

Evaluation of 'Mothers of Rotterdam' program: Care for highly vulnerable pregnant women in the home environment

No registrations found.

Ethical review	Positive opinion
Status	Recruiting
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON27019

Source

Nationaal Trial Register

Brief title

MoR

Health condition

Pregnancy, vulnerability, child development, social problems

Sponsors and support

Primary sponsor: Erasmus University Medical Center

Source(s) of monetary or material Support: Stichting De Verre Bergen

Intervention

Outcome measures

Primary outcome

Mother: a reduction of stress, anxiety, or depression, measured with the Depression, Anxiety,

and Stress Scales (DASS)

Child: the proportion of children with a delay in development measured with the Ages and Stages Questionnaire, at the age of one year.

Provided care: Self-sufficiency of the mother at the end of the social care program, according to the care provider, measured with the Self Sufficiency matrix.

Secondary outcome

Mother: pregnancy outcome, motivation for the social care program, and a safe home environment.

Child: parenting skills, feelings of bonding, and feelings of competence.

Provided care: the number of unexpected escalations; and compliance to the social care program.

Study description

Background summary

In-utero development is the foundation for future development, health and disease. Hardships experienced by the mother (both medical and social), influence the development of the infant. The municipality of Rotterdam (second largest city of the Netherlands) has committed itself to improve the physical and psycho-social situation of highly vulnerable pregnant women, and to improve conditions for a healthy development of the (unborn) child. The “Mothers of Rotterdam” (MoR) study compares a specialized social care (SSC) and an all-round social care (ASC) program regarding their effects on the a) maternal (mental) health; b) infant development; and c) provided care.

The MoR study is a prospective observational cohort study, aiming to include 1122 highly vulnerable pregnant women for the comparison of SSC and ASC. SSC is characterized by long term support (until age 2 of the child) by professionals and low-professionals, with the focus on social care, while stimulating compliance to medical care. ASC is characterized by short-term support (3-9 months), provided by professionals only, with the focus on social care. Data will be collected in mother, child, and care provider(s); regarding maternal health, infant development, and provided care; at nine different time points from pregnancy until the 2nd birthday of their child.

Given that in-utero development is a critical and sensitive period, important opportunities for intervention can also be found during this period. Therefore, the importance of research in the effectiveness of social care programs for this highly vulnerable population cannot be stressed enough.

Recruitment of participants takes place only in Rotterdam, the Netherlands.

Study objective

By providing more intensive social care to highly vulnerable pregnant women, the mother will be more self-sufficient, experiences less stress and the child will develop better, compared to highly vulnerable pregnant women receiving normal social care.

Study design

T0 = baseline

T1 = 6 weeks after start of social care program if participant is still pregnant

T2 = 6 weeks postpartum

T3 = 6 months postpartum

T4 = 12 months postpartum

T5 = 18 months postpartum

T6 = 24 months postpartum

T7 = end of social care program

T8 = 6 months follow-up after end of social care program

Intervention

Specific Social Care (SSC) is a newly developed program, which aims to provide care to the mother (to be) during pregnancy, and will last up to the second birthday of the child.). In general, the program is divided into three main phases: 1) resolving the acute crisis situation, by taking over control; 2) creating ideal circumstances for a safe mother-child attachment, by working together with the mother; and 3) developing parenting skills in the mother, while paying attention to the child's development, and stimulating the mother to actively participate in society, by letting mother act autonomously. SSC not only focusses on the problems in the social domain, but also pays attention to potential problems in the medical domain. The care providers promote a healthy lifestyle as well as regular visits to the obstetric professional during pregnancy, and visits to a general practitioner or specialist when medical complaints exist. Also, they encourage mothers to regularly visit the Preventive Child Health Care (PCHC) centers for the monitoring of health and development of the child. By doing so, the program aims to reduce avoidance of care and promote preventive health behavior.

The intensity of SSC is high at the start (two home visits a week) and decreases over time (one home visit every two weeks). Care is provided by a team of social service professionals and low-professionals (interns in their last year of study). By using these low-professionals,

the costs for this intensive social care program can be reduced, while the professionals keep oversight on the mother, the intern, and the provided care. Furthermore, low-professionals might be perceived as less threatening by the mother, resulting in more trust between mother and care provider.

All-round Social Care (ASC) is the program that was already executed in Rotterdam, which aims to provide social care to all persons with social problems for three to nine months. The methodology of ASC is driven by the request for social support formulated by the client. The care providers are skilled in detecting (potential) problems, while providing basic support and guidance for solving these problems. If necessary, the client is referred to other (social) welfare organizations for additional support. The care of ASC is of average intensity (although tailored to the problems of the client), with approximately one visit every (two) week(s). ASC is delivered by a multidisciplinary team of professionals, allocated in the neighborhood of their clients. With regard to the specific population of highly vulnerable pregnant women, professionals with experience in problems of youth and adults work closely together. All care providers are professionals with an education in social services or behavioral science, with experience in youth or mental health social services.

Contacts

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Eligibility criteria

Inclusion criteria

- pregnant women
- residing in the municipality of Rotterdam
- highly vulnerable as determined during a home visit

Exclusion criteria

Women who do not provide written consent and/or are not sufficiently skilled at understanding one of the provided languages are excluded from the study.

Study design

Design

Study type:	Observational non invasive
Intervention model:	Parallel
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	04-01-2016
Enrollment:	1122
Type:	Anticipated

Ethics review

Positive opinion	
Date:	10-03-2017
Application type:	First submission

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register ID

NTR-new NL6132

NTR-old NTR6271

Other Research Ethics Committee of the Erasmus Medical : MEC-2016-012

Study results