



# **‘Virtual’ Bright Beginnings; Mother and Baby Group for Maternal Emotional Wellbeing**

A Service Evaluation By Charlotte Gatehouse  
– Specialist Health Visitor for Perinatal and  
Infant Mental Health, Solent East

# Background

The Health Visiting Team planned to pilot a face to face group for maternal emotional wellbeing. COVID-19, however, led to the suspension of face to face groups; leading to a gap in service delivery.

In addition, COVID-19 impacted on parent's usual support networks and maternal mental health and isolation were an increasing concern within the service.

A decision was made to pilot a 'virtual' group.



# Aims

The aim of this service evaluation is to consider the impact of the delivery of the 'Virtual Bright Beginnings' group model, including;

## **The groups effectiveness on its own objectives:**

- Reduce symptoms of mild to moderate mental health issues.
- Increase parental confidence and enjoyment in new parenthood.
- Support mothers to build positive relationships with their babies.
- Support mothers to develop social support networks and engage with services.

The groups **referrals and uptake.**

The **validity and acceptability of the 'virtual' delivery model.**

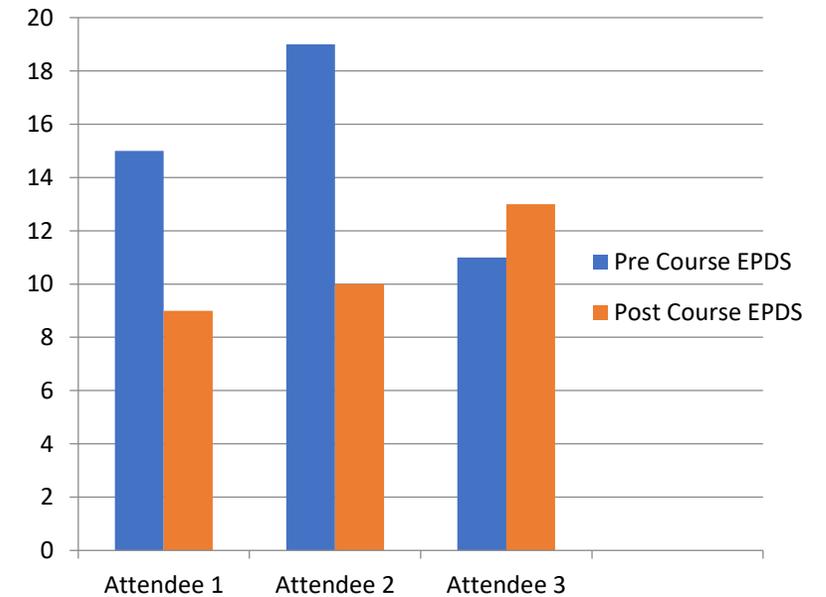
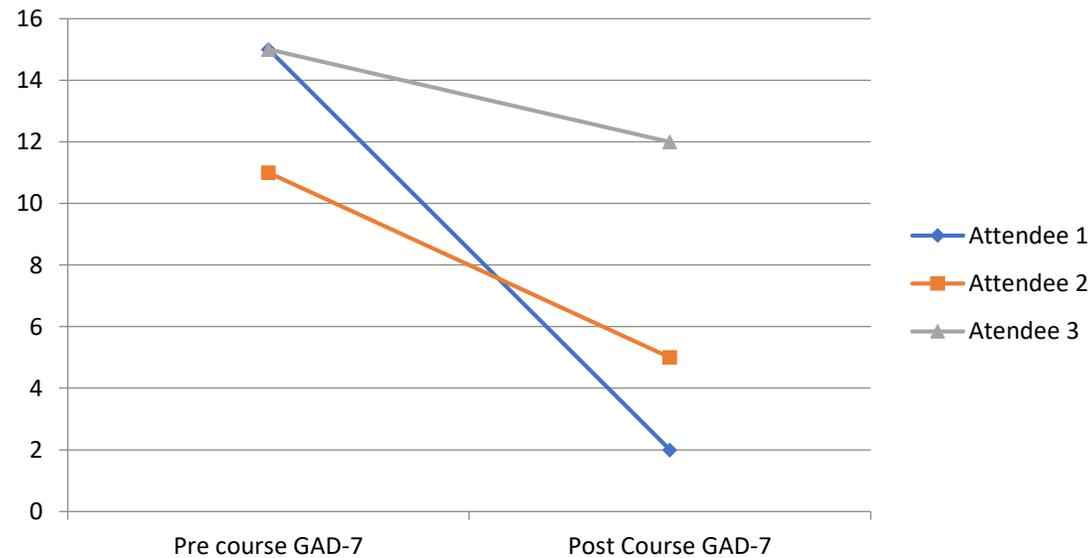
# Method

Aim	Measurement	Method
<b>Reduce symptoms of mild to moderate mental health issues.</b>	Pre and post course EPDS and GAD-7.	Pre – survey monkey Post - Telephone
<b>Increase parental confidence and enjoyment in new parenthood.</b>	Post course evaluation forms.	Tried – Word document in email. Data collected via telephone
<b>Support mothers to build positive relationships with their babies.</b>	Post course evaluation forms.	Tried – Word document in email. Data collected via telephone
<b>Support mothers to develop social support networks and engage with services.</b>	Post course evaluation forms.	Tried – Word document in email. Data collected via telephone
<b>Referral uptake</b>	Data collected by Specialist HV on referrals received Vs. uptake.	As measurement. Documented anonymously on excel spreadsheet.
<b>Acceptability of delivery method</b>	Evaluation forms.	Tried – Word document in email. Data collected via telephone

***Key learning: Collecting data for remote interventions can be problematic!***

# Findings

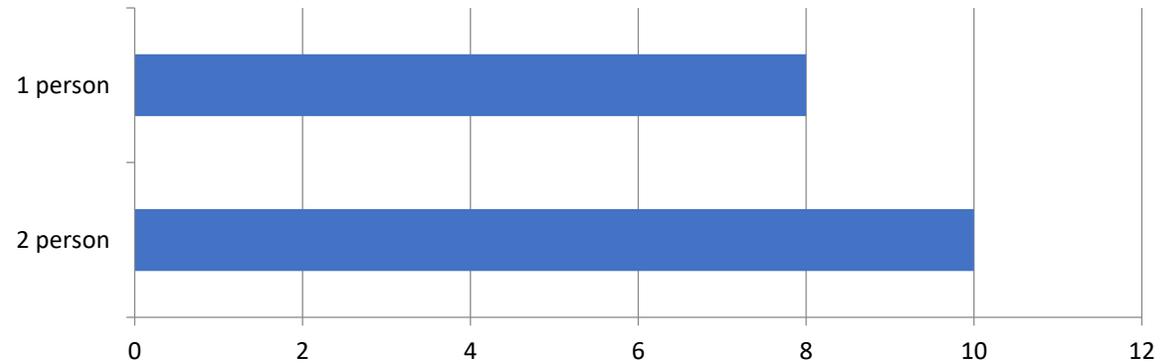
- 6 parents were invited to attend the pilot group; 3 attended. Those attending attended all sessions.
- The quantitative outcome measures suggested a decrease in feelings of anxiety and low mood.



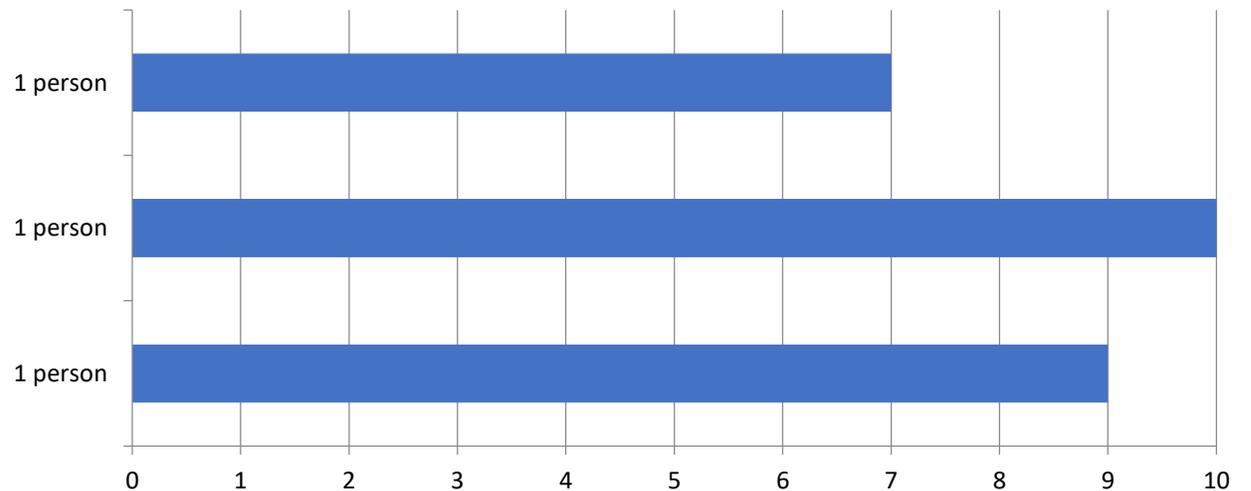
# Findings

- Attendees reported an increase in parental confidence and improved parent-infant relationship and /or enjoyment after attending the group.

*How useful was the group?*



*Has your confidence as a parent increased?*



# Findings

*“The start of the session, really flexible time to just talk about worries and how our weeks had gone. When I had had worries it was great to be able to talk about them, and other mums had had similar worries that week too.”*

*“ I would consider virtual group; but I would prefer face to face.”*

*“ I would have liked the group to have been maybe 2 more session long. I felt I was just feeling more settled and confident in chatting in the last couple of sessions.”*

*“ Talking to other mums who have experienced similar things, hearing that they had similar worries and these were normal.”*

*’ I remember at the start of the group saying that I thought if I worried less, I would enjoy my baby more. I feel that group helped me to do this. “*

*“ More mums in the group. Only 3 of us. 6 mums would have been good. Too many more might have been tricky.”*

# Plans for Improvement

- **Improve remote data collection methods** to reduce facilitator influence, manage risk and increase acceptability to attendees.
- **Increase referrals** from Health Visitors to the group to allow for more mothers to be invited.
- **Increase group length** to 6 weeks.
- **Further service evaluation** to be completed for next 2 groups to allow for **larger sample size**.
- Following further evaluation; **consider reinstating face to face** groups when able (due to COVID -19).

# Any questions?

