



University of  
**Nottingham**  
Rights Lab

# Perinatal Care Project Evaluation: Phase 2

Preliminary Findings from primary data collection, Spring 2023

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# Overview of Impact Evaluation

What is Impact Evaluation?

*Are you, and to what extent are you achieving the objectives of the project?*

Core research questions:

1. Does the project support improvements to Perinatal Mental Health for the clients? (Primary)
2. Does the project help increase breastfeeding rates?
3. Does the project contribute to an increase in access to evidence-based information on feeding babies?
4. **What is the overall experience of (a) women who are supported through the project, and (b) the women who provide support as perinatal volunteers?**
5. How are the principles that underpin the project adhered to in practice, and how do they contribute to outcomes?
6. How does the project interact with other communities, systems and services



# Timeline of work

Phase 1 report delivered Spring 2022

## Phase 2: October 2022 – Present

- Data collection from mothers: Dec-Jan 2023
- Data collection, staff survey: Feb 2023
- Analysis of findings: Feb 2023-Present
- Writeup: March-April 2023
- Final report: **17<sup>th</sup> April 2023**

*\*please note this presentation includes some preliminary findings, however a more nuanced and contextualised writeup is in progress*



# Report structure

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*Findings: chronological (to the woman's experience)*

*Supporting frameworks: Theory of Social Support*

*Include Appendices: Topic Guide and Survey Qs.*



# Primary data collection: Mothers

1-to-1 discussions with 5x Albanian mothers

Group discussions with Amharic, Arabic, Spanish, English and Peer volunteers

Total lived-experience voices: 31

(10% of the overall number supported by perinatal in the past year)

Hestia clients: 6 (20% of overall cohort in past year, and represented 20% of participants)

Doula support: 24

*35% response rate (those who joined discussions from initial invite)*

Took part in a range of services and community activities, generally spoke very positively about their support from both organisations, and were glad for the opportunity to take part in the sessions and contribute their experiences.



# Overview of findings

1. Pregnancy: - immediate practical needs to prepare for birth
2. Birth preparation and the Doula's role
3. Feeding support
4. Mental health
5. Relationships:
  - a. Continuity
  - b. community, babies happiness
6. Future: - including developing knowledge, skills, opportunities and confidence
7. Staff survey responses : - including comment on trauma-informed work

*Our topic guide followed this sort of structure also.*

*Further discussion in the report will include contextual comments, behavioural observations, limitations, social support theory and any other trends outside of these thematic areas.*



## 1. Immediate practical needs

- hospital bags or clothes for baby received was a huge relief to stress (26/31)

## 2. Birth preparation

- Navigating systems inc healthcare was a barrier, so that kind of support was important
- Better understanding of what was going to happen and that there was someone there to ask for help

## 3. Doula's role

- particularly important with verbal encouragement, 'you can do it!'
- 'like my mother or sister', 'more than my family'



# Preliminary findings: Mental Health

## Women's emotions/feelings before receiving support

- Many reported feeling worried, lost, afraid, frustrated, depressed and stressed
- Some even said they had lost hope, and worried about being alone

## Support received contributed to improvement in wellbeing

- *e.g. this was a big change for me being a new mum and I was really scared I'd be alone... whereas now, I'm not alone, there are many people that can help me and I feel very happy.*
- *"I was alone...It was a difficult time, I even thought that I was going to die and that I won't get the chance to meet my daughter. (...) But I thank God for guiding me to contact them, I have big trust in them, and that's why I don't want to leave them also. Their care and even their smile is very nice"*

## Women feeling safety and trust





# Preliminary findings: Infant Feeding

## Breastfeeding guidance

- Many mothers, especially first-time mothers had no knowledge regarding breastfeeding before joining the service
- Many described pain and difficulty at first, and thanks to the help and guidance provided, everything became easier being able to "breastfeed naturally" and "having a beautiful experience"

## Maintenance of breastfeeding

- Many women claim that they struggled at the beginning but thanks to the guidance and help the pain was calmer and decided to only breastfeed.
- " Because I got to a point that the pain was so hard that I didn't want to breastfeed my baby, it was too painful. But thanks to their instructions, guidance, and help, I continue to breastfeed my baby that she is going to turn one year soon. Also, for the economy is much better".

## Weaning and other forms of infant feeding

- Information about other kind of feeding – weaning, bottle feeding, how and when to start giving food...

## Issue: Hotel Accommodation

- Due to be living in a hotel, many women are worried that they are not able to provide proper food to their children.



## 5. Relationship continuity

- More consistency through HBC than some support workers and midwives was noted, that helped build trust

## 6. Community, family and happy babies!

- Many noted that their babies were happy at group, which really encouraged them to go

## 7. Facing the future

including developing knowledge, skills, opportunities and confidence

- Some expressed desires to go back to school, become volunteers or had career aspirations
- '*you don't need a man*', confidence in being a single mum providing for her family



# Preliminary Findings: Staff Survey

The project aims to	... support the mother to be central to her own service provision. (agency, ask for help or self-advocate)	... recognise challenges mothers have experienced, and encourage their resilience and skills.	... avoid intensifying trauma	...work in partnership with other organisations and services wherever possible.	...develop skills, knowledge, and opportunities of mothers.
Not applicable	1/31	0/31	2/31	2/31	1/31
Not achieved	0%	0%	0%	0%	0%
Rarely achieved	10%	13%	0%	3%	10%
Often achieved	73%	77%	62%	69%	53%
Always achieved	17%	10%	38%	28%	37%

31 survey respondents: 6x Hestia and 25x HBC (reflects representation in the mothers also, and the proportion of the project structure as the funder understands it to be) with a range of roles

**Key principles:** From your observations and experiences with mothers, to what extent is this generally achieved? 1: Not in a position to comment – 2: Not achieved - 3: Rarely achieved - 4: Often achieved - 5: Always achieved

- Qs included a prompt, such as under skills and opportunities: 'This could apply to themes around birth, feeding or early motherhood, or another aspect of their lives.'



# Preliminary Findings: Staff Survey

- In support of the last 5 questions, can you give **any specific examples** for your response to the statements? This can be either evidence of them being achieved, or not achieved.
- Considering the mothers who participate, what are some of the **gaps or opportunities which could be improved** about the service or activity you support?
- .Are there **any other comments** you would like to share with us regarding the experiences of mothers through the perinatal support services, with Happy Baby Community and/or Hestia?  
This could relate to any cultural, religious, emotional, relational or any other factor, service or aspect of health, infant feeding or motherhood.

*Some example comments:*

Same/ Similar to mother's responses	Different/ additional to mother's responses
<ul style="list-style-type: none"> <li>- Longer support, after initial 3 month period/ status</li> <li>- Want english and employability</li> <li>- Desire for more in-person postnatal support</li> <li>- Doula are important to avoiding additional trauma (eg insisting on translator to support consent in treatment)</li> <li>- Mothers report 'feeling cared for and held'</li> <li>- ... potential barriers to joining F2F groups?</li> </ul>	<ul style="list-style-type: none"> <li>- Has experienced 'joined up care' when doula works with social workers, MH specialists and midwives for a client... and other examples of services collaborating</li> <li>- Overview: majority of their clients successfully BF for at least 6 weeks</li> <li>- Behind the scenes: trauma-informed training informs their work</li> </ul>



# Recommendations from Mothers

## Themes raised by mothers regarding particular challenges faced:

- Clothes needed beyond the newborn, 0-6mo stages
- Hotel accommodation limiting access to nutrition or ability to cook for baby/self
- Access to F2F groups hard with distance
- Information about services

## Other recommendations raised by them:

- More teaching on infant feeding [weaning]
- More 'free' relationship with doula, and barriers to calling system, response times and continuity of relationship
- More access to english sessions

*We will also address some organisational and policy-maker recommendations from us to reflect the findings of the overall impact evaluation.*



# Discussion Questions

## Report related:

- Any particular things that resonated with your personal or professional experience?
- Any particular surprises in the findings?
- Any comments of things you expect to see or want us to raise in the report?

## General:

- Any contextual or cultural things you think would be helpful for us to understand or to note?
- What are you most proud of, or encouraging of, in this project that you want us to celebrate?
- What would you take away as something you would recommend/ want to see implemented in this project?