

Building Villages: New Parent Groups Supporting Families in a Changing World

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Systematic Review

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Abstract

Introduction

New parent groups (NPGs) are widely offered through child and family health services to provide education, peer support, and social connection during the transition to parenthood. Reflecting the notion that “it takes a village to raise a child”, these programs aim to strengthen family wellbeing through supportive networks and shared learning experiences and enhanced social capital.

Aim

The aim of this study is to map and synthesise evidence regarding the role of NPGs in supporting parent infant bonding, social connectedness and parenting confidence during the postnatal period.

Methods

A scoping review was conducted using the Arksey and O'Malley framework as a guide. MEDLINE, CINAHL Ultimate, APA PsycINFO, and Scopus were searched. Studies examining outcomes associated with participation in universal NPGs during early parenthood were included. Findings were synthesised according to parent infant bonding, social connectedness and parenting confidence.

Results

Nine studies (n=9) met the inclusion criteria from a total of 15,971 records screened. Parents described improved wellbeing through increased reassurance, emotional support and reduced feelings of isolation along with enhanced social capital and improved parenting confidence. Parents reported benefits through reassurance, peer learning, normalisation of parenting experiences, and access to professional guidance. Quantitative studies identified associations with higher levels of social capital and wellbeing. Evidence relating to parent–infant bonding was limited and primarily indirect. No eligible studies published after 2018 were identified.

Conclusion

NPGs are a valuable community-based intervention that support parental wellbeing through enhanced social connection and parenting confidence. Contemporary evaluation of universal NPGs is warranted to strengthen the evidence base and inform future service delivery.

Introduction

The transition to parenthood is a significant life event that can influence parental mental health, social connectedness, and the development of the parent-infant relationship. For first-time parents, this transition often involves substantial lifestyle changes, new responsibilities, and uncertainty as they adapt to their new role. During this period, support from family, friends, peers, and health professionals can provide reassurance, practical advice, encouragement, and a sense of belonging (Bunting, 2004; Hanna et al., 2002). The well-known expression “it takes a village to raise a child” reflects the importance of supportive social networks in helping parents navigate the challenges of early parenthood and reducing the isolation that can occur when child-rearing responsibilities are borne alone (Scott et al., 2001).

In contemporary society, many new parents are geographically separated from extended family members or traditional support networks. As a result, opportunities to develop social connections often require deliberate facilitation. Community-based postnatal support programs, including NPGs, supported playgroups, and facilitated parent support groups, have been widely implemented to address this need. These programs create opportunities for shared learning, emotional support, and relationship building, enabling parents to connect with others experiencing similar challenges and

transitions; (Hancock et al., 2015). Through participation in these groups, parents can exchange experiences, develop peer networks, and access both informal and professional sources of support (Jeong et al., 2021).

NPGs, particularly those facilitated by qualified Child and Family Health Nurses, play an important role in fostering social connection and confidence during the postnatal period. By combining peer support with trusted professional guidance, these groups can help parents feel less alone, strengthen community ties, and promote positive outcomes for both parents and infants (Fielden & Gallagher, 2008; Glavin, Tveiten, Okland, et al., 2017). The social networks developed through participation may also contribute to the development of social capital, which has been associated with improved wellbeing and community connectedness.

The importance of such support is underscored by growing concerns regarding loneliness and social isolation among new parents. Evidence suggests that reduced opportunities for social interaction following the birth of a child can contribute to psychological distress and increase the risk of postnatal depression (Adlington et al., 2023). Group-based parenting interventions have been associated with improvements in parental mental health through mechanisms such as emotional support, social learning, and the normalisation of parenting experiences. Studies have also reported reductions in depressive symptoms and improvements in parent-infant bonding following participation in parent-infant group programs (Pratiwi et al., 2023; Shieh et al., 2023).

Social connectedness is increasingly recognised as an important determinant of health and wellbeing. Defined as a person's sense of belonging and connection to others, social connectedness has been associated with improved mental health, reduced social isolation, and enhanced self-efficacy (Plesko et al., 2021). Participation in new parents' groups has been linked to increased social support, the formation of enduring peer relationships, and reduced feelings of isolation (Deadman & McKenzie, 2020). However, variation in how social connectedness is conceptualised and measured presents challenges when interpreting and synthesising the available evidence. Furthermore, there remains limited understanding of how new parents' groups support families from diverse cultural backgrounds, Indigenous communities, and those experiencing socioeconomic disadvantage (Plesko et al., 2021; Plesko et al., 2024).

Despite the long-standing provision of new parents' groups in various formats, including face-to-face and virtual models, understanding their contemporary relevance is increasingly important. As service systems adapt to changing population needs and digital modes of engagement, evidence regarding the effectiveness and value of these programs is needed to inform parental and child health policy, service planning, and resource allocation. Accurate information about participation and outcomes can assist service providers in identifying populations that may be underrepresented, including culturally and linguistically diverse families and Indigenous communities, and in developing more inclusive and culturally responsive approaches to care (Australian Government Department of Health and Aged Care, 2025). At a broader level, such evidence can support monitoring of equity, guide investment in early intervention initiatives, and strengthen continuity of care across the postnatal period.

To date, the evidence regarding the role of NPGs in supporting parental mental health, social connectedness, and parent-infant bonding has not been comprehensively mapped. Therefore, a scoping review is warranted to examine the extent, range, and nature of the available literature. The aim of this review is to map and synthesise existing evidence on the role of NPGs in supporting parental mental health, social connectedness, and parent-infant bonding during the postnatal period. Findings will provide an evidence base to inform service planning, strengthen early intervention strategies, and support the development of responsive parental and child health services for families.

Methods

Design

A scoping review methodology was selected because it enables systematic mapping of available evidence, identification of key concepts, and exploration of knowledge gaps within complex or emerging areas of research (Arksey & O'Malley, 2005; Peters et al., 2020). The review followed the five-stage framework described by Arksey and O'Malley (2005) and incorporated subsequent methodological refinements. Reporting was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018).

Search Strategy

The search strategy aimed to identify published and unpublished literature. Searches were conducted in MEDLINE (OVID), CINAHL Ultimate (EBSCO), APA PsycINFO (OVID), and Scopus. Controlled vocabulary and keyword searching were employed where appropriate. A secondary search of Google Scholar and reference lists of included studies was also undertaken. The final search strategy and study selection process were based on the expanded date range (2000 onwards), which was adopted following the preliminary search.

Defining the research question

The research question guiding this review was: “What is known about the impact of participation in New Parent Groups on parent infant bonding, social connectedness and parenting confidence during the postnatal period? (Table 1).

Including the following specific objectives:

- 1. To explore the impact of participation on parent infant bonding.
- 2. To examine evidence of enhancement of social-connectedness attributable to attendance at post-natal New Parent Groups.
- 3. To examine reported impacts on parenting confidence.

Table 1
PCC Framework

PCC Framework		Key Terms
P=Population	New Parents	Parents; caregivers; mother; father
C=Concept	Attendance at NPG	New parent groups
C=Context	Enhanced emotional wellbeing; parent-infant bonding and social connectedness	Emotional wellbeing; Parent-infant bonding; Social connectedness.

Organising and charting the data

Studies published in English were eligible for inclusion. An initial search was conducted using a publication date limit of 2020 onwards to identify contemporary evidence relating to universal new parent groups. However, screening of these records demonstrated that studies published during this period predominantly evaluated targeted therapeutic interventions and did not meet the review inclusion criteria. Consequently, the search was repeated using a broader publication date range from 2000 onwards. Results from both searches were combined and screened in Covidence, with duplicates removed prior to title and abstract screening. The final review was therefore based on studies published between 2000 and 2026. Studies were excluded if they (a) were an opinion article; (b) not a primary study; (c) not able to retrieve full text; (d) duplicate from the included full text articles; (e)having a therapeutic focus; (f) not responding to the research question; or (g) studies published in languages other than English. The inclusion and exclusion criteria were

decided upon through discussions with the research team. The Primary search string is at Table 2. After uploading the studies to Covidence (Veritas Health Innovation, Melbourne, Australia) an initial title and abstract search was conducted. The preliminary search was limited to studies published from 2020 onwards failed to identify any studies meeting the inclusion criteria as retrieved studies primarily focussed on targeted therapeutic interventions. Therefore, the search string was expanded to include studies published from 2000 onwards (Fig. 1) (PRISMA).

Table 2
– Preliminary Search Strategy (2020 – current)

#	Searches	Results
1	parents/ OR fathers/ OR parents/	162047
2	Postpartum Period/	35807
3	Postnatal Care/	7020
4	((new OR "first time") adj5 (Mother* OR Mum* OR father* OR dad OR dads OR parent*)).ti,ab,kf.	12529
5	(postpartum OR postnatal).ti,ab,kf.	217099
6	or/1–5	388503
7	social support/ OR community support/	90292
8	("parent group*" OR "new parent group*" OR "parent support group*" OR "group intervention*" OR "group intervention*" OR "early parenting program*" OR "group based parenting").ti,ab,kf.	6816
9	7 OR 8	96704
10	Mental Health/	79547
11	Depression, Postpartum/pc [Prevention & Control]	1078
12	Anxiety/pc [Prevention & Control]	7256
13	("mental health" OR "postpartum depression" OR "postnatal depression" OR "depressive symptom*" OR anxiety OR wellbeing OR "well being" OR distress).ti,ab,kf.	969371
14	Social Isolation/	18449
15	social support/	90192
16	interpersonal relations/ OR social interaction/ OR Loneliness/	93377
17	("social connectedness" OR "social connection*" OR "social support" OR isolation OR loneliness OR belonging OR "peer connection*" OR "interpersonal relations*").ti,ab,kf.	562926
18	parent-child relations/ OR father-child relations/ OR mother-child relations/	64845
19	((parent* OR father* OR dad OR dads OR Mother* OR Mum) adj5 (bond* OR attachment* OR relationship*)).ti,ab,kf.	32495
20	or/10–19	1654150
21	6 and 9 and 20	10427
22	limit 21 to (english language and yr="2020 -Current")	2593

Study Selection

A total of 15,971 records were identified across two searches, and the results were imported into Covidence, where 3,343 duplicates were removed. Title and abstract screening was undertaken independently by two reviewers. Full texts of 116

studies were assessed for eligibility. Following review, nine studies met inclusion criteria. Disagreements were resolved through discussion and consensus (See PRISMA – Fig. 1).

Data Extraction and Synthesis

Data were extracted using a standardised charting framework. Extracted information included study design, country, population, outcomes examined, and key findings (Table 3). Findings were synthesised descriptively and organised according to four domains:

1. Parental mental health
2. Social connectedness
3. Parent–infant bonding
4. Parenting confidence and self-efficacy

No formal critical appraisal was undertaken, however, methodological characteristics and reported study limitations were considered when interpreting findings (Peters et al., 2020). The attached PRISMA chart (Fig. 1) provides a visual representation of the search and screening process (Tricco et al., 2018). Following both the first and second search, 15971 citations were identified and uploaded into Covidence for screening and 3343 duplicates were removed (Veritas health Innovation, n.d.). The study titles and abstracts were screened for relevance to the study. If they were not relevant, they were excluded at this point. If the screener was unsure or the study was deemed acceptable the studies were accepted for full screening. The relevant studies were retrieved in full, and their citation details imported into Covidence. The full text of 116 citations was assessed in detail against the inclusion criteria by two independent reviewers (SS and YN). A manual search in Google Scholar and thorough examination of the reference lists of the included articles retrieved a further 5 articles which were also screened for eligibility. The reasons for excluding papers which did not meet the inclusion criteria at the full-text stage, were documented as shown in Fig. 1 (PRISMA chart). Disagreements between reviewers during the selection process were resolved through discussion or, if necessary, with the involvement of an additional reviewer to ensure consistency and rigour in the inclusion/ exclusion decision-making. There were seven conflicts in Covidence, attributed to ambiguity around what mainstream health services encompass. These disagreements were resolved through discussion among the reviewers to ensure consistency and rigour in our inclusion decisions. This collaborative approach helped us reach a consensus on all disputed studies, strengthening the reliability of our selection process. At the end of the selection process, 9 full-text articles were identified. The publication dates of the included studies ranged from 2000–2018. Notably, no studies published after 2018 met the inclusion criteria. Although more recent literature was identified, most studies focused on targeted therapeutic interventions rather than universal preventive new parent group programs. This finding suggests a shift in research attention from prevention-oriented community support to treatment-focused interventions. Additionally, this finding may suggest that the value of groups as therapy is well established in the literature.

Collating, summarising and reporting the findings

The included articles were analysed using basic descriptive summaries and these are itemised at Table 3 in the data extraction table. Additionally, an abridged thematic synthesis approach guided both data extraction and analysis of the included studies. This process involved integrating findings across studies to identify common patterns associated with the effects of attending new NPGs. The analysis was shaped by key domains, including parental mental health; social connectedness and parent-infant bonding. Using this adapted synthesis method enabled a structured organisation and interpretation of the data, supporting a comprehensive overview of the existing evidence (Thomas & Harden, 2008).

Findings

The nine included studies comprised four qualitative studies, three quantitative studies, one mixed-methods study, and one realist review. Five studies were conducted in Australia, with the remaining studies undertaken in New Zealand, Sweden, Norway, and Canada. Evidence relating to parental mental health was identified across both qualitative and quantitative studies; however, direct measurement of mental health outcomes were limited. Where assessed quantitatively, participation in New Parent Groups were associated with higher levels of parental wellbeing in three of the included studies. Strange et al. (2016) found that parents who participated in local NPGs reported significantly higher mental wellbeing scores than non-participants, suggesting that participation may contribute positively to parental psychological wellbeing (Guest and Keating, 2008).

This finding is supported by qualitative studies that highlighted the emotional benefits of group participation. Parents in two of the studies described receiving reassurance, validation, and emotional support from others experiencing similar parenting challenges (Glavin, Tveiten, Okland, et al., 2017; Guest & Keatinge, 2009). Participation appeared to reduce feelings of isolation and uncertainty during the transition to motherhood and four studies reported a greater sense of confidence and coping capacity. Parents frequently reported that sharing experiences with peers normalised their concerns and enabled them to feel more secure in their parenting role (Glavin, Tveiten, Okland, et al., 2017; Dorothy Scott et al., 2001).

However, evidence was not universally positive. Hooge et al. (2014) found that although participation in a parenting education program significantly improved parenting knowledge, it did not result in significant improvements in parenting morale. Overall, while direct measurement of parental mental health was limited, the available evidence suggests that parents' groups contribute positively to parental wellbeing through increased social support, reassurance, and confidence.

Table 3
– Data Extraction Table

Author & Year of Publication	Country of Origin	Aim/Purpose	Population/sample size	Methodology	Outcomes	Key Findings
Barrett et al., 2018	Australia, Victoria.	To explore mothers' perceptions of barriers to parent participation in First Time New Parent groups	Purposive sampling of n = 8 first time mothers recruited via mail.	Qualitative, descriptive design employing semi-structured telephone interviews of first-time mothers	Barriers to mothers' attendance at groups included: Non-normative narratives such as having a disabled child, stillbirth; group size and perceived dissonance in parenting ethos.	Recruitment to New Parent Groups requires a multi-faceted inclusive approach to recruitment.
Fielden and Gallagher, 2006	Aotearoa, New Zealand	To identify parent satisfaction with strengths and weaknesses of, opportunities to build social capital enabling them to provide a positive context where their children's social and emotional needs are met	Purposive sampling of (n = 105 parents and (n = 12 staff members of the Plunket Society.	Retrospective descriptive survey using postal questionnaires completed after attendance at either a Your New baby course or the Your Growing Baby Course.	Key outcomes identified that both courses enabled recipients to build strong networks with other parents and within their local community.	With continuing social change, the adage "It takes a village to raise a child" remains a vital consideration to enable children to reach their full potential. Maternal child Health Nurses are in a prime place to foster connection and build social capital among new parents.
Glavin et al., 2016	Norway	To explore mothers' experiences as participants in maternity groups as well child clinics.	Focus group interviews including (n = 8) focus groups containing (n = 30) mothers.	Qualitative Study using a semi-structured interview guide and audio recording of the interviews. Data were analysed using an interpretive descriptive approach.	The key outcomes from this study were: fellowship with other mothers; networks that lasted providing ongoing social capital; increased confidence in mothering and the overall salutogenic effect of being part of the groups.	The key finding was the overall salutogenic impact of attending a parenting group. This included fellowship among the attendees; enhanced social support and social capital as well as the access to expert information from the staff.

Author & Year of Publication	Country of Origin	Aim/Purpose	Population/sample size	Methodology	Outcomes	Key Findings
Guest and Keating, 2009.	Australia, NSW.	To explore the impact of participation in a new parent group on attendees and Nurse Facilitator as well as the relationship between mother and child.	New Parent Group including (n = 4) mothers and (n = 1) father.	A qualitative case study approach was taken focussing on a single new parent group conducted in New South Wales. Data were collected in semi-structured interviews and field notes. Data also included conversations and social interactions between attendees. Data were analysed thematically and included a naturalistic component.	Four main themes were identified including: life became a little easier for their baby; awake time is more enjoyable; I wouldn't have done it this early and additional opportunities.	This study identified that the benefits for mother and baby are intertwined. There was an identified increase in self-efficacy through increased parenting knowledge, competence and confidence. This had a direct impact on the infants making life easier for them. There was significant incidental learning occurring within the group which enabled mothers to respond more appropriately to their own babies.
Gilmer et al., 2016	Canada	To identify potentially effective new-parenting education interventions that could be implemented at a population level during the transition to parenthood period.	17 studies were included in the study including 13 systematic reviews, 34 intervention studies, 9 opinion pieces, 8 programme reviews and 8 grey literature reports.	A realist synthesis of studies identified from Medline, CINAHL, ERIC, Psych Info and grey literature.	The main findings of this review were that programmes failed to evaluate parents' level of knowledge prior to beginning the programme and that content was included without ascertaining if the parents needed that information.	This review identified that Public Health nurses have the knowledge and skill to support parents during the transition to parenthood. However, this review identified several issues including: identifying what parents already know and developing information that parents can access at a time and in a format that suits them.
Hooge et al., 2014	Canada	The aim of this study was to evaluate the	Data were obtained from n = 159 mothers who attended the	A pre-test post-test design was applied using	This study demonstrated that the "PFPP" and	Most significant finding in this study was the

Author & Year of Publication	Country of Origin	Aim/Purpose	Population/sample size	Methodology	Outcomes	Key Findings
		effects of a parenting programme on parenting knowledge, morale and social support on parents attending a parent group.	groups and completed both the pre-test and post-test surveys.	a combination of the established scales including PKS, PMI and FSS Scales. Data were analysed using Pearson's product-moment correlation coefficients.	the "Baby and You" significantly improved parenting knowledge but did not improve morale or social support.	small increase in morale and the failure to detect an increase in parents' perception of social support.
Lefevre et al., 2016	Sweden	The aim of this study was to describe parents' experiences of participating in parent groups	n = 143 parents from 71 different parent groups in Sweden.	Data were obtained via a handwritten questionnaire which was emailed to parents. The questionnaire contained 34 questions. Data were analysed statistically and comparatively using IBM stats package 20.0.	Most of the parents 60% found that the group enhanced their social capital.	Limited numbers of fathers attended these groups hence there must be greater focus on involving fathers in parent education.
Scott et al., 2001	Australia, Victoria.	The aim of this study was to evaluate the long-term impact of the new parent groups in terms of social capital.	n = 17 nurses and n = 243 parents across two municipalities in Melbourne, Victoria.	The study was conducted in two parts. Part A involved semi-structured telephone administered survey with n=17nurses who facilitated the groups. Part B involved n = 243 mothers who attended groups. Part Two involved semi-structured telephone administered interviews with	Findings suggest a high degree of satisfaction in attending the groups with all but one group continuing to meet informally afterwards. The majority of attendees continued to connect informally adding to social capital.	For many families New Parent Groups play a vital role in the transition to parenthood and in building a nurturing neighbourhood.
Strange et al., 2016	Australia, Western Australia	The aim of this study was to investigate the relationship between	Data were collected from (n = 489) mothers through an online survey distributed via the internet with a focus on	The survey was designed to measure social capital and mental wellbeing, and data were	The findings suggested that participation in a mothers group help families to	There was evidence to suggest that attendance at a parent group aided in

Author & Year of Publication	Country of Origin	Aim/Purpose	Population/sample size	Methodology	Outcomes	Key Findings
		participation in mothers' groups, both facilitated and parent led with a focus on evaluating social capital support and mental well-being measures for mothers of pre-schoolers.	newer residential areas across three LGA's.	analysed quantitatively using multivariable linear regression.	connect to their local communities. There was also a link between attendance at groups and elevated mental well-being compared to those who did not attend a group.	building social capital.

Social connectedness emerged as the most consistently reported benefit of parents' group participation. Across virtually all studies, parents described opportunities to meet other parents, form friendships, reduce social isolation, and establish supportive community networks (Glavin et al., 2014; Guest & Keatinge, 2009; Dorothy Scott et al., 2001). Several studies identified social interaction as the primary motivation for attendance, often exceeding the importance of educational content (Barrett et al., 2018; Dorothy Scott et al., 2001). Parents valued opportunities to connect with others experiencing similar life circumstances and reported that peer support provided reassurance, practical advice, and emotional validation.

Quantitative evidence further supported these findings. For example, Strange et al. (2016) reported significantly higher levels of social capital, neighbourhood cohesion, reciprocity, and perceived social support among parents who participated in local parents' groups compared with non-participants. Similarly, Fielden and Gallagher (2008) found that participation facilitated the development of social networks, strengthened community connections, and fostered supportive relationships with family, friends, and neighbours. Lefevre et al. (2016) reported that 62% of participants formed social relationships outside the parental group, while 29% developed relationships that provided emotional support.

Long-term social benefits were also evident with several studies finding that relationships formed through NPGs extended well beyond the formal intervention period. Some groups continued meeting regularly for many years and provided ongoing emotional, practical, and social support (Glavin, Tveiten, Økland, et al., 2017; D. Scott et al., 2001). Mutual-aid friendships, babysitting arrangements, social activities, and enduring community connections were common outcomes. Collectively, these findings demonstrate that parents' groups function as important mechanisms for building social capital, enhancing social connectedness, and strengthening informal support networks during the transition to parenthood.

Evidence relating to attachment-promoting processes was more limited and was primarily indirect. Whilst no study directly measured parental-infant attachment using validated attachment or bonding instruments. Nevertheless, several studies identified outcomes that are closely associated with attachment-promoting processes. Parents reported increased understanding of infant behaviour, developmental needs, and communication cues following participation in groups (Fielden & Gallagher, 2008; Guest & Keatinge, 2009). Participation appeared to increase parental confidence in responding to infants and facilitated greater engagement in developmentally supportive activities such as reading, play, and communication. Similarly, (Fielden & Gallagher, 2008; Guest & Keatinge, 2009) found that group participation promoted sensitive and responsive caregiving through increased understanding of infant cues and behaviour. Parents reported greater enjoyment of interactions with their infants and increased confidence in supporting their child's development. Similarly, Fielden and Gallagher (2008) reported that participants developed a better understanding of their infant's needs and described stronger relationships with their infants following participation in parenting programs.

Although these findings suggest that parents' groups may support attachment-related processes, the absence of direct attachment measures limits conclusions regarding their impact on parental-infant bonding. Current evidence therefore supports an indirect relationship between group participation and attachment development through enhanced parental responsiveness, knowledge, and confidence.

Improved parenting confidence was one of the most frequently identified outcomes across the literature. Parents consistently reported increased confidence in their ability to care for and understand their infant, often attributing these gains to both peer support and professional guidance received during group participation. For example, (Fielden & Gallagher, 2008) reported that 96% of participants felt more confident in their parenting ability following participation in parenting programs. Participants also reported acquiring new parenting skills, gaining a greater understanding of infant needs, and making positive changes to their parenting practices. Similarly, (Glavin, Tveiten, Økland, et al., 2017) identified "becoming confident in mothering" as a central theme, with parents describing how interactions with peers and public health nurses increased their self-assurance and competence.

Guest and Keatinge (2009) found that participation enhanced parental self-efficacy, competence, and confidence, while Lefevre et al. (2016) reported that more than half of participants felt safer and more secure in their parenting role following group attendance. Increased parenting knowledge was also a consistent finding across studies and was frequently linked to improvements in confidence and self-efficacy (Fielden & Gallagher, 2008; Hooge et al., 2014).

Parents commonly described learning from both professionals and peers. The opportunity to share experiences, discuss challenges, and observe how others responded to similar parenting situations contributed to the normalisation of parenting concerns and reinforced positive parenting practices. These findings suggest that parents' groups provide both informational and emotional resources that support the development of parenting competence.

Discussion

This scoping review sought to map the available evidence regarding the influence of New NPGs (NPGs) on parental mental health, social connectedness, and parent-infant bonding during the transition to parenthood (Arksey & O'Malley, 2005). An unexpected finding of this review was the absence of eligible studies published after 2018. Whilst more recent literature was identified, most studies focused on targeted therapeutic interventions rather than universal new parent group programs and therefore did not meet the inclusion criteria. This lack of studies reflects the rarity of evaluations of New Parent Groups rather than a lack of parent-support literature generally. This may also reflect a shift in research priorities towards treatment-focused approaches and measurable clinical outcomes. Alternatively, it may indicate that new NPGs have become embedded within routine maternal and child health services and are therefore less frequently evaluated in research. It is also possible that contemporary models of parent support are being delivered under different formats, including digital and hybrid programs, which were not captured within the available evidence. Consequently, the current evidence base may not adequately reflect contemporary service delivery, highlighting the need for further research examining the ongoing relevance, accessibility, and effectiveness of universal new NPGs in supporting families during the postnatal period.

While the evidence base remains relatively small, evidence suggests that participation in NPGs is associated with improved social connectedness, parenting confidence, and parental wellbeing (Glavin, et al., 2017). The most consistent finding across the included studies was the importance of NPGs in fostering social connectedness. Participants frequently described opportunities to develop friendships, establish support networks, and reduce feelings of social isolation. Quantitative studies similarly reported increased social capital, greater neighbourhood connectedness, and higher perceived levels of social support among group participants (Scott et al., 2001; Strange et al., 2016). These findings align with broader literature demonstrating that social relationships are important determinants of physical and

psychological health. The ability of NPGs to facilitate enduring peer relationships suggests that their value extends beyond short-term educational outcomes to the development of longer-term community support systems.

The findings also highlight the role of NPGs in supporting parental wellbeing. Although relatively few studies directly measured mental health outcomes using validated instruments, qualitative evidence consistently described increased reassurance, reduced uncertainty, and improved coping during the transition to parenthood. Parents frequently reported that sharing experiences with others normalised common parenting concerns and reduced anxiety associated with early parenting challenges (Glavin et al., 2017; Strange et al., 2016; Scott et al., 2001). Importantly, participation appeared to enhance confidence and self-efficacy, factors that have been associated with improved psychological wellbeing and resilience during the postnatal period.

Parenting confidence emerged as a key mechanism through which NPGs may influence outcomes. Across multiple studies, parents described gaining practical parenting knowledge, greater understanding of infant development, and confidence in responding to infant needs. These findings suggest that NPGs operate not only as sources of social support but also as contexts for observational learning, shared problem-solving, and informal knowledge exchange. The combination of professional guidance and peer learning appears particularly valuable in promoting parental competence and reducing uncertainty during the transition to parenthood.

Evidence regarding parent-infant bonding was less robust. While several studies reported improvements in parental responsiveness, understanding of infant cues, and engagement in positive parent-infant interactions, none directly measured attachment or bonding using validated instruments. Consequently, conclusions regarding the impact of NPG participation on parent-infant relationships should be interpreted cautiously. Current evidence supports an indirect relationship whereby increased parental confidence, knowledge, and responsiveness may contribute to attachment-promoting interactions. Further research is required to determine whether these benefits translate into measurable improvements in parent-infant attachment outcomes.

Studies published after 2018 were predominantly focused on therapeutic interventions for specific populations, such as parents experiencing mental health difficulties or families of children with developmental concerns. This trend may indicate that universal, preventive NPGs have received limited research attention in recent years despite continuing implementation within health services. Given increasing concerns regarding parental isolation, declining community connectedness, and growing pressures on child health services, contemporary evaluation of NPGs is warranted. An important gap identified in the literature is the limited evaluation of parent groups specifically designed for Indigenous families, culturally and linguistically diverse (CALD) communities, fathers, and families experiencing socioeconomic disadvantage. Across the studies included in this review, evidence suggests that participation in parent groups was associated with improved social connectedness, increased social support, reduced feelings of isolation, and improved parenting confidence. However, few studies specifically examined whether these benefits were experienced equally by diverse population groups or whether tailored approaches may be more effective in addressing their unique social, cultural, and contextual needs. These populations may face additional barriers to engagement with mainstream services, highlighting the importance of culturally responsive and inclusive parent support models.

Whilst therapeutic parenting interventions were outside the scope of this review, Turner et al. (2007) reported positive responses from Indigenous participants regarding the program resources, content, and delivery processes, suggesting that culturally tailored programs are both acceptable and valued by participants. While the therapeutic focus of this intervention differs from the universal parent group models examined in the present review, these findings support the broader proposition emerging from this review that social support, shared experiences, and opportunities for meaningful connection are valued components of parenting programs. Future research should explore whether the benefits identified in this review, particularly enhanced social connectedness, reduced isolation, and increased parenting confidence, can be achieved through universal parent group models that are adapted to meet the needs of diverse family groups.

Strengthening the evidence base in this area would support the development of more equitable, inclusive, and culturally safe parent support services.

As child and family health services increasingly seek to deliver culturally safe and equitable care, understanding how NPGs can effectively engage diverse populations is essential. Future research should explore barriers to participation, cultural acceptability, and strategies to improve accessibility for underrepresented groups.

Overall, the findings suggest that NPGs remain valuable community-based interventions that strengthen social connectedness, support parental wellbeing, and enhance parenting confidence. While the evidence for direct mental health and attachment outcomes is limited, the consistency of findings across studies indicates that NPGs may play an important preventive role in supporting families during the early parenting period. Further contemporary, methodologically robust research is needed to strengthen the evidence base and guide future service development, policy, and investment in universal postnatal support programs.

Strengths and Limitations

A key strength of this scoping review was the comprehensive search strategy, which identified 15,971 records and reflected a broad, systematic approach to evidence identification. The use of a structured scoping review methodology, transparent reporting, and rigorous screening processes further enhanced methodological rigour by ensuring that only studies directly relevant to participation in parents' groups and associated parental outcomes were included.

Despite a comprehensive search, only nine studies met the final inclusion criteria, highlighting the limited recent evidence available in this area. Although this finding identifies an important gap in the literature, the small number of included studies, variability in study designs and outcome measures, and the predominance of qualitative research limit the generalisability of the findings and the ability to draw firm conclusions about effectiveness. A further restriction is the restriction on English language studies as well as a reliance on self-reported outcomes.

Despite these limitations, the consistency of findings across studies suggests that parents' groups play an important role in supporting social connectedness, parenting confidence, and parental wellbeing during the transition to parenthood.

Implications for Practice and Future Research

The findings suggest that NPGs should be viewed as more than educational interventions. They function as important community-based mechanisms that strengthen social connectedness, reduce isolation, enhance parenting confidence, and support parental wellbeing. Child and family health nurses play a critical role in fostering inclusive, relationship-focused groups that facilitate both peer support and parenting capability.

Future research should prioritise contemporary evaluation of universal NPGs using robust study designs and validated outcome measures. Particular attention should be given to parent–infant bonding, parental mental health, long-term social outcomes, and the effectiveness of digital and hybrid delivery models. Further investigation is also needed regarding ways to support fathers, Indigenous families, culturally and linguistically diverse communities, and socially disadvantaged populations.

Conclusion

This scoping review demonstrates that New NPGs provide important benefits for parents during the transition to parenthood. The strongest evidence relates to enhanced social connectedness, increased social support, and improved parenting confidence. Participation facilitates meaningful peer relationships, reduces social isolation, and strengthens community networks that often persist beyond formal program completion.

Although evidence relating to parental mental health and parent–infant bonding remains limited, available findings suggest that NPGs may positively influence these outcomes through increased reassurance, social support, knowledge, and parental responsiveness. Contemporary research is now required to strengthen the evidence base and guide policy, service planning, and investment in universal postnatal support programs.

Declarations

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Figures

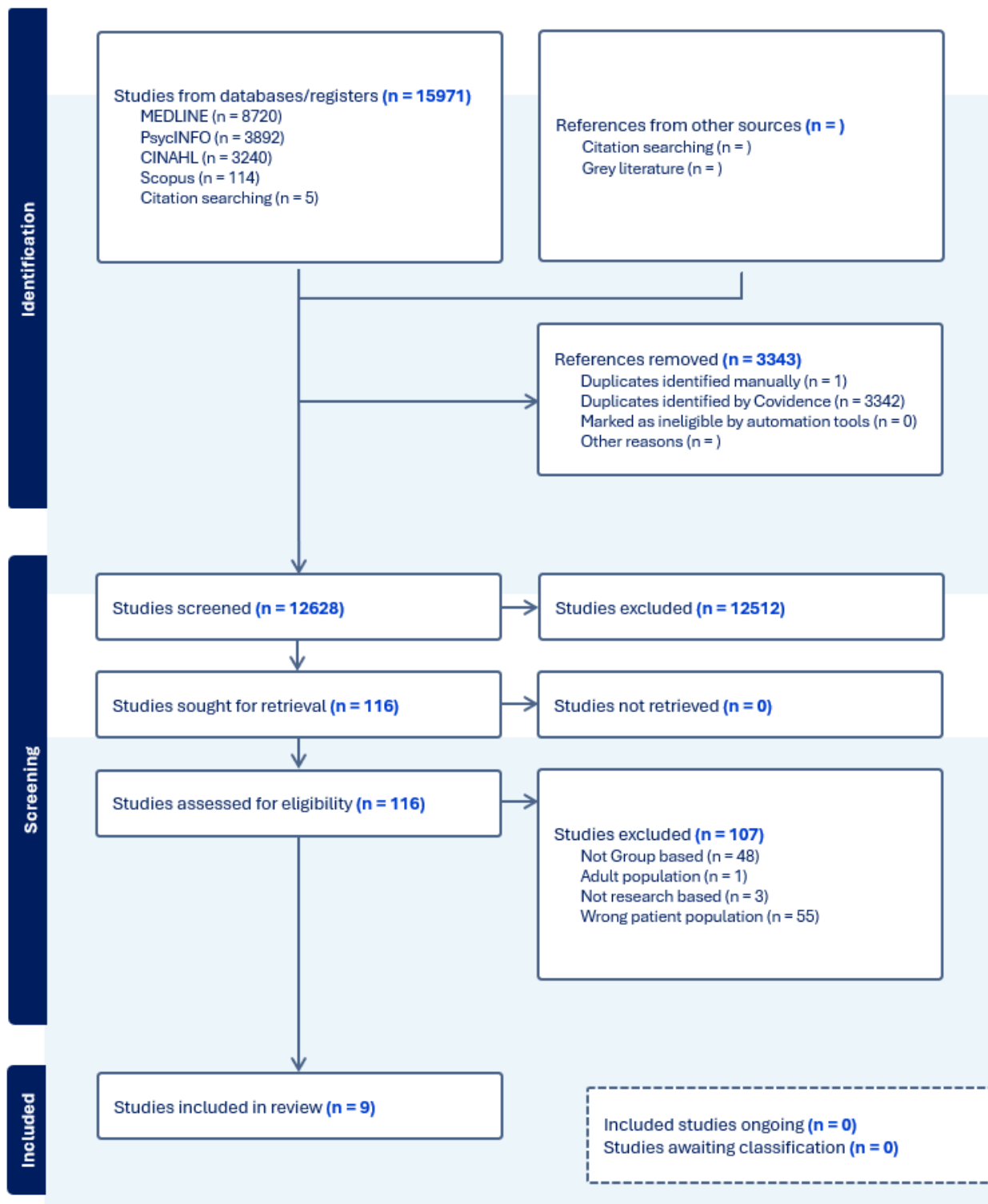


Figure 1

PRISMA