



University of Sheffield

Women's **I**nformed **C**hildbearing and **H**ealth Research Group

Midwifery Services:
An Evaluation of Current Service
Provision and Service Requirements for
Sure Start Rotherham Central

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Section 1: Introduction

This report summarizes the findings of a research project commissioned by Sure Start Rotherham Central. The aim of this research was to identify appropriate services to enhance and compliment mainstream midwifery in the Sure Start Rotherham Central Area. It was undertaken by a researcher from the Women's Informed Childbearing and Health Group, University of Sheffield, and was carried out between November 2002 and January 2003.

Project focus

The focus of this project was to document the existing midwifery services provided within the central Rotherham area, and to determine what additional/modified service provision would be beneficial within a Sure Start context. Consideration was given to how midwifery services could be integrated with the existing services for young families in the area, and the research is illustrated by innovative ideas for service provision provided within other Sure Start initiatives.

Methodology

The format of the existing midwifery service was obtained from the community midwifery office at Rotherham District General Hospital. A series of informal interviews were held with community midwives, health visitors, members of the Sure Start Rotherham Central Partnership, and a small number of new mothers attending the baby clinic at Canklow. Details of existing Sure Start projects across the UK were identified by literature/internet search, and attendance at a Sure Start Midwives Yorkshire Region meeting held at Rawmarsh, Rotherham.

Section 2: Background to Sure Start Rotherham Central

Sure Start Rotherham Central covers an area from the town centre to the southeast, divided geographically by the A630 bypass and the A629 dual carriageway (Appendix 1). It includes the districts of Canklow (in the Boston Electoral Ward), and Masbrough (in the Central Electoral Ward), plus small sectors of Templeborough and Brinsworth.

Although identified as 'one community' (SRB4 Research, 1999) Canklow is in a somewhat isolated position, cut off from any other settlements by the A630 bypass, surrounding open fields, woodland, and an industrial estate. Because Canklow is grouped within the more affluent Electoral Ward of Boston, it has repeatedly failed to be classified by national statistics as an area of significant 'deprivation' (ranked 1083 out of a total of 8414 English wards, with rank 1 being the most deprived -Indices of Deprivation, 2000). Canklow has therefore suffered from a lack of government funding, and consequently is in a state of decline, with many of its houses and public areas in a semi-derelict condition. It is likely that up to 50% of housing stock in Canklow will be demolished by Rotherham Metropolitan Borough Council in the near future.

The districts of Masbrough, Ferham, Bradgate, Holmes and Thornhill, incorporate an industrial estate within their boundaries and is a largely urbanised area. The A629 dual carriageway divides the area, isolating the residents of Thornhill and Henley in particular (Voluntary Action Rotherham, 1999). Derelict houses and industrial buildings are very apparent, and the whole area is 'deprived, in terms not only of housing, but also unemployment and education. The Indices of Deprivation (2000) gave the Central Electoral Ward the rank of 108 out of a total of 8414 English wards (with rank 1 being the most deprived).

The Population of Sure Start Rotherham Central

In 2000, the total population of the Sure Start Rotherham Central area was estimated to be 8947, of whom 589 were under 4 years of age. There were 161 live births in 2000 across Sure Start Rotherham Central (F.H.S.A. Public Health Data, 2000) and the area has a high number of single parent households with 3 or more children. The Central

Ward has a significantly higher proportion of single parent families in comparison to Rotherham as a whole (4.5% versus 3.7%). Traditionally the people of Canklow and Masbrough were employed in the mining and steel industries, the collapse of which has given rise to large-scale unemployment and deprivation within the town. Levels of unemployment in Canklow are currently estimated to be between 55-60% (Sure Start Rotherham Central, 2002). There is a worsening drug problem in this area, which is added to by the large scale dereliction and empty housing.

The size of Rotherham's ethnic minority community is relatively small (2% of the total population of the Borough). Within this community, 65% are of Pakistani origin, 10% Indian and 4% Chinese. There are also small Libyan and Yemeni communities, and a transient group of Asylum Seekers from a wide variety of ethnic backgrounds. (R.B.C. Statistics, 2001). A striking feature however is the extent to which such ethnic groups are concentrated into small parts of the Borough, with 15% of the population of the Central, and 9% of the Boston Electoral Wards living in ethnic minority households (1991 Census Data). Recently commissioned research (Sure Start Rotherham Central, 2002) indicates that the proportion of ethnic minority households has declined in Canklow, however, whilst having risen significantly in Masbrough. These ethnic minority communities comprise far more young families than the population of Rotherham overall, with the proportion of children under 16 years of age being much higher (42% versus 21%) and the proportion of pensioners being much lower (2.5% versus 17%) (R.B.C. Statistics, 2002).

Findings from Consumer Surveys

In February 2002 a team of independent researchers undertook a survey of Sure Start Rotherham Central residents, of whom 71% were White British, and 23% were Pakistani (K.W. Consulting, 2002). This survey followed earlier research undertaken as part of the SRB4 initiative (1999).

When asked what services these residents would like Sure Start to fund, safe play areas were the most requested service. The second most popular choices were 'drop in advice centres', training 'to return to work', services which provided 'a chance for a break for yourself' and 'playgroups'.

Local residents were also found by this survey to be '*very satisfied with midwives*', although the Pakistani women questioned were marginally less satisfied than were 'white British' women. In comparison to those living in 'Holmes, or Ferham', residents in 'Canklow and the other districts of Masbrough' were also less satisfied with midwives. However, it should be noted that this question is rather ambiguous in nature, and being '*satisfied with midwives*' could possibly reflect the quality of relationships established between these women and their midwives, rather than their opinions of the *services* which midwives are currently providing in the community. The impression gained from personal conversations with a small sample of mothers visiting the baby clinic in Canklow, was that there was '*nothing*' for young people to do in the area and very little support for new mums. These women were very positive about the idea of 'local mums groups' and said that they would attend such groups if they became available and met local needs.

Section 3: Development plan for Sure Start Rotherham Central (2002-2004)

The development plan for Sure Start Rotherham Central is summarized in the following section.

Proposed Facilities

- In 2002, Information Technology classes for local parents were held at Canklow Woods School, and a spare classroom was used for crèche facilities. During 2003, a Sports and Arts Centre will be developed at the school, and these new facilities will support parents to undertake a wide variety of sports and leisure activities. Sure Start Rotherham Central has given funding for a registered child-care centre for children aged from birth to 5 years in this development. The premises will also be available to Sure Start Rotherham Central, for use as a crèche during meetings and events, and for toddler groups and support/'drop-in' services.
- A toddler group is already held in the Canklow Community Centre. A rebuild has been planned by Sure Start Rotherham Central, to provide improved facilities, including a child care centre.
- Sure Start Rotherham Central will explore developments at the new Thornhill School, and provide further facilities in addition to the proposed crèche, community rooms and after school club.
- Sure Start Rotherham Central plan to develop a Sure Start Centre at Ferham School, from which family services will be coordinated and provided.
- With joint funding from the SRB4 Initiative and Sure Start Rotherham Central, three projects for the provision of safe outdoor play facilities for the under 4s will be completed in the area by March 2003.

Sure Start Workers

Sure Start Rotherham Central has a Partnership Agreement with Home Start, Parent 2 Parent, the Asian and Pakistani Women's Association (APWA), the YMCA, and the Pre School Learning Alliance. Partnership Agreements have also been drawn up with the Health Visiting, Drug and Alcohol Abuse, Mental Health (STEPS), Speech and Language and Dentistry Services. Workers employed through these Agreements are based in the Sure Start Rotherham Central offices in Canklow and Ferham.

Sure Start Rotherham Central Initiatives

- Introductory leaflets and a newsletter in English and Urdu have been distributed throughout the Sure Start Rotherham Central Area and a series of local 'Fun Days' have been held.
- A worker has been employed to work with parents and get them involved in Sure Start.
- Local toddler groups have been supported by Sure Start funding, and parent and child 'fun' sessions are taking place alongside play schemes and other activities.
- Health visitors, nursery nurses, other health professionals and volunteers are providing additional support for families.
- Specific support is being provided for fathers and for members of ethnic minority communities.
- Childcare and play facilities are now being provided in the new Sure Start building at Canklow Woods School.

Section 4: Sure Start Rotherham Central partners

The following groups are partners in Sure Start Rotherham Central -

- **The All Pakistani Women's Association (A.P.W.A.)** provides education and training for ethnic minority women across Rotherham. Funded by the SRB4 initiative, classes include English language, Sewing, Urdu, IT skills and Food Hygiene. They are also involved in family learning activities and run a mother and toddler group, swimming and keep fit sessions. There is a young women's forum and a health forum, however, all groups are utilised for discussion of pertinent issues within the community. They have developed a homework club at Thornhill School. A.P.W.A. have a drop-in/open door service based in premises on Spring Street in the town centre.
- **Home Start** is a voluntary organisation committed to promoting the welfare of families with at least one child under the age of five. Volunteers offer regular support, friendship and practical help to families under stress, in their own homes.
- **Parent 2 Parent** is a voluntary sector organisation, based in Rotherham, which provides support for families and training in parenting skills. It aims to befriend young mothers (aged 16 to 24 years) and their families and thereby promote the development of bonding and parenting skills. They provide volunteers to visit new parents in the Maternity Unit at RDG Hospital.
- **The Pre School Learning Alliance (PLA)** is the largest grass-roots movement committed to the education and well-being of children and to the value of education as the means to a better life for the community as a whole. The charity, in a very real sense, belongs to its members. Its 400 branches are made up of representatives from member pre-schools and they, together with other committed individuals, shape the direction of the charity. The PLA has a commitment to the needs of children and to the principle that parents are their children's first and most important educators. It works with parents, supporting them in the management of their children's behaviour and in activities that can be a source of enjoyment and learning at home. The charity

is committed to mutuality and inclusiveness. Because of this, there are no rigid hierarchies, which means that people can move easily from one role - parent helper, student, committee member - to another.

- **The YMCA** (Young Men's Christian Association) provide a wide range of family programmes, including parenting support and education. flexible childcare and specific help for families who are facing 'serious challenges'. It takes a proactive approach, helping to support the whole family in building relationships and responding to changes and challenges in family life. In Rotherham, the YMCA is working with local teenage boys and young men to promote the development of parenting skills and involvement in parenting. The YMCA Supporting Young Dads Scheme, (now known as the Dearne Valley Dads Initiative), is piloting innovative and effective ways of supporting young men who are fathers. The service is being delivered by two specialist outreach workers in the Dearne Valley area. There is no YWCA (Young Women's Christian Association) in Rotherham.

Links with Health Professionals

The following health professionals are linked with Sure Start Rotherham Central:

- **Health Visitors and Nursery Nurses** - Sure Start Rotherham Central has 3 health visitors (one of whom is funded by Sure Start), who carry the total caseload of women and their families living in the area. There are also 2 Sure Start funded nursery nurses.

Every woman is visited at least once in their home during their pregnancy, and the health visitor takes over the care of each mother and baby from the midwife at 28 days postnatally. Baby clinics currently take place at Canklow (Dr Ganguli's surgery) and Ferham each week, where women attend for baby checks, weighing and vaccinations. Although both Caucasian and Asian women did attend baby clinics, their approach to services was felt to be 'different'. Caucasian women were described as having a 'tradition' of attending baby clinic regularly, and it was seen as 'the thing to do', a cultural norm. Whilst Asian women did attend for routine developmental checks and vaccinations, they did not seem to 'get involved' outside these attendances. They were perceived as having a strong sense of their 'own

community' and also, in many cases, being restricted by their husbands from attending 'social' groups and events. Asian husbands did not traditionally become involved in pregnancy, birth, or child care.

- **Community Midwifery** - Midwifery services for Rotherham are currently provided by Rotherham District General Hospitals Trust and are described in depth in Section 5 of this report.
- **Speech & Language Therapy**- The Child Development Centre at Rotherham District General Hospital provides advice, support and therapy to develop communication skills in children under 5 years of age.
- **Community Drugs Team** - Based at Medway House, Chatham Street, the team offers help, advice and treatment for people who feel they have a drug problem. The Medway Drop in Centre is the first contact, providing a needle exchange and free hepatitis vaccinations. The team also runs a monthly parents group for the families of drug users to discuss their problems.
- **STEPS** is a Community Mental Health programme based in the Family Resource Centre at Kimberworth, and involved in a variety of work with children, women and their families. STEPS provides a service in prevention, education and therapeutic support all professionals working with children and young people who have or are at risk of developing mental health problems through supervision, advice and/or consultation. Education through training packages is delivered locally and tailored to individual service need. Initiatives like Good Parenting - a positive parenting package and postnatal depression courses provide early interventions to prevent the development of mental health problems after high risk children and young people have been identified.

The STEPS Team has established strong links with Social Services through work with residential care staff, foster carers, field social workers and the family crisis response team. Currently all educational referrals come via Educational Psychology. STEPS has now employed an Education Liaison Officer who has been working closely with Educational Psychology, Behaviour Support Service and individual

schools. Support packages are also being negotiated with the Youth Service and the Youth Offending Service. Future targets for STEPS indicate continued joint working with Education and other external agencies.

- **Dental Health-** The partnership includes links with an oral health scheme. Dentist facilities are available at Ferham Clinic. The successful pilot of fluoridated milk in nursery, infant and junior schools within Sure Start Rawmarsh Rotherham (2001) has led the Borough Council to consider similar schemes for the Central and Maltby Sure Start areas.

Other Local Services available to Sure Start Rotherham Central Residents

- **Apna Haq** ('Your Rights') provides support via key workers within the ethnic minority community. Their remit includes building religious and cultural awareness, and providing practical help with housing and housing services. They also provide advice on state benefits, and promote the development of life skills, career training and education. There are developing links with social services, and with mental health professionals (via STEPS), and their current focus is domestic violence awareness (Comic Relief funded) and post-natal depression amongst the ethnic minority community. Although based at Thornhill Youth & Community Centre, Apna Haq periodically arrange 'outings' and holidays.
- **Tassibee Asian Women's Training, Education and Social Project -**
Provides training and education, plus an opportunity for women of all ages to socialise and take part in activities of particular interest to them.
- **Youth Cafe** - This facility, delivered through a partnership of local key workers (including Sure Start Plus and the YMCA) and the governments 'Connexions' scheme provides an informal advice service in the town centre, where teenagers, young people and their families can obtain advice and support from professionals (including a Teenage Pregnancy Midwife) on a wide variety of social/health related issues in an informal setting. It is run on a drop-in basis, and refreshments are provided free of charge.

- **Canklow Rainbow Project** - Based in the Community Centre off Canklow Road, this group acts as a base providing support and community activities. Current initiatives include bingo, older persons clubs, Councillor surgeries, youth group, first aid courses, IT courses, an advice centre, a breakfast club and a junior club for 6-13 year olds. There is also a worker from the Cedar fellowship, a Christian group based in the New Life Christian Centre, Canklow Road.
- **Playgroups and Toddler Groups** - Based across the Sure Start Rotherham Central area, these provide childcare for children aged 2 and a half to 5 years of age. There are no registered playgroups in the area however. Coffee mornings provide informal discussion between workers, helpers and parents.
- **Local Nurseries** - Nurseries are held at Canklow Woods, Thornhill and Ferham Schools, and each provides 5 daily sessions per week of pre-school education for 3-5 year old children. The Happidayz Nursery provides daily childcare for 0-5 year olds.
- **Footsteps** - Based at Cedar House, Moorgate Road, this is a user led group that offers support, understanding and companionship in a women only environment.
- **The Yemeni Community Centre** is based on Hatherley Road, Eastwood. They have a drop-in/open door surgery that provides basic advisory services.
- **The New Life Learning Centre** is based in the Arts and Technology College in Rotherham town centre. It provides courses for Asylum Seekers in conversational English, an introduction to Rotherham, medical English, IT skills and life skills.
- **The Multicultural Centre** is based on Carlisle Street in the town centre. It provides advice and support for members of ethnic minority communities across Rotherham.
- **Women's Refuge** There is a women's refuge in Rotherham, which takes referrals via its own help line and several local voluntary groups e.g. the Samaritans. The nearest Asian women's refuge is in Sheffield.

- **The National Childbirth Trust** - Provide education and support for women and their families. A Rotherham group is currently under development.

Section 5: Current midwifery service provision for Rotherham

Service Summary

Midwifery Services for Rotherham are provided by the Rotherham General Hospitals Trust, and include a combination of both hospital and community based care. On diagnosis of pregnancy, all women in Rotherham are referred, via their GP, to a consultant obstetrician at the hospital. However, there are plans to introduce Midwifery Led Care at Rotherham from April 2003, which will mean that in the future, all 'low risk' pregnancies will be managed entirely by the Midwifery Service, both in the hospital and community setting.

Facilities at Rotherham District General Hospital comprise the Green Oaks Antenatal Clinic, a 30 bed Ante/Postnatal Ward (with an overnight accommodation suite for fathers/families) and a Delivery Suite (with 9 en-suite delivery rooms, a bereavement suite and 8 observation beds). Within Green Oaks, specialist midwifery services for Teenage Pregnancy and Diabetes are available, whilst a Drugs and Substance Misuse midwife is currently based at the old Doncaster Gate Hospital site. There are also close links with a Smoking Cessation Midwife, who is employed by the PCT and currently based at Bevan House. A limited interpreter service is available within the clinic.

Community Midwifery services are provided by five Midwifery teams, each team being allocated to a specific set of GP Practices. The greater proportion of Sure Start Rotherham Central is covered by the Woodstock Bower and Central Teams, although a small number of residents are registered with GP's covered by the Wentworth (Greasbro area) and Chatsworth (Brinsworth area) Teams, or by Sheffield Community Midwifery Services (Templebro/Tinsley area).

Once pregnancy is diagnosed, the Community Midwife takes a detailed booking history (if possible in the woman's home), and provide 'shared' antenatal care (i.e. in conjunction with a GP) at weekly clinics located at the GP's surgery. For the majority of women, 'shared care' means care between the hospital and the community midwifery

services, with most GPs having very little input into care. Women are normally seen once per month up to 32 weeks gestation, then fortnightly to 36 weeks and weekly from 36 weeks to delivery, although appointment schedules will vary according to the needs of each particular woman. Each appointment is allocated 10-15 minutes, and involves a clinical check-up and time for the brief discussion of pregnancy related issues. 'High risk' pregnancies, such as women with pre-existing medical conditions, poor obstetric histories, teenagers (under 18 years of age), women who have a high/low body mass index, or have drug or alcohol related problems are referred at this time, and cared for during their pregnancies, by the Specialist Midwifery services based at the hospital. The majority of 'low risk' women however make only two hospital visits during their pregnancy, the first for a 'routine' ultrasound scan, which is offered at 20 weeks gestation, and, if they have not yet given birth, the second at 41 weeks gestation.

Postnatally, the community midwife visits mother and baby at home for up to 28 days, at which time care is transferred to the health visitor. A six weeks postnatal check takes place with the GP at his/her surgery, or with a consultant obstetrician at the hospital.

Community Midwifery Services

Midwife clinics provided within the Sure Start Rotherham Central community are detailed in Table 1 overleaf -

Table 1: Midwife Clinics in Sure Start Rotherham Central

| GP Name | Surgery Address | Weekly Antenatal Clinics |
|-------------------|--|---|
| Dr Ganguli | Canklow Road Canklow Rotherham S60 2JH | Monday Morning |
| Dr Peckitt (etc.) | Clifton Lane Corner Clifton Lane Rotherham S65 1DU | Tuesday Afternoon Thursday Afternoon |
| Dr Manson (etc.) | St Ann's Medical Centre Effingham Street Rotherham S65 1BL | Monday Morning Wednesday All Day |
| Dr Cole (etc.) | Woodstock Bower Surgery Kimberworth Road Rotherham S61 1AD | Monday Afternoon Wednesday All Day |
| Dr Hussain (etc.) | Greasbrough Medical Centre Munsbrough Rise Greasbrough Rotherham S61 4RB | Wednesday Afternoon |
| Dr Hewson (etc.) | 171 Bawtry Road Brinsworth Rotherham S60 5ND | Tuesday Afternoon |
| The Gate Centre | Chatham Street Doncaster Gate Rotherham S65 | Referred to Green Oaks Clinic (R.D.G.H.) * |

- This is a specialist health centre for Asylum Seekers and Migrant populations. There is no midwifery service provision and all pregnant clients are referred directly to hospital for their ante-natal care.

There are currently a very limited number of birth preparation and parenting classes provided by the Rotherham Midwifery Service in the locality of Sure Start Rotherham Central residents (Table 2 overleaf). With the exception of the Pregnancy Club, these antenatal classes are 'traditional' in style, comprising a set of five weekly sessions which cover the basics of antenatal/postnatal care, and include a hospital visit and a talk on infant feeding and child safety.

They are attended in the main by older, primiparous Caucasian couples in stable relationships. There are no daytime or weekend classes, and no crèche facilities.

Table 2: Birth and Parenting Preparation Classes in Sure Start Rotherham Central

| Location | Type of Class | Time of Class |
|---------------------------------------|---|---|
| Pregnancy Club | Park Rehabilitation Centre Badsley Moor Lane Rotherham S65 2QU | Wednesday Evening 19.00 to 20.00 Thursday Evening 19.00 to 20.00 |
| Parent Craft Classes | Woodstock Bower Surgery Kimberworth Road Rotherham S61 1AD | Tuesday Evening 19.30 to 21.00 |
| Bumps, Babies & Beyond | Green Oaks Clinic Rotherham District General Hospital Moorgate Road Rotherham | Monday Evening 18.30 to 20.30 |
| Aquanatal Classes (Nominal charge) | Mowbray Gardens Pool Herringthorpe Valley Road Rotherham | Wednesday Morning 10.30 to 12.00 |

A study amongst Caucasian women by Cliff & Deery (1997) found attendance at antenatal classes was related to both marital status and the age of the woman, whilst inconvenient timing of classes and inaccessible locations were also key issues in non-attendance. Older, married women were significantly more likely to attend the 'traditional' style of class whereas younger, single, working class women described such classes as '*just like an extension of school*', where they felt '*threatened*' because they were '*not seen by the establishment as proper mothers*'. The Pregnancy Club, which is designed to accommodate a wider range of young women and their families, is facilitated by the Chatsworth team, however very few young women from Sure Start Rotherham Central areas do not generally attend. This service is very well utilised however, and it would seem logical to develop a local service for young women, particularly those living in Canklow.

Asian women (first and second generation), and women from other ethnic minority groups, did not generally attend the existing antenatal and parenting classes, and there is currently no service provision in terms of antenatal classes that focus on the development of knowledge and skills relative to pregnancy, birth or parenting amongst these women. Classes have been set up in the past by community midwives in these areas, but were discontinued due to non-attendance. According to a study of 2275 Asian women across England (Thomas & Avery, 1997) most Pakistani and Bangladeshi women obtained advice about pregnancy and infant feeding from other family members rather than health professionals, with the influence of their own mother and/or mother in law being extremely powerful.

Aquanatal classes (gentle exercise in water) are held weekly at a local pool, and each session is followed by refreshments and the opportunity to speak to a midwife informally. There are issues of privacy that surround the attendance of Muslim women. There are no transport/crèche facilities provided, and there is a nominal entry charge to the pool for each session.

Section 6: Midwives' views of the Sure Start Rotherham Central Area

Informal interviews with the community midwives working in the Sure Start Central Area were carried out, and the following sections give their impressions of the current situation.

Midwifery Impressions of Canklow

The Community Midwife for Canklow described the area as '*A run down estate, with no facilities, nothing for them to do all day, and no-one who cares for them. They have such negative lives, they need a boost. They need to feel someone cares. They need something special, something just for them.*'

- The midwife's office is dark, damp and unwelcoming.
- The midwifery caseload comprises mainly young Caucasian women, plus a small number of women from ethnic minority groups and Asylum Seekers. There is also a very 'fluid' migrant population, made up of women who are 'avoiding' for example, Child Protection, domestic violence or drug related issues.
- Some of the women live within extended 'family' groups, in overcrowded, run-down housing. Many such homes include, for example, relatives who are Schedule 1 Offenders. Others can live alone, with up to 7-8 children, and are often quite isolated.
- Most women are living on Benefits.
- Levels of breastfeeding are 'virtually nil'.
- There is a very high level of involvement with illegal drugs, mainly amongst women's immediate family, such as partners, brothers, fathers, etc.

- A large proportion of families in the area have children who have been placed on the Child Protection Register; in the main due to physical and/or mental neglect, drug and/or alcohol abuse, or potential violence within the family setting. Often young mothers have only recently been removed from the Child Protection Register themselves.
- No antenatal classes are currently provided in the locality, and there are no facilities available within the Surgery where they could take place. There is not even a TV or Video player, due to concerns over high levels of break-ins and theft in the area.
- There is a weekly baby clinic at the Surgery, which is run by one of the three Sure Start Health Visitors, who are all now located at Ferham Clinic. There is therefore no health visitor available at the surgery to provide an informal service outside of these clinics.
- Family planning advice is provided by the practice nurse.
- The nearest dentist is in the town centre.

Midwifery Impressions of Masbrough, Ferham and Thornhill

The majority of care for the residents of Masbrough, Ferham and Thornhill is provided at the Woodstock Bower Surgery on Kimberworth Road. This is a modern purpose built Health Centre, which has a parent craft room where antenatal classes are held every Tuesday evening.

- Approximately one third of pregnant women on the midwifery caseload here are of Asian/Pakistani origin. These women were seen to be very much part of a self sufficient 'community', many of whom don't 'see *the need*' for things outside this environment. They do not attend antenatal classes, and not even second or third generation women participate. A bilingual Link Worker attached to the practice attends all booking visits with the Community Midwife, and is present during all clinic

visits where required. There are issues of domestic violence and postnatal depression amongst women in the Asian Community, which the Apna Haq group is currently trying to support.

- Culturally, Asian men are not involved in the pregnancy/child rearing experience.
- The remainder of the midwifery caseload comprises Caucasian couples in stable relationships. There were a few single mothers, but these tended in the main to be young women who were well supported by their own parents and families.
- There were a small number of Asylum Seekers who were known to the practice and were therefore seen here, rather than at the Gate Centre/hospital.
- There were a few bookings from illegal drug users (mainly from the Henley area).
- There were very few child protection issues amongst the caseload.
- Approximately 40 to 50% of Caucasian couples left hospital breast feeding, the majority discontinuing between 3-6 months postnatally. Most 'Asian' women tended to give breast and formula feeds in combination. Research across the whole of England for the Department of Health (Thomas & Avery 1997) reported that the 2275 Pakistani and Bangladeshi women surveyed were three times more likely than the 600 white women surveyed to leave hospital bottle feeding. Mixed feeding (i.e. breast and formula) was 'very common', but by 6 weeks postnatally 50% of mothers in these ethnic groups were found to have given up breastfeeding completely in favour of bottle feeding.
- The baby clinic is now held at Ferham clinic and is run by the three Sure Start Health Visitors. Asian women do attend when required to do so, but not routinely. The surroundings were described by the health visitors as 'often cold with no privacy or space to talk in confidence'.

This data serves to illustrate that the areas of Canklow, as distinct from Masbrough, Ferham and Thornhill are clearly quite different in terms of their midwifery caseload. Services for *all* women in Canklow, and for ethnic minority women in Masbrough, Ferham and Thornhill are particularly minimal, and it is this service 'gap' which should therefore be targeted by Sure Start Rotherham Central.

Section 7: The public health role of the midwife

What can midwives do to improve the health of mothers and babies?

*'If you keep on doing what you've always done,
you'll keep on getting what you've always got.'*

Garrod, 2002

We all know the impact that poverty has on health, from the cradle to the grave. Where you live, how you live and who you live with are all important aspects in the lives of individual women, particularly for those living in disadvantaged conditions. The health and well being of women and their families thus depends upon a multiplicity of factors encompassing every aspect of their daily lives.

The dominant model of maternity care in the UK has been, and remains to a great extent 'medical' (Garrod, 2002), with the midwife's role narrowly defined in terms of the provision of antenatal and postnatal care, and the 'delivering' of babies. However, the Winterton Report (1992) stated very clearly that women from disadvantaged socio-economic circumstances, living amidst high unemployment, on a low income, with poor housing and suffering social isolation, will fare particularly badly within such a model. Likewise very young women and those from ethnic minority groups. Equally vulnerable is the newborn baby whose family is living in poverty, being more likely to be born early at a low birth weight (Dallinson et al, 1995), be fed on formula milk (Green et al, 1998), and to suffer the effects of passive smoking (ASH, 2001) and frequent gastro-intestinal and respiratory infections (Roberts, 2000).

Sure Start exists to break the cycle of poverty, deprivation and disadvantage by 'improving the health and well being of families and children before and from birth, so children are ready to flourish when they go to school.' (Department for Education and Employment, 2000). It conceptualises Public Health and Health Promotion in terms of a network of relationships within a community, which respond to the full range of a family's needs.

This arena has been described as 'natural territory' for the midwife (Kaufmann, 2002), because 'the midwife works at the very heart of women's lives, seeing each woman holistically, and taking into account her social, psychological and emotional needs, as well as her physiological status'. Sure Start therefore provides a unique opportunity for midwives to identify the special needs of women and families in a local area, and to enable 'needs led' services for the most disadvantaged and marginalized families.

What services can midwives provide within Sure Start?

Midwives are uniquely placed to improve health and tackle inequality through innovative services for women and their families at home. According to the Royal College of Midwives briefing on the NHS Plan (2002)

"This (the Sure Start initiative) is an exciting opportunity to develop the midwifery contribution toward public health, to re-integrate social care perspectives into maternity care, and to build on the midwife's role as expert in the care of the normal."

By building on the relationships that they establish with women in their care, midwives are in an excellent position to target vulnerable groups who do not traditionally utilise services, for example young single mothers, or black and ethnic minority groups (Allen et al, 1997). However, the current organisation of community midwifery services within the NHS means that maternity care for the majority of women is fragmented and lacks continuity. Whilst it would be unrealistic to suggest that one midwife would be able to develop a close relationship with each of the 160-170 women giving birth within the Sure Start Central area each year (Section 2), improvements in overall health outcomes are achievable if particularly vulnerable women are made the focus of one to one professional care. Acting as a catalyst for social change, not only can the Sure Start midwife establish enduring, productive relationships with certain women within a given community, but, by working in partnership with school nurses, health visitors and many other support agencies, the positive health outcomes of her work can extend far beyond the immediate concerns of maternal and child health during pregnancy.

- **Parenting and Bonding** - Midwives can build knowledge of the responsibilities that are associated with pregnancy and parenting, and can also promote the physical, intellectual and social development of pre school children. For example, in Hastings & St Leonards, Sure Start midwives run parent education classes within their own dedicated Sure Start buildings. In conjunction with a smoking cessation counsellor, they advise on healthy life styles, and also cover topics such as diet, cooking, household budgeting, decision-making and parenting skills. Sure Start midwives in Foxhill and Parson Cross (Sheffield) also run similar groups, with the support of a dietician. Supported by a designated Sure Start Midwife, a team of community midwives in Salford provide baby massage in group sessions and a one to one service, to encourage parent/infant bonding. Their baby massage group also links with the Language Development Project and the Toy and Book Library, finding fun ways to promote early language development.
- **Low Birth Weight** - Low Birth Weight (i.e. a birth weight <2500 grams) is today well recognised as a significant health problem, contributing both to infant mortality and long term developmental and neurological disability (Hack et al, 1995; Schendel et al, 1997). It is significantly more evident amongst lower socio-economic groups (Spencer, 2000) and there are marked ethnic differences in prevalence, with in particular a higher incidence amongst the UK Asian population (Kramer, 2000).

The challenge of Low Birth Weight is to ensure a healthy pregnancy and early childhood, minimising exposure to risk amongst susceptible women, particularly those who were themselves of Low Birth Weight (Ball & Kirkham, 2002).

The midwife can provide ongoing counselling which targets smoking cessation, drugs and alcohol, exercise, diet and obesity, which not only serve to reduce the risk of premature birth and low birth weight (Ball & Kirkham, 2002) but can also extend far beyond such immediate concerns, by preparing women for informed and healthy life choices which are sustained long after the birth and throughout their childbearing lives.

- **Postnatal Depression** - Postnatal depression (PND) is a serious health concern, not only for women but also for the long-term health of families. In their literature review, Cooper and Murray (1998) found that mothers who had had PND tended to

form insecure attachments with their children, and that in their turn, children (specifically boys) were found to exhibit high levels of behavioural disturbance at 5 years of age.

The PND rate in the United Kingdom varies according to source, but could be as high as 22% (Huang & Mathers, 2002) with women who adapt poorly to their new role of motherhood and who have low self confidence being identified at higher risk. In all probability, cross culturally PND is a universal experience (Laungani, 2000) however, it is the manner in which it is manifested, the importance assigned to it by significant others and society, which will vary between cultures.

Historically, PND has been researched within a medical paradigm, observing women from a distance, and utilising scientific theories as a basis for understanding the phenomenon. More recently however, research has concentrated upon the identification of triggers during the antenatal period, such as childhood trauma, disturbed family relationships, marital problems, lack of support , social adversity, stressful life events and unemployment (Bott, 2001). To appreciate the changes hailed by motherhood Gutteridge (2002) suggests 'It is imperative to understand the fine layers that form within each woman, all of which are concepts that need to be acknowledged in order to appreciate her as an individual.' Put in other words, for women to mother, they need to be mothered themselves, and to have their personal needs met, in ways that are creative and effective (Downe, 1998).

Midwives can play an important role in identifying women at risk of postnatal depression (PND) in the antenatal period. By sustaining one to one care with 'at risk' women during pregnancy and after the birth, the midwife can utilise knowledge of each individual woman and her family to improve both the rates of antenatal and postnatal detection, and the effectiveness of referrals for women suffering from PND. Midwives have a unique relationship with women, and repeated contact during pregnancy and the puerperium enable them to identify vulnerable women early and to work with women to promote emotional health and well being. In turn, the effects of PND on the woman and her family highlight important practice issues for midwives developing services which are more

responsive to women's needs. For example, a Sure Start Group in Salisbury involves midwives, health visitors, GP's and a community psychiatric nurse to identify women at risk of depressive illness early in pregnancy, and refer to the Primary Care Team who provide supportive measures. (RCM, 2000). The STEPS group in Rotherham is currently working to develop integrated care pathways for PND and a midwife could link very effectively into this scheme to broaden the scope of the service.

- **Breastfeeding** - Midwives can promote, encourage and support breastfeeding, thereby reducing childhood hospital admissions for respiratory and gastro-intestinal infections, and improve the long-term health of families in many ways. By identifying women who *really want* to breastfeed, and by nurturing and supporting them throughout pregnancy and the postnatal period, the midwife can insure that these women will breastfeed *successfully*. Successful breastfeeders will then in turn go on to encourage and support their peers to do the same. In many Sure Start areas (e.g. Foxhill & Parson Cross Sheffield, Barrow, Salford, Newark) community midwives and health visitors have utilised La Leche League training to develop a peer supporter network which fills the 'knowledge gap' formally provided by grandmothers, sisters, friends and neighbours in a community (National Sure Start Conference, 2002). Peer support workers have not only set up weekly groups in community centres, but also offer support wherever mothers congregate, such as at the school gates, down at the shops and in mother and toddler groups. An evaluation of Sure Start Foxhill & Parson Cross 'Simply the Breast' scheme (Battersby,2000) found that breast feeding rates improved and that '*mothers (...) found the peer support service to be very good and (...) sustained breastfeeding for longer than originally intended.*' 'Breastfriends' in Doncaster (2000) is another example of a local, highly successful breastfeeding peer-support programme, and peer workers would happily visit Sure Start Central to provide guidance in setting up a similar group. They have also produced a video entitled 'Help Yourself to Breastfeed' which is available through the W.I.C.H. Research Group, Sheffield University.
- **Contraception and Sexual Health** - Midwives can help women to be better informed about contraception, sexual health, and breast and cervical screening.

- **Social Issues, Domestic Violence and Child Protection** - Because of their unique involvement in the lives of all women of childbearing age, midwives have an important part to play in the identification of social problems, problems within relationships and families, domestic violence and child protection concerns, referring on effectively to other professional groups and services. Domestic violence has been linked to low birth weight (Ball & Kirkham, 2002) and is also a major factor in stillbirth and deaths in infancy (Cesdi, 2002). Many Sure Start partnerships have focused upon facilitating disclosure of domestic violence; e.g. A Sure Start group in Wakefield place 'blue dot' stickers in all ladies toilets within GP, surgeries, Sure Start premises and hospital clinics. Women are instructed to simply place a sticker on their urine sample bottle, or inside their hand held antenatal notes, if they wish to speak privately to a professional about domestic violence or related issues.
- **Dental Care** - In collaboration with the Sure Start Dental Health Project (2002) midwives can better facilitate women to see a dentist during their pregnancy and links will also promote ongoing family contact with dentistry services after the birth.

The Midwife as a Community Resource

This section has hopefully served to demonstrate the potential value of a Sure Start midwife as a community resource which will serve to build 'social capital' and hence, prove a sound investment for the future. 'Social capital' refers to the relationships, institutions and norms that shape the quality of a society's social interactions, and lead to an increase in both community productivity and well-being (Baron et al, 2000). Antenatal support activities can be set up in such a way as to flourish into postnatal support groups, whilst one to one care for particularly vulnerable women will also help to attain health targets within the Sure Start Central Plan. Improvements in the rates of breastfeeding, smoking cessation and relapse prevention, low birth weight, the detection and management of postnatal depression and domestic violence, child protection issues, family planning and dental health are some examples of the areas to which a Sure Start midwife can contribute effectively. Perhaps more importantly, the links that are forged between women, their families, and members of the Partnership, will, by their very nature, prove a resource which will endure long after local funding initiatives such as Sure Start have ceased.

Section 8: Suggestions for midwifery service provision in Sure Start Rotherham Central

In this section, the role of the midwife as a '*community resource*' within the Sure Start Rotherham Central Area is explored in greater depth. The aim of an enhanced Sure Start midwifery service would be to focus upon the improvement of health outcomes (such as breastfeeding rates, smoking cessation and smoking relapse prevention), by the facilitation of professional one to one support for particularly vulnerable women and their families within the community. It is important to clarify the nature of the Sure Start midwives' role as one of an '*enabler*' rather than a '*provider*' of services, acting very much as the stimulus for the development of peer led services and peer support networks, which local women will in turn be empowered to co-ordinate and control for themselves. To make optimum use of this very different and distinct role, it remains vitally important that the Sure Start midwife 'mesh' closely with colleagues from the existing midwifery services, monitoring any service time which may be 'freed' by Sure Start work, and negotiating for its 're-investment' in the Central Area.

Development of New Services in Canklow

- Antenatal Support Services

There are no antenatal parent craft classes available in Canklow. Pregnant women do attend their GP's surgery for their routine antenatal appointments, but the facilities there are very basic, and could be made much more welcoming. This possibility has already been discussed at length with the GP by community midwives, and does not seem to be practicable. Local midwives therefore feel that the provision of additional midwifery services in an alternative location would be beneficial.

One such service which would enhance antenatal care for the women of Canklow is the provision of drop-in advice shops, similar to that which Sure Start Rawmarsh, Rotherham currently run from their Monkwood Satellite Base. Such a service would provide supplementary advice and support (i.e. distinct from a routine clinical 'check-up') from a wide range of professionals during pregnancy, birth and the postnatal period. One

location suggested for this service was the Sure Start premises on Canklow Road; a second possibility was the development of a drop-in service at Canklow School, where Sure Start Central already have suitable facilities. Both these venues could provide refreshments, tv/video equipment for education purposes and toys/play facilities for children.

Aquanatal classes (gentle exercise in water for pregnancy, followed by an informal discussion session) are currently provided by community midwives at the Mowbray Gardens Pool on Herringthorpe Valley Road. This is quite a distance from Canklow, and there is a prohibitive admission charge. Women could be encouraged to attend if the pool was paid for by Sure Start, and crèche facilities, refreshments and transport were provided.

- Peer Led Support Groups

Women are not a homogenous group and it has already been identified by many sources that conventional parent craft programmes do not work for women living in deprivation, or for teenager mothers (MacLeod and Weaver 2002). For such women, learning opportunities tend to occur in a haphazard fashion, from information passed on by friends, mothers and other relatives, from hearsay and from anecdotes (Collington, 1998). Of course, these women still want to know as much as possible to prepare them for the birth, nurturing and care of their babies, and the Sure Start midwife therefore has an important role to play in dispelling local 'myths' about pregnancy and birth, whilst at the same time empowering local women to develop less passive ways of interacting with maternity services, such as the development peer-led networks, which can be supported to evolve from the antenatal to the postnatal period.

Actually encouraging Canklow women to attend support groups is seen by the community midwives as problematic. A Sure Start midwife could initially focus on isolated, small groups of women within the community who have something in common (for example, a strong desire to breastfeed). By simply getting them together, caring for and nurturing them, their success would be assured and these women would be highly motivated to 'recruit' their peers. Bringing successful new mums into the antenatal arena, where they can 'show off' their babies and their newfound skills would not only empower

them individually, but would also provide a strong role model for other pregnant women in Canklow.

The offer of additional incentives for women to attend new groups has been utilised as a starting point in some areas, for example, the Womens' Centre in Doncaster has a second hand baby equipment shop which is open during all its antenatal/postnatal sessions. Community midwives in Canklow identified a local 'custom' of taking great pride in baby equipment, which was generally bought new for each baby (even fourth or fifth babies), despite high levels of unemployment and limited family incomes. The idea of baby equipment vouchers (e.g. Mothercare, Boots) for attendance at support groups, and/or the provision of a re-cycled baby equipment service was therefore put forward. The same vouchers could also be given as an incentive to breastfeed at discharge from hospital, and at 6 weeks and 3 months postnatally. Foxhill and Parson Cross Sure Start midwives have their own minibus, which is driven by female volunteers, and picks-up and transports women to group meetings and various other venues

Many successful peer led antenatal/postnatal groups already operate in South Yorkshire (e.g. Sure Start Foxhill, Sheffield; Breastfriends, Doncaster) and visits to/from existing local groups, to stimulate interest in Canklow, were suggested as a starting point by community midwives. .

- Outreach Work

Peer workers who eventually facilitate support groups in Canklow could be encouraged to further develop services in local secondary schools by, for example, undertaking pre-conception work, or promoting breastfeeding , as in the 'Breastfriends in Schools' project (Breastfriends Doncaster, 2002).

- One to One Care

One to one continuous care for particularly vulnerable women could be provided by the Sure Start midwife as a supplement to routine maternity care. This work would enable closer, more effective links between women and specialist midwives, health visitors, family planning services, smoking cessation services, drug liaison, etc. to be developed and maintained.

- Family Planning

Family Planning training for the Sure Start midwife would enable the provision of a more holistic service for contraceptive advice postnatally, and could be developed in close liaison with the practice nurse.

Establishing Effective Service Links in Canklow

Parent 2 Parent are currently very active in the Rotherham area, bringing together young parents who can share their experience and learn new skills in a relaxed and supportive way. Parent 2 Parent also offer training for professionals in the development of parenting skills. Parents can contact the project directly, or other agencies and workers can make referrals for families in crisis. The project has two workers, who both visit individuals in their homes and groups in the community. Volunteers are offered initial training in parenting skills and child protection issues and subsequently introduce the service to mothers and their newborn babies in Rotherham District General Hospital. A weekly support group meets at the Community House, Castle Avenue, Canklow, to which Sure Start midwifery input would be welcomed, as would links to follow on support groups in the postnatal period.

Discussion with the Sure Start Rotherham Central worker involved with parenting/bonding work with teenagers and young men within the Rotherham YMCA suggested that input from midwifery services would also be welcomed. Joint involvement in ante/postnatal education and support groups was suggested, as was some possible involvement in teenage drop-in advice centres across the town.

A specialist Drug & Substance Abuse Liaison Midwife is based at Medway House, who also holds joint 'clinic' sessions with the consultant obstetricians at Green Oaks, RDGH. Community Midwives refer women to this service at booking, and additional care planning and support is provided on a one to one basis. The effectiveness of this service could be greatly improved by input from a dedicated Sure Start midwife.

STEPS is closely involved with the 'Integrated Care Pathways Initiative' (Department of Health, 2002) and is extremely interested in improving the levels of local professional

knowledge and detection rates for postnatal depression. Their target is to improve referral procedures and coordinate support services across the community, and this work would benefit greatly from dedicated Sure Start midwifery input. It is also possible that time 'freed' within the existing community midwifery service by the work of a Sure Start midwife could be allocated towards improvements in the detection of women who are at increased risk of postnatal depression during their routine antenatal care.

Developing New Services in Masbrough, Ferham and Thornhill

In Masbrough, Ferham and Thornhill, support for Asian women and women from ethnic minority groups (including asylum seekers and refugees) was identified by community midwives as the appropriate focus for service enhancement. Successful groups for such women must take account of the need for privacy, make provision for contextual English language development, accommodate additional female relatives and provide an acceptable form of transport, i.e. provided by a woman driver, who is 'trusted' by the men within the community.

There are suitable facilities available within the Woodstock Bower Surgery and Ferham Social Club where dedicated antenatal/ postnatal groups could be initiated. Antenatal groups which teach women from ethnic minorities vital words and phrases to enable effective communication with staff at the hospital, (for example, when they think they are in labour, have a problem during pregnancy, or need to ask for help during their labour/postnatal hospital stay) would be beneficial. Sure Start midwives in Wakefield run very successful aquanatal groups for Asian women, whilst at Doncaster Women's Centre there is an Asian women's' keep fit group which is very well attended.

Establishing Effective Service Links in Masbrough, Ferham and Thornhill

Links between midwifery services and APWA, Apna Haq and Tassibee groups could be initiated and developed. Midwives (plus appropriate interpreters) could provide a drop-in advice facility at the APWA base in Spring Street, at Thornhill School and at Ferham Clinic, plus the Multi Cultural Centre on Carlisle Street. By becoming involved in pre-existing groups within their framework, eventually, ongoing, dedicated ante/postnatal support groups, and links with other specialist services could be developed for Asian

women. Links have begun to be developed between STEPS and APWA in the field of postnatal depression, and Apna Haq's domestic violence work is developing links into health visiting services based at Ferham. Swimming sessions for Asian and ethnic minority women are already provided at Sheffield Road Baths, and these could be adapted or extended to include aquanatal tuition.

The Sure Start health visitors felt that it was very difficult for them to be 'proactive' in the area given their heavy workload of Child Protection work. Additional midwifery support within the Asian community would be beneficial, because the interpreting services which were made available to the health visitors were usually from women within the local Asian community, and this gave rise to the problem of restricted disclosure of domestic violence and postnatal depression issues. This problem did not appear to be in evidence at the Woodstock Bower Surgery, possibly their interpreter service could be linked in here.

STEPS currently employ a social worker who is allocated to work with Sure Start Central. Her specialist area is child mental health. She is also involved in the Incredible Years Parenting Programme (developing and strengthening relationships between parents and their children). Her role in Sure Start is to provide access for professionals to support, consultation and training in relation to child mental health, and direct intervention services for families through primary care clinics. Workshops have already been planned for workers in Sure Start Rotherham Central (in conjunction with Sure Start Maltby), with the aim of developing those support services which already exist for women in the antenatal and postnatal periods.

Section 9: Suggested allocation of the Sure Start Rotherham Central budget

As it is acknowledged that the existing community midwifery services in Rotherham are over-stretched (Sure Start Rotherham Central Final Plan, 2002), it is recommended that the budget of £25,000 allocated within the Sure Start Rotherham Central Plan 2003-2004 be allocated to the employment of a dedicated Sure Start Rotherham Central midwife. This funding will not be sufficient for a full time post, as the *basic* annual salary of a full-time G grade midwife is £22,385 - £26,340, whilst the level of midwifery input purchased will be dependent upon additional managerial and employment costs (e.g. weekend/evening working allowances) also to be deducted from the £25,000 total. An additional allowance of £7,000 is available however, to cover travelling costs and expenses.

Ways of Working

Given the potential midwifery workload which has been identified within this report, it would be extremely unrealistic to expect one part time midwife to instigate all the services suggested in this document and thereby improve the health outcomes of *all* the 160-170 women (Section 2) who give birth annually within the Sure Start Rotherham Central boundary. Ideally, therefore, the midwife appointed should focus limited resources on particularly vulnerable groups of women living in Canklow, and possibly initiate some work amongst women belonging to ethnic minority groups (including the Asian community, refugees and asylum seekers) in Masbrough, Ferham and Thornhill. Whilst complementing the existing community midwifery service, the midwife should not hold a personal caseload, or provide routine midwifery care, but instead her role should be very much that of 'enabler', helping women and their families to develop and consolidate enduring support networks in conjunction with other services, both within the Partnership and across the wider community. A family planning qualification would enable the provision of more holistic care for women, and would be useful for preconception work within local secondary schools/teenage support groups.

As an example, Rawmarsh Sure Start in Rotherham have a dedicated, part-time Sure Start Midwife. She currently facilitates a 'mums and dads to be' weekly drop-in group at

the Sure Start Shop in Monkwood and a 'breastfeeding workshop' and a 'young mums' group at the Rawmarsh Children's Centre. She also provides one-to-one, ongoing support for a small number of women with, for example, learning difficulties, or social problems, who are referred on to her by local community midwives.

The following is a brief outline of a programme of work which a Sure Start midwife could *begin* to develop in the Rotherham Central area-

- The creation of 'social capital' within the community - 'Social capital' refers to the relationships, institutions and norms that shape the quality of a society's social interactions, and therefore leads to an increase in community productivity and well-being (Baron et al, 2000). The development of peer-led antenatal/postnatal support groups, possibly in conjunction with an 'in house' baby equipment exchange scheme, would serve to create a wealth of 'social capital' within the Sure Start Rotherham Central community. Guidelines for the training of peer volunteers and the setting up of effective support groups for women and families are currently being developed locally (Smale, 2003).
- Specialist drop-in advice shops in both Canklow and Ferham - A base for both professionals, supporters and women to meet informally, and provide advice on, for example, breastfeeding problems and maternal well-being. A similar service, currently provided in Doncaster town centre on market day, is proving a very effective forum for information exchange.
- Strengthening involvement of women from Ethnic Minority Groups - Development work could begin by the provision of antenatal education sessions which teach English language for pregnancy, birth and the postnatal period, and evolve into further services to empower ethnic minority women (including asylum seekers and refugees) within the community. Such classes require minimal equipment (2 toy telephones and a couple of chairs will suffice!) and teach women whatever basic communication skills they may require, for example, what to say when they phone the labour ward, or how to ask for analgesia when they are in labour. Women from a wide range of ethnic backgrounds will readily attend, because they are readily able to see for themselves the advantages of such a service.

Successful groups for such women must take account of the need for privacy, accommodate additional female relatives and provide an acceptable form of transport, i.e. provided by a woman driver, who is 'trusted' by the men within the community.

- 'Meshing' with the existing Community Midwifery Service - By providing one to one ante/postnatal care for particularly vulnerable women in the Rotherham Central area and working towards the facilitation of more 'user friendly' antenatal education groups, existing community midwifery service time will be 'freed' and its reinvestment in Sure Start activities could be negotiated, for example, by the introduction of a postnatal depression, or domestic violence, screening tool in English and Urdu for all pregnant women who book within the area.
- Integrated Care Pathways for Postnatal Depression and Domestic Violence - By establishing and firming the links between existing Community Midwives, Health Visitors, ethnic minority workers, women's refuges and STEPS, improvements could be made in both detection rates and the coordination of care for women who are suffering, and their families.

Section 10: In conclusion

The current midwifery service provision within the Sure Start Rotherham Central area is limited to basic antenatal and postnatal care, and 'traditional' parent craft sessions in selected locations. Specialist midwifery services, such as Teenage Pregnancy, Diabetes, Smoking Cessation and Drug Liaison are all 'town wide' and are accessed in the main via hospital clinics.

The Sure Start Rotherham Central area has been described by participants in this research as two distinct communities, each with specific needs from their midwifery service. Canklow comprises mainly young, Caucasian women, a high proportion of whom are single parents, with risky life styles and numerous 'Child Protection' issues. For the women of Canklow current midwifery services are limited to GP clinics during pregnancy and a series of home visits up to 28 days postnatally. There are no antenatal or parenting classes in the immediate locality; classes which do exist involve travelling outside the community, and are hospital based and do not target the needs of local women or their families. Breastfeeding rates are '*virtually nil*'. Family planning services are provided by a practice nurse.

In Masbrough, Ferham and Thornhill, it is women from ethnic minority groups (which also include asylum seekers and refugees) who have restricted access to midwifery service provision. There is little qualitative research into black and minority ethnic group women's experience of pregnancy and childbirth. However, what research there is suggests that they are part of a 'muted group' (Bowes & Domokos, 1996) who frequently have to deal with services that are '*culturally insensitive, do not offer translation services and offer less choice of treatments*' (ONS, 1999). There are interpreting services at the Woodstock Bower surgery and the hospital, and, in general, women from ethnic minority groups do attend for basic antenatal care. However, a study by Petrou et al (2001) found that women of Pakistani, Indian and other ethnic minorities consistently made fewer antenatal visits to their midwife than women of white British origin. There are no antenatal or parent craft groups which specifically target ethnic minority women. Breastfeeding rates were estimated at 40-50% amongst Caucasian women in Masbrough, Ferham and Thornhill whilst the majority of Asian women fed their babies a

combination of breast and formula milk.

This project has detailed the potential benefits which will be gained in the future from 'joined up' working across the extensive service network currently under development by the Sure Start Rotherham Central Partners and other local voluntary agencies. It has also highlighted the gaps which exist in the current midwifery service and the many further potential health improvements which dedicated midwifery input in the Sure Start Rotherham Central Area could yield. It is important to make it very clear that, to achieve these goals, the Sure Start midwife should not be a 'case holder', but instead take on a public health role, acting as a '*community resource*', an '*enabler*' rather than a '*provider*', of services, and a stimulus for the development of enduring 'social capital' within the community.

Examples of such achievements facilitated by midwives within the national Sure Start framework are many. The promotion of minority group involvement, the development of parenting and bonding skills, improvements in maternal mental health services, identification and support of victims of domestic violence, peer supporter training for breastfeeding and healthy living initiatives, are all part of the midwives' emerging 'public health' role.

As existing midwifery services in Rotherham are over-stretched (Sure Start Rotherham Central Final Plan, 2002), it is recommended that the £25,000 allocated to this service within the Sure Start Rotherham Central 2003-2004 budget be spent on a part time, dedicated Sure Start midwife. By meshing closely with (whilst to some extent supplementing) the existing midwifery service, and providing focused, continuous care, the Sure Start midwife can begin to develop a wide variety of new services, which will greatly improve the health and daily lives of local women and their families. It must be stressed however that, as the funding available within the Sure Start Rotherham Central budget is not sufficient for a full time midwifery post, it is unrealistic to expect a part time midwife to develop *all* the initiatives which are suggested in this document. The initial focus of her work should therefore be in the Canklow area, with the initiation of basic services for women in ethnic minority groups in Masbrough, Ferham and Thornhill. The forging of effective links with members of the Sure Start Rotherham Central Partnership will also ensure that established work in these areas can be further developed. Such

triggers towards a better service should in turn give impetus to local women to work in active partnership with service providers, and to develop maternity care in Canklow, and in Masbrough, Ferham and Thornhill, which better meets their needs.

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Appendix 1: The Sure Start Rotherham Central area

