# Standards for Antenatal Education in Greater Manchester

Spring 2023

Coproduced with partners from across Greater Manchester. Led by Karen Murray – Midwifery Lead for School Readiness and Perinatal and Parent Infant Mental Health

# Contents

**The Curriculum Framework is set out in the accompanying slide deck.**

**The Curriculum Framework defines and places parameters around the core content – what we teach – in parent education. It is not intended to be a prescribed curriculum. It is based on the assumption that parent educators should have autonomy and exercise creativity in assessing the specific and unique needs and expectations of each parent and parent group with whom they work and in designing curriculum and selecting resources to best meet their needs and expectations. The framework provides a foundation and process for doing this work.**

**Throughout the documents the use of women, pregnant people, partners and care givers has been used to aid inclusivity. Whilst considering the participants, it is important to recognise that intended parents, co parents and men also possess unique psycho social needs.**

# Section 1: Introduction

## Why is antenatal education important?

The purpose of the Greater Manchester (GM) standards for antenatal parent education is to support facilitators in GM to deliver consistent antenatal parent education that respects and reflects the individual needs of women, pregnant people, their partners and caregivers and ensures they are equipped with the knowledge, understanding and confidence to support them to becomes parents and care for their child/ children.

The purpose of antenatal education is to:

- Facilitate the improved health and wellbeing of babies, women, pregnant people and their partners both during pregnancy and the postnatal period
- Develop and support the capacity to become parents and support good outcomes for babies and young children. It also helps to improve the health professionals' understanding of local families to enable appropriate support to be offered in the early days, months and years of a child's life.

Parent education aims to make learning accessible and meaningful to all. Learning should incorporate emotional dimensions and reflection; include pregnancy, birth, relationships, becoming a parent and actively promote a positive parent-infant relationship.

## How this links to GM ambition to improve School Readiness outcomes across GM and focussing on 1001 critical days

The lack of a consistent offer and variation in the content of antenatal parent education across Greater Manchester requires a regional approach to support commissioners and parent educators to develop, improve and implement parent education programmes that meet parental needs and reflect the Greater Manchester ambition for all children to have the best start in life.

The first 1001 critical days, from pregnancy up to the age of two, is a peak period of growth for the brain to achieve its optimum development and nurturing. When a baby's development falls behind the norm during the first years of life, it is more likely to fall even further behind in subsequent years than to catch up with those who have had a better start. It is therefore important to invest in early years education, have high quality maternity services and parenting support and build resilience and wellbeing in young children across the social gradient.

The Greater Manchester Population Health Plan (2018-2027) outlines that interventions later in the life course are less effective when following a poor start in life. This highlights the need to work creatively with partners to reshape antenatal parent education programmes and to address the parent infant relationship. Underpinning this is the need to improve outcomes for the most vulnerable families and children in our care and to work to address future inequalities in health.

# Section 2: Aim of GM standards & audience

Standards for Antenatal Education aim to support the key public health messages; to improve efficiencies and help to reduce health inequalities. The intended outcomes of this are to contribute to the following:

- The improvement of the health of pregnant people and their babies by:
  - Improving nutrition during pregnancy
  - Reducing smoking prevalence during and after pregnancy
  - Increasing the number of pregnant people consuming no alcohol during pregnancy
  - Reduce the number of alcohol exposed pregnancies
  - Increasing exercise
  - Reducing the number of preterm births
  - Increasing the number of healthier newborn babies.
- The increase of 'normal' births by:
  - Reducing the number of interventions
  - Reducing the number of Caesarean sections
- Improving the health and emotional wellbeing of new parents and their babies by:
  - Increasing the number of breastfed babies
  - Facilitating parental emotional and physical recovery following childbirth
  - Reducing the incidence of perinatal mental health conditions (including partners)
  - Increasing parental resilience
  - Reducing the incidence of poor parent infant attachment
  - Reducing the incidence of parental relationship breakdown
  - Increase parental awareness of early communication
  - Improving child safety
  - Stronger social connections and networks
- The improvement of Integrated working supporting a whole system approach by:
  - Fostering links and integrated working between maternity, health visiting, mental health, substance misuse services (especially perinatal and Parent Infant Mental Health services) early years, VCSE and speech and language therapy services
  - Reshaping education offers with a multi-agency approach to delivery
  - Supporting the workforce and strengthening role of antenatal education in embedding key messages within EY pathways
  - Reaching marginalised groups such as ethnic minority and LGBTQi+ communities

## What good looks like

Work has been undertaken to map current antenatal parent education that is currently provided across GM; examples of good practice from this work are woven throughout the document.

The Early Intervention Foundation (EIF) guidebook also provides information about **interventions** that have been evaluated and shown to improve outcomes for children and young people. It includes examples of parenting support targeted at the antenatal period where there is a recognised evidence base.

## Resource to support Commissioners and Providers

Service mapping has highlighted the multitude of commissioning and provider arrangements across GM in relation to antenatal parenting education. Feedback with stakeholders has highlighted of importance of embedding the antenatal education offer within the integrated local early years offer to ensure that parents experience seamless support during the antenatal period and maximise opportunities to promote the offer to families. The recommendation for all local areas to publish their *Best Start for Life* offer and the development of Family Hub networks an opportunity to review the commissioning and delivery arrangements with antenatal parenting education and consider how this can make best use of a mixture of professional and peer expertise and ensure it is accessible to all families within the communities where they live.

It is recognised that this is work that needs to continue into the postnatal period and to become embedded as an integral component of local parenting strategies. To provide a quality parent education service, it is recognised that there is an urgent need for a 'skilling-up' of the workforce and for an increase in the availability of multi-agency educators who can deliver these services.

Comprehensive implementation will ensure that all pregnant people in Greater Manchester have equal access to services and support and are well prepared for labour, birth and early parent support whilst receiving key public health information. The implementation of the standards is supported by the collaborative approach taken between GMCA, the Perinatal & Parent Infant Mental Health Programme, and the ICS in Greater Manchester.

# Section 3: What do we know?

The production of the standards has been informed by stakeholder engagement to gather an understanding of the current offer in GM and our collective ambition for antenatal parenting provision.

Key findings from stakeholder engagement included:

- There is an increasing number of discontinued programmes of parent education in the maternity setting.
- This is linked with the difficulties faced during the pandemic and staffing issues, for example in one borough, there are no longer parent educator positions in the maternity workforce due to redeployment and no plans to recommence a programme of education.
- There is an increase in reliance on signposting families to online pre-recorded or e-module sessions.
- VCSE Offers from Home start and Dad Matters had greater capacity to adapt their delivery and outreach methods to continue to support the community during the pandemic.
- The provision of programmes supporting the 1001 critical day's agenda, assisting parents to think about their baby are increasing.

## What do parents tell us?

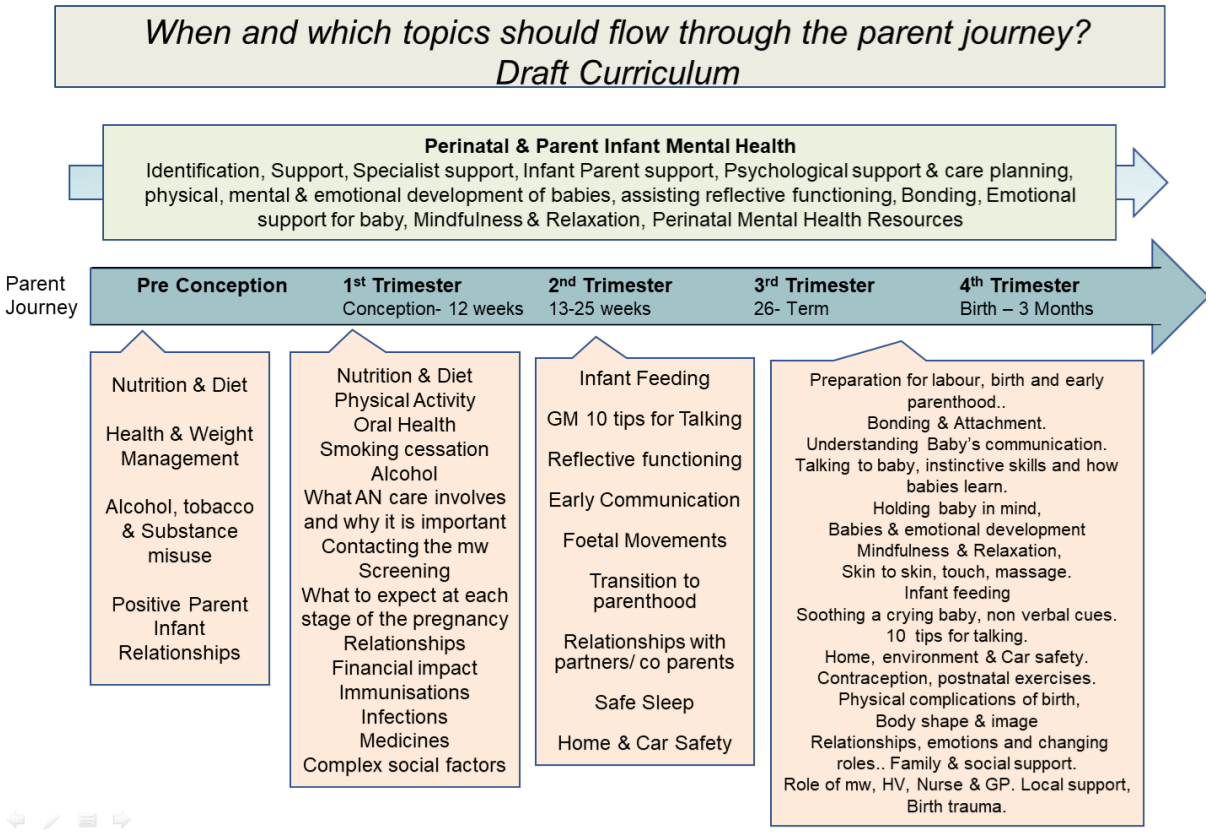
These standards have been developed with particular attention to the expressed needs of parents in Greater Manchester. Key findings from a GM parental survey highlighted:

- The majority of parents found the information they had received from parent education useful, although less than half reported they had received all the information they needed.
- According to parents, the current offer is not focussing on the information they wished for *at the right time*. Knowing when to contact the midwife, finding out about perinatal mental health and more information about their infant's development and care were frequently cited as topics that they wished to prioritise earlier in pregnancy.
- 76% were satisfied with the amount of information they received in parent education, 92 % agreed that it was interesting to them. The survey highlighted that there was a need to address the acquisition of confidence and skills. (38% of respondents disagreed that it gave them the skills and confidence they needed for the future).

The survey asked the participants to rank topics they wished to cover varied in each trimester. When and how to access Midwifery support and connecting with local families were highlighted as a consistent priority.

Based on these findings it is recommended that a good antenatal education offer covers the following thematic content during each of the 4 trimesters:

Figure 1 - Optimal Timing of Education




## What about delivery methods?

- Face to face group sessions were ranked highest as the preferred method of programme delivery.
- Face to face one to one sessions, online group sessions (e.g., zoom), pre-recorded methods and email updates were less preferable.
- Leaflets and websites were ranked as the least preferred method of communication

# Section 4: The Standards

A thematic analysis of the findings produced the 6 standards that should underpin a high quality antenatal parenting education offer.

Each standard sets out the key messages that should be included in all parent education programmes as a minimum standard.

The workshops were attended by practitioners, professionals, academic lecturers and voluntary sector groups including the Maternity Voices Partnership. Specialists drew on their expertise to develop the standards and refine the content to ensure that best practice is reflected throughout.

- Standard 1: Evidence based approach
- Standard 2: Integrated approach
- Standard 3: Inclusive and targeted approach
- Standard 4: Information sharing and transitions; making the best use of GM resources/system
- Standard 5: Measurement of impact/ evaluation
- Standard 6: Commissioning and workforce development

This does not mean a prescriptive approach rather that the standards are incorporated within a **community development approach that is flexible, involves parents, considers prior knowledge and experience, and meets parents' agenda**. This must include evaluating the views of those who do and do not use the service so that it remains fit for its purpose. Partners and care givers are referred to throughout the standards with specific attention aimed to address inclusivity.

## Standard 1: Evidence based approach

The promotion of empowering, evidence-based and regionally consistent messages are an important component of delivering high quality and effective preparation for parenthood.

Education to promote optimal health and wellbeing should be delivered as part of the continuing care, so that every contact with a family can become a learning opportunity and provide parents with the opportunity to express hopes and fears as well as more practical needs. **It is essential that health improvement is not viewed in isolation and remains a priority throughout pregnancy and beyond as well as underpinning all programmes of parent education.**

- Better outcomes for parents and babies start long before birth. To achieve universal health improvement for babies and children, and narrow the health gap for those who are most vulnerable, we need to embed care and support for healthy conception and pregnancy through care pathways and education for everyone of reproductive age. Preconception care needs to be part of day-to-day business for many key services, and support for healthy behaviour change important for all. We also need to make sure that those who need extra help are getting it [2]. ([2]Links to doc for commissioners)
- Child & family (NHS) services can achieve best practice through the implementation of up to date clinical guidelines. The basis of good evidence based clinical care will improve health outcomes and reduce health inequalities across GM.
- Antenatal education providers support pregnant people and their partners to promote, protect and improve their health and wellbeing and that of their baby through quality assured resources linked to accredited bodies.
- The Perinatal & Parent Infant Mental Health agenda is embedded and championed, AN care Providers are familiar with the GM iThrive approach and the Perinatal and Parent Infant Mental Health Programme. 1001 Critical Days[4].
- Timely Information - All maternity professionals have a critical role in ensuring that pregnant people and families have timely and evidence-based information at any point in their journey which is tailored to their unique circumstances.
- Compassion - Information is presented in a non-judgemental, compassionate and personalised manner
- Continuity - significantly improves communication and contribute to reducing variation in information.
- Trauma informed- It is important for all providers to: Understand what the impact of trauma could be for the individual, whether they disclose a trauma history or not. Ensure they deliver trauma-informed care that is respectful and responds to care decisions. Consider how care interaction can affect an individual's future engagement with the system.

**Case Study: Manchester Bump to Baby Programme**

The course is delivered by our Early Years Outreach Workers and in some instances, Midwives have supported delivery at some of the sessions and we are working with CAPs PIMH Team to also support delivery of some of the sessions.

Our Sure Start Children's Centres across the city are grouped into 7 Neighbourhood Groupings and each of the 7 groupings run a course each 1/2 term rotating the venues.

Parents are invited to attend each of the 4 sessions that make up the course with a different cohort invited to each course. So yes, families finish together. Each session is 2 hours long.
A 4-week programme for parents to be (around 24 weeks into pregnancy). The programme content has been developed in consultation with a wide range of partners including parents.

The programme aims to:

- Promote bonding as an important element in the healthy development of babies
- Help parents to prepare for babies' arrival
- Support parents to gain and share necessary skills and knowledge to build their parenting confidence and skills
- Support parents' health and wellbeing
- The programme learning outcomes are as follows:
- Recognise the importance of communication between the parents and with their baby, inside and outside the womb.
- Understanding baby's needs physically and emotionally.
- To understand that babies have the ability to communicate right from birth.
- Discuss importance of getting to know your baby, understanding babies' cues.
- To recognise the important of responsive feeding, attachment, and positioning.
- To develop practical skills needed to meet their baby's needs, e.g., dressing, nappy changing, feeding, bathing and appropriate handling of baby.
- To recognise the importance of keeping your body and mind healthy.

**Case Study: Home Start Infant feeding Universal Offer**

Infant feeding peer support is offered in Tameside & Oldham (not sure about other areas). This includes antenatal workshops and outreach at clinics to provide information about feeding methods so that parents can make an informed decision.

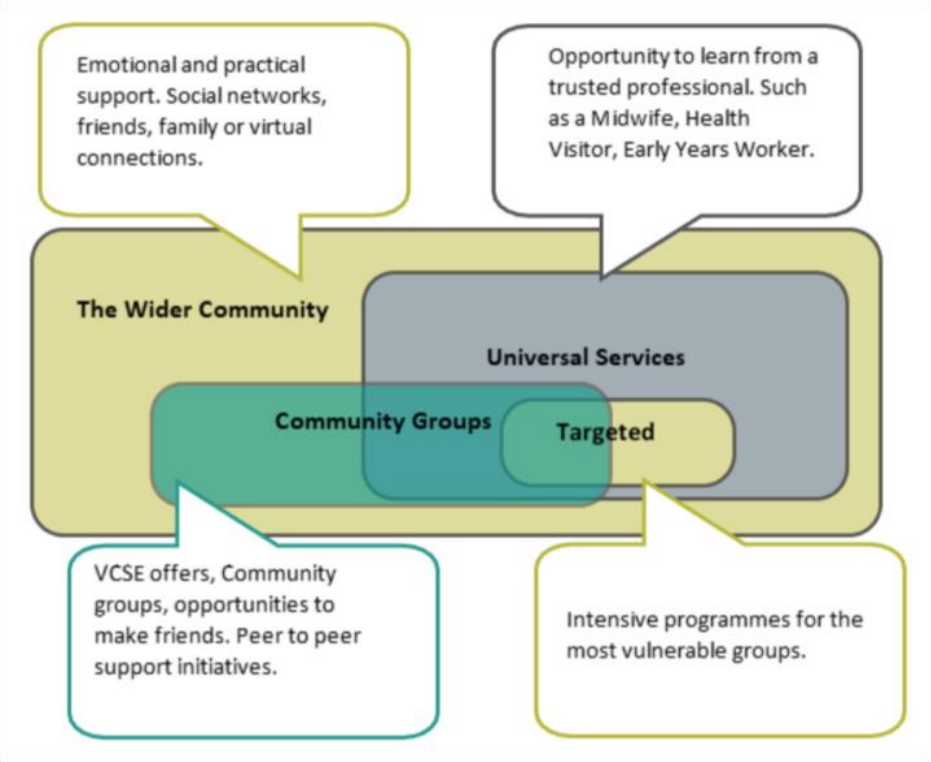
Parents are encouraged to consider the benefits of breastfeeding for both mum and baby and are assured of support should they want to try it. In Tameside, all parents are contacted after birth to see how they are getting on with feeding and if they require any support. In both Tameside & Oldham, parents can contact the peer support service for support and may be offered phone support, a home visit, text support or invited to one of a range of community peer support groups. There are also a number of area-based WhatsApp groups moderated by the service that help parents to support each other and to form friendships.

## Standard 2: Integrated approach

Through antenatal parent education families should have the benefit of the Greater Manchester whole system approach, enabling easy access to, and more availability of preparation for parenthood opportunities.

Utilising the whole system in Greater Manchester is paramount for delivering resource efficiently to support preparation for parenthood. Service coordination or integration is likely to improve families' experiences, enable those needing support to be identified more quickly and increase the likelihood of families receiving the help they might need.

Figure 2 – A model for delivering integrated antenatal education




There are four levels to this integrated model which reflect the concerns of the wider family and specific communities; these align with principle of proportionate universalism which underpins the GM Early Years Delivery Model:

1. New parents are most likely to turn to their family and friends for information and support, and to supplement this with magazines, books, web-based information, and interaction with other parents through online social networks
2. Community groups or antenatal courses help expectant parents to build social support networks and to learn from each other, as well as from the group leader or expert. These may be based in a Family/ hub/ StartWell facility and be provided by parenting organisations and charities, the NHS, or other voluntary groups.

3. Universal and routine maternity and child health services provide a rich opportunity to learn from a trusted professional, such as the midwife, health visitor or GP.
4. For those families that are most vulnerable, there are specialist, intensive (targeted) programmes, such as the Family Nurse Partnership programme, Mellow Bumps, which is available in some areas.

## Principles of an Integrated Approach

- An integrated approach should be used, **drawing on the knowledge and expertise of a range of early years professional** including health visitors/public health nurses, infant parent teams, mental health professionals, early years and early help practitioners, and speech and language therapists to develop and deliver programmes.
- **Community resources and expertise should be used in partnership** to support the delivery of non-clinical topics such as money and housing advice.
- Pregnant people and their partners are **made aware of the variety of antenatal education options available to them in their area and how they can access such antenatal education**. This information is readily available through local settings and online.
- **Antenatal education should link to local parenting support programmes, which seek to build parental capacity to improve children's outcomes.** Interventions should be part of an integrated antenatal education offer to maximise the opportunity to engage with expectant parents and ensure they benefit from learning around parent-child interactions and behaviour from the start of their parenting journey.
- Peer support can offer helpful and valuable care and guidance during the antenatal period. There is evidence among parents from particular subpopulations (such as our young, neurodiverse, migrant, or low-income parents) that peer support can often increase participation in those who would usually be reluctant to access antenatal education.
- Professionals offer women and pregnant people (and their partners) information about how to access local and national peer support services.
- Health professionals share the potential benefits of peer support with women and pregnant people (and their partners), and explain how it may:
    - Provide practical support
    - Help to build confidence
    - Reduce feelings of isolation

## Integration (aimed at commissioners)

Emerging national policy around development of Family Hubs and local work in GM provides an opportunity to consider the delivery of antenatal education as part of wider parenting support within communities. Joining up antenatal education with wider support services for expectant and new parents will ensure an integrated, local offer and better meet the needs of families.

**Case Study: Beads**
Beads is a 10-week Antenatal rolling programme, co-produced for expectant parents/carers linked to the Start Well priorities and mapped to government recommendations in the Healthy-beginnings-applying- all-our-health publication

A Barnardo's Programme Co-ordinator works in partnership with subject leads (Midwife, Health Visitor, Psychologist, Domestic Abuse Practitioner, Early Years Outreach, Mental Health Practitioner) delivering 10 x 30–45-minute sessions on topics such as, bonding and attachment, brain development, communication, your mindfulness, relationships, nutrition & healthy habits, safety (ROSPA & ICON), rest & sleep (Lullaby Trust), respond & play. Delivery is via a blended approach of face-to face and digital sessions, with information and guidance available at the point of need via social media. The programme identifies the potential need for early-targeted intervention using maternal antenatal attachment scale.

Benefits to parents and carers evidenced through the pilot evaluation showed that all expectant parents knowledge increased in the topic covered. Parents who had their children within the pilot there was an increase in how attached they felt to their baby and how comfortable they were feeling in themselves. The flexibility of access increased and sustained engagement, whilst providing connection and knowledge supporting the parent journey avoiding baby blind spots.

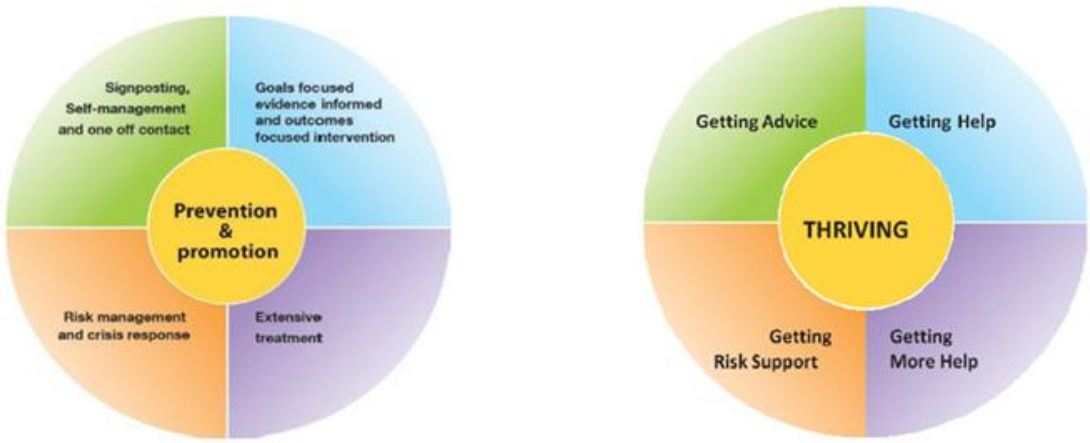
Benefits for professionals included subject leads maximising their input through reaching wider audiences, providing families with what they want and need in a co-ordinated and time efficient model. The programme can be adapted to include the 3 midwifery education sessions (Better births). Taking a baby-centred approach to the antenatal process allows us to think more clearly about the whole environment a baby is being raised in in a multi-disciplinary manner.

*Nikki Somerville, Barnardo's Development Children's Service Manager, January 2022*

## Standard 3: Inclusive and targeted approach

In Greater Manchester it is imperative that preparation for parenthood offer is inclusive and tailored to the local population whilst delivering a person/family centred approach. The Thrive framework assists GM professionals in a needs led approach to delivering support. It conceptualises need in five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on prevention and also the promotion of mental health and wellbeing across the whole population.

Figure 3 – The THRIVE Framework




*The THRIVE Framework for system change (Wolpert et al., 2019)*

Developing thresholds and signposting for antenatal education may be considered through forging such frameworks. Localities may build upon integrated pathways such as local Perinatal and Parent Infant pathways.

### Inclusivity

- Women, pregnant people and their partners have equitable access to antenatal education based on their assessed needs (e.g., antenatal, physical mental health, learning ,communication, transport, language and cultural needs) and their preferences (e.g., format and timing of classes).
- Facilitators recognise that different groups of parents may have particular concerns to be addressed – for instance multiple birth parents, young parents, older parents, black and minority ethnic groups and same-sex parents. It is important to recognise cultural and other differences (such as parents with significant mental health conditions) without stereotyping parents, since there are considerable differences within groups. Antenatal education providers have systems in place to ensure that there is outreach to population groups who are at risk of social exclusion.
- Localities should train educators/ champions who speak the participant's first language to provide information and support. Where champions are not available, ensure those

whose first language is not English have access to interpreting services and information in a format and language they can understand.

- Dads and Partners understand that antenatal classes can enhance their own support and in turn, for their partner during pregnancy, childbirth and beyond. Greater father involvement is correlated with lower parenting stress and depression in mothers; fathers' depression (like mothers') limits their ability to parent effectively.
- Services strive to address gendered norms within language used, the names of programmes and service design to aid inclusivity of the LGBTQi+ community.
- Intended parents or caregivers who aren't necessarily the birth parents feel included and supported to attend preparation for parenthood.

## Targeted Programmes - Getting More Help

- Consideration is given as to how the learning needs of groups who have specific needs may be adequately met (e.g., pregnant teenagers, neurodiversity, multiple pregnancy, LGBTQi+ people, pregnant people who have a disability, VBAC, parents who have significant mental health conditions and/or parent infant relationship concerns, women, pregnant people and their partners who have experienced perinatal loss or a premature delivery and neonatal intensive care) and that the delivery of information is evidence informed.
- Care providers and educators understand the importance of linking with other professionals who may know more about the family and their circumstances such as carers, mental health professionals, GPs, and social work.
- Targeted programmes require a trauma informed delivery. Consider one to one, or small group face to face sessions, in the participants own familiar surroundings. Delivering trauma informed session's means being curious about each person's unique needs.

There are some promising evidence-based programmes that focus on specific aspects of antenatal education. However, further research is required to produce programmes that can be universally replicated.

## Complex Psychosocial Factors – Getting Risk Support

Antenatal programmes for this cohort vary, practitioners describe that they often adapt education and deliver it on an opportunistic basis with a range of tools they have received via training attended throughout their career. Programmes which our stakeholders reported as beneficial on a one to one basis included: Promotional Interviewing, PEEP, Mellow Bumps, Solihull approach,

- Women, pregnant people and their partners who are identified as having complex psychosocial factors have the access to early targeted antenatal education. Commencing education as early as possible is essential; utilizing time in the second trimester is paramount.
- Holistic use of the early help assessment and the SEB pathway in GM links to targeted AN ed, incredible years groups (check availability/ offer)

**Case Study: Wigan**

The Daisy Team midwives are supported by 2 Midwifery Support Workers that have completed extra training in courses, relevant to the support offered to the vulnerable pregnant women on their caseload.

The main role of the MSW is to deliver practical parenting sessions, these are delivered on a one-to-one basis, following an initial visit to identify the clients' learning needs, learning style and to provide information in the correct format.

The sessions include information on the safest place for a baby to sleep (safe sleep), feeding options, personal care of the newborn baby and a bonding and attachment session, that focuses on early communication with baby in the antenatal period, the importance of skin-to-skin contact following the birth of baby etc. The sessions are delivered in the client's own home and within the Startwell Centres, demonstrating the client's engagement.

The MSW's work alongside the multidisciplinary team to support the families through their pregnancy, offering emotional support and giving health information, often preparing parenting reports for social care, and participating in social care meetings. They have regular supervision. The MSW's also perform clinical skills, blood pressure checks and venipuncture. During the postnatal period the MSW's visit their clients/babies and complete the newborn screening test, they advise on feeding and baby cares.

Following the additional support there has been a notable reduction in smoking and as a result parents having smoke free homes. Parents have more confidence in caring for their baby positively, and bonding is increased because they have built a loving relationship with their baby. These factors contribute to baby remaining in a safe environment with their families with the support of appropriate services.

**Case Study: Home Start**

Homestart targeted offer matches parents with volunteers to help them to start thinking about their bump. Referrals can be made to Home-Start PIMH support from pregnancy onwards (though most referrals are post-natal). Home-Start support helps families to prepare practically and emotionally for baby's arrival and provides volunteer peer support up to the age of 2.

Home Start bump to under 2's – 6-week cycle of online meet ups -These groups have now moved to face-to-face groups in Tameside and Rochdale and are very well attended by expectant and new parents. They are peer support groups that allow social networks to be developed. These groups are also backed up with WhatsApp groups.

Dad Matters

1. Targeted session for Dads who have experienced miscarriage or perinatal loss and are expecting – delivered in MMHS plot areas to start but open to anyone in GM
2. Antenatal Dad Chat – a session within Antenatal education sessions delivered by midwife, we take male parents out for 30 mins and talk about attachment and bonding, mental health, and access to services from dad's perspective. This helps dads to focus on their own role as dad rather than only as support for mum.
3. Online New Dad Workshop, twice per month, for expecting or new dads. We talk about attachment and bonding, crying, consoling, baby states, mental health for mum and dad, accessing services and support and labour, birth and beyond.
4. Training session for professionals to enable them to run the Dad Chat session within theirs if we can't provide a volunteer or staff member.
5. Bespoke Antenatal class for dads who can't access the maternity delivered ones. In conjunction with a midwife from the pathway. (TBC)

## Standard 4: Information sharing and transition

- Effective multi agency communication ensures that families receive a consistent and integrated support package.
- Multi agency communication involves working together, sharing data and information about family needs, and managing and delivering services so that families receive a consistent and integrated support package. This also prevents the need for families to 'retell' their story.
- Women, pregnant people and their partners are made aware of the variety of antenatal education options available to them in their area and how they can access such antenatal education. This information is readily available through local maternity hospitals and online.
- Antenatal education providers ensure that there is a variety of routes and mechanisms for pregnant people and their partners to access antenatal education in a timely manner.
- Strengthening Locality links. Families using various touch points of the pathways – how do we feedback their engagement/ raise concerns

**Case Study Salford Family Partnership – Early Help Antenatal and Postnatal Pathway**

Our antenatal and postnatal pathway is led by upskilled Early Help Practitioners who act as Baby Leads to support families during pregnancy and postnatally. Baby Leads are located within each of our 4 localities within Salford. Support is prioritised to targeted families during this critical period in order to provide the best package of support available working alongside our partners in 0-19 health.

Our ask is that parents are referred into the Early Help Service at the earliest opportunity antenatally so our Baby Leads can begin to form positive relationships with families to identify any arising issues at the earliest opportunity and provide a package of support tailored to meet their needs. A key intervention at this stage is access to the Solihull Antenatal online programme. Families will be supported to access this programme and will be contacted by their designated Baby Lead to check in on their progress and supplement the programme with further information including safe sleep, infant feeding, and ICON. An Early Help Assessment will also be undertaken with targeted families.

The core interventions which support this pathway are detailed below. This is to ensure all families receive key information and are supported to focus on bonding and forming strong attachments with their baby from pregnancy onwards via various methods of delivery both virtual and face to face.

**Online Antenatal Course - 'Understanding pregnancy, labour, birth and your baby'**

The Solihull Approach antenatal online course has been developed by registered midwives and gives families practical information about pregnancy and birth, whilst at the same time introducing families to their baby.

It explains how and why those around baby are so important, whether they are the mother, father, partner, grandparent, or birth partner. It integrates the traditional information given on an antenatal course with a new approach to starting a relationship with baby before baby even makes an appearance!

**Online Postnatal Course – 'Getting to know your Baby'**
Once baby arrives families can access the Solihull Getting to Know Your Baby online course.

**Baby Social Sessions**

These sessions are for parents /carers who have any questions or queries about anything related to their baby. Our UNICEF trained infant feeding leads can offer:

- breastfeeding advice and support
- General feeding advice
- Sleep advice

**Introducing Solid Foods**

These sessions are to support parents when they are ready to begin introducing solid foods to their baby, the session offers practical advice and guidance.

## Standard 5: Measurement of impact/ evaluation

- Those governing the antenatal education service regularly review information on the quality of the service, which may be gained through service provider or parent feedback and through audit, in order to ensure that antenatal education is delivered in line with national standards, guidelines and policies.
- Parent education should be evaluated by parents and other educators.
- Parents' views and evaluation should be fed back into the service and acted on.
- Reviews based on service users experience should be regularly undertaken and parent education programmes refreshed accordingly. This should include why expectant parents do not participate.

### What did our Stakeholders say?

There are many scales which can be useful in measuring specific desired outcomes. Some of the outcomes maybe measurable in the short term with questionnaires; and others seen more long term through community outcomes.

| **Short term** | **Long term** |
|---|---|
| • Mental health assessment tools for adults*<br>• PHQ and GAD (Depression and Anxiety)<br>• CORC<br>• Satisfaction Survey<br>• Antenatal attachment assessment scale<br>• Parent Infant Questionnaire<br>• Levels of adaptive functioning<br>• Goal progress charts<br>• Positive relationships<br>• Maternity Data –<br>• The acuity data set. (Birth/neonatal data) | • Reaching Milestones within timescales<br>• Physical development and learning characteristics ASQs<br>•<br>• Physical Growth<br>• Socially – in the community<br>• Parental confidence<br>• Concentration in Schools<br>• Held Emotionally (Sense of self)<br><br>*Training is required to use mental health assessment tools. |

### Dad Matters

Developed a Parent Infant Questionnaire which measures levels of knowledge surrounding this subject matter. Their questionnaire has provided a rich dataset enabling the spread and scale of their service.

### An interesting approach from NICE - evaluation labour and birth education

Evidence among nulliparous women showed that women who went to antenatal classes were more likely to have their cervix dilated by 3 cm or more on admission to labour. A dilated cervix on admission may reduce the need for interventions. This may indicate that women who attended antenatal classes have better coping strategies and the confidence to deal with pain at home in the early stages of labour.

## Standard 6: Commissioning and workforce development

Preparation for Parenthood is provided by a workforce with the necessary education, skills, and competencies. The Greater Manchester Early Years Competency Framework outlines the core competencies required to effectively support families and children in the early years. Greater Manchester Early Years Workforce Competency Framework - Greater Manchester Combined Authority (greatermanchester-ca.gov.uk)

### Training Matrix

- Those who are facilitating antenatal education should have core qualities, skills and understanding (irrespective of the intervention or service) to enable them to work effectively with families including listening, partnership working, and the ability to help families to develop problem-solving skills.
- These should be provided as part of the core training of groups of professionals such as midwives, health visitors and perinatal mental health professionals and offered as part of continuing professional development for those facilitating.
- Encourage people from minority ethnic communities whose first language is not English to train.

### Competencies and training

- Antenatal education providers should understand adult learning theories and experiential learning and should have group facilitation skills.
- Antenatal education providers engage in continuous professional development, including supervision activities and reflective practice, to assure competence. There is a culture of support and continuous learning among antenatal education providers, with peer-mentoring and coaching forming central components of learning.
- All antenatal education providers are supported to maintain their professional knowledge, skills and competence in line with best practice and the needs of the population being cared for, through the provision of protected time to fulfil these requirements and adequate opportunities for further education.
- All antenatal education providers should be aware of how to modify their language to support differing levels of understanding and expressive communication in participants. This awareness will increase the impact of the messages delivered as part of the support offered
- The ongoing education of antenatal education providers is formalised, planned and regularly reviewed in order to address identified deficiencies and to ensure that antenatal education providers have the competencies appropriate to their role.
- Managers of antenatal education providers support their workforce in delivering high quality, safe antenatal education. Antenatal education providers are supported by management to provide high quality education through the provision of up-to-date materials, visual aids, digital resources, props, and equipment in order to adequately meet the learning needs of pregnant women and their partners.
- Antenatal education providers are supported by their managers to engage in CPD and regular updates on the evidence base related to the provision of high quality antenatal education, including acquiring facilitation skills.

## Commissioning

The current financial climate in the public sector is challenging, but it is also providing opportunities to explore new ways of working. It is creating an environment where Commissioners and Providers realise that integration offers an opportunity to maximise their resources while focusing on improving outcomes.

Antenatal education providers and their managers actively promote and work to strengthen a culture of consistency and quality through the mission statement, the service design, the code of governance, the use of the evidence base, and through the education and evaluation processes embedded within the antenatal education service.

Boards should aim to provide universal services that are available and accessible to all pregnant people and their partners. This approach is not stigmatising and is better able to address problems before they reach critical levels.