

Training Handbook for Maternity Peer Supporter (D5.1.)



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Symbols



Lectures



Additional resources



Video



Small group discussion



Whole group discussion



Summary



Case study/ scenario



Simulation / exercises / activity



Field trip

Foreword

The ORAMMA model is an integrated, woman-centred, culturally sensitive and evidence-based approach to perinatal healthcare for migrant and refugee women, including the detection of pregnancy, care during pregnancy and birth and support after the birth. This approach is facilitated by a multidisciplinary team including Midwives, Social Support Workers, Medical Practitioners (as and when required) and Maternity Peer Supporters (MPSs), with the active collaboration of migrant women, to enable a safe journey to motherhood. The aims of the ORAMMA model are summarised in Figure 1 below.

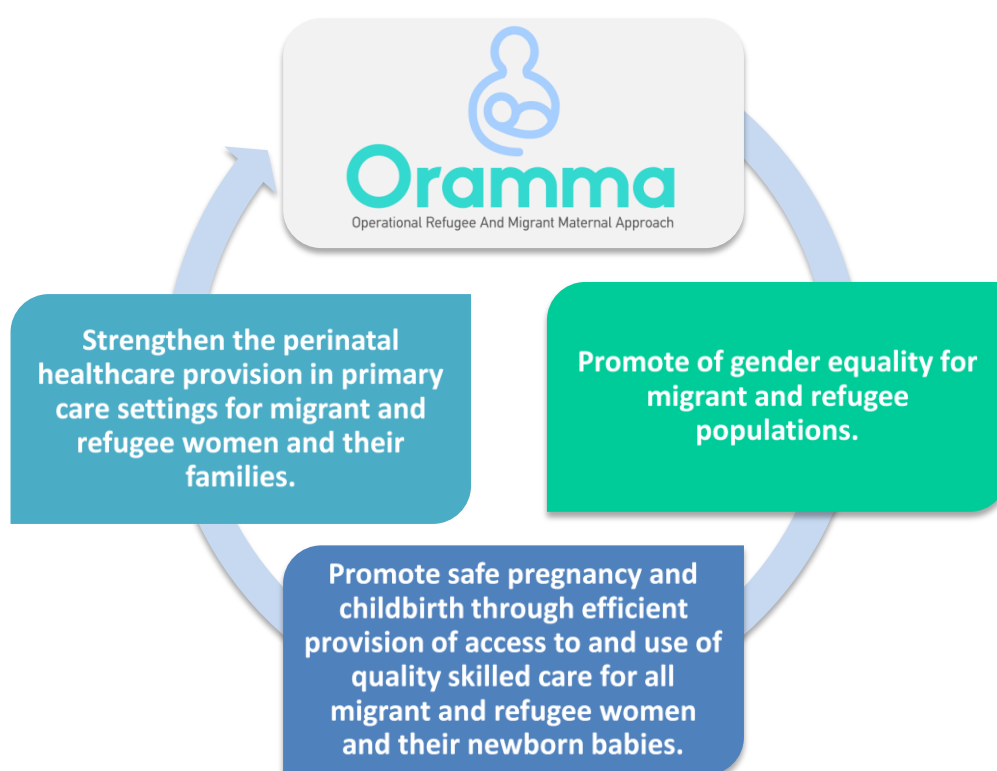


Figure 1: ORAMMA's aims

Introduction

What is this document?

This handbook presents an evidence-based training plan for the preparation of Maternity Peer Supporters (MPSs) who are recruited to support mothers in collaboration with the multidisciplinary team caring for migrant women during pregnancy, birth and the postnatal period.

It is intended that this document be understood in the context of and used alongside the three other project documents; the ORAMMA Approach, the ORAMMA Practice Guide and the ORAMMA Personal Operational Plan (POP).

Who is this document for?

This document is intended for use by MPSs trainers facilitating workshop days for the preparation of MPSs within the ORAMMA approach. It may also be useful background information for midwives, social support worker and mothers themselves, as well as those who are considering commissioning MPS projects in the future.

How should this document be used?

This document should be used to deliver the content of the training for MPSs. The suggested time scale is a two hour introductory session and two workshop days. The duration of the training sessions should be adapted to the specific features of the providers and trainees' groups.

The document details the specific facilitator and learner activities to be undertaken and timings for each of these. Learning materials referred to in the workshop day outlines, including presentations and worksheets, can be found in the electronic resources files for each module. Additional learning activities and resources are also provided in the Appendix that can be included according to the training setting.

How was this document developed?

This document was developed on the basis of three systematic reviews which identified the experiences and needs of childbearing migrant women in Europe from their own perspective and from the perspectives of healthcare professionals. These identified a number of issues and recommendations in order to ensure quality perinatal health services which meet the needs of migrant women. These include; ensuring that maternity services are accessible to all migrant women, that healthcare professionals maintain effective and respectful communication at all times, that women's information needs are met, that women's psychosocial and economic needs are acknowledged and women are signposted to additional services as required, and that perinatal health services are of high quality which includes ensuring health professionals' cultural competency.

The content of this training handbook was developed in conjunction with experienced clinical practitioners and after consultation with a well-established UK-based volunteer doula service.

Methodology

How is this document organised?

This guide consists of 3 modules, along with an introductory session. Each module includes the module aims, learning outcomes and suggested teaching activities.

Introductory session: This aims to inform MPS of the ORAMMA project and the role of an MPS

Module 1: Antenatal. This considers the role of the MPS in the antenatal period, along with safeguarding, inter-professional working and effective communication

Module 2: Intrapartum. This considers the role of the MPS in the intrapartum period and supporting women to make informed choices

Module 3: Postnatal. This considers the role of the MPS in the postnatal period, along with infant feeding and consideration of how to end the MPS-woman relationship

Training process

Trainers/ providers are advised to:

- use this training handbook in conjunction with the ORAMMA Approach, the ORAMMA Practice Guide and the ORAMMA Personal Operational Plan (POP).
- use the suggested time allocations, session contents, teaching and learning activities and resources as guidelines and adjust, as necessary, to suit the situation
- use scenarios drawn from real life locally where possible, or else use those provided in the handbook
- make use of appropriate reference materials and teaching resources available locally.

Teaching / learning activities

It is important for the trainees to have the opportunity to share their own experiences, ideas, beliefs and cultural values as much as possible. Besides being an effective method of learning, this helps to reduce anxieties. All teaching within this handbook is designed to be participatory. Suggested learning activities include:



The lecture – A brief talk, used to introduce a session or topic or provide new information.

Such talks by teachers are kept to a minimum to allow trainees as much time as possible to participate and share their own ideas.



Small group discussions – These are exercises in which trainees divide up into groups of three to five people to discuss an issue between themselves. Trainees should be given a specific task to work on, time to complete it, and time to feedback to the whole group. After the groups have presented their work, the teacher/ facilitator should summarise. Small group discussions are particularly good for teaching about sensitive issues.



Whole group discussions – These are sessions in which the facilitator engages the whole class in brainstorming about an issue, or in discussing the feedback from small group work. Large group discussion can be used to evaluate the trainees’ understanding of the session. They can also be used as forums for debating controversial issues.



The summary – This is a very important activity. At the end of every session, the teacher should summarise what has been taught, and relate this to the stated objectives of the session. The teacher may ask the class to do the summary or answer questions on the session they have just completed to check that they have understood everything.



Scenarios– For this activity, trainees are given case histories (fictional or real), scenarios or situations to analyse. They are asked to decide how such cases or situations should be managed and are asked to justify their decisions. Trainees may work singly or in groups on these assignments, but a crucial part of the exercise is sharing their analysis with the class.



Simulation, exercises or activity – These are make-believe situations in which the teacher asks a trainee to perform a procedure, activity or quiz. These exercises are particularly effective at teaching skills. It is important that the teacher makes it clear exactly what skill is being taught.



Videos – A video containing educational material, particularly of women talking about their experiences of maternity care and being a migrant to enable trainees to understand the topic from women’s point of view.



Field trips – These are visits organised by the facilitator to locations where the trainees can observe different settings and situations relevant to their training.

Evaluation

Individual discussions should take place between each participant and the facilitator(s) at the end of the course to discuss potential scenarios. This will ensure participants have understood the course material and their role and responsibilities as an MPS and are suitable to be matched to a pregnant woman. Facilitators should also allow time for regular questions and answers to maximise trainee learning and assess understanding of the participants.

1. Maternity Peer Supporters (MPSs)

Maternity Peer Supporters support childbearing women in partnership with the multidisciplinary team, providing support during pregnancy, labour and birth and the postnatal period. They are women from migrant communities who receive training in order to be able to advocate women's right and support them, and work with other members of the ORAMMA team to enhance optimal perinatal health outcomes for migrant women. The minimum age for an MPS is 18 years old.

This role is known by different titles in different contexts, but most commonly the term “doula” has been used, referring to a woman who supports another woman during pregnancy, birth and the postpartum period (Spiby et al. 2015). Whilst this role may vary depending on local definitions, it broadly encompasses emotional and physical support that is woman-centred and continuous, companionship, and the facilitation of communication between the woman, her partner and health-care professionals and services (Hodnett et al. 2007; McLeish and Reshaw, 2017).

1.1 Benefits for childbearing women

Research has shown numerous benefits to childbearing women of having a MPS. These are shown in Table 1.

Table 1. Benefits of a MPS to childbearing women

Benefits to the childbearing woman of having a MPS	References
Overall:	
<ul style="list-style-type: none"> increased perinatal satisfaction help accessing services and increased use of required health services MPS's (<i>ref. doula</i>) viewed as a knowledgeable companionship provide relief from isolation Improve the women's knowledge, confidence and skills around pregnancy, childbirth and caring for their baby 	<p>Campbell et al, 2006; Kennell et al, 1991; Spiby et al, 2015</p> <p>Akhavan and Edge, 2012; McLeish and Redshaw, 2017; Spiby et al, 2015</p>
In labour:	
<ul style="list-style-type: none"> shortens length of labour reduces oxytocin augmentation less use of pharmacological pain relief lower numbers of instrumental deliveries greater sense of participation during labour increased feelings of control 	<p>Campbell et al, 2006; Kennell et al, 1991; Spiby et al, 2015</p>
Postpartum:	
<ul style="list-style-type: none"> increased initiation of breastfeeding increased length of exclusive breastfeeding less reported anxiety 	<p>Darwin et al, 2017; Gordon et al, 1999; Langer et al, 1998; Spiby et al, 2015; Sosa, 1980</p>

- less postpartum depression
- more confidence as a mother
- a positive impact on the mother-child relationship
- positive impact on parenting
- positive impact on a woman's relationship with her partner
- increased postpartum satisfaction

Increased healthcare providers cultural competence

Campbell et al, 2006; Kennell et al, 1991; Spiby et al, 2015

When this support is given by a woman from the childbearing woman's own community, the supporter acts as a cultural mediator, providing advocacy, guidance and empowerment to migrant women in a culturally appropriate way, thus increasing their satisfaction, communication and collaboration with the other maternity health professionals (Akhavan and Lundgren, 2012), and enabling the woman to overcome their feelings of being alone, a stranger and an outsider in the new country (Akhavan and Edge, 2012).

1.2 Benefits for the Maternity Peer Supporter

Women who train to offer volunteer peer support to childbearing women report numerous benefits; these are outlined in Table 2.

Table 2. Benefits for the Maternity Peer Supporter

Benefits to the Maternity Peer Supporter	References
<ul style="list-style-type: none"> • increased knowledge • a sense of achievement • increased confidence and self-worth • enjoyment of offering support to childbearing women • feeling that they are making a useful contribution • consider it a rare privilege to attend births • enables them to meet new people • appreciation of other people's cultures • feeling more involved in the community • increased confidence regarding working • provides an opportunity to gain a qualification 	<p>Spiby et al, 2015</p> <p>Spiby et al, 2016</p>

1.3 The role of the Maternity Peer Supporter

1.3.1 Qualities and Skills Required

Childbearing women have identified several personal qualities which are important for those providing maternity peer support (Spiby et al, 2015). Someone considering the role of an MPS should consider if they possesses the following skills and personal qualities:

- Flexibility
- Non-judgemental attitude
- Calm approach
- Patient
- Trustworthy
- Mature outlook
- Competency in speaking and reading language of place of residence
- Commitment to complete training and to support childbearing women
- Kind, caring and sensitive attitude
- Approachable
- Reliable
- Willingness to learn
- Ability to work as part of a team

MPS are also expected to have a good knowledge of the organisation of local healthcare and of local welfare services.

1.3.2 Qualifications needed

There are no formal qualifications required prior to undertaking MPS training, however MPSs will need sufficient literacy to complete the training.

1.3.3 Tasks

A MPS will be allocated to a childbearing woman, preferably from the same community, ideally between 14-16 weeks of pregnancy. The pattern of support is expected to be regular through the pregnancy. The MPS is expected to be on call for the woman from 38 weeks of pregnancy. The MPS will support the woman on a weekly basis in the postnatal period until the baby is 6 weeks old. Ideally the MPS will act as a 2nd MPS for another woman to ensure cover during the intrapartum period, and will ensure she has met the woman at least once during the antenatal period. The MPS is not expected to remain with a labouring woman for longer than 7 continuous hours, after which time a 2nd MPS would ideally be called.

The role of the MPS includes but is not limited to the following:

- Befriending the allocated childbearing migrant woman
- Meeting or visiting the woman as mutually agreed at her home or in public places as per the expected ORAMMA schedule of MPS visits
- Facilitating access to perinatal healthcare eg. by accompanying the woman to appointments

- Advocating for the woman in perinatal health care encounters, and facilitating communication with health and social care professionals
- Facilitating goal setting and action planning during the perinatal period
- Empowering the woman to make informed choices
- Promoting mother and infant health and well-being
- Facilitating access to additional services to meet the woman's identified psychosocial and practical needs
- Ensuring the woman is prepared for labour and birth by; facilitating access to birth preparation sessions if available, completing a birth plan with the woman, facilitating a visit to the birth unit (if planning hospital birth) and ensuring the woman has all practical equipment required for herself and the baby
- Supporting and advocating for the woman during labour and birth
- Promoting bonding and attachment between the mother and her baby
- Facilitating access to ongoing community support in the postnatal period eg. Parent and baby groups
- Adhering to confidentiality and safeguarding responsibilities
- Completing required paperwork, including an MPS diary
- Seeking support from supervisor when required
- Attending regular supervision support sessions

1.3.4 Working relationships

The MPS will be expected to communicate effectively and have a positive working relationship with:

- The migrant woman she is allocated to
- Midwives in the community setting and the hospital
- The GP
- Medical staff in the hospital
- Social support workers and social workers
- Any other professionals involved in the care of the woman
- The MSP supervisor

2. Guidance for training MPSs

MPS training incorporates 3 modules and takes place over 2 workshop days. Workshop facilitators should be knowledgeable in the areas of maternal and infant health, the provision of maternity healthcare services, the experiences and holistic needs of childbearing migrant women, health promotion including smoking cessation, and the role of the MPS.

The workshop days include interactive activities and/or case studies. Examples of presentations, handouts and other learning materials are provided in the appendices for facilitators' use or adaptation as appropriate. Copies of the presentation and handouts should be given to participants at the beginning of each session in a handbook. Participants are encouraged to ask questions and take an active role in learning and teaching exercises. At the end of each session, key points should be summarised on flip charts.

The facilitator should introduce the learning outcomes for each module and organise the working groups for any structured activities, ensuring variation in the group composition to enable participants to interact during the workshops. Throughout the workshops, the facilitators should ensure that the content delivery is participatory, drawing on participants' experiences and insights whenever possible.

2.1. Module outlines

2.1.1. Introductions session

Aims: To develop an understanding of the ORAMMA approach, the needs of childbearing migrant women and the role of the MPS

Learning Outcomes:

By the end of this workshop the learners will have/be able to:

- Understand the rationale, aims, objectives and content of the ORAMMA approach
- Become familiar with the ORAMMA documents; "My Pregnancy Operation Plan" and "Maternity Plan"
- Discuss the skills, qualities and role of an MPS
- Explore role boundaries
- Discuss the experiences and holistic psychosocial needs of recently arrived childbearing migrant women
- Understand the matching process, schedule of visiting and duties in the antenatal period

Suggested teaching activities:



Lectures



Small group discussion



Whole group discussion

2.1.2. Module 1 - Introductions, antenatal care and the role of the MPS

Aims: To develop an understanding of the ORAMMA approach, the needs of childbearing migrant women in the antenatal period and the role of the MPS

To develop skills to provide support to the woman during the antenatal period

To prepare the MPS for multidisciplinary working and supporting communication between the woman and other professionals

Learning Outcomes:

By the end of this workshop the learners will have/be able to:

- Consider cultural diversity and equality of everyone
- Identify agencies and activities to signpost women and their infants to the relevant community and health services during the antepartum period
- Understand the roles of the multidisciplinary team
- Gained an understanding of the importance of communication as a MPS
- Gained insight into working with interpreters
- Discuss the importance of confidentiality
- Understand health and safety policies and how these affect the MPS
- Understand safeguarding policies and how these affect the MPS

Suggested teaching activities:



Lectures



Video



Whole group discussion



Summary



Case study/ scenario



Simulation / exercises / activity

2.1.3. Module 2 - Labour and Birth

Aims: To enable the MPS to develop an understanding of the needs of women during labour and birth

To provide the MPS with knowledge, understanding and skills to enable them to support women in preparing for labour and birth and during the intrapartum period

Learning outcomes:

By the end of this workshop the learners will have/be able to:

- Developed an understanding of the phases of labour
- Developed an understanding of how women cope with pain during labour
- Gained an understanding of and practised optimum positions for labour and birth
- Developed knowledge and skills to support women to make informed choices
- Developed knowledge and skills to support women during labour and birth
- Understand the role of the MPS in the intrapartum period
- Discussed the practicalities of supporting women during labour and birth
- Discussed multidisciplinary working during labour and birth

Suggested teaching activities:



Small group discussion



Whole group discussion



Summary



Case study/ scenario



Simulation / exercises / activity

2.1.4. Module 3 - The Postnatal period and the next steps

Aims: Enable the MPS to develop an understanding of the needs of the woman and her family during the postnatal period

Provide information to enable the MPS to develop skills to provide support to the woman and her family during the postnatal period

Learning outcomes:

By the end of this workshop the learners will have/be able to:

- Gained an understanding of the role of the MPS in the postnatal period
- Gained an understanding of the short- and long term benefits of breastfeeding for maternal and infant health
- Identify local breastfeeding support available for women
- Developed an understanding of mental ill health during the postnatal period and how to support women through this
- Developed skills to support bonding and attachment between the woman and her infant
- Gained an understanding of the guidance for safe sleeping
- Identify relevant agencies, activities and community health services to signpost women and their infants to during the postpartum period
- Considered how to end the MPS-woman relationship well

Suggested teaching activities:



Lectures



Video



Small group discussion



Whole group discussion



Summary



Case study/ scenario








Simulation / exercises / activity

2.2. Training outline





	Module	Topic	Time
Introductory session		Introduction to the project and role of the MPS	2 hours
Day 1	Module 1	Antenatal care and the role of the MPS	5.5 hours
	Module 2	Labour and Birth	
Day 2	Module 3	Postnatal period and the next steps Course evaluation	5 hours






1.3.5 Introductory session






Timing	Teaching Activity	Learners activity	Resources
10 mins	<p>Welcome</p> <p>Staff introductions basic safety - eg fire, housekeeping etc</p> <p>Ice breaker - introduce themselves to someone they don't already know</p>		
20 mins 	Introducing ORAMMA background, aims and approach.	Understand the rationale behind the ORAMMA project	PowerPoint presentation - Projector and screen


Timing	Teaching Activity	Learners activity	Resources
20 mins 	<p>Holistic psychosocial needs of recently arrived childbearing migrant women</p> <p>1. What are the reasons women migrate? 2. What different types of journey may they have encountered? 3. What needs may they have now they are pregnant?</p>	<p>As a whole group discuss the questions ie needs, experiences and why migrant women need a MPS</p> <p>Have several goes as a group completing the migrant journey experience</p>	<p>Flip chart white board at front for leader to write on as groups feedback</p> <p>Access to below website and a screen to show it http://www.bbc.co.uk/news/world-middle-east-32057601 </p>
30 mins 	<p>Introducing ORAMMA documentation - discussions around filling in MPS diaries and setting goals</p>	<p>Participate in discussions regarding documentation completion and around goal setting /action planning</p>	<p>"My Maternity Plan" handout "MPS diaries" handout</p>
25 mins 	<p>Think about MPS role</p> <p>Split into groups and write on a flip chart i) skills/qualities they think they will need as a MPS ii) the role of a MPS iii) what a MPS doesn't do. Facilitator to correct any incorrect ideas to develop appropriate role boundaries</p>	<p>Feedback as a whole group.</p>	<p>Flip chart pens</p>
15 mins 	<p>Role expectation</p>	<p>Understand how they will be matched to women and the expected schedule of visits</p>	<p>Powerpoint detailing expected visit schedule Projector</p>



1.3.6 Workshop day 1

Timing	Teaching Activity	Learners activity	Resources
5 mins	Welcome Staff introductions basic safety - eg fire, housekeeping etc Introduction to Module 1 including outline of learning objectives.		
20 mins  	Cultural diversity task to understand everyone is unique	Complete 6 strips each with one similarity and one difference to others in the room eg birth order, appearance, hobbies marital status etc. Share what is on 2 of those 6 strips, then form chain to represent uniqueness and commonality	Strips of coloured paper pens Chain of diversity printout Glue/sellotape video of women's voices - UK context (6:59-9:40 and 14:29-16:40) https://maternity.cityofsanctuary.org/films
20 mins 	Discuss their role as an MPS to signpost women to services available, especially for the recently dispersed	To understand the different services available and what they each offer	"Agencies and activities" document
10 mins 	Inter professional working - to ensure MPS are aware of different professionals involved in care and their role within the team	Whole group discussion about 1. What other professionals they think they will work with 2. what the role is of these professionals 3. What their role is with the inter professionals team	White board/ flip chart if wish to write professionals down Professionals list - to ensure all likely possibilities discussed


Timing	Teaching Activity	Learners activity	Resources
15 mins 	Health and safety of MPSS health and safety eg lone worker policy, risk assessment	To understand their role in keeping themselves safe	Power point Information on local policies - e.g. lone working Risk assessment form
20 mins 	Safeguarding - including domestic violence		Powerpoint presentation
15 mins	BREAK		
10 mins 	Introduce listening activity to demonstrate the importance of communication	In pairs, number 1 talks for 2 minutes (any subject). Number 2 listens actively engages. Swap over number 2 talks for 2 minutes, number 1 looks away, doesn't interact. Discuss what learnt	-
20 mins 	Communication skills - how are they addressing the women and working with interpreters Compassionate care	Discussion around what helps migrant women to communicate Discussion around the importance of confidentiality	For suggested topics to discuss - see 'communication examples'
15 mins 	Divide participants into small groups to discuss scenarios about health promotion and safeguarding, what the migrant woman might be feeling and the role of the MPS, and which other local agencies or activities could be relevant.	In small groups discuss how to respond to the women in the scenarios, write notes on flipchart paper and prepare to feed back to the whole group	Antenatal scenarios Local agencies and activities hand out Flip chart paper Pens

Timing	Teaching Activity	Learners activity	Resources
30 mins 	Read out each scenario in turn and ask groups to give feedback, and encourage discussion from other groups. Highlight key learning points, including appropriate referral to other agencies and safeguarding responsibilities. Consider role of the supervisor in debriefing	Each group to feedback to whole group about their scenario. Other participants to join in discussion about key issues raised or areas of uncertainty. Discussion of filling in MPS diary for one scenario	Antenatal scenario issues identified sheet
30 mins	LUNCH BREAK		
5 mins	Introduction to Module 2		
20 mins  	Positions for labour - demonstrate different positions for labour and how equipment can help. Encourage group discussion of benefits/disadvantages of each. Ask participants to get into pairs and help each other to get into positions using different equipment. Brief discussion regarding different positions in different phases of labour	Participate in group discussion. Practise supporting each other getting into different positions.	Pillows Floor mat Birth ball chairs Hand out position posters
30 mins  	Coping strategies and pain relief - Label 4 pieces of flipchart paper with the following headings (one on each) - Entonox, Diamorphine/Pethidine, Epidural, Alternative coping strategies. Split the group into 4 and give each a piece of flipchart paper. Ask the groups to write the benefits and risks, how it feels and	Discuss knowledge about methods of pain relief, give feedback and participate in group discussion.	Flipchart paper and pens. Laminated photos of an epidural being sited.

Timing	Teaching Activity	Learners activity	Resources
	<p>anything else they know about the method on the paper. After 2-3 mins swap the paper around, continue until each group has commented on each piece of paper. Then bring the group together to discuss their answers and the facilitator to highlight main learning points/ explain methods not previously known to MPS</p> <p>Demonstrate how to support a woman having an epidural sited, by using the epidural pictures as prompts</p>		
20 mins 	<p>Informed choice - ask the group what they think informed choice is, why it is important and the role of the MPS, highlight main learning points on flipchart paper. Discuss using "BRAN" (to ask about Benefits, Risks, Alternatives, what happens if I do Nothing) as a model to facilitate informed choice.</p> <p>Example: Supporting women during vaginal examination (VE). Discuss VE by demonstrating use of the BRAN model. The benefits, the risks, the alternatives and what happens if I do Nothing in relation to VE. Highlight key learning points on flipchart paper. Lead group discussion on</p>	Participate in group discussion	Flipchart paper and pens

Timing	Teaching Activity	Learners activity	Resources
	how the MPS can support a woman appropriately during a VE.		
45 mins  	Break the group into groups of 4 - 5 people. Introduce the scenarios, give one to each group and ask participants to consider how woman may be feeling, the role of the MPS and how the MPS can work with other members of the multidisciplinary team in the situation. Then bring the group together for feedback and discussion.	Discuss the scenarios in small group, note down answers/reflections, feedback to the group and participate in group discussion.	Labour scenarios

1.3.7 Workshop day 2

Timing	Teaching Activity	Learners activity	Resources
5 mins	Welcome, introduce learning aims for Module 3		
25 mins 	Divide participants into small groups to discuss scenarios about what it might be like for migrant women with a newborn in the first few weeks after the birth, what they might be feeling and the role of the MPS.	Discuss scenarios in small groups Make notes on flipchart paper	Postnatal scenarios sheet Flipchart paper Pens

30 mins



Read out each scenario in turn and ask groups to give feedback and encourage discussion from other groups. Highlight key learning points.

Feedback on scenarios and take part in discussion.
As a group complete an MPS diary for the scenarios

MPS diary printouts

Facilitator to highlight issues around breastfeeding, safeguarding, isolation and accessing community services

10 mins



Set up Unicef video "Breastfeeding and relationships in the early days"

Watch video

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/video/breastfeeding-and-relationships-in-the-early-days/>

15 mins



Divide the group in smaller groups of 3-4. Hand out resources and ask the groups to identify the benefits of breastfeeding and the risks of formula feeding.

Identify and record on flip chart paper the benefits of breastfeeding and risks of formula feeding.
Identify safe formula feeding principles

Off to the best start short and long leaflets
Flip chart paper
Pens

15 mins



Facilitate feedback from group task and wider discussion. Identify key learning points regarding infant feeding.

Feedback and participate in group discussion.

10 mins

BREAK

15 mins



Presentation - Mental health in the postnatal period with PowerPoint slides. Encourage interaction with participants throughout the presentation.

PowerPoint presentation - mental health
Projector & screen

15 mins



Deliver bonding and attachment presentation
Ask the group think about what could affect bonding and attachment. Ask them to consider mother's experiences before pregnancy, pregnancy and birth, and social/cultural factors. Highlight key learning points
Discuss safe sleeping

Participate in group discussion

PowerPoint presentation - Bonding and attachment

10 mins



Lead group discussion about how the MPSs could promote bonding and attachment including local activities resources and other professionals involved.

Participate in group discussion

10 mins



Healthy lifestyle - eg diet, physical activity, alcohol, smoking throughout pregnancy and after birth
Sources of support/referral pathways summarised by the facilitator

Group discussions regarding issues related to lifestyle with a focus on migrant women

Refer to resources e.g. Start for life: healthy eating during pregnancy
<https://www.nhs.uk/start4life/healthy-eating>
British Nutrition Foundation: Physical activity in pregnancy
<https://www.nutrition.org.uk/healthyliving/nutritionforpregnancy/activity.html>
CDC-healthy pregnant or postpartum women
<https://www.cdc.gov/physicalactivity/basics/pregnancy/index.htm>

15 mins



Introduce the activity - "How will we feel at the end of the project?" Ask participants to reflect on how they and the women will feel when the MPS-mother relationship comes to an end.

15 mins



Ask individuals to give feedback from the activity and encourage group discussion. Ask the group to think of ideas for how to end the relationship well (e.g. write a card, buy a cake to celebrate the journey).

Give feedback from the "how will we feel" activity and participate in group discussion.

30 mins

LUNCH BREAK




[Discussions can continue over lunch]

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Appendix 1 - Additional training materials

Health promotion

Timing	Teaching Activity	Learners activity	Resources
15 mins 	Introduce and explain smoking quiz.	Undertake smoking quiz individually or in pairs	Smoking quiz Pens
30 mins 	Feedback from quiz and discuss answers. Highlight key learning points on flipchart.	Participate in group discussion around quiz answers.	Flip chart paper Pens Smoking in pregnancy infographic
30 mins 	Healthy lifestyle - eg diet, physical activity, alcohol	Individually write on sticky notes - what they think is good/bad/indifferent in pregnancy. MPS to stick in the board under good/bad/not sure - co-ordinator to read out and discuss as a whole group	Sticky notes White board to stick notes to - good/bad/not sure sections Activity in pregnancy infographic

Labour

20 mins



Phases of labour card game. Divide the group into small groups. Hand out the cards and ask the participants to assign the descriptions of how women feel and behave in labour to the appropriate phases of labour. Then bring the group back together to feedback and discuss.

Participate in the phases of labour game and contribute to feedback and group discussion.

Phases of labour card game.

15 mins



Pelvis - to understand how the baby moves through the pelvis and how maternal movement may help this. Demonstrate how baby moves through the pelvis using a doll and pelvis. Ask participants to feel their own pelvis and how it moves when they kneel, put one leg up etc. Ask a participant to put a pillow in a pillowcase and discuss the multiple movements required and how in labour movement helps the baby to move through the pelvis.

Feel how the pelvis moves when you change positions.

Doll and pelvis
Pillow and pillowcase

10 mins



Demonstrate how the cervix changes during labour using the balloon and ball demonstration

Watch demonstration

Balloon and ball (instructions available at <https://www.youtube.com/watch?v=URyEZusnjBI>)







15 mins






Ask participants to draw a picture of a room where a couple could have a romantic evening, and a picture of a hospital birth room. Then ask for feedback and discuss the differences, and introduce the role of oxytocin in both scenarios.

Participate in drawing exercise, feedback and group discussion.

A4 paper, coloured pens

15 mins  	<p>Birth environments - split group into smaller groups of 3-4 people. Give out the pictures of different birth settings and ask them to discuss positive and negative features of each and how this might affect labour and birth, and how the MPS could adapt the space to benefit the woman. Then bring group together for feedback and discussion, highlighting main learning points.</p>	<p>Participate in reflecting on birth environments and write on flipchart paper, contribute to feedback and group discussion.</p>	<p>Pictures of different birthing environments. Flipchart paper and pens.</p>
10 mins 	<p>Choice of place of birth - discuss the local birthplace options and what benefits there may be of each (Obstetric unit, Midwife-led unit, homebirth). Hand out "Birthplace decisions" leaflets. Emphasise the role of the MPS is to help woman to get info she needs to make a decision, rather than tell her what to do.</p>		<p>Birthplace decision leaflets</p>
35 mins  	<p>Hormones and labour - ask participants what they know about hormones in labour, what are they, how do they work and how do they affect labour? Record discussion on flipchart.</p> <p>Then lead the role play scenario with 2 volunteers, one blowing up a red balloon for adrenalin and the other a blue balloon for oxytocin and discuss the interplay of these hormones throughout the scenario.</p>	<p>Participate in group discussion and during the scenario.</p>	<p>Flipchart paper and pens Hormones in labour scenario Red and blue balloon.</p>
15 mins 	<p>Coping strategies - ask group to divide into 2-3s. Ask them to discuss their coping strategies when in pain. Lead group</p>	<p>In pairs discuss coping strategies when in pain and record on flipchart paper.</p>	<p>Flipchart paper and pens</p>

	feedback and discuss that we all have different coping strategies.		
15 mins 	Relaxation - Lead guided relaxation, asking participants to lie down. Ask for feedback from the group afterwards and discuss how to use relaxation techniques in labour.	Listen and participate in relaxation.	Relaxation script Mats and pillows
30 mins 	Touch and hand massage in labour. Start by asking everyone to put their hand on the knee of the person next to them. Lead group discussion about how they felt about it and the importance of asking permission to touch. Discuss benefits of massage in labour and ask group to get into pairs and take it in turns to practise hand massage, with one participant pretending to be in labour and the other taking role of the MPS.	Participate in group discussion. Practise hand massage.	Hand massage handout
60 mins 	Debriefing previous birth experiences. Ask participants to get into pairs and discuss their own previous birth experiences (or that of friends/birth in the media if they have not experienced labour), including physical and emotional issues. If they have had more than one baby ask them to consider how the first birth experience affected the second. Bring the group together to sensitively discuss. Emphasise the impact that women's previous births may have on their next pregnancy and the importance of not projecting your own experience onto the woman you are	Discuss previous birth experiences in pair, feedback to the group and participate in group discussion.	

supporting as an MPS. *The facilitator needs to sensitively consider support or signposting for MPS candidates who reveal previous traumatic birth experiences.

20 mins



Medical conditions - split group in 4 groups. Give each group a medical condition and ask them to record what the mum might know, be worried about, and how it could effect labour and birth. Bring group together for feedback and discussion, emphasising that acronyms are confusing and the role of the MPS is not to know the answers but to help a woman get the information she needs.

Participate in small group activity, record answers on flipchart paper and feedback to the group.

Medical condition sheets
Flipchart paper and pens

30 mins



Women going to theatre. Ask the group why women might go to theatre during labour/birth/after birth. Ask for volunteers to take part in role play - give each a role card. Ask one to lay down and be the woman and others to call out their role name and and group to discuss their role and to direct the, to stand where they might be in theatre. After all the roles are added to the scenario ask the group how the woman may be feeling with them crowded around her? Ask them to discuss the role of the MPS in theatre.

Participate in theatre role play and group discussion.

45 mins



Birth planning - Lead a group discussion on the importance of birth planning, when this should take place, what it should include and role of the MPS. Highlight key learning point on a flipchart. Show participants locally available birth plan form/ORAMMA My maternity plan. Ask participants to get into pairs and take it in turns to be woman/MPS and practise completing a birth plan.

Participate in group discussion and in pairs practise completing birth plans using local/ORAMMA proformas.

Flipchart and pens
Local birthplan forms
ORAMMA - "My Maternity Plan "

2.5 hours



Undertake tour of local birthing unit:
discuss travel options
investigate parking at the site
how to get in to the unit during the day and the night
birth unit layout and access to the wards
discuss how to optimise the birth environment and support the women there
visit the birthing rooms and become familiar with layout and equipment
discuss visiting times
meet the staff

Travel together to the local birthing unit

Investigate the options for travelling to the unit, costs of parking/public transport availability

Ask appropriate questions

Postnatal

45 mins



Demonstrate how to bath a baby and how to change a nappy using a doll. Discuss whether the use of skincare products is appropriate. Discuss appropriate clothing for a newborn. Invite MPS trainees to practise in groups of 2 or 3.

Practise bathing and changing a nappy with a doll.

Dolls
Nappies
Towels
Cotton wool
Baby bath
Selection of baby skincare products
Selection of baby clothes

30 mins



Introduce safe sleeping quiz, ask participants to complete on their own or in small groups. Discuss answers to safe sleep quiz, encourage participants to discuss further and highlight key learning points on flipchart paper. Hand out "Safer sleep for parents" leaflet for participants to take home.

Complete safe sleep quiz
Feedback answers to quiz
Participate in discussion

Safe Sleep Quiz
Pens
Flipchart paper
Pen
"Safer sleep for parents" leaflets

30 mins



PowerPoint Presentation - breastfeeding, including videos and discussion

Participate in discussion

PowerPoint presentation - breastfeeding
Projector and screen

15 mins



Give out the formula feeding quiz

Complete quiz

Formula feeding quiz

15 mins



Deliver formula feeding presentation, facilitate group discussion.

Formula feeding PowerPoint presentation
Projector and screen

30 mins



Review formula feeding quiz answers, facilitate group discussion and highlight key learning points.

Formula feeding quiz answer sheet

Medical aid film resources



<http://www.medicalaidfilms.org/film/understanding-healthy-eating-during-pregnancy/>

<http://www.medicalaidfilms.org/film/understanding-antenatal-care/>

<http://www.medicalaidfilms.org/film/understanding-respectful-maternity-care/>

<http://www.medicalaidfilms.org/film/understanding-warning-signs-in-pregnancy/>

<http://www.medicalaidfilms.org/film/understanding-breastfeeding/>

Further training for trainers of MPS

RCM ilearn course. Understanding asylum seekers and refugees.

Appendix 2 - Resources for introductory session

Introduction day Activity 1 and 3 - ORAMMA introduction and project documentation



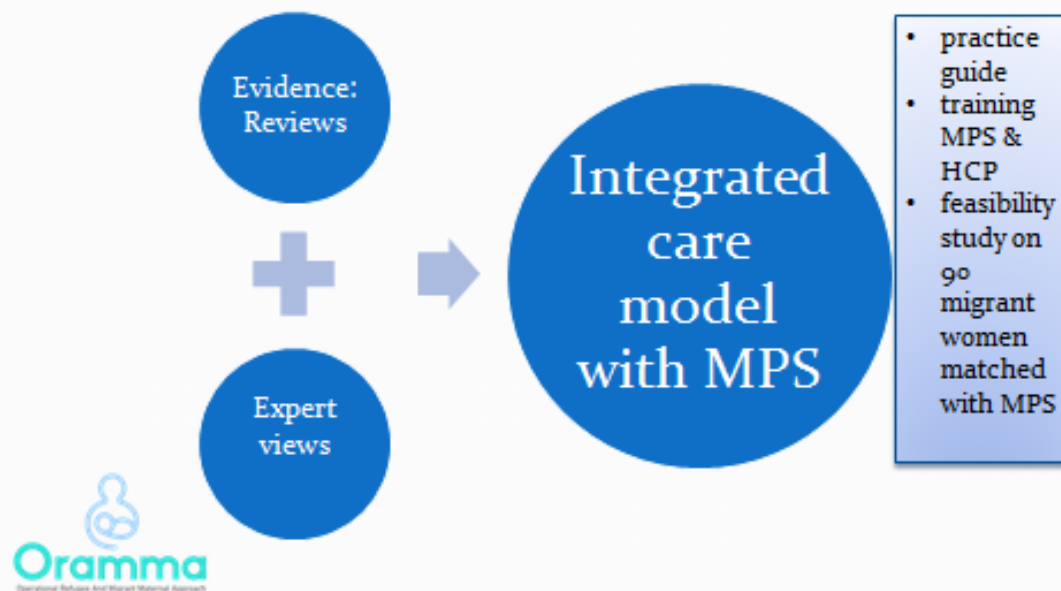
ORAMMA project

- 3 sites: Sheffield, Greece and The Netherlands
- From January 2017 - December 2018
- 2 phases:
 - Phase 1: reviewing the evidence and designing the model
 - Phase 2: trying the model (feasibility study)
- Collecting data and reporting the findings

Evidence summary

- Migrant pregnant mothers and families raised the following issues to be addressed to improve their quality of care:
 - access
 - communication
 - information
 - self-esteem
 - attitudes
 - psychological, socioeconomic
 - living conditions

ORAMMA process



ORAMMA aims:

- To provide integrated, woman centred, culturally sensitive and evidence based care
- To strengthen current perinatal healthcare provision in primary care settings
- To promote safe pregnancy and childbirth through efficient access to quality maternity care

ORAMMA - Approach



Introductory day

- The ORAMMA project
- The experiences and needs of recently-arrived migrant women
- The role of the Maternity Peer Supporter

The experiences and needs of recently arrived migrant women

The experiences and needs of migrant women

- Why do women migrate?
- Videos

- <http://www.aljazeera.com/programmes/talktojazeera/infthefield/2015/06/african-migrants-drive-europe-150604124996799.html>
- <http://time.com/refugee-crisis/>

- What different types of journey may they have encountered?

- <http://www.bbc.co.uk/news/world-middle-east-32057601>

- What needs may they have now they are pregnant?

The ORAMMA Project

Why do we focus on migrant women

- Migrants are often healthy when leave country of origin
- Over time migrants rate themselves in poorer health compared to native population in host country
 - Chronic stress from:
 - poor/uncertain socio-economic living conditions
 - unhealthy lifestyle
 - low health literacy
 - healthcare not tailored to their needs
 - Linguistic / cultural / socio-economic barriers to accessing healthcare

Outcomes for migrant women

- Varies depending on reason for migration and country of origin
 - Some migrant women at higher risk of maternal death or illness
 - Some migrant women at higher risk of preterm (early) birth, low birthweight and birth defects
- Increased risk of:
 - Gender-based violence
 - Post-traumatic stress and other mental health problems
 - Infections diseases
 - Poor nutritional state
 - Diabetes, cardiovascular (heart and circulation) diseases

Challenges caring for migrant women

- Communication issues
 - Issues gaining informed consent
 - Higher risk of incorrect diagnosis
- Unfamiliarity with the healthcare system
 - Not all migrant women are aware of the benefits of antenatal care
- Lack of social / family support
- Complex social issues
 - financial constraints

Why maternity peer supporters?

- Increases women's satisfaction with experience of pregnancy and birth
- Increases healthcare providers' cultural competency
- Increases use of required health services
- Shortens the length of labour
- Reduces the need for medicine to speed up labour (oxytocin augmentation)
- Results in less use of medical pain relief
- Reduces the number of doctor-assisted birth (instrumental deliveries)
- It also results in a greater sense of participation during labour and increased feelings of control
- More women start breastfeeding and breastfeed for longer
- women reporting less anxiety and less depression after birth

Why maternity peer supporters?

- Has a positive impact on the mother-child relationship, parenting and a woman's relationship with her partner
- Women feel relief of isolation
- Women have improved knowledge, confidence and skills around pregnancy, childbirth and caring for their baby

"When this support is given by a woman from the childbearing woman's own community, the supporter acts as a cultural mediator, providing advocacy, guidance and empowerment to migrant women in a culturally appropriate way, thus increasing their satisfaction, communication and collaboration with the other maternity health professionals, and enabling the woman to overcome their feelings of being alone, a stranger and an outsider in the new country." (Alkhaton and Edg, 2012)

Collecting data and reporting findings

- Data collection is key:
 - Find out what support women received
 - Find out if they appreciated it - or not
 - Find things that worked well
 - Find things that could be improved for next time

MPS - diaries

Contact 1		Participant Number:	
Date of contact (DD/MM/YYYY)	___/___/___		
Period of contact	Antenatal <input type="checkbox"/> → Week of pregnancy <input type="text"/> <input type="text"/> Intrapartum <input type="checkbox"/> Postnatal <input type="checkbox"/> → Weeks postnatal <input type="text"/> <input type="text"/>		
Type of contact	1. Midwife appointment 2. Other medical appointment (doctor/scan etc) 3. Labour 4. Other appointment (eg housing, social care) 5. Independent maternity peer supporter home visit 6. Independent maternity peer supporter visit other location 7. Telephone 8. Other _____		
Length of contact (in mins)	<input type="text"/> <input type="text"/> <input type="text"/> minutes		
Content of contact Eg questions asked, discussions covered, type of appointment, support offered etc			
Reflections on visit Eg further training required Emotional impact			

My maternity plan

- Discuss goals and make a plan
 - Specific
 - Measurable
 - Achievable
 - Realistic
 - Timely




Oramma
Operational Refugee And Migrant Maternal Approach

Introduction day Activity 4 and 5 - role of the MPS

The role of the MPS


Oramma
Operational Refugee And Migrant Maternal Approach

Mutual benefits of being an MPS

- Humanistic aspects of caring for each other
 - Helping vulnerable mothers at a time of need - rewarding in any culture
- Free training
- Certificate to acknowledge successful completion of the training course
- Additional work experience as part of an international project supported by EU commission - helpful for CV and future career development

The role of the MPS

- What skills or qualities does an MPS need?
- What does the role of the MPS include?
(think about pregnancy, labour/birth and after the birth)
- Is there anything that an MPS doesn't do?
(think about what the woman or another professionals might ask an MPS to do)

Role

- An MPS offers **no clinical skills** and does not perform any medical tasks.
- AN MPS sole function is to give *continuous emotional and physical support*, and **facilitate communication** between the woman, her partner and other professionals

Requirements of an MPS

- pregnant women will be recruited from JW around 16 weeks of pregnancy
- they will be matched with a cultural MPS
 - we try to match one to one but depending on demand we may match to more mothers-Greek partners run group sessions
- visits' schedule (one hour)
 - Monthly visits until 28 weeks,
 - fortnightly until birth
 - attending birth for support if required and feasible
- weekly for 6 weeks after birth

Appendix 3 - Resources for Module 1

Module 1 Activity 1 - Chain of Diversity



Connecting Lives, Sharing Cultures

Chain of Diversity

Goal:

Participants will discover and recognize the many ways in which they are similar and are different from others in the group, as well as the ways in which each person is unique.

Time:

15–30 minutes, depending on the number of participants.

Materials:

Glue sticks and enough strips of colored construction paper so that each participant will have six strips. Strips should be about 1.25 to 1.5 inches wide.

Procedure:

This activity is a strong follow-up to an initial discussion about differences and similarities among people from different groups. Introduce this activity by inviting participants to look at some of their own similarities and differences. Pass bundles of colored strips around the room. Ask each participant to take six strips. Ask participants to think of ways in which they are similar to and different from the other people in the room. On each strip, participants should write down one similarity and one difference.

When completed, each person should have written six ways in which they are similar and six ways in which they are different from the other people in the room. Tell participants to be prepared to share what they have written on two of their strips with the whole group. If group members are having difficulty, give some examples of ways that people may be different or similar, such as appearance, birth order, the type of community in which they live, hobbies and interests, age, parental status, or marital status.

Ask each person to share two ways he or she is the same and two ways he or she is different from the other people in the room. Start a chain by overlapping and gluing together the ends of one strip. Pass a glue stick to each person and ask the participants to add all six of their strips to the chain. Continue around the room until all participants have added their strips to the chain.

Discussion:

Ask participants to reflect on the many things they have in common, as well as the ways that each person in the group is unique. Conclude by pointing out that even though members of the group come from different backgrounds, in many ways they are the same. Display the Chain of Diversity on a bulletin board or around the doorway of your meeting room. The Chain of Diversity will symbolize the common aspects and the uniqueness that each person contributes to the group.

*Adapted from: O'Malley, Marion, and Tiffany
Davis (1994). Dealing with Differences. Carrboro, N.C.: The Center for Peace Education.*

Prepared by Fritz Prophete, Coordinator of School Outreach, AFS-USA.

Module 1 Activity 2 - Agencies and activities - to fill filled with local resources

Agencies and activities

Medical issues

*Call the midwife **immediately**, if you experience any of the following:*

- ⊗ Bleeding from the vagina
- ⊗ Constant vomiting
- ⊗ High temperature
- ⊗ Painful urination
- ⊗ Sudden, sharp or continuing abdominal pain
- ⊗ Contractions
- ⊗ Pelvic pain
- ⊗ Painful headache
- ⊗ Loss of fluid from the vagina
- ⊗ Swelling in face, hands or legs
- ⊗ Blurred vision or changes in your vision
- ⊗ Itching
- ⊗ A change in the pattern of your baby's movements

Emergency medical contact numbers

Baby equipment

Housing issues

School issues

Domestic violence/abuse

Safeguarding concerns

Mental health issues

Social security / finance

Exercise classes eg aquanatal/yoga

Parent education classes

Social support

Language learning

Breastfeeding support

Stop smoking support

Toy library

Clothes bank

Food bank

Library

Module 1 Activity 3 - Professionals list

Professionals list

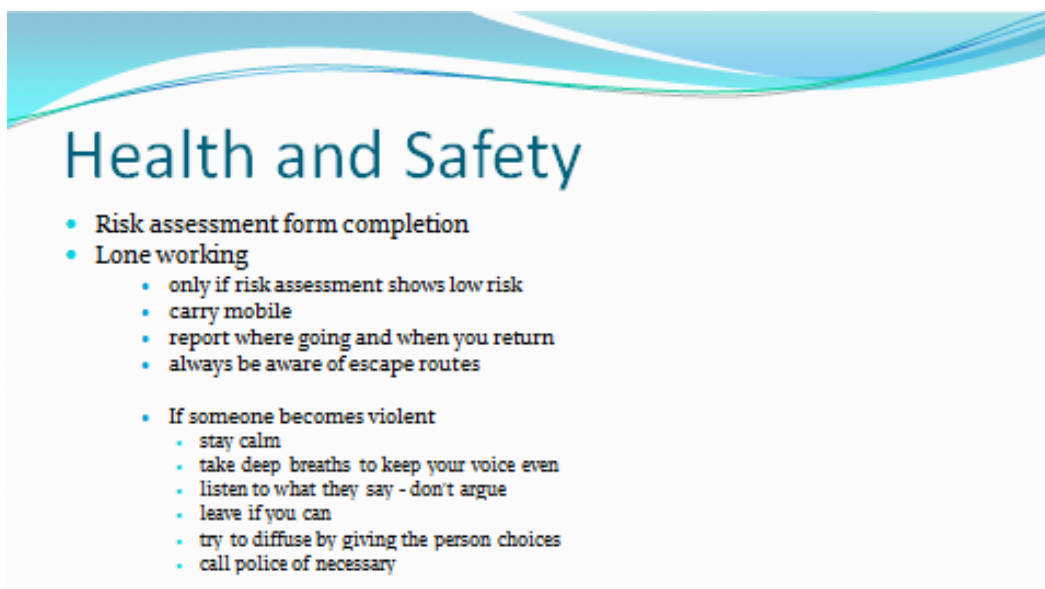
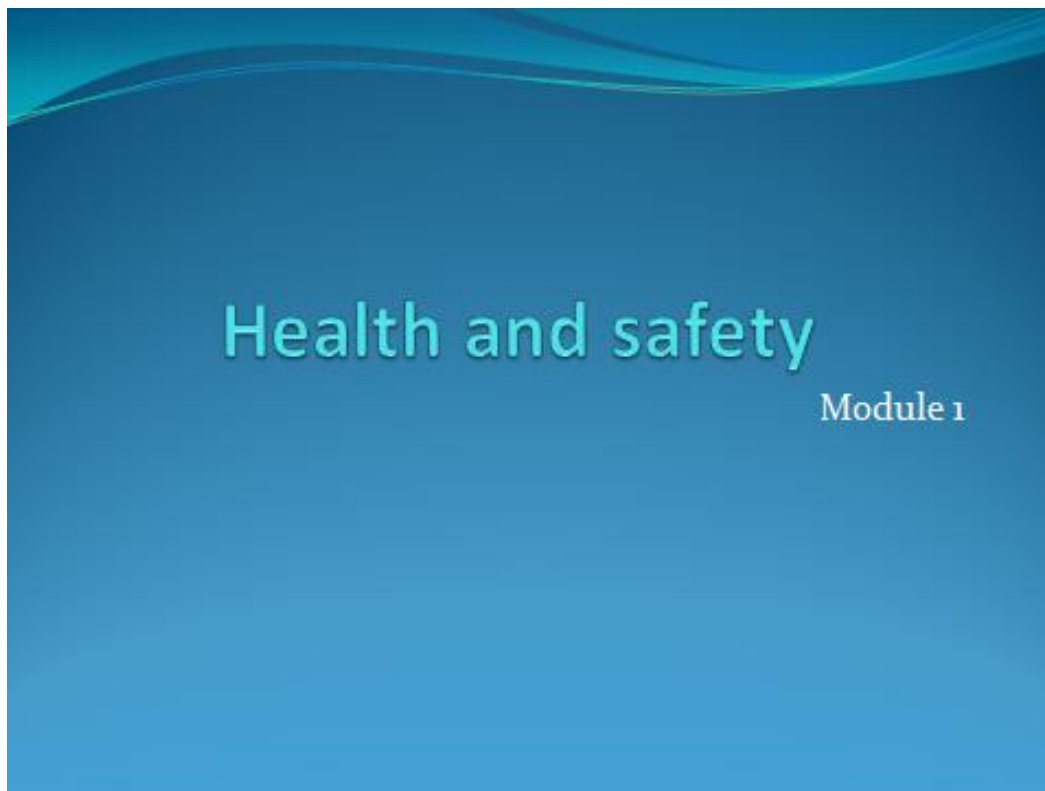
Professionals in the interdisciplinary team

- Midwives
- Support worker
- GP
- Obstetrician/ gynaecologist
- Social worker
- Social support worker
- (Health visitor)
- Other physicians/doctors (endocrinologist, cardiologist, etc)
- Allied professionals - physiotherapist, radiologists

Role of MPS in inter-disciplinary team

- Advocating for the woman in perinatal health care encounters, and facilitating communication with health and social care professionals
- Empowering the woman to make informed choices

Module 1 Activity 4a - Health and safety lecture



Module 1 Activity 4b - Example initial visit risk assessment

Initial Visit Risk Assessment form

Name of Mother:

Address:

	Information	Standard	Medium	High
Domestic Violence		None reported	Historical, partner no longer living in property	Current
History of Drug/ Alcohol abuse?		None reported	Historical (woman, partner or others within property)	Current, (woman, partner or others within property)
Mental Health History		None reported	Low level concerns (mum, partner or other resident people)	Current, High level (mum, partner or other resident people) unmedicated
Accommodation		House/ground floor flat	1 st floor flat	High Rise flats
Previous Violent Behaviour		None reported		Yes, against home visiting staff/medical staff
Who is living in property?		Woman/ children/ supportive partner	Extended family members, plus woman, partner, children	Friends of woman or partner (not related)
Is the street lighting adequate		Yes		No
Previous accusations against agency/ hospital staff		None reported		Yes
Distance from car park		Off road outside house	Difficulty in parking close to property	Need to walk to rear of property or long distance to gain entry

Initial Visit Risk Assessment form continued.

	Information	Low	Medium	High
Does the family own a dog		No	Yes, kept outside or locked in different room during visits	Yes, dog considered unsafe, potentially kept inside during visits
Is it close to a pub/club		Not on same street	Yes, within 5 minutes' walk	Within 1 minute walk
Are there any trip hazards on entry to the building		None	Cluttered hallway	Cluttered hall and stairway

Low risk (majority within low risks)

Follow normal security and safety procedures
Carry your mobile phone at all times
Be aware of where your keys and phone are at all times
Be aware of any change to potential risk
Leave property/visit if you feel unsafe

Medium risk (majority within medium risk)

(as above)
Maybe visit mum in pairs (back up MPS, interpreter, family support worker)
Be aware of any change to potential risk
Leave property/visit if you feel unsafe

High Risk (any concerns in yellow high risk category or majority in high risk)

Do not visit mum at her house under any circumstances
Make all visits at a children's centre, in town or at a place of safety where there are lots of other people around
Leave woman if you feel unsafe, use security/police if necessary for own protection or woman's protection

If there are equal amounts in two categories, then follow procedure for the high risk category.

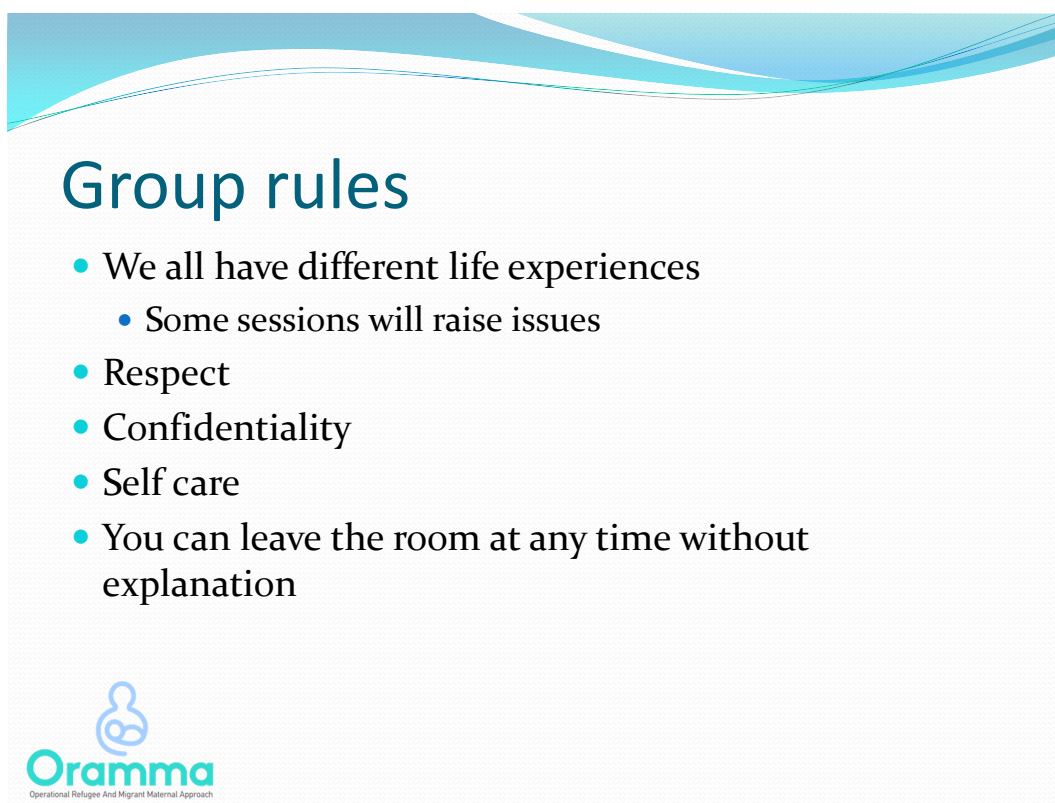
Recommendations for future visits:

Signed (Supervisor):

Signed (MPS):

Date:

Module 1 Activity 5 - Safeguarding presentation



Why is safeguarding important

- You will come into contact with women and potentially children as an MPS
- You need to be aware of:
 - signs of concern
 - your responsibility

Types of child abuse

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

- FGM
- Online abuse (eg cyber bullying, grooming)

Physical abuse

- Deliberately hurting a child eg hit, kick, burn, objects thrown at them, shaking a baby

Signs of physical abuse

- Bruising
- Injuries without explanation
- Injuries with inadequate explanation

Emotional abuse

- Deliberately trying to scare or humiliate a child, isolating or ignoring them, blaming them

Signs of emotional abuse

- Child overly affectionate to complete strangers
- Lack confidence / be wary
- Not have a close relationship to their parent

Sexual abuse

- Forcing or persuading a child to take part in sexual activities - can be physical, non-contact (eg forcing to watch inappropriate material or sending photos online)

Signs of sexual abuse

- Use inappropriate sexualised behaviour / language
- Avoid being alone with certain family members

Neglect - most common form

- Not meeting child's basic needs eg food, clothes, shelter, supervision, medical care, love, attention

Signs of neglect

- poor hygiene
- frequently hungry
- left alone for long periods of time

FGM

- In the UK FGM is illegal
- it is also illegal for someone to take a child abroad to have FGM

Types of adult abuse

- Physical
- Sexual
- Psychological
- Financial
- neglect/ Acts of Omission
- Discriminatory
- Organisational
- Self Neglect

Main one you could encounter

- Domestic abuse
- Also:
- FGM
- Forced marriage
- Modern slavery
- Honour based violence
- Rasicalisation

Domestic abuse

- Physical (hitting, kicking, burning etc)
- Sexual (rape, explicit photos without consent)
- Psychological (ignoring, belittling, threatening, restricting who they can meet)
- Financial (being controlled through access to money)
- Neglect (failing to provide food, medication, shelter, preventing seeking medical care)

Response to disclosure

- LISTEN
- Remember what you can
- Don't try to fill silences
- Don't ask questions
- Write an account of the incident as soon as possible

MPS role

- Confidentiality - only report to those who need to know
- No consent - you don't have to get the woman's permission if safeguarding concerns
- Share:

LOCAL CONTACT DETAILS TO BE ADDED

- <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/>

Module 1 Activity 6 - Communication examples

Communicating with migrant women

Points to discuss:

- Using interpreters
 - avoid family members where possible
 - when using an interpreter ensure you are still addressing the woman not just the interpreter
- Establish relationships
 - spend time building a positive relationship with the woman
- Providing space
 - allow her to share when she is ready
 - ensure your body language is encouraging disclosure
- Confidentiality
 - inform the woman that everything she confides with you will remain confidential - this is particularly important if you are from the same community as the woman or she may feel unable to disclose information
 - The exception to this is if disclosure is necessary for safeguarding reasons
- Use open questions
 - 'tell me about yourself' allows the woman to share as she feels comfortable
- Reflection
 - repeating what you think she has said to you to ensure you have understood correctly
- Respect
 - respect the woman's decisions, life choices even if they are different to your beliefs/life choices
- Woman centred care
 - MPs are there to empower the woman to make choices eg asking questions on her behalf, ensure the woman understands the information provided by health care professionals
- Importance of non-verbal communication
 - a smile makes a big difference
- Compassion
 - non-judgemental
 - empathetic
 - sensitive
 - ensure dignity
 - kind

Resources

NMC Essential Skills Clusters - Care, compassion and communication

RCM ilearn course. Understanding asylum seekers and refugees.

Module 1 Activity 7a - Antenatal scenarios

Antenatal scenarios

Scenario 1

Meena is currently 20 weeks pregnant and has 2 older children aged 5 and 7. She asks you to pick her children up from school as she doesn't want to harm her baby by walking to school to collect them herself. Meena also talks about how she is finding it difficult to follow advice to eat for two during her pregnancy.

Scenario 2

Blessing is 28 weeks pregnant, has 2 young children and lives with her husband. They arrived in the UK a year ago. She arrives for your meeting very upset and tearful, and tells you she has had a big argument with her husband. She confides in you that her husband is often verbally aggressive and occasionally hits her. She thinks it's because she is not a good wife and needs to try harder and begs you not to tell anyone else.

Scenario 3

Nura is 30 weeks pregnant. She is smoking when you meet her. She says that smoking helps her to deal with stress and that giving up smoking now would be more stressful for the baby.

Scenario 4

Ameena is 24 weeks pregnant. She tells you that she missed her last appointment with the midwife as she does not have enough money to pay for it, but it is ok because she prefers to meet with you anyway.

Scenario 5

Hiba is 34 weeks pregnant. She has been suffering from headaches for the last few days. She says it is because she is stressed as she has got no money to buy clothes and equipment for her baby.

Scenario questions:

Please discuss:

- How might the woman in the scenario be feeling?
- What practical, emotional and other needs does the woman have?
- What is the role of the MPS in this scenario?
- How can the MPS work with members of the multidisciplinary team in this scenario?

Module 1 Activity 7b - Issues identified in the antenatal scenarios

Antenatal scenarios - issues to identify

Scenario 1

- Diet and exercise in pregnancy
- Role of the MPS - not to collect children!

Scenario 2

- Domestic violence
- Safeguarding responsibilities
- Support for the woman
- Supervision as an MPS
- Cultural acceptability of violence towards women?
- Communicating with other health professionals

Scenario 3

- Impact of smoking and referral for cessation

Scenario 4

- Rights / access to maternity care in the local context
- Importance of antenatal care

Scenario 5

- Headaches as a medical issue - to refer to midwife as may not be stress
- Baby clothes/ equipment - to refer to local charity to assist
- Lack of money - refer to social security to ensure she is accessing all she is entitled to

Module 1 Activity 7c - MPS diary to complete

(to be filled in after every contact)

Contact number _____																
Participant Number: _____																
Date of contact (DD/MM/YYYY)	___ / ___ / ____															
Period of contact	<table border="0"> <tr> <td>Antenatal</td> <td><input type="text"/></td> <td>→ Week of pregnancy</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Intrapartum</td> <td><input type="text"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Postnatal</td> <td><input type="text"/></td> <td>→ Weeks postnatal</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Antenatal	<input type="text"/>	→ Week of pregnancy	<input type="text"/>	<input type="text"/>	Intrapartum	<input type="text"/>				Postnatal	<input type="text"/>	→ Weeks postnatal	<input type="text"/>	<input type="text"/>
Antenatal	<input type="text"/>	→ Week of pregnancy	<input type="text"/>	<input type="text"/>												
Intrapartum	<input type="text"/>															
Postnatal	<input type="text"/>	→ Weeks postnatal	<input type="text"/>	<input type="text"/>												
Type of contact - professional	<ol style="list-style-type: none"> Midwife appointment Doctor or GP appointment Social care worker appointment (eg housing, social care) None - Independent maternity peer supporter visit Other _____ 															
Type of contact - reason	<ol style="list-style-type: none"> Routine midwife antenatal appointment Routine midwife postnatal appointment Scan appointment Labour Social issues (eg housing, social care) Doctor appointment <ul style="list-style-type: none"> Please describe reason _____ Other _____ 															
Type of contact - place	<ol style="list-style-type: none"> Hospital Medical centre (eg GP) Home Telephone Other _____ 															
Type of contact	<ol style="list-style-type: none"> Individual Group – alongside other migrant women 															
Length of contact (in mins)	<table border="1" style="display: inline-table;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> minutes															

<p>Content of contact Eg questions asked, discussions covered, type of appointment, support offered etc</p>	
<p>Reflections on visit Eg further training required Emotional impact</p>	

Appendix 4 - Resources for Module 2

Module 2 Activity 1 - Positions in labour

Give it a go, it'll be worth it



Illustrations by Caroline Fienozzi/The Royal College of Midwives 2015. All Rights Reserved

The Royal College of Midwives recommends the use of active and upright positions to assist with labour and birth

To find out more about the RCM Better Births initiative, visit betterbirths.rcm.org.uk

Better Births



Module 2 Activity 2 - Epidural siting



Module 2 Activity 4a - Labour scenarios

Labour scenarios

Scenario 1

Fatima is at the hospital in active labour and her contractions are strong and regular. She is lying on her back on the hospital bed, but is not comfortable and the midwife suggests she try a different position.

Scenario 2

Comfort has started feeling like she wants to push and the midwife tells her that she needs to have vaginal examination. When the midwife leaves the room to get the equipment, Comfort tells you she doesn't want to have an examination.

Scenario 3

Zahra is about to be taken into theatre for an urgent emergency caesarean as her baby's heartrate is very low.

Scenario 4

Hiba is being induced and is lying on the hospital bed with a drip in the back of her hand and baby monitoring belts around her tummy. She is keen to have a birth without any medical pain relief, but is crying and says she is finding the contractions very intense.

Scenario questions:

Please discuss:

- How might the woman in the scenario be feeling?
- What is the role of the MPS in this scenario?
- How can the MPS work with members of the multidisciplinary team in this scenario?

Module 2 Activity 4b - Issues identified in the labour scenarios

Labour scenarios issues

Scenario 1

Discuss:

- Feelings - pain/fear/out of control/uncomfortable/unsure/lacking confidence
- Alternative positions for labour
- Role of MPS to support woman and advocate for her not to force her to act
- Work with midwife to support woman to find comfortable position

Scenario 2

Discuss:

- Anxiety about examination and what might be causing this
- Decision-making during labour
- Woman's right to decline an intervention
- Advocating for the woman and helping her communicate her wishes to the midwife
- Helping the woman to gain info from the midwife about benefits, risks and alternatives to vaginal examination

Scenario 3

Discuss:

- Feelings - anxiety, out of control, relief, excitement etc
- Decision-making during labour
- Does the woman know what to expect and has she had adequate information
- Supporting a woman in theatre

Scenario 4

Discuss:.

- Feelings - anxiety/pain/out of control etc
- Non-medical pain relief options
- Physical support from MPS eg. position change and massage
- Decision-making during labour
- Helping the woman to get info about options from the midwife

Module 2 Activity 4c - MPS diary to complete

(to be filled in after every contact)

Contact number _____	
Participant Number: _____	
Date of contact (DD/MM/YYYY)	___ / ___ / ____
Period of contact	<p>Antenatal <input type="text"/> → Week of pregnancy <input type="text"/> <input type="text"/></p> <p>Intrapartum <input type="text"/></p> <p>Postnatal <input type="text"/> → Weeks postnatal <input type="text"/> <input type="text"/></p>
Type of contact - professional	<ol style="list-style-type: none"> Midwife appointment Doctor or GP appointment Social care worker appointment (eg housing, social care) None - Independent maternity peer supporter visit Other _____
Type of contact - reason	<ol style="list-style-type: none"> Routine midwife antenatal appointment Routine midwife postnatal appointment Scan appointment Labour Social issues (eg housing, social care) Doctor appointment <ol style="list-style-type: none"> Please describe reason _____ Other _____
Type of contact - place	<ol style="list-style-type: none"> Hospital Medical centre (eg GP) Home Telephone Other _____
Type of contact	<ol style="list-style-type: none"> Individual Group – alongside other migrant women
Length of contact (in mins)	<input type="text"/> <input type="text"/> <input type="text"/> minutes
Content of contact Eg questions asked, discussions covered, type of appointment, support offered etc	

<p>Reflections on visit Eg further training required Emotional impact</p>	

Appendix 5 - Resources for Module 3

Module 3 Activity 1a - Postnatal scenarios

Postnatal scenarios

Scenario 1:

Umal has given birth to her first child, a healthy baby boy, who was born 2 days after his due date by caesarean section. They are now back home in their 5th floor flat and Mohammed is 4 days old. Umal's partner is not in this country, and as she only arrived in this city a few months ago, she doesn't have any close friends. She asks you if you can sort out the baby's birth certificate.

Scenario 2:

Precious gave birth in hospital 4 weeks before her due date as she had pregnancy-related blood pressure problems that affected the baby's growth. Her baby girl was born 3 days ago and is on the special care baby unit and Precious is still in the hospital. Precious is a single mother and has another child who is staying with her friend whilst she has been in hospital.

Scenario 3

Anisa's baby is now 2 weeks old and wakes up every 2 hours to breastfeed through the night, sleeping next to Anisa on the bed in between feeds. Anisa has become more tearful over the past week and is reluctant to leave the house.

Scenario questions:

Please discuss:

- How might the woman in the scenario be feeling?
- What practical, emotional and other needs does the woman have?
- What is the role of the MPS in this scenario?
- How can the MPS work with members of the multidisciplinary team in this scenario?

Module 3 Activity 1b - Issues identified in the postnatal scenarios

Postnatal scenarios issues

Scenario 1:

Discuss:

- Social isolation
- Becoming a mother for the first time
- Recovering from surgical birth
- Practicalities - getting food etc
- How to register the birth - the mother's responsibility

Scenario 2:

Discuss:

- Premature birth
- Safeguarding of the older child
- Practicalities of travelling to the hospital once discharged

Scenario 3

Discuss:

- Breastfeeding and breastfeeding support
- Safe sleeping
- Mental health in the postnatal period

Module 3 Activity 1c - MPS diary to complete

(to be filled in after every contact)

Contact number _____		Participant Number: _____	
Date of contact (DD/MM/YYYY)	___ / ___ / ____		
Period of contact	Antenatal	<input type="text"/>	→ Week of pregnancy <input type="text"/> <input type="text"/>
	Intrapartum	<input type="text"/>	
	Postnatal	<input type="text"/>	→ Weeks postnatal <input type="text"/> <input type="text"/>
Type of contact - professional	1. Midwife appointment 2. Doctor or GP appointment 3. Social care worker appointment (eg housing, social care) 4. None - Independent maternity peer supporter visit 5. Other _____		
Type of contact - reason	1. Routine midwife antenatal appointment 2. Routine midwife postnatal appointment 3. Scan appointment 4. Labour 5. Social issues (eg housing, social care) 6. Doctor appointment a. Please describe reason _____ 7. Other _____		
Type of contact - place	1. Hospital 2. Medical centre (eg GP) 3. Home 4. Telephone 5. Other _____		
Type of contact	1. Individual 2. Group – alongside other migrant women		
Length of contact (in mins)	<input type="text"/> <input type="text"/> <input type="text"/> minutes		
Content of contact Eg questions asked, discussions covered, type of appointment, support offered etc			

<p>Reflections on visit Eg further training required Emotional impact</p>	

Module 3 Activity 2 - Infant feeding

Off to the best start



off to the best start

Want more helpful
tips and information
on breastfeeding?
Go to
[www.nhs.uk/
start4life/
breastfeeding](http://www.nhs.uk/start4life/breastfeeding)



If you are concerned about any of the points covered in this leaflet or would like support and help with breastfeeding, speak to your midwife or health visitor.



A good start for a healthier life

Breastfeeding is good news for baby and you

- Breast milk is tailor-made for your baby and gives them all the nutrients they need in the first 6 months, and alongside other foods thereafter.
- Breast milk boosts your baby's ability to fight illness and infection.
- Breastfeeding lowers your risk of breast cancer and ovarian cancer, and burns about 500 calories a day.
- Breastfeeding is a great way to strengthen the bond between you and your baby.

How to breastfeed



1. Hold your baby's whole body close with his nose level with your nipple.



2. Let your baby's head tip back a little so that his top lip can brush against your nipple. This should help your baby to make a wide open mouth.



3. When your baby's mouth opens wide, his chin is able to touch your breast first, with his head tipped back so that his tongue can reach as much breast as possible.



4. With his chin firmly touching your breast and his nose clear, his mouth is wide open. There will be much more of the darker skin visible above your baby's top lip than below his bottom lip. Your baby's cheeks will look full and rounded as they feed.

For information on how to express and store milk visit: [unicef.uk/handexpression](https://www.unicef.uk/handexpression)

Signs that your baby is feeding well

- Your baby has a large mouthful of breast.
- It doesn't hurt you when your baby feeds (although the first few sucks may feel strong).
- Your baby rhythmically takes long sucks and swallows (it is normal for your baby to pause from time to time).
- Your baby finishes the feed and comes off the breast on his or her own and your breasts and nipples should not be sore.

How do I know my baby is getting enough milk?

- 
- Your baby should be back to his birth weight by 2 weeks and then continue to gain weight.
 - In the first 48 hours, your baby is likely to have only 2 or 3 wet nappies. Wet nappies should then start to become more frequent, with at least 6 every 24 hours from day 5 onwards.
 - At the beginning, your baby will pass a black tar-like stool (poo) called meconium.
 - By day 3, this should be changing to a lighter, runnier, greenish stool.
 - From day 4 and for the first 4 – 6 weeks your baby should pass **at least 2 yellow stools a day**.
 - If your baby has not pooped in the last 24-48 hours, speak to your midwife or health visitor as this can mean they are not getting enough milk.
 - Most babies pass lots of stools and this is a good sign. Remember, it's normal for breastfed babies to pass loose stools.
 - Your baby should be content and satisfied after feeds and will come off the breast on his or her own.


Good to know

- Your baby does not need any other food or drink for around 6 months.
- Using a dummy can interfere with getting breastfeeding established

Get the help you need

The following can provide support and can help you find a peer supporter.

National Breastfeeding Helpline


 **0300 100 0212***

www.nationalbreastfeedinghelpline.org.uk

Staffed by volunteers from:

- Association of Breastfeeding Mothers
www.abm.me.uk
- The Breastfeeding Network
www.breastfeedingnetwork.org.uk

The Breastfeeding Network Supportline in Bengali/Sylheti

 **0300 456 2421***

NCT Helpline

0300 330 0771*


www.nct.org.uk

La Leche League

 **0345 120 2918***

www.laleche.org.uk

Start4Life

 **0300 123 1021***

Signs your baby is feeding well

www.nhs.uk/breastfeedingwell

Breastfeeding videos

www.nhs.uk/breastfeedingvideos

For practical ways partners can help visit: www.nhs.uk/partnerbreastfeeding

Find out more and sign up for free emails from the Start4Life Information Service for Parents throughout your pregnancy and as your baby grows at

www.nhs.uk/start4life

Useful resources

- Building a happy baby leaflet
unicef.uk/happybaby
- Meeting your baby for the first time video
unicef.uk/meetingbaby
- Caring for your baby at night leaflet
unicef.uk/caringatnight
- Maximising breastmilk video
unicef.uk/maximisingbreastmilk
- Hand expression video
unicef.uk/handexpression
- Importance of relationship building video
unicef.uk/relationshipbuilding
- Breastfeeding and relationships in the early days video
unicef.uk/breastfeedingearlydays

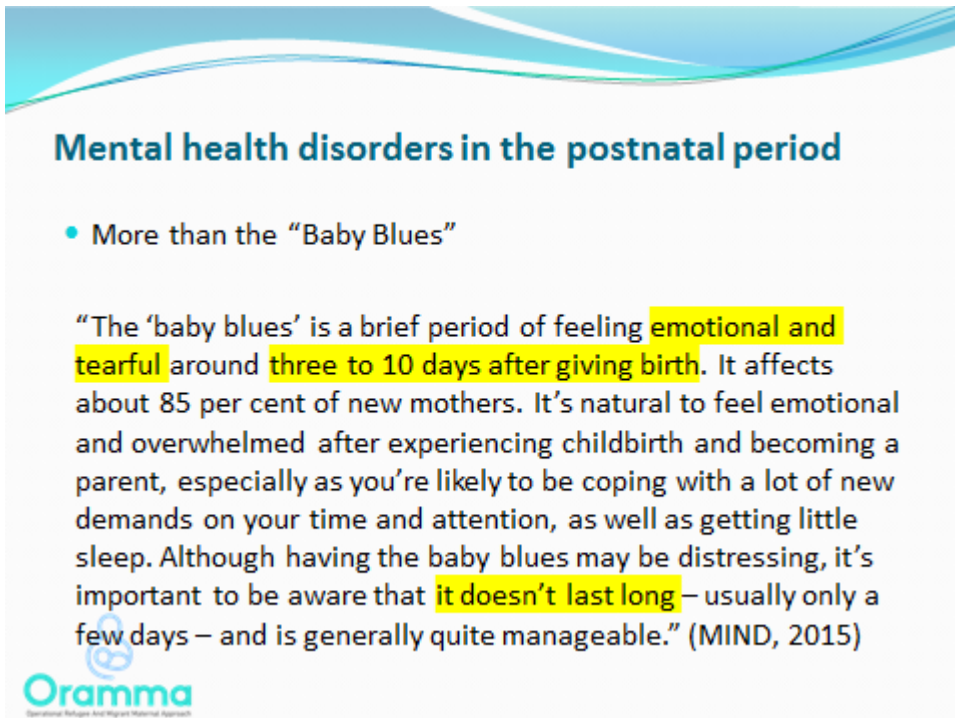
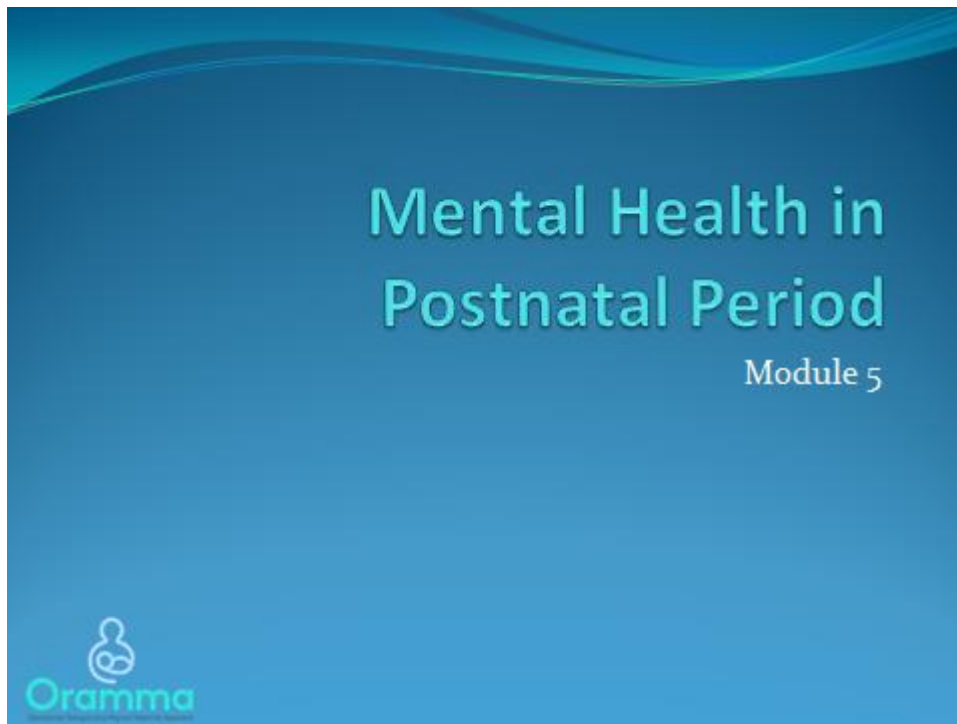
*Calls to 03 numbers cost no more than a national rate call to an 01 or 02 number and must count towards any inclusive minutes in the same way as 01 and 02 calls. The National Breastfeeding Helpline is open from 9.30am to 9.30pm. The Start4Life lines are open from 9am – 8pm Monday to Friday and 11am–4pm at the weekends. Both are open 7 days a week.

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Produced by Williams Lea for Public Health England.

Other resources available from:

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/off-to-the-best-start/>

Module 3 Activity 3 - Mental health presentation




The slide has a light blue background with a wavy pattern at the top. The title 'Mental health disorders in the postnatal period' is centered in a bold, dark blue, sans-serif font. Below the title, there is a bullet point with the text 'More than the "Baby Blues"'. Further down, there is a paragraph of text in a dark blue, sans-serif font. The text is highlighted in yellow in the original image. In the bottom left corner, there is a small version of the Oramma logo.

Mental health disorders in the postnatal period

- More than the "Baby Blues"

"The 'baby blues' is a brief period of feeling emotional and tearful around three to 10 days after giving birth. It affects about 85 per cent of new mothers. It's natural to feel emotional and overwhelmed after experiencing childbirth and becoming a parent, especially as you're likely to be coping with a lot of new demands on your time and attention, as well as getting little sleep. Although having the baby blues may be distressing, it's important to be aware that it doesn't last long – usually only a few days – and is generally quite manageable." (MIND, 2015)



Mental health disorders in the postnatal period

- Are the leading cause of maternal death in the first year after a baby is born in the UK



Almost a **quarter** of women who died between six weeks and one year after pregnancy died from **mental-health related causes**



1 in 7 women died by **Suicide**

Mental health disorders in the postnatal period

- Postpartum psychosis – 1:1000 (0.1%) of all new mothers
- What symptoms might you notice?
 - Rapid mood changes, low and then high
 - Severe depression
 - Confusion or disorientation
 - Restlessness
 - Unable to sleep
 - Delusions or hallucinations

Mental health disorders in the postnatal period

- Post-traumatic stress disorder
 - 3.1% of all new mothers show full symptoms
 - 33% of new mothers show some symptoms
 - Risk factors:
 - Perceived lack of care
 - Poor communication
 - Perceived unsafe care
 - Perceived focus on outcome over experience of the mother

Mental health disorders in the postnatal period

- Post-traumatic stress disorder
 - What symptoms might you notice?
 - Anger, low mood, self-blame, suicidal ideation, isolation and dissociation
 - Intrusive and distressing flashbacks
 - What are the effects in the future?
 - Women may delay or avoid future pregnancies
 - Request caesarean sections to avoid vaginal delivery
 - Avoidance of intimate physical relationships
 - Impact on breastfeeding

Mental health disorders in the postnatal period

- Postnatal depression - 1:10 (10%) of new mothers
- What symptoms might you notice?
 - Depressed
 - Irritable
 - Tired
 - Sleepless
 - Appetite changes
 - Negative thoughts
 - Anxiety
 - Lack of bonding

Mental health disorders in the postnatal period

- Why can they be difficult to detect?
 - Fear of treatment
 - Fear of children being removed
 - Lurching from day to day "just coping"
 - Stigma of mental illness
 - Cultural lack of recognition
 - Belief that health workers not interested
 - Denial by woman / partner / family
 - Lack of recognition of seriousness from health practitioners

VIDEO

<https://www.youtube.com/watch?v=woaaMgXzwTA&app=desktop>

Mental health disorders in the postnatal period

- What is your role as an MPS?
 - Be aware of the symptoms
 - Don't diagnose
 - Ask woman what she thinks and wants to do
 - Involve multidisciplinary team
 - Confidentiality and safeguarding? - is it impacting on baby/children
 - Speak to supervisor

Postnatal depression

Postnatal depression affects more than 1 in every 10 women within a year of giving birth



Health professionals should be alert to the increased risk of experiencing mental health problems among teenage mothers and women who have experienced:

previous history of mental illness



a traumatic birth



a history of stillbirth or miscarriage



relationship difficulties



social isolation



Module 3 Activity 4 - Bonding and attachment presentation

Bonding and attachment

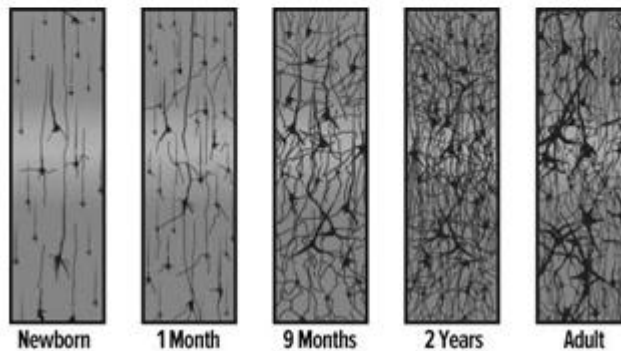


Aim: to look at:

- Baby brain development
- Nurturing
- How we can help families in pregnancy and after birth

Development of the human brain

- The brain is only a quarter developed at birth
- A newborn baby has 200 billion brain cells but few connections.



The cells and pathways in the brain are activated by natural chemicals and hormones

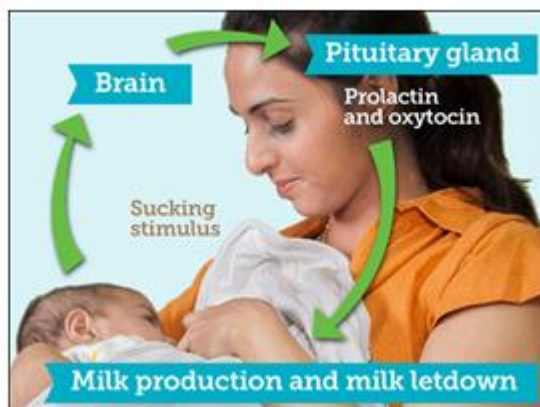
feelings of joy and love produce
oxytocin + dopamine



Stress increases cortisol



The message is very simple: children who feel loved and safe in the womb and in their earliest relationships after birth, and feel encouraged to express themselves, set out on a positive path involving significant brain development that enables them to experience more relationships like this. <http://www.babiesknow.com/>



These *help* reflex

- Thinks lovingly of baby
- Sounds of baby
- Sight of baby
- Touches baby
- Confidence



These *hinder* reflex

- Worry
- Stress
- Pain
- Doubt

A hungry
baby
cries...

Hunger is life threatening to a baby and they will not wait, they will do all they can to get attention and the cortisol level will rise.

If the baby lives in a loving environment and their needs are met, the baby gains confidence that help will come, and keeps cortisol levels low.

If the cortisol stress response is repeatedly triggered, brain development is affected.

"Early care actually shapes the developing nervous system and determines how stress is interpreted and responded to in the future"
Gerhardt (2004) p.66

Responsive feeding is the way

Feeding reflexes in the baby

Rooting reflex

When something touches his (her) lips, the baby opens his mouth and puts his tongue down and forward.

Sucking reflex

When something touches his palate, the baby sucks.

Swallowing reflex

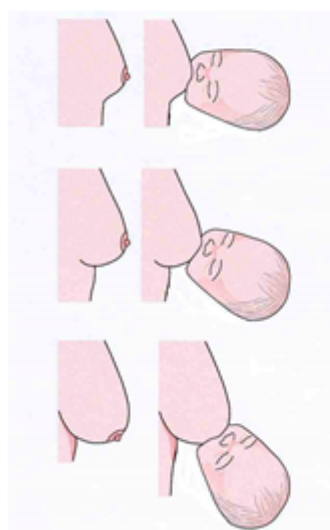
When his mouth fills with milk, the baby swallows.

These reflexes are usually present at birth

Four Key Principles of Positioning- CHIN(S)

Close
Head free to tilt back
In line
Nose to nipple
(S)ustainable

Women are different shapes!



Each of these babies is approaching the breast at an angle appropriate to the way his mother's breast hangs.

Each baby can achieve effective attachment.

Source: Sally Inch. From an original drawing by Hilary English.

Why is correct positioning and attachment so important?

- Ensures efficient milk transfer
 - Prevents mothers becoming sore
 - Ensures sufficient milk production
-

Mother's view... how will she
know she's doing it right?



The suck/swallow pattern of a breastfeed



Beginning
of feed -
short, rapid
sucks

Active feeding - long, slow,
rhythmic sucking and
swallowing, with pauses

End of feed -
'flutter sucking'
with occasional
swallows

Involving fathers/partners

- Cuddles
- Singing
- close/direct eye contract
- Baby massage
- Bathing
- Dressing
- Feeding
- Nappies
- Silly noises/faces



Remember:



'Mother and baby come as a pair, so when supporting them to overcome challenges they should be treated as one unit, or dyad.'

UNICEF UK BFI Breastfeeding and relationship building workbook

Boing!

<https://www.youtube.com/watch?v=UjXi6X-moxE>

Other film resources:

Neurobiology of attachment

<https://www.youtube.com/watch?v=WVuJ5Khpl34>

Brazelton

https://www.youtube.com/watch?v=ZisX_F6HAFc

cute film

<https://www.youtube.com/watch?v=erYxX5v1Sw>

Introduction to attachment theory

<https://www.youtube.com/watch?v=zcnlo0NZrcw>

Cat and ducklings <https://www.youtube.com/watch?v=570khFoaE4s>

Bringing up baby 1:

<https://www.youtube.com/watch?v=mSbrA3eQ8A4>

Bringing up baby 2:

<https://www.youtube.com/watch?v=k-uDfRbIT0>

Bringing up baby 3:

<https://www.youtube.com/watch?v=WpF30PFQEdE>

Bringing up baby 4:

https://www.youtube.com/watch?v=qFE_W3CA78k

Safe sleeping - do's

- Always place baby to sleep on their back
 - Smoke free environments during pregnancy and after the birth
 - Breastfeed baby if possible
 - Have baby in the same room for the first 6 months
 - Use a firm, waterproof mattress in a good condition
-

Safe sleeping - don'ts

- DONT sleep on a sofa or armchair with baby
 - DONT sleep in the same bed if you smoke, drink, take drugs or are extremely tired
 - DONT share a bed if your baby was preterm or low birth weight
 - DONT let baby get too hot
 - DONT cover baby's face or head while sleeping
-

Bowlby, J. (1969) cited in
<http://psychology.about.com/od/loveandattraction/ss/attachmentstyle.htm>
(accessed 06/01/11/0)

Gerhardt, S. (2004) Why Love Matters - how affection shapes a baby's brain
Hove. Routledge

More than words can say DVD (2004) www.brazelton.co.uk

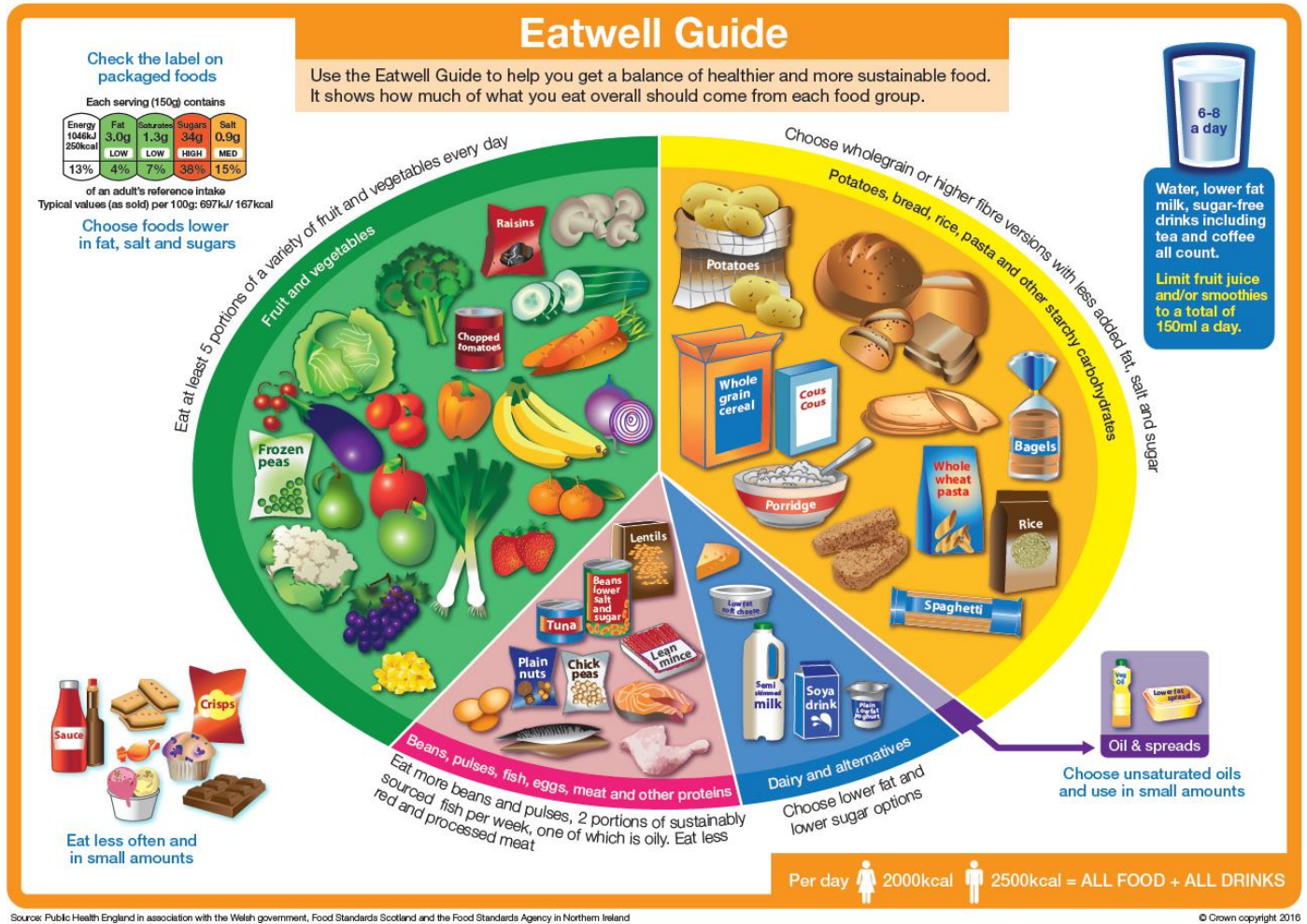
Riordan, D. (1999) Mother-infant interaction on post-partum women with schizophrenia and affective disorders Psychol Med 29. (4) 991-995 1999

Module 3 Activity 5 - Healthy lifestyle

Physical activity



Healthy Eating

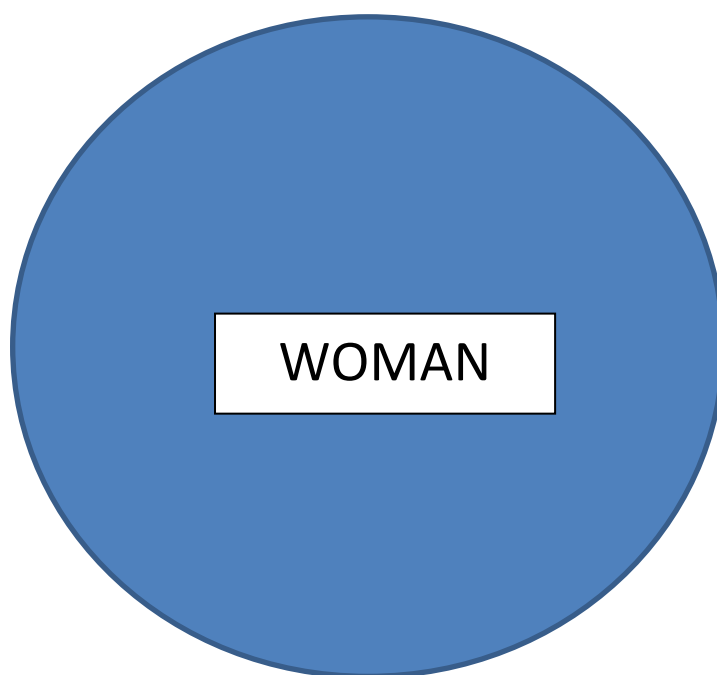
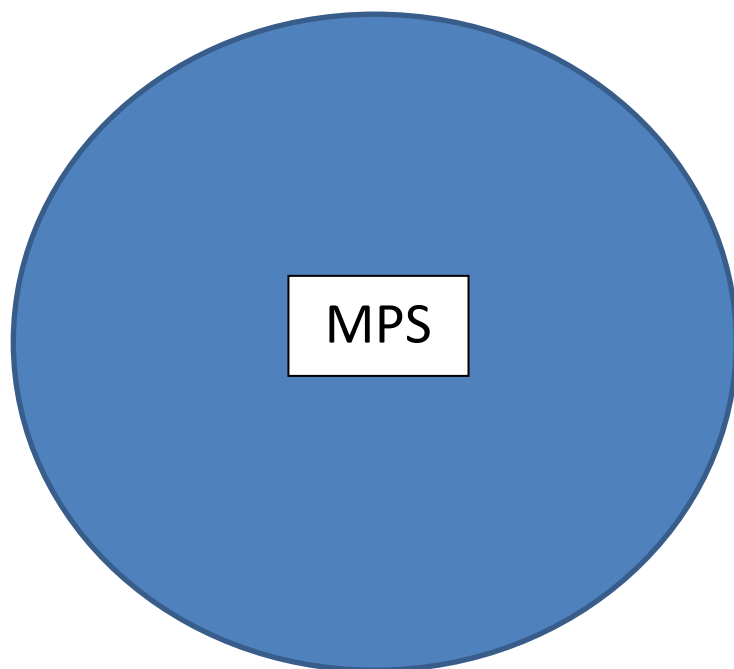


Source: Public Health England in association with the Welsh government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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Module 3 Activity 6 - How will we feel at the end reflection

HOW WILL WE FEEL AT THE END?



Appendix 6 - Resources for the evaluation

6.1 MPS assessment

Final MPS discussion and assessment

For this assessment please give the scenario sheet to the MPS candidate and allow 10 mins for them to consider and make notes. Then undertake discussion using the questions detailed here and additional questions if necessary to assess whether the MPS candidate can demonstrate understanding of the role and responsibilities of the MPS which are listed on the assessment sheet.

Final discussion scenario

Amina came to this country with her husband 6 months ago and is an asylum seeker. They live in a 4th floor flat. Amina has a very small network of friends and no family in this country. This is her first pregnancy, and she is now 16 weeks pregnant. You are meeting her for the first time today.

- What will your role as an MPS supporting Amina during her pregnancy include?
- How often will you see her?

Amina's pregnancy has been straightforward and she is now 34 weeks pregnant.

- How can you help her to prepare for the birth and the arrival of the new baby?

Amina is 40 weeks pregnant and rings you as she is in early labour and planning to go to the maternity hospital.

- How can you support her during the labour and birth?

Amina gives birth to a healthy baby boy and is now back at home. Her son is 1 week old.

- How can you support her as a new mother in the 6 weeks after birth?
- What measures will you take to ensure your safety and wellbeing as an MPS?
- What would you do if you were concerned about the safety of a mother or her children as an MPS?
- What paperwork will you need to complete as an MPS?

Assessment against the following criteria for role of the MPS:

ROLE OF MPS	Understanding demonstrated in discussion (YES/NO)
Befriending the childbearing migrant woman that she is allocated to support	
Meeting or visiting the woman as mutually agreed at her home or in public places as per the expected ORAMMA schedule of MPS visits	
Facilitating access to perinatal healthcare eg. by accompanying the woman to appointments	
Advocating for the woman in perinatal health care encounters, and facilitating communication with health and social care professionals	
Completing the “My Maternity Plan” document with the woman to include facilitating goal setting and action planning during the perinatal period	
Empowering the woman to make informed choices	
Promoting mother and infant health and well-being	
Facilitating access to additional services to meet the woman’s identified psychosocial and practical needs	
Ensuring the woman is prepared for labour and birth by; facilitating access to birth preparation sessions if available, completing a birth plan with the woman, facilitating a visit to the birth unit (if planning hospital birth) and ensuring the woman has all practical equipment required for herself and the baby	
Supporting and advocating for the woman during labour and birth	
Supporting the woman with infant feeding	
Promoting bonding and attachment between the mother and her baby	
Facilitating access to ongoing community support in the postnatal period eg. Parent and baby groups	
Adhering to confidentiality and safeguarding responsibilities	
Understands lone worker policy and keeping herself safe	
Completing required paperwork, including an MPS diary	
Seeking support from supervisor when required	
Attending regular supervision support sessions	

6.2 Course evaluation

Maternity Peer Supporter Course Evaluation Form

Training Details

Location:

Start & End Date:

Facilitators:

Course Evaluation

1) Did the training meet your expectations? ☐ Fully ☐ Mainly ☐ Partly ☐ Hardly
☐ Not at all

2) Please rate the quality of the:

	Excellent	Good	Satisfactory	Poor
Facilitators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3) To what extent do you feel that this course has prepared you to:

	Excellent preparation	Good preparation	Satisfactory preparation	Poor preparation
Support a woman during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support a woman during labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support a new mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand the role of the MPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand the needs of migrant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4) What did you enjoy about this training?

5) How could this training be improved?

6) Would you recommend this training? Why or why not?

7) Other Comments

Thank you for taking the time to complete this evaluation.

6.3 MPS certificate

This is to certify that

has completed the ORAMMA
Maternity Peer Supporter
training


Operational Refugee And Migrant Maternal Approach

Signed: → → → → Date:

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