

Case study: Miss Peters

Miss Peters has a little girl who is nearly two years old. She initially came to the health visitor's notice when Sophie was eight months old. At the routine development check, measurements showed that Sophie's head circumference had recently accelerated and crossed its third centile, there also seemed to be a slight amount of frontal bossing, all other aspects of her development were entirely normal. In accordance with policy, Miss Peters was advised to go to her GP and request a paediatric referral, which was subsequently done.

It was shortly after this contact that Miss Peters began attending the GP clinic almost on a weekly basis, each time there were minor worries, one of which was sleep problems where previously none had been mentioned. The health visitor felt that this may be related to the paediatric referral and the appointment that Miss Peters was subsequently waiting for. Therefore the health visitor adopted the approach of listening but not doing any focused work except giving small amounts of behavioural management advice.

Miss Peters repeatedly said that she was not worried about Sophie's head but did keep asking the health visitor to measure it.

This pattern of behaviour carried on for several weeks both from the client and from the health visitor. The health visitor believed that she was acting as an aid to contain the mother's anxieties until after the investigations were complete.

The mother began to look very tired and the health visitor noticed that the sleep difficulties seemed to be getting worse and Miss Peters began to describe friction creeping in between her and her partner as they were both so exhausted.

It was at this point that the health visitor decided that a more in-depth assessment was needed and a home visit was booked which

Miss Peters readily accepted, saying that she couldn't carry on like this.

The health visitor had never been to the home before as she had been away when Sophie was born.

The health visitor booked an hour out of her diary not really sure what she would encounter.

It emerged that Sophie's sleep problems involved her not liking her cot, so the mum had taken the side off and put beanbags beside it in case she fell out. There was disagreement between the parents about how to settle Sophie. Miss Peters' partner had previously been married and had a little girl already, who was 10 years old, who sometimes stayed at weekends. When she was a baby she had always been rocked to sleep and never allowed to cry and the father had taken an active role in this. However Miss Peters was a trained nursery nurse and had worked as a nanny so she knew that this was counter productive, but could not bring herself to let Sophie cry at all.

The health visitor asked the mum to put into words how she felt when Sophie cried, the surprising answer was 'fear'. The health visitor asked 'why?' The mum explained that when she had worked as a nanny, one of the young children she had looked after had a febrile fit whilst asleep in the cot. She imagined that if she let Sophie cry, then something similar might happen.

A long discussion then followed about interpreting Sophie's cries and how skilled she was at doing this and also about febrile fits when they are likely to occur and what action a parent can take to help prevent them. This helped the mum contain her anxieties.

The health visitor then checked to see how Miss Peters was feeling about what had been talked about. Another emotion emerged and

it was orientated around loneliness, isolation and separation. The mother simply said that she didn't like being without Sophie, she was enjoying her so much and she didn't want it to go so fast, i.e. Sophie growing up. The health visitor asked why she thought she felt like that.

The mum explained that her partner was quite a bit older than herself and when she was pregnant he had said that he didn't want any more children after this because he already had a child and two was quite enough. Because of this, Miss Peters felt that she had to hang on to every moment with Sophie. She said that she had felt it very strongly from the moment of her birth to the extent that one of her reasons for breast-feeding was that it excluded anyone else. She also acknowledged that she had actively excluded her partner from Sophie, by refusing his offer of having time off work after her birth so that she could be alone with her.

The other thing that she felt unhappy about, was that Sophie had been born on exactly the same date as her partner's other little girl. This made her feel that Sophie and herself could never have their special day to themselves, it would always have to be shared.

The health visitor listened.

The health visitor tentatively explored whether she could discuss any of this with her partner, to which she said yes, that he was very supportive, but that she hadn't quite realised herself what she was doing or feeling. By verbalising and exploring her fears, Miss Peters could begin to find ways of containing them. As the visit went on she began to see how she was meeting her own needs through Sophie's sleep problems and in order to move on with these she needed to feel happier in herself.

The health visitor and the mum devised a programme to work to over the next few days, it was important that this was realistic and took into account how the mum was feeling. These were trying to share some of what they

had talked about with her partner, looking at settling Sophie without rocking so that when she woke in the night, she would not be alarmed. A review date for ten days was set and the mum was to phone if she needed an earlier contact.

Before the ten days were up, Miss Peters appeared in the clinic. She reported that Sophie had slept through and settled on her own from the first night without any problems. She felt much happier having spoken to her partner and he had said how shut out he had felt and how good it was that she was trying to include him now. She had not just wanted to cancel the visit but to come and tell the health visitor herself. The health visitor said that if she needed a follow up appointment then to please get in touch.

Sophie attended the paediatrician and was checked and all was found to be normal and her head circumference stabilised.

Miss Peters only occasionally went to the clinic after that. Several months ago the health visitor saw her sitting in the antenatal clinic, delighted to be pregnant again and saying that her partner had changed his mind as he was enjoying Sophie so much.