however, the ending of the program was associated with, as described by Butcher et al. [20] 'as sense of abandonment and loss'. In addition, ten women felt that the program should have run for longer than 2 years. Some consideration may need to be given to some flexibility in program duration to cater for women who may need longer to reach the level of self and parenting confidence needed to positively exit the program. Overall, however, the women's interviews reflected positive impacts on not just themselves and their parenting abilities at the time of program participation, but highlighted how the program had far reaching effects, extending beyond the intervention period itself. The program helped the women in parenting not only their MECSH program child but also in parenting older and younger children during the intervention period, and beyond.

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**Compliance with Ethical Standards**

**Conflicts of interest** The authors declare no conflicts of interest.

## References

1. Gomby, D. S. (1999). Understanding evaluations of home visitation programs. *Future of Children, 9*(1), 27–43.
2. Gomby, D. S., Larson, C. S., Lewit, E. M., & Behrman, R. E. (1993). Home visiting: Analysis and recommendations. *Future of Children: Home Visiting, 3*(3), 6–22.
3. Kitzman, H. J., Cole, R., Yoos, H. L., & Olds, D. (1997). Challenges experienced by home visitors: A qualitative study of program implementation. *Journal of Community Psychology, 25*(1), 95–109.
4. Kardamanidis, K., Kemp, L., & Schmied, V. (2009). Uncovering psychosocial needs: Perspectives of Australian child and family health nurses in a sustained home visiting trial. *Contemporary Nurse, 33*(1), 50–58.
5. Sawyer, M. G., Barnes, J., Frost, L., Jeffs, D., Bowering, K., & Lynch, J. (2013). Nurse perceptions of family home-visiting programmes in Australia and England. *Journal of Paediatrics and Child Health, 49*(5), 369–374.
6. O'Brien, R. A., Moritz, P., Luckey, D. W., McClatchey, M. W., Ingoldsby, E. M., & Olds, D. L. (2012). Mixed methods analysis of participant attrition in the Nurse Family Partnership. *Prevention Science, 13*(3), 219–228.
7. Brookes, S. J., Summers, J. A., Thornburg, K. R., Ispa, J. M., & Lane, V. J. (2006). Building successful home visitor–mother relationships and reaching program goals in two Early Head Start

programs: A qualitative look at contributing factors. *Early Childhood Research Quarterly, 21*(1), 25–45.
8. Jack, S. M., DiCenso, A., & Lohfeld, L. (2005). A theory of maternal engagement with public health nurses and family visitors. *Journal of Advanced Nursing, 49*(2), 182–190.
9. DeMay, D. A. (2003). The experience of being a client in an Alaska public health nursing home visitation program. *Public Health Nursing, 20*(3), 228–236.
10. Landy, C. K., Jack, S. M., Wahoush, O., Sheehan, D., & MacMillan, H. L. (2012). Mothers' experiences in the Nurse Family Partnership program: A qualitative case study. *BMC Nursing, 11*, 15.
11. Kitzman, H. J., Olds, D. L., Cole, R. E., Hanks, C. A., Anson, E. A., Arcoleo, K. J., et al. (2010). Enduring effects of prenatal and infancy home visiting by nurses on children: Follow-up of a randomized trial among children at age 12 years. *Archives of Pediatrics and Adolescent Medicine, 164*(5), 412–418.
12. Eckenrode, J., Campa, M., Luckey, D. W., Henderson, C. R., Jr., Cole, R., Kitzman, H., et al. (2010). Long-term effects of prenatal and infancy nurse home visitation on the life course of youths: 19-year follow-up of a randomized trial. *Archives of Pediatrics and Adolescent Medicine, 164*(1), 9–15.
13. Kemp, L., Harris, E., McMahon, C., Matthey, S., Vimpani, G., Anderson, T., et al. (2008). Miller early childhood sustained home-visiting (MECSH) trial: Design, method and sample description. *BMC Public Health, 8*, 424.
14. Kemp, L., Harris, E., McMahon, C., Matthey, S., Vimpani, G., Anderson, T., et al. (2011). Child and family outcomes of a long-term nurse home visitation program: A randomised controlled trial. *Archives of Disease in Childhood, 96*(6), 533–540.
15. Kemp, L., Harris, E., McMahon, C., Matthey, S., Vimpani, G., Anderson, T., et al. (2013). Benefits of psychosocial intervention and continuity of care by child and family health nurses in the pre and postnatal period: Process evaluation. *Journal of Advanced Nursing, 69*(8), 1850–1861.
16. Altheide, D. L. (1987). Ethnographic content analysis. *Qualitative Sociology, 10*, 65–77.
17. Morgan, D. L. (1993). Qualitative content analysis: A guide to paths not taken. *Qualitative Health Research, 3*, 112–121.
18. Zhang, Y., & Wildemuth, B. M. (2009). Qualitative analysis of content. In B. Wildemuth (Ed.), *Applications of social research methods to questions in information and library science* (pp. 308–319). Santa Barbara, CA: Greenwood Press.
19. Sandelowski, M. (2000). Focus on research methods: Whatever happened to qualitative description? *Research in Nursing & Health, 23*, 334–340.
20. Butcher, R. L., & Gersch, I. S. (2014). Parental experiences of the "Time Together" home visiting intervention: An attachment theory perspective. *Educational Psychology in Practice, 30*(1), 1–18.
21. Olds, D., Kitzman, H., Cole, R., & Robinson, J. A. (1997). Theoretical foundations of a program of home visitation for pregnant women and parents of young children. *Journal of Community Psychology, 25*(1), 9–25.