

Information- and advice-seeking for self-care for women from pregnancy into early motherhood: Have community pharmacists more to offer?

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Health Policy

- Increasing support for self-care¹
 - “The choices people make and the actions people take on their own behalf in the interest of maintaining their health and well-being”
- 90% of all health care episodes include self-care
- Children’s NSF²:
 - Recommends that: “Children, young people, their parents or carers and health professionals in all settings, make decisions about medicines based on sound information about risk and benefit”*
- New contract for community pharmacy³
 - Support for self-treatment as an ‘essential service’
 - Expansion of minor ailments schemes

¹DH 2003, Principles of Self-care In: Essence of Care 2003

²DH 2004, Children’s NSF, Standard 10: Medicines management for children

³DH 2005 *Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions*

THE ENGLISH HOUSE-WIFE,

Containing the inward and outward
Vertues which ought to be in a
complete Woman.

As her skill in Physick, Surgery, Cookery,
Extraction of Oyles, Banqueting Ituffe, Ordering of
great Feasts, Preserving of all sorts of Wines, Conceited Se-
crets, Distillations, Perfumes, ordering of Wooll, Hempe, Flax,
making Cloth, and Dying : the knowledge of Dayries, Office of
Making, of Oates, their excellent uses in a Family, of
Brewing, Baking, and all other things belonging
to an Household.

A Worke generally approved, and now the fifth time much
augmented, purged and made most profitable and necessary for
all men, and the generall good of this Kingdome.

By G. M.



LONDON,

Printed by *Anne Griffin* for *John Harrison*, at the Golden
Vnicorne in Pater-noster-row. 1657.

Mothers and self-care: research

- Extensively studied but limitations:
 - Retrospective
 - Selected information sources – limited exploration
 - Non-UK
 - Pre- advances in information technology
 - Older children
- Pregnancy and post-birth
 - Among young adults, young mothers more independent in own self-care¹
 - This period = exposure to new symptoms & problems
 - Many ‘channels’ of information available to this group

¹ Gray, 1999



Prospective, Qualitative Study

- Aim

Investigate the information- and advice-seeking behaviours of women progressing from pregnancy onwards for themselves before and after the birth, and for their infants

- Participants

- similar EDDs, single NHS Trust
- 7 primipara and 13 more experienced mothers with ≥ 1 child
- aged 16 – 42 years
- range of profiles

- Data

Diary-keeping for three 2-week periods:

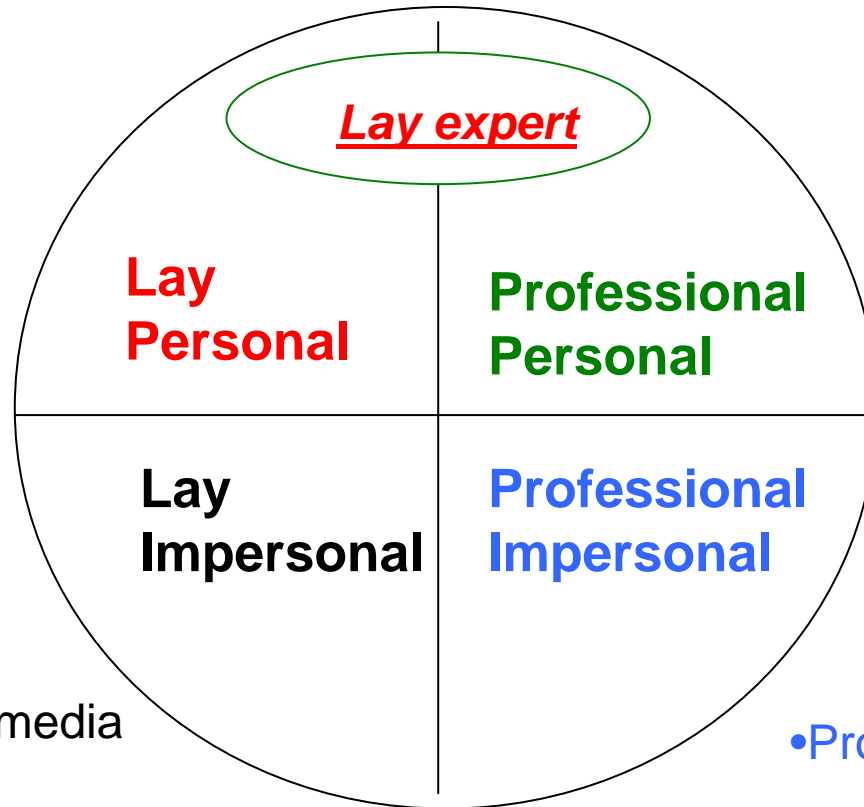
- third trimester
- three months post birth (mother and baby)
- eight months post-birth (mother and baby)

Diary entries explored in follow-up interviews, all data transcribed.

Example Channels

- Mother
- Partner
- Friends
- Help groups
- Sister
- Shop staff
- Strangers
- SELF

- Books
- Magazines
- Broadcast media
 - TV
 - Radio
- Advertising
- Packaging
- Internet



- Specialist e.g.
- Midwife
 - Health Visitor
 - Hospital doctor

- Generalist e.g.
- GP
 - Practice Nurse
 - Pharmacist
 - Optician
 - Dentist

- Professional books
 - The Pregnancy Book'
 - 'Birth to Five'
 - Bounty Book
- NHS Direct website

Third trimester

- Problems reported on ~2/3 days
 - 2 x rate reported in non-pregnant women
 - E.g. tiredness, sleeping, discomfort, backache, haemorrhoids
- Key themes:
 - **Preparation** for anticipated events
 - Understanding of **normality** of any symptoms, and **healthy development** of the baby.
 - **Responsibility** for the new life: **prioritisation** of the baby's health over their own
- Key channels: a wide range
 - Overall: Self-decision making, midwife, professional books and 'FPC' (*friends pregnant or having children*).
 - Primiparas: more channels including impersonal channels.
 - Altered access since earlier in pregnancy (e.g. maternity leave)

Three months post-birth

- ~1/2 days in each diary
 - Women: Tiredness, headache, backache, menstrual problems
 - Infants: Feeding, teething, crying, runny nose, wind/colic, cough, sleeping

- Key themes:
 - Continued **prioritisation** of the infant's health
 - **Lack of 'time for me'**.
 - Development of '**Self as expert**'

- Key channels: Emphasis on personal channels
 - Women: Self, woman's mother, partner
 - primiparas also report GPs
 - Infants: Self, Health visitor, woman's mother, FPC
 - Primiparas greater number and use of channels, including professional books and community pharmacy.

Eight months post-birth

- $1/2$ days in each diary
 - Similar numbers of different problems noted as 3 months
 - Women: tiredness, headache, cold/cough, sore throat
 - Infants: teething, sleeping, nappy rash
- Key themes:
 - Mothers '**back to normal**'.
 - More **relaxed** attitude to care for infant - increased **knowledge** of normal behaviour.
 - Increasing **self-sufficiency** among primiparas
- Key channels: Increased self-sufficiency, lower use overall
 - Women: Self and more professionals, primiparas little different
 - Infants: Self, some Health visitor, also GPs and friends
 - primiparas greater GP also packaging, lay personal contacts.
 - Changing circumstances affect access (e.g. return to work)

Channel use: *perceived* attributes

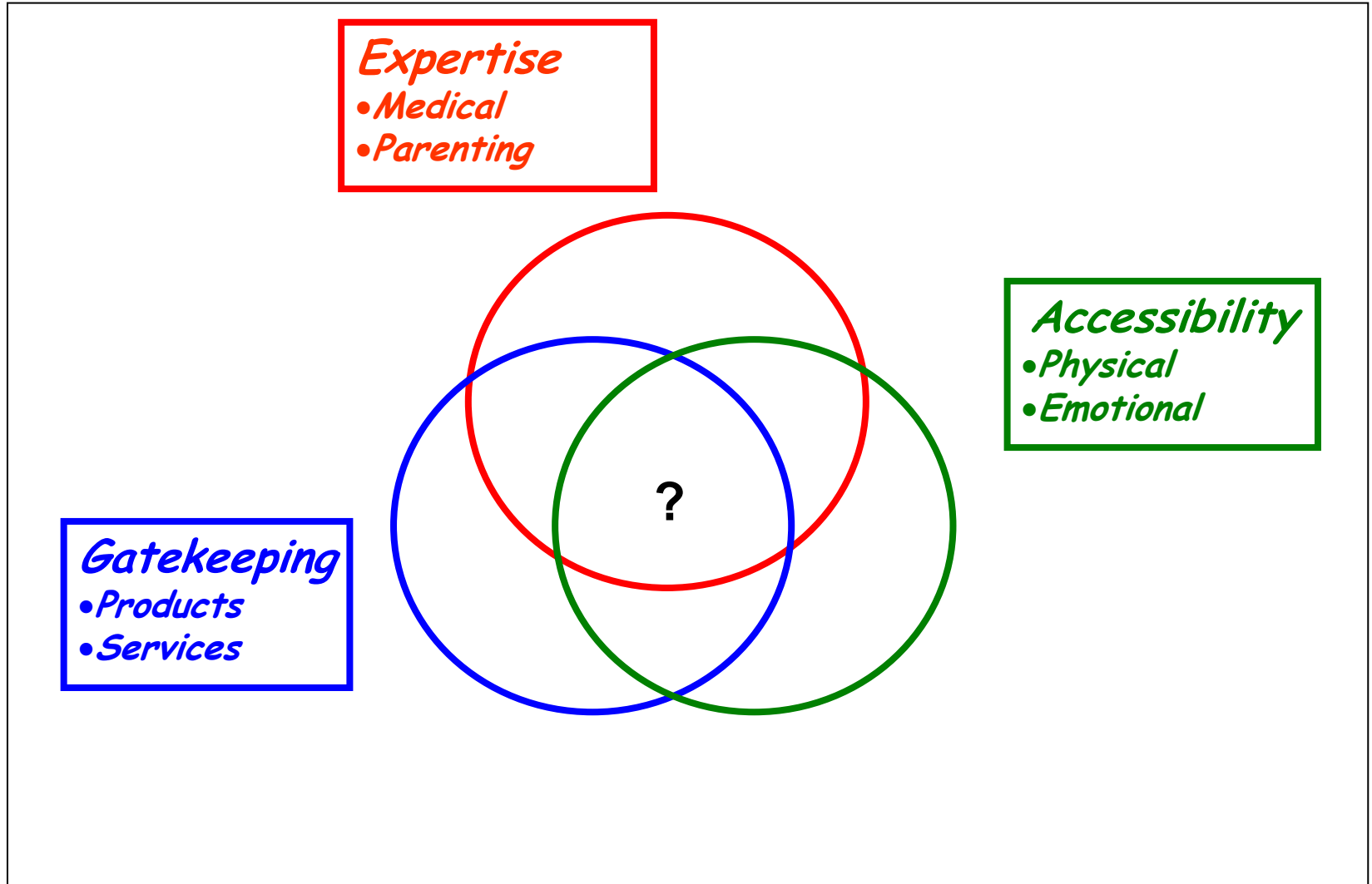
- Expertise
 - Healthcare knowledge and training
 - Parenting experience
 - Relevancy to issue
 - Recency
 - ‘Lay experts’

- Accessibility
 - Physical: location, hours available, need for appointments, ‘seeing anyway’,
 - Emotional: anticipated empathy and prioritisation of the problem

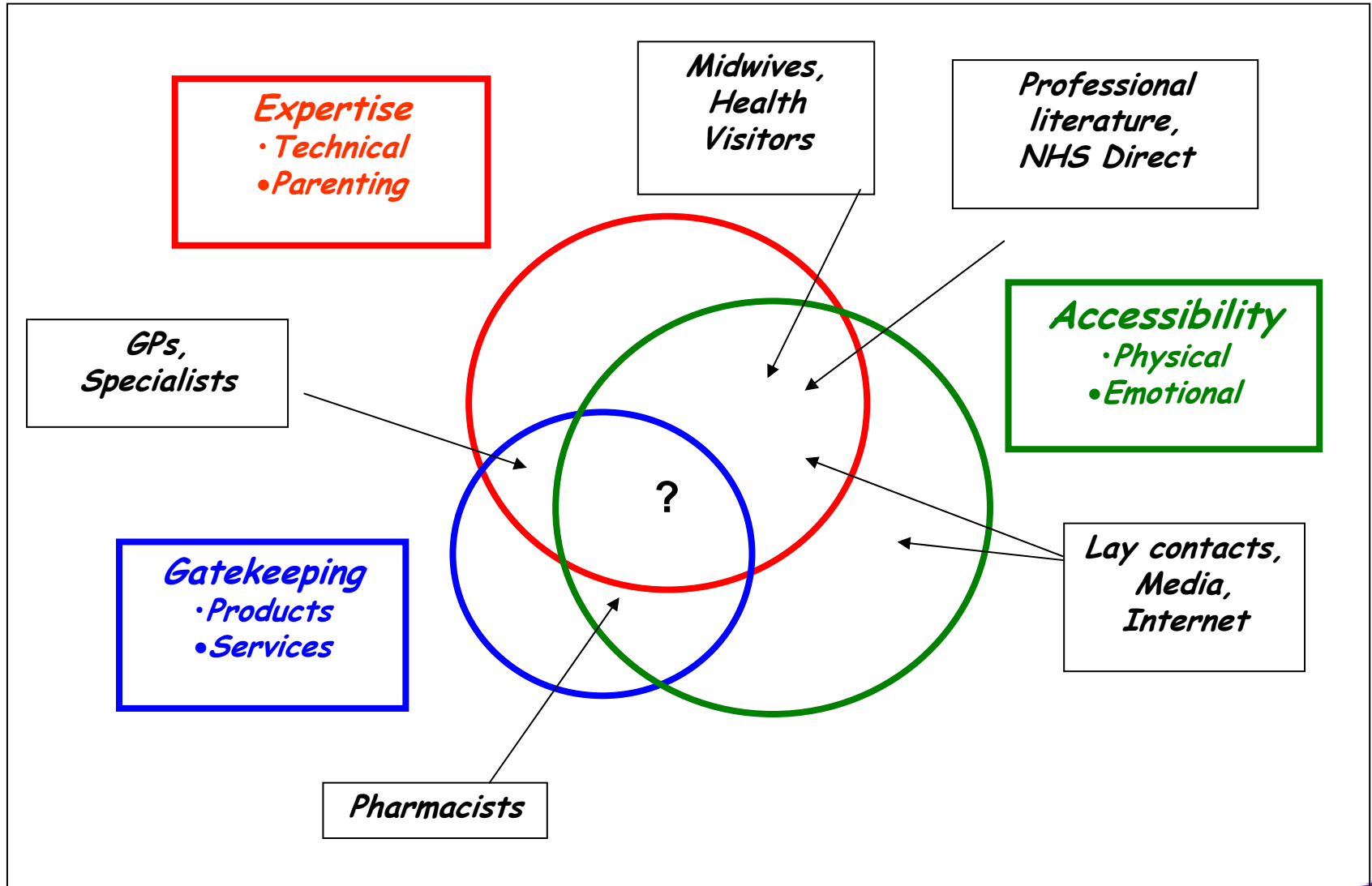
- Gatekeeping
 - Advice while obtaining provision of products or services

Perceptions changed with time: personal circumstances, problems, experience

Attributes



Channels: Perceptions and potential



Medicines and pharmacists

- All used medicines at each time point
- All recorded 'no action' for at least one problem
- All used pharmacies for Rx or purchases BUT
 - few references to advice given/sought
- When used:
 - Alternative to the doctor
 - Recommendation by other contact
 - To check suitability of pre-selected product
 - More among women with more experience
- Issues:
 - Assumption no medicines safe in pregnancy / breastfeeding – unnecessary suffering?
 - Assumption that complementary remedies must be safe
 - 'Determined purchase'

Discussion:

- Challenges for pharmacists:
 - Greater acceptance by women of expertise
 - Education of women about risk:benefit of self-care products
 - Changes in recommendations
 - Close communication with other health professionals, nationally and locally
 - Increased demands on time and workload

Conclusions

- Many symptoms and problems experienced
- Wide range of information channels used
- Channel use relates to perceptions of expertise, accessibility and gate-keeping
- Community pharmacists have the potential to fulfil all these, but appear under-used?

- Further study:
 - Other carers
 - Low literacy / low health literacy
 - ‘Digital divide’
 - Cultural issues

Acknowledgements

- Professors Judy Cantrill and Peter Noyce
- Royal Pharmaceutical Society of Great Britain
- All those who contributed to the design of the study

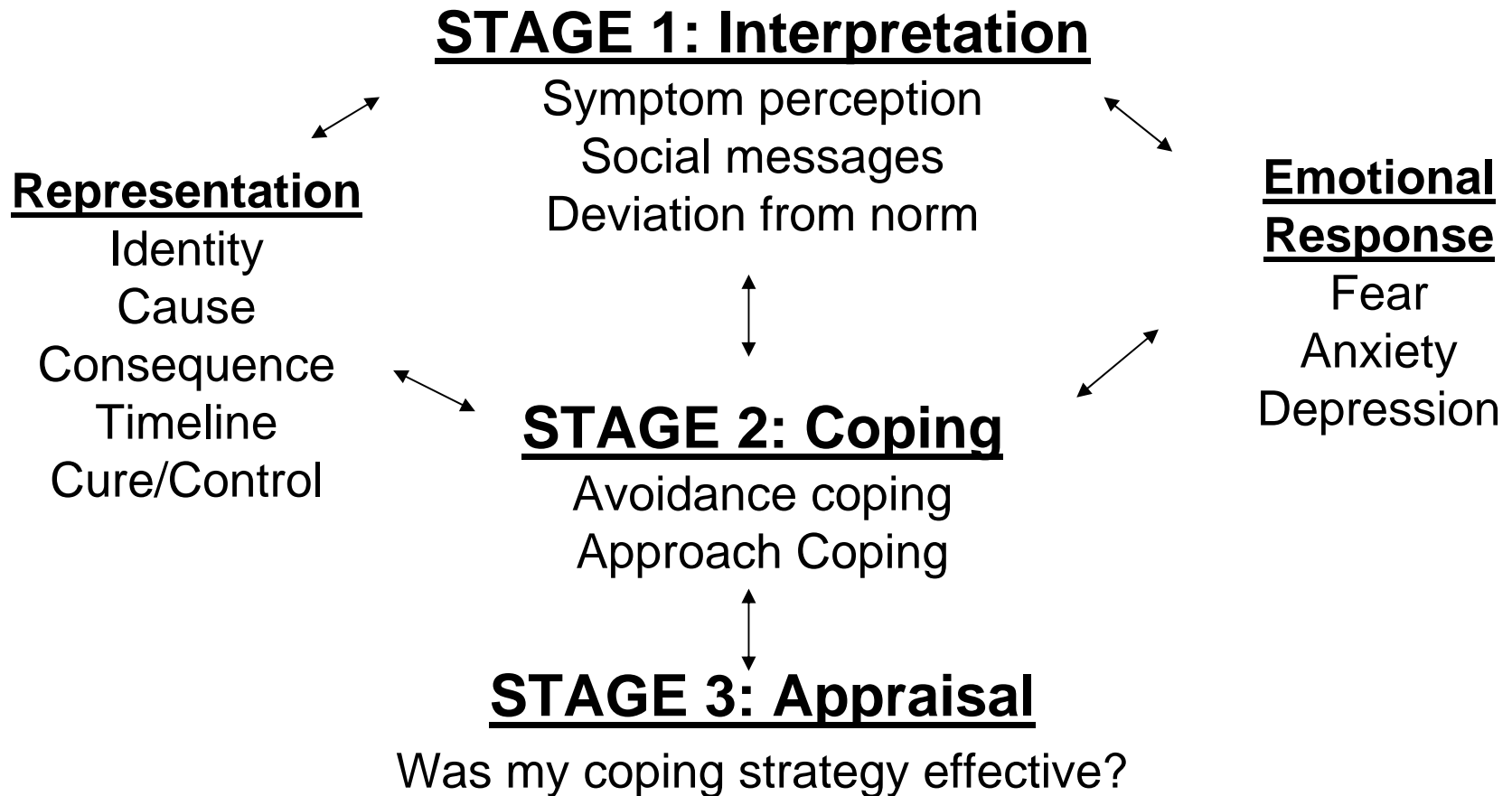
The women who gave up their time to help at this important point in their lives

THANK YOU

Participants

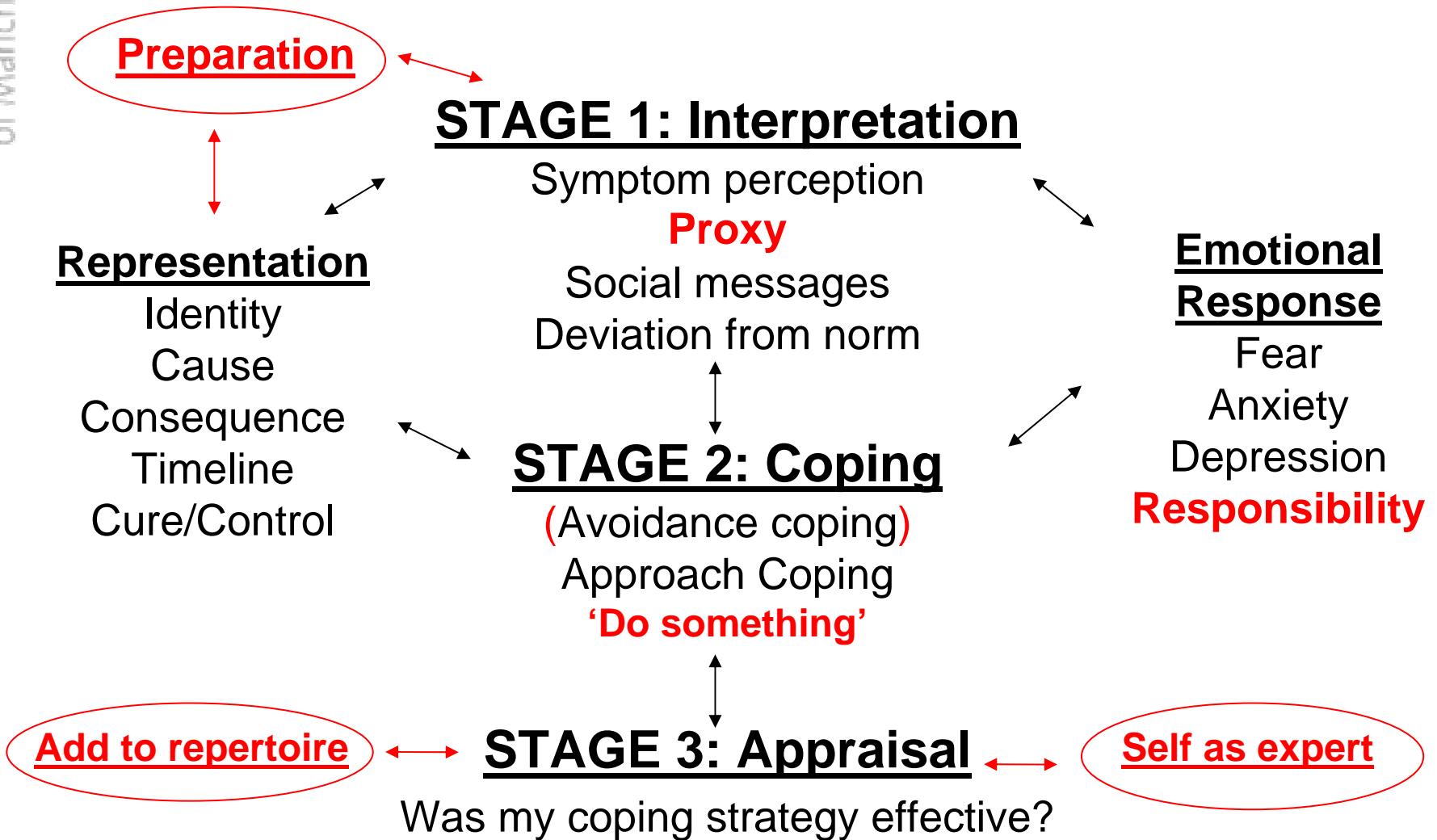
- Mean age 32 years (29), range: 16-41 (16-36)
- General background at recruitment:
 - All living with partner
 - 1 (1) non-White British
 - 2 (1) in Local Authority housing
 - 3 (2) no access to \geq car/ landline phone/ mobile phone / internet
 - 3 (0) not currently employed or in training
 - 3 (1) left school at GCSE level, 12 (3) graduate-level education
- Health/ child care-related
 - 3 (0) health care professionals, 2 (0) education professionals,
 - 3 (1) undergoing training in health/child-care related area
 - 3 (1) planned a home birth
 - 17 (6) intended to breastfeed

Leventhal's self-regulatory model (adapted)¹



¹ Leventhal as cited by Ogden 2004

Women in pregnancy/ for the infant



1 Leventhal as cited by . . .

Channels cited by >1/3

3rd trimester of pregnancy

All

- SELF (>90%)
- Midwife (>90%)

- Professional Books (>60%)
- Friends pregnant or have children 'FPC' (>60%)

- Also: Mother, Partner, Other friends, Help group, TV programme, GP, Other books

Primiparas

- Midwife (>90%)
- Professional Books (>90%)
- SELF (>80%)

- FPC (>60%)

- Over 50%:
 - Help group
 - 'Other' relatives
 - GP
 - Other internet
 - Sales leaflets

- Also: Mother, Partner, TV programme, Other books

Channels cited by >1/3

3 month woman

All

- SELF (>70%)
- Mother (>60%)
- Partner (>60%)

•Also: FPC, GP, Prof. Books

Primiparas

- SELF (>60%)
- Mother (>60%)
- GP (60%)

•Also: Prof. Books, Partner

3 month infant

All

- SELF (>70%)
- H. Visitor (>60%)

- Over 50%
 - FPC
 - Mother
 - Other books

•Also: Other HCP, Prof. Books, Sales leaflet

Primiparas

- Prof. Books (>80%)
- H. Visitor (>80%)

- FPC (>60%)
- Sister (60%)
- Other books (60%)

- >50%
 - Mother
 - Sales leaflet
 - Partner's mother
 - Other relative
 - Other Internet
 - TV programme

•Also: SELF, Help groups, Pharmacist, TV Adverts

Channels cited by >1/3

8 month woman

All

- SELF (>90%)

•Also: GP, H Visitor, Sales leaflet

Primiparas

- SELF (>90%)

•Also: GP

8 month infant

All

- SELF (>90%)

•>50% H Visitor,

•Also: GP, FPC

Primiparas

- SELF (>90%)
- GP (>80%)

•Sales leaflet (60%)

•>50% H Visitor,

•Also: FPC, mother, partner, sister, other relative, TV programme

Findings: Medicines and pharmacists

- Recommendation to ask pharmacist
 - *“... I’d spoken to my sister cos she’d recently been pregnant and she said ‘just go and ask the pharmacist and take whatever they recommend’...”*
(Pregnancy interview, ‘Isabel’, primipara)

- Advice sought on suitability of purchased product
 - *“... I just asked is there a difference between the two [analgesics] because I wouldn’t want to buy both if they were the same thing...”*
(8 months interview ‘Sue’, primipara)

- Alternative to doctor
 - *“...we were actually at my parents, ...which is why we didn’t go to the doctor...”*
(8 months interview, ‘Liz’, mother of toddler)

Findings: Medicines and pharmacists

- Assumption can't take medicines

"... It says on the back of the pack that pregnant women can have up to seven a day ... I only had about five tablets because I was absolutely determined not to have absolutely anything..."
(Pregnancy interview, 'Viv', primipara)

- Purchase without seeking advice on suitability

"...I couldn't find anywhere in the leaflets whether you could take it when you were pregnant and I thought...taking it can't really do much harm, it's all herbal you know ..."
(pregnancy interview, 'Ros', mother of older children)

- Strategies to obtain items ('determined purchase')

"...I got the [branded liquid antacid] they were happy to give me.... The tablets, I buy them at [other pharmacy], I don't think they'd probably sell me them both over the counter at the same time..."
(pregnancy interview, 'Becky', mother of toddler)