Putting parent-centred into practice

Reaching families from many different backgrounds is at the heart of NCT’s mission. In practice this means respecting uniqueness and being yourself, says Leeds-based antenatal tutor Samantha Havis.

When I was expecting my first child at 19 I had no idea what NCT could offer me. I was totally unprepared for the transition to parenthood and my experience within maternity services ranged from patronising to abusive. Eight years later, when I began training as an antenatal teacher, I wanted to use my experience to give young parents opportunities to become empowered in their journey through birth and parenthood.

Everybody finds it easiest to stay within their comfort zone. As NCT practitioners we may think that the majority of the people we work with are ‘like us’, and certainly the common perception is that NCT clients fit within a limited demographic. Terms like ‘diversity’ and ‘reaching all parents’ can seem daunting. There is a risk we will ‘get it wrong;’ this I feel underpins people’s anxiety when they hear the word diversity. What if I say the wrong thing? What if we have no common ground?

Leading diversity consultant and author Dr R Roosevelt Thomas Jr defined diversity as:

‘...understanding that each individual is unique, and recognizing our individual differences...It is the exploration of these differences in a safe, positive, and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.’

Some commonly identified differences are race, culture, faith, sexuality, gender, age, disability and relationship status. Yet such categories are only one aspect of who we are; none of us would want to be defined solely by our differences.

Going it alone with twins: a mother’s view

In order to be parent-centred, it is important to view each client as unique. How would you respond to this woman and her circumstances? What adjustments might you make to your class?

My mum passed away a few years ago and I realised, even though I didn’t have a partner, that I wanted children and to be around as they got older. So, aged 37, I had IVF. I knew it would be hard work but it was something I really wanted to do.

In March 2012, I was shocked and happy to find I was expecting twins, and in the summer I went to an NCT antenatal class. It was a good way of meeting people and I’ve kept in touch with the other mums. I think it became apparent I was a single parent – the only one, in fact – because the other mothers came with partners, while I was on my own.

Everyone was very welcoming and friendly. There was only one exercise – about massage and support during labour – that needed a partner and I didn’t feel excluded. In fact, the teacher was very sensitive and even left out one exercise after discussing it with me. It was about whether the child would take after its mum or dad.

I had an emergency caesarean because one of the twins stopped growing. They were five weeks early and in the premature baby unit for two weeks. Isla was in an incubator at the beginning as she needed help breathing, while Isaac was very skinny. So, although I tried hard with the breastfeeding, I had to stop after a couple of weeks.

I enjoyed the NCT classes and think there was a good mix of teaching and practical exercises. However, the NCT breastfeeding counsellor had said I’d be able to breastfeed two babies. Unfortunately I couldn’t. I would have liked some impartial advice on bottle-feeding. It would also have been good to have had more on exercises you can do on your own during labour and what to do if you’re alone during the birth.

Based on an interview with Laura MacLeod, Surrey
Working with diverse groups

In antenatal education sessions (and in any other learning environment), how we work with parents and what we include should be based on robust aims and learning outcomes. My aims include creating a self-supporting group, giving parents confidence in their ability to birth and parent successfully, and helping them make informed choices. They apply as much to refugees or young parents as to my traditional groups.

My facilitation methods are based on active, participatory learning where couples can explore their own feelings and are empowered to recognise the skills and knowledge they already possess. Again, these evidence-based principles remain solid whoever we are working with.

Within my regular antenatal classes I have encountered a wide range of diverse parents. It is always important not to make assumptions and allow people to share as little or as much as they want.

I start my course with an icebreaker that asks people to form a physical map by standing in the place where they were born. Often someone is pressed up against a door, indicating they were born somewhere distant from the UK. This allows people to talk about their country of origin, and is a starting point for raising cultural issues when we talk about birth and parenting.

‘A parent-centred approach means not making generalisations based on a single aspect of who a person is.’

In general, NCT courses are well adapted to a diverse range of needs and backgrounds, but small changes to activities and teaching aids can make a huge difference. The first time I saw two women’s names on my class list and realised I would be working with a same-sex couple, I was incredibly anxious. I was worried about using the wrong language and how they would fit with the rest of the group. However, I knew that the way I behaved and facilitated the group would have an impact on how well they would be accepted.

The key to dealing with the situation was to be honest and upfront. I told them that I had been teaching heterosexual couples for several years, that all my teaching aids reflected this and that I was used to referring to men or fathers. I explained I would do everything I could to be inclusive, but if I made a mistake, I was sorry. They were understanding and said they were really grateful for my efforts. I asked them how they would like to be referred to (‘tummy mummy’ and ‘non-tummy mummy’) and which group the non-pregnant partner would like to join when we split into ‘single sex’ groups. We ended up having many laughs as a group over how the midwives would discuss birth control on the postnatal ward, or the birth story I read where a woman pulled out her partner’s chest hair! It was a really useful learning experience.

All my teaching aids now say ‘birth mother’ and ‘birth partner’, and this has been just as relevant when I have had lone mothers coming with various birth partners.

Some differences are not initially obvious. Someone’s faith may play a huge role in their beliefs about parenting; for example, Hindu parents passing on their beliefs by living as an example to their children. I have also learned never to assume that all couples have been together for years and planned and naturally conceived a baby.

People have shared in class that they had only been on a couple of dates when the woman became pregnant, that the woman’s husband was not the genetic father, either through sperm donation or after a temporary separation, and that the baby was conceived through IVF after many years of trying. For these reasons I no longer do an icebreaker where I ask people what they would like their baby to inherit from their partner. When talking about the link between oxytocin and sex, I say that oxytocin is the hormone that put the baby in there and it is the hormone that gets it back out. But I add that if the baby was conceived through IVF, oxytocin still has a role to play, because it is the love hormone that makes us want to share our lives with a child.

Reaching young parents

Ten years ago, just after I qualified as an antenatal tutor, I was suddenly offered the opportunity to facilitate an antenatal group for young pregnant women aged 16-19. I wasn’t sure I was ready. Having been a young mother myself didn’t necessarily equip me to identify with these young women. I had been at university and in a stable relationship; quite a different situation to most of the young women I have met. I couldn’t pretend I was like them or understood what they were going through, so I had to be myself and earn their trust by listening to them without judgement. Being authentic is crucial to working with diverse groups. After one session, a young dad said to me, ‘I like you, you’re not up yourself. You don’t act like you’re better than us.’ All I could answer was, ‘That’s because I’m not.’

NCT practitioners are trained to use a strengths-based approach to teaching, working with parents on what interests and motivates them. This is even more critical with young parents who commonly feel judged and stigmatised, and have often had a bad experience of education.

A parent-centred approach means finding common ground, having unconditional positive regard and supporting all parents to explore their own skills and strategies to cope with birth and the transition to parenthood. It means not making generalisations based on a single aspect of who a person is. If you create a parent-centred class, people will feel safe to share with you and the rest of the group.

We all love the buzz of making a difference in someone’s life. Jumping out of your comfort zone opens up even greater opportunities. The day when a young mother who thinks breastfeeding is disgusting suddenly realises that human milk is for baby humans and cows’ milk is for baby cows, or when you introduce a lesbian couple to other same-sex families in the area when they thought they were the only ones, or when a young couple arrive directly from the hospital because they can’t wait to tell the rest of the group about their amazing birth – this is why I do it.

On NCT’s main website you can find examples of NCT good practice with diverse groups, including the guide to Facilitating antenatal courses attended by refugees and asylum seekers (http://bit.ly/1tmMthQ).

See Mary Newburn’s article on page 7 for more on what it means to be parent-centred.

For NCT practitioners

NCT publishes many resources to help with planning courses that are welcoming, inclusive and relevant for different groups of parents. Go to: https://babbble.nct.org.uk/info-resources/diversity-and-access/reaching-all-parents/diversity-uk

References