



Reaching out to the young

Independent midwives **Diane Ménage** and **Helen Griffiths-Haynes** wanted to help young women in South Birmingham who were not benefiting from support and advice services during and after their pregnancy. Their work setting up an initiative to tackle this earned them a nomination for Excellence in Partnership Working at this year's RCM awards.

Hearth of England Midwives is an independent midwife partnership of two with a caseload in the Midlands. We offer an individualised service to our clients: we listen to them, spend time addressing their concerns and provide them with good information on which they can base their choices regarding pregnancy, birth, feeding and caring for their new baby.

It saddened us that we had little opportunity to work with the most disadvantaged, vulnerable young women, as we felt they could really benefit from the care and support that we offer.

South Birmingham has a high teenage pregnancy rate, with high under-18 conception rates – in some cases twice the national average – and these are concentrated in the most socially deprived communities with high unemployment and low

educational achievement.

We began discussions with a GP consortium in south Birmingham that had experience with innovative 'practice-based commissioning' projects. Following a proposal and tendering of the project, they asked us to provide extra midwifery support to young people. The service we would offer had to meet local need, work in partnership with other providers, be flexible and embrace the principles of best practice (Department of Health, 2008). Key aims included reducing teenage pregnancy, improving health of young parents, improving parenting skills and increasing breastfeeding rates. Initial funding was for a year.

To begin with, we concentrated on research, consultation, networking and training. We forged links with the community midwives (CMWs) and the teenage pregnancy specialist midwife,

health visitors, children's centres, pregnancy outreach workers, Connexions, Brook Advisory, schools and colleges, youth groups and hostels for homeless, to name just a few. None had worked with independent midwives before and gaining their trust and respect was essential. The CMWs were anxious to ensure that there was not confusion caused by introducing an additional midwifery service and we worked with them to ensure that this was not the case. We developed ways of working in partnership with the CMWs and a range of other professionals and services.

Twelve months on, we have developed an innovative service, known as the Midwives for Young People Initiative (MYPI), which provides extra midwifery support to young people. The criteria allows us to work not only with teenagers but with anyone aged under 25 (and occasionally other women with special needs) to offer tailor-made support.

The service consists of several areas. The first is it offers antenatal parentcraft education in very small groups. Young parents are often reluctant to engage in mainstream antenatal sessions for a variety of reasons (Jewel et al, 2003). By providing dedicated services for young parents, we form trusting relationships as a basis for providing health education for pregnancy and birth, reducing



For article references, please visit the RCM website.

For further information about this project, please visit: www.heartofengland-midwives.com or email: heartofenglandmidwives@hotmail.com

social isolation and preventing repeat unplanned conception.

Another area of the service is providing antenatal one-to-one sessions at home for those not engaging with services. Once a relationship has been developed, they may feel more confident about attending the group sessions.

We also source new and nearly new baby clothes, as initial talks with the CMWs revealed that some young women were struggling to buy what they needed. However, people can be extremely hard up but still very proud, so we had to make sure that their pride was not damaged by accepting what might be seen as 'hand-me-downs' and find ways of offering the baby clothes that did not cause offence.

Working with local hostels

Working in partnership with housing associations, charities and social services has been important. We have been able to work with women in hostels and other temporary accommodation on a regular basis. These women have complex social problems, as they may be victims of abuse, asylum seekers, have drug or alcohol problems or be sex workers. Moreover they are a transient population, often moving to another area before, or soon after, their baby is born. They are reluctant to access services that they feel are not relevant and where they feel they risk being judged. Pregnant women in this situation have benefited from one-to-one work and we find that they really value some time to concentrate on their pregnancy and forthcoming birth as well as preparation for caring for their baby. We have also been able to offer some women in these circumstances individualised postnatal support.

We also started holding regular drop-in sessions for other young women in hostels, where they can pop in for a chat and we can provide information on contraception and safe sex.

Working with schools and colleges

We linked with an educational theatre workshop to deliver follow-up sessions for teenagers on the subject of sexual health and contraception. We encourage teenagers to think about the responsibilities of parenthood and to identify the skills and resources they would need to be able to be a good parent. We help them explore the problems of teenage pregnancy and how it would impact on their lives. We then link this to key contraception and sexual health messages and information on how to access contraception and sexual health services.

One year on

Feedback from service users and partners is extremely good and we have constantly evaluated our project throughout, producing a detailed annual report at the end of our first year. Our evaluation consisted of looking in detail at our relationships with our partners and other agencies, and at the individual women we have worked with and their outcomes.

Here are some examples of the feedback we have received from young women attending parentcraft: 'It is better to have antenatal classes that are just for younger mums. I did not want to go to sessions with older women. They would probably say things like 'Oh my husband couldn't make it today as he is at work' and I would feel really awkward. I didn't want that,' one user told us. Another commented that: 'The

sessions helped me to feel better prepared for being a parent.' Another told us: 'When I was first pregnant, I thought there was no way I would breastfeed, but after (attending parentcraft) I thought I would give it a go. Breastfeeding is free and formula is so expensive!'

We have increased service users' access to high-quality education and midwifery support and our work meets many of the recommendations for antenatal care of young and vulnerable women (NICE, 2010). We now look to secure continued funding so that we can build on what we have achieved. We are committed to working in partnership with public, private and voluntary agencies to develop this unique service. **M**



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If you know of any groundbreaking projects, or an inspirational

midwife who is worthy of formal recognition, then check out: www.rcmawards.com when it launches on 8 June to find out details of how to enter next year's RCM awards. The 2012 awards are also set to feature some new categories.