NCT antenatal sessions at Styal Prison

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The NCT is committed to a progressive parent-centred family focused research and policy programme, including the provision of evidence-based information for parents and health professionals.

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Summary

Antenatal drop-in sessions were held at Styal prison as part of a pilot project. In the period from the end of January to July 2008, 19 weekly sessions were held and five sessions were cancelled. Each session was led by one of three antenatal teachers. The number of pregnant women attending each session varied from two at the beginning of the pilot, to nine. There were 78 attendees overall, with some women taking part in more than one session.

The characteristics of women prisoners and the constraints of being in prison made a considerable impact on the delivery of antenatal sessions. There was very little continuity, with different women attending each week. The women had little control over being able to attend; they often didn’t get to hear about the sessions or had to miss sessions when scheduled to be somewhere else, such as attending court. Generally, literacy levels were low and the women’s concentration span was narrow.

The group discussions allowed women prisoners to focus on pregnancy and the birth. Some of the pregnancy, birth and baby-care topics covered were similar to those that come up in other antenatal classes, but they were covered in significantly less detail as the women in prison tended to have a short concentration span. More attention was given to diet in pregnancy and growth of the baby; less time was spent on relaxation and positions for birth. More use was made of DVDs and simple visual aids to stimulate discussion and written materials were of limited use.

The antenatal teachers make it clear that women can move around during labour and that there is no need to use the bed. The women are usually able to have a family member or friend with them in labour, but there is no opportunity for the women to prepare for the birth with their birth companion in advance.

The evaluation found that women valued getting information about pregnancy from the antenatal sessions, and having an opportunity to get together with other pregnant women. The women and staff felt that it was really helpful to have the group led by an antenatal teacher who made sure that every woman attending was given space to contribute and express their views and experiences. The women had felt comfortable asking questions and everyone found the teachers skilful in facilitating the group. The women attending the evaluation session said they felt less frightened as a result of taking part in the sessions.

The women would have liked more opportunities to spend time together so they could support each other. Facilities for pregnant prisoners and families using mother and baby unit in Styal prison need to be improved. Information about the antenatal sessions needs to be made freely available in all 21 of the prison houses.

Following the pilot project, additional funding was provided to extend the provision of antenatal sessions for a further 6 months.
Background

NCT aims to enable all parents in the UK to have an enriching experience of pregnancy, birth and early parenthood. We want all women to feel prepared for labour and birth, understanding what happens during labour, how they may feel and what they can do to help themselves. We also want parents and birth companions to know about the importance of good support during labour, so we encourage women to think about who will support them during labour. In the modern world, many parents want to know about the benefits and risks of different kinds of birth and medical procedures, such as induction of labour or epidural anaesthetic, to be able to make informed choices about their maternity care options.

1.1 NCT antenatal classes

NCT has been running antenatal classes for over fifty years. All the information available on pregnancy, labour, birth and early parenting topics can be confusing. It helps to be able to talk through concerns and ask questions with other prospective parents. Finding out what is likely to happen during the birth and in the weeks afterwards can help women's and men's confidence and assist them in making decisions that are right for them.

All NCT courses are flexible and tailored to the individual needs of the women attending. There are a variety of formats designed to meet a range of different needs and circumstances, as well as to respond to new ideas and innovations. The aim is to cover many aspects of pregnancy, labour, birth and early parenting, such as: pregnancy and birth choices, body awareness, relaxation, breathing and massage, home birth, use water and birthing pools, what happens in labour, how the baby is born, working with pain (non-invasive, self-help approaches), medical pain relief, the role of the birth companion, partners' needs, possible complications and interventions (e.g. a caesarean birth or assisted delivery), looking after and feeding a new born baby, early parenting, sleeping and crying, relationship changes, sex after birth, baby blues and postnatal depression and sources of support.

The classes are facilitated by NCT-trained antenatal teachers and breastfeeding counsellors. The classes provide support, information, an opportunity to learn practical skills, and a range of resources to help women and men prepare for birth and parenthood, helping them to feel prepared to make informed choices for themselves and their babies. Standard NCT antenatal courses consist of 16-20 hours with the antenatal teacher. Intensive courses are between 12-15 hours long. There are usually 6 to 8 women on a course. Many courses are designed for couples, with separate sessions for women and men to work in groups without their partner. Some courses are for women only or for parents who have had a baby before (‘refresher’ classes). Women are always welcome to attend on their own or with a friend, relative or birth partner. Our new format of course that starts in pregnancy and continue into the early postnatal weeks additionally involve NCT-trained postnatal leaders.

The NCT charges for antenatal courses to cover the costs, including a contribution to the running costs of the NCT charity. Discounted rates are available for parents on lower incomes or in receipt of benefits. In some areas classes are run by the NCT through the NHS and Children’s Centres enabling parents from a wide range of backgrounds and income groups to attend free of charge.
1.2 Styal prison

Since January 2008 the NCT has been providing antenatal sessions in Styal women’s prison, in Cheshire. This is the second largest women’s prison in England, after Holloway in London. Following a talk titled “Mothers behind bars” given by Jenny McLeish at the 2007 NCT annual Members’ Conference (Glasgow), Ann Bradwell, NCT teacher and tutor, approached the Head of Family Support Services at Styal Prison, and suggested offering antenatal courses to pregnant women attending the Mother and Baby Unit.

Styal was originally built in 1898 as an orphanage. In the 1950s it was used to house Hungarian refugees. It opened as a women’s prison in 1962. In 2007, it had an operational capacity of 459 and prisoners are housed in about 10 separate buildings. Planning permission has been obtained to further develop the site, with the ultimate potential of providing accommodation for up to 800 prisoners. Styal will thus double in size and become the biggest women’s prison in Europe.

Styal is a closed prison. Approximately 3000 women are sent by the courts to Styal each year. Of these, 80% are from the north-west. A 2006 report demonstrates the vulnerability of the women in this prison: 80% were suffering from serious and longstanding drug addictions, others experienced poor mental health, with two or three times the expected level of illness, or emotional and behavioural problems. Around a third had made a serious attempt to take their life, and many more had a significant history of self-harm. The majority had experienced some form of physical or sexual abuse before entering prison. Almost two thirds (60%) were mothers, and the children of around a fifth had been taken into care prior to the mother entering custody. Around 75% had significant literacy or numeracy problems and around 75% had never had a full-time job. The majority of the prison population (83%) was White British; 10% were foreign nationals. Of the total prisoners, 38% were aged 21-29, 42% aged 30-39. One in four women were in custody for the first time, and 75% of those convicted served less than a year in custody.

Her Majesty’s Prison Service (HMPS) does not publish data on pregnancy and birth outcomes for women in prison. However, a Maternity Alliance report estimated that over 600 women receive antenatal care while in prison each year. A smaller number, around 120 women, give birth before being released. The current female prison population is around 4500 and rising faster than the male prison population.

There are seven Mother and Baby Units (MBUs) in England and Wales with places for a total of 75 mothers and 82 children. All MBUs have capacity for one set of twins. Women apply for and are assessed for suitability to enter MBUs. In January 2008, 48 women were accommodated in MBUs. The MBU at Styal is run by Action for Children (formerly the National Children’s Home) and has places for 22 mothers and 23 children. For the past two years there have been seven mothers and eight babies accommodated in its MBU. Women selected to use the MBU move there towards the end of their pregnancy and are then able to keep their babies with them until the end of their sentence, or until the upper age limit for babies, whichever comes first. In two prisons the upper age limit is nine months, in the five other prisons, including Styal, the upper limit is 18 months. The primary concern is the best interests of the child, balanced with the need for the safety of the child and other children on the unit. The mother retains parental responsibility for her child while in the MBU.

The prison environment is not an easy one in which to be pregnant. The routine can make it difficult to catch up on missed sleep for instance, and the stress of court appearances may impact on the progression of the pregnancy. Occasionally what is seen as special treatment given to pregnant women may be a focus for bullying. An inspection report from 2006 noted that the MBU at Styal prison failed to meet either national guidelines for MBUs or child protection requirements.
Identified problems included management of the MBU, the physical environment of the MBU, which was decorated in the same way as all of the other houses, with no age-appropriate stimulating décor at low level for children and only a small number of poorly presented information notices about childcare. There was no maternity clothing and pregnant women were simply given larger sizes of standard clothing. New mothers were not receiving a proper induction to the unit and there were no regular arrangements for mothers and their babies to have their photographs taken which would be expected in such a unit. New mothers who did not have a place on the MBU unit did not have adequate postnatal care, or child contact and support plans. During the inspection, one woman who had withdrawn her application for the mother and baby unit had no support plan or any agreed arrangements to help her maintain contact with her newborn baby. Having not seen her baby since discharge from hospital, she was taken to see her 12 day old daughter in the local special care baby unit, only after the intervention of an inspector.

In April 2000, HMPS commissioned the NHS to provide prisoners with the same standard of health care as that provided in the community. As part of this, the NHS took over the provision of maternity services. Antenatal clinics and classes may be held on site in prisons, but obstetric consultations and ultrasound scans, are usually provided outside the prison. The women are taken to hospital when they go into labour. Following collaborative campaigning by penal reform and maternity charities, including the NCT, in 1996 The Home Office made it clear that women prisoners’ privacy and dignity should be protected during labour and that no woman who goes into hospital to give birth will be restrained from the time she arrives at the hospital until she leaves.

A report by the Maternity Alliance in 2005 identified that more preparation for parenthood must be offered, particularly preparation that focuses on the emotional aspects of pregnancy and parenting in prison. It suggested that all MBUs should provide a course that supports mothers in bonding with, and caring for, their babies.
A pilot project to provide informal antenatal sessions at the mother and baby unit in Styal prison began at the end of January 2008, supported by donations. Sessions were facilitated by NCT antenatal teachers, Ann Bradwell, Sarah Gibbons and Alison Lloyd.

A total of 19 sessions of antenatal classes were run over 24 weeks with five sessions cancelled, often at short notice, by the prison. On one occasion there was lock-down, sometimes there were no staff available to accompany the antenatal teacher in the session. Each session was led by one of the three antenatal teachers. The number of pregnant women attending each session varied from two at the beginning of the pilot to nine. There were 78 attendees overall, with some women taking part in more than one session.

The format of the antenatal sessions offered at the Styal prison was very flexible to respond to the circumstances in the unit. There was a weekly “drop-in” session available to any pregnant woman who wished to come along. The sessions, which lasted 90 minutes, were held in a comfortable sitting room in one of the prison buildings. When the sessions began, the venue changed from week to week, but after lobbying by the NCT teachers, the same venue was used for each session. The women were provided with tea or coffee and two pieces of fruit, which some took away to eat later. Women were unable to attend some sessions due to legal visits, court appearances or for other reasons. Each class was supervised by one of two social workers employed by Action for Children who attended on alternate weeks. All pregnant women were invited to each session but attendance at the sessions was optional, with no pressure to attend, and no penalties for those who didn’t participate.

There was a vast range in the women’s experience of pregnancy and childbirth. One of the women attending had been through seven pregnancies while others were on their first pregnancy. As with other NCT antenatal courses, the women were asked what they wanted to cover at each session. Most were eager to choose topics for discussion and to ask questions. The sessions tended to cover topics and issues that teachers would expect to cover in other antenatal classes, but in significantly less detail.

The teachers had to be prepared to move quickly from topic to topic to respond to changing demands and to keep the women’s attention. Sarah Gibbons commented, ‘Their concentration span is very limited. You have about a one minute window before someone wants to move on to something else. So, for example, I might show one picture from the Birth Atlas. Any more than that and it gets a bit too much like school [for some of them to feel comfortable].’

Many of the women had misconceptions about childbirth, so teachers needed to explain aspects of the physiology of birth and hospital procedures. The experienced mothers were sometimes able to act as mentors to the first-timers. The Action for Children staff who attended sessions often joined in, contributing stories about their own experience of childbirth and motherhood.

Topics that came up include the different stages of labour, what it will be like in the maternity unit, the birth itself, dealing with crying, settling a baby, changing nappies, and feeding, including breastfeeding. A lot of the information comes from the other women attending the sessions. Sarah mentioned one example, ‘For instance one woman had a breech baby and she said ‘there’s absolutely no way I’m going to have a caesarean’. Two other women said why, what’s wrong with a caesarean?’ The experienced mothers are supportive of the first-time mothers. Sarah said, ‘They’re fantastic. A lot of women get to hear scare stories. Those who have had a few babies say ‘That’s rubbish’ [in response to some of the stories that frighten women].’

In other ways, the sessions were very different from classes outside prison. A number of the women who attend are in the early stages for pregnancy so there is quite a lot of focus on diet, what to eat and drink and avoiding constipation. There was considerable interest in the growth and size of the baby. Sarah said, ‘Other women might access more of this kind of
information from books.’ The women are concerned about whether they are getting what they need during pregnancy. They are entitled to extra milk but some do not get it. Sarah said, ‘There’s quite a lot of discussion about whether they can get an extra fruit quota. This doesn’t seem to be available all the time and the women want to talk about that. They can choose fruit but it may be at the expense of something else. These issues matter to the women who are pregnant in prison.’ There is also quite a lot of talk in the sessions about ‘sitting the Board’ to get assessed for a place on the Styal Mother and Baby Unit. Some women will be offered a place at the Styal Unit, some are transferred to other units with their baby, according to where there is space, some women choose not to have their baby with them in prison.

DVDs are used more during the prison sessions than in other antenatal groups to stimulate discussion and learning. This is a helpful way of introducing different positions for labour and birth, keeping mobile while it feels comfortable, and the kind of equipment that might be useful, such as a birth ball. The women are used to getting information from television and they prefer this to using written information. The women were generally less interested in doing physical activities like relaxation and breathing awareness, or practising positions. Sarah commented, ‘This may partly be because other people can walk through the area we hold the sessions in. But it also involves a certain amount of letting go, which may be too much for some women. Some want to keep a low profile and keep fairly quiet. Some don’t want to think about the birth – they say they’ll see what happens when the time comes. But they want to come and be part of the group.’

Despite limited practice of more active positions for labour, one of the key messages that the antenatal teachers give to the women is that ‘you don’t have to be on the bed’. The women are usually able to have a family member or friend with them in labour, but there is no opportunity for the women to prepare for the birth with their birth companion in advance. Companions, also often have quite a long journey to get to the hospital when the women go into labour. As the mothers are not able to come back to the sessions after their baby has been born, there is limited feedback on their experiences of birth, though anecdotally those who have to rely on prison staff for support in labour tend to say that the staff are kind and compassionate.

English was a second language for some of the women, including new migrants to the country. One Polish woman attending the drop-ins spoke no English at all. The teachers also understood that levels of literacy among the prison population are low. So, they avoided work that involved reading or writing and concentrated instead on using visual aids, such as a model pelvis.

Some of the women disclosed details about abusive partners. As well as experiencing normal anxiety about childbirth, these women often expressed fear that their babies would be taken into foster care. Other problems experienced by the women included drug addiction.

Continuity between sessions was difficult to maintain because the women were often required to attend other appointments, including visits to their solicitor or for antenatal care in hospital. Sometimes the antenatal teacher prepared a topic chosen by the previous week’s group, to find the drop-in attended by a completely different group of women who wanted to discuss something else. So it was necessary for the teachers to think on their feet and be prepared to change their plans for the sessions without prior notice.

The NCT teachers have found that the women responded very positively to them. Some of them gave the teachers a hug, welcoming the contact with a friendly supportive person from outside the prison. The women do not move into the mother and baby unit until just before their baby is due. As a result, they didn’t see each other between drop-ins, so the sessions acted as a support group as well as a place for learning. One prisoner told the NCT teacher, “This group keeps me going”.

"NCT antenatal sessions at Styal Prison"
Evaluation of NCT antenatal sessions

The NCT wanted to evaluate the antenatal drop-in sessions for pregnant women at Styal prison, as this pilot project could be used to inform future work in women’s prisons and with other vulnerable groups of women. One of the challenges was that the turnover of women attending sessions was high, so there was little value in attempting to evaluate a whole ‘course’. Another challenge was that security clearance is required for all those entering the prison, so it was not possible to arrange for a researcher to attend sessions. A further consideration was that the budget for the project was small. Low levels of literacy were another important factor affecting the kind of methodology that would be appropriate. In prison populations, up to 50% have literacy problems, with reading skills lower than those expected of 11 year olds and estimates suggest that a fifth to half of the prison population have dyslexia or a learning disability. In Styal, around 75% have significant literacy or numeracy problems and 10% are foreign nationals.

For these reasons, it was decided to arrange an “evaluation discussion” for collecting feedback about the sessions. This was organized after the last drop-in session. A student social worker from Action for Children facilitated a discussion and wrote down the main points. This was attended by three women who had all been to at least one of the antenatal sessions, and by Action for Children staff. In order to minimize bias, the antenatal teachers were not present for this discussion.

3.1 Results

Informal feedback received by the teachers after each drop-in session, both from the pregnant women and the staff attending, was positive. The increasing number of women attending each week was another indication of the sessions being well received.

Both pregnant prisoners and staff members contributed to the evaluation discussion. The women said that what they had valued about the antenatal sessions was getting information about pregnancy and developing their knowledge. The women appreciated the sessions providing an opportunity to be part of a group so they could spend time with other pregnant women. The women and staff attended the evaluation session said that it was really helpful to have the group led by an antenatal teacher who made sure that every woman attending was given space to contribute and express their views. The women enjoyed sharing experiences. Hearing other women’s stories, enabled them to explore more pregnancy and birth issues and provided a chance to talk about some of their feelings. They had felt comfortable asking questions and had found class leaders helpful and patient, always answering questions and providing explanations. The women attending the evaluation session said they felt less frightened as a result of taking part in the sessions.

“The descriptions of the women prisoners’ desire for information relates to the findings of an earlier NCT research study which looked in detail at women’s different approaches to obtaining information. In that study five different approaches to obtaining information were identified: ‘voracious gatherers’, ‘readers’, ‘listeners’, ‘old hands’ and ‘waiters’. The women prisoners tended to be more comfortable getting information through discussion and watching, than from reading (listeners), though it is not known whether they felt they were able to get sufficient information from their consultations with midwives and obstetricians to meet their needs. The typology would probably be developed further if detailed qualitative research was carried out with women prisoners or other groups with low literacy levels. It is interesting to see that there was evidence of some women who were ‘old hands’, women who had their own experience and knowledge to draw on, and weren’t looking for new information, and some ‘waiters’, women who did not want to know about things that might happen. Wiggins and Newburn said ‘Waiters’ way of coping tended to be to wait; to take things as and when they came, and not anticipate the future. They... believed they would meet new challenges as they occurred.’
During the evaluation discussion some negative aspects came up related to the finding out about the sessions. Women only found out about the sessions if prison officers passed on the information and put their name on the attendance list. Some women would have liked to have attended more often but their name had not always been on the list, or they had not been told when or where the sessions were held. Rooms were not always available and so the course could not be run every week. Women would have liked to meet the same people again at subsequent sessions so there was more continuity and more of an opportunity to connect with the other women, and form a supportive relationship.

Staff contributing to the evaluation discussion commented on the professional approach of the teaching, including their punctuality and the quality of the group-led work. They felt the sessions allowed women to feel their pregnancy was valued and important. One said, “It gives them one hour a week to just be an expectant Mum”. In common with the women prisoners, the staff felt that the meeting room facilities needed to be improved.

3.2 Conclusions and next steps

The antenatal drop-in sessions at Styal prison are a worthwhile initiative, valued by both course attendees and staff. The characteristics of women prisoners and the constraints of being in prison made a considerable impact on the delivery of antenatal sessions. There was very little continuity, with different women attending each week. The women had little control over being able to attend; at first they often didn’t get to hear about the sessions or had to miss sessions when scheduled to be somewhere else, such as attending court. Generally, literacy levels were low and the women’s concentration span was narrow.

The group discussions allowed women prisoners to focus on pregnancy and the birth. The topics covered are similar to those of other NCT antenatal classes but needed to be facilitated in very different ways and for shorter periods of time. Teachers needed to be flexible enough to change the topic and move the discussion along according to the needs, concerns and concentration of the women attending that week. Simple visual aids and DVDs were found to be useful teaching aids. More attention was given to diet in pregnancy and growth of the baby; less time was spent on relaxation and positions for birth.

The antenatal teachers emphasise to the women that they can move around during labour and that there is no need to use the bed. The women are usually able to have a family member or friend with them in labour, but there is no opportunity for the women to prepare for the birth with their birth companion in advance.

The evaluation found that women valued the opportunity to get together as a group, and to share information about pregnancy. As in other antenatal classes, much of the information and stimulus came from other members of the group. The women and staff felt that it was really helpful to have the group led by an antenatal teacher who made sure that every woman attending was given space to contribute and express their views and experiences. The women had felt comfortable asking questions and everyone found the teachers skilful in facilitating the group. The women attending the evaluation session said they felt less frightened as a result of taking part in the sessions. The women valued an opportunity to get together with other pregnant women and would have liked more opportunities to spend time together so they could support each other. Facilities and information about the courses need to be improved. Information about the antenatal sessions needs to be made freely available in all 21 of the prison houses.

Following the pilot project, additional funding was provided to extend the provision of antenatal sessions for a further 6 months.
References


The NCT has a number of current development projects funded by the Department of Health in England, including a three-year project to improve choice and access in the West Midlands.

The NCT also has community development projects in Scotland, Wales and the North West of England and is funded by the Welsh Assembly Government and the Parenting Fund.

The NCT also receives financial support from the Scottish Government to support the training of breastfeeding counsellors.