

Parents' views on the maternity journey and early parenthood

What expectant and new parents have told us about their experiences of maternity and early years care

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Introduction

The Department of Health commissioned three pieces of qualitative research about the experiences of expectant and new parents. The three projects explored how parents feel about the pregnancy and parenthood journeys, their expectations of the health service and whether they feel those expectations are met.

This short interactive guide captures the main findings in a concise and practical style for healthcare professionals and commissioners of healthcare services.

The key finding is that parents don't perceive the health service as a service but as a set of prescribed interactions at key stages. They need to be encouraged to be more proactive in accessing the help available to them.

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This publication is a synopsis of three pieces of research into parents' experiences of maternity and early years care. The pieces of research are described briefly here.

The maternity customer journey: from finding out about a pregnancy to the first weeks of parenthood

June 2009 – The Futures Company

The Department of Health commissioned The Futures Company to conduct a qualitative research study to find out about the current maternity journey for pregnant women and their families.

The research used a methodology called 'customer journey mapping'. This involves understanding the journey a person takes (in this

case, the journey through pregnancy) and asking them to plot emotional highs and lows based on their own experiences. This allows the interviewee to define the journey as they see it.

For this project, the journey was defined as being from the moment someone finds out they are pregnant through to a month after birth – the time during which expectant parents are accessing maternity services.

Methodologies

- Mini-group discussions of 4–5 people
- Face-to-face interviews with individuals
- Paired interviews involving pregnant women (or mothers who had recently given birth) and their partners
- Confessional scrapbooks (in which participants were asked to complete a series of structured tasks to produce a personal scrapbook which helped them to reflect on their journey).

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The sample

The sample was designed to reflect a cross-section of ages, social groups and locations. It covered women at different stages of pregnancy and in their first and subsequent pregnancies. It included both fathers and supportive partners who were not the child's biological father. Maternity staff (including both community and hospital-based midwives) and obstetricians were also interviewed.

Quantitative research uses a numbered sample of people to draw statistical conclusions. It focuses on measurements and proportions rather than capturing emotions or feelings.

Sample: the group of people whose opinions have been captured for a research project.

Depth: a thorough interview.

Paired depth: a thorough interview involving two people.

Triad: a discussion involving a group of three.

Mini-group: a discussion involving four or five people.

Mainstream group: socioeconomic groups B, C1 and C2.

What researchers say – and what they mean

Qualitative research explores people's experiences, views and circumstances in depth, and using their language. It does not measure, or ask 'how many'. Sample sizes are small, to allow researchers to explore issues in detail with individuals and with small groups. This means that it isn't possible to extrapolate population statistics from the data.

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Birth and Beyond: qualitative research findings

May 2009 – Research Works Limited

The Department of Health commissioned Research Works Limited to carry out qualitative research to map what expectant and new parents need from the health service. The aim was to find out whether parents' needs are being addressed at every stage of pregnancy and early parenthood. If not, what are the gaps? At what specific times do parents need more? What has helped them feel in control of their lives, supported, confident and able to exercise choice?

The research looked at expectant parents' preferences in terms of how information should be delivered, what content it should cover, what barriers there are to finding out more/earlier and how much partners want to be involved.

Methodologies

- Depths and paired depth interviews
- Triads
- Mini-groups.

The sample

The project targeted people across a variety of social groups and circumstances and covered a range of geographical locations including southern England, the Midlands and northern England.

Expectant parents were interviewed in groups and individually in the mainstream group. There was a range of ages and stages of pregnancy, with some women in their first pregnancies and some in second or third pregnancies.

A separate sample focused on less-advantaged social groups, including single mothers.

This sample included 10 individual depth interviews with mothers (some single and some with partners, at a range of pregnancy stages), plus four with fathers with variable involvement in the pregnancy.

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A third sample targeted a number of ethnic minorities (including Pakistani, Somali and Black Caribbean) and Travellers at a range of ages and pregnancy stages and involved mini-groups with expectant mothers and fathers (separately).

Healthy Child Programme: qualitative research findings

May 2009 – Research Works Limited

The Department of Health commissioned Research Works Limited to carry out qualitative research to map what parents need from the health service at various stages from their child's birth to age five. The research was designed to establish parents' key needs for information, guidance and support, together with what they see as their child's key age milestones.

Methodologies

- Depths
- Paired depths
- Triads
- Mini-groups.

The sample

The research sample covered a wide geographical area from London to Manchester. There were four mainstream parent groups, including first- and second-time mothers and first-time fathers, all with varying age ranges and with children of different ages. A separate sample consisted of parents of children with physical disabilities and learning impairments.

A separate sample looking at people from disadvantaged social groups included young mothers (who were interviewed individually and also took part in group sessions) and young fathers with variable involvement in the bringing up of their children. Further samples consisted of groups of single mothers and single fathers.

Another sample focused on ethnic minority backgrounds, with group sessions including mothers and fathers from Bangladeshi, Black Caribbean, Pakistani and Somali cultures.

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Pregnancy: an emotional rollercoaster

The pregnancy journey is described by many women as an emotional rollercoaster. Women commonly describe feeling more emotional than at any other time of life – their feelings may include excitement, anxiety, nervousness, happiness, fear, vulnerability, depression and moodiness.

The best way health professionals can build a trusted bond with pregnant women and their partners is by understanding and empathising with the journey they are on. This means understanding that everyone is different, that women experience different emotions at different stages of their pregnancy and that their emotions may differ from their partner's and from those of other women at the same stage of pregnancy.

Did you know?

- Young parents appreciate support to make decisions about whether to progress with the pregnancy.
- First-time parents are likely to need more support from the health service than parents in a subsequent pregnancy.
- High-income parents may lack informal support networks.
- Teenage parents often feel 'judged'.
- Young mothers often want to carry on working or studying.
- Fathers may not feel their relationship with the baby starts until it is six months old.
- Strong informal support networks can become a barrier preventing ethnic minority parents from accessing services.

In short, women and their partners want midwives and health visitors to share and support the emotional highs and lows of their pregnancy journey.

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If midwives and health visitors do this, expectant parents are more likely to trust them and follow their advice.

The need for empathy

Women who are more emotionally vulnerable are most likely to look for support. They may feel particularly emotionally vulnerable because:

- it is their first pregnancy
- they have had a previous bad experience of pregnancy or birth
- they have had a previous bad experience of the health service
- it is an unexpected or unwanted pregnancy
- they have had previous miscarriages or difficulty conceiving
- they lack a support network (for example single mothers and those without close family nearby)
- they have been exposed to negative experiences (for example friends and family recounting their 'birth horror stories').

Fathers and partners may also need support and understanding of how they are feeling. Fathers' feelings may range from confusion and denial to excitement or anxiety over practical issues.

They may focus on specific aspects of parenthood such as how it will affect their relationship with the baby's mother or how they will provide financially. They may look for ways to be more involved and may benefit from information tailored to their needs.

It can help if healthcare professionals are able to allot some time that's specifically for the father's needs, whether this is achieved by seeing the father alone at a separate appointment, directing him to other sources of information and support or simply asking how he is feeling.

Continuity of care

Strong, communicative relationships with healthcare professionals are key to ensuring expectant parents feel satisfied, well informed and supported in making decisions. Continuity of care involving one midwife or a small team of professionals is the most likely type of care to achieve this.

Research shows that healthcare professionals also value continuity of care, feeling it gives more efficient use of resources, a more rewarding professional role and a more supported experience for women and their partners.

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Pinned up on the fridge?

While one carer is ideal, most pregnant women are realistic and acknowledge this is unlikely to be possible. With a small team of professionals, they feel confident one will be available on the day of the birth. Giving them a list including names, pictures, job descriptions and contact details (including at least one out of hours) to pin on the fridge can help parents feel reassured.

Helping parents understand their choices

Some pregnant women expect to have choice and control over aspects of their pregnancy – for example which diagnostic tests to have, where they want to give birth. Others – particularly younger women, those with less education, first-time parents and those who don't speak English as their first language – often want to be guided by healthcare professionals and can be intimidated by choice.

It's important for health professionals to support expectant parents in making choices they are comfortable with, and explain clearly what the issues are and the implications of the choices being made. Many parents need extra information to help them make decisions and may look to health professionals for guidance on how to evaluate this information and come to a decision.

The right words

Words such as 'choice' and 'planning/deciding' come loaded with expectation and should be used carefully. Sometimes a medical decision cannot be made on the basis of choice and if expectant parents don't realise this, it can lead to great disappointment and resentment – for example if their 'birth plan' cannot be followed to the letter.

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Marking milestones

Appointments and scans are significant milestones along the pregnancy journey for women and their partners. For example the 'anomaly scan' is often seen more as an opportunity to 'meet my baby' than as a clinical check. Expectant parents are often excited and nervous about each appointment, and when health service providers recognise and respond to their emotions, they feel supported and positive. This is therefore an important opportunity for a positive engagement with the health service, especially given the fact that this may be people's first interaction with a hospital.

Summary

- Empathy is a key tool for midwives, doctors and health visitors.
- Expectant parents value continuity of care.
- Different people feel differently about choice.
- Expectant parents like to know their healthcare team – which is why the 'fridge list' of team members' names and job titles can be an asset.
- Milestones such as scans are important to expectant parents.

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The right information, at the right time and in the right way

Pregnancy and early parenthood is an unprecedented time for learning. Many expectant parents feel overwhelmed by the amount they need to know and the speed at which they feel they need to learn. The NHS is seen as a trusted brand and where there is conflicting advice on pregnancy and early parenting, it is likely to be trusted most. The right information, given at the right time and in the right way, can empower pregnant women.

Pregnant women may be interested in information on any or all of the following:

- changes to their body and the baby's growth
- screenings and scans
- proactive health choices such as giving up smoking and healthy eating

- labour and delivery
- life choices – whether to continue in their studies or career, what to tell their employer
- practical, non-health issues such as housing and benefits
- becoming a parent – practical advice on feeding, bathing and nappy changing
- specific information for partners/fathers.

Most expectant parents believe that the health service has a critical role to play in informing them. If they feel they know where to go for trustworthy information, they are more likely to feel supported and confident.

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Why information sometimes doesn't get through

- Physical, mental and emotional state – many women are too tired or too unwell to take in or remember important information, particularly if it is delivered only verbally.
- Low confidence and fear of being judged – some women, especially first-time mothers, are worried about being seen to be a good parent and therefore afraid to ask questions. This is particularly the case with younger women.
- Understanding – women whose first language isn't English may not be able to take in large quantities of information, especially in medical and specialist language. They may also rely on other people to translate and interpret, and information may be lost or distorted. Also, women with low literacy may find printed information difficult to understand, but not want to admit it.

It's all in the timing

It's important that advice is given at the right stage of pregnancy. Pregnant women can feel bombarded if information is given 'all in one go' or at illogical moments – for example if the pros and cons of breastfeeding are discussed at the first appointment. At other times, women can feel that they don't have enough information.

It's a good idea to break down information into manageable chunks but also to provide a roadmap for pregnancy telling expectant parents what information will be given at what stage and what they need to think about when.

Different ways of learning

People differ in how they want or need to receive information. It's important to give expectant parents opportunities to learn in different ways that suit them, including reading, listening/watching, sharing stories, one-to-one face-to-face meetings, antenatal classes and hospital tours.

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It's also important to understand the role of non-NHS information, including websites, magazines and books, and word of mouth.

Printed information

Some women are comfortable with printed information and like the reassurance of having a printed source to refer to when they find it difficult to take in and remember what they're told verbally; others find printed information intimidating. Some don't receive relevant printed information because it is out of stock or isn't offered and some feel they have to prompt to be given certain information.

For many, the first piece of information they receive from the health service is their Bounty pack, which steers them towards commercial websites. Many feel this is inappropriate and would prefer to be signposted to an NHS source.

Online information

Men in particular prefer online sources. However, when pregnant women and their partners search online for information, the first sites they find are often commercial, and become their preferred source.

The NHS Choices Pregnancy Care Planner is popular with those who have used it; other women described their need for something of this type – a reliable, searchable and interactive online resource. It is important to underline that because the Planner is still relatively new, some of the parents who took part in the research would not have seen it during pregnancy. Partners would also appreciate a section that's specifically for them on the Planner.

Face-to-face contact

Face-to-face appointments with healthcare professionals are valued by both parties. However, it's important to allow plenty of time for questions and information sharing, as well as clinical checks. Some women feel their appointments are rushed and describe leaving appointments frustrated, and with unanswered questions. Midwives also express frustration that short appointment times and the pressure to complete routine checks mean they can't make enough time for answering questions.

It is important to reinforce information delivered face to face with printed versions or other resources that people can refer back to and review.

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Group classes

Women welcome practical demonstrations and antenatal classes, which 'bring to life' printed information they have already received and give them the chance to make valuable social connections. However, some feel these classes come too late in pregnancy, while others can't attend the classes because of work or other commitments. Evening or weekend classes are offered in some areas and these can make a huge difference.

Some people (for example older and younger women, single mothers-to-be, partners, women from ethnic minority groups) need to be reassured that they will 'fit in' and that there will be other people like them there.

Using the right language

Sometimes, it's the language itself that proves to be a barrier. There are many elements of pregnancy that involve technical and sometimes confusing language, including:

- medical conditions (pre-eclampsia, mastitis, spina bifida)
- drugs and supplements (pethidine, folic acid)

- professional roles (midwife, obstetrician, anaesthetist)
- procedures (epidural, episiotomy).

Whether healthcare professionals are using printed materials or talking face to face, it's always important to communicate clearly and in language that parents understand and welcome. Printed material provided by the NHS is usually written as clearly and simply as possible, but it may be necessary to explain technical wording, especially for people whose first language isn't English.

A roadmap for pregnancy

Give expectant parents a helpful pregnancy schedule at the first meeting so they can see what lies ahead and what is involved at each appointment. This can help them plan for both practical issues (such as arranging time off work) and emotional decisions (such as which screening tests to have).

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Summary

- When giving information to parents, it is important to:
 - use language that people understand and welcome: expectant parents can be as alienated by language that is too patronising as by language that is too difficult
 - provide information in different formats, such as magazines, DVDs, stories and real-life examples. Some of these should be out-of-hours resources such as websites and local community groups
 - repeat essential information more than once in different ways
 - take time to discuss the information expectant parents have been given to ensure understanding.
- The NHS Choices Pregnancy Care Planner is a resource popular with those who have used it, so it should be promoted to parents. GPs and midwives should be encouraged to signpost expectant parents to it.
- Antenatal/educational classes should be offered flexibly and earlier in pregnancy (for example in weeks 26 to 34). Evening and weekend classes are very valuable for working parents.
- Many parents welcome classes that are specifically for particular groups – for example single mothers-to-be, younger and older women, women from ethnic minority groups and partners/fathers.

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Pregnancy: 0–12 weeks

How women may feel

- Emotionally overwhelmed, even if the pregnancy is planned
- Upset, confused, sometimes unsure whether to continue the pregnancy
- As though the pregnancy 'isn't real'
- Worried about miscarriages
- Disinclined to plan too far ahead – for example which hospital to choose, birth plans, breastfeeding
- Disappointed by lack of acknowledgement by health services
- Anxious to 'get things right from the start' – for example eating well, giving up smoking/drinking
- Eager for information
- Unclear what to expect – what's the 'next step'?

What expectant parents need from the health service

First contact

It's rare for women to consult a healthcare professional before they get pregnant, unless they have underlying health conditions and/or concerns about fertility. Once they know they are pregnant (usually through taking a pregnancy test at home), most women automatically go to their GP for confirmation of the pregnancy, support and information.

Women often choose their GP simply because they already know them or because they are not aware that they have the option of seeing a midwife for their first contact. However, many are subsequently disappointed and feel their GP 'lets them down' by not being excited enough, not volunteering information on next steps or not doing a confirmation test.

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By making the midwife the first contact, health services could ensure that the first health professional pregnant women talk to is baby-focused, experienced in dealing with new pregnancies and ready to understand how it feels. However, because some women would still prefer to see their GP as the first contact, GPs also need to be aware of some simple ways in which they can improve that first contact, by being more empathetic and giving women/partners the information they need.

For example the healthcare professional may need to:

- discuss whether the woman wants to keep the baby, if appropriate
- establish whether translators or interpreters may be needed
- give a clear sense of the journey and next steps
- give guidance on scans – what types are available
- signpost to information on non-health issues such as housing, benefits and training
- help women connect with other local or online social support networks as they are often not ready to tell friends and family

- give more direction to young fathers – many aren't in a position to take on the traditional 'provider' role and may feel uncertain as to how to define their role.

Most importantly, expectant parents want their feelings to be recognised at the first appointment – perhaps being congratulated, or simply asked how they feel. They don't want it to focus on routine paperwork.

The 12-week scan

This is an important milestone for expectant parents. It has a crucial clinical purpose, but while health professionals focus on clinical procedures, measurements and dates, the expectant parents want reassurance that the baby is there, the chance to see it for the first time and start bonding with it, and a picture to take away.

Failing to acknowledge that both these sets of needs are valid can lead to frustration for both parties. Even a positive scan can become a negative experience if parents don't feel their emotional experience has been acknowledged. Parents' expectations need to be managed, but professionals also need to be sensitive to the huge emotional significance.

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First pregnancy?

The maternity journey is very different for the first pregnancy. Women are making the life-changing transition into motherhood and because they haven't experienced pregnancy before, they can be anxious, lacking in confidence and fearful.

They may have little knowledge of what to expect in the future. They have a much greater need for emotional support, reassurance and preparation. On the other hand, they can be quickly overwhelmed and overloaded with information. In particular, they are often focused on pregnancy, labour and birth and may feel unable to 'deal with' planning for parenthood itself.

Summary

- The first contact is a vital time for expectant parents and it is important that health professionals make it a positive experience. Promote midwives as an option for the first point of contact, and work with GPs to ensure that where first contact is with them, it is a positive experience.
- Parents can be overwhelmed if they get too much information at once. Hold back on things they don't need to decide about yet, such as breastfeeding and where to have the baby (but offer them signposting for where to find the relevant information, should they want it).
- Women want support between the first contact and the 12-week scan, as they can feel isolated and anxious during this time.
- Fathers say they would like more NHS information online.

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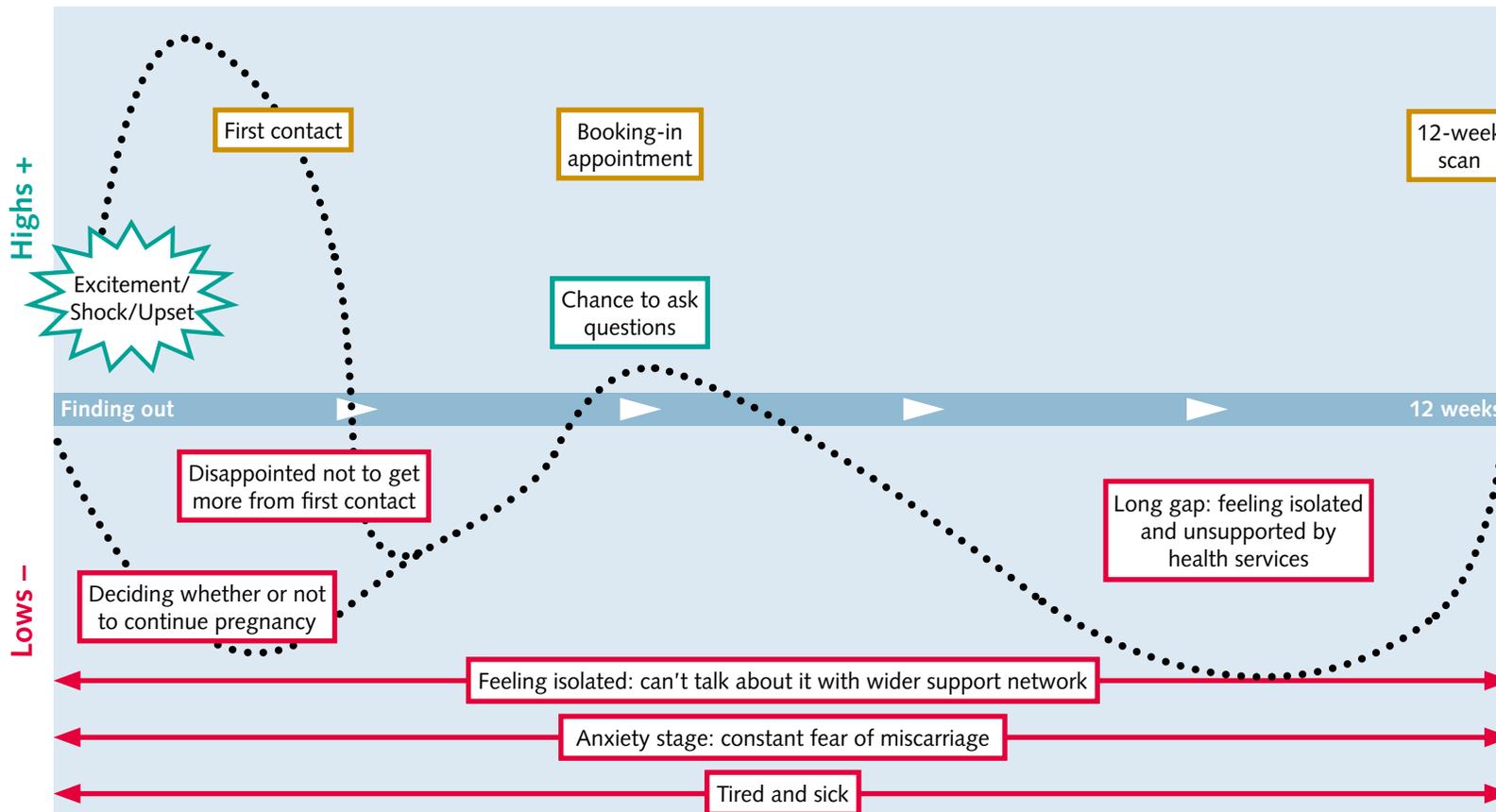
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Pregnancy: 13–28 weeks

How women may feel

- Relieved the baby is there
- That the pregnancy has become 'real'
- Ready to tell people
- Worried about what their employer will say
- Anxious about the 16-week blood tests and the anomaly scan
- Disappointed that the outside world doesn't understand how different they feel
- Eager to prepare for the baby's arrival.

What expectant parents need from the health service

Booking-in appointment

The first midwife appointment is the chance to establish a relationship of trust and openness. There needs to be plenty of time for expectant

parents to ask questions and discuss options. Women may want to ask about:

- how to manage their working life
- the 16-week blood tests – what the results may mean, and what choices they might need to make
- the 20-week scan
- their choices about where to give birth.

Partners may also want to be asked about how they are coping and given time and space to ask their own questions.

A negative booking experience can include the following problems:

- feeling rushed in and out quickly
- being unsure who they will see next and what the journey ahead looks like
- leaving still with unanswered questions
- feeling judged.

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Blood tests and screening

The 16-week blood tests are complex and come relatively early in the pregnancy journey, so expectant parents may need a lot of guidance and support. They may not feel well-informed (even if they have been given relevant printed information in advance) and may not be ready to make decisions with difficult medical or religious implications. Instead, they may look to health professionals for help and guidance on how to make a decision.

Questions expectant parents could ask themselves:

- Do I want to have the initial blood test?
 - Do I want to know my risk? Why? How might I use this information? Do I understand the future implications of this?
- Would I have the diagnostic blood test?
 - Do I understand what my risk factor means? Do I understand the risks associated with the diagnostic test? How do I feel about this?
 - How do I want to continue?

Choosing where to give birth

Most women choose where to give birth based on the reputation for quality of care and the location. Some women are not aware of having been given a choice at all and believe they were simply referred to their local hospital.

Word of mouth, rather than informed knowledge, plays a key role in how women choose between local hospitals, or a home birth, and their understanding of what services (for example, different kinds of pain relief) are available in various locations.

Women and their partners may also make the decision at a moment when they are unprepared, and without even realising they have made it. It's important to help women make the best decision for them by giving them locally tailored information at a time when they are able to be receptive, and discussing the implications of the decision with them. Women may want to take some time to think about this decision, and it is important to acknowledge that they can change their mind at a later stage if necessary.

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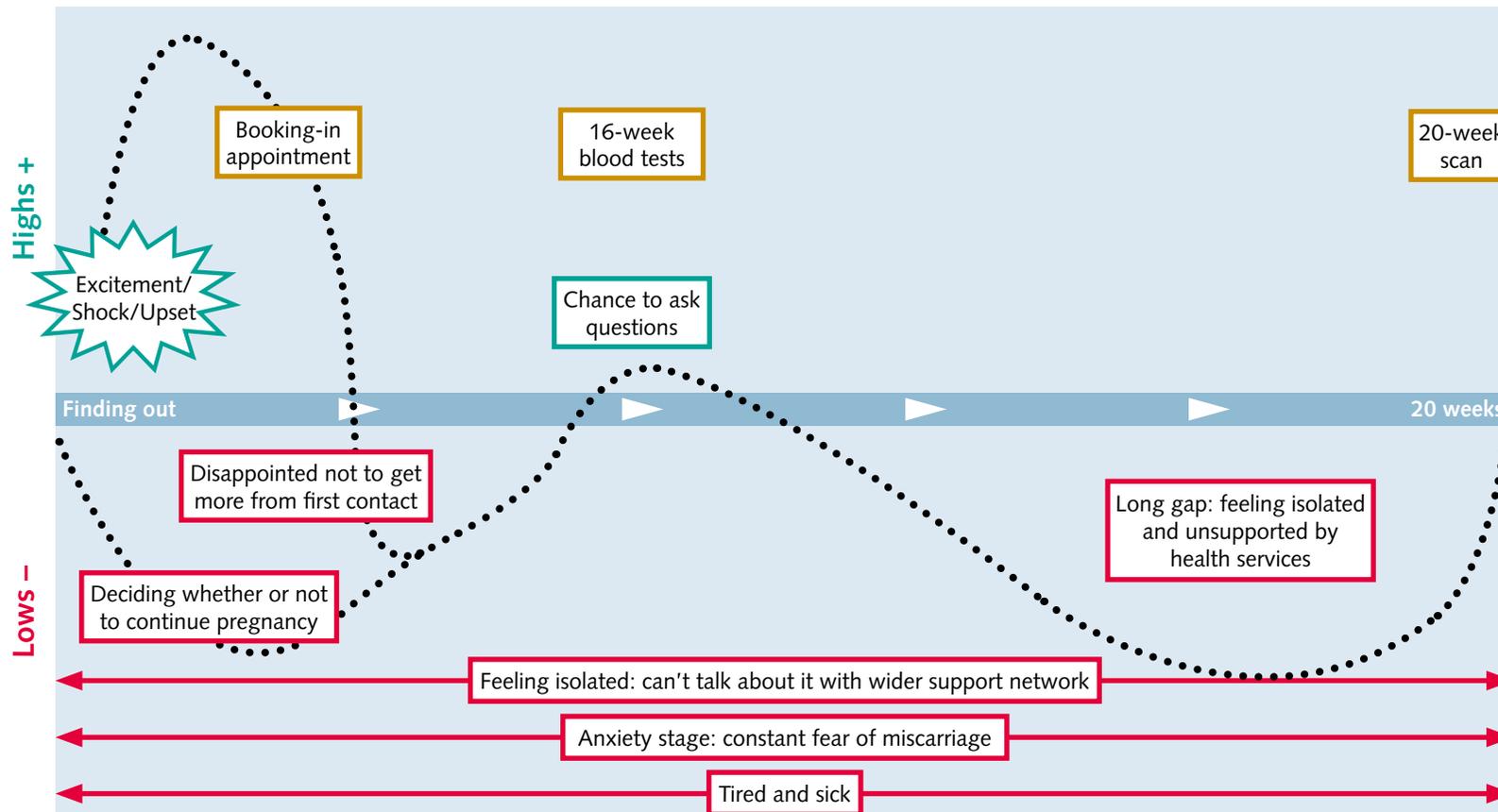
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Summary

- Women who need additional advice should be signposted to appropriate services about training and careers. For example, teenage mothers should be signposted to the Connexions service.
- Expectant parents need the opportunity to talk through issues surrounding blood tests and scans.
- Parents need to be given all the information they need to decide where to give birth and need the chance to discuss it and make a considered decision.

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Pregnancy: 29–40 weeks

How women may feel

- Able to think about the baby as a person
- Unsure what to buy and what not to buy
- Worried about the birth
- Confused about different kinds of pain relief
- Ready to think beyond the pregnancy.

What expectant parents need from the health service

Expectant parents need increasingly specific information on all aspects of birth, including different options for giving birth that are available locally. They are generally ready to start thinking about the details of the birth, such as the option to cut the cord, skin-to-skin contact and who will be present at the birth. However, it is important that expectant parents understand that their birth plan is a wish list and not a blueprint.

To help overcome anxieties about giving birth, planned hospital visits can be valuable to give expectant parents, especially fathers/partners, practical information about such matters as car parking and cafés.

They may also now be ready to find out more about aspects of childcare, including bonding, coping with crying, changing nappies, sleeping, feeding, coping with sleep deprivation and postnatal depression. Many expectant parents want reassurance about the kind of support the health service can provide after birth.

Group antenatal classes are popular. However:

- pregnant women feel that antenatal classes in the last weeks of pregnancy are too late
- many would welcome sessions for 'people like them', for example young mothers, older mothers, single mothers, some ethnic groups, sessions for partners, sessions just for women

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The parents

- they need to be more accessible – evening and weekend classes are welcomed, particularly as partners are more able to attend
- organisers could tailor some sessions to the needs and roles of partners.

Summary

- Parents welcome antenatal classes – ideally earlier in pregnancy, with evening and weekend classes available.
- At this stage, parents may want information about their choices at birth and to develop a birth plan. Make sure that expectant parents understand that their birth plan is a wish list and not a blueprint.
- Planned hospital visits are an important way to help parents, especially fathers/partners, plan for the birth.
- Some parents need reassurance that health service support will continue through and beyond the birth.

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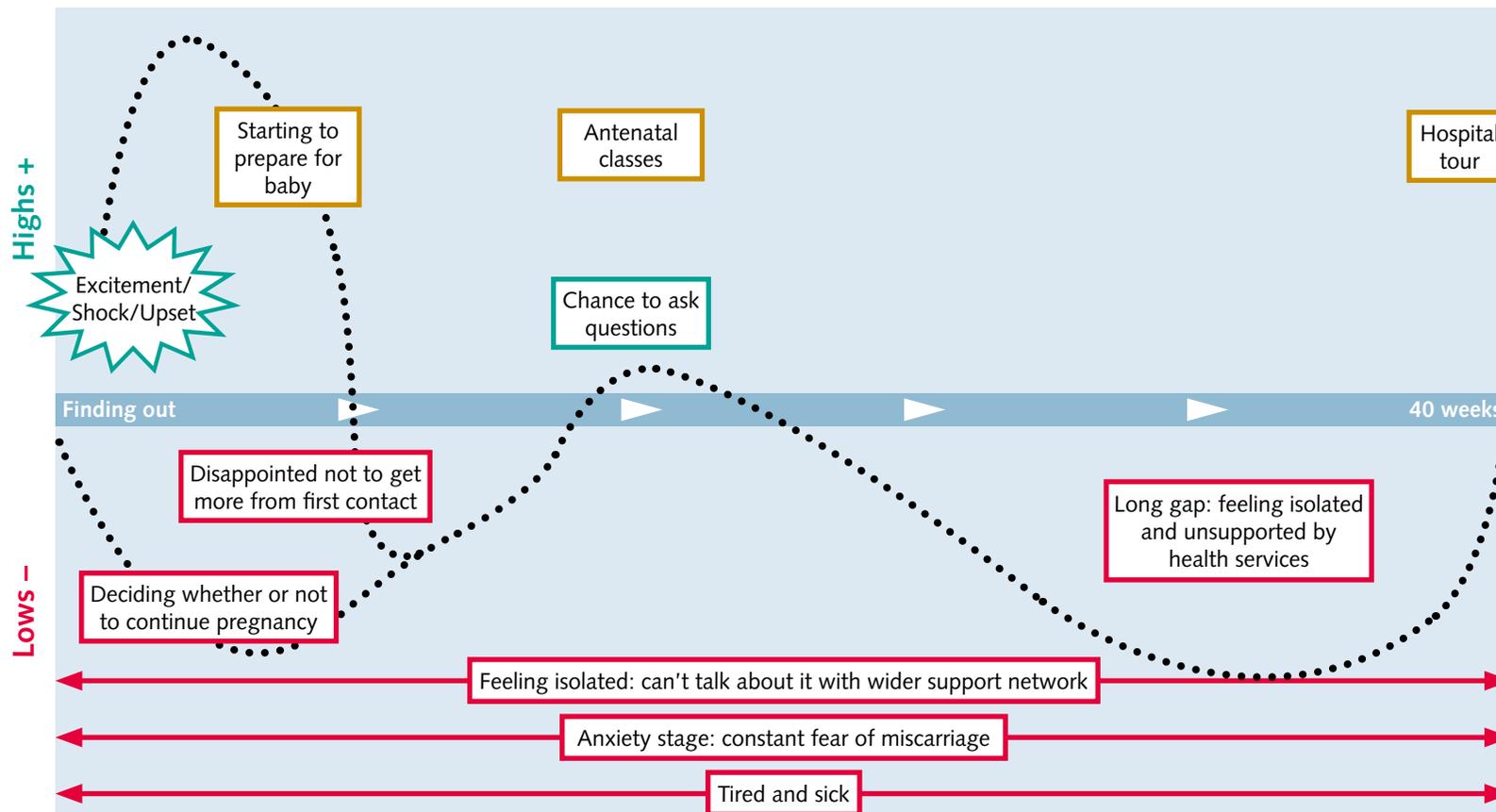
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Labour and birth

Labour and birth can be many things to women – fulfilling, frightening, exciting, painful, satisfying or overwhelming. Aside from the physical experience, this is the moment when expectant parents become parents and meet their child for the first time.

Inevitably, the day of birth comes with many expectations. It is important for both the parents and the healthcare professionals to be satisfied with the birth even if it does not go according to the original birth plan. If there are changes of plan, information should be explained clearly and simply. It is important to make sure that partners/fathers are involved and consulted in any decisions.

How women may feel

- Frightened
- Stressed
- Anxious, especially if things don't go as planned
- Vulnerable

- Sensitive to criticism or brusqueness
- Worried about how to look after the baby
- Anxious that their needs will go unanswered as the midwife's focus transfers to the baby.

The importance of the birth experience

A good birth experience may make a mother feel:

- safe in the professionals' hands
- that her body is respected
- that her partner is involved
- able to ask questions
- that she is listened to
- that she is given clear information that is not too technical
- that changes to the birth plan are explained well in advance.

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A bad birth experience may make a mother feel:

- abandoned/left alone
- that she doesn't understand what is happening to her
- that her questions aren't answered
- that she doesn't understand the technical language used
- that she is confused by changes in the birth plan
- that staff seem over-stretched or unconcerned
- that her partner is being excluded or helpless.

What parents need from the health service

After the birth, new parents say they would like:

- time and space to bond as a family
- a starter course in parentcraft to build confidence
- to feel cared for
- reassurance that the baby is okay
- information about aftercare, tearing or episiotomy, caesarean sections, postnatal depression and contraception.

Contact points

At the hospital

Some new parents perceive hospital guidance to be inadequate. They feel that there isn't enough practical help given on how to care for a baby – for example, bathing, feeding, changing nappies.

If new parents lose confidence in either themselves or the health services at this stage, it can be hard to get things back on track.

Summary

- Parents will typically have a lot of expectations and emotions about the birth. It is vital that healthcare professionals are aware of these, particularly if there are changes to a birth plan. Any such changes should be explained clearly and simply, and partners/fathers should be involved.
- New parents generally need and welcome support from the health service after the birth – especially focusing on feeding.
- However, they also need time and space to bond as a family.

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The parents

The growing child: 0–1 months

How parents may feel

- Worried about feeding issues – and guilty that they find breastfeeding difficult or unrewarding
- Fearful about cot death
- Preoccupied with the baby's weight gain, or lack of it
- Anxious that their own needs will go unanswered as the midwife's focus transfers to the baby
- Guilty about thinking of their own needs
- Isolated and lonely.

What parents need from the health service

Home visits from the health visitor are crucial, to make sure that women feel supported. Being alone at home with a new baby can feel isolating and frightening. Where feeding is difficult, visits from a midwife or health visitor are essential.

New mothers may need intensive support in learning to breastfeed. The lack of practical help can be particularly upsetting for women who feel they have been 'sold' the idea of breastfeeding by healthcare professionals earlier in pregnancy.

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The parents

Breast or bottle – why it's important not to judge

Women who choose to breastfeed usually need plenty of support, as it can be difficult at first. However, they also want their decision to stop to be accepted. Women who choose to bottle-feed want to feel that their decision is respected and that they will also be supported and looked after.

If women feel judged for their feeding decisions, it can damage the trust that they have established with their healthcare professional. The new mother may feel alienated by the healthcare service and will retreat from it, taking her child with her. This shuts women off from future interaction and health messaging, and undermines the ability to get new families off to a good start.

Contact points

The postnatal visit from the health visitor or midwife

Parents value this visit, especially first-time parents and parents who don't have informal support networks such as family close at hand. Where mothers are struggling with feeding, they want to be visited on the second day, before the baby loses too much weight.

The two-week development check

This is also important to parents. Mothers can be very worried about their own bodies, especially if they have had a difficult birth involving intervention or post-birth physical problems. It is reassuring for them to be checked at this stage, as well as their baby.

Fathers may miss this appointment if their paternity leave has finished. Many fathers would therefore prefer this review to be earlier or 'out of hours'. They may need guidance on how to interact with a newborn. Once engaged in their role as father and used to interacting with health professionals, they are more likely to stay engaged.

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The parents

Getting out into the community

Women find community initiatives extremely supportive, especially if they can meet other mothers with babies the same age as theirs. Sometimes women can find it difficult to find out about what's available, or believe that services 'aren't for them', so promoting these opportunities strongly is important.

Key milestones

- Baby smiling, eyes focusing
- Religious rituals
- Postnatal health visitor visit
- Two-week development check.

Summary

- New parents have many anxieties and concerns about their child and welcome support from the health service.
- In particular, the postnatal visit from a midwife or health visitor is vital – especially for those mothers who are having difficulty breastfeeding. In these cases, mothers want a visit within a couple of days of giving birth.

- Mothers also want information about a range of other subjects, including their own health as well as the baby's. The two-week development check can therefore be an important opportunity to reassure the mother about her health too.

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The growing child: 2–6 months

How parents may feel

- Anxious that support from the healthcare services seems to be 'dropping off'
- Confused about immunisations, particularly the three-month immunisations, and would like them to be undertaken by a health visitor at home
- Worried about the baby's weaning and weight gain, feeding, winding, minor illness (or lack of)
- More in control – with the baby becoming much more alert, recognising parents' voices and beginning to express themselves.

Contact points

Home visits from the health visitor

Most health visitor visits stopped at four months. The Personal Child Health Record (red book) provides a schedule of appointments and the

health visitor keeps parents updated. However, the end of these visits can leave parents doubtful who to contact and sometimes feeling unsupported: should they contact the health visitor or the GP to discuss minor illnesses?

Clinics and children's centres become more relevant to fill the gap, but they need to be promoted more consistently.

Immunisation appointments

The eight-week and three-month immunisation appointments provide contact with health services. Some parents felt that they didn't have enough information about the immunisations and few realised that these appointments were also an opportunity to ask questions that were not related to the immunisation itself.

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Key milestones

- Baby sleeping through the night
- Weaning the baby
- Baby developing a personality and being more expressive, with smiles, cooing and movements
- Baby gaining weight
- Baby becoming more active: rolling over, grasping things, even sitting and crawling early.

Summary

- Parents welcome the support they get from health visitors in particular, but can feel unsupported when the visits stop. They need more information for continuing sources of help and support after the baby is four months old.
- Immunisations should be explained clearly and fully, and appointments should be promoted as an opportunity to discuss other health issues.

- Parents would benefit from a clearer understanding of how the health service for parents of young children operates – and in particular understanding that it is not a series of prescribed interactions but a service, which parents can access proactively whenever they need it.

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The parents

The growing child: 7–12 months

How parents may feel

- Worried about safety in the home
- Preoccupied over whether their baby is meeting 'normal' developmental milestones such as walking and talking
- Confused about who to go to for health advice and support
- Anxious about the baby showing signs of disobedience or clinginess
- Concern over the measles, mumps and rubella (MMR) jab
- Worried about whether and how the baby will learn English (for parents in ethnic minority groups).

What parents need from the health service

Parents who use drop-in clinics and children's centres (such as Sure Start) are most likely to feel supported and satisfied with their parenting. Mothers who don't know of or don't use these resources are likely to be anxious and use other services (such as their GP) ineffectively – especially more affluent mothers with limited informal support.

Contact points

The one-year review

Parents consider this to be well-timed. They need reassurance that developmental milestones, such as walking and talking, are being achieved.

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Key milestones

- Baby becoming more mobile and learning to crawl and walk
- Baby developing language
- Mother may return to work
- Baby becoming more interactive and social
- Baby starting in childcare if parents are working
- One-year developmental review.

Summary

- Parents like the one-year review and particularly want reassurance that their baby is developing 'normally'.
- They are often confused about where to go for healthcare information and support – particularly if they do not attend drop-in clinics or children's centres.

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The growing child: 1–5 years

How parents may feel

- Worried about their child's progress in developing language
- Concerned about what their child is eating
- Anxious about poor behaviour
- Worried about choosing nurseries, pre-schools and schools, especially if parents have a child with a disability
- Anxious about their child learning English, if they are from an ethnic minority group
- Anxious about safety as their child investigates their environment.

Contact points

The two-year review

The two–two and a half years review is welcomed, but some families get it at 2.5 years and feel they are offered it 'too late'. The review could/should:

- include advice for ethnic minority families about teaching English in preparation for school
- give guidance about diet (particularly appreciated by fathers)
- offer advice to manage toddler behaviour
- be promoted as a family discussion about progress rather than a quick physical check
- be held at an accessible time to ensure that fathers can attend.

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Key milestones

- MMR jab
- Two-year review
- Starting pre-school or nursery
- Starting school
- Child developing their personality, exercising choice (for example about clothes, TV programmes, etc) and becoming more independent (for example brushing their own teeth).

Summary

- Parents welcome the two-year review but can be concerned if it doesn't take place as soon as their child turns two.

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Partners and fathers

A woman's partner and the father of her baby can play an incredibly important role in pregnancy and early parenthood – and they may not be the same person. It's important for healthcare professionals to acknowledge the needs and contributions of partners and fathers. For young mothers, their own mother may also be a prime source of support and these grandmothers-to-be should be acknowledged by healthcare professionals.

How partners and fathers may feel about parenthood

- Worried about finances
- Unsure whether they want the baby
- Confused about their role, especially if they are not the financial provider

- Stressed and in need of support
- Anxious to be able to contribute in a practical way (for example, by decorating the nursery)
- Not in control
- Unable to relate to the pregnancy because they aren't experiencing the physical changes
- Worried about changes to the relationship
- Fearful of showing their worries in front of their partner
- Unable to contribute fully because their partner is supported by her own family
- Embarrassed about what their friends think
- Unable to bond fully with the baby.

Barriers to partner involvement

Partners and fathers aren't always engaged in the pregnancy and parenthood journeys, especially in the initial stages. The barriers to involvement can include:

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- detachment (the pregnancy 'doesn't feel real' at first)
- conflicting beliefs about gender roles and family structures
- belief that antenatal classes and appointments are for women, anxiety about taking time off work for them or being told they can't attend
- feeling that there is no role for them if they are not the financial provider.

Possible ways to help and include partners and fathers

To help partners and fathers get more involved in the pregnancy journey, it can be valuable to do the following:

- Produce pregnancy information specifically for men, including a clear idea of how to support their partner and a roadmap of what's ahead.
- Encourage them to come to partner-friendly antenatal appointments and classes.
- Include partners in labour and birth and give them choices, for example whether to cut the umbilical cord, whether to give the baby its first bath.
- Actively acknowledge partners' worries and give them opportunities to discuss and solve

them. Partners of newly pregnant women may need time and space on their own to express anxieties and ask questions. It's important to give partners support outlets outside their relationship – these could be the health service itself, parents, other family members, friends, online forums or sources of information such as magazines.

- Frequently check that partners are managing throughout the pregnancy journey.

When the baby is born, partners and fathers can benefit from:

- being able to stay as a family in their own room the night after the birth to help them bond together
- being shown how to care for the baby, bond and interact with it from day one – especially if the mother has had a Caesarean section or a traumatic birth
- being actively involved in home visits after the birth
- being offered information on creating a safe home environment – they may have more time and resources to make the changes and may welcome having a specific role.

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Single mothers

Women who don't have the support of a partner may need more support from the health service. They often fear being judged because of their situation, so continuity of care is particularly important so they don't have to deal with lots of different people. They also need to be able to trust the professional caring for them. In some cases, this relationship may be their only source of support.

Single pregnant women often have alternative support networks and the importance of their parents, siblings and friends may increase. Women may want their supporter to be present at the key milestones. If a woman's mother or grandmother is her main supporter, then they may need help updating their knowledge of pregnancy and birth, if recommended practice has, as is likely, changed since they became a mother.

How single mothers may feel

- Embarrassed and/or defensive
- Anxious about parental disapproval
- Judged by or distant from the health service
- That antenatal classes and other community resources 'aren't for people like me'
- Unhappy that the father isn't involved
- Worried about the future
- Concerned about money and benefits
- Uncertain about their future training and employment needs.

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Possible ways to help

- Be aware that single mothers may need extra support and be ready to provide it
- Provide practical, supportive and non-judgemental advice
- Signpost single mothers, where appropriate, to services that can advise them on training and employment, benefits, housing and other non-health issues
- Ensure continuity of care throughout their pregnancy
- Make sure that other supporters (such as siblings or parents) are invited to key milestone appointments, if that is the woman's wish
- Provide contacts with others in similar situations
- Consider the needs of a single mother at birth – for example, who will take her and the baby home from hospital?

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The parents

Younger mothers

Teenage and young mothers can often fear that they will be judged and 'looked down on' by healthcare professionals. They may feel ignored in hospital and patronised by health visitors.

Some may feel angry or misunderstood and there is a danger that they will distance themselves from the health service. It's vital that these women feel supported by professionals and that they are given information at the right time. It's vital that young mothers are engaged successfully by health services – if they 'turn off' from them, they shut themselves and their growing children off from this vital source of support.

They may need a lot more formal support, from the very start of the pregnancy. They are likely to have less knowledge of and confidence about pregnancy and parenthood and they may also have unsupportive families.

How younger mothers may feel

- Unsure whether to continue with the pregnancy, especially if it was unplanned
- Fearful of being judged
- Distant from the health service
- Worried about finances and benefits
- Confused by employment rights and educational options.

Possible ways to help

- Offer them advice and support on whether to continue with the pregnancy.
- Signpost them to sources of advice on money, benefits, education and employment.
- Organise antenatal education with other young mothers.

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Parents in minority ethnic groups

Women in minority ethnic groups may need more support and guidance either because their expectations of how they will experience pregnancy and parenthood are different, or because they may not speak English as a first language.

In some cultures, women are not expected to engage with health services until far later in the pregnancy journey. For many women in these circumstances, strong family support networks may act as a barrier to engaging with formal health services.

Cultural influences may also be significant in shaping fathers' attitudes to pregnancy, preparing for the birth and engaging with health services.

The following text is based on individual comments from a small number of respondents. It should not be seen or treated as statistical evidence. However, it may provide some useful insights for planning maternity services to meet the needs of women in ethnic minority groups.

Women who do not speak English as a first language

These women may be very dependent on an English-speaker such as their partner or another family member to translate and interpret for them. This can be an effective way of engaging the father in discussions with the health professional – however, it can also inhibit open discussion with health professionals and make it hard for women to discuss sensitive topics such as sex and postnatal depression.

Possible ways to help

- Consider providing independent interpreters to avoid the necessity of using a family member.
- Ensure that pregnant women who don't speak much English have an interpreter in hospital, rather than simply relying on the partner/father to translate.
- Arrange for parents and toddler drop-in centres to have interpreters and offer English classes.

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- > 0–12 weeks
- > 13–28 weeks
- > 29–40 weeks
- > Labour and birth

The growing child:

- > 0–1 months
- > 2–6 months
- > 7–12 months
- > 1–5 years

The parents

Somali parents

Somali pregnant women may have been circumcised and this may affect the birth of their baby. They should therefore be offered advice from a female genital mutilation expert which may help them to have an easier birth.

There may also be a lack of communication between Somali parents. During pregnancy, some mothers move in with their families and rely on friends rather than their partner as their main source of support. Fathers may therefore not engage with the pregnancy and focus on parenting issues instead.

Possible ways to help

- Give Somali women the chance to discuss concerns over circumcision with the health professional in private and to get advice from a female genital mutilation expert.
- Encourage Somali fathers to attend antenatal appointments.

Bangladeshi parents

Bangladeshi families often provide strong informal networks of female support. When expectant parents rely heavily on these networks, they may not engage with the formal health services.

Bangladeshi fathers may be enthusiastic about being involved in the pregnancy journey. However, fathers often work long hours and find it difficult to engage with the health services.

Possible ways to help

- Encourage Bangladeshi pregnant women to attend all antenatal appointments.
- Ensure that appointments are scheduled when fathers can attend them if they wish.

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The parents

Pakistani parents

Pregnant women are expected to hide their bumps in public, especially in the presence of men. Fathers avoid antenatal classes to avoid seeing other pregnant women, and mothers may not attend classes to avoid being seen.

Possible ways to help

- Offer women-only antenatal classes to ensure that Pakistani women can attend them.

Black Caribbean parents

Black Caribbean mothers can feel under-valued by the health service. It is important to make it clear to them that the service is there to support them.

Mothers and other female family members often offer the most support. Pregnant women may turn to older family members for advice about treating ailments rather than asking the health service, which can be dangerous.

Black Caribbean fathers often feel that there's a stigma attached to them – they are expected to be disconnected from the pregnancy and unsupportive. Fathers can therefore be very interested in father-specific information.

Possible ways to help

- Ensure that Black Caribbean expectant parents feel valued, supported and confident.
- Engage fathers with information that is specifically produced for them.
- Make sure that mothers-to-be consult health professionals rather than family and friends about medical matters.

Gypsy and Traveller parents

The Gypsy and Traveller community often conforms to strongly traditional roles in which fathers provide and mothers deal with every other aspect of pregnancy. Most men work away from home and are therefore detached from the pregnancy. Mothers in the sample group were mostly not in employment. They have a strong informal female support network and there is little interest in male support.

Possible ways to help

- Encourage mothers-to-be to attend antenatal appointments. Not only are men unlikely to want to be involved, the women are also very unlikely to encourage them.

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