



'Bump, baby and beyond' – creative ways of designing antenatal preparation sessions in collaboration with women

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Project background

The Turlin Moor housing estate in Poole, Dorset, has the highest number of child protection plans in the area. Mothers-to-be are reluctant to attend traditional NHS antenatal classes held at the local hospital and there was also poor attendance at the Turlin Moor Children's Centre, which is set in the housing estate. According to the Royal College of Midwives, mothers on lower incomes are getting a 'raw deal' from UK maternity services. The project team, made up of a midwife, a health visitor and an early years development practitioner employed by three different organisations, came together to help the mothers on the estate. The team wanted to move away from the traditional medical model of antenatal preparation and instead provide creative sessions in a local community setting.

Aims and objectives

The aim of the project was to set up and pilot a weekly antenatal and creative support group at the Turlin Moor Children's Centre. To achieve this, the objectives identified were to:

- Engage key stakeholders in the project
- Develop a programme of sessions
- Implement and pilot the sessions
- Evaluate the sessions

Implications for practice

- Engaging hard-to-reach women requires understanding their fears and using creative approaches
- When working across organisational boundaries it is important for staff to have time together to focus on a vision for changing practice
- Creative activities can be used as an alternative to traditional antenatal preparation

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Online

Further information about the project can be accessed from:
fons.org/library/report-details?nstid=71925

Key activities and outcomes

• Literature review

The issues were clear from the literature; according to a Scottish Government report, the prospects for changing antenatal preparation appeared 'gloomy' with projects for 'hard to reach' women showing poor uptake. However, the literature also showed that mothers found that creative activities such as music and singing, hypnobirthing and craft helped discussion about anxieties, were pleasant and self-affirming and helped them connect with others and their unborn babies.

• Engaging staff

A stakeholder workshop was held and staff from the children's centre, midwives and health visitors were invited, as were senior management staff who were supporting the project. Everyone present worked together to understand their values and beliefs and then to develop the following vision for the project:

'We believe the purpose of support for pregnant women and new mums is to prepare women for labour and early motherhood; to make them aware of their choices and responsibilities by sharing information and helping to build a network of resources, both of information and relationships with professionals and amongst themselves.'

• Engaging mothers-to-be

A questionnaire was sent to all pregnant women in the area (n=30) with a stamped addressed return envelope. When none was returned the team tried text message invitations and ad hoc focus groups involving women who were attending the children's centre for other reasons. This led to taster sessions being introduced with a variety of topics and creative activities. A few pregnant women came to the taster sessions and staff offered registration to the centre so they could be sent information about this and other groups and activities. Word of mouth subsequently took over as the main form of attracting women to the sessions. The taster sessions were followed by a rolling programme of events.

• Evaluation of the sessions

In the 10 most recent sessions a total of 53 pregnant women, mothers and partners attended, with an average attendance per session of five. One woman was able to use scrapbooking activities at the sessions as part of her recovery from the previous loss of a baby at 20 weeks and to prepare her for the birth of this baby. She commented: *'Scrapbooking my previous experience showed me how strong I am and how far I have come with the group's help.'*

Other comments from mothers and partners were:

'Using words to sum up feelings was very useful to open up a discussion. I feel I can "park" those feelings and move on now.'

'I asked my midwife a question, she emailed the consultant and had an answer for me before we left the group.'

• Recommendations for the future

- Take forward the idea to bring women to the group through family outreach workers (requires children's centre funding), increasing target postcodes
- Use the lessons learned in the redevelopment of the standard antenatal class format
- Extend the involvement of student midwives in the group into curriculum development at Bournemouth University

IMPROVEMENT INSIGHTS