AIMS For a better birth...

I will always remember this time: supporting parents during the pandemic

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By Suzy Alexandra-Troy

In this piece, I will be looking at my involvement, with other colleagues, on an intense project designed to support parents and parents-to-be, virtually, during the pandemic. I will reflect on conversations I had with these parents; conversations with colleagues, and the emotional impact of working on a project supporting parents struggling through a transitional time, whilst also negotiating my own way through the pandemic.

The spring and summer of 2020 were the beginning of the season of Zoom. I was still working as a tutor for NCT and we had to quickly train teachers to be able to take all of NCT's offerings online, as it became clear that the pandemic was taking a firm hold and swift action was needed to keep parent education accessible, for at least the foreseeable future. Before long, furlough became a familiar word, and indeed, I was furloughed from my day job. Soon after this, I took voluntary redundancy and began to consider my options. Then, a previous tutor colleague got in touch to say that an organisation called Best Beginnings had received a large grant from Barnardo's to offer online antenatal and postnatal classes for parents. These would be provided free of charge, with the aim of supporting parents and parents-to-be through this period. Because of the situation, this was to be started as quickly as possible. We undertook training

online, and met the others who would also be delivering the sessions. We were all qualified as antenatal or postnatal teachers/tutors, midwives or other health professionals. We also had co-facilitators, who worked for the charity, handling the Zoom Waiting Room, answering questions, and sharing videos and links which had been specifically created for the project.

A few short weeks later, with sessions booked in our diaries, we were ready to go live. Each session was planned, and there were three sessions per group. We were informed that sessions should be responsive to whoever turned up on the day, and that the programme would evolve in response to parent feedback. It took a little while for the word to get out, so we had a couple of weeks of low numbers on the sessions, but soon, we were busy and the groups grew rapidly. We were up and running. We had busy WhatsApp groups, in which we could ask questions, share ideas and debrief conversations we'd had during the sessions.

It was a steep learning curve, and, as we really got stuck in to facilitating the sessions, I learned how important it is to make sure everyone is on mute when they need to be! This took a lot of adjustment, as I am used to being in the centre of a group, where everyone can easily have their say. It was definitely harder to get people to ask questions, as the Zoom experience can be intimidating, and is not always conducive to group working. I suspect that participants found it more difficult to speak up when looking at a screen, rather than being in a room together. There seemed to be more of an expectation of the 'classroom' environment, which I have always tried to avoid in face-to-face classes. As we have all learned, teaching from home with the high frequency of interruptions – whether it is post arriving and making the dog bark, partners working in adjoining rooms, chairs not designed to be comfortable for sitting still for an hour and a half, and drilling, or tree cutting in the street below – is definitely not without challenges!

The first impression I formed was of how frightened the people I was talking to on these sessions had become. They were having few antenatal appointments, having to attend scans – sometimes even anomaly scans – by themselves, and they talked of feeling alone and scared. One story which remains with me is about a woman who had been hit by a car whilst she was heavily pregnant. She was bleeding, and was taken to hospital in an ambulance. She was able to contact her husband, but he was required to stay in the car park for several hours with no updates or information. The woman spoke of how terrified she was being alone, and he was similarly anguished as he waited in the car park. He told me, 'I didn't even know how she was, or if our baby was still alive'. I was soon bombarded in the sessions with questions that women had not been able to ask because of cancelled or curtailed midwife appointments.

As the weeks went by, one of the more heart-breaking themes became the loss of support, especially during first pregnancies, where no grandmas or grandads, sisters or best friends were allowed to be there to undertake those rituals of pregnancy, which give so much support and help to make the pregnancy seem exciting and real. Many women, whose parents lived abroad, were full of sorrow that extended trips had to be cancelled and their parents could no longer be with them in their pregnancy. There were also many women speaking of feeling isolated. Some had moved to new areas just before the pandemic and

had been counting on antenatal classes and baby groups to make new friends.

After the first month or two, those of us who felt able began to offer one-to-one support. This was mainly via Zoom calls and phone calls to women who felt lost and who needed to talk to someone about how hard they were finding their pregnancies, or the early days with their babies, their world stripped, suddenly, of support and social activities. At times I absolutely felt out of my depth. Although I am trained in education and active listening, I am not a counsellor. However, I soon realised that what these women wanted was someone to listen – someone with no agenda to whom they could express their darkest fears. I talked to women about their anxiety, which was keeping them up at night, their fear that they couldn't stand up for themselves and how they wanted to parent, and their fear that their child would be somehow damaged by the lack of real human contact in their lives.

At about this time, I began to struggle. I feel it is important to mention this here, because I know that many of you reading this will have felt similar emotions. I am a highly sensitive person (if you haven't read up on this type of personality please do – it will help!) as are many who choose to work in healthcare and the complementary fields. I over-empathise. I feel a strong sense of responsibility towards those I am there to support. I want so badly to be able to help; to ease people's pain. This began to feel like a weight on me. Every day there were new stories, stories of pain, of loss, of anxiety and sometimes, I have to be honest, stories of women and their partners being treated badly, dismissed, given bad or conflicting advice and not receiving the level of care they should have been. It bears mentioning here that I fully understand the levels of stress and pressure which NHS staff were under during this time. Nonetheless, I felt overwhelmed and I know some of my colleagues did, too.

Best Beginnings took good care of us and arranged regular supervision, which we could do in small groups with a supervisor who had a huge amount of experience in supporting those who do this kind of emotionally intense work. We could talk and we could share. We could give each other suggestions, or just listen and be heard, which helped enormously. During this time, I was struggling with other aspects of my life, which added to these levels of stress. I was applying for and being interviewed for jobs. All of our children were struggling with home-schooling, exam pressure and huge uncertainty. Worst of all, one of my parents was continuing cancer treatment amidst all of the fear and anxiety that the clinically extremely vulnerable were feeling at this time in the pandemic. My colleagues and I would log on early to our sessions and share. Some had Covid, others also had sick relatives or partners who had to be away for work, and we carried all of the stress of combining working from home with trying to support children in home-schooling. It felt amazing to have those few minutes where we listened to each other, empathised, and ultimately knew that we were not alone.

As time moved on, things began to change, almost imperceptibly at first, then more noticeably. The levels of anxiety began to lower, certainly antenatally. The time that used to be needed for the venting of fear and anxiety began to lessen, and I wondered what was happening. The conclusion I came to was that people were becoming re-institutionalised. What had been new, punitive and scary was becoming normal. The women I was working with no longer expected that their partners would be at every

appointment with them. They became accustomed to phone appointments with their midwives, and to time with their close family being something that happened virtually. There was a level of resignation which in some ways, might have been a good thing – an acceptance of sorts.

However, this was not the case when you talked to women in the postnatal sessions. Lots of these women talked of feeling so alone and so vulnerable. They knew that this was not what they had planned for. They had planned maternity leave, with time with friends and family to support them as they moved through this hugely transformative period of their lives. They imagined their early days with their new babies to be full of joy, with their parents, relatives and friends being part of this time, supporting them and easing the burden of those early days. Another issue which loomed large at this time was the lack of (or at the least the huge reduction in) postnatal support from healthcare staff. Women talked about struggling with breastfeeding and trying to get support from overstretched midwives and health visitors, who often could not come into their homes. Other women talked of not having any postnatal checks for them or their babies and how, when this was their first child, they had no baseline for what was normal. Some women talked about trying to access their GPs with serious issues about their baby's health such as skin rashes or persistent vomiting, and trying to receive some kind of diagnosis by sending photos to the doctor.

Every single woman who shared these stories was careful to articulate that they understood that the NHS was over stretched, and that they did not blame staff, but that the inability to access support was having serious effects on their mental health. These were some of the hardest conversations for me. I felt – and still feel – conflicted about the way this time in the lives of these families played out. It seems that there was, at all times, a trade-off between safety and the security and mental health of many of these families. Women talked about how hard it felt that they could go to the supermarket and be surrounded by people, but could not access vital health care that is so important to the whole family during the postnatal period – a time that can feel anxiety-ridden under normal circumstances. Of course, we all knew that the NHS was working under ever-changing guidance, but I still wonder how much difference it would have made if parents who live together, for example, had been able to attend appointments together, and if GPs and health visitors had been given access to video conferencing to ensure that vital postnatal checks had still taken place.

At the same time this was occurring, I was witnessing one of my parents go through regular and invasive cancer treatment. I talked to her about this recently and she said that she always felt safe, appointments were extremely carefully managed, and her treatment carried on as planned. Of course, I understand that cancer is higher up the priority of the NHS than antenatal and postnatal care but again, it feels like a huge experiment was carried out on all of these families, which I believe will have inevitable and ongoing repercussions.

As this spring began to unfold, we knew that we were reaching the time when the project was coming to an end. This was a bittersweet feeling; I felt exhausted by all of the anxiety and fear I had discussed with parents, yet at the same time did not feel that life was anywhere near 'back to normal' and that we were

no longer needed. When I look back on that time now, I feel a real sense of pride in what we achieved – individually and collectively. I know that we helped people; we gave them a space to share their fears safely. We filled in gaps in their knowledge, and we helped them to forge a support network, albeit remotely.

I want to bring this reflective piece to a close by discussing what I learned and what we can learn more broadly from this hugely challenging and rewarding work.

Firstly, I would say that there is a real place for making this type of ante and postnatal education available online, and available to everyone. We definitely reached the broadest range of people I have ever worked with in a 20-year career educating parents. We had parents from all over the world who were living in the UK and really missing family support. These parents often don't take up paid-for education, and often struggle to negotiate the UK maternity system. We had young parents, much older parents, single parents and attendees from across the spectrum in terms of socio-economic grouping. The real joy in this is that, somehow, in this pandemic, and in this virtual environment, all of those barriers dissolved, and everyone jumped in to offer support, guidance and friendship to people from this wide range of backgrounds. The people who already had children were also a huge source of support and reassurance to those having their first child.

Secondly, I return to my point about what decisions are made in any future pandemics or resurgences of this one. How do we keep people as safe as possible, whilst also considering the mental health of all parents as they navigate this world which is so new to them? We, as a society, have to make decisions about what we prioritise. It seems to me that supporting families, as they begin their journey, is the very definition of early intervention, thus giving them the best start and possibly avoiding problems in the future.

What can we incorporate into healthcare, from the lessons learned in this pandemic? Can we utilise remote technology in order to allow more appointments to happen by video call, thus ensuring that vulnerable parents are supported? After all, most of us have sat in a waiting room at a GP surgery, surrounded by sick people, and felt vulnerable to illness, even before Covid became an additional threat. Can we make more of the system where patients stay outside, or in their cars, and are brought inside by staff so that contact with other patients is minimised? Can we make important information available in video format, so that parents can watch it at home? For example: What to expect from antenatal appointments; What their options are for place of birth; and, What will happen after their baby is born. The Best Beginnings app provided our parents with masses of this type of information, and the feedback was overwhelmingly positive. It seems clear that we have to consider at this point whether we want to go back to how things used to be, or if we want to make changes to make healthcare as safe and accessible as possible.

I will always remember this time. I remember many of the faces. I remember the woman feeding her newborn, wearing a mask because her baby had Covid. I remember the women who cried because they missed their mothers; the men who, suddenly, were combining working from home with supporting

hugely anxious partners, whilst being locked out of their appointments. I remember the solemn-faced woman who told us "I never wanted a baby and I don't know if I want this one." I remember the woman whose mum had just died, as she was heavily pregnant, and the women who worried that the lack of socialisation would permanently harm their babies. I remember how they all held each other, and how my worry about my parent, sat alongside my worry for them. I must also mention all of my co-facilitators who supported me and who rushed around finding links to support for issues mentioned in the sessions. Together, I know we did some good in a time where we all had our own burdens to carry.

Author Bio: Suzy has worked teaching expectant parents and student perinatal education practitioners since 2002. She is currently teaching yoga and searching for the next challenge in her work life.