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1. Past & future drivers

Families can be recognised by the way in which they associate with pregnancy. For example, they can be defined by **previous** medical history, a desire to create a perfect family environment in the **future**, and everything in between.

"I tried not to get too excited throughout, as it might not work out."

- Nadia

"We really want to be a strong unit that puts the child first."

- Vicky & Ian

2. Counterbalancing

Couples often fill the blind spot created by their partner. **Consciously and unconsciously**, differing strength and weakness are used to **create a well-balanced whole.**

“Working it out together”

– Francesca & James

“I’ve not got so much to do, other than pay money”

– Sophie & Jamie

“It’s hard to know what to do as the man. I’m good at research though – we’ve got the best pram!”

– Helen & Joe

3. Taking control

Many families feel they lack control of their pregnancy. They need support in understanding how to be proactive and utilise their networks and resources more effectively.

“He’s not pregnant, so he doesn’t need to know.”

– Rasheda

“We don’t really know how it’s supposed to work.”

– Amy & Dan

4. Transitions in identity

Families need help to **understand and adjust** to the shift in their identity during this life-changing event, i.e. in body image, role as father, two adults becoming a family unit, or relating to their friends.

"People don't tell you the negative side of pregnancy. I personally didn't find it that lovely."

– Lauren

"The biggest difference is that it's not just about [the two of] us anymore."

– Ayesha & Pourya

5. Points of reality

There can be a delay for the reality of pregnancy to take hold with a family, typically not until the first scan. Additional opportunities to make it real could help families better see and understand the future.

Paid £500 for a private scan to find out the sex early

– Victoria & Nick

“You don’t think it’s real until you see the baby for the first time.”

– Sophie & Jamie

6. Information

A **vast array** of information is available to families but for a multitude of reasons, they can **struggle** to filter what is relevant, recognise what needs be processed, and when, or what if any action is needed.

"I don't know what I don't know?!"

– Sophie & Jamie

"The Bounty Pack ended up in the side board. I'm not sure we read it."

– Helen & Joe

"We paid for private Mothercare classes. It wasn't clear what would be available on the NHS."

– Kelly & Karl

7. The savvy consumer

Today, a high precedent is being set by **other service organisations** that we interact with day-to-day. Families expect a 24/7 on-demand experience that allows them to be **high performing individuals**.

*"If Amazon
& O2 can do
online chat, so
should the NHS"*

– Rasheda

*"We filled out
a form at Week
20 but wasn't
acknowledged."*

– Vicky & Ian

8. Reaching Out

The more informed the parent, generally, the more able they are to know who to ask for help, both during everyday life and in an hour of need.

*“I was concerned
the baby wasn’t
moving but the hospital
closest to work would
not help”*

– Kelly & Karl

*“I feel like there’s
much more support
now that the baby
is here”*

– Lauren

9. Trust

This is the **common thread** that underpins the different experiences of having a baby. There needs to be authenticity and authority; for self-belief, engagement with people, and information, or even the NHS, so that trust is generated. Trust needs to be **the product of all activities**.

“You just look at the NHS, and you know it’s the truth”

– Helen & Joe

“I ‘try’ not to Google medical stuff anymore. You just see all the horror stories.”

– Nadia

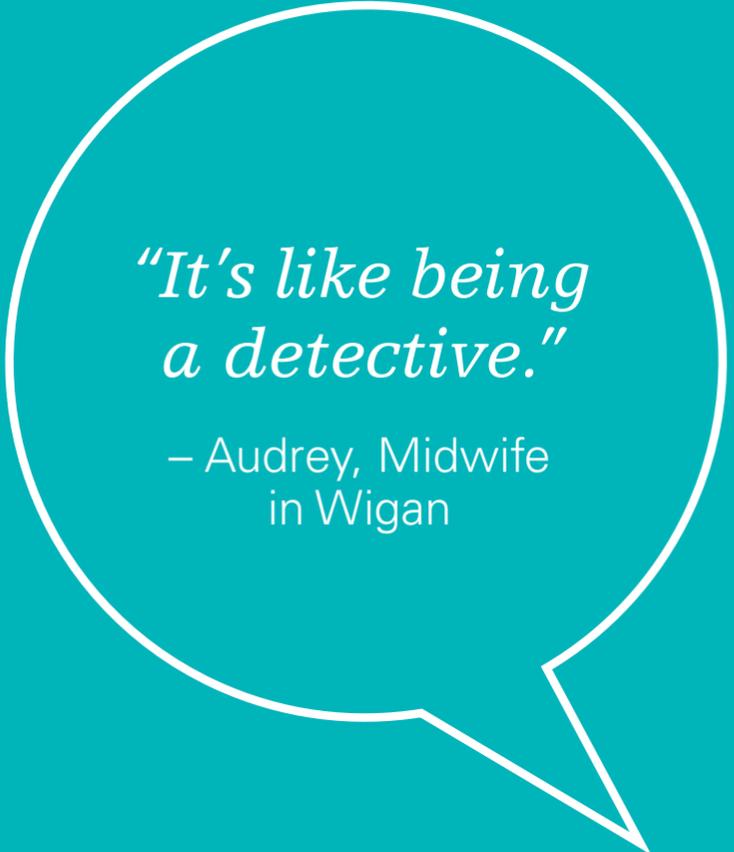
1. Search For The Truth
2. Grey Boundaries
3. Milestones
4. Continuity of Care
5. Bureaucracy



1. Search For The Truth

On the part of the midwife, there is a need for a continuous effort in building the trust of mum to allow her 'real' story to reveal itself. Many people will mask their deepest concerns or problems for fear of being judged.

What are the 'real' issues a couple needs support with?



*"It's like being
a detective."*

– Audrey, Midwife
in Wigan

2. Grey Boundaries

Sometimes it's not about the baby. Broader issues may need addressing for health to prosper eg, family context and history, social, housing, finance, addiction, domestic violence...

How can the NHS even better integrate with other services and help families navigate 'the system'?

"They look at you like you're the fountain of all knowledge."

– Anne, Midwife in Steeton

"They think we're God"

– Onyebuchi, Health Visitor in North London

3. Milestones

Better visibility and understanding of the NHS process and pregnancy journey would be beneficial. Families need clearer understanding of key milestones and the frequency of contact they can expect.

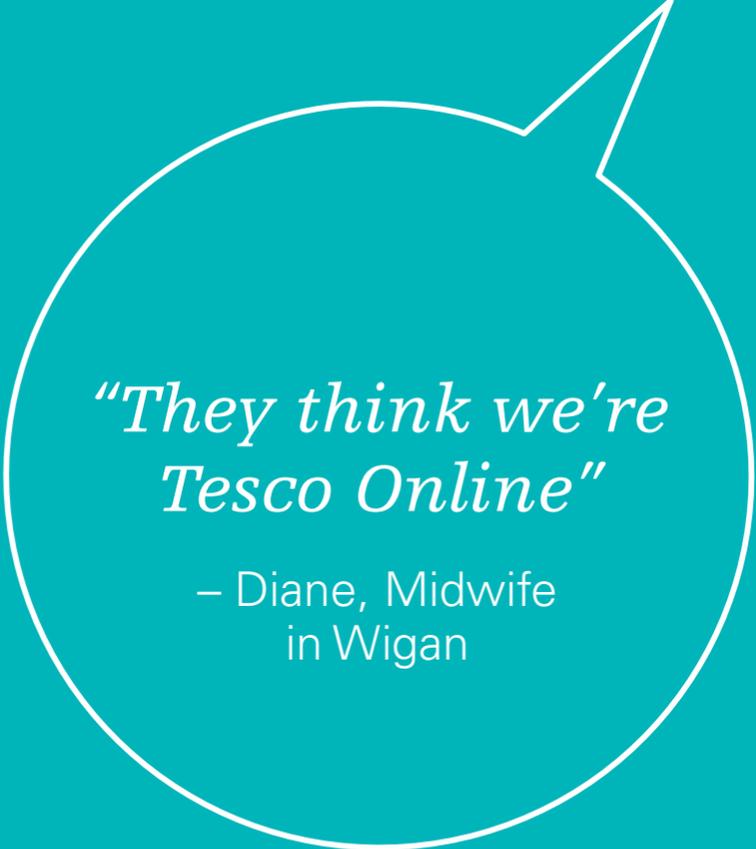
“If the midwife is in regular contact – mother feels this is a sign the midwife is doing a good job. If the midwife is NOT in regular contact with mother – the midwife feels this is a sign of a job well done, where she is not needed.”

– Victoria, Midwife in Cambridge

4. Continuity of Care

There is a desire to have the same midwife throughout the pregnancy but of course the logistics of staffing and resources cannot make this possible.

How can the impression of continuity be given without additional resources?



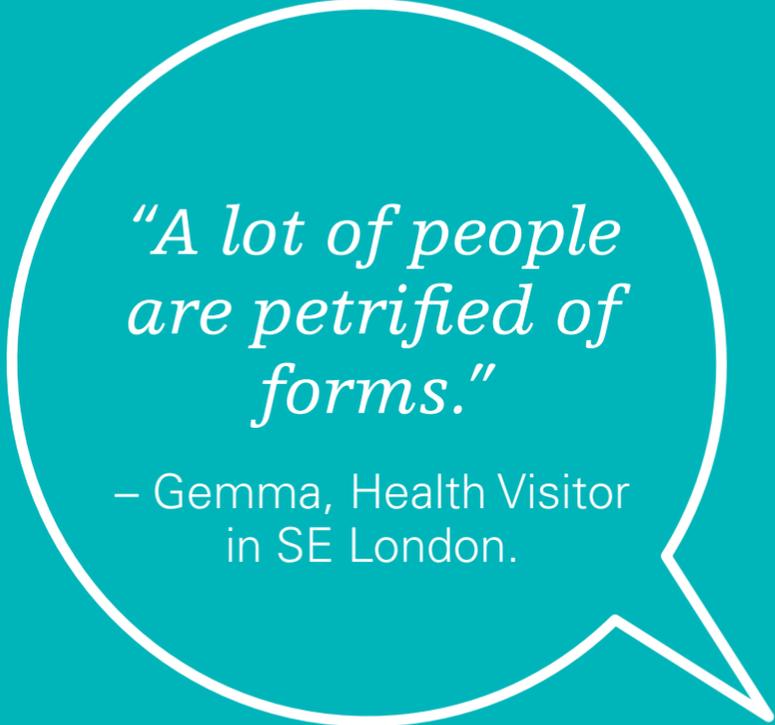
*“They think we’re
Tesco Online”*

– Diane, Midwife
in Wigan

5. Bureaucracy

Often families struggle with the way in which services are offered eg, needing to fill out paperwork to access additional help.

What steps can be taken to reduce the administrative barrier of accessing support?



"A lot of people are petrified of forms."

– Gemma, Health Visitor in SE London.