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Coming Full Circle – Building a sustainable community of mothers

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Building a sustainable community of mothers

The unexpected experience of social isolation and loneliness for new mothers is a growing issue in caring for postnatal women in the UK. Inadequate support as a result of fragmented communities and extended family, can leave women at risk of poor mental health with a lasting impact on the woman and her family.

Mum's Circle is a student innovation in midwifery practice, which promotes woman-centredness by enabling new mothers to meet, make friends and build a sustainable network of support in their local area. A year on, Mum's Circle has had huge success and women are self-sustaining a growing, local community for themselves and their families.

Background

When the word ‘sustainability’ is mentioned, most will think of climate change and recycling. Few health care professionals would connect sustainability with the idea of facilitating self-reliance and resilience in the service user (United Nations Population Fund [UNFPA] 2015).

Over the past few years, sustainability frameworks have been developed by universities to promote sustainable health care and to embed it into the curriculum. However, often students do not make this connection in clinical practice and, whilst midwifery students discuss issues of advocacy and empowerment on a daily basis, few connect these issues to the creation of sustainable communities which are able to support each other independently of the provision of midwifery care, so that the locus of control is focused on the individuals in a community rather than the midwife, nurse or doctor.

The UN sustainable development goals aim to promote a more sustainable planet through addressing key areas of sustainability; key to these are goals related to health and wellbeing. As health care professionals, midwives are an integral part of this, as they develop close and long-lasting relationships with women and their families. This is vital in the ever-changing landscape of health care provision, where the demise of the extended family has resulted in increased numbers of women feeling isolated and lonely during pregnancy, which affects mental wellbeing both short- and long term.

Indeed, this was evident during my first-year community placement, where I encountered two women with the same difficulties living in the same street, but who did not know each other existed. Both families on day 10 were struggling with sleep deprivation and feeding and both talked to me about feeling ‘overwhelmed’. So, as is familiar to community midwifery practice, families needed to talk to someone who understood, and were awaiting a visit in anticipation. My community mentor and I gave as much support and advice as possible, but couldn’t tell either woman that there was somebody living on the same road who was in exactly the same position telling me an almost identical story – because it would breach confidentiality (Nursing and Midwifery Council [NMC] 2015).



The birth of Mum’s Circle

This experience troubled me for some time, and while reading the Better births maternity review (NHS England 2016), which highlighted postnatal service provision as the 'Cinderella service' (Bird 2014), and the need for more community projects given the growing impact of social isolation, Mum's Circle as an idea was born. It is a simple, no frills idea to give women a place to meet, a way of sharing their transition to motherhood and a reason to leave the house with a very young baby, in an environment with other women, to talk about anything, should they want to.

I had no idea whether it would work, or even whether, as a first-year student midwife, I would be 'allowed' to commence such a project, both in terms of the demands of the course and my position as lay person in working with women. I approached my midwifery lecturers and, following discussion and careful thought about my role in facilitating the group, I was encouraged and



supported to proceed. This meant meeting with local children's centre managers and developing a project proposal, as well as convincing midwives that this would not add to their already-heavy workload. Mum's Circle began just before my second-year community placement and in fact, I found that my own community mentor was extremely encouraging, and generously invited any questions I had, which made me feel even more integrated into the care commitment to the local women we served.

Mum's Circle: a midwifery model

Mum's Circle started as a two-hour weekly commitment and utilised the children's centre resources; creating access to and by a vast range of women's and child services, such as peer breastfeeding support, health visiting and family support from local initiatives. It helps to address the need to reduce health inequalities by promoting multi-service engagement (Warwick 2014). However, the primary aim is to create the opportunity for women to make self-sustaining relationships with other women in their local community. Importantly, Mum's Circle is open to all women and is advertised as a 'meet-up' unlike the existing support groups available. In discussion with women this has been crucial; many of the women have told me that, had it been advertised as a support group, they were not likely to have approached, attended or felt it was appropriate for them. Similarly, while women identified the value of 'baby groups' such as 'under-ones stay and play' for their families, they often found they 'had not spoken to anyone' while attending, exacerbating any feelings of isolation or loneliness.

Postnatal depression onset often occurs around six weeks postpartum and social isolation is one of the biggest risk factors (MBRRACE-UK 2015). Mum's Circle meets the UN sustainable goals of 'sustainable communities' and 'health and wellbeing' as it provides women with an opportunity to meet and develop supportive networks, creating a modern version of the extended family. Women are able to share experiences, fears and joys, which builds self-reliance and confidence and facilitates the creation of resilient communities (Fahey and Shenassa 2013). It costs little more than biscuits to run and fulfils a robust midwifery contribution to reducing the risks of poor postnatal-mental-health outcomes (NHS England 2016).



A year on

Mum's Circle meets each week at a children's centre in my placement area in Ashford, Kent. It is extremely well attended and runs on a drop-in basis, which does not ask for any kind of commitment from women, yet there are women who have been coming since their babies were tiny and who are now beginning to crawl and walk. Existing mums are very welcoming to new mums, who almost always return. I believe this is because the mums that have been coming for a long while are comfortable talking to new women, and new mothers feel immediately part of something by the end of the very first meet-up. These mums regularly meet for lunch, dinner, walks in the park, cinema with babies and so on, and are now firmly part of each other's lives. This is not to say that these women have not faced difficulties in various aspects of their lives, in motherhood or in relationships, but it has meant that they have been able to share it with people who have a commonality.

Following discussion and careful thought about my role in facilitating the group, I was encouraged and supported to proceed

The group is now completely self-reliant and I am no longer the driving force behind it. The women have embraced the idea and each meeting is run by the women from the local community, thus proving that health care professionals do not have to be in charge or lead; women given the opportunity are entirely capable of undertaking this role themselves. Indeed, I have learned that the art of leadership is not always about being in charge of something, but rather is often taking the initiative to empower women to have the confidence to support each other; an embodiment of the UN sustainability goals (UNFPA 2015).

Mum's Circle started as a project, but is now far from that for any of us; it is a group of women – myself included – doing the things we do best:

communicating, sharing, building a community and enriching our lives. This idea, that set out to provide women with an opportunity to relieve social isolation has, in turn, quite unexpectedly provided me with

an authentic model of working in partnership with women, in being 'with woman' and building relationships in an otherwise transactional system of health care. I feel so privileged to have had this opportunity so early on in my career.



For me, these are the women that lead the service I want to join; they are those represented in Better births (NHS England 2016) and they do not come with a fanfare. I am often left thinking that what one mum just did for another is something that cannot be contrived, it is something organic that only comes from an authentic relationship between the two women. It has become my model when working with every woman I meet when the uniform goes on. There are challenges in this, yes – where language can create a barrier or where trust is difficult to illicit – but there is something about the knowledge of this quality of partnership that seems to evoke reciprocation in others. I urge any midwives or student midwives to give this model a try; it will not only serve as a valuable and sustainable service for the women in your community, but serve you as a working woman in partnership with women with whom you have so much in common.

TPM

References

Bird H (2014). A Cinderella story, London: Royal College of Midwives (RCM).

Fahey J and Shenassa E (2013). 'Understanding and meeting the needs of women in the postpartum period: the perinatal maternal health promotion model'. *Journal of Midwifery and Women's Health*, 58(6): 613-621.

MBRRACE-UK (2015). Perinatal mortality surveillance report, London: MBRRACE-UK.

NHS England (2016). National maternity review. Better births. Improving the outcomes of maternity services in England. A five year forward view for maternity care, London: NHS England. www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

NMC (2015). The Code. Professional standards of practice and behaviour for nurses and midwives, London: NMC. <http://www.nmc.org.uk/standards/code/>

UNFPA (2015). Sustainable development goals, New York: UNFPA.

Warwick C (2014). Postnatal care planning. Pressure Points campaign: the case for better postnatal care, London: RCM.

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