



BRISTOL, NORTH SOMERSET & SOUTH GLOUCESTERSHIRE

# Maternity & Neonatal Voices

Working in Partnership to improve maternity & neonatal services

## **Antenatal sessions; lived experience and staff views of provision in Bristol, North Somerset and South Gloucestershire**

### **Background**

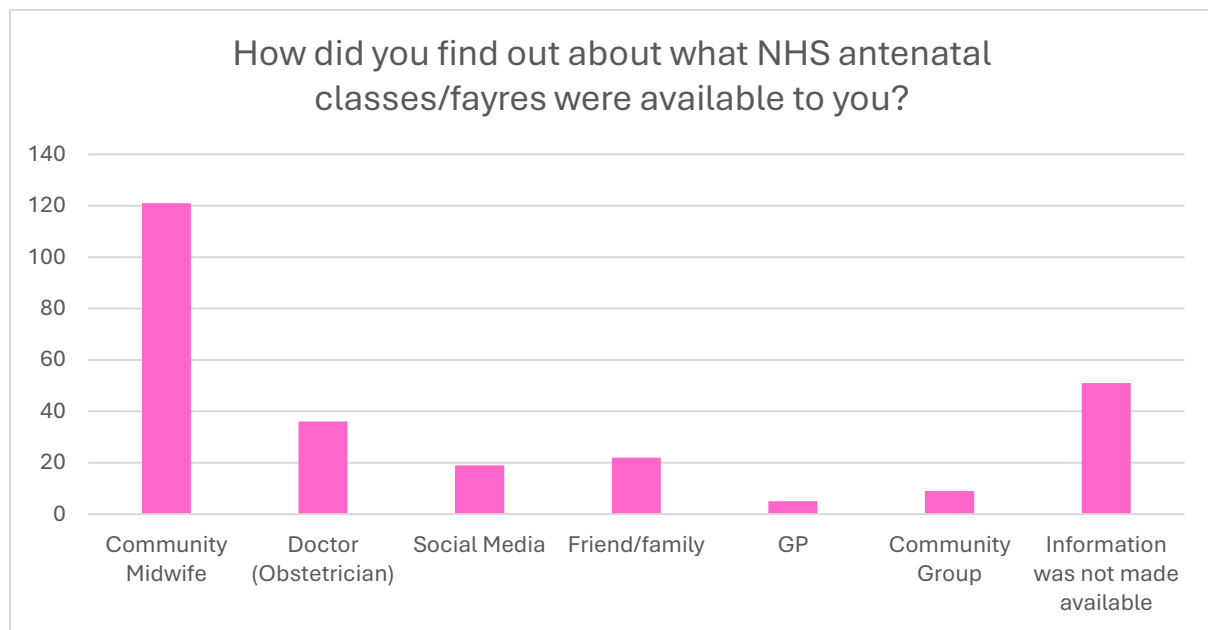
Antenatal is the time when a woman is pregnant, before the baby is born. The NHS provides free antenatal classes to pregnant women and their partners. The purpose of these classes is to help attendees feel more prepared for the baby's birth, as well as building confidence and providing information. It is also an opportunity for individuals to meet healthcare staff that may be looking after them during their labour and time after birth. The NHS recommends attending antenatal classes when 30-32 weeks pregnant, if not pregnant with twins; in this case classes should be attended at around 24 weeks pregnant<sup>1</sup>. Some people may be offered antenatal fayres, which are events where individuals move around between different stalls.

### **Methods**

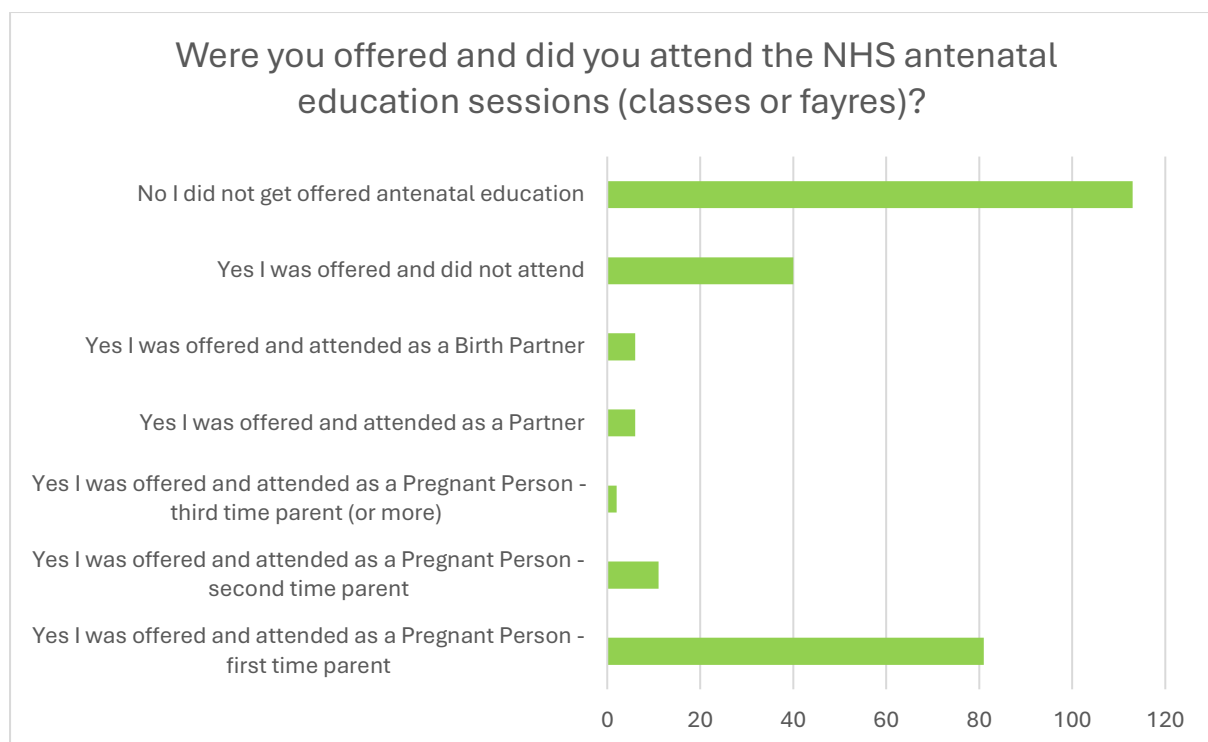
The aim of the survey was to find out what people thought about antenatal education in Bristol, North Somerset and South Gloucestershire (BNSSG). Within this topic, experiences around access to antenatal classes and content covered were explored further. The results of the survey will contribute towards improving local services to meet the antenatal needs of the Bristol, North Somerset and South Gloucestershire community.

The survey was open from November 2023 until February 2024. To complete the survey, participants were required to have received antenatal care/education or been pregnant within the past two years. In total, 263 people completed the survey. Thematic analysis was used to identify themes emerging from survey responses regarding antenatal education experiences.

## Results



Most participants found out about the antenatal classes/fayre through a community midwife, then their doctor. Just over 50 participants felt that information was not made available to them about classes.



There were differing experiences among participants in relation to being offered antenatal education. Fewer participants were offered and attended as a second- or third-time parent, and only 6 partners were offered and attended antenatal education. However, 40 participants said that despite being offered, they did not attend antenatal education.

Participants who chose not to attend antenatal education were asked why this was the case. Responses formed the following themes.

### **Personal preferences**

Some individuals described feeling anxious in group settings or being more introverted, which made them not want to attend the classes or fayre.

'The fayre was the only thing offered and it didn't sound brilliant or personal. I am introverted and believe I would have found this awkward. Although it was offered to us and the flyer telling us where and when to attend.'

'I get anxious around people I don't know in groups.'

### **Logistical factors**

Participants described several logistical barriers which stopped them or made it harder for them to attend. For example, many participants and/or their partner were not able to attend due to being at work when the classes were offered. Participants also described being too busy to attend, and the classes not being offered at a convenient time or location for them.

'Due to my husband's shift patterns (emergency services so ranging day, evening and night shifts) he was not able to attend the classes with me, so we found an alternate watch on demand class online which suited us.'

'None were being held in Thornbury and I think they were all daytime [so] not possible to attend.'

### **Not their first child**

Some participants who were not first-time parents felt that the classes were not needed due to their previous experiences having children and receiving antenatal education. In addition, individuals were less likely to attend if they had low expectations of the event or had been disappointed when attending for previous pregnancies.

'I wasn't offered but would not have attended this time as I went in Sept 2018 when expecting my first and didn't find them useful.'

'I didn't feel I needed it. I attended NCT with my first child and felt the support offered by the midwife and health visitor was sufficient.'

### **External factors**

Some participants did not attend as their classes were cancelled. Others said that the classes were offered too close to the baby's due date.

'Class was cancelled, and no alternative offered.'

'We could not attend second and final class as baby had arrived!'

## Alternatives

Participants spoke about finding alternatives, such as online courses, apps, and paying for private classes. There was a range of reasons for finding alternatives, many of which are covered in the themes above.

'We were offered a fayre and thought that this was not an ideal forum to properly learn about such important topics, and that it wouldn't facilitate meeting others. Instead, my partner and I chose to pay for NCT classes.'

'Alternative course found through The Baby Academy. Having done a few Baby Academy introductory classes (breastfeeding, baby care basics, hypnobirthing, baby safety) at an hour and a half each, I was sure how the NHS would cover everything needed in 2 x 2-hour sessions so booked a full day (7.5 hour) antenatal course with The Baby Academy. Also, the dates with availability were very close to my due date and had I kept them, the baby would have been born before the second session.'

'A friend attended them the year before and learnt more from going to New Life Class.'

'I didn't feel I needed to as used an online app (positive birth company) for antenatal and hypnobirthing content. This was much more convenient and more tailored to what I needed.'

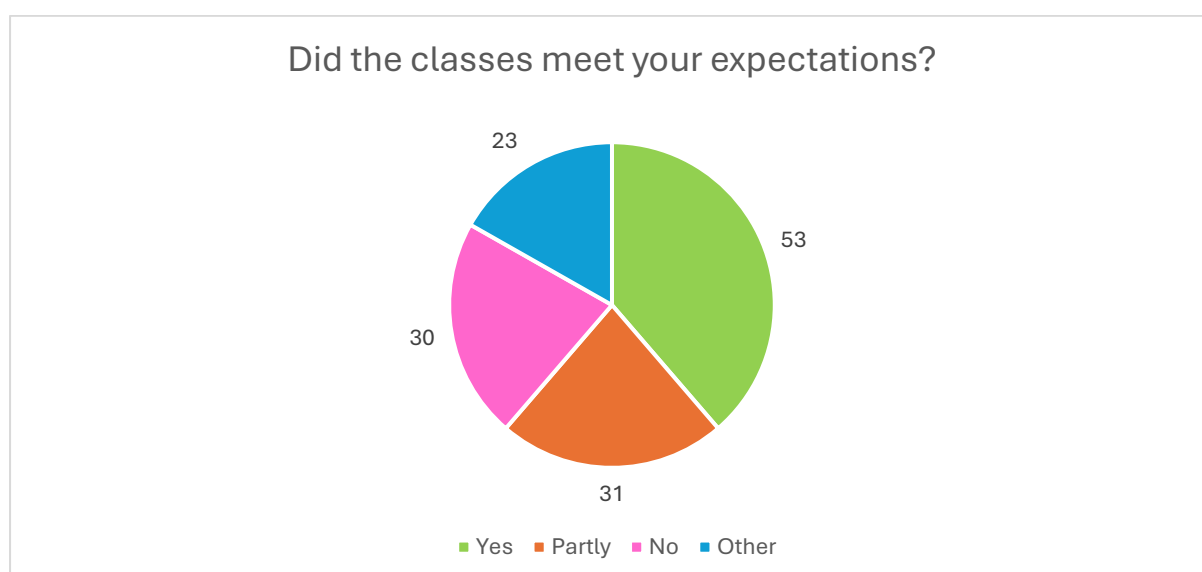
'We went to a private antenatal class as our local NHS one was cancelled.'

For participants who did attend we asked them what was useful and not useful about the NHS classes or fayres.

Theme	Useful	Not useful
<b>Elements of the class</b>	<ul style="list-style-type: none"><li>• Opportunity to meet others going through similar experiences</li><li>• Able to form a support network</li></ul>	<ul style="list-style-type: none"><li>• Information felt basic as not enough time to cover in depth; too brief</li><li>• Difficult to meet others and form connections in larger groups</li><li>• Sometimes had to stand as the groups were so large</li><li>• People with children answering the questions and offering their own advice</li></ul>
<b>Information</b>	<ul style="list-style-type: none"><li>• How to stay healthy while pregnant</li><li>• The physiology of labour</li><li>• Different birthing options</li><li>• Practical information about what to take to hospital</li></ul>	<ul style="list-style-type: none"><li>• 'Breast is best' approach made individual feel excluded and like a failure</li><li>• Too graphic at times</li><li>• Lacking information on</li></ul>

	<ul style="list-style-type: none"> <li>• Different pain relief options</li> <li>• Birthing complications</li> <li>• Pictures of local birthing suites</li> </ul>	<ul style="list-style-type: none"> <li>• Bottle feeding</li> <li>• Breastfeeding complications</li> <li>• Delivery and process of birth</li> <li>• Induced labour</li> <li>• Caesarean sections</li> <li>• High risk pregnancies</li> <li>• Birthing complications</li> <li>• Local hospital set-up</li> <li>• Neonatal care</li> <li>• Other aspects to pain relief, like breathing</li> </ul>
<b>Staff</b>	<ul style="list-style-type: none"> <li>• Helpful, patient, non-judgmental</li> </ul>	<ul style="list-style-type: none"> <li>• Midwives pushing their own views</li> <li>• Felt like staff didn't want to be doing it</li> </ul>
<b>Fayre</b>	<ul style="list-style-type: none"> <li>• Being in the evening was good for participants who work during the day</li> <li>• Taking leaflets home</li> <li>• Meeting different staff</li> </ul>	<ul style="list-style-type: none"> <li>• Confusing set-up</li> <li>• Not all the stalls were helpful</li> <li>• Felt it wasn't the best way to deliver this information</li> <li>• Hard to meet others</li> <li>• Felt unfair they weren't offered classes</li> </ul>

Other elements that participants felt were not useful included a lack of postnatal information, such as information around postnatal depression, sleep deprivation, and different postnatal support available to them. Some same-sex couples felt excluded when classes spoke about 'dad'.



Results were quite mixed for the question above, with just under half the respondents feeling that classes did not meet their expectations.

'As a student midwife I am shocked at the quality of the NHS antenatal classes offered. I have attended many as a student and they have been a world above these ones. To focus entirely on "how much pain you'll be in", fumble about with a pair of forceps, not discuss common interventions such as induction of labour or even caesarean is inadequate. Focusing on a "breast is best" attitude is outdated and isolating for parents who may not want to or cannot breastfeed. I am lucky that with my midwifery education that I had a head start and a retaliating expectation of labour and birth. I worry for first time parents if this is the education that they are being offered, as previously stated it is not setting them up for an empowering, positive experience - it is a recipe for postnatal depression. I have spoken to other parents who attended, and this is a common conclusion we have made. If I am honest, the cancellation of ALL the antenatal education sessions across the north Bristol trust is shameful (even with staffing shortages). Women and families are lacking in support, and this have provided me with a benchmark for how to not run antenatal classes once I qualify as a midwife.'

'I was mainly pleased that it covered childcare as much as birth, too often too much focus is put on birth when that's fairly easy to research yourself and it's the caring for a tiny human that is more important.'

We asked participants to expand on subjects that were not covered which they felt should have been included.

### **During birth**

Participants would have liked to learn about differing coping mechanisms during labour, such as hypnobirthing elements and the importance of breathing. They also wanted to know about alternative pain relief options to epidurals, the risks involved with using an epidural, and potential side effects. They thought information about emergency situations which can rise in birth, such as caesarean sections, and how to stay calm and recover physically and emotionally would be important. As well, they wanted information about home births. One participant said they would have liked to know about their individual rights when being examined. Individuals also wanted to know what happens if their pregnancy exceeds the due date.

'More about NICU and support if that is required, more on breastfeeding support and more on induction process and drugs used in labour.'

### **After birth**

Participants wanted more information about postnatal support, such as mum's personal care, physical recovery from birth, breastfeeding support, mental health support, and relationship changes with a partner which may arise once the baby is home. Some participants wanted information about staying in hospital post-birth, as well as mastitis.

'The midwife didn't discuss what a post birth hospital stay would involve. I unexpectedly had to stay in hospital for 5 days and had no idea what was happening.'

## **Newborn care**

Participants felt that information about newborn care would have been helpful too. This included looking after their baby: bathing, holding safely, and clothes for different temperatures, recognising risk of jaundice. They also wanted information about sleeping: where should baby sleep, swaddling, and reducing SIDs. Individuals also wanted to know what checks should happen with the health visitor.

'I'd like to have had more information about the post-natal period. Perhaps book/podcast recommendations and maybe printed information would also complement the courses. I felt it's main focus was on the process of birth.'

## **Recommendations based on feedback are as follows:**

- Increase awareness about antenatal education; advertise in health settings and promote both in-person and online.
- Ensure that every eligible person is offered antenatal education, and that those offered an antenatal fayre also have access to antenatal classes.
- Offer antenatal education outside of normal working hours, to increase participation from those who work.
- Offer antenatal education at a reasonable time before the baby is due.
- Limit the size of antenatal classes so that individuals can socialise and feel part of a close group.
- Facilitate antenatal classes so that everyone can contribute.
- Increase content covered around breastfeeding, beyond 'breast is best' approach.
- Increase content covered about labour beyond vaginal birth, to include more information about caesarean sections.
- Provide more information (signpost to local support, websites, apps etc) about postnatal support for mum, baby and family, to include information about breastfeeding support, mental health, relationship dynamics, and looking after a newborn.
- Consider adjustments to the content so that attendees from all population groups in BNSSG feel included.

## **Study limitations**

Unfortunately, no demographic information was collected from participants; without knowing demographic information, findings may be biased towards a particular group of the population and therefore not representative.

## **References**

1 <https://www.nhs.uk/pregnancy/labour-and-birth/preparing-for-the-birth/antenatal-classes/>