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Short Communication Open Access

## Home Visit: Benefits for Early Child Development

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## **Short Communication**

Interventions in favour of early child development is so important for all future, involving benefits for health, learning, school success, autonomy, economic and social participation [1]. Early life experiences are very important to the configuration of brain functions, and the attention focused on early events is fundamental, which is crucial to establishing a solid development [2].

An evidence reviewed indicated that early child development can be refined through interventions, such as parenting support and preschool context, with intense consequences for child in vulnerable situation, collaborating to reduce inequalities related to poverty, poor nutrition, and limited learning opportunities [3]. A large review of evidence showed that environment adverse conditions can take up to the child brain modifications, especially when children suffer maltreatments and extreme psychosocial deprivation, in family or institutional contexts [4]. The relevant solution including early intervention to overcome difficulties and neurodevelopmental consequences associated with these problems is attended with public health actions [4].

In the context of child health, home visiting is identified as a tool aimed at the promotion of health to achieve a healthy growth and development [5,6]. The present short communication is a brief comment about the current literature on home visiting, focusing on the contributions of nurses for maternal and child health in general, and the repercussions on early childhood development.

In this field, different studies bring the benefits of home visiting by nurses for vulnerable families [7], young mothers [8], teen mothers [9], and to prevent birth outcomes - preterm and low birth weight [10].

Studies about the benefits of home visiting address the experiences of nurses with mothers and child health, improving maternal life course [11], providing support [12], developing parental skills and positive maternal-child interaction [5]. Another study denoted that mothers are emotionally and verbally more responsive during the first two years of their children and the duration of breastfeeding longer, in comparison with those mothers who did not regularly receive such visits and did not show good performance [13]. Also, home visiting by nurses is so relevant to improve health care and better indicators relating to pregnancy, prenatal care, child's health and development, contributing to reduce risks of mortality in contexts of adversity [14].

The actions of nurses in home visits are focused on protective measures of child health and development, observation and intervention for child care at home, and to arrest situations of rights violation [6]. Public Health Nurses (PHN) can organize and provide home visits offering social, emotional, educational, and health care support to mothers and children [9], and it was found that PHN present depth and intense partnership with mothers [8]. A qualitative

study based on mothers' interviews emphasized the promotion of child health care at home, highlighting the following aspects: parents presence and engagement, adult constant surveillance, quotidian experiences to stimulate child development, and support networks for child health care [15]. On the other hand, there are aspects that can generate obstacles for child safety at home, such as mothers' restricted vision of child development, overprotection and difficulties to set limits [15]. In this perspective, it is relevant to stay very close to families to support and provide better parenting practices in daily care at home.

Furthermore, home visiting in a context for health advocacy is a fundamental tool for clinical practice in primary health care, constituting a privileged space for health professionals to put into action the integral health care, producing benefits for child, family and community [6]. Then, it is important to emphasize the knowledge of rights by all health professionals to improve the capacity of care [16], to understand the principles of child health rights [17], to contribute amplifying the way that families recognize child rights [18], and to comprehend the benefits for clinical practice [19]. Empowering caregivers and families is relevant to strengthen their child care skills and to promote child defense attitudes [20]. In this sense, nurses represent a mediator figure, contributing to promote and guarantee the right to health [20].

Parents, caregivers, family, health professionals and community can exert a fundamental role to promote adequate experiences for children. In this way, government and civil society members can work with families to provide equitable access and to influence the rearing environments, achieving significant impact on child development [1].

In addition, maternal mental health and early parenting in improving the future child mental health are so important, and these issues have to be present during the perinatal period and child follow up, with interventions to support parents, parenting and the parent-infant relationship [21].

It is important that child health is guided by the growth and development follow up, and nurses' interventions are essential to stimulate the production of statements, to encourage mothers and families narratives, to identify positive experiences, to know the choices and decision making, to confirm positive virtues [22], contributing to improve child care and development in the context of home visiting.

The Knowledge of early child development is a source of innovative approaches to improving child health, community-based health workers programs, and studies exploring effects of early life adversity that can benefit more effective policies, social programs and services. In this way, home visiting with nurses is an interesting public health strategy, recognizing the importance of assessment of children, families and communities' needs, connecting actions, providing resources and promoting early childhood development, especially those working with

families in contexts of adversity. Thus, home visiting strategy can contribute in a valuable way to health promotion, disease prevention, treatment and health recovery.

## References

- Irwin LG, Siddiqi A, Hertzman C (2007) Early child development: a powerful equalizer. Final report to the World Health Organization's Commission on Social Determinants of Health.
- Fox S, Levitt P, Nelson CA (2010) How the timing and quality of early experiences influence the development of brain architecture. Child Dev 81: 28-40.
- Engle PL, Fernald LCH, Alderman H, Behrman J, O'Gara C, et al. (2011) The Global Child Development Steering Group. Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. The Lancet 378: 1339-1353.
- Bick J, Nelson CA (2016) Early adverse experiences and the developing brain. Neuropsychopharmacology 41: 177-196.
- Henderson S (2009) Community Child Health (CCH) nurses' experience of home visits for new mothers: a quality improvement project. Contemp Nurse 34: 66-76.
- Andrade RD, Santos JS, Maia MAC, Silva MAI, Veríssimo MLÓR, et al. (2015) Home visit: care technology used by nurses to advocate for child's health. Texto contexto-enferm 24: 1130-1136.
- Sawyer MG, Frost L, Bowering K, Lynch J (2013) Effectiveness of nurse home-visiting for disadvantaged families: results of a natural experiment. BMJ Open 3: e002720.
- Dmytryshyn AL, Jack SM, Ballantyne M, Wahoush O, MacMillan HL (2015) Long-term home visiting with vulnerable Young mothers: an interpretative description of the impact on public health nurses. BMC Nurs 14: 12.
- Schaffer MA, Goodhue A, Stennes K, Lanigan C (2012) Evaluation of a public health nurse visiting program for pregnant and parenting teens. Public Health Nurs 29: 218-231.
- Ichikawa K, Fujiwara T, Nakayama T (2015) Effectiveness of home visits in pregnancy as a public health measure to improve birth outcomes. PLoS One 10: e0137307.
- Olds DL, Kitzman HJ, Cole RE, Hanks CA, Arcoleo KJ, et al. (2010) Enduring effects of prenatal and infancy home visiting by nurses on

- maternal life course and government spending: follow-up of a randomized trial among children at age 12 years. Arch Pediatr Adolesc Med 164: 419-424.
- Landy CK, Jack SM, Wahoush O, Sheehan D, Macmillan HL (2012) NFP Hamilton Research Team. Mothers' experiences in the Nurse-Family Partnership program: a qualitative case study. BMC Nurs 6: 11-15.
- Kemp L, Harris E, McMahon C, Matthey S, Vimpani G, et al. (2011) Child and family outcomes of a long-term nurse home visitation programme: a randomised controlled trial. Arch Dis Child 96: 533-540.
- Olds DL, Kitzman H, Knudtson MD, Anson E, Smith JA, et al. (2014) Effect of home visiting by nurses on maternal and child mortality: results of a 2-decade follow-up of a randomized clinical trial. JAMA Pediatr 168: 800-806.
- Mello DF, Henrique NCP, Pancieri L, Veríssimo MLOR, Tonete VLP, et al. (2014) Child safety from the perspective of essential needs. Rev Lat Am Enfermagem 22: 604-610.
- 16. Denvir C, Balmer NJ, Pleasence P (2013) When legal rights are not a reality: do individuals know their rights and how can we tell? J Soc Welf Fam Law 35: 139-160.
- Streuli JC, Michel M, Vayena E (2011) Children's rights in pediatrics. Eur J Pediatr 170: 9-14.
- Kelly M, Jones S, Wilson V, Lewis P (2012) How children's rights are constructed in family-centred care: a review of the literature. J Child Health Care 16: 190-205.
- Oberg CN (2012) Embracing international children's rights: from principles to practice. Clin Pediatr (Phila) 51: 619-624.
- Ventura CAA, Mello DF, Andrade RD, Mendes IAC, et al. (2012) Nursing partnership with users in the defense of SUS. Rev Bras Enferm 65: 893-898.
- Barlow J, McMillan AS, Kirkpatrick S, Ghate D, Barnes J, et al. (2010) Health-led interventions in the early years to enhance infant and maternal mental health: a review of reviews. Child and Adolescent Mental Health 15: 178-185.
- Mello DF, Lima RAG (2009) Technical attainment, practical success and practical knowledge: hermeneutical bases for child nursing care. Rev Lat Am Enfermagem 17: 580-585.