



# Maternity Services Community Action



Phase 2 – The Community Action  
Network and public insight

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Research conducted  
by **magpie** in partnership  
with Brainbox Research

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# Setting up West Yorkshire and Harrogate's Community Action Network

Following on from the phase one insights from health professionals who work in maternity services, the next stage strategic approach included the setting up of a Maternity Services Community Action Network.

This network was made up of people specifically in community roles or those who are working in community health and care, who joined us to feed in regular insights from women, their partners and their families within a specific 'seldom heard' group that they currently work or have contact with. To ensure we captured a range of insight, each worker had a particular area of speciality, for example mental health, domestic violence, substance abuse, a particular ethnic or age group.

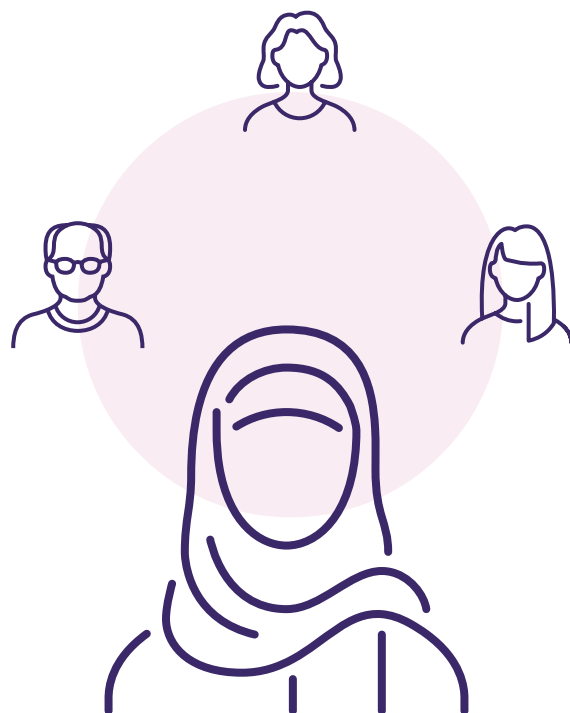
The network needed expertise or to be working with the following groups:

- Teen mums
- Refugees and asylum seekers
- Poverty and deprivation (including homeless)
- English not a first language
- BAME population groups
- Women in prison or detention centres
- Addiction

To recruit the network we produced a description of the people we would like to include and an overview of the opportunity available. This was circulated within the West Yorkshire & Harrogate Local Maternity System and was followed by proactive head-hunting led by the Magpie team, contacting local charities, organisations and volunteers who may be interested in joining.

Network members were provided with a temporary volunteer contract with Magpie while they worked with us on the network (over a 6-week period). They were given an industry-standard incentive to show appreciation for the work they did.

Because recruitment took place over a period of time, and because the network members had work/volunteering commitments that restricted their availability, we ran several different network meetings rather than a single meeting that everybody attended. To make it easier for people to attend, meetings took place both during the day and in the evening.



# The Community Action Network

The people in the network are listed below. Their full names and contact details are provided separately so that you can keep the network activated beyond the duration of this research project.

<b>Name</b>	<b>Role / Organisation</b>	<b>Geographical Area Covered</b>
Hilary	Health worker - asylum seekers / refugees / travellers	Wakefield
Ashley	Maternity and families drug and alcohol worker (Project 6)	Bradford, Keighley, Airedale, Bingley
Sumayya	HappyMOMents – founder (a peer-to-peer volunteer group)	Kirklees
Alison	Specialist midwife - Better Start Bradford	Bradford
Nicole	Specialist midwife - Female Genital Mutilation patients	Leeds
Laura	Chair, Together We Grow (Charity for refugees and asylum seekers)	Calderdale
Emma	Clinical Lead, HMP Newhall	Wakefield
Abida	Founder, Women Zone (a community centre supporting women)	Bradford
Amy	Huddersfield Mission, advice worker (Homeless charity)	Kirklees
Sara	Getaway Girls, volunteer community worker (an organisation to empower young women, 11-25)	Leeds
Gemma	Rainbow Baby Bank (Charity to help homeless, poverty and deprivation)	Kirklees
Jenny	IDAS (Domestic violence charity)	Harrogate

Our network provided access to women in the following vulnerable groups in the following geographical areas.

<b>Don't speak English</b>	<b>Teenage Parents</b>	<b>Refugees and Asylum Seekers</b>	<b>BAME</b>
Alison	Ashley	Laura	Laura
Sumayya	Sara	Alison	Nicole
Hilary	Gemma	Ashley	Sumayya
Laura		Abida	Abida
Sara		Sara	Sara
		Amy	Amy
<b>Area</b>			
Bradford	Bradford	Calderdale	Leeds
Kirklees	Leeds	Wakefield	Kirklees
Calderdale	Kirklees	Bradford	Calderdale
Leeds		Leeds	
<b>Poverty and deprivation</b>	<b>Homeless</b>	<b>Been in prison or detention centre</b>	<b>Addiction</b>
Alison	Hilary	Emma	Ashley
Sumayya	Amy	Gemma	Amy
Sara	Jenny		
Amy			
<b>Area</b>			
Bradford	Wakefield	Wakefield	Bradford
Kirklees	Leeds	Kirklees	Leeds
Leeds	Harrogate		

# Public Insight – Topics for discussion



## Session 1

Our network members attended a series of discussion groups. The first group explained the role of the network and explored the needs of the women, partners and families that our members work with.

They were then tasked with interviewing women to find out about their needs, how to communicate with them and how to listen to them. They were provided with an interview topic guide which guided them through gaining informed consent, and the following topics:

1. Why people did/did not enjoy their pregnancy?
2. What makes it more difficult for people to go to appointments about their pregnancy and what would make it easier?
3. What makes a good midwife in terms of how they treat people and involve them in their care?
4. What sort of relationship they want to have with their midwife and how that relationship affects them?
5. What makes it more difficult to follow the advice the midwife gives and what would make it easier?
6. What sort of support would be useful for them and their family before, during and after pregnancy?
7. How they wanted to be contacted and listened to
8. Which social media sites and community groups people use for information?

The community network members were creative in how they engaged with women. For example, because this project took place during lockdown, and mums were not allowed to meet, some arranged online or telephone interviews. One member set up a series of online focus groups. Network members interviewed between 2 and 16 women.

## Session 2

During the second group network members discussed their interviews and agreed an additional focus for the second set of interviews they would do: post-natal support and mental health. These interviews covered additional topics:

1. What post-natal support people received (both to take care of themselves and their baby), what was useful, and any support that was needed but not received.
2. What changes they would like the maternity health visitor services to make so they better meet their needs and what difference these changes would make.

## Session 3

The third network meeting brought together all the members who were able to attend and comprised a co-production session. This session was all about looking forward, taking the network's main findings and working together to discuss possible solutions to bring about any needed change or support. Using five main themes as a prompt, we discussed as a group what solutions or resources could help address these identified needs.

# Results

Our network members successfully engaged with women across all the vulnerable groups and provided valuable insight into their experiences and the changes that would improve the support they receive.

## The impact of Covid-19

Across all the groups, women were affected by the changes resulting from the Covid-19 pandemic. They received less contact from maternity services, many maternity and community/voluntary services they could normally access were closed or operating only online. They were unable to meet with friends or their extended family. Many felt more isolated and anxious as a result. Our network members described how the impact was often greater on women living in poverty or deprivation as they have less access to the internet to access online services. Women who do not speak English were also disadvantaged as they often found communicating online or by phone more difficult.

## Current Communication

Women rely on other mums for information, either their close friends, and also through Facebook groups, Whatsapp groups, online groups such as Netmums and Happy Moments. Instagram was not used much in the women the network talked to. Family members are also a source of information, and mothers and mothers in law are particularly important in some ethnic minority communities. Some women also look for information on NHS websites and approach children's centres. Women who are new to the UK can struggle to understand the different terms used, even if they speak good English. They may not have encountered terms such as "birth plan" and do not understand the roles of the professionals they encounter during their pregnancy. They would benefit from an orientation session to explain how maternity and post-natal services are structured and the choices they will be asked to make. There is variation

on preference for communication. For some, written is better as they can Google a translation, others want to talk, and others prefer Whatsapp.

The following findings illustrate women's maternity experiences and show how changes to services can improve the experiences of vulnerable women. We start with a section that applies to all women, then move to explore the experiences of different vulnerable groups. Women can fit into more than one vulnerable group, for example refugees and asylum seekers are also likely to be living in poverty and deprivation and not have English as a first language.

## Similarities across all women

- Listen to me and treat me with respect. Don't judge me. I'm more likely to follow your advice if you do.
- I want the midwives to be friendly and professional. I differ in how much I want them to feel like a friend.
- Involve me in decisions about my care.
- Don't rush through appointments and give me time to think. Take the time to answer my questions fully.
- Even if I need a different approach or specialist services, don't think of me as a problem.
- When appointments are by phone or video, I don't get the chance to build a good relationship with you.
- I may worry that there are long gaps between appointments and I'm not getting checked often enough.
- I may be reluctant to disclose any worries about my mental health.
- If you refer me to a specialist midwife, you still need to see me holistically and be ready to provide information and support for other areas of my life, e.g. travel costs and vouchers.
- I may need more help after the baby than is routinely available.

- You sometimes signpost me to community organisations but these organisations don't always have the time or resources to help me. Make sure you know about the support that might be useful for me.
- It can be really difficult if I can't take my children into scans or appointments. I might not have anybody to leave them with.
- Try not to discharge me from hospital in the middle of the night as I might struggle to find somebody to collect me.
- Don't pressure me to breast feed but make sure I have enough support if I need it.
- I may want you to involve my partner more, e.g. you could send information and suggestions to partners.
- I tend to focus on the birth and don't anticipate how tired I'll feel afterwards. I need to know about the importance of resting and looking after myself, even though this is difficult when I have other children.
- You need to be very compassionate if I have a miscarriage, and make sure I am signposted to organisations that can help. If I've previously had a miscarriage, I'm likely to be anxious about my next pregnancy.

## Teen mums

- I might need more explanation and a bit more time in my appointments.
- Don't patronise me or treat me like a problem or as if I have done something wrong.
- I have things to offer too in terms of sharing my experience with others or becoming a volunteer – don't dismiss me just because I am young.
- I may be reluctant to attend group sessions in case I feel judged by the other Mums, or that they are only for rich people. I'd like the option of classes just for young Mums.

## Refugees and asylum seekers

- I may not speak English.
- I don't know about all the services I could be accessing.
- I may not understand all the roles or terms, such as the difference between a midwife and

a health visitor, or what a birth plan is. I'd benefit from more time during initial appointments so that you can explain how the service works.

- I may assume that I need to pay for maternity services, so delay seeking care.
- I may not know that women usually give birth in hospitals, and I can assume this is dangerous.
- I may not have any social support so could feel very isolated, lonely and afraid.
- I may not have anybody to look after my other children, so I need to bring them to appointments.
- I may have been subject to violence or trauma.
- I may not have any money to pay for bus fares or taxis.
- I may not know the city or understand the transport system, making a taxi the only realistic option, even though this is more expensive.
- Find out and tell me about all the sources of help available to me.
- I might find it difficult to make a post-birth plan if I don't know where I'll be living.
- I may be frightened to disclose any information in case you inform the Home Office.
- I might not understand the different roles that help me during my pregnancy, e.g. the difference between social worker, midwife, health visitor. The transition between midwife and health visitor at 10 days is hard. Not knowing what services are available makes it hard for me to find information for myself - I don't know what to search for.

## Poverty and deprivation (including homeless)

- It's really important to tell me about claiming travel costs and to make it easy for me to do so. If I need to go to another office in another building, this is difficult, especially if I have other children with me. Offer this up front rather than waiting for me to ask.
- Even if I can claim back my travel costs, I may not have the money to pay for my travel up



front, which means that I might have to miss appointments, even though I don't want to. It may have been the choice between putting food on the table and attending the appointment.

- Find out about sources of help so you can signpost me to additional support. Don't wait for me to ask: I may not know what is available or I might be too embarrassed to ask.
- If I don't have any money it can be difficult for me to follow the advice you're giving me. I may have more fundamental challenges, such as paying for housing or food.

## English is not my first language

- Find out about the interpretation service and make it available to me. Don't assume the interpreter understands medical terms, e.g. pre-eclampsia, so explain things in layman's terms
- Provide information in easy read format, using pictures.
- I may miss appointments because I can't read the letters.
- Even if I speak English, I may not be able to read it.
- Covid rules mean I have to attend appointments alone, yet I may need a friend or family member to help me communicate.

## BAME

- English might not be my first language.
- My ethnicity means I may be at higher risk, but don't assume that I'm a problem.
- My culture might see childbirth as less medical than you are used to.
- My culture may have less involvement for partners, but they might still want to be involved.
- Make it clear that you are listening to me and I can make decisions about my care.
- I might get advice from family that contradicts what you tell me.
- I might find it easier to talk to people who look and talk like me. While this isn't always possible, it's useful if you understand a little bit about my community and culture.

- If I'm a traveller, I may not be able to read English even though it's my first language. Being on time is less important in my culture, so expect me to be early or late. Going for a scan with my partner is important in my culture, and so I may feel that I should pay for a private scan. Tell me that this isn't necessary for the safety of my pregnancy. I prefer to trust the hospital rather than make my own decisions about my care, so making a birth plan can be difficult.
- You may not be aware of some of my cultural practices around giving birth (e.g. Chinese ladies have a confinement period, during which they don't shower)
- I may be reluctant to attend antenatal classes as I'm not familiar with them and I fear I may be very different to the other mums.
- Some cultural practices aren't talked about in my community, e.g. FGM.

## Prison or detention centre

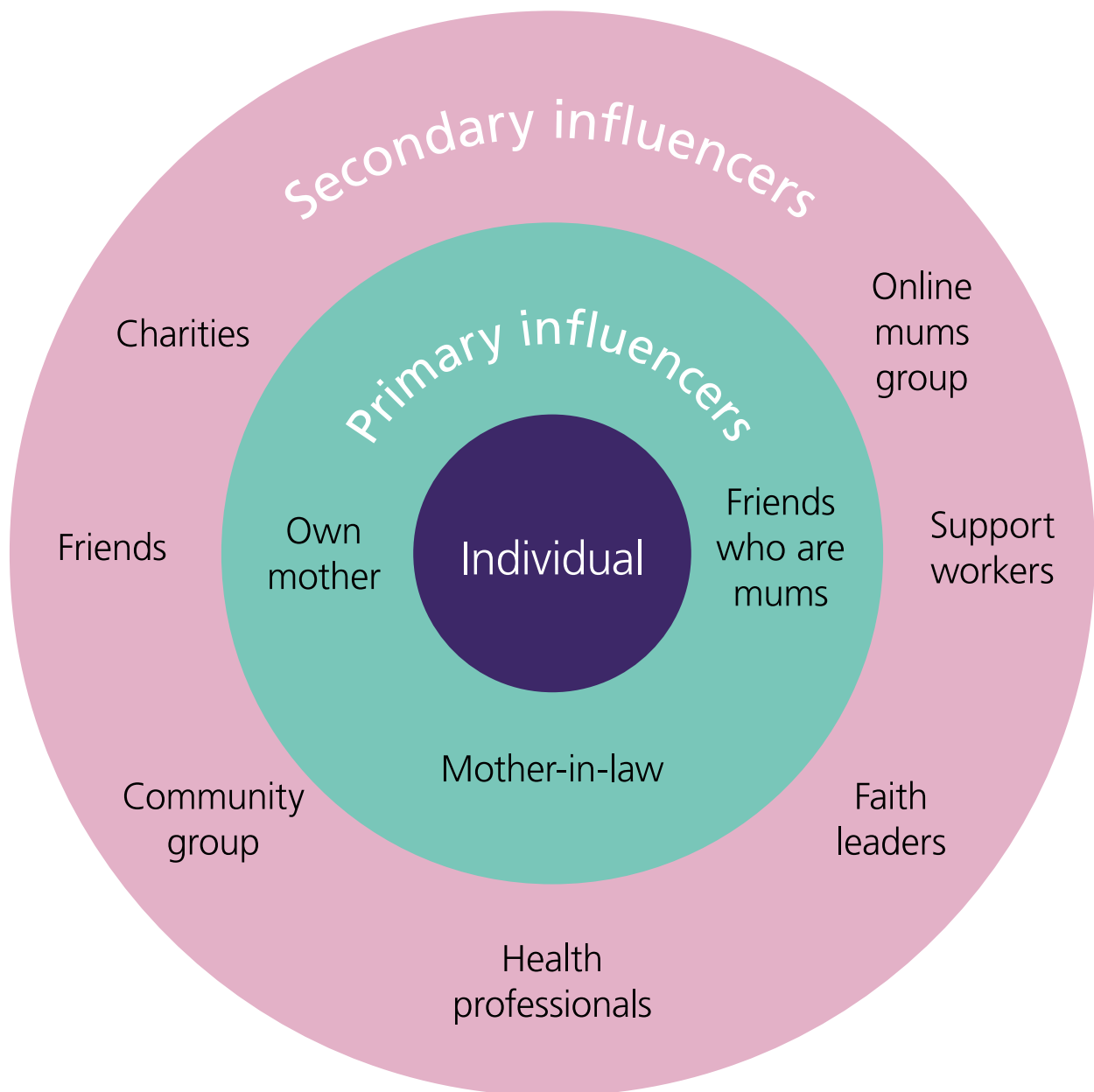
- Don't judge me.
- Tell me what will happen to me and my baby. If social services will be involved, I'd like to know in advance.
- I may be reluctant to disclose any problems in case you take my baby away from me.
- There is a lot of peer support available in prison but once I am released, I no longer have access to this.

## Addiction

- This is a hidden problem – you can't tell by looking at me or talking to me that I have an addiction. I may be reluctant to disclose that I have a problem.
- I may be facing other challenges, e.g. domestic violence, poverty and deprivation.
- Don't assume I don't know how substances can affect my baby.
- I may find it difficult to engage with services, so try to make it easier for me, e.g. by offering me telephone appointments.
- I may be worried about negative consequences if I haven't engaged with services throughout my pregnancy.

# Results – Circle of influence

The below diagram illustrates the different sources of influence on a woman who is pregnant or who has just given birth, and the different levels on which they tend to operate (based on our findings).



# Quick reference comms and engagement toolkit (1)

This resource has been designed to be a quick reference point and toolkit when designing communications for individual target groups. It includes our key insight findings, then recommendations on messaging, language, engagement methods and communications/media channels.

	Who don't speak english	Teenage Parents	Refugees and asylum seekers	BAME	Poverty and deprivation (inc. homeless)	Been in prison or detention centre	Addiction
Key insights	<ul style="list-style-type: none"> <li>• Don't assume interpreters and interpretation services understand medical terminology.</li> <li>• Consider useful guides for interpreters.</li> <li>• Don't rely on letters alone for appointments as some can't read these without support (even if they speak English).</li> <li>• Offer advice on, and state the guidelines around, interpretation support during COVID-19 lockdowns.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider longer appointment times for thorough explanations.</li> <li>• Willingness to be a peer-to-peer influencer to others.</li> <li>• Often feels judged and awkward, consider how communication settings and methods impact on confidence and self-esteem.</li> <li>• Can be reluctant to attend classes</li> <li>• for fear of being judged.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure staff know about the support that is available for women, including financial support.</li> <li>• Don't assume they know about all the services available to them (generally they don't but are keen to learn).</li> <li>• Would benefit from a longer appointment to enable an explanation of how the different services work and understanding different health professional roles, including that they don't need to pay for maternity services.</li> <li>• Can assume that it's unusual or dangerous to give birth in hospital.</li> <li>• Pointing out free services can help reduce barriers to attendance.</li> <li>• Be prepared that they might not know the city or understand the transport system, taxi may be the only viable option but expense creates barriers.</li> <li>• Don't assume they have any form of social support.</li> <li>• Explaining about confidentiality will help reassure women that records won't be shared with the Home Office.</li> <li>• Child support can be unavailable leading to children being present at appointments.</li> <li>• Likely to have suffered trauma or violence and in need of signposting.</li> </ul>	<ul style="list-style-type: none"> <li>• Be prepared that different cultures might see childbirth as less 'medical' than you are used to.</li> <li>• Language translation may be needed.</li> <li>• Different cultures may have less involvement for partners, but they might still want to be involved.</li> <li>• Family advice can sometimes contradict medical advice.</li> <li>• Information via community influencers is often trusted.</li> <li>• Seeing 'people like me' in communication materials is important.</li> <li>• Time-keeping can be a cultural barrier: consider drop in vs appointment.</li> <li>• Scans with partners is important in some cultures.</li> <li>• Being accountable for a birth plan can conflict with cultural beliefs.</li> <li>• Training around different cultural practices should be considered (e.g. Chinese women have a period where they don't shower).</li> <li>• Reassurance and education around antenatal classes will help inspire confidence.</li> <li>• Consider training on how to discuss and respond to controversial practices?</li> </ul>	<ul style="list-style-type: none"> <li>• Offer information about reclaiming travel costs, and if possible, how to claim money for fares in advance. Appointments are likely to be missed because of travel costs.</li> <li>• Often prioritise paying for home and food over maternal health.</li> <li>• Needs reassurance that they won't be judged for their socio-economic status when attending classes and appointments.</li> <li>• Would like to see 'people like me' in communications.</li> </ul>	<ul style="list-style-type: none"> <li>• Preconceptions about 'being judged' can be a barrier</li> <li>• Consider language training</li> <li>• 'Social services explained' ... A guide to understanding the process could reassure.</li> <li>• I may be reluctant to disclose any problems in case you take my baby away from me.</li> <li>• There is a lot of peer support available in prison but once I am released I no longer have access to this.</li> </ul>	<ul style="list-style-type: none"> <li>• Be careful that your language or body language doesn't suggest you are judging women.</li> <li>• Can find it difficult to attend appointments.</li> <li>• Can be anxious that engaging late in pregnancy, or missing appointments will be used as a reason to take the baby away.</li> <li>• Can be worried about social services involvement.</li> </ul>
Key messages	<ul style="list-style-type: none"> <li>• Here are the translation support services / options available to you.</li> <li>• Do you require a longer appointment so we can explain the process and information in more detail?</li> <li>• We can provide further information to explain key pregnancy terms (in your own language, where possible)</li> </ul>	<ul style="list-style-type: none"> <li>• Do you require a longer appointment so we can explain the process and information in more detail?</li> <li>• We can signpost you to further information online, where you can get more detail or information to refer to when needed.</li> <li>• We offer non-judgmental support – we are here to help you however you need us to.</li> <li>• Here are details of support groups you may find of interest, specifically for teenage parents.</li> </ul>	<ul style="list-style-type: none"> <li>• Here are the translation support services / options available to you.</li> <li>• We can provide further information to explain key pregnancy terms and the free support the NHS offers (in your own language, where possible)</li> <li>• Everything you tell us remains confidential – we are here to support you however you need us to.</li> </ul>	<ul style="list-style-type: none"> <li>• Here are the translation support services / options available to you.</li> <li>• We can provide further information to explain key pregnancy terms and the free support the NHS offers (in your own language, where possible)</li> <li>• Here are details of support groups you may find of interest, specifically for parents from X communities (specific to their culture)</li> </ul>	<ul style="list-style-type: none"> <li>• Here is further information on the financial support / options available to you.</li> <li>• We offer non-judgmental support – we are here to help you however you need us to.</li> <li>• Here are details of support groups you may find of interest, specifically in your local area.</li> </ul>	<ul style="list-style-type: none"> <li>• We offer non-judgmental support and everything you tell us remains confidential – we are here to help you however you need us to.</li> <li>• We can provide further information to explain key pregnancy terms and the process of pregnancy support through the NHS.</li> <li>• Here are details of support groups you may find of interest, specifically for parents in your local area.</li> </ul>	<ul style="list-style-type: none"> <li>• We offer non-judgmental support and everything you tell us remains confidential – we are here to help you however you need us to.</li> <li>• Here are details of support groups or services you may find of interest.</li> <li>• We can signpost you to further information online, where you can get more detail or information to refer to when needed.</li> </ul>

# Quick reference comms and engagement toolkit (2)

	Who don't speak english	Teenage Parents	Refugees and asylum seekers	BAME	Poverty and deprivation (inc. homeless)	Been in prison or detention centre	Addiction
Language and technology	<ul style="list-style-type: none"> <li>• Plain English, simple sentences for self translation and translation using online tools.</li> <li>• Where possible offer language translations of key information.</li> <li>• Easy-read formats.</li> </ul>	<ul style="list-style-type: none"> <li>• Use reassuring language but not patronising.</li> <li>• Normalising the situation and setting by alluding to others in the same situation can help.</li> <li>• Keep it simple and jargon free.</li> </ul>	<ul style="list-style-type: none"> <li>• Plain English, simple sentences for self translation and translation using online tools.</li> <li>• Where possible offer interpretations of key information.</li> <li>• Consider staff training for having mental wellbeing and trauma-based conversations.</li> </ul>	<ul style="list-style-type: none"> <li>• Plain English, simple sentences for self translation and translation using online tools.</li> <li>• Where possible offer language translations of key information.</li> <li>• Consider staff training for cultural references and practices.</li> <li>• Be careful that your language or body language doesn't suggest you think that women are a problem.</li> </ul>	<ul style="list-style-type: none"> <li>• Use reassuring language but not patronising.</li> <li>• Normalising the situation and setting by alluding to others in the same situation can help.</li> <li>• Keep it simple and jargon free.</li> </ul>	<ul style="list-style-type: none"> <li>• Use reassuring language but not patronising.</li> </ul>	<ul style="list-style-type: none"> <li>• Use reassuring language but not patronising.</li> </ul>
Engagement methods	<ul style="list-style-type: none"> <li>• Face-to-face (physical/virtual) is preferred as primary.</li> <li>• Mobile device friendly group chat with interpreters as secondary.</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-face (physical/virtual) is preferred as primary.</li> <li>• Mobile device friendly follow ups.</li> <li>• There is a lot to take in so writing things down or following up with links to reputable online resources will help.</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-face (physical/virtual) is preferred as primary.</li> <li>• Via charity or support worker</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-face (physical/virtual) is preferred as primary.</li> <li>• Via charity, faith or support worker or community groups.</li> <li>• Mobile device friendly group chat with interpreters as secondary.</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-face (physical/virtual) is preferred as primary.</li> <li>• Mobile device friendly follow ups.</li> <li>• Via peer groups.</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-face (physical/virtual) is preferred as primary.</li> <li>• Mobile device friendly follow ups.</li> <li>• Via peer groups.</li> </ul>	<ul style="list-style-type: none"> <li>• Virtual/phone appointments are as important as face-to-face.</li> </ul>
Comms Channel	<ul style="list-style-type: none"> <li>• Mobile device.</li> <li>• WhatsApp/Text messages that link to key online information at different stages of pregnancy.</li> <li>• Letters can't always be read right away so consider 'interpretation advice statement' on these.</li> </ul>	<ul style="list-style-type: none"> <li>• Mobile device.</li> <li>• WhatsApp/Text messages that link to key online information at different stages of pregnancy.</li> </ul>	<ul style="list-style-type: none"> <li>• Face-to-face via charity or support worker.</li> <li>• Mobile phone call.</li> </ul>	<ul style="list-style-type: none"> <li>• Mobile device.</li> <li>• WhatsApp/Text messages that link to key online information at different stages of pregnancy.</li> </ul>	<ul style="list-style-type: none"> <li>• Mobile device.</li> <li>• WhatsApp/Text messages that link to key online information at different stages of pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Mobile device.</li> <li>• WhatsApp/Text messages that link to key online information at different stages of pregnancy</li> </ul>	<ul style="list-style-type: none"> <li>• Mobile device.</li> <li>• WhatsApp/Text messages that link to key online information at different stages of pregnancy.</li> </ul>
Media	<ul style="list-style-type: none"> <li>• Use of voice translation apps in face-to-face settings.</li> <li>• Screen reader and video dubbing options for online content using native languages.</li> <li>• A reference guide.</li> </ul>	<ul style="list-style-type: none"> <li>• Video content featuring relatable teenage Mums and blog style digestible content such as listicles (5 ways to, how to... etc).</li> <li>• Access to an easy read terminology glossary or reference guide for all stages.</li> <li>• A reference guide.</li> </ul>	<ul style="list-style-type: none"> <li>• Something to leave with them at first contact.</li> <li>• Consider a guide that is lightweight and easy to refer to given the transient nature of their experience and potentially not remaining at one address.</li> <li>• Consider how a birth plan can work for someone with no permanent address.</li> <li>• A reference guide.</li> </ul>	<ul style="list-style-type: none"> <li>• Use of voice translation apps in face-to-face settings.</li> <li>• Screen reader and video dubbing options for online content using native languages.</li> <li>• Video content featuring relatable 'people like me' and blog style digestible content such as listicles (5 ways to, how to... etc).</li> <li>• Access to an easy read terminology glossary or reference guide for all stages.</li> <li>• A reference guide.</li> </ul>	<ul style="list-style-type: none"> <li>• Video content featuring relatable Mums and blog style digestible content such as listicles (5 ways to, how to... etc).</li> <li>• A reference guide.</li> </ul>	<ul style="list-style-type: none"> <li>• Video content featuring relatable Mums and blog style digestible content such as easy-read listicles (5 ways to, how to... etc).</li> <li>• A reference guide.</li> </ul>	<ul style="list-style-type: none"> <li>• Video content featuring relatable Mums and blog style digestible content such as easy-read listicles (5 ways to, how to... etc).</li> <li>• A reference guide.</li> </ul>
Accessibility needs	<ul style="list-style-type: none"> <li>• Ideally have language translations available.</li> <li>• Plain English is accepted by many but English literacy can be a barrier.</li> <li>• A key concern is how their interpreter will understand and interpret medical information.</li> <li>• Assume their interpreter is 5 years old (which can be the case for some).</li> </ul>	<ul style="list-style-type: none"> <li>• Plain, jargon-free language.</li> <li>• Education around key information in private settings.</li> <li>• Mobile device friendly intuitive and contemporary user experience display.</li> </ul>	<ul style="list-style-type: none"> <li>• Ideally have language translations available.</li> <li>• Plain English is accepted by many but English literacy can be a barrier.</li> <li>• Closer working with charities and support groups.</li> </ul>	<ul style="list-style-type: none"> <li>• Ideally have language translations available.</li> <li>• Plain English is accepted by many but English literacy can be a barrier.</li> <li>• A key concern is how their interpreter will understand and interpret medical information.</li> <li>• Assume their interpreter is 5 years old (which can be the case for some).</li> </ul>	<ul style="list-style-type: none"> <li>• Consider low/no cost options for engagement methods.</li> </ul>	<ul style="list-style-type: none"> <li>• Plain, jargon-free language.</li> <li>• Education around key information in private settings.</li> <li>• Consider low/no cost options for engagement methods.</li> </ul>	<ul style="list-style-type: none"> <li>• Plain, jargon-free language.</li> <li>• Consider memory aids alongside information.</li> </ul>

# Co-production workshop

Based on the findings from the community network group, the following four key themes were discussed during the co-production workshop.

- Women rely on other mums for information
- The challenge of logistics - including travel costs, access to transport, childcare etc
- Limited understanding of available services, including English is not my first language.
- A fear of judgement

The aim of the session was to take the collective insight and experience from the network to discuss these key themes and come up with potential solutions that could be implemented to address these areas of support needed.

As expected, the solutions discussed ranged from printed or digital materials and volunteer support, through to more changes needed within the maternity services care system.

<b>Theme 1 – Women rely on other mums for information</b>		
<b>Co-creating solutions</b>		
<b>Resource</b>	<b>Messaging</b>	<b>Training &amp; development (Health professionals)</b>
<ul style="list-style-type: none"> <li>• Posters / flyers of 'real-life' women like me</li> <li>• Buddy systems (can link this to skills development for the volunteers)</li> <li>• Develop clips of women talking about their experiences then share through social media</li> <li>• Resources and tools translated into other languages</li> <li>• More postnatal support groups</li> <li>• Digital support services (e.g. Zoom)</li> <li>• Resources and sessions for Dads – for example, an audience with a midwife</li> </ul>	<ul style="list-style-type: none"> <li>• Be aware of mis-leading information online</li> <li>• Spoken from women themselves and their own experiences Success stories of women who have successfully reduced substance use during pregnancy (*audience specific)</li> <li>• Explore how cultural traditions around bringing up children from a country of origin may differ / conflict with messages here</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage professionals to attend womens groups – be a part of those groups</li> <li>• Link services to local charities – such as play sessions at asylum seeker weekly meetings</li> <li>• Community members who have information or training which supports the key messages by health visitors</li> <li>• Training for staff around the needs of pregnant women who use substances (*audience specific)</li> <li>• Funding available to deliver group work</li> </ul>

**Theme 2 – The challenge of logistics - including travel costs, access to transport, childcare etc**

**Co-creating solutions**

<b>Resource</b>	<b>Messaging</b>	<b>Training &amp; development (Health professionals)</b>
<ul style="list-style-type: none"> <li>• Information not just online but through phone information lines as well (to not digitally exclude)</li> <li>• More information around how to claim back travel fares</li> </ul>	<ul style="list-style-type: none"> <li>• Bus routes for hospitals and doctors to be made easily available – e.g. on their website or Facebook groups</li> </ul>	<ul style="list-style-type: none"> <li>• Education to professionals working in maternity services around the challenges that women face around this.</li> <li>• Clinics at more community-based venues</li> <li>• Free parking for pregnancy appointments</li> <li>• Bus passes to be made available to struggling parents</li> <li>• More flexibility around time / day of midwife appointments</li> <li>• A travel grant/vouchers for those on low income</li> <li>• Easier access to the refund office – at maternity clinics rather than general office.</li> </ul>

**Theme 3 – Limited understanding of available services, including English is not my first language**

**Co-creating solutions**

<b>Resource</b>	<b>Messaging</b>	<b>Training &amp; development (Health professionals)</b>
<ul style="list-style-type: none"> <li>• Information targeting dads or partners as well</li> <li>• Provision of a checklist of support available for women depending on their specific needs (given at their first appointment)</li> <li>• Digital service information available, and in various languages</li> <li>• A simple A-Z about what to expect and who is who</li> <li>• Community hubs to provide information of key support services and in different languages</li> </ul>	<ul style="list-style-type: none"> <li>• Clearer messaging around key terms (e.g. birth plan)</li> </ul>	<ul style="list-style-type: none"> <li>• Longer appointments so key roles can be explained to patients.</li> <li>• Translators to be made more easily available</li> <li>• Central list of support available, to aid professionals and who they can signpost to</li> <li>• Linked to the above, awareness of services more unique – currently not made aware to women and they may be afraid to ask due to fear of judgement.</li> <li>• Better/clearer introduction of professionals and their role at first appointment (I am here to help with... you can ask me about...)</li> </ul>

**Theme 3 – Limited understanding of available services,  
including English is not my first language**

**Co-creating solutions**

Resource	Messaging	Training & development (Health professionals)
		<ul style="list-style-type: none"> <li>• ESOS needs to be made more widely available to pregnant women</li> <li>• At first appointment, review language ability</li> </ul>

**Theme 4 – Fear of judgement**

**Co-creating solutions**

Resource	Messaging	Training & development (Health professionals)
<ul style="list-style-type: none"> <li>• Informal social groups with. Relevant professional in attendance – allowing women to learn and be more open about their experiences</li> <li>• Awareness for mums that disclosing all information is a positive and they will be supported</li> <li>• Questionnaire to fill in when pregnant – for midwife, asking about mental health, general wellness.</li> <li>• Information about other support services available – easy to signpost</li> </ul>	<ul style="list-style-type: none"> <li>• Messaging around roles – there is a general fear of authorities by many marginalised groups.</li> </ul>	<ul style="list-style-type: none"> <li>• More education to staff around the day-to-day realities of women and families – substance misuse, black or Asian ethnic groups, asylum seekers, etc.</li> <li>• Longer appointments so that I can ask the questions I need without feeling rushed</li> <li>• Parenting courses in different languages</li> <li>• More support for women post-birth who have had their baby removed</li> </ul>

# Next steps – pilot resources

Following the workshop, we identified four solutions which were most commonly raised across the group in answer to the main themes we were discussing.

Solution	
1.	Development of local volunteer buddy group – meet weekly online or face to face (*when safe to do so).
2.	Development of a series of support videos (up to 4) to have real-life mums speaking about their pregnancy journey and how they received support.
3.	Development of a simple support tool to support expectant mums through their pregnancy and what support is available to them, including: <ul style="list-style-type: none"><li>• Step-by-step pregnancy support at the NHS</li><li>• Key terms</li><li>• Who is who (key healthcare roles in pregnancy support)</li><li>• Translation support</li><li>• Financial support</li></ul>
4.	Development of a step-by-step financial support guide or information tool. Explaining financial support available in an accessible way.

We recommend taking each of the above and working with a member of the network to develop the tool or resource, and then to pilot this intervention within their area. The impact can then be closely monitored, to hopefully support further roll out across other areas in the future.

We will discuss the key findings and recommended resources with the West Yorkshire and Harrogate Health and Care Partnership, and will confirm direction and timescales for implementing the next stages of the project.

After the co-design workshop all members of the Network were given the opportunity to express their interest in partnering with us to develop one of the solutions.