

# Does your child health clinic meet the needs of mothers as well as children?

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**M**OTHERS rather than doctors are the real providers of primary care for the under-fives, yet their needs often go unrecognized. As Strong pointed out,<sup>1</sup> the mother's competence and motivation are normally neither criticized nor commended by the doctor, but simply assumed. In the distracting environment of the child health clinic, where the doctor is constrained by time and crowded developmental schedules, little attention is paid to what the mother says.

Tape recordings of 30 consultations in our own clinic revealed that seven mothers had commented on her own well-being in relation to the child, and a further eight had brought up matters about herself which had little connection with the health of her child. Matters affecting the rest of the family were aired on seven occasions. Apart from allowing these mothers time to ventilate some of their worries, little direct action was taken at the time of the consultation and only two mothers were asked to return for separate consultations.

Despite the opportunity given to mothers to discuss their management problems with health visitors, it is the author's experience that a large proportion of the discussion between mothers and doctors in the clinic is concerned with management. Moreover, the impact of such problems is usually felt throughout the family, and treatment is often dependent on the attitude of other family members.

It is proposed that mothers should be given more time to discuss their difficulties, even if this means curtailing the number and comprehensiveness of developmental checks. Some support for this view was obtained from the responses to a questionnaire given to mothers who attended general practitioner-run child health clinics in inner London, Nuneaton and Andover<sup>2</sup>—responses notable for their uniformity, considering the differences between the areas.

Thus out of 105 mothers, 27 had discussed their own health or well-being with the doctor and a further 18 would have liked to had they been given the opportunity. Similarly, 37 mothers had discussed the health of other family members and seven more wished they could have done so. Forty-six of the mothers had encountered sleeping problems with their child, and 42 had feeding problems. Eleven of the mothers described their children as being 'difficult to manage'.

In a discussion document, the Children's Committee<sup>3</sup> focussed on the type of support required by families in order to complement their own care of their children. The document made the point that now, more than ever before, mothers are likely to suffer from loneliness and isolation in bringing up children. Twenty-eight women out of the sample of 105 mothers did not have a husband or, if they did, did not look to him for help. Only 37 saw their own mothers as a source of help, and 15 said they had no-one in the family to turn to.

One form of support is through the child health clinic, which not only gives access to professional help, but provides a convenient meeting place for mothers. Comments such as 'The clinic offers me reassurance', 'It gives me confidence when I come' were commonplace.

So that we may meet the needs of mothers as well as children, all that is required are the following improvements to existing clinics rather than separate clinics.

1. The doctor will have to restructure the consultation so that he can devote more time to the mother's questions and make active enquiries into the family of which the child is a part. This may entail some pruning of developmental schedules.
2. There should be better provision of changing space, toys and refreshments for those who attend.
3. Mothers need to become involved in the running of the clinic. (In our practice we have invoked the Centre Users' Group to this end.)
4. Self-help groups should be fostered so that there is a pooling of experience among mothers.

Finally, since a mother's needs are inextricably bound up with those of her child, any evaluation of the work of child health clinics has to take both of these factors into account.

## References

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2. Williams PR. *The family doctor and the child health clinic*. *Upjohn Travelling Fellowship Report*. London: Royal College of General Practitioners, 1981.
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