



Department
of Health

Targeted antenatal support: a partnership approach

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This publication was withdrawn in February 2026

It has been superseded by the [Delivery of the healthy child programme](#) guidance.

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Targeted antenatal support: a partnership approach

Prepared by

Oldham Community Health Services; Pennine Care NHS Foundation Trust

Authors: Greaves. L, Khanom. R, Rahman. M, Stott. C, Wolstenholme. D, (2012).

Purpose of Document

This case study focuses on an improvement in service quality, innovation or a new way of working, specifically along one or more of the strands of the health visiting service vision and family offer:

Community

Universal

Universal Plus and

Universal Partnership Plus.

Case Study Overview

With recognition of the local district demographics and effective working partnerships within a local Children's Centre, a team of health visitors has responded to the growing evidence base in relation to infant neuroscience and identified innovative approaches to delivery of the Healthy Child Programme. The key outcome was to improve early engagement with families. The development of the group-based antenatal contact entails a level of change to current health-visiting practice to extend core service delivery into community settings.

The antenatal contact enables the early identification and intervention pathways for families within the Universal Plus and Universal Partnership Plus frameworks and promotes opportunities for collaborative, multidisciplinary care delivery with key stakeholders and partners, including midwives and Children's Centre teams. This ensures that assessment and interventions are delivered at a time in families' lives when health-promotion messages are crucial in improving the awareness, knowledge and impact of effective parenting, to better prepare clients for the arrival of their infant.

Therefore, delivery of a group-based antenatal contact, held in a local community facility within a deprived locality, alongside the midwifery antenatal clinic, offers the opportunity to initiate a health needs assessment during pregnancy, particularly for first-time parents and those within vulnerable groups.

The service innovation demonstrates health visitors' attributes of leadership across agencies and the passion they have for strengthening local partnerships and improving outcomes for children and families.

Key objectives included:

- Ç to engage with communities with a high level of health needs
- Ç to break down cultural barriers
- Ç to offer opportunities for interventions to overcome wider health issues
- Ç to engage with the wider family, for example fathers and grandparents.

Immediate benefits have been recognised, including:

- Ç increased contact with families in the antenatal period
- Ç increased numbers of families accessing antenatal Universal Plus and Universal Partnership Plus services
- Ç opportunities for collaboration with midwives and Children's Centres to reduce inequalities in health.

Achievements

Following consultation and discussion with midwives, Children's Centre leaders and families, local health visitors recognised the value of developing a community-based antenatal drop-in alongside an existing midwifery antenatal clinic.

This innovative approach to delivery of the antenatal component of the core health visiting service was led by a group of five health visitors with regular discussion, planning, implementing and evaluating of practices in conjunction with the key stakeholders. The need for such intervention was based on local demographic knowledge of cultural barriers and existing clinical practice. The initiative and swift implementation of the group demonstrates the commitment of staff to working differently in order to deliver a comprehensive Healthy Child Programme that meets the needs of children and families.

The antenatal drop-in commenced in September 2012. By April 2013, the evaluation and learning will be used to develop a similar concept within each district of the borough.

Progress is monitored through regular review meetings, discussion and feedback from the midwifery team and Children's Centre staff, in order to make prompt improvements to service delivery based on the evaluation and feedback.

Due to the regular time and place of the antenatal clinic, health visitors are easily accessible for clients on an opportunistic basis. This provides the chance to see clients and families on more than one occasion during their pregnancy.

Collaboration with stakeholders has improved communication between services in highlighting clients and families with additional or complex needs, in order to ensure that an appropriate plan of care is delivered by a health professional before the birth.

Families have been involved through their regular attendance at the group, as well as achieving a key objective of including extended family members ñ particularly partners. While formal evaluation from clients is currently being requested via the text-based patient feedback survey, client feedback is sought and evaluated at all sessions.

The clinic has received positive feedback from families as to the benefits of early contact with health visitors and increased information in readiness for parenthood. This demonstrates a move away from the medical model of midwifery care, which may primarily focus on physiological principles of maternity care.

Benefits

Benefits for the families include access to:

- early health promotion and public health messages that can directly reduce health needs
- early parenting strategies, awareness of early bonding and attachment
- healthy lifestyle choices, with opportunities to reduce incidence of smoking and obesity.

A focus on infant feeding facilitates opportunities for health visitors to explore with pregnant women and partners the benefits of breastfeeding, provide practical advice and therefore increasing initiation and continuation of exclusive breastfeeding.

Organisational benefits include:

- increased antenatal contact with clients and families in the community setting
- the introduction of the health visiting service
- the opportunity to discuss key public health messages over a period of time
- early health needs assessment, with targeted intervention in accordance with Universal Plus and Universal Partnership Plus pathways
- assurance that clinical service delivery takes account of diverse client groups.

This is a valuable early opportunity to enhance the professional relationships with clients, to ensure improved understanding and concordance with key health messages. Due to the nature of the open-access clinic and the relaxed atmosphere, women are more likely to disclose sensitive information, warranting Universal Plus and Universal Partnership Plus interventions.

Activity and data analysis demonstrates an increase in Universal antenatal contacts. Empirical evidence suggests that the service has been well received, since at each antenatal clinic the vast majority of women and families have been keen to discuss key health-promotion messages. For example, a number of women have enquired whether they can bring their partners to the next antenatal clinic for dual support, and this has been encouraged throughout the antenatal care pathway. This has led to an increased number of partners being present at the antenatal drop-in.

To measure the success of the change, breastfeeding baseline data will be analysed as per the health visiting service performance-indicator requirements, with an aim of improved uptake.

Challenges

There have been numerous challenges throughout this innovative development. Although there has been a good uptake of antenatal contacts, it is envisaged that the clients would be reluctant to access this type of health visitor support if the clinic was run separately from midwife appointments. As such, future provision would look to mirror a shared approach to delivering services in partnership with and alongside existing groups and facilities.

Locality demographic knowledge recognises that, traditionally, the client group is difficult to engage and reluctant to engage in complying with health-promotion messages. There are many cultural barriers to address, and difficulty in tackling health need due to language barriers or societal norms, such as the reluctance of some fathers to participate in maternity care. Historically, this community has been seen to be reluctant to access group-type sessions, which is a key indicator for consideration for future development, particularly in view of evaluation to date demonstrating positive mother and partner engagement.

Various areas within Oldham will require different antenatal provision depending on the local demographic profile and health needs assessment. This is a recommendation for future development. However, there may be some difficulty in achieving this, depending on individual service delivery within local districts. Where possible, health visitors as leaders of delivery of the Healthy Child Programme will be key contributors to locality-based planning and ensuring cohesive service delivery across agencies.

Although the Children's Centre provides interpreting support, language barriers will need to be addressed in the longer term. In this instance, bilingual health visitors have been invaluable in assuring success of the project.

Regular collaboration and consultation with the wider health visiting team has minimised any difficulties associated with ensuring that families access appropriate care pathways in the antenatal period. Where only families with safeguarding concerns would traditionally be referred from midwives for antenatal support, this innovative approach allows earlier identification of need and, where required, referral to a named health visitor for individualised support.

Learning, sharing and sustainability

The health visitors leading this service innovation have effectively demonstrated the unique opportunity and benefits of engaging with women who are keen to access key health messages prior to the arrival of their baby. The team has learned that regular communication is absolutely necessary in evaluating and making improvements to the clinic. This will hopefully aid the expansion of the service to other areas of Oldham.

It is our intention to ensure sustainability and that all districts across the borough will have a Universal group-based antenatal service, in parallel with midwifery antenatal clinics. These will be delivered in locality-based settings by April 2013. Subsequently, a targeted group-based intervention will be developed for those groups experiencing additional vulnerabilities or adversity. All evaluation can be used across the wider Pennine Care and Greater Manchester footprints, with a view to embedding similar practice principles to provide antenatal care.

The health visitors are keen to showcase their service innovations, and they had the opportunity to meet Dr Dan Poulter MP, who was highly supportive of the initiative.

Health visitors involved in the project are hoping to formally publish the evaluation of this innovative development.