

# Postnatal health

LOOK  
INSIDE

PULL OUT  
AND KEEP  
POSTERS

Accessible information can support earlier help-seeking and reduce risks

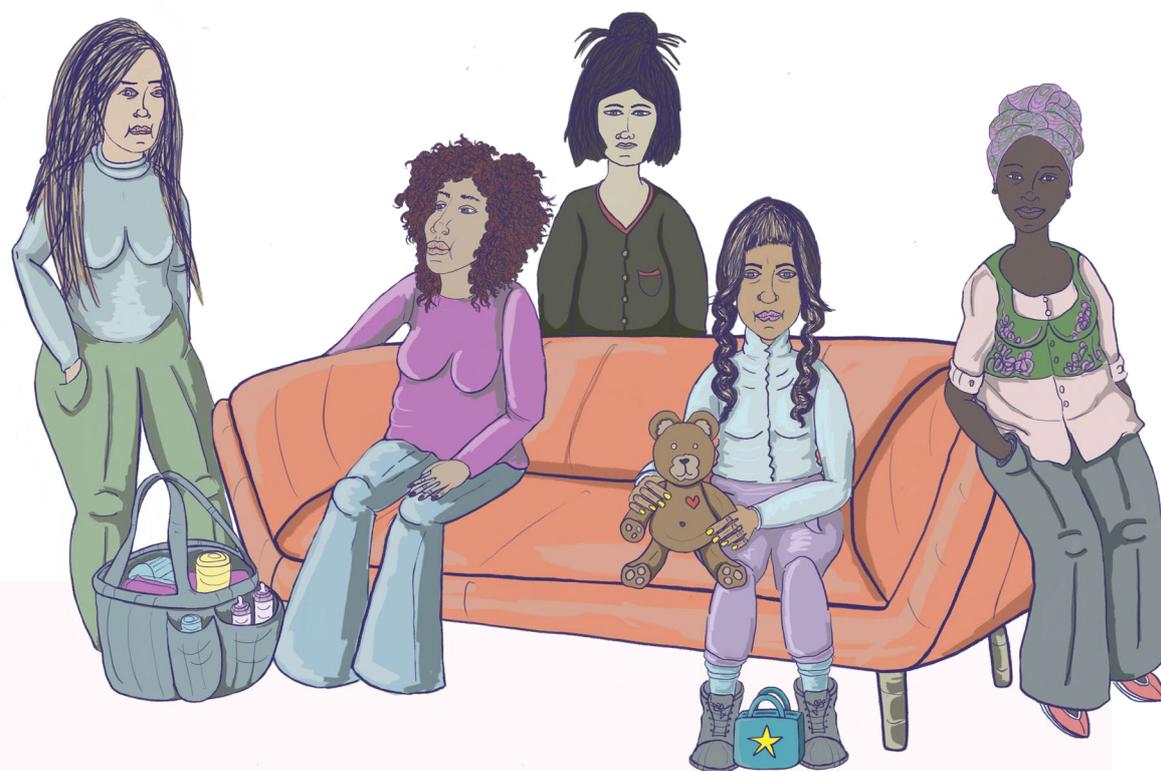


BETTER OUTCOMES  
POSTNATALLY FOR MUMS

# 60

Learn from  
sixty women  
with lived  
experience

Get essential  
know-how on  
how to design  
accessible  
information



*"Mum's the word such a beautiful thing but the pain is often unheard. This project has shed light where there was none and allowed statistics and tick boxes to become friends and colleagues"*

Emma, Peer Researcher

FUNDED BY

**NIHR** | National Institute for  
Health and Care Research

Trusted  
Information  
Creator

Patient Information Forum

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Pull out and keep poster for mental health guidance.

Pregnancy is a journey that involves my physical, emotional and mental health. But most times the hospitals are not the safe places that they should have been for expectant mothers.

I can't trust health professionals who don't listen but judge my very words and actions.

How can I trust health professionals who throw medical jargons at me, and in order not to look stupid, I pretend to understand.

Why won't you see ME, my cultural and religious beliefs, my grasp and understanding? Leave the myths, assumptions and stereotypes behind and make my care more individualised.

by Omo



# ABOUT OUR RESEARCH

An introduction to our research, why it's important and how women have been involved.

We wanted to put a spotlight on how health information is given to women who often face challenges in accessing healthcare after they have had a baby.

**We asked women who have experienced health inequalities to share their thoughts about:**

- how best to design information — so women can hear the important health messages in their busy lives.
- where women will best find information — so they can seek help quickly and keep themselves well.

**To do this we worked in a co-productive way, working alongside peer researchers and involving women with lots of different experiences in the research.**

As part of this we asked women about:

- how best to alert women to get help if they have symptoms which cause the most illness and death after recently giving birth. These symptoms include things like mental distress, heart problems, clots in the lungs, infection and epilepsy. We call these red flags.



## TOGETHER WE:

- 1 Designed an information resource to alert women to red flag symptoms after they have given birth.
- 2 Created a checklist of good practice for information design.
- 3 Discussed how and where health messages can be best delivered to women.
- 4 Tested the resources, the checklist and the delivery guide in the NHS.

## WHY IS OUR RESEARCH IMPORTANT?

This work comes from the findings of a national report into why mothers' die (MBRRACE-UK). It found women who face challenges in accessing healthcare are more at risk of not getting the right help at the right time. This can affect women's wellbeing and health, sometimes seriously. The reasons why are complex — one piece of the puzzle is knowing when a symptom is serious that needs medical help.

There is little mention in UK research literature of women knowing the warning signs of potential health complications after they've had a baby. This project set out to design and deliver accessible information resources which can be used throughout the NHS (using postnatal red flag symptoms as our guiding principles).

## WHAT WE DID

**We ran workshops with women across England to ask what changes they would make to post-natal health information - using collage to share ideas in accessible ways.**

We also asked women to map their circle of trust for health advice and their preferred methods of communication. Taking this information women have written scripts and recorded voiceovers for animations, shared poems, and been involved step-by-step in the creation of resources.

## HOW TO USE THIS RESOURCE

We want this resource to be something you can use as a trigger for new ideas for making changes to health information. Sometimes we will leave space for you to add your thoughts for change-making, other times we will ask you to reflect on certain things.

## THINK ABOUT:

How are you, or how could you, involve women with different lived experiences in the design of health care resources?



# WOMEN WE LEARNT FROM

We listened to and learnt from women with lots of different experiences during the workshops.

## CHALLENGES

People experience different challenges accessing health care. Facing challenges can mean it is difficult to get the help needed quick enough to stop people becoming seriously unwell.

### WOMENS EXPERIENCES

- |   |  |
|---|--|
| <b>31</b> Mental health issues                | <b>28</b> Significant financial need                 |
| <b>17</b> Recent migrant or refugee           | <b>15</b> Domestic violence or abuse                 |
| <b>14</b> Housing instability                 | <b>11</b> Social services involvement                |
| <b>11</b> Doesn't speak or understand English | <b>9</b> Having 1st child when under 20              |
| <b>5</b> Child with additional needs          | <b>3</b> Physical disability                         |
| <b>2</b> Criminal justice involvement         | <b>1</b> Additional learning need or disability      |
| <b>1</b> Substance misuse                     | <b>OTHER</b> Isolated, no family, friends to support |

# 60

TOTAL LIVED EXPERIENCE VOICES

# 2

TWO PEER RESEARCHERS

# 6

CHARITY PARTNERS

# 4

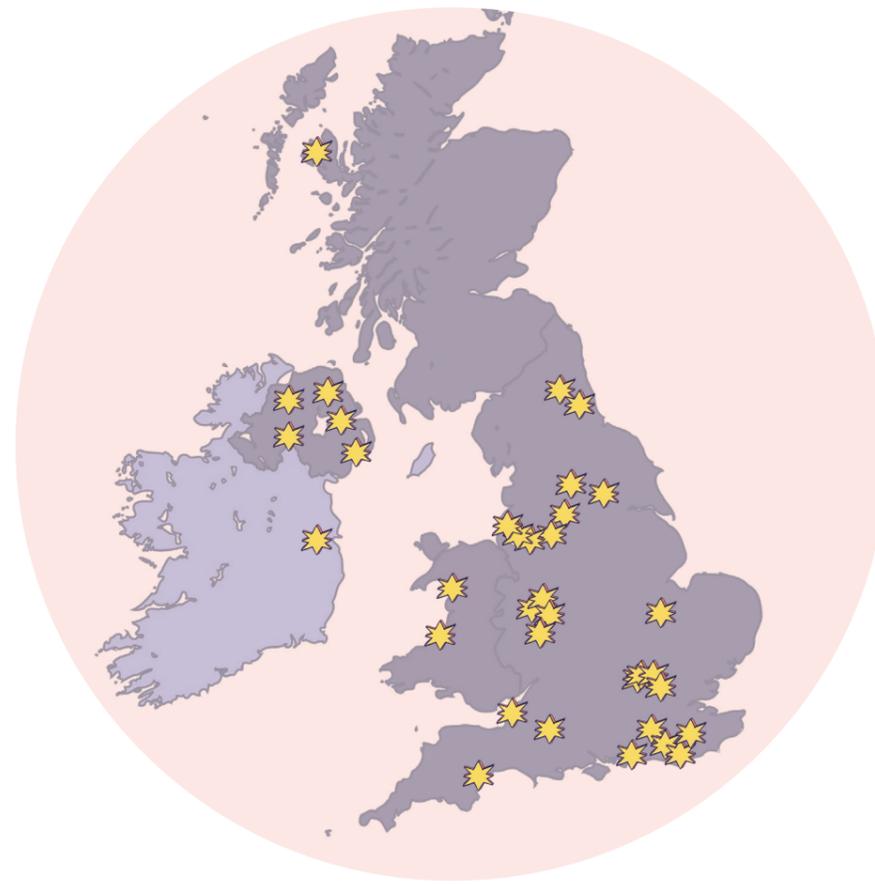
CO-DESIGN WORKSHOPS

# 40

WOMEN AT WORKSHOPS

# 18

WOMEN WITH LIVED EXPERIENCE IN CONSULTATION

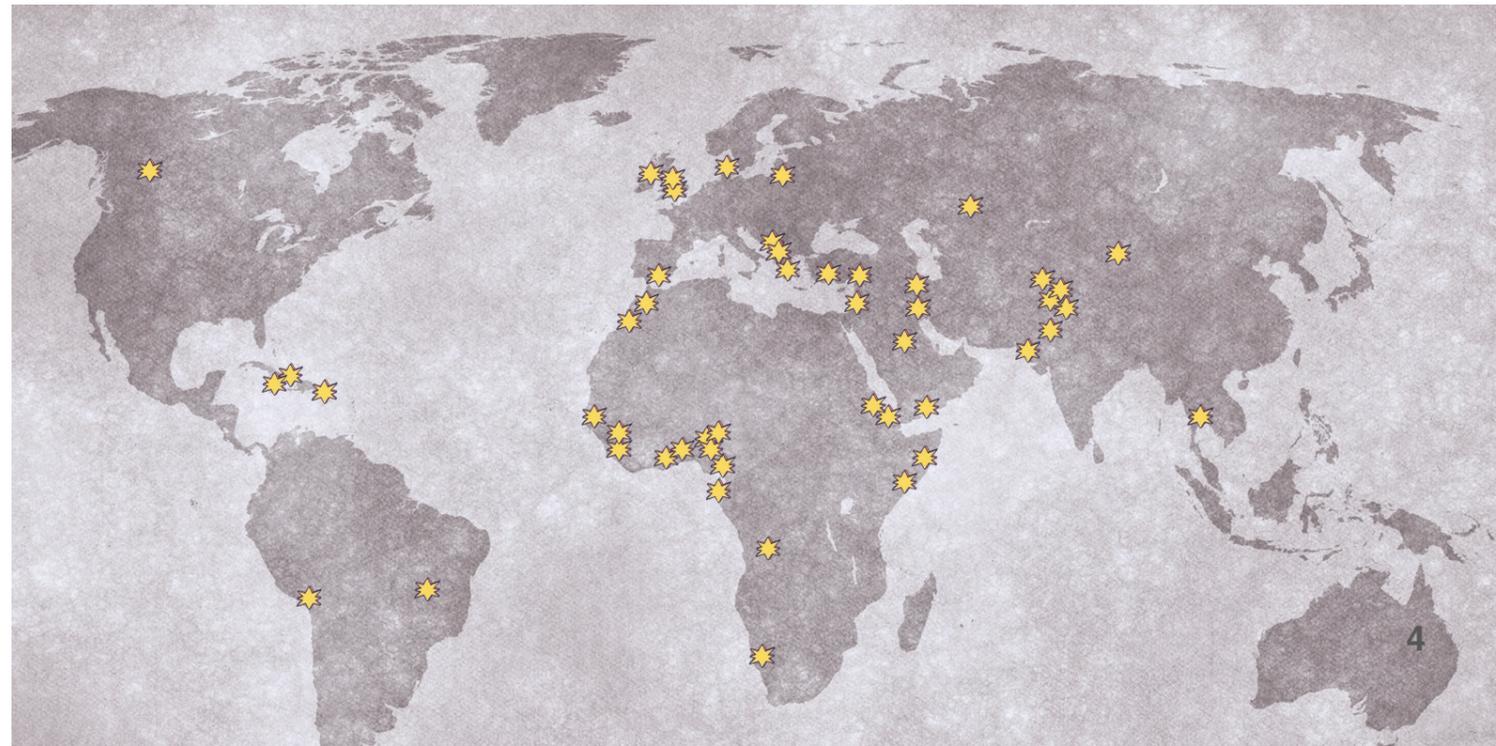


Understand each woman and what she needs



## PLACE BASED IDENTITIES

Our identities are shaped by the places which we are connected to through our families and our experiences. These important places help shape us and influence how we understand our bodies and where to seek help. Here, the maps show the important places to the women involved in the workshops.



# WHAT NEEDS TO HAPPEN

Women shared what they would like to see happen with their health care.

Knowing gives me confidence

I had no information - I was left alone

I don't want to be rushed

Knowing makes me feel safe

I didn't learn about postnatal risks

It needs time to talk about mental health

I want to know the ways postnatal struggles can happen

I want an advocate to support me

I want someone to listen

I want to know what to expect

I want information to be shared before birth

I want to speak to someone face-to-face

# I want



# WHERE DOES CARE BEGIN?

Peer Researcher Arine shares her thoughts.

Safe space, hospital should always be safe,  
Where migration or language shouldn't define me.  
Is it language that divides or care that fades?  
With fewer assumptions and trust not betrayed,  
Yet mothers stand judged in hospital bay.

Health professionals, please understand this:  
Baby's come after seven days of bliss,  
I stay at home for those seven days or more.

Two way conversation must be key,  
No mental health care in sight,  
Just ask me, and i'll feel alright.  
Confidence grows when someone's there,  
Mental and physical health need equal care.

I need an advocate, someone to stand,  
I feel dismissed, no guiding hand.  
Give me space, give me time,  
I need time,  
I need calm when speaking my mind.

Postnatal risks I was never told,  
Left to face an uncaring fate.  
Went through different midwives,  
had no relationship with none, and must,  
Explaining in layman's terms was uphill.

We need kindness, empathy, and care.  
Paperwork can wait, we need to heal.  
Every woman deserves care, no debate.  
Kindness matters more than you know,  
What's on paper needs to be real,  
Postnatal classes can help us grow.  
Kindness in practice is the truest seal.

Empower me with choices,  
it's okay if things don't go as planned,  
postnatal classes, tea and cake mornings,  
workshops and chats near me.

For every mother, let the kindness flow,  
information starts in pregnancy glow,  
we all flourish, learn and grow.

TURN TO  
PULL OUT  
& KEEP

THINK ABOUT:

How you can use these centre pages to build connection with women and support learning about postnatal health and well-being?

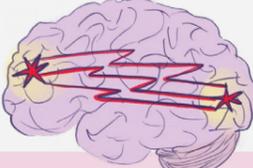


# Have you just had a baby?

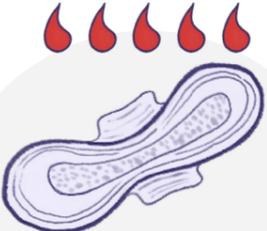
If you don't feel well call NHS 111 or your GP



**Pain in your chest**  
It will feel like a sharp pain



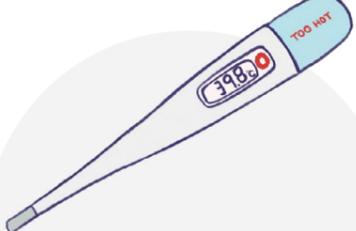
**Seizures**  
You might pass out



**Sudden heavy bleeding**



**Isolated, sad or anxious**



**Too hot**  
Is your temperature above 38°C?

It's important to look after yourself after you've had a baby

**CALL 999 if you have these signs**

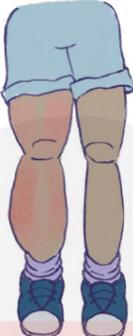
**SEEK HELP URGENTLY if you have these signs**



**Out of breath when lying down**



**Thoughts of hurting yourself or your baby**



**Red or swollen leg**  
It might feel hot to touch



**Headache**  
If medication isn't working and it affects vision



# RESOURCE GUIDANCE

## Advice from women about how to design information for women



### MENTAL HEALTH MATTERS

Women involved in this research were clear about needing access to consistent, good quality mental health support. Head over to the last page of this resource to see how women decided to offer guidance to other women about their mental health. **You can also watch and share our animation about mental health here: <https://bit.ly/postnatal-resources>**

## HOW TO MAKE INFORMATION ACCESSIBLE



If a woman is not listened to, trust is broken and she will disengage

The following pages share guidance on how to design and share information for women about postnatal health and well-being

Here you will get tips on:

- the type of language to use
- what resources should look like
- how to distribute resources to reach women

**You will find out what *always event*\* women have said is key to improving their experience of care.**

\* An *always event* is an event which service users say should always happen as it is key to improving their experience of care.

## THE TOP TAKE-AWAYS

There's a lot of things we can learn from women who have experience of facing challenges to accessing healthcare.

1

Information makes women feel in control

2

Information supports self-advocacy

3

Real experiences of other women builds trust

4

Talking and sharing is good

5

Don't assume there is family around

6

Continuity is the key to trust



# Make resources **with** people who have lived experience

## Think about the message

What do women need to know? What do women want to know?

## Use simple language

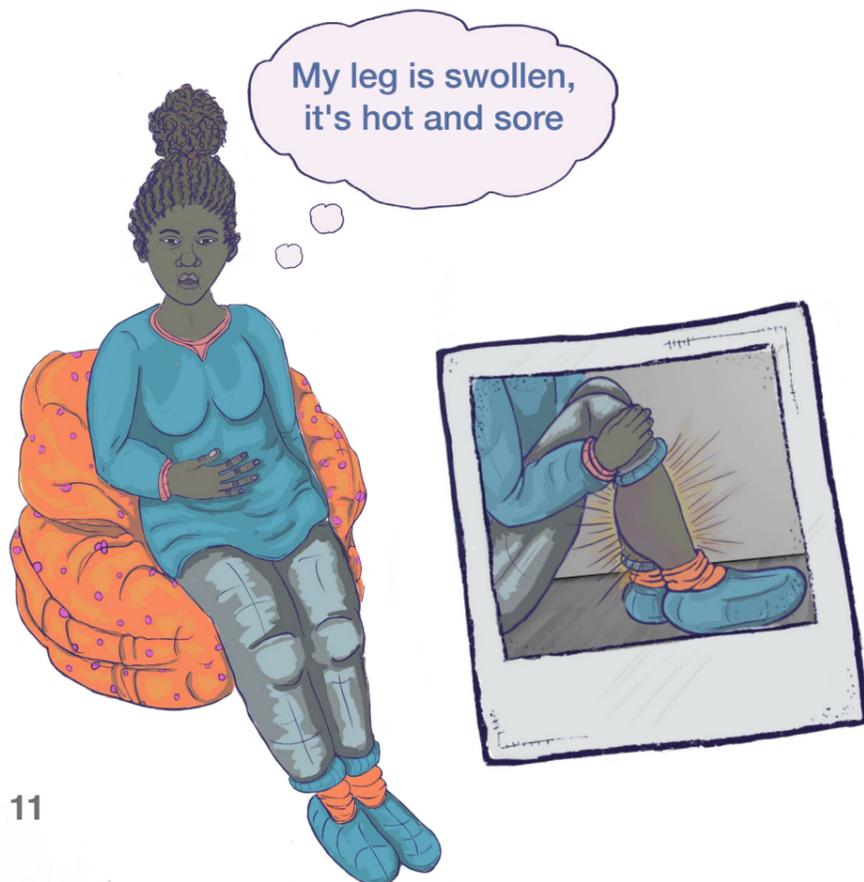
If you need to use any medical words always add a short description to explain what it means in simple language.

## Be clear about symptoms

Give examples to describe symptoms. Make it clear what is 'okay' and when to seek help.

## Keep it short

Have a title with bullet points and link through to more detailed information.



## Use key words

Be consistent with the words you use. Repeat key messages and words.

## Share real life experiences

Real life experiences build trust.

## Give reassurance and signpost

What should women do now? Where can women find more information, or get help?

## Make friends and family visible

Show and talk about friends and family as part of women's support network.

## Be an advocate

Include advocacy messages, such as **"Bring a friend to support you"**

Share information about women's rights

**"It's your right to choose what is best for you"**

## Be culturally respectful

In use of images, language and understanding. For example, in images show limited blood and body parts with a warning and click through options for more information.

Respect cultural differences around birth and the early days of parenthood.

## Make it 'real' and colourful



Design and images are important in making the information accessible to women:

- Women should look like real women, and if using illustrations, women should have faces.
- Women featuring in resources should reflect the diversity of the communities we support
- Use real bodies in diagrams.
- Simple tables or charts can be very useful.
- Make sure key words or messages stand out.
- Use speech bubbles to show women talking together as a way to reassure that they are not alone.
- Make it colourful.

## Be adaptable

Resources should be mindful of different literacy and language needs. For example, audio options should be available in languages which will best reach women, as well as in English.

Create resources which can be shared across different channels to engage with women where they are — whether, for example, on Instagram, or in Community Centres. As well as digital resources, also think about printed material which fit into a diary/ book/ phone case.

## THINK ABOUT:

Reflect on opportunities to get health messages out to the women who need them.



## REACHING WOMEN - CHECK LIST

How to deliver information to reach women who experience challenges to accessing healthcare.

How many can you 'tick' today?

<p><b>Check understanding of information and give opportunity for questions</b></p> <p><input type="checkbox"/> This is an always event – women say it should always happen</p>	<p><b>Reassure women that everyone's body is different and that it's okay to ask if you feel unsure</b></p> <p><input type="checkbox"/></p>	<p><b>Start conversations early in the antenatal period – these can be built on postnatally</b></p> <p><input type="checkbox"/></p>
<p><b>Reinforce that if women don't feel well or are worried, it's okay to ask for help</b></p> <p><input type="checkbox"/></p>	<p><b>Don't assume a woman knows about something because she's had a baby before</b></p> <p><input type="checkbox"/></p>	<p><b>Include family or significant others in information giving</b></p> <p><input type="checkbox"/></p>
<p><b>Create adaptable resources that can be delivered through multiple channels</b></p> <p><input type="checkbox"/></p>	<p><b>Link NHS staff with community organisations to increase reach and trust</b></p> <p><input type="checkbox"/></p>	<p><b>Share resources with community groups working with mums</b></p> <p><input type="checkbox"/></p>

### THINK ABOUT:

If there are things you're not doing right now, reflect on opportunities to make changes. Think about the resources you make and how you use them.

## FINAL REFLECTIONS

Some lasting thoughts and thinking about the future of women's healthcare

Firstly we must thank the women who kindly shared their time, experiences and ideas for change-making - without them, the pool of resources created would not have been possible.

A thank you too, readers, for taking the time to reflect on opportunities to improve health information for women.

A key take-away is to reflect if you are always checking understanding of information and giving opportunities to ask questions. This is an 'always event' which supports women in looking after themselves and their babies.

### WHAT NEXT?

Reflect on what changes you can make based on the guidance in this resource and visit <https://bit.ly/postnatal-resources> to access animations to share and other content to help you create your own resources.

"This research has helped some of the women understand it's okay to speak to health professionals, about their worries, challenges and their fears. Or speak to someone who can help them get the right help.

Creating groups and reaching out to groups like mother and baby play groups, breastfeeding groups be it online or in centres, etc this will also be a great way of building friendships, confidence and trust and thereby making it easy for new or young mums to communicate more effectively."

Arine  
Peer Researcher



TURN TO  
PULL OUT  
& KEEP

# Be kind to yourself

Try to think of things you can do to make you feel less worried or upset. Talk to family, friends, or your GP.



It's important to look after yourself after you've had a baby

## FIND RESOURCES



<https://bit.ly/postnatal-resources>



WITH THANKS



Refugee Women Connect



FUNDED BY

**NIHR** | National Institute for Health and Care Research

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