

ANTENATAL ROCKABYE EVALUATION REPORT

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Nurturing connection



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EXECUTIVE SUMMARY

Antenatal Rockabye (AR) is a group for expectant parents who are experiencing some kind of difficulty in pregnancy. This report uses in-depth interview narratives from women who have attended the group in order to evaluate whether the group meets its aims. The following offer a brief summary of the findings.

SUMMARY OF FINDINGS:

Feeling heard:

The interviewees had often found it difficult to disclose the difficulties they were experiencing to family, friends and professionals. Some noted that they felt heard at Antenatal Rockabye (AR), and outlined a contrast between AR and their other antenatal care in this respect. The particular kind of listening – reflective listening – practised at AR was important in generating this sense of feeling heard.

Preparation for the emotional impact of parenting:

Becoming a mother has significant emotional impacts. One of the headline messages emerging from the interviews was the degree to which AR provided preparation for this emotional impact. This was articulated in two main ways:

- The first is how AR prompted the mothers to explore and challenge intergenerational patterns. They became aware that they had a choice in how to parent and didn't necessarily have to repeat elements of their own childhood. This created a reflective space in which the mothers (and their partners) could discuss and plan how they wanted to parent.
- The second is how AR enabled mothers to develop more positive ideas about what it means to accept help. This means that AR potentially has ongoing impacts into the future enabling them to connect with support once the baby has been born.

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Connecting with baby:

A number of activities are designed to improve the mother's connection with their baby. These had a positive effect in a number of the mother's cases, creating significant shifts in their abilities to connect with their babies and in their capacity to imagine their futures as mothers.

Feeling less isolated:

The interview transcripts outlined two main ways in which AR helped the participants to feel less isolated:

- The first is that AR provided an opportunity for the participants to build social networks which lasted beyond the space and time of the group. These relationships were really very significant in enabling the interviewees to navigate the birth and post-birth periods.
- The second is in the space that the group provided for the participants to share and normalise (difficult) experiences. This reduced the mother's feelings of difference and distance from other mothers. The group fostered an intimacy between the participants, based on honest expression and the development of trust between group members. The group also provided a safe space for diverse participants.

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Increasing knowledge:

AR plays a distinctive role in the broader landscape of provision of antenatal education provision in Bristol. A diverse range of mothers attend AR, which meant that mothers belonging to under-represented groups (e.g. single mothers) felt included. AR has a distinctive curriculum, which is responsive to the contemporary complexity of mother's lives and the individual circumstances experienced by the participants. This allowed the mothers to find a space within the antenatal education provision where their complex lives were recognised, welcomed and de-problematized. The mode of teaching meant that the participants were able to develop their ability to reflect on themselves and to develop more positive understandings of themselves.

Accessibility:

The interviewees found the environment of the Children's centre to be very positive, and the atmosphere of the group to be welcoming. The interviewees found it useful that the group was held in the Children's Centre so they could be more familiar with it once their baby had arrived.

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Recommendations:

- **To secure continued funding locally for the Antenatal Rockabye group.**
- **To make sure all local relevant health practitioners are aware of the group's existence, purpose and referral procedures.**
- **To maintain small group sizes of between 6-8.**
- **To develop a roll out programme so that the group is available in more areas.**
- **To think about the way that the group might be made more accessible across the variety of cultural and socio-economic backgrounds that are represented in Bristol.**
- **To continue to engage with evaluation and development of the course based on feedback and research.**

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1) INTRODUCTION

Antenatal Rockabye (AR) is a group for expectant parents who are experiencing some kind of difficulty in pregnancy. Difficulties in pregnancy are relatively common, with between 10 and 20% of women experiencing depression between conception and the end of the first year of the baby's life (Bauer et al. 2015) and a wider and more diverse range of difficulties remaining unreported.

The kinds of difficulties that attendees of AR experience are wide, but commonly include antenatal depression and/or anxiety, or other mental health difficulties; difficulties in bonding with their baby and/or transitioning to motherhood; relationship difficulties and/or other problems in life; fear and phobias of birth; a difficult journey to parenthood; and existing health related diagnoses.

The National Institute for Clinical Excellence (NICE) suggests that the 'range and prevalence of' anxiety and depression are seen to be 'under-recognised throughout pregnancy' (NICE 2018: 3), and the Boots Family Trust (in conjunction with Netmums, the Institute of Health Visiting, Tommy's and the Royal College of Midwives) has carried out research that suggests that there is a lack of societal awareness about antenatal depression and other mental health difficulties in pregnancy (Boots Family Trust 2013: 10).

This lack of awareness makes it more difficult for those affected to recognise symptoms and to get help, and might mean that the incidences of the kinds of difficulties in pregnancy that AR is concerned with helping are being under reported.

Causal relationships between antenatal mental health difficulties and the long-term negative effects on children's emotional, social and cognitive development have been mapped out by a number of agencies; for example, the Good Start to Life briefing (Mental Health Network 2014: 3) notes that 'depression and anxiety, particularly if untreated or chronic or associated with social adversity, can affect an infant's mental health and have longstanding effects on a child's emotional, social and cognitive development'.

The Maternal Mental Health Alliance has modelled the societal costs of MHD across the perinatal period (from conception to 1 year post-birth), and they suggest that for 'each one-year cohort of births in the UK' there is a 'long-term cost to society of about £8.1 billion' (Bauer et al. 2014: 3). Of this, they suggest that 72% 'relates to adverse impacts on the child rather than the mother' (Bauer et al. 2014: 4).

Antenatal mental health difficulties have risen up the policy and practice agenda, and NICE has written a set of guidelines on the provision of mental health related care in the antenatal period (NICE, 2018). These will be discussed in the following section of the report.

In Bristol there is some support for women who are pregnant and are experiencing such difficulties, including standard midwife visits, specialist mental health midwives based at the delivery suites, and Antenatal Rockabye. This report uses qualitative methods to evaluate what AR offers in relation to the stated aims of the group. These are variously contextualised using literatures drawn from across the Social Sciences. The report will now introduce the AR group, before it goes on to introduce the evaluation framework.

2) ANTENATAL ROCKABYE

Antenatal Rockabye

Antenatal Rockabye is a small 6-week group which gives you the chance to reflect on your hopes and fears about becoming a parent.

During the sessions you can take time to enjoy your pregnancy and connect with your baby through relaxation exercises and creative activities.

Perhaps the journey to becoming pregnant has been difficult or maybe there were problems with a past pregnancy that makes this pregnancy challenging. You might be feeling anxious or depressed during your pregnancy and would like some support in managing the emotional impact of pregnancy.

Antenatal Rockabye offers a safe and supportive atmosphere in which you can reflect on some of these issues and explore anything that might get in the way of you connecting with your baby.



<http://www.rockabye.org.uk/photos/>

Antenatal Rockabye was established by the same team who run the successful Rockabye groups across Bristol, Katy Taylor (a core process psychotherapist), and Clare Beckell (a play therapist). Rockabye was originally envisioned and run by Lucy Livingstone, a Dance Movement Therapist, who passed the group across to Katy and Clare before she passed away in 2014.

Antenatal Rockabye has been developed with the same principles as Rockabye in mind; to support the connection between parent and baby and to nourish joy in that relationship. The group was a runner up in the 2017 Ana leaf Award for exceptional infant mental health service provision, and now runs across the city and surrounding areas from a number of Children's Centres. Antenatal Rockabye (originally called Rockabumps) designed for expectant mothers who are in the second trimester of their pregnancy.

The invite for the group notes that the group is for women who experience mental health problems, have had a previous loss-miscarriage, have had IVF, have had a previous traumatic birth, have experienced postnatal depression previously, have poor attachment with other children, and/or are experiencing anxiety or depression.

The group is delivered in a 6-week format, and is closed so the attendance can be as consistent as possible over the life of the group. The small-group format that AR takes meets the best practice recommendations of researchers who suggest that the support women gain from participating in a small group that meets regularly over a period of 4-8 weeks is the most valuable format for the delivery of antenatal education (Skevington and Wilkes 1992; Gould, 1986, in Nolan 1997).

The groups are facilitated by workers from the Children's Centres, who are trained and receive supervision from Katy and Clare. Access to the group is by referral from midwives, general practitioners, primary infant mental health specialists and Children's Centres. Parents are also able to self-refer if they find out about the group. The group aims to offer the space and time to reflect on the attendee's hopes and fears about becoming a parent, and uses a range of creative and relaxation based exercises to allow the women to take time and connect with their babies (<http://www.rockabye.org.uk/photos/>).

The structure and outline of the pilot group are reproduced below:

An outline of the course:

- Referral from midwives and ante-natal groups.
- Phone call or home visit a week or so before the course begins.
- 6 weekly sessions lasting an hour and a half.
- Post-birth group reunion.
- Signposting on to Rockabye or other services where necessary.

The shape of each Rockabumps session:

- 2 minutes mindfulness, tuning into baby's presence.
- Talk time (28 minutes)
- Input on an aspect of parenting/creative activity (40 minutes)
- Relaxation/mindfulness meditation (15 minutes)
- Closing Circle to reflect on what came up in the session. How do you think your baby responded to it? (5 minutes)

Topics covered:

- Your journey to becoming pregnant
- How it is to be pregnant?
- Hopes and fears about becoming a parent
- What babies need in order to thrive (Building a Happy Baby, Five to Thrive)
- Dealing with stress
- How you were parented and how you would like to parent
- Building support systems.

The aims of the group are that the participants should 1) feel heard, 2) prepare for the emotional impact of parenting, 3) connect with their babies, 4) feel less isolated, 5) increase in confidence, 6) increase in knowledge.

This report will evaluate these aims using extracts from in-depth interviews conducted with attendees.

2.1 NICE recommendations for mental health related support in pregnancy:

The National Institute for Clinical Excellence (NICE) guidelines suggest that pregnancy is a high-risk period for the experience of mental health difficulties, because of the uncertainties that currently exist around the (taking and stopping) of medication and the potential future impacts of the illness. The guidelines emphasise the need for prompt treatment because of the potential effect of an untreated mental health problem on a foetus.

The guidelines set out principles of care that should be followed for women experiencing mental health difficulties in the antenatal period, suggesting that carers should:

- Acknowledge the woman's role in caring for her baby and support her to do this in a non-judgmental and compassionate way
- Involve the woman and, if she agrees, her partner, family or carer, in all decisions about her care and the care of her baby
- Take into account and, if appropriate, assess and address the needs of partners, families and carers that might affect a woman with a mental health problem in pregnancy and the postnatal period. These include:

- the welfare of the baby and other dependent children and adults
 - the role of the partner, family or carer in providing support
 - the potential effect of any mental health problem on the woman's relationship with her partner, family or carer
- (NICE, 2018)
- .

3) THE EVALUATION

The evaluation takes a Realist(ic) perspective (Pawson and Tilley 1997). This has two key characteristics. The first of these is that the programme is evaluated relative to the vision of change that the programme has. Antenatal Rockabye has a clear vision of the kinds of changes that they want to bring about through the group, and these ideas of change have driven the evaluation, providing the basis for the in-depth interview themes, the analysis of the interviews and the presentation of this report. The second is the principle that the programme doesn't take place in a vacuum so the circumstances of the participants must be considered in order to fully understand how the programme works (or not).

This sociological perspective notes that interventions, such as Antenatal Rockabye, are embedded in broader social contexts and these social contexts play a part in how participants are able to participate, and the experiences that the participants have. Context is given a strong role in realist(ic) perspectives; while a programme such as Antenatal Rockabye can promote change, the extent of change possible is always set within the social circumstances of the participants (Pawson and Tilley 1997).

These two key characteristics have a broader consequence; that the evaluation cannot give a pass or fail verdict, but rather tries to offer a better understanding of how the mechanisms of the programme interact with the lives of the participants. This evaluation has been carried out in close relation to the organisers of Antenatal Rockabye so that feedback has been offered in person during the course of the evaluation.

3.1 Methodology

The realist(ic) perspective offered the rationale for the programme using in-depth interviews as the key method. In-depth interviews are a well-established method used across the Social Sciences (Cook, 2012). They offer the opportunity to gain detailed understandings of a particular issue from a small number of people. The interviews were semi-structured, meaning that I prepared a series of prompts to enable us to cover the key areas that the evaluation was concerned with, but there was also room for the interviewee to direct the agenda. Each interview offered the opportunity to gather some contextual information from the mothers, to find out about the attendance of the group, and to gain their perspectives on how the group had helped them and what they thought could have been changed or improved.

Each interview lasted approximately 60 minutes, and very rich interview narratives were recorded and then transcribed. In-depth interviews were chosen here to reflect my own specialisms, and also because of a belief in the value of giving the women enough time to articulate their experiences in as much detail as required.

The interviewees were recruited through the first couple of Antenatal Rockabye groups, and the Rockabye leaders acted as gatekeepers, allowing me to attend the group to recruit participants. I was given five minutes to introduce myself and the research, to invite the group participants to ask any questions that they had, and to distribute information and consent forms. All of the participants filled in the forms and returned them in person at the end of the session.

I also recruited further interviewees through the interviews I was carrying out for the evaluation of the Rockabye groups; when mothers mentioned that they had also attended Antenatal Rockabye I asked them if I could find out about their experiences. In one case we arranged a separate interview, and in the other cases we talked about it as part of the interview we were carrying out. I arranged to meet with the mothers in person to conduct the interviews. Some took place in their homes, some in cafes, and some in the Children's Centres.

I attempted some follow-up interviews a year later, in order to try and gain a sense of longer impacts of the group. I contacted the mothers via email and text message, but none of the participants returned my messages. This is possibly because contact details had changed, but also perhaps because the mothers had gained a distance from their difficult experiences of pregnancy and so may have been reluctant to revisit them in another interview, or because they had returned to work and were navigating the complexities and fast pace of this and had no time or capacity for involvement.

The research was considered and approved by the University of Exeter Geography department ethics committee. I have experience in interviewing mothers with post-natal depression (see Lea, forthcoming), and lived experience of post-natal depression myself. At the beginning of each interview, I took the mums through the consent form and reminded them of the ways that their interview transcripts would be used, I reminded them that they were able to refuse to answer any questions that were too difficult for them or that they didn't want to answer.

At the end of the interview I let them know that they were able to withdraw from the research at any time up until the publication date, and gave them my contact details to enable them to do this if they wanted to.

The interviews were transcribed and anonymised. I then coded them by hand according to themes that emerged from the data, and also the stated aims of Antenatal Rockabye.

The report now moves to analyse each of the AR aims in turn.

4) FEELING HEARD

The first aim of Antenatal Rockabye is that the mothers who come along feel heard. This aim is set within a broader context of antenatal care in the UK where women often see a range of different healthcare professionals during their pregnancy, and the provision and form of antenatal education has been reduced over time due to funding cuts (e.g. The Guardian, 2011). At the same time, recent research by The Boots Family Trust (2012) found that mental wellbeing was not a topic routinely recognised by mothers to have been raised either at the initial antenatal booking appointment (only 11% of mothers recalled being asked about mental wellbeing at this point), or during regular antenatal care (only 14% of mothers recalled being asked about mental wellbeing).

At the same time, the study found that mothers find it hard to disclose mental health difficulties to health professionals because of the stigma and worry associated with these experiences. 30% of mothers had never told a healthcare professional that they were unwell, and another 46% reported not being completely honest about their feelings. These structural factors, alongside the enduring stigma around mental health difficulties, mean that the mothers who attend AR have often not been able to talk honestly about the difficulties they are experiencing. This was an experience articulated by interviewee 5 who noted that:

‘when I was first going to the midwife’s, it felt like a bit of a conveyer belt, and I felt like what was lacking was some sort of emotional support. And I kept seeing different people all the time ... Later on with the midwives, I ended up seeing the same person pretty much and developed a good relationship with her. But at that time [at the beginning] I just felt a bit lost and I didn’t particularly click with one of the other midwives who I’d seen regularly and I just felt like I needed something more’

(interviewee 5)

This sense of the contrast between their other antenatal care and AR was drawn out by a number of interviewees, for example interviewee 1 who felt that the lack of consistency in her midwife care meant that she didn’t feel as supported as she might have done otherwise:

‘and I don’t want to say that I don’t have my midwives as a support but you don’t see the same midwife, you don’t, you can start a conversation with one and then it’s just notes in a book and then you see another one, there isn’t, there isn’t much support out there’

(interviewee 1)

In contrast, the notion of 'being heard' at AR was a key theme emerging from the in-depth interviews, with all the interview participants expressing, at least to some degree, that this aim had been met. They also underlined the value of this kind of listening to them. The facilitation was understood to be central to the experience of being heard. In particular, the technique of reflective listening, where the facilitator uses a technique of listening and then reflecting back what they had heard to the speaker, was highlighted by interviewee 1:

'they're really good at listening, somehow they seem to draw everything out of you and then you say it and they kind of quote it back to me ... it's really good because then you have felt heard and they acknowledge what you've said'
(interviewee 1, added emphasis)

The particular way that the listening happened was important. The reflective listening meant that the response of the AR facilitator was affirmative; it helped the participants and their feelings to be acknowledged, rather than immediately moving on to offering suggestions or solutions to the mothers, as articulated further in the same interview transcript:

'it didn't feel like it was pushed down my throat, you should parent like this and you should do this, or this is right and this is wrong – there wasn't any of that'
(interviewee 1)

This non-judgemental form of listening was essential for this particular interviewee. She was a single parent, and the broader content of her interview showed that she had really felt the weight of social norms around family structure throughout her pregnancy. While the majority of the participants experienced the group as a safe space, where they were able to talk honestly about the difficulties they were experiencing, others raised some important issues around the notion of safe space that AR worked with.

The majority of the mothers experienced the group uncomplicatedly as a safe space where they could express themselves without penalty. Others had a more complex relationship with the notion of safe space and were very aware of the safeguarding responsibilities held by the Children's Centre. Interviewee 5 said that they felt that they had said too much and it was a worry to them. Interviewee 3 picked out a contradiction wherein they had been told that it was a safe space, but at the same time had been told to keep themselves safe. At the same time, she noted that she was less knowledgeable about her emotions and boundaries in her new pregnant state, so she was less able to know what keeping herself safe meant.

These issues were fed back to the AR leaders and practitioners early in the evaluation process, and led to reflection about how they might put a clearer discussion in the group about the boundaries of the 'safe' space, the responsibilities around safeguarding. These have been articulated more clearly in the latter iterations of the course.

5) PREPARE FOR THE EMOTIONAL IMPACT OF PARENTING

The second aim of AR is that parents are able to prepare for the emotional impact of parenting. In the research literature, becoming a mother is generally understood to have significant emotional impact, perhaps even to the extent that the mother is understood to be in a form of 'life crisis that disorganises and reorganises much of her psychological life' (Stern 2004, in Vik and Hafting 2012: 811). This means that preparation for this kind of emotional impact is very useful.

This sense that AR offered support in the preparation for the emotional impact of motherhood was a headline message emerging from the interviews. For example, when asked how she would describe the group to others, interviewee 6 highlighted the supportiveness of the group, and the way that it offers a space to emotionally prepare for becoming a mother:

'I would say it's a supportive antenatal group that really helps you emotionally prepare for, you know, the child you're about to have'

(interviewee 6)

More specifically participants articulated this sense of preparation for the emotional impact of parenting in two main ways; firstly, in relation to reflecting on and challenging intergenerational patterns of parenting, and secondly, in challenging their ideas around support and knowledge in a productive way.

5.1 Challenging intergenerational patterns

AR provided a venue for participants to reflect on their own childhoods and experiences of being parented. Participants noted that being directed to explicitly focus on their own experiences was a positive thing, enabling them to recognise that they have a choice in how to parent, rather than only being able to reproduce their own experiences. AR enabled them to feel supported in not repeating the kinds of parenting from their own histories that they felt would be unhelpful in their own experiences as a parent:

‘with my history ... because I’d say one good thing about Rockabye is you kind of focus on your childhood and kind of stuff around what you don’t want to repeat and that was really helpful, you know because there were definitely things I didn’t want to repeat ... I was already aware that I didn’t want to repeat patterns, but I think it made me think about that a bit more’

(interviewee 5)

This kind of reflection on the participant’s own experiences of being parented was not just restricted to the course itself, but for some, provided a prompt for discussion with their partners about their experiences and set up conversations about what they wanted jointly for their child when it was born:

‘Like one question was thinking about your own upbringing, what would you do the same, differently, or? Or you know, just think about with your own upbringing and that was really interesting, you know, and it raised a lot of conversation between me and my partner, you know, what do we want for [baby], you know? What do we want to ensure that [baby] has, you know that might have been different to us?’

(interviewee 6)

AR opened up the space for this participant to spend time discussing this with their partner in a reasoned manner before the baby had arrived.

This was useful as they anticipated that once the baby had been born they wouldn’t have the time, energy or capacity to reflect and discuss in this way. The interview with this participant took place after the birth of their baby, and this meant that they were also able to reflect on, and illustrate, the tangible effects of this kind of prior reflection. For instance, in relation to their response to their child’s reflux, they said:

‘so many times people have told us about, you know, letting him cry it out, you know (because no-one really knew at the time he had reflux...) and you know because me and my partner spoke about ... what we didn’t want, we were both on the same page when we said, no – that’s not what we’re doing’

(interviewee 6, added emphasis)

As AR had prompted them to think about what they did and didn’t want to do in response to a crying baby (excessive crying is one of the effects of reflux), they were able to hold onto what they had jointly decided to do, even in response to repeated prompts from other people to let the baby cry. The preparation that they had done for this, which was prompted by the work at AR, was very important in this time of crisis when their baby was crying excessively. This meant that they were able to parent in the way that they had chosen to, which was significant in building confidence and dealing with a difficult situation.

5.2 Support and responsibility

Interviewees also recognised AR as supporting them in preparing for the emotional impact of parenting. More specifically, it allowed them to challenge some of their ideas about the responsibility of parenting, and opened up the possibility of seeking help. For example, interviewee 3 talked about a family tree exercise, in which they used artistic methods to explore the relationship of their baby to the broader family, which shifted her perspective and relieved some of the pressure she felt about becoming a mother. This activity allowed her to properly recognise that the responsibility for navigating parenthood wasn't just down to her, but that her partner also had a significant role to play.

This sense of distributed responsibility allowed her to challenge her own difficult thoughts about the inevitability of reproducing her own difficult experiences of being parented, and also allowed her to develop a more expansive and positive sense of the family context that she was bringing her baby into:

'I did find it useful, I think especially one week it was kind of about doing like a tree and stuff and it actually got me thinking about the fact that actually it's there's everything that my husband brings as well and just because I've not had a good experience'

(interviewee 3)

In doing this kind of work around the emotional impact of parenting, AR plays an important role in challenging some of the more anxiety provoking deterministic narratives around motherhood that circulate in contemporary society and which contribute to perinatal mental health difficulties (e.g. MIND, 2016) precisely because it removed some of the individually felt pressure around motherhood.

At the same time, participating in AR challenged the participant's ideas about what it meant to seek help as a mother, and normalised the need they had for support. Interviewees reported that this came from the facilitator's honest sharing about their own experiences as mothers:

'she sort of talked about how she'd gone and accessed help and done parenting courses at various stages with her children, so that kind of made me feel a lot better, you know. So it really made me think about that. It made me think a bit more realistically how we need help, you know and we don't just know everything just as soon as we give birth, with how to parent and stuff like that'

(interviewee 5)

Interviewee 5 went on to underline the significance of this, and how the group had played an important role in shifting her ideas about help; that it was okay to be able to admit that you needed help rather than having to pretend that you know what to do:

‘really I was thinking, oh I’ll probably have to access some help with parenting skills in the future, you know, and it’s nice to be able to admit that you do need help, rather than sort of thinking, sort of having to pretend that you know what to do, you know, I thought that was important’

(interviewee 5)

This means that AR potentially has ongoing impacts, as the mothers had a positive experience of getting help and support at the AR group during their pregnancies, and may therefore be more likely to engage with help and services post-birth, as shown by interviewee 2 who had a history of difficult engagements with various services, but whose positive experience of AR and the Children’s Centre more generally, enabled her to engage with baby massage, postnatal Rockabye, and the general mother and baby group held at the local health centre.

6) CONNECT WITH BABY

The third aim of AR is to improve the mother's connection with the baby, and a number of activities that take place at AR are designed to improve the connection between mother and baby.

For example, the 'Tuning In' and Mindfulness exercises invite participants to notice their own experience and to notice the presence of their baby, being curious about what baby might be doing or experiencing in that moment. At the end of each session, participants are invited to write a message to their baby on a paper leaf and all the leaves get hung on some branches in a vase. Participants take the messages home at the end of the course. Examples of prompts for these messages include something you look forward to doing with your baby, and something you would like to offer your baby that you didn't have as a child.

Participants are invited to make a picture of themselves and their baby at the beginning of the course, and later on they make another picture of their baby in the womb, using this to imagine what the baby's experience might be. The babies are acknowledged as being in the room all the time.

The connection between mother and baby is given primacy in current understandings of attachment and development. For example, the Boots family trust report notes that 'all women should be encouraged to interact with their babies from pregnancy onwards in a way that helps develop their attachment. Where such bonding is difficult, women should be encouraged to raise this with their health professional' (2013: 24). The theme of improving connection between mother and baby came out in a number of interviews, both from mothers who were attending Antenatal Rockabye because of difficulties with this connection, and for other reasons. For example, interviewee 1 articulated a very clear change in her relationship with her baby. Her pregnancy had been unexpected and she had difficulties in accepting it to begin with:

'I just didn't feel a connection and Antenatal Rockabye helped me to feel connected, and I don't feel as worried. I am still mindful of it but I don't feel as anxious and I really was. And I think even ... through the weeks I felt less anxious and it probably showed as well how I was in the group'

(interviewee 1)

She also made some more specific comments, reflecting on how the meditation session allowed her to experience her improved connection with her baby;

‘the meditation part was always half and half because you want to meditate but you’ve got this baby jumping around and it just throws you off ... I think at first I found it uncomfortable ... There was a part in the meditation, you know, hand on your tummy or something, or be engaged with your baby ... And when I, the first week ... I hadn’t thought about that, its like I’d just been carrying it around ... Then as the weeks have gone on it was like – ooh yeah, [baby]’s spinning or something... It’s probably only in the late stages I’ve been in tune with her’

(interviewee 1, added emphasis)

She narrates a process where, to begin with, she was just carrying the baby around, but as the course went on, she became more attuned to what the baby was doing and was able to feel about what the baby was doing in her womb. This was particularly significant for this mum as she was attending the group specifically because she was having difficulties coming to terms with her pregnancy.

More broadly, some of the mothers noted that the group helped them to think about their babies and to imagine their future life with their baby. For example, the setting of the Children’s Centre was significant here, where they were able to see other parents and develop a kind of curiosity about what life with a baby would be like:

‘just seeing you know other people, like you know bringing their babies in, you know, wondering what they’re up to today, and ... yeah”

(interviewee 6)

All the mothers either noted that the group helped to develop their connection with their babies, or said that this wasn’t necessarily an issue for them so it hadn’t had a particular impact. The group had a significant impact for members such as interviewee 1, who said that she didn’t have a good connection with her baby, and this had been the reason for attending the group. The group can be seen to play a valuable role for women who are experiencing difficulty with accepting pregnancy, or connecting with their babies. It enabled them to explore the connection and to potentially transform their relationship with their babies in the womb.

7) FEEL LESS ISOLATED

The fourth aim of AR was to enable the participants to feel less isolated. Existing research on antenatal groups notes that one of the key elements that is found to have value is the opportunity to meet other people in the same situation as them, and who they can continue to meet after the group (Gould 1986, in Nolan 1997: 1202). The interview transcripts show impacts relating to isolation in two main ways; firstly through the building of social networks which lasted beyond the space and time of the group itself, and secondly through the sharing and normalising of the difficulties they were having.

7.1 Building social networks

The opportunity to build social networks was a key element flagged up in the interview accounts. Social relationships were built during the informal talk that happened over the artistic activities and also some more formal swapping of phone numbers happened at the end of the group. For some, while they didn't really enjoy the art activity itself, it provided a valuable opportunity to chat with the other participants, which hadn't necessarily been available during the more formal facilitated conversation at the beginning of the group.

For example, interviewee's 4 and 2 noted:

'for me, again, the art side would be difficult, but I really enjoyed the time we spent chatting with other women and that's very beneficial. In the conversation [at the beginning of the group] it's the five minutes each where you can't really intervene in the conversation or share what you think ... but afterwards, this is the time we had to kind of get to know each other'

(interviewee 4)

'it was also a nice time, we were all around the table, everybody is kind of, you know, drawing and using nice colours and stuff, and we are having a chat about "oh I've been trying this class" or "I've been..." – you know, a sharing moment as well, so that was nice too'

(interviewee 2)

The participants were also signposted towards post-natal groups and activities that they could attend after their birth. In most cases, this network provided an ongoing support network towards the birth and post-natally, as members of the AR groups set up WhatsApp groups so they could contact each other as and when they needed to, and this was seen as really very significant by the interviewees. For example, interviewee 6 suggests that 'she wouldn't have got through it' ('it' being the difficulty of having a baby with reflux who cried excessively, slept very poorly, and didn't gain weight) without the support from the others.

‘you know with all the problems we had with him, and the lack of sleep, you know... having the girls from Antenatal Rockabye to talk to and on, we had a WhatsApp group ... Yeah, and like some days you think I wouldn’t have got through it without that, you know ... It was a lot, just having them there, you know, somebody on the end of the phone’

(interviewee 6)

The group offered interviewee 6 an invaluable sense of not being alone, and having a supportive group of people who were sharing many of the same experiences at the same time. This group also had an important role in the sharing of knowledge, experiences and resources, as interviewee 5 notes:

‘we’ve got a Whatsapp group, it’s been really nice, because one of the girls went into labour first, well she was induced actually, and she shared her experience. We were more able to just sort of swap notes around, like I’m giving a load of clothes to one of the girls next week’

(interviewee 5)

This ‘virtual’ support was translated into meeting up in person, and this was also seen to be ‘really, really valuable’ (interviewee 5). Interviewee 6 noted that she had also been part of a National Childbirth Trust (NCT) group, but that she had been able to make a more effective friendship group with the other mums from AR:

‘But out of the four of us that continually, consistently went, we all kept in contact and we still meet up now. Yeah, and I think that was, you know, definitely one of the things that I got out of Rockabumps [AR] was, you know, that kind of network, you know. I joined NCT as well but I just didn’t get that kind of, that kind of friendship base that I did out of Rockabumps’

(Interviewee 6)

It is widely acknowledged across a number of disciplines that social support plays a key role in facilitating transitions to motherhood (for example see review in Leahy-Warren et al. 2011), and this also the case in antenatal and postnatal mental health difficulties (Mauthner, 1995).

What is also important is the provision of the right kind of and amount of support (Laireiter and Baumann, 1992), and the WhatsApp group and in-person meetings provided what the mums needed (practical knowledge and emotional support), at the time they needed it. The development of such support networks has also been seen to have broader and longer-term impacts; for example, Burchinal et al. (1996) found a positive relationship between high levels of social support and responsiveness of mothers to toddlers. While this longer-term impact was beyond the scope of this research, it can be imagined that these kinds of impacts might exist if this WhatsApp and in-person friendship group was maintained over time.

7.2. Sharing experiences:

Feeling less isolated was articulated by the participants not only in terms of building social networks, but also in terms of sharing experience and normalising difficult experiences. This had an impact because it reduced the mother's feelings of difference and distance from other mothers. These feelings of difference have been found to be isolating and stigmatising for women (McLoughlin 2013):

'listening to other women's experiences and thinking I'm not the only one feeling like that! ... It's important to, it was really nice to, hear other people's stories because we've got very different backgrounds, but its, the feelings are kind of similar in a way'

(interviewee 4)

'Feel less isolated yes, yeah I mean it was good to meet other people who were perhaps not having the best time'

(interviewee 3)

These participants clearly articulated the value of AR acting as a space where they could share their difficult experiences, and find value in the difficult experiences of others at the same time. This had a strongly normalizing effect, challenging the isolating feeling of it being only they who might be having difficult thoughts and feelings in pregnancy.

This sense of shared experiences was identified across the range of different backgrounds of the attendees. AR played an important role in bringing mothers from different backgrounds together, as the attendees were drawn from across the city (and encompassed participants from different areas, different classes, different ethnicities, different family structures etc.). This was experienced positively, as it was felt to be more inclusive than other, perhaps more homogenous, antenatal groups:

'And in going to St Pauls and doing Rockabumps it just was really nice, the people were open and honest, it was a nice atmosphere, it was welcoming, I really enjoyed it. It gave me something to look forward to, but I also can just be me as well'

(interviewee 1)

'the other thing about Rockabye was I wanted to meet women who had a bit more of an interesting background, because I felt in pregnancy yoga, or even when I did the physio, I was quite stunned by the amount of people that were married quite young ... just quite sort of, they were quite conventional. Like had a job, got a house, got a mortgage, got married, next thing is to have [a baby] ... And hypno-birthing as well.

And it was like whoa, where are all the people that have got like messed up relationships?'

(interviewee 5)

‘Both of these interviewees specifically noted the importance of the diverse participants in AR, as it lifted the pressure of having to fit in with the social norms of other antenatal groups (which are often made up of expectant couples, which can feel exclusionary for non-normative families), and they also found it empowering to be part of a more diverse group so that they could be themselves without penalty. AR thus provides an important space for difference, actively welcoming those who might find other antenatal groups difficult (perhaps because of lack of social confidence, chaotic lives, mental health difficulties, financial barriers etc). Relatedly, a number of participants also noted the importance of AR being free to attend.

7.3 Differing experiences

This sense of feeling less isolated wasn’t felt evenly by all mothers, with some still finding the creation of social networks difficult. Interviewee 1 told me:

‘I didn’t swap numbers with any of the parents but ... they were saying about maybe doing a meet-up for when all the babies are here ... So I said I’m up for that ... I’ve got a big family and I can draw on them for support, but like honest support is probably just my mum. When I picture myself and my baby, I picture just me and my baby ... In a little sense, I do feel isolated ...

I know myself, I’m not, you know I do isolate myself and I’m not that sociable, so I know myself because that’s what keeps me sane ... But at the same time it’s a little bit sad’
(interviewee 1)

A number of different things can be drawn from this quote. This interviewee clearly has mixed feelings about the possibility of building a social network with the other AR attendees, having not swapped numbers but also wanting to take part in a meet up. There is a complexity related to the development of social relationships, and many factors might be important, including the different relationship to the idea of isolation that people might feel, the different needs that people might have, and the different kinds of social networks that might already exist.

This interview happened before the birth of her baby, and she did note that the post-birth meet-up might provide a second chance for her to hook up into the friendship group. Her experience flags up that this question of social relationships, and isolation might be worth explicitly bringing into the scheduled work that AR does in future.

Another different experience was articulated by interviewee 3, who was reluctant to develop a network related just to the common experience of mental health difficulties:

‘I think that I didn’t want to end up in a circle where we talked about where the common point was mental health issues’
(interviewee 3)

This underlines again that different individuals have different needs. This mother had longer standing mental health difficulties, and was well experienced in managing her mental health needs. Friendships are important for developing a sense of self (Cronin 2015), and, as she explained to me, this mother had spent time and energy working to create an identity that wasn’t solely defined by mental health.

7.4 Mothering identities

There is a clear link between social networks and the creation of mothering identities. Sociologists have identified that the arrival of children is a significant factor in altering friendships (Cronin 2015). Making new friends is one of the things that is often an expected part of new motherhood. These mother-mother friendships are characterised by a distinctive intersection between friendship and the ‘roles, norms, values, practices and tensions associated with motherhood’ (Cronin 2015: 662). This gives these friendships a particular dynamic, where they are intrinsically shaped by shared (or contested) understandings of what (good) motherhood is.

Managing to attain these socially agreed characteristics of (good) motherhood is important for the success of these friendships, as well as for inclusion within the social networks that are associated with new motherhood. The particular intersection of intimacy and social values that occurs at AR is one of the things that is distinctive and important about the group, because it facilitated an alternative set of norms around motherhood that was more inclusive of difference than other antenatal groups.

Mothering groups more generally are seen to be a kind of ‘front stage’, where women feel social pressure to perform the accepted identity of the ‘good mother’ in front of their peers, and also if there is an ‘authority’ figure present (for example, a group facilitator). Groups are often linked to ‘fears and experiences of social judgement’ (Johnson 2015: 246), and this ‘front stage’ assertion of the ‘idealised role of a mother’ can create difficulties for some, if not all, group participants (Tardy 2000: 458). Fitting in and making friends at a mother and baby group, can therefore be seen as somehow conditional on the achievement of what the group sets up as the norms of motherhood.

In contrast to this kind of general mother and baby group, the mothers at AR didn’t feel pressure to enact the kind of idealised motherhood identity. AR has a different dynamic of intimacy, which allows and supports discussion of topics which might otherwise be taboo in a group setting.

This is important because it legitimises and values a wider range of versions of ‘good’ motherhood (see also section 8.4). This meant that a wider range of women can feel accepted (by both peers and authority figures such as the group leaders), without feeling that they are under pressure to enact a version of motherhood that might feel unachievable. This means that the group doesn’t (informally) exclude those who can’t manage to perform the version of the ‘good’ mother that is normalised in more conventional antenatal and mother and baby groups.

7.5 Friendship dynamics

Before moving on to discussion of the fifth aim, it is worth attending briefly to the particular forms of friendship that AR enables, as the interviewees suggested that there was something quite distinctive about them. For example, interviewee 5 suggests that a particular kind of bond was enabled because they had already shared a range of experiences and feelings with each other:

‘Because we’ve shared stuff that’s quite deep, I feel more of a bond with them’
(interviewee 5)

Experiencing the difficulties of motherhood together has been found to create a strong connection between friends (Cronin 2015), and the role of AR in giving voice to these difficulties created a support network beyond the space and time of the group. In this way, AR functions similarly to other antenatal groups, for example those run by the NCT, where the new parents have a ready-made set of social relationships with others, built around their shared experiences relating to their role as a parent.

Importantly though, it is different – in that these shared stories around difficulty would not necessarily have been disclosed this early (or at all) in a ‘conventional’ antenatal group. This increases the ‘friendship intimacy’ (Cronin 2015) – giving the friendships a depth of history as well as a depth of feeling – much more quickly than would otherwise be possible. Interestingly, in this case, it doesn’t necessarily mean that the shared stories around difficulty were the main topic of conversation. Interviewee 4 told me:

‘I think I was a little bit worried at the beginning about the fact that we shared stories that were so close to us and very intimate – I would find it a bit difficult to then create a friendship ... but actually it makes it probably easier and we don’t talk about anything that we shared in the group obviously’

(interviewee 4)

These particular friendship dynamics also rely on the creation of trust within the group that the shared stories remain private and are not discussed outside the space of the group without the permission of the participants.

8) INCREASING KNOWLEDGE

One of the aims of Antenatal Rockabye is to increase knowledge, making it a form of antenatal education. This places it in the same category as other forms of education that parents can access in pregnancy, such as the free classes provided by the National Health Service (NHS), and the paid for classes provided by the NCT and the Active Birth Network, among others.

AR makes a distinctive contribution to the antenatal education sector in Bristol. The content of the classes, the forms of educational relationship, and the outcomes of the education differ from the other classes available. These are drawn out here, with reference to the interview narratives and wider sociological and nursing literature on antenatal education. This distinctive contribution makes AR a significant and important part of the wider landscape of antenatal educational provision in Bristol.

8.1 Distinctive attendees

As noted in section 4.2, a diverse range of mothers attend AR. A number of the mothers noted that this was a more diverse range than had been present at other antenatal groups they had attended. Interviewee 1, in particular drew this contrast out strongly:

‘you know, I’ve done antenatal classes. I think when you go to antenatal and they’re all sat there with their partners, it’s a different conversation as it to women just, you know, on their own. So it was really nice. As in the other one it was just – I was the only person on my own. It was just very couple-y, very like middle class-y and it just wasn’t. I just, I just sat and listened, I didn’t really fit in’

(interviewee 1)

Interviewee 1 identifies a specific group (single parents) who aren’t well represented within other forms of antenatal education. Being the only one who isn’t there with a partner is experienced as being very isolating. As she suggests, ‘it’s a different conversation’ if partners are present, and a set of insidious exclusions occur because the knowledge delivered is addressed towards a ‘couple’; this ‘others’ single parents. Interviewee 1 encapsulates this when she says ‘I didn’t really fit in’. The fact that a broader range of acceptable identities are actively welcomed at AR is really valuable.

More broadly AR, in making a space for expectant mothers who are experiencing a range of difficulties, allows hard to reach groups to engage with antenatal education. AR plays a valuable part in enabling some hard to reach groups to access antenatal care in Bristol.

8.2 Distinctive curriculum

AR covers a different range of topics from other antenatal education groups, thus expanding the antenatal educational provision in Bristol. The literature on antenatal education (while rather dated now) suggests that the curriculum of antenatal education has been rather limited. For example, in a survey of mother's opinions about antenatal education, McKay and Yager-Smith (1993, in Nolan 1997: 1200) note that there has been a 'silence on post-natal issues such as mental health after birth, basic baby-care skills and how to access support' so that mothers 'judge that antenatal education does not prepare them for the reality of birth and parenthood'. This is because the complexity of mother's lives has increased as more women return to the labour force post childbirth, and more complex forms of families are commonplace.

At the same time, cuts to public services have meant that NHS provision of antenatal education has shrunk, so it can only cover most essential information about the biological aspects of childbirth and newborn nutrition, as interviewee 4 noted in relation to her midwife visits:

'the midwife didn't talk about it [mental health], and I think it's something that is quite neglected, although you know they look after you very well in terms of your physical needs and your pregnancy, but nothing on that side'

(interviewee 4)

While Nolan set an agenda more than 20 years ago suggesting that the 'content of antenatal classes may need examining ... if classes are to be truly responsive to attenders' life-styles' (1994: 144), in practice, little has changed. AR does respond to the agenda set out in the literature, however, as it attends closely to the individual circumstances of the participants. It is able to do this because of the way the curriculum is designed, bringing mental health in pregnancy and after birth (see aim 1), the emotional impact of becoming a parent (aim 2), and support (aim 4) into explicit focus.

The small group also enables the leaders to be responsive to the particular needs of the participants. The women are understood to bring a wide range of things with them, and this plays a part in shaping what the group covers. The knowledges developed and shared at AR are not the kind of universalised textbook knowledges that often are on the agenda of other freely accessible antenatal education, but rather are tailored for the women present, and this means that the women have some agency in shaping the curriculum (thus drawing on wider research-based best practice in adult education – a shift that Nolan (1997) suggests is needed in the sector).

Attention to these complex lives means that AR manages to recognise and engage with the reality of life for the expectant parents attending, in contrast with most of the forms of parenting education (Gillies 2010: 59). The Boots Family Trust report (2013: 24) suggests that if women are able to 'share their experiences openly with other women it would help to normalise mental health problems at this time'. This was the experience described by most of the interviewees, as can be seen in these quotes from interviewee 4 and interviewee 6:

'it was really nice to know that, you know, not only are you not the only one feeling like that [miserable, stuck] (because it can feel like it's like that) but also it's normal'

(interviewee 4)

'It was nice to hear that it wasn't just you, you know that felt that way, that you know, that other people in the same, you know, were having the same issues and ... it was quite nice just having other people to kind of share that experience with'

(interviewee 6)

AR allows these mothers to find space within the antenatal education sector where their often complex lives are recognised, welcomed and de-problematised.

At the same time, this wasn't experienced universally. One mother, who had ongoing mental health difficulties, felt that her experience was quite different from those mothers who were experiencing mental health difficulties for the first time. She articulated a complex set of feelings in relation to this, welcoming the fact that the focus was quite diverse and that it wasn't "such a massive focus on mental health – that you feel like that's the only thing you can talk about" and she said she had benefitted from the other elements of the group, but that she didn't feel that she fitted into the group straightforwardly.

The way that AR makes space for difference also plays a part in challenging dominant cultural representations of parenthood, wherein parenting is intensified (Gillies 2010). These representations are reproduced through other kinds of parenting education they had received, via midwife visits and other antenatal education groups, for instance. This is clearly articulated by interviewee 1:

'It was just the non-judgement of everything and also hearing other people's stories, and it just felt ... very truthful. I think the stories we get fed, like at antenatal, by your midwife, and stuff, it's all the happy ever after stories. [Antenatal Rockabye] was the reality stories'

(interviewee 1)

‘it just gave me a little bit of information that I wouldn’t have ... and hearing people’s stories. It was ... it was just a really good time to just express myself, just express, also get good information, it was enough, it wasn’t too much, it wasn’t too overwhelming ... it didn’t feel like it was like pushed down my throat - “you should parent like this and you should do this”, or “this is right and this is wrong” - there wasn’t any of that”

(interviewee 1)

AR played an important role in informing the participant’s expectations for the future, making them more knowledgeable about the range of potential experiences that they might expect to have, and giving them what they felt was a more realistic understanding of what motherhood is about. This kind of ‘truth’ is important, particularly in relation to maternal mental health. The Boots family trust report notes that ‘pressure to do things right’ was reported to be a significant factor in the onset of perinatal illness, by 1/5th of the mothers surveyed (2013: 12).

8.3 Distinctive teaching

AR broadens the field of antenatal education provision because it is run by Children’s Centre practitioners and overseen by professionals in the field of maternal mental health. This brings a valuable different focus into the teaching, as the teachers can draw on their professional training, and their experience in working with a range of different women throughout different stages of motherhood.

This broadens the focus out, beyond the midwife delivered NHS classes (which focus on the agenda of the midwife). The interviewees suggested that the profile of the teachers played an important role here. Interviewee 1 outlined that the teachers weren’t ‘teacher’ like, but rather had quite a distinctive approach:

‘and I like their approach, just their approach, their warmth, their approach, they’re very friendly, they relax and stuff ... it wasn’t in a kind of teacher-y role, do you know what I mean? They led the group but it didn’t feel like you’re being led, do you kind of get what I mean?! (laughs) Now we’re going to do this and now we’re going ... it didn’t feel like that’

(interviewee 1)

As well as the teachers themselves suggesting a different form of education, the model of teaching employed is different from other antenatal classes. It is less a traditional ‘delivery’ model, where the mothers are seen as empty vessels which need to be filled with a set amount of knowledge, and more of a model of education where the student is understood as an active participant in the construction of knowledge. This ‘constructivist’ model acknowledges that students will always use their own experience and knowledge to construct knowledge, and consciously uses this process as a resource.

Interviewee 1 clearly articulated this sense that AR wasn't based on a set of knowledge being transmitted, but rather offered an opportunity for the learners to make sense of themselves at the right pace for them:

'in my own time, it wasn't like rushed, that you had to finish that course and accept you and your bump will be happy every after, it wasn't, it didn't feel like that. It felt like everyone had their own, you come to your own conclusion or ... You know and it was time, it wasn't like this is where you must be by the time it finishes! (laughs)

(interviewee 1)

Explicitly acknowledging that the learners are active participants in the process of increasing knowledge has a number of consequences (that can be drawn from the interview transcripts).

Firstly, it disrupts the idea that there is one authoritative person in the room, and instead values peer learning. Explicitly hailing the mothers as authoritative, and valuing their own individual knowledges enabled the mothers to encounter themselves in a new way (as knowledgeable), and allowed disclosure of all different kinds of experiences, rather than requiring conformation to a single story:

"everyone will have a different story and everyone has a different path. And pregnancy is up and down ... so it was nice that you could share your happy's but it was nice that you could share your lows and they just responded to it and I liked that. It was about the response, it was nice. I felt valued"

(interviewee 1)

It also set up a dynamic of peer learning which extended beyond the times and spaces of the group, as noted in section 7.1 where interviewee 6 said that another mum had shared her experience of induction and birth via WhatsApp. This kind of peer learning is central to a number of other aims, such as feeling heard (aim 1), and feeling less isolated (aim 4).

The knowledges developed and shared at AR are not the kind of universalised textbook knowledges that broadly form the basis of the curriculum of other freely accessible antenatal education, but rather are tailored for the women present. This means that the women have some agency in shaping the curriculum, thus drawing on wider research-based best practice in adult education. This is a shift that Nolan (1997) suggests is needed more broadly in the sector.

8.4 Distinctive outcomes

This section has indicated throughout that the kind of increase in knowledge happening in AR is quite distinctive from the kinds of knowledge that are at the heart of the other forms of antenatal education currently provided in the city. As the model of education is different, so too are the outcomes. Rather than amassing a set of knowledge about giving birth or infant nutrition, the interview narratives suggest rather that the women learned about themselves.

This question of self-reflection is part of the agenda that Nolan set out in 1997 for the antenatal education sector, in the Journal of Advanced Nursing, 'to increase awareness amongst women of their own bodies/feelings/needs so that they can achieve positive physical and mental health' (Nolan 1997: 1202). In the case of the interviewees, this had a couple of different effects, relating to the coming to terms with the self as mother-to-be, and also valuing the self. For example, interviewee 1 speaks here about being able to develop a new (more positive) understanding of herself, in contrast to her own (more negative) feelings about herself because of the feedback she gained from other participants and the facilitators:

'I felt like, I don't want to say I resented my pregnancy, but I felt like I was in a battle with my pregnancy, and actually the group a) allowed me to express that, but also b) not be judged for it...

I feel like it allowed me to express my battle I was having, but also allowed me to see that actually just coming to group means I'm caring for my baby. And it was interesting to find out from people, you know, "you sound very protective over your baby" because I wouldn't have thought that ... So it showed that I was caring, but I couldn't see it'

(interviewee 1)

AR also played a powerful role in shifting ideas about what it was to be a mother, and the kind of mother that they participants were able to imagine themselves to be. This had the powerful effect of shifting motherhood so that it was something that this interviewee came to think would be a possibility for her, rather than being too difficult:

'we talked about it in the group about you know, trying to be good enough rather than trying to be the perfect woman and how it can be actually not beneficial at all to try to be the perfect mother. And yeah, I think I've got a kind of feeling now of I think I can do it'

(interviewee 4)

Participation in AR enabled participants to challenge some of the beliefs and norms around motherhood that they had held prior to attending the group (and which were, for both, a large part of the reason for their attendance at AR). The link between perfectionism and motherhood has been linked with post-natal mental health difficulties, and this is a vital piece of work done by AR.

Both interviewees report positive impacts on their relationship to, and confidence around, motherhood. AR also gave participants space and time to reflect on their pregnancy and to manage and negotiate the new feelings that they were experiencing:

'And it was uninterrupted, so I felt my brain could actually just go in one direction for a change, instead of being interrupted and pulled and never finishing my sentence, therefore my observation about myself, my life and my ... and I wasn't growing in that sense I think. So when I came, I thought it was a really clever idea and it really made me feel that, by exploring something in such a condensed, guided way I actually started and finished a subject within myself.

(interviewee 2)

'Yeah, definitely, I think ... pregnancy is a little more crazy in terms of hormones and I think most of the time it's, you're not really sure what's happening to your body, and it's not just getting a big belly, I think there's tonnes of emotions and things through it. And I think reflecting on them makes you understand and deal with them better than if I hadn't done that'

(interviewee 4)

This was an area that could be further developed in the group, as suggested by interviewee 5, who said that she would have liked more opportunities to explore the emotional impacts of pregnancy itself, rather than just thinking ahead to motherhood. She said she would have liked more:

'depth to discuss ... the emotional impact of being pregnant, because I think that's what I struggled with the most, especially with my job, was that my emotional capacity – I felt – was reduced'

(interviewee 5)

Providing this feedback to the AR team has led to the development of a specific session in AR that focusses on the emotional impact of pregnancy.

This section has drawn out the distinctive place of AR in the wider provision of antenatal education within Bristol, and underlined the significance of this distinctiveness for the particular mothers who have attended the group. This is not to say that other forms of antenatal education are not necessary, but rather to underline that they don't work well for everyone. As such, AR plays a vital role, providing an alternative and opening up antenatal education to a wider range of participants. AR draws on evidence-based research, and elements of best practice could be usefully brought into the wider antenatal education sector.

9) ACCESSIBILITY

At the time of the evaluation, AR was delivered through one Children's Centre in the centre of the city. This meant that, while some participants didn't have to travel any distance, others had to travel quite substantial distances. The question of accessibility is important to consider in the evaluation as being able to attend the group is a precursor to the benefits that the interviewees felt. Accessibility isn't just a matter of travel or distance, but also encompasses other kinds of barriers such as cultural acceptability and fit, the ability of interviewees to feel like they can attend, and other dimensions.

9.1 The (physical and social) space of the centre

When I asked about accessibility, the majority of the interviewees talked about the setting of the Children's Centre, and what this was like to visit. The environment was described in positive terms, with attendees variously suggesting that this positive environment was created in a number of ways. These included the provision of food, as interviewee 1 told me:

'And there was always fruit and like biscuits or something like ... there was always something, so that was nice, it wasn't just empty'

(interviewee 1)

'Another factor was the physical space of the Children's Centre. Interviewee 2 (who was experiencing home-related insecurity at the time of her pregnancy) articulated this very strongly, also linking the niceness of the space to a sense of safety and sanctuary (where she wasn't experiencing this safety and homeliness anywhere else in her life at the time):

'I was just like it's so beautiful, it's amazing. I just felt like I'd come home in the sense of the way I want my child to come home to me after school, you know, I was just like ... It's bright, it's airy, it's safe'

(interviewee 2, added emphasis)

The atmosphere created by the facilitators and the attendees was also seen to be important, with the social space created by the group being experienced as welcoming, pleasant and easy. Feedback about the facilitation was generally positive, but some mixed experiences were raised. These included participants not realising that the practitioners had relevant qualifications and that the group was formulated from a rigorous therapeutic background and these assumptions feeding into their experiences of the group. Another participant felt that there wasn't enough awareness amongst staff of what to do in a crisis situation. She had experienced a panic attack during the group and felt that it wasn't handled well enough.

The group was also felt to be ‘staff heavy’, as some weeks there were more practitioners than attendees. This was because it was the first time that the group had run. This feedback was fed back to Clare and Katy early in the evaluation process so it could be reflected upon and incorporated into the future AR courses.

As well as experiencing the group as helpful and therapeutic, the attendees told me that they enjoyed going to the group. Enjoyment is important in order to maintain attendance and to make sure that the group participants keep on engaging with the group:

‘As in going to [the Children’s Centre] and doing Rockabumps, it just, it was just really nice, the people were open and honest, it was a nice atmosphere, it was welcoming, I really enjoyed it’
(interviewee 2)

‘Q: And if I asked you kind of what are the more positive aspects of the group, you know, what would you describe?’

A: ‘The atmosphere definitely. The girls that were already there were great, lovely and they make you feel at ease. I think the group as well, the other pregnant women, it was, you know, we wouldn’t have been embarrassed to talk about something, yeah, very pleasant, I really looked forward to going. And I think you know we all got there early and all left after the time, so I think it shows that we enjoyed going there’
(interviewee 4)

The Children’s Centre was also understood as a good location for the group by interviewee 6 because it enabled her to gain knowledge of what a Children’s centre looks like, how it works, and what they might be able to use it for in the future once their baby had arrived:

‘I think the Children’s Centre was actually the ideal setting ... Personally, you know, obviously having been pregnant, having a child coming, knowing what a Children’s Centre looks like inside was quite handy’
(interviewee 6)

One element that was described as difficult about the city centre location was that the space external to the Children’s Centre was not experienced as safe. While this wasn’t a problem for going to or leaving the group, when interviewee 7 had a panic attack in an AR group, she wasn’t able to go outside and walk around to calm down because she wasn’t certain of the safety of local streets.

9.2 Getting to the group

One of particular elements of AR is that a key barrier to attendance is exactly the experience of anxiety and/or depression that the group is designed to work with.

While this means that it might be particularly difficult to get potential participants to attend (as they might find it difficult to leave the house, or they experience uncertainty and anxiety about new things), it also means that the facilitators are able to recognise these emotional barriers to attendance, and to take care with their first encounters with the potential attendees.

As the group is administered through the Children's Centre, the facilitators have a bank of knowledge and good practice that they can draw on that has developed as they have run Rockabye and other groups. This care over the ways that emotional barriers were experienced by some attendees came through in the interview transcripts, with interviewee 1 saying that "I was anxious, I didn't know what it was going to be like but I actually just enjoyed it". She also noted that she had useful contact with the facilitators, with a phone call giving her "enough information to make [her] want to go". While none of the participants in this first group had needed this, this care around the first attendance extends to things such as a member of staff offering to come out and meet the participant outside the centre and take them through to the group, if they found it difficult to negotiate this. It is important that this first contact and first visit goes well to get the participants to the group so they can experience the kinds of benefits described above, so one of the recommendations of this report is that this level of care and attention is maintained as an ongoing priority.

As a response to the feedback offered, this starting procedure has been tightened up and a home visit, or an invitation to meet the staff at the centre prior to the group is offered for all participants, so there is a familiar face on first attendance, and a relationship of trust is hopefully started between facilitators and participants before the group itself starts.

Another factor that shapes the participant's ability to attend the group is the timing. It is difficult to timetable a group for women who are pregnant, as some may be working which makes an evening group better, but for others it is difficult to leave the house in the evening due to fatigue. The pilot group was held in the early evening at 6pm, and while some interviewees reported finding it difficult to travel across Bristol for this time, and it being difficult to wait to eat dinner until after the group, others found it a suitable time.

9.3 Cultural competency

The question of cultural competency has developed in the field of mental health as a response to past difficulties in making mental health care accessible to the widest range of cultural groups. Culture is important in the field of health, shaping 'diagnosis, treatment and care ... [and] health-related beliefs, behaviours and values' (Kleinman and Benson 2006: 1673).

One approach to cultural competency is 'based on the assumption that therapists and mental health providers should possess cultural knowledge and skills of a particular culture to develop effective interventions to members of that culture' (Sue 2006: 237).

A slightly alternative (but complementary) approach is the suggestion that rather than developing fixed a priori knowledge about particular cultural groups, healthcare providers should instead develop a situational attentiveness to their service users. Kleinman and Benson (2006) suggest that healthcare providers develop an understanding of what really matters for the patient, their family and their communities, and also to reflect on what is at stake for them as a practitioner too. This kind of sensitivity to the patient that Kleinman and Benson outline is situated at the heart of the AR approach, as listening to the participants is at the heart of the sessions. At the same time, the kind of self-reflection that they suggest is required on the part of the practitioner is built into the supervision structure for AR practitioners.

While the way that AR approaches participants might meet the best practice recommendations around cultural competency, other barriers might exist relating to curriculum. Interviewee 5 notes that the content of the classes challenged her:

'It was a bit fluffy sometimes, just like at first, it kind of got a bit ... weird with the singing and stuff you know like ... but we got used to it and to be honest, he moved inside me every time one of the facilitators sang, so that was nice ... I didn't have a problem with the art therapy side of it, at all, because I'm used to it. I think maybe one of the other girls might have struggled a bit. And I really, really liked talking in the group but I know one of the other girls really found that hard ... So I'd say ... it was slightly alternative I think, sort of a bit more holistic ... which was good. I liked the meditation as well. And it was just a good chance to sort of talk about fears and sort of worries other than just physical worries to do with like giving birth, you know"

(interviewee 5)

She suggests that the group was maybe a bit 'alternative' or 'holistic' in its ethos or culture, but in the process of talking about it, does suggest that it wasn't too much of a problem (however she did think it worth noting in the interview). At the same time, she points towards some of the difficulties that the other participants experienced with particular activities (the art work was noted to be difficult by more than one interviewee), and also the talking. While difficulty can be a productive element of AR, it is good to notice that some parts of the group were experienced as difficult by a number of participants, and to be reflexive about whether there might be alternative methods to bring about the desired outcome.

Another related challenge for AR is the recruitment of a range of participants that reflects the socially and culturally diverse population of Bristol, and to reflect more on the barriers to this.

While psychotherapeutically based interventions have differing levels of credibility across different cultures (Sue 2006: 242) and this might provide a barrier, AR is not explicitly framed as a therapeutic group, so other barriers may still exist. The report recommends that the AR practitioners might usefully focus on these barriers, and to interrogate how they might make the group reflective of the diverse population of the City, both in terms of ethnicity and class.

10) CONCLUSIONS

This report has used in-depth interview transcripts from women who attended Antenatal Rockabye in order to evaluate whether the group's aims are being met. The interview transcripts suggest that the aims are being met consistently well, and the majority of the interviewees report that the group has a significantly positive impact on their experiences in pregnancy. There are some diverse experiences, which is not surprising given the pilot status of the group that was under evaluation. The findings of the evaluation have been offered to the programme leaders throughout the research process, and this feedback has been useful in the development of the AR programme over time. It would be useful to carry out further evaluation now that the group is better established, to understand the experiences of the current participants more clearly.

Antenatal Rockabye represents a pathbreaking intervention that places Bristol in a favourable position within the UK in its response to antenatal depression and mental health difficulties. In addition to meeting the aims and providing the participants with a generally positive experience, there are some broader points to make about AR and its relationship to research and NICE guidelines on antenatal mental health care.

The group provides a function in terms of its distinctive contribution to antenatal education. Nolan (1997: 1204) calls for the diversification and restructuring of antenatal education to meet the needs of hard to reach groups, and Antenatal Rockabye, in its educational function, does just this. It enables women experiencing difficulties, who might otherwise not access any antenatal education, to be included because of the way it provides a safe and welcoming space.

The group also has a broader function in terms of opportunities for women to get support for their mental health from midwives. The NICE guidelines suggest that questions about mental health should form a routine part of the antenatal care pathway, and it should be raised at the mother's booking visit with the midwife (most often at 6 weeks) as part of a general discussion around mental health and wellbeing. The interaction between HCPs and the expectant mothers has been found to matter for the wellbeing of the mother, as 'how women are able to describe their feelings to health professionals can have an impact on whether their mental health problems are detected, the timeliness of the support they receive and the nature of the help offered' (Boots family trust report, 2013: 10).

However, when surveyed by the Boots family trust, 10% of healthcare professionals involved in antenatal care reported being wary raising the topic of mental health with pregnant women because they didn't have anywhere to refer the mother on to (2013: 16). The existence of Antenatal Rockabye as a group that midwives and other HCP's can refer mothers to should have a knock-on effect of enabling and empowering midwives to ask the mothers about their mental health so that there is increasing likelihood that they might feel heard across a range of settings and not just in the context of Antenatal Rockabye. These conversations in themselves have positive effects.

Furthermore, and in relation to NICE recommendations, the group provides the non-judgemental and compassionate form of care that the guidelines suggest should be provided for women who are struggling with mental health difficulties. As sections 4 and 8.2 show, the facilitation and the group atmosphere were both experienced as non-judgmental, and the women attending, such as this interviewee, mentioned feeling cared for in the group space:

'it just felt nice going somewhere where you were kind of – we weren't pampered but like just felt cared for – yeah. Yeah, going somewhere, where you know, as a group you felt cared for'

(interviewee 6)

In conclusion, Antenatal Rockabye – as an intervention for mothers who are experiencing difficulties in pregnancy – makes significant impacts in the support, education and inclusion of these mothers.

11) RECOMMENDATIONS

- **To secure continued funding locally for the Antenatal Rockabye group.**
- **To make sure all local relevant healthcare practitioners are aware of the group's existence, purpose and referral procedures.**
- **To maintain small group sizes of between 6-8.**
- **To develop a roll out programme so that the group is available in more areas.**
- **To think about the way that the group might be made more accessible across the variety of cultural and socio-economic backgrounds that are represented in Bristol.**
- **To continue to engage with evaluation and development of the course based on feedback and research.**

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