

BABY STEPS: EVIDENCE FROM A RELATIONSHIPS-BASED PERINATAL EDUCATION PROGRAMME

SUMMARY DOCUMENT

Sally Hogg, Denise Coster and Helen Brookes



February 2015

Summary

Pregnancy and the first few months of a baby's life are an extremely important time for families. The early transition to parenthood is often called the perinatal period. For babies, it is a time of incredible growth, which will shape their later development and influence wellbeing. For parents, it is also a time of significant adjustment, as well as potential stress. The perinatal period is the time when the foundations for a family are laid. Without firm foundations, problems for parents and their children are more likely to emerge further down the line. Fortunately, the perinatal period is a time when parents report being open to support, and as expectant mothers receive a lot of professional contact, it is considered an opportune time to implement prevention programmes.

Despite the importance of this life stage, opportunities to support parents and their babies during the transition to parenthood are often missed. Many disadvantaged parents-to-be, who are most likely to need support, do not receive any antenatal education or support on top of their standard midwife care. Where antenatal education does exist, it is of variable quality and usually aimed solely at mothers. It also tends to focus on the medical aspects of childbirth, and can therefore fail to prepare parents for their new role in caring and supporting their baby when they go home after the birth.

The NSPCC worked with Warwick University to develop a new evidence-based perinatal education programme for parents who need additional support, including those who may have chaotic lifestyles and who traditionally might be called 'hard to reach'. Baby Steps is a nine-session group programme for mums- and dads-to-be. It begins with a home visit, and then parents attend six weekly group sessions before the baby is born, followed by three more after the birth.

Baby Steps is based on the latest science, theory and research and focuses on building positive relationships between parents and their baby, as well as between the parents themselves. The programme is jointly delivered by a health practitioner (a midwife or health visitor) and a children's services practitioner (family support worker or social worker). The skills mix of these different professionals is important to enable the programme to deal effectively with families' emotional, social and physical needs. However, the approach of the Baby Steps facilitators is just as important as their professional knowledge and skills. Facilitators develop mutually respectful, valued relationships with parents, which enable them to benefit fully from the programme and to model the secure relationships they can create with their child.

The programme is very interactive and delivered through a range of engaging approaches, including discussions, creative activities and film. It covers the topics that parents expect from traditional antenatal education, such as birth, breastfeeding and practical baby care. Importantly, the programme also focuses on the key themes that reflect the importance of protective factors in the perinatal period:

- strengthening parent-infant relationships
- strengthening couple relationships
- building strong support networks
- improving feelings of self-confidence as well as levels of low mood and worry
- helping parents to understand babies' development.

Baby Steps is delivered by the NSPCC in nine locations across the UK, and around 3000 parents have already enrolled in the programme. Over the last three years we have built a robust evidence base for the programme: we have sought parents' views about it and used quantitative analysis of self-report psychometric measures* to evaluate if taking part is associated with improved outcomes for new parents. The findings of these evaluations have been incredibly positive. Parents are very enthusiastic about the programme. They report that it gives them new knowledge that prepares them for parenthood and helps them to feel more confident as parents. The evaluation of questionnaire responses showed that parents who had attended Baby Steps:

- showed an improvement in the quality of their relationship with their babies
- some parents had improved satisfaction in their relationships with their partners
- showed a decrease in symptoms of anxiety and depression
- showed increased levels of self esteem
- had a lower caesarean rate, higher birth weight and fewer premature babies compared to the general population.

These findings all suggest that parents will be better equipped to provide sensitive, responsive care to their babies, which may ultimately result in these children having better long-term outcomes.

Our vision is that health visitors, midwives and children's services' professionals will be trained to deliver the Baby Steps programme to expectant parents across the UK. To understand how Baby Steps can be delivered effectively within mainstream public services, we have been working with health services, local authorities and children's centres to deliver the programme in four 'early adopter' areas. In the future, we will further develop the evidence base for the programme and develop a social franchise model to enable other providers around the UK to take on Baby Steps. This will further strengthen the evidence for the value of this programme and enable it to reach more families.

^{*} Psychometric measures are tools that help 'quantify' a particular characteristic or trait, such as the perceived quality of a relationship. We used questionnaires to ask respondents a series of questions and then scored their answers. The scores for each measure were then compared at different points to see if there had been an improvement or deterioration.

The Baby Steps programme fits well with a number of current strategic priorities in health and children's services:

- It is a great example of a **preventative 'early intervention' service**, which we believe can improve outcomes for parents and their babies and **generate substantial savings** later on.
- The service provides **both mothers and fathers** with emotional and practical support during the transition to parenthood.
- The programme is **based on robust evidence** and this evaluation will contribute to the evidence base about 'what works'.

Background

The perinatal period: a time of opportunity

Pregnancy and the first few months after a baby's birth are an incredibly important time for families. For babies, it is a time of incredible growth, which will shape their later development and influence their wellbeing. During pregnancy, a woman's mental and physical health, behaviour, relationships and environment all influence the internal environment and the developing foetus. All these factors can have a significant impact on the baby's wellbeing and long-term outcomes. After birth, babies continue to develop rapidly. In the first weeks and months of life, babies' physical safety and wellbeing and the emotional care they receive are very important. Because babies are so fragile and develop so quickly, any early adversity can potentially have long-term and widespread impacts.

In the first years of life, a baby forms 700 new neural connections every single second. These connections are shaped by his or her environment and experiences, especially the interactions with adults, which will all influence later learning and behaviour.¹ While the baby's future is not completely determined by early experiences, they do lay the groundwork for what happens next. Without firm foundations, success later in life can be more difficult to achieve.

For parents, pregnancy and the birth of a baby are also times of significant adjustment, and a time when they are often receptive to support.

For both mothers and fathers, pregnancy and the birth of a baby is a period of transition: of changing roles and psychological and social reorganisation. During this life stage, parents can be vulnerable but also engaged and motivated to make positive changes in their life. So pregnancy is an opportune moment for professionals to engage with parents. During pregnancy, even the most troubled parents often have a desire to be good parents and to ensure that their baby leads a better life than they may have experienced.

The perinatal period is a time when the foundations for a family are laid. Relationships within a family – between a mother and father and between parents and their baby – grow, change and develop hugely during this time. To create a strong and healthy family, it is important to build strong relationships from the start.

Despite the importance of this life stage, opportunities to support parents during the transition to parenthood are often missed.

We are lucky in the UK that all families can receive a high standard of medical care through pregnancy and the postnatal period. However, much of this care focuses on the physical health of mothers and babies, and there is often a lack of attention to families' emotional wellbeing. Parents and midwives recognise that because of staff shortages and work pressures, antenatal appointments often feel like a rush through a checklist of issues, rather than a chance to offer and receive support.

Many disadvantaged parents-to-be – those who are most likely to need support – do not receive any antenatal education or support on top of standard midwife care. A survey by The Royal College of Midwives (RCM 2011) and Netmums found that 75 per cent of expectant mothers in low-income households receive no antenatal education at all.*

Where antenatal education does exist, it is of variable quality and can fail to support parents in preparing for parenthood.

There are few evidence-based programmes designed to improve the wellbeing of disadvantaged families as they prepare for the arrival of their baby. Similarly, there are limited antenatal education programmes that promote protective factors such as reflective function[†] and social support. They are often focused on preparing women for birth rather than preparing couples for parenthood. A large review of antenatal education found that it was often highly medicalised, ignored relationship changes and excluded fathers.²

The Baby Steps programme

The NSPCC developed a new evidenced-based perinatal education programme to support those parents who needed additional support.

We worked with Dr Angela Underdown at Warwick University to create an evidence-based, manualised perinatal education programme that is based on the Department of Health's *Preparation for Birth and Beyond* framework (2011).³ This enables professionals to understand how to deliver the content of that framework in an accessible, engaging and effective way to parents with additional needs.

Baby Steps is based on the latest science, theory and research.

The programme builds on themes in the *Preparation for Birth and Beyond* framework⁴ but also incorporates other evidence about risk and protective factors in the perinatal period. The programme is designed to be interactive and engaging for families who might traditionally be thought of as 'hard to reach'.

https://www.rcm.org.uk/news-views-and-analysis/news/low-income-women-poorly-servedby-midwifery-services

[†] The ability to think about the thoughts and feelings of others as well as your own, to try and understand how these thoughts and feelings prompt different behaviours..

Baby Steps is a nine-session group programme for mums- and dads-to-be. It begins with a home visit when the expectant mother is around 26 weeks pregnant. Following this, she and her partner or support will attend six weekly group sessions with a group of other families before the baby is born, followed by three other sessions after the birth. A practitioner will also visit the family at home shortly after the baby is born, and film the baby with his or her parents. Watching this with the practitioner helps parents to enjoy and improve their early interactions with their baby.

Baby Steps is jointly delivered by a health practitioner (a midwife or health visitor) and a children's services practitioner (family support worker or social worker). The skills mix of these two professionals is important to enable the programme to deal effectively with families' emotional, social and physical needs.

While the professional backgrounds of Baby Steps facilitators matter, their skills and approach are far more important for ensuring successful engagement with the parents. Facilitators are encouraged to develop mutually respectful, valued relationships with parents, which will enable the parents to benefit fully from the programme. These relationships model the secure relationships that parents can create with their child, which many parents who attend Baby Steps may not have experienced before. A positive relationship with facilitators provides parents with a 'secure base', which can enable them to feel safe to explore their hopes and ideas and to make healthy choices.

Baby Steps is designed to attract and engage parents with additional needs, including those who may have chaotic lifestyles and who are traditionally called 'hard to reach'. As these parents may be less likely to attend appointments, Baby Steps facilitators visit the parents at home before the programme starts in order to engage those who might not otherwise attend. The programme is very interactive and delivered through a range of engaging approaches, including discussions, creative activities and film. This helps to make it accessible for parents with additional needs and to engage those who are disinterested in education. Parents develop trusting relationships with their Baby Steps facilitators, which can encourage them to engage with other services and seek the help they need in the perinatal period.

Core themes

The Baby Steps programme covers the topics that parents expect from traditional antenatal education – birth, breastfeeding, physical changes in pregnancy and the practicalities of parenting such as nappy changing and bathing a baby. However it also focuses on five key themes which reflect the latest evidence of risk and protective factors in the perinatal period.

Parent-infant relationship

Baby Steps aims to strengthen the relationship between parents and their baby, starting when the baby is still in the womb. Evidence shows us that the parents' relationship with their baby is incredibly important for healthy development. This begins in the womb: a parent's mental image of their baby can be important predictors of their later relationship.⁵ Therefore, from the start of the programme, Baby Steps parents are encouraged to think about what their baby may be like as an individual and how he or she might be influenced by what is happening in their environment.

After babies are born, they need their caregivers to recognise and respond appropriately to their feelings and needs.^{6,7} Evidence shows that parents' awareness of and ability to recognise their baby's mental states – capacities known as reflective function or mind-mindedness – are important to enable them to respond sensitively to their baby and form a healthy relationship.^{8,9} Baby Steps encourages and guides parents to take a reflective stance and to be curious about their baby's feelings. Film clips are used to help parents understand how their baby will communicate his or her feelings and needs from birth. Professionals also film parents with their own baby to help them to interpret their baby's cues and to reflect on their interactions.

Couple relationship

Baby Steps is also designed to strengthen the couple relationship. The transition to parenthood can be a difficult and disruptive time, and this can have a negative effect on a parent's relationship with their partner.¹⁰ Family discord can have a negative impact on child development, in part because relationship conflict makes it harder for parents to be attuned to their children's needs.^{11, 12} To try and prevent this, Baby Steps aims to strengthen the parents' relationship, and encourages them to help each other during this important time. Parents are encouraged to attend the programme as a couple, or in the case of single mothers, to bring a friend or family member. During the programme they discuss and prepare for the new experiences that may put pressure on their relationship; explore the features of healthy relationships, and spend time actively listening to their partner, friend or family member.

Baby Steps facilitators work hard to involve dads and partners in the programme to support them during their transition to parenthood, and to enable them to support their partner. During pregnancy and after birth a dad or partner plays an important role in influencing the wellbeing of the mother, and in supporting her to maintain healthy behaviours that benefit their baby: a woman whose partner remains involved during pregnancy is more likely to attend antenatal care, take better care of her health and to deliver a healthy baby.¹³ Research shows that the father's attitudes and behavior play a unique role in maternal parenting, for example, whether a mother gives up smoking or breastfeeds her baby.^{14, 15, 16} The speed at which a woman recovers from postnatal depression is also linked to the quality of her relationship with her partner¹⁷.

Building social support

7

Baby Steps enables parents to build social capital. Meeting and making friends with other new parents is a reason why many parents attend antenatal education.¹⁸ Baby Steps group sessions are designed to build supportive networks between members of the group. Social support is important for parents' emotional wellbeing, and is associated with positive parenting behaviour. The quality of a mother's social

support – both prenatal and postnatal – has been found to be associated with her sensitivity towards her infant, and the security of the infant-mother attachment, particular when the family is under stress.¹⁹ It is thought that social support can act as a buffer against stress, enabling parents to be more available to their baby. Support from family and friends has also been associated with babies' health at birth, mother's mental health, and breastfeeding initiation and duration.^{20, 21}

Emotional wellbeing

Baby Steps supports parents in making healthy choices and in looking after their own emotional wellbeing. Pregnancy and childbirth are not only physically challenging for new mothers, but present mental challenges as well. Rates of mental health difficulties are high during this period. Maternal perinatal depression and anxiety are common, with 20 per cent of women experiencing a diagnosable depressive episode during pregnancy and the first three months after birth. Additionally, at least an equivalent number of new mothers report subclinical levels of depression during this period. Depression, whether diagnosable or subclinical, is likely to have an impact on parenting and child outcomes.²² Fathers are also at risk of experiencing depression in the postnatal period, due in part to changes in sleep patterns, changes in social support networks and changes in their relationship with their partner.²³ We now know that a woman's mental health in pregnancy affects foetal development, potentially with lasting results.²⁴ After the baby's birth, parents' mental health can influence their ability to be emotionally available and attuned to their infant.²⁵

Baby Steps helps to build parents' emotional wellbeing by providing important reassurance and support during this life stage. It also teaches parents tools and techniques such as mindfulness as a way to reduce stress and anxiety and to help parents to find the 'mental space' to engage with their infant. Parents are encouraged to think and talk about their own feelings and emotions, because being attuned to their own mental states can help their emotional wellbeing and help them to understand their babies.

Understanding babies' development

Baby Steps helps parents to understand how infants develop, and to gain insight into babies' understanding and abilities at different stages. This ensures that parents have realistic expectations of their babies, so that they interact with them in an appropriate way and provide the important care they need. It also helps parents to make sense of their baby's behaviour. For example, understanding why babies cry and what can be done to soothe them helps parents to cope with the stress they may feel when their baby cries. It will also enable them to soothe the baby more effectively. Baby Steps enables parents to enjoy the amazing things that new babies can do, without expecting too much of them.

The *Theory of change* model shown over the page demonstrates how the content of the Baby Steps programme is thought to translate into improved outcomes for babies. These outcomes should lead to children having better social, cognitive, physical and emotional development in the longer term.

| Inputs | Activities | Engagement elements | | Co |
|----------------------------------|---------------------|------------------------------------|---|---------------------------|
| Skilled | • Home visit to | • Home visits. | • | • Und |
| practitioners. | meet family. | • Warm, welcoming | | pregi |
| High quality | • 6 antenatal group | environment. | | and |
| training and | sessions. | Facilitators | | parei |
| supervision. | • Home visit after | demonstrate | • | Stren |
| High quality | birth. | compassion and | | parei |
| manualised | • 3 postnatal group | respect. | | relati |
| programme and | sessions. | • Facilitators model | • | Stren |
| resources. | | reflective, | | coup |
| Strong local | | containing | | relati |
| partnerships. | | relationships. | • | • Build |
| | | • Facilitators are | | ddns |
| | | consistent and | • | • Impr |
| | | reliable. | | emot |
| | | • Parents identify | | wellk |
| | | with each other | • | • Help |
| | | and build trust. | | unde |
| | | Activities are | | deve |
| | | interactive. | • | • Pron |
| | | | | reflec |
| | | | | funct |
| | | | | ment |
| | | | | |

| Outputs | Parents make healthy choices. Parents are prepared for the transition to parenthood. Parents practice listening and conflict resolution skills. Parents make new friends. Parents learn about child development and babies cues. Parents develop reflective functioning and increase their emotional availability. |
|-------------|---|
| | |
| Core themes | Inderstanding tegnancy, birth arenting, arenting, trengthening arent-infant elationships. trengthening ouple attionships. ulding social upport networks. mproving notional cellbeing. telping parents to nderstand babies' evelopment. romoting effective mctioning and tertalisation skills. |

pregnancy, birth and child knowledge about

development.

|--|

 Improved couple confidence and self-esteem.

relationship.

• Improved social

symptoms of anxiety and depression.

 Reduced support.

Improved

• Improved parent-infant relationship.

Improved

Outcomes

Progress

Baby Steps is delivered by the NSPCC in nine locations across the UK, and around 3000 parents have already enrolled in the programme. The first stage of developing the service was a formative year in which we established the programme and gathered feedback from Baby Steps facilitators and parents. This was used to develop and refine the programme and to improve the manual and resources. The revised manual was introduced in March 2013, and since then we have been evaluating its impact.

The evaluation

We have sought parents' views about the programme and used quantitative analysis of self-report psychometric measures^{*} to evaluate if it is associated with improved outcomes.

The programme has been evaluated in a number of ways to enable us to build a rich picture of how it is working. This has involved:

- A survey of 148 parents to explore their satisfaction with the programme immediately after they had completed it, and whether they thought it was helpful.
- **Interviews with 51 parents** to understand their experience of the programme and how they thought it had helped them. Parents were selected purposively for the interviews to insure participants had a mix of characteristics such as gender, geographical area and referral criteria. Some interviews explored how the programme worked for particular groups, such as parents in prison and those from minority ethnic families.
- A pre- and post-measures study with over 200 parents. This involved administering a questionnaire to parents at various points during the programme to establish what had changed for them. Each questionnaire measured an outcome that the programme was designed to influence, including relationship with partner, symptoms of anxiety, symptoms of depression, self-esteem and relationship with their baby.
- Collection of data on birth weight, length of gestation and mode of delivery.
- A follow-up survey of 28 parents, six months after they had completed the course.

The findings of the evaluation have been very positive. Parents are very enthusiastic about the programme, and it seems to be making a difference to important outcomes. Overall, the evaluation indicates that parents enjoyed the programme and said they found it helpful. They also reported that their relationship with their partner and baby had improved, and they had reduced levels of anxiety and improved self-esteem. They also told us that they had improved knowledge

^{*} Psychometric measures are tools that help 'quantify' a particular characteristic or trait, such as the perceived quality of a relationship. We used questionnaires to ask respondents a series of questions and then scored their answers. The scores for each measure were then compared at different points to see if there had been an improvement or deterioration.

about pregnancy, birth and parenting, which left them feeling more confident. We also found that mothers reported more positive health behaviours during pregnancy and improved birth outcomes. All parents appreciated the support provided by Baby Steps and said they found it helpful in feeling better prepared for being parents – this was particularly important for vulnerable parents. Although more research is needed to confirm that the improvements were in fact the direct result of the programme, these are very promising findings. A summary of the results is provided here, and the full findings of the evaluation can be found on the NSPCC website.*

Results

Overall, parents reported that they were very satisfied with the programme and enjoyed it. In the survey nearly all parents (98 per cent) reported that overall they had found the programme helpful. Six months after they had finished Baby Steps, parents were still really positive, and all parents who responded said they had found the information they learnt useful.

"It has been an amazing experience and I'm thankful I had the opportunity to be a part of the group. [It] was great for me but even greater for my baby."

(Mum - young parent)

Parents felt they had acquired new knowledge, which had prepared them for pregnancy and parenthood. Nearly all parents agreed that the programme had helped prepare them for the birth of their child (93 per cent).

"When I was in labour and I was feeling these pains and stuff, I suppose it helped me deal with it. If you don't know what is happening to your body, I think I would have felt out of control, but it helped me be in control of my labour more and keep calm because I knew what was happening to my body and why it was happening."

(Mum - ex-offender)

Nearly all parents (98 per cent) felt they knew how to look after their baby as a result of the programme and were prepared for going home with them.

"I've learnt a lot from it, in terms of how to look after the baby and what to do. Obviously as a first-time mother you don't know anything. Without this course, without the information, I would have struggled."

(Mum - young parent)

^{*} http://www.nspcc.org.uk/fighting-for-childhood/our-services/services-for-children-and-families/baby-steps/evidence/

The knowledge that parents gained through the programme led to them feeling more confident. Nearly all (99 per cent) agreed that attending the Baby Steps programme had helped them to feel good about being a parent and 96 per cent said it had made them feel more confident as a parent.

"I didn't think I was capable of being a mum or that I deserved to be, I really didn't up until going to that group. They were saying, 'You are capable; you're going to be brilliant.' What they've given me is confidence in my ability. So, everything I do with her I'm confident in. So, I'm using every aspect of the course."

(Mum - ex-offender)

Fathers also said that they felt clearer about their role in the birth, and more confident about communicating with medical staff in order to express either their wishes or those of their partner.

"Now I know how to speak to midwives instead of just letting them ignore you. Go up and approach them and say this is what I want, I want to do this. I thought that you just let them get on with it, you couldn't say anything."

(Dad - prisoner)

Results from the pre- and post-measures study also found that parents' self-esteem had increased slightly during the programme.

Improvements in knowledge gained through the programme led to parents being better able to deal with stress and having a positive and healthy pregnancy.

Parents said that the programme had helped them keep healthy and relaxed and that their levels of anxiety had decreased. The questionnaires that all parents completed also showed a significant decrease in symptoms of depression for those who started the programme with moderate or high levels of depression.

In addition, parents said they had made positive changes to their lifestyle as a result of advice given to them, for example by eating more healthily or doing more exercise.

"I would never have looked at healthy food, but the last week I have been trying to...cut more sugars out and stuff like that, because you want your kids to be healthy, don't you."

(Mum - ex drug user)

Mothers who completed Baby Steps had a lower caesarean section rate, and their babies lower rates of prematurity and low birth weight than the general population of parents giving birth. Arguably this could be because the information parents received about keeping healthy and relaxed led to healthy pregnancies and better birth outcomes. However, these comparisons do need to be treated with caution, as parents who had their babies early or had more difficult pregnancies may have dropped out of the programme.

Groups of parents who had less access to other forms of information and support particularly benefited from Baby Steps. For parents who had newly arrived in the country, for example, the information provided was particularly valuable because they were very unfamiliar with the UK health care system.

"We don't know where to go to the hospital or what to do there. We don't know anything about this country, really, but she [the Baby Steps practitioner] took us there before the birth, and she showed us: in case of emergency you have to do this and this and you have to go through this door, ask these people, show them this book. That's what we are told and that's what we did. If we hadn't been on the programme we might have gone to the wrong place and we wouldn't have known what to do."

(Dad – one year in UK)

For these parents, parenting practices in their country of origin were often very different from the UK and the programme helped them to adopt new parenting strategies, for example by providing them with alternatives to physical punishment.

"So they taught us about children's rights, so if a child needs disciplining they told us not to kick or slap, which is what we do back home, but to put him in one place for a long time, and keep putting him back there, like on the stairs, so we tried this and it worked."

(Dad - one year in UK)

13

Parents in prison also had very little other information or guidance about parenting and they could feel very isolated. They said that Baby Steps was really useful for them as it provided information they otherwise would not have been able to access.

Attending the programme had improved parents' relationships with their babies both during pregnancy and after the birth. The majority of parents (93 per cent) agreed or strongly agreed that attending Baby Steps had helped them to better understand their baby. They said they had learnt how important it was to interact with their baby, and how to do this at different stages of development, including singing to them, playing with them and holding them up to talk to them.

"I didn't realise how close the baby had to be at first to be able to see you. It was helpful to be able to know that, so that when I did have my baby, I realised I had to hold him up for him to see me. That was useful."

```
(Mum - experiencing social isolation)
```

The pre- and post-measures study found that parents, especially mums, reported feeling increasingly attached to their baby throughout their pregnancy and this continued once the baby was born, although more research is needed to be sure the improvements were the direct result of the programme.

Parents also felt that the programme had a positive effect on their relationship with their partner. Nearly all parents (82 per cent) agreed that their relationship had improved. They talked about how Baby Steps had taught them new ways to communicate.

"The course taught me how to talk to my partner, and the 'Talk and listen' worksheet that they gave us really helped with that. It's hard, because he works a lot so we don't have time to talk much, but since the course we sit down now when he gets home for an hour, and we talk about our days and how the baby has been and about any worries, and listen to each other. It's a new way of discussing. Before, he used to just come home and spend the evening on the laptop. It has improved our relationship."

(Mum - experiencing social isolation)

Parents also said that they had learnt how to manage disagreements by staying calm, taking a break if they were feeling stressed and then 'actively listening' to what their partner was saying.

"We communicate much better now, based on what I learnt in the session about how to manage disagreements. We used to not talk and second-guess what each other was feeling, but now we try to take five, stay calm and really listen to each other."

(Mum - young parent)

Having an increased awareness of the negative effect that shouting has on a baby was described as a motivating factor for resolving conflict with their partner in a calmer way.

"You don't realise even, you don't have to be fighting, but just shouting, how much shouting can affect the baby."

(Dad - involvement with children's services)

Results from the pre- and post-measures study confirmed that parents' relationship satisfaction significantly improved during the antenatal phase of the programme. For parents who started the programme with lower levels of relationship satisfaction, this improvement continued after the baby was born.

The Baby Steps programme was found to be an important source of support for parents. Almost all (98 per cent) of parents agreed that the programme had made them feel secure and supported, which had facilitated their engagement with the learning and contributed to the positive impacts. Parents found it reassuring to have somewhere they could raise their concerns about pregnancy, birth and caring for a baby, and to have these concerns addressed.

"I felt so supported because she [the practitioner] was answering all my questions. I used to get everything off my mind about what would happen in labour and about the pregnancy and anything else and she was saying, 'Yeah, it's normal.' ... this sort of took a load off my mind because I was panicking with it being my first baby and not really knowing what to expect or anything."

(Mum – young care leaver)

Parents also drew a lot of support from spending time with others in the group who were going through the same experiences. The majority of parents said that they had made new friends in the group (98 per cent). For some, these friendships continued after the programme had finished. Six months after the course 61 per cent of parents who responded to a follow-up survey were still in touch with someone from the course.

"I'm always so very excited to come every Tuesday and see the other mums. It's like we're family, I'm so grateful to have met them, we've become so close. If I'm feeling anxious I call them and they calm me down."

(Mum - six years in UK)

15

Attending Baby Steps had also made parents more aware of the wider support that was available to them once they finished the programme, and almost all parents (98 per cent) said that they knew where to get help.

For parents with little other support, such as those in prison or those who were socially isolated because they had recently arrived in the UK, Baby Steps provided a vital level of support. Indeed, for some recent migrants the programme was their first positive engagement with UK culture.

Conclusion

Overall, parents show positive change across the range of outcomes that Baby Steps is designed to influence, which is very encouraging. They are enthusiastic about the programme and feel supported by it.

Research evidence suggests that improvements in relationships, knowledge, and self-esteem and reduced anxiety and depression, as evidenced by the evaluation, can improve the capacity of parents to care for and nurture their baby and ultimately lead to better outcomes for children.

The next steps

16

Our vision is that Baby Steps will eventually be delivered by health visitors, midwives and children's services professionals across the UK.

We believe that Baby Steps should be offered as part of a suite of programmes for parents in a local authority area using a stepped care model:

- 1. lighter touch antenatal education for the majority of parents (still using the *Preparation for Birth and Beyond* framework²⁶)
- 2. Baby Steps for those who need targeted support, and
- 3. more intensive one-to-one support for the most vulnerable.

To understand how Baby Steps can be delivered effectively within mainstream public services, we have been working with four 'early adopter' – Warwickshire, Swindon, Wiltshire and Leeds – where health visitors, midwives, family support workers and social workers have been trained to deliver Baby Steps.

The NSPCC has provided these four areas with a package of support including training, materials, accreditation and implementation. Work with our partners in these areas has enabled us to learn more about what implementation of the programme within mainstream services involves so that we can support more agencies to do this effectively in the future. Working in these areas, and with other early adopters who will be joining the programme in 2015, we will deepen and broaden our knowledge about implementing it, building our capacity and systems to enable wider scale-up.

By the end of 2015 we aim to have a social franchise model to enable other providers around the UK to take on Baby Steps. A social franchise model involves not only giving providers a license to deliver the programme, but also to support them in the wider operational implementation of the model.

Baby Steps has a strong and growing evidence base. It is a science-based programme, and – as this report demonstrates – both qualitative and quantitative evaluations have shown promising results. In the future we want to build and develop this evidence base further. Our plans for coming years include conducting a randomised controlled trial to enable us to be confident that the outcomes observed are attributable to Baby Steps, and to understand the cost-effectiveness of the programme. This will enable us to make clear attributions about the impact of the programme on parent and child outcomes, and to be clear whether Baby Steps is more cost-effective than other interventions: making a clear case to expand this programme more widely.

We believe that Baby Steps could make a huge difference to the lives of many families around the UK. Our priority now is to strengthen the evidence about the value of this programme and to roll it out so that it can benefit more families. Baby Steps could make a significant contribution to ensuring that babies in the UK are safe, nurtured and able to thrive.

References

- 1 National Scientific Council on the Developing Child (2007) *The Science of Early Childhood Development*. Boston: Harvard University.
- 2 Schrader McMillan, A. S., Barlow, J., and Redshaw, M. (2009) *Birth and beyond: a review of the evidence about antenatal education*. London: Department of Health.
- 3 Department of Health (2011) *Preparation for Birth and Beyond: A resource pack for leaders of community groups and activities.* London: Department of Health. Retrieved from https://www.gov.uk/government/publications/preparation-for-birth-andbeyond-a-resource-pack-for-leaders-of-community-groups-and-activities
- 4 Department of Health (2011) *Preparation for Birth and Beyond: A resource pack for leaders of community groups and activities.* London: Department of Health. Retrieved from https://www.gov.uk/government/publications/preparation-for-birth-andbeyond-a-resource-pack-for-leaders-of-community-groups-and-activities
- 5 Benoit, D., Parker, K. C., and Zeanah, C. H. (1997) Mothers' representations of their infants assessed prenatally: Stability and association with infants' attachment classifications. *Journal of Child Psychology and Psychiatry*, 38, 307–313.
- 6 National Scientific Council on the Developing Child. (2004) Young children develop in an environment of relationships. Working Paper No. 1. Boston: Harvard University.
- 7 Wolff, M. S., and van Ijzendoorn, M. H. (1997) Sensitivity and attachment: A meta-analysis on parental antecedents of infant attachment. *Child Development*, 68, 571–591.

- 8 Meins, E., Fernyhough, C., Wainwright, R., Das Gupta, M., Fradley, E., and Tuckey, M. (2002) Maternal mind–mindedness and attachment security as predictors of theory of mind understanding. *Child Development*, *73*, 1715–1726.
- 9 Slade, A., Grienenberger, J., Bernbach, E., Levy, D., and Locker, A. (2005) Maternal reflective functioning, attachment, and the transmission gap: A preliminary study. *Attachment and Human Development*, 7, 283–298.
- Lawrence, E., Rothman, A. D., Cobb, R. J., Rothman, M. T., and Bradbury, T. N. (2008) Marital satisfaction across the transition to parenthood. *Journal of Family Psychology*, 22, 41–50.
- 11 Owen, M. T., and Cox, M. J. (1997) Marital conflict and the development of infant-parent attachment relationships. *Journal of Family Psychology*, *11*, 152–164.
- 12 Teubert, D., and Pinquart, M. (2010) The association between coparenting and child adjustment: A meta-analysis. *Parenting: Science and Practice*, *10*, 286–307.
- 13 Fletcher, R., May, C., and St George, J. (2014) Fathers prenatal relationship with their baby and her pregnancy implications for antenatal education. *International Journal of Birth and Parent Education*, *1*, 7–11.
- 14 Penn, G., and Owen, L. (2002) Factors associated with continued smoking during pregnancy: analysis of socio-demographic, pregnancy and smoking-related factors. *Drug and Alcohol Review*, 21, 17–25.
- 15 Martin, L. T., McNamara, M. J., Milot, A. S., Halle, T., and Hair, E. C. (2007) The effects of father involvement during pregnancy on receipt of prenatal care and maternal smoking. *Maternal and Child Health Journal*, *11*, 595–602.
- 16 Meedya, S., Fahy, K., and Kable, A. (2010) Factors that positively influence breastfeeding duration to 6 months: a literature review. *Women and Birth, 23*, 135–145.
- 17 Misri, S., Kostaras, X., Fox, D., and Kostaras, D. (2000) The impact of partner support in the treatment of postpartum depression. *Canadian Journal of Psychiatry*, 45, 554–558.
- 18 Schrader McMillan, A. S., Barlow, J., and Redshaw, M. (2009) *Birth and beyond: a review of the evidence about antenatal education*. London: Department of Health.
- 19 Orr, S. T. (2004) Social support and pregnancy outcome: a review of the literature. *Clinical Obstetrics and Gynecology*, 47, 842–855.
- 20 Collins, N. L., Dunkel-Schetter, C., Lobel, M., and Scrimshaw, S. C. (1993) Social support in pregnancy: psychosocial correlates of birth outcomes and postpartum depression. *Journal of Personality and Social Psychology*, *65*, 1243–1258.
- 21 Dennis, C. L. (2002) Breastfeeding Initiation and Duration: A 1990-2000 Literature Review. Journal of Obstetric, Gynecologic, and Neonatal Nursing, 31, 12–32.

- 22 O'Hara, M. W., and Wisner, K. L. (2014) Perinatal mental illness: Definition, description and aetiology. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 28, 3–12.
- 23 Domoney, J., Iles, J., Ramchandani, P. (2014) Paternal depression in the postnatal period: Reflections on current knowledge and practice. *International Journal of Birth and Parent Education*, *1*, 17–20.
- 24 Brand, S. R., and Brennan, P. A. (2009) Impact of antenatal and postpartum maternal mental illness: how are the children? *Clinical Obstetrics and Gynecology*, *52*, 441–455.
- 25 Milgrom, J., Westley, D. T., and Gemmill, A. W. (2004) The mediating role of maternal responsiveness in some longer term effects of postnatal depression on infant development. *Infant Behavior and Development*, *27*, 443–454.
- 26 Department of Health (2011) *Preparation for Birth and Beyond: A resource pack for leaders of community groups and activities.* London: Department of Health. Retrieved from https://www.gov.uk/government/publications/preparation-for-birth-andbeyond-a-resource-pack-for-leaders-of-community-groups-and-activities

WWW.NSpcc.org.uk Registered charity numbers 216401 and SC037717. Photography by Jon Challicom. Posed by models. © 2014 NSPCC