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The virtual infant parenting program

Submission date 01/07/2008	**Recruitment status** No longer recruiting	[_] Prospectively registered [_] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 07/07/2008	**Overall study status** Completed	
Last Edited 30/08/2016	**Condition category** Pregnancy and Childbirth	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
N/A

Study information

Scientific Title
The virtual infant parenting program: a randomised controlled trial

Study objectives

Principal hypotheses:
Relative to the non-intervention arm, participants in the experimental arm of the study will have:
1. A reduction in rates of teenage motherhood
2. A reduction in teenage termination rates
3. Higher self-efficacy to make informed decisions relating to pregnancy by understanding the responsibilities associated with having a child through the virtual parenting experience
4. An increased knowledge and/or use of services and resources related to having a child, in the areas of: nutrition, exercise, immunisation, contraception, body image, sexual and mental health, prevention of injury, smoking, alcohol and illicit drugs, sudden infant death syndrome (SIDS), post-natal depression (PND), breastfeeding, sexually transmitted infections (STIs), economic implications, support network, and brain development

Ethics approval required
Old ethics approval format

Ethics approval(s)
1. The Ethics Committee of the Womens and Childrens Health Service (Australia), 20/02/2003, ref: EC06-108
2. The Department of Health Western Australia - Human Research Ethics Committee, 13/04/2005, ref: 200437

Study design
An intervention trial using a school-based cluster-randomised design

Primary study design
Interventional

Study type(s)
Quality of life

Health condition(s) or problem(s) studied
Pre-conception health promotion

Interventions
The intervention group received the Virtual Infant Parenting (VIP) Program. The VIP Program is an innovative six-day health promotion program delivered in schools where teenage participants learn about pre-conceptual health, pregnancy, childbirth and the practical realities of caring for an infant. One component of the Program is care of an infant simulator over a weekend.

Each student received one VIP intervention held over 6 consecutive days comprised of four education sessions of 60 minutes duration and two-day care of the infant simulator over the weekend. School health nurses implemented the program with groups of five students at a time. The total intervention period within schools was from August 2003 to May 2006.

The control group received no intervention beyond existing school health curriculum.

The duration of follow-up in the intervention and control arms is up to the age of 20 (5 - 7 years follow-up).

Intervention Type

Behavioural

Primary outcome(s)
1. Rates of teenage live births up to the age of 20 as identified by state medical records and tracked through the Western Australian Data Linkage System (WADLS)
2. Rates of teenage termination up to the age of 20 as identified by linkage with state abortion clinics

Measurement of the primary outcome for both arms commenced in December 2006 with the first linkage to the WADLS and will continue to be measured quarterly until December 2011.

Key secondary outcome(s))
1. Pre-conceptual health and risk behaviours:
1.1. Preconceptual health risk behaviours
1.2. Folate supplementation
1.3. Injury prevention awareness
1.4. Immunisation awareness for teenagers
2. Birth and early child health outcomes (after birth of first child):
2.1. Planned pregnancy
2.2. Birthweight
2.3. Percentage expected birth weight (PEBW)
2.4. Apgar Test
2.5. Perinetal health status
3. Maternal health and wellbeing:
3.1. PND (Edinburgh Scale)
3.2. Kessler Psychological Distress Scale
3.3. SIDS risk factor awareness
3.4. Immunisation status
3.5. Breastfeeding
3.6. Awareness and uptake of health and other community supports
3.7. Perceived level of support
3.8. Recall of specific VIP Program elements

Measurement of the secondary outcomes takes place at 6-months post a live-birth in either of the study arms. The method of measurement for the secondary outcomes is face-to-face interview.

Completion date
31/12/2010

Eligibility

Key inclusion criteria
All government and independent schools within the Perth metropolitan area and with a funded school health nurse who had the capacity to conduct health promotion programs were recruited to the study. Individual participants were females aged 13 - 15 years of age (in Year 9 or 10) at the time of recruitment.

Participant type(s)
Other

Healthy volunteers allowed
No

Age group
Child

Lower age limit
13 years

Upper age limit
15 years

Sex
Female

Key exclusion criteria
1. Catholic schools due to a potential conflict of interest in regards to the teaching material
2. Male students were excluded from the study follow-up design
3. Female students who did not consent, or whose parents or guardians did not consent to participate in the study follow-up design

Date of first enrolment
20/02/2003

Date of final enrolment
31/12/2010

Locations

Countries of recruitment
Australia

Study participating centre
Telethon Institute for Child Health Research
Perth
Australia
6008

Sponsor information

Organisation
Telethon Institute for Child Health Research (Australia)

ROR
https://ror.org/01dbmzx78

Funder(s)

Funder type
Government

Funder Name
Healthway Western Australia (Australia) (ref: 11842)

Funder Name
Lotterywest (Australia)

Funder Name
Department of Health in Western Australia (Australia)

Funder Name
Department of Education in Western Australia (Australia)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	05/11/2016		Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes