

‘Welcome to the World’: parents’ experiences of an antenatal nurturing programme

Franziska Wadehul, Postdoctoral Research Assistant¹

Catriona Jones, Senior Research Fellow¹

Julie Jomeen, Professor of Midwifery¹

¹Department of Midwifery and Child Health, Faculty of Health Sciences, University of Hull

Corresponding author: Franziska Wadehul, f.wadehul@hull.ac.uk, 01482 464643

Abstract

Background: The transition to parenthood is a time of increased vulnerability and lays the foundations for the parent-infant relationship. It can therefore be a suitable time for interventions to increase parents’ emotional well-being and support couple relationships and the relationship with the baby.

Aims: This study aims to explore the experiences of attendees at an antenatal nurturing programme and its impact on their experiences of the early postnatal period.

Methods: Thirty-six attendees took part in six focus groups across the UK.

Findings: Participants experienced the programme as very positive; it provided knowledge and skills and gave participants a safe space in which to explore feelings and concerns. The programme encouraged participants to nurture themselves, as well as their babies and their relationships. Some groups formed strong support networks, while others did not.

Conclusion: Participants felt they had benefitted from the programme, particularly in terms of their emotional wellbeing and relationships.

‘Welcome to the World’: parents’ experiences of an antenatal nurturing programme

Introduction

Becoming a parent is a significant transition characterised by challenges as well as opportunities. New demands and responsibilities can increase emotional vulnerability and may strain couple relationships. Furthermore, the foundations for the parent-infant relationship are laid during pregnancy (Dubber, Reck, Müller, & Gawlik, 2015), and parental attitudes towards the baby and the quality of interactions between parent and infant can have a long-lasting impact on children’s cognitive and emotional development (Meins, 2013).

The transition to parenthood can also be an opportunity for growth and development. A sense of feeling prepared, relevant information and realistic expectations can greatly facilitate a positive transition to parenthood, as do effective coping strategies (Meleis, Sawyer, Im, Hilfinger Messias, & Schumacher, 2000). These are often central to antenatal education programmes. While traditionally the focus of these programmes has been on preparation for labour and birth and practical care of the new-born baby, there has been an increased recognition over the last two decades of the importance of preparing expectant parents for the impact on their emotional well-being and on the couple relationship, and laying the foundations of a positive parent-infant relationship (Schrader McMillan, Barlow, & Redshaw, 2009). Pregnancy is considered a “critical time of learning” (Svensson, Barclay, & Cooke, 2008) and therefore an opportunity to support individuals in making positive behaviour changes, including building positive parent-infant relationships, constructive communication between partners, and caring for one’s own well-being (Lawson & Flocke, 2009).

Welcome to the World (WTTW), developed by the UK charity Family Links, is a relationship-based nurturing programme for groups of expectant couples. The aims of WTTW are to improve attunement, bonding and attachment; parental wellbeing; breastfeeding; and practical care of the new baby. It is facilitated by Parent Group Leaders (PGLs) and consists of eight weekly 2-hour sessions with an introductory session at the start of the programme (Table 1). Some groups also have a postnatal reunion session. It is generally aimed at couples, though partners do not always attend. The programme is commissioned by a range of organisations, including local authorities and the National Health Service. In some areas it is available to all expectant parents, while in others it is targeted at those who are perceived to be more vulnerable.

[Table 1 Content of the Welcome to the World programme]

The aim of this study was to evaluate the effectiveness of the Welcome to the World programme in supporting participants during the transition to parenthood. Specific objects were:

1. to explore participants' perceptions of how WTTW affected their relationship with the baby, the couple relationship and their emotional well-being, and
2. to explore participants' experiences of attending the course.

Methods

Study design

This study was part of a mixed methods evaluation of WTTW. In addition to the focus groups, the results of which are presented here, the study included longitudinal questionnaires collecting quantitative data on parents' experiences as well as open-ended questions regarding parents'

expectations of the programme (reported in [anonymized for peer review]), satisfaction with the programme, and experiences of breastfeeding.

Focus groups were chosen as they enable the exploration of a topic by analysing discussion and interaction between participants (Kitzinger, 2005) to gain a deeper understanding of parents' experiences of attending the programme. Focus groups took place after completion of the programme, when almost all participants had already given birth. Discussions were guided by a schedule which included questions about participants' experiences of attending the programme, interaction with the baby, practical care, relationships, and support.

Participants were recruited from six WTTW groups in five locations. To take part, participants had to be over 16 years old and be able to communicate in English. PGLs approached attendees of the programme with information about the focus groups and arranged the time and venue. Ethical approval was given by the Research Ethics Committee of [anonymized for peer review]. Focus groups were conducted between March and July 2016. A total of 36 parents took part in six focus groups; Table 2 shows details of the composition of focus groups.

[Table 2 Characteristics of the focus groups]

Analysis

All focus group discussions were audio recorded, transcribed and analysed using thematic analysis (Braun & Clarke, 2006). Transcripts were read and re-read and searched for repeated patterns of meaning relevant to the research questions. Codes were used to capture relevant concepts; these were collated and used to construct themes and sub-themes. This iterative process was undertaken by one

of the authors (FW) and codes and themes were then reviewed by another author (CJ); final themes and sub-themes were agreed jointly.

Findings

Analysis of the focus group discussions resulted in four themes, each with several sub-themes (Table 3). The first theme relates to the experience of attending the programme, while the other three are concerned with the impact of WTTW on coping behaviour, relationships and well-being. Quotes illustrating these themes are shown in Table 4.

[Table 3 Themes from the focus groups]

Theme 1: Expectations and experiences

Expectations: Participants gave a number of specific reasons for attending, including meeting others, support, curiosity and wanting information. Participants generally expected to obtain information and learn new skills, but many were unsure what to expect of programme; many initially felt apprehensive.

A safe, supportive space: Participants liked the informal and relaxed atmosphere which allowed them time to talk and make friends. Some initially worried about being judged, but sessions were described as non-judgemental and supportive, and participants felt confident to ask questions. The programme was experienced as a safe space, providing participants with a chance to think and talk about their concerns. Interaction with other participants was overall experienced as positive, providing

opportunities for new friendships and support. PGLs played an important role in participants' positive experiences.

Information: On the whole, participants found the information provided both in the booklets and during sessions helpful, but it also sometimes caused concern, for example about labour. Participants liked that the information was not prescriptive but encouraged them to find what worked for them. Some said that they were not interested in some of the information until it became more relevant to them later on.

Theme 2: Relationships

Interacting and communicating with the baby: Participants enjoyed the focus on communicating and interacting with the baby and expressed amazement at the baby's perceptual abilities in pregnancy and after birth. Several participants said that initially they had felt self-conscious when trying some of the suggested activities, but the programme had clearly encouraged participants to interact and communicate with their babies. WTTW had helped them understand the importance of responding to the baby and enabled them to do so despite other people telling them they were spoiling their baby. Parents were also reassured that a connection with the baby may not develop straight away, but might take time.

Couple relationships: Taking part increased couples' understanding and empathy for each other. Women said it helped their partners to understand how having a baby would affect them. Conversely, it helped the women to understand better what their partners might feel. Taking part helped some men to feel more involved in the pregnancy. The programme encouraged participants to express their feelings, needs and concerns openly. Many participants appreciated that WTTW was not just about the baby, but also about them as a couple.

Other relationships: Participants enjoyed meeting other expectant parents and many were still meeting up after the course. Social networks centred around women; men were included to some extent, but this appeared to follow the lead of the women. Sharing experiences seemed to be particularly important, allowing them to ‘*compare notes*’ (FG4) at different stages of their babies’ development. Some participants talked about their relationships with other people, for example conversations with their own mothers about their experiences.

Theme 3: Coping

Practical baby care: Practical baby care was clearly important to parents. Participants particularly liked it when new parents attended with their babies and demonstrated practical care. The use of dolls was considered helpful, but not as good. Many parents said they did not do enough practical activities. Several talked about how helpful discussions on breastfeeding had been. Participants in several groups said they would have liked more coverage of formula feeding.

Expectations and reality: Knowing what to expect and being prepared helped participants to navigate the transition to parenthood more confidently. While they acknowledged that it was never possible to be fully prepared, they generally felt WTTW had helped them to have realistic expectations. Activities focusing on what life with a new baby might be like were experienced as ‘*scary but helpful*’ (FG3), making postnatal life more realistic and helping them to prepare. Several said that they appreciated that PGLs had not been prescriptive, but had encouraged them to find strategies which worked for them.

Coping strategies: The programme discussed coping strategies, such as learning to take a step back when getting stressed with the baby, developing a routine, and relaxation techniques. Several participants talked about how challenging being signed off by the midwife and the partner going back to work could be; they would have liked more discussions around these topics. The programme also

covered the importance of having support from others and helped some participants to realise that asking for help was sometimes necessary.

Theme 4: Well-being

Nurturing oneself: Participants appreciated that WTTW did not exclusively focus on their baby, but also on nurturing themselves and their relationships, with an emphasis on being kind to themselves and being realistic. They felt the programme had helped them understand their emotions and experiences and the importance of taking time for themselves, both as individuals and as couples.

Growth: WTTW helped to foster an understanding of emotions and needs, and an increased awareness of their own upbringing and how this might affect them as parents. This and the emphasis on finding their own way resulted in many participants feeling more empowered and confident to trust their own instincts. There was a sense that WTTW helped to prepare them grow not just as parents, but also as individuals and couples.

[Table 4 Examples of quotes for sub-themes]

Discussion

Participants' experiences of WTTW

Participants generally experienced the programme as very positive and enjoyable. While the programme mostly met their expectations, some were unsure what to expect and some men in particular felt a little apprehensive to start with. Giving potential attendees information about what to

expect from the course might encourage more to attend; it may be beneficial to tailor some of this information to men (Fletcher, Silberberg, & Galloway, 2004; Jones et al, 2019). Participants appreciated the support provided by PGLs and their knowledge base. Several said that they liked that their PGL had not been prescriptive, but had talked about their options and encouraged them to make decisions which were right for them. This reflects changes in the approach to antenatal education over the last two decades, with a move away from prescriptive and didactic facilitation (Nolan, 2009).

Relationships

WTTW increased couples' mutual empathy and their understanding of the importance of good communication and spending time together. A positive, strong relationship is important for well-being and effective parenting, benefits the whole family (May & Fletcher, 2013). However, evidence for the effectiveness of antenatal education in promoting positive relationships is mixed. A meta-analysis of couple-focused interventions (Pinquart & Teubert, 2010) found only very small effects; these were larger if the intervention lasted for longer than five sessions. There is some evidence that antenatal courses with a focus on the couple relationship, like WTTW, can improve how parents cope with the impact of a new baby on their relationship (Daley-McCoy, Rogers, & Slade, 2015; Feinberg, Kan, & Goslin, 2009; Matthey, Kavanagh, Howie, Barnett, & Charles, 2004).

Participants in the focus groups appear to have benefitted from the inclusion of expectant fathers in WTTW. Traditionally antenatal courses have focused solely on women and research suggests that many do not meet expectant fathers' needs (Deave & Johnson, 2008; Fletcher et al., 2004; Svensson et al., 2008; Murphy Tighe, 2010). Since many of these studies have been published there has been an increasing awareness of the importance of including women's partners (Entsieh & Hallström, 2016), and contemporary courses may address both parents' needs more adequately.

Relating to the baby

Improving the parent-infant relationship is an explicit aim of WTTW and consequently this is covered extensively. Parents in the focus groups enjoyed learning about fetal and infant development and the communicative abilities of new-borns. Antenatal education can promote the development of the parental-infant bond by increasing parents' ability to identify and interpret infant communication (May & Fletcher, 2013), which may improve parents' satisfaction with their relationship with their baby (Schrader McMillan et al., 2009) and increase sensitivity to infant cues and appropriate responses (Bryan, 2000). This appears to have been the case for many of the parents attending WTTW; some stated explicitly that it had a profound effect on how they relate to their baby.

Emotional well-being

There is a clear need for including emotional aspects and effective coping strategies in antenatal education (Entsieh & Hallström, 2016; May & Fletcher, 2013; Svensson, Barclay, & Cooke, 2006). Participants talked about how WTTW had benefitted their emotional well-being. Some described some of the information discussed as "scary"; while this issue was raised by a minority of participants, it is important that the implications are considered carefully. Providing information can be a balancing act: it should be useful and realistic, but not increase anxiety. Facilitators need to be aware of participants' needs and sensitively address issues that may arise.

Evidence for the effectiveness of antenatal courses in improving emotional well-being is mixed. A meta-analysis (Pinquart & Teubert, 2010) found only small effects on psychological well-being, though these were larger with longer courses. Another review (Schrader McMillan et al., 2009) suggests that antenatal education can be effective in supporting women with below-threshold symptoms of depression and anxiety and there is evidence that programmes focusing on emotional aspects are beneficial (Bryan, 2000; Matthey et al., 2004).

Parenting skills

Parents have a strong need for information on early parenting and practical skills for looking after a baby (Bryan, 2000; Deave & Johnson, 2008; Deave, Johnson, & Ingram, 2008; National Childbirth Trust, 2007; Jones et al, 2019) and expect this to be met in antenatal courses (Ahldén, Ahlehagen, Dahlgren, & Josefsson, 2012). However, parents often feel that antenatal courses do not prepare them adequately (Fabian, Radestad, & Waldenstrom, 2005; Schrader McMillan et al., 2009; Svensson et al., 2006). There is some evidence that antenatal courses can increase parents' confidence (Matthey et al., 2004; National Childbirth Trust, 2007; Svensson, Barclay, & Cooke, 2009) and enhance their approach to parenting (Feinberg et al., 2009). A good sense of competence in early parenting skills is important not just because it can help to ensure that babies receive adequate care, but also as it is linked to parents' sense of achievement and failure (Svensson et al., 2006) and can therefore affect their emotional well-being. Participants wanted to learn practical skills, but not all felt that this had been achieved. The attendance of a couple with a new baby enables direct learning from new parents (Murphy Tighe, 2010); the opportunity of 'seeing and hearing the real experience' can be very valuable (Svensson et al., 2008, p. 39).

Support

Support from other parents can reduce isolation and validate experiences and feelings (Jones, Jomeen, & Hayter, 2014), as well as providing practical support. Antenatal courses provide an opportunity to meet others in a similar situation, to form new friendships and build a support network (Svensson et al., 2006; Murphy Tighe, 2010). While there is some evidence that antenatal courses meet this need (Fabian et al., 2005; Schmied, Myors, Wills, & Cooke, 2002), this is not always the case (National Childbirth Trust, 2007). The extent to which participants in this study built support networks varied between groups; it is unclear whether this was due to characteristics of particular groups or the format of the group and how it had been facilitated. Provision of postnatal reunion, which are not standard practice for WTTW, may encourage groups to meet up (National Childbirth Trust, 2007).

Strengths and limitations

The number of focus groups and the total number of participants (36) are a strength of this study. Participants came from a wide range of backgrounds and geographical locations. On the other hand, only a few men took part and all couples were in heterosexual relationships. A further issue was that to protect the anonymity of participants and to facilitate recruitment, participants were recruited through WTTW facilitators, who therefore acted as gatekeepers. It is possible that this affected who participated. In retrospect, it would have been beneficial if focus group discussions had included more questions about postnatal contact between group members to enable a more in-depth exploration of factors contributing to support networks.

Implications for practice

The study highlighted aspects of WTTW which work well in supporting expectant parents, including the focus on couple relationships, the relationship with the baby, emotional health and nurturing, and the non-didactic approach. To further enhance the effectiveness of antenatal programmes, couples may benefit from receiving more information about what to expect prior to attending; this could increase attendance and reduce initial apprehension. Participants may benefit from the inclusion of more practical baby skills, particularly the attendance of new parents with their baby.

Conclusions

The WTTW programme focuses on the emotional health of individuals, couples and babies and aims to create a nurturing environment for participants in order to enable them to nurture their relationships with their partner, their baby and other family members. The programme addresses the needs of couples and participants clearly appreciated this focus on emotional health and relationships. Parents also liked that it gave them information and presented them with options and a safe space for discussion, thereby empowering them to make decisions which were right for them as a family. Further research is needed to explore why some groups developed stronger support networks than

others. Routinely providing postnatal reunions may be one way of supporting this. This study demonstrates how expectant parents can benefit from a relationship-based antenatal programme focused on emotional health. It underlines the importance of well-trained, sensitive facilitators who take a person-centred, non-didactic approach and provide a safe, nurturing environment to support participants in their journey through the transition to parenthood.

References

- Ahldén, I., Ahlehagen, S., Dahlgren, L. O., & Josefsson, A. (2012). Parents' Expectations About Participating in Antenatal Parenthood Education Classes. *The Journal of Perinatal Education*, 21(1), 11-17. doi:10.1891/1058-1243.21.1.11
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa
- Bryan, A. A. (2000). Enhancing Parent-Child Interaction With a Prenatal Couple Intervention. *MCN: The American Journal of Maternal/Child Nursing*, 25(3), 139-145.
- Daley-McCoy, C., Rogers, M., & Slade, P. (2015). Enhancing relationship functioning during the transition to parenthood: a cluster-randomised controlled trial. *Archives of Women's Mental Health*, 18(5), 681-692. doi:10.1007/s00737-015-0510-7
- Deave, T., & Johnson, D. (2008). The transition to parenthood: what does it mean for fathers? *J Adv Nurs*, 63(6), 626-633. doi:10.1111/j.1365-2648.2008.04748.x
- Deave, T., Johnson, D., & Ingram, J. (2008). Transition to parenthood: the needs of parents in pregnancy and early parenthood. *BMC Pregnancy and Childbirth*, 8(1), 30. doi:10.1186/1471-2393-8-30

- Dubber, S., Reck, C., Müller, M., & Gawlik, S. (2015). Postpartum bonding: the role of perinatal depression, anxiety and maternal–fetal bonding during pregnancy. *Archives of Women's Mental Health, 18*(2), 187-195. doi:10.1007/s00737-014-0445-4
- Entsieh, A. A., & Hallström, I. K. (2016). First-time parents' prenatal needs for early parenthood preparation-A systematic review and meta-synthesis of qualitative literature. *Midwifery, 39*, 1-11. doi:http://dx.doi.org/10.1016/j.midw.2016.04.006
- Fabian, H. M., Radestad, I. J., & Waldenstrom, U. (2005). Childbirth and parenthood education classes in Sweden. Women's opinion and possible outcomes. *Acta Obstet Gynecol Scand, 84*(5), 436-443. doi:10.1111/j.0001-6349.2005.00732.x
- Feinberg, M. E., Kan, M. L., & Goslin, M. C. (2009). Enhancing Coparenting, Parenting, and Child Self-Regulation: Effects of Family Foundations 1 Year after Birth. *Prevention Science, 10*(3), 276-285. doi:10.1007/s11121-009-0130-4
- Fletcher, R., Silberberg, S., & Galloway, D. (2004). New Fathers' Postbirth Views of Antenatal Classes: Satisfaction, Benefits, and Knowledge of Family Services. *The Journal of Perinatal Education, 13*(3), 18-26. doi:10.1624/105812404X1734
- Jones, C., Jomeen, J., & Hayter, M. (2014). The impact of peer support in the context of perinatal mental illness: A meta-ethnography. *Midwifery, 30*(5), 491-498. doi:http://dx.doi.org/10.1016/j.midw.2013.08.003
- [anonymized for peer review]
- Kitzinger, J. (2005). Focus group research: using group dynamics to explore perceptions, experiences and understandings. . In I. Holloway (Ed.), *Qualitative Research in Health Care* (pp. 56-70). Maidenhead: Open University Press.
- Lawson, P. J., & Flocke, S. A. (2009). Teachable moments for health behavior change: A concept analysis. *Patient Education and Counseling, 76*(1), 25-30. doi:http://dx.doi.org/10.1016/j.pec.2008.11.002

- Matthey, S., Kavanagh, D. J., Howie, P., Barnett, B., & Charles, M. (2004). Prevention of postnatal distress or depression: an evaluation of an intervention at preparation for parenthood classes. *Journal of Affective Disorders, 79*(1), 113-126. doi:[http://dx.doi.org/10.1016/S0165-0327\(02\)00362-2](http://dx.doi.org/10.1016/S0165-0327(02)00362-2)
- May, C., & Fletcher, R. (2013). Preparing fathers for the transition to parenthood: Recommendations for the content of antenatal education. *Midwifery, 29*(5), 474-478. doi:<http://dx.doi.org/10.1016/j.midw.2012.03.005>
- Meins, E. (2013). Sensitive attunement to infants' internal states: operationalizing the construct of mind-mindedness. *Attachment & Human Development, 15*(5-6), 524-544. doi:10.1080/14616734.2013.830388
- Meleis, A. I., Sawyer, L. M., Im, E.-O., Hilfinger Messias, D. K., & Schumacher, K. (2000). Experiencing Transitions: An Emerging Middle-Range Theory. *Advances in Nursing Science, 23*(1), 12-28. .
- Murphy Tighe, S. M. (2010). An exploration of the attitudes of attenders and non-attenders towards antenatal education. *Midwifery, 26*(3), 294-303. doi:<http://dx.doi.org/10.1016/j.midw.2008.06.005>
- National Childbirth Trust. (2007). *Preparing for birth: what do parents think of antenatal education at Birmingham Women's Hospital?* London: National Childbirth Trust. Retrieved from https://www.nct.org.uk/sites/default/files/related_documents/Birmingham%20Report%20Final%20Nov%202007.pdf
- Nolan, M. L. (2009). Information Giving and Education in Pregnancy: A Review of Qualitative Studies. *The Journal of Perinatal Education, 18*(4), 21-30. doi:10.1624/105812409X474681
- Pinquart, M., & Teubert, D. (2010). A Meta-analytic Study of Couple Interventions During the Transition to Parenthood. *Family Relations, 59*(3), 221-231.
- Schmied, V., Myers, K., Wills, J., & Cooke, M. (2002). Preparing Expectant Couples for New-Parent Experiences: A Comparison of Two Models of Antenatal Education. *The Journal of Perinatal Education, 11*(3), 20-27. doi:10.1624/105812402X88803

Schrader McMillan, A., Barlow, J., & Redshaw, M. (2009). *Birth and beyond: A review of the evidence about antenatal education*. London: Department of Health. Retrieved from:

http://webarchive.nationalarchives.gov.uk/20130123200917/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109832

Svensson, J., Barclay, L., & Cooke, M. (2006). The Concerns and Interests of Expectant and New Parents: Assessing Learning Needs. *The Journal of Perinatal Education*, 15(4), 18-27.

doi:10.1624/105812406X151385

Svensson, J., Barclay, L., & Cooke, M. (2008). Effective Antenatal Education: Strategies

Recommended by Expectant and New Parents. *The Journal of Perinatal Education*, 17(4), 33-42. doi:10.1624/105812408X364152

Svensson, J., Barclay, L., & Cooke, M. (2009). Randomised-controlled trial of two antenatal education programmes. *Midwifery*, 25(2), 114-125. doi:<http://dx.doi.org/10.1016/j.midw.2006.12.012>

Table 1 Content of the Welcome to the World programme

| | |
|---------|---|
| Week 0 | ESTABLISHING A GROUP - What's the Nurturing Programme all about? Introducing the Antenatal Nurturing Programme for Parents, Evaluation |
| Week 1 | WELCOME TO THE WORLD - Aims of the Antenatal Nurturing Programme for Parents. Building Blocks: The Four Constructs, Group Rules, Touching and Talking to my Baby in the Womb, The Power of Praise |
| Week 2 | LOVING ATTENTIVENESS: BONDING, ATTACHMENT AND BRAIN DEVELOPMENT, Family Values and Family Rules, Nurturing My Baby's Development and Growing Brain |
| Week 3 | A CELEBRATION OF BIRTH- Empathy and The Four Constructs, A Celebration of Birth, 'Welcome to the World' baby books, Changes in Me and You |
| Week 4 | PERSONAL POWER, SELF-ESTEEM & HEALTHY EATING CHOICES, Influences on Behaviour, Self Esteem, Personal Power, Healthy Eating Choices |
| Week 5 | BOUNDARIES, BELIEFS AND VALUES - Babies and Children Need Security, Consistency and Boundaries, Helping My Baby Calm Him/Herself, Nurturing Ourselves |
| Week 6 | FEELINGS AND HOW WE COMMUNICATE - Feelings... And What We Do With Them, Managing Anger, Perinatal Depression, Dealing with Stress, Communication Between Adults and Adults & Babies |
| Week 7 | FAMILY LIFE WITH A NEW BABY- Empathy for Adults, Special Gifts for My Baby and a Gift for Me |
| Week 8 | OFF TO A GOOD START- The Midwife – Labour Day, Breastfeeding My Baby, Post Training Evaluation, Celebration |
| Reunion | WELCOME TO THE BABIES! How are we all doing? (optional in local setting) |

Table 2 Characteristics of the focus groups

| Group | Participants | Location | Characteristics |
|-------|--------------------|-------------------|--|
| FG1 | 6 (5 women, 1 man) | Northern Ireland | All first babies; 2 to 8 weeks old; one woman still pregnant |
| FG2 | 5 (4 women, 1 man) | North England | All first babies; 6 months to 1 year old; one couple still pregnant; targeted |
| FG3 | 8 (4 women, 4 men) | Southwest England | All first babies; 9 weeks to 6 months old |
| FG4 | 4 (all women) | North England | 2 first babies, one second, one third; 9 weeks to 1 year old |
| FG5 | 7 (6 women, 1 man) | North England | One first baby, two second babies, others third or more; 2 weeks to 3 months old |
| FG6 | 6 (5 women, 1 man) | North England | Four first babies, one third; 3 weeks to 2 months old |

Table 3 Themes from the focus groups

| Themes | Sub-themes |
|------------------------------|---|
| Expectations and experiences | Expectations |
| | A safe, supportive space |
| | Information |
| Relationships | Interacting and communicating with the baby |
| | Couple relationships |
| | Other relationships |
| Coping | Practical baby care |
| | Expectations and reality |
| | Coping strategies |
| Well-being | Nurturing oneself |
| | Growth |

Table 4 Examples of quotes

| Themes / sub-themes | Quotes |
|-------------------------------------|--|
| <i>Expectations and experiences</i> | |
| Expectations | <i>You want to do your best, try your best, and you know, knowledge is power (FG1)</i> |
| | <i>I expected it to be about practical care and it was more about nurturing which was good. (FG6)</i> |
| | <i>The emotional, the physical, it included all that. So yeah, it definitely exceeded my expectations. (FG4)</i> |
| A safe, supportive space | <i>I was 15 when I had him, so I was worried ... but it wasn't like that, there was no judging. (FG2)</i> |
| | <i>Yeah, it was different to what I thought it would be. I thought it would be, quite regimented. This is more ... not just about the baby but how you, like as a couple as well, and how you do things as a family. (FG3)</i> |
| | <i>It was lovely to meet the other mummies and daddies in the same situation and cos we didn't really know many people beforehand in our situation. (FG1)</i> |
| | <i>I stayed back to talk to her [PGL] and stuff, which was very helpful. (FG2)</i> |
| Information | <i>It [the booklet] was scary, but it was helpful [...] labour and all that ... expect to read it and you know what you're gonna go through (FG2)</i> |
| | <i>In general, a lot of things you can't remember, but you knew when it comes to doing it, you just do it naturally, things you've learned in here, like. (FG3)</i> |
| <i>Relationships</i> | |

Interacting &
communicating with the
baby

It's hard when you're talking to something that you can't see or interact with, I think it helps to bond with it. (FG1)

I found it much better after doing the course. With [older child] I didn't know what to do with him. I know there was a baby there and you know you've got to feed him, change him but I didn't understand any of the interaction with him, that came much later. Whereas when it came to [baby], I knew what I was supposed to do. (FG4)

We've been told a thousand times by our parents, you're spoiling that baby, you can't be picking her up. But at the nurturing group they told us that you can't love your baby too much, and they do need you all the time, so don't think you're spoiling them. (FG3)

I also learned too that if they look away they don't want to us to talk to them, they're bored of us or they want to look around so that was good you know when trying to talk to them more. (FG1)

I've heard everybody say like, oh, you'll know when it's your own baby and you'll know what to do, and I can remember [PGL] said to me you might not know straight away, and I didn't, like my instincts didn't kick in straight away, it took a few days for me to find my way and I just remembered her saying, it doesn't happen straight away with everybody and it just settled me down. (FG3)

Couple relationships

It made them aware, they understood, you weren't making it up, that other women in the group were feeling exactly the same. (FG1)

Yeah, I think that I got a bit more, coming to the group, I got a bit more understanding of what [partner] goes through in the day, so then I give her a bit more help when I get home, give her a bit of time to herself, that sort of thing. (FG3, man)

And I think it's nice to know how the men feel as well, because usually it's all about the woman ... the men are often a bit side lined. (FG3, woman)

It definitely made me feel more involved with the pregnancy. Like I was part of it as well. ... And when I came to the group I came as her partner. (FG3)

It taught us that it's not all rosy and it's give and take, all about open communication, and relationships. (FG1)

Remembering that you and your husband still need a relationship – don't forget about yourselves, go out for a nice bite to eat or go out for the night, it was nice knowing you could still have a relationship. (FG1)

We thought we'd talked about everything but the course taught us to talk about more, discipline, parenting styles – helpful discussions before the baby was born which we might not have had. (FG6)

Other relationships

Having someone to call upon, the peer support. The social element really helped get me out and about. (FG1)

I don't think so [meeting up], I haven't, I haven't seen anything of them (FG2)

Those days when ... you think you're having the worst day ever and you text them and they say oh [baby] has been a nightmare and you think,

thank god it's not just [baby]! Yeah, it's the best thing, it's been massive for me. (FG3)

I was still at school then ... I should be there ... it was good to get on with other people, forget what was happening at school.... (FG2)

Me getting pregnant and going to the group, it brought me and my mum a lot closer. ... We'd go through it together basically. (FG2)

I was also asking my mum stuff about me, I never had those conversations before, like what sort of labour did you have. So that was good. (FG4)

Coping

Practical baby care

My husband said, I really wish they had shown us how to put on clothes on a baby because he was so afraid of hurting him when he was born. (FG1)

That [bathing the baby] was really good cos I'd never seen anybody turn a baby... she turned him over on his front and back ... and so that was interesting just to know that the wee baby was content. (FG1)

It's totally different to a real baby. (FG2; using a doll)

It was really good to discuss breastfeeding, different people's opinions on whether they were or whether they weren't going to breast feed ... I came in and I was 100% not going to breast feed, and by the time I left the group I was going to try it. (FG1)

I'm only still feeding because of the support from my husband because of what we learnt in class. (FG6)

Expectations and reality

I don't think you're ever going to be fully prepared for what it's really going to be like, but it was guiding us. (FG3)

Little things, like it is going to be hard. They don't brush over it, they don't sugar coat anything. (FG3, man)

And also, the way you do it is not always going to be the same as like somebody else does. (FG3, man)

Coping strategies

And how to relax, like dropping the shoulders and so. Yeah, that helped me, that really helped. (FG2)

It's hard when the guys go back to work, I'm not sure how you'd look at covering it, but maybe get couples in to talk about when the bloke goes back to work. (FG3, man)

Yes, I think I found being signed off by the midwife probably more daunting than going home from the hospital. (FG3)

I'm not the kind of person who asks for help but it's made me realise that I'm gonna have to rely on somebody. (FG6)

Well-being

Nurturing oneself

They said, spend just a bit of time on yourself each day, spend five minutes in the bath or just sat in silence, with no stress, no children, ... just a bit of time for you, which I thought was brilliant. (FG4)

Growth

We were talking about how it can be difficult to turn your emotions around when you are feeling that way – it's not just as easy to snap out of it. It's OK to allow yourself to feel that way. (FG5)

It taught us to trust our instincts. (FG3)

The course helped us to challenge the advice from others and think about where you got all your own views from. (FG6)

It gets you thinking about stuff you haven't thought about before. The emotional side, how you bring the baby up. And it gets you a bit into how you were brought up. (FG4)
