



Department
of Health

Healthy Mums, Healthy Babies: Development of an antenatal programme

July 2013

This publication was withdrawn in February 2026

It has been superseded by the [Delivery of the healthy child programme](#) guidance.

You may re-use the text of this document (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit www.nationalarchives.gov.uk/doc/open-government-licence/

© Crown copyright

Published to gov.uk, in PDF format only.

www.gov.uk/dh

Healthy Mums, Healthy Babies: Development of an antenatal programme

Prepared by

Mid Yorkshire Hospitals NHS Trust

Jackie McKenna, Health Visitor Team Leader

Mid Yorkshire Hospitals NHS Trust

jackie.mckenna@midyorks.nhs.uk

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

Castleford performs worse than the district average for the number of people adopting poor lifestyles including smoking in pregnancy, poor initiation and continuity of breastfeeding and harmful alcohol consumption. There are high levels of children with a child-protection plan and high levels of attendance at emergency departments. There is a low proportion of females wanting to increase physical activity. The area has a high proportion of people experiencing poor mental health and mental wellbeing.

Priority health issues identified from local data and the Child Health Profile formed the rationale for the project. Accessing and engaging families in the antenatal period was an opportunity to address their health needs and provide the families with evidence-based information, with a view to improving outcomes for both mums to be and babies ñ the aim being early intervention and health promotion.

This was a targeted, focused delivery offered to mums to be and partners who had been assessed as being within the Universal Partnership Plus programme. It was targeted at families who had not had the opportunity of early intervention from services such as the Family Nurse Partnership or Barnardo's Young Families. It was identified that it would be difficult to engage these families, who would normally choose not to participate in group activities and are uncomfortable mixing with people they do not know. This was considered when planning the sessions in order to encourage their participation and attendance.

It was important that this was a partnership approach and would give different agencies the opportunity to work together but also to show the community how these agencies can work together to help the families achieve better outcomes.

Five out of six parents completed the programme. The feedback received was positive: the parents have made changes to their health; they gained

confidence in caring for their babies; and understood more the needs of a young baby. They also developed friendships from the group and continued to meet.

Achievements

The data was researched and analysed and the project was discussed with Ash Tree Children's Centre's manager. They already had a similar idea, so it was an ideal opportunity to work together.

A health visitor was identified to facilitate the sessions, producing the package for the programme and an evaluation questionnaire. Views were obtained from the local Children's Centre and the health visitors working in the community. The length of the programme was six two-hourly sessions at the Children's Centre. The plan was to have facilitators from the Children's Centre and the health visiting team. Each participant completed a pre-course questionnaire. The sessions were arranged during school times to enable parents with older children to attend, as there was no crèche provision. There was no cost for the venue or refreshments. Six parents – five mothers and one father – attended the course.

Each session was planned following interpretation of the local data, with the purpose of addressing priority health needs in the area. The participants could be signposted to the group from health visitors, midwives, the Children's Centre or family services.

Evaluation from the participants was obtained in the form of a questionnaire regarding perception of their health before and after the programme and their views of the programme. The participants were made to feel that this was designed especially for them and, although sessions were planned, professionals adapted the delivery to meet the participants' needs. The participants were encouraged to engage in the session by having practical sessions, such as bathing baby, and there was a craft activity at the end of each week, where the participants produced a keepsake box.

Ground rules were discussed at the start of the programme, and all professionals and participants were aware of the need for confidentiality.

The public health department supported the programme by providing some safety equipment and pedometers.

Benefits

The project was a key opportunity to develop closer working relationships with partner agencies. It allowed professionals the opportunity to revise and improve their skills in developing and managing a project, utilising the local data and focusing the programme on the information obtained. It also allowed the health visitor the opportunity to revisit their public health role.

The programme provided information to enable the participants to make healthier choices and adopt healthier lifestyles. The participants felt secure in the group, and several peer relationships have developed and are being maintained. As the programme progressed, the parents became more confident in how to care for their babies.

The following is some of the feedback received from participants:

- The number of units of alcohol the participants were drinking reduced.
- Cigarette consumption had reduced.
- Some participants were accessing the stop-smoking service.
- As a result of the information she received in the group one mother is breastfeeding.
- One participant reported how her perception of the health-visiting role has improved and she feels more positive about their role. She now understands that their role is to offer support and answer questions.
- One participant acknowledged that the session on safety made her understand the safeguarding concerns that have been raised recently in relation to her child.

One meeting was held after the birth of the babies at the request of the parents. This was an opportunity for the facilitators to evaluate further what the benefits of the course were. From a further questionnaire, the participants were able to correctly answer some questions about the development and safety of their children. They had taken on board the advice given during the programme and were confident enough to offer suggestions about how we could change future courses.

Challenges

The initial challenge was arranging the programme within a short timescale in order to avoid school holidays. The facilitators did not want this to be a barrier. By working together, the Children's Centre and health visitors were able to devise a programme where both agencies would be involved in delivering the information. To help engage the families, the family worker from the Children's Centre visited each family individually to discuss the programme with them, using the approach that the family was entitled to this programme. Although there was a structured programme, the facilitators were flexible in the content, which helped to maintain engagement with the parents. The craft activities at the end of each session and the practical skills also helped to engage the parents. A big challenge was involving fathers in the programme, and this did prove difficult – only one father attended the sessions.

Having more time prior to the programme starting would have enabled more time for referrals from other partner agencies and health-visitor colleagues. There would have also been more opportunity to ask the families in the communities for their views, and more time would have allowed greater opportunity for the engagement of fathers. There needs to be more advertising of the course to the midwifery service.

A second programme has been completed. Eight parents started, three of which were fathers, and six completed, including two fathers. The referrals for the group were from the Children's Centre, health visitors and family services and one from an external agency. A different health visitor and a student helped to facilitate.

The next step is to devise a questionnaire that can be completed by the named health visitor after the postnatal visit. This will provide a professional evaluation of how the information received during the programme had influenced and empowered the family's decision making with regards to their health and that of their children.

Learning, Sharing and Sustainability

This opportunity has shown how being in the community and working together with agencies helps to build community capacity. It has given the health visitors in Castleford enthusiasm and has motivated them to come up with ideas for further projects.

The plan for the future is to develop this programme in other Children's Centres across the district.

The project will be shared with the health visitors within the Mid Yorkshire Hospitals NHS Trust at a local professional meeting, with a view to rolling out the programme further.