



# STARTING WELL

*Creating Better Lives*

*An inclusive Health and Wellbeing Project by Bevan*

Empowering women and their families to improve the outcome of future generations by optimising their physical, psychological and social wellbeing prior to conception

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Bradford District and Craven  
Health and Care Partnership



# Why Bradford?



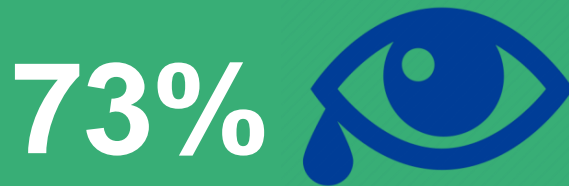
Black, Asian and mixed ethnicity women are up to **FOUR TIMES** more likely to die in pregnancy



Stillbirth is **TWICE** as likely in the most deprived areas

**44,000**

Children in Bradford district living in poverty



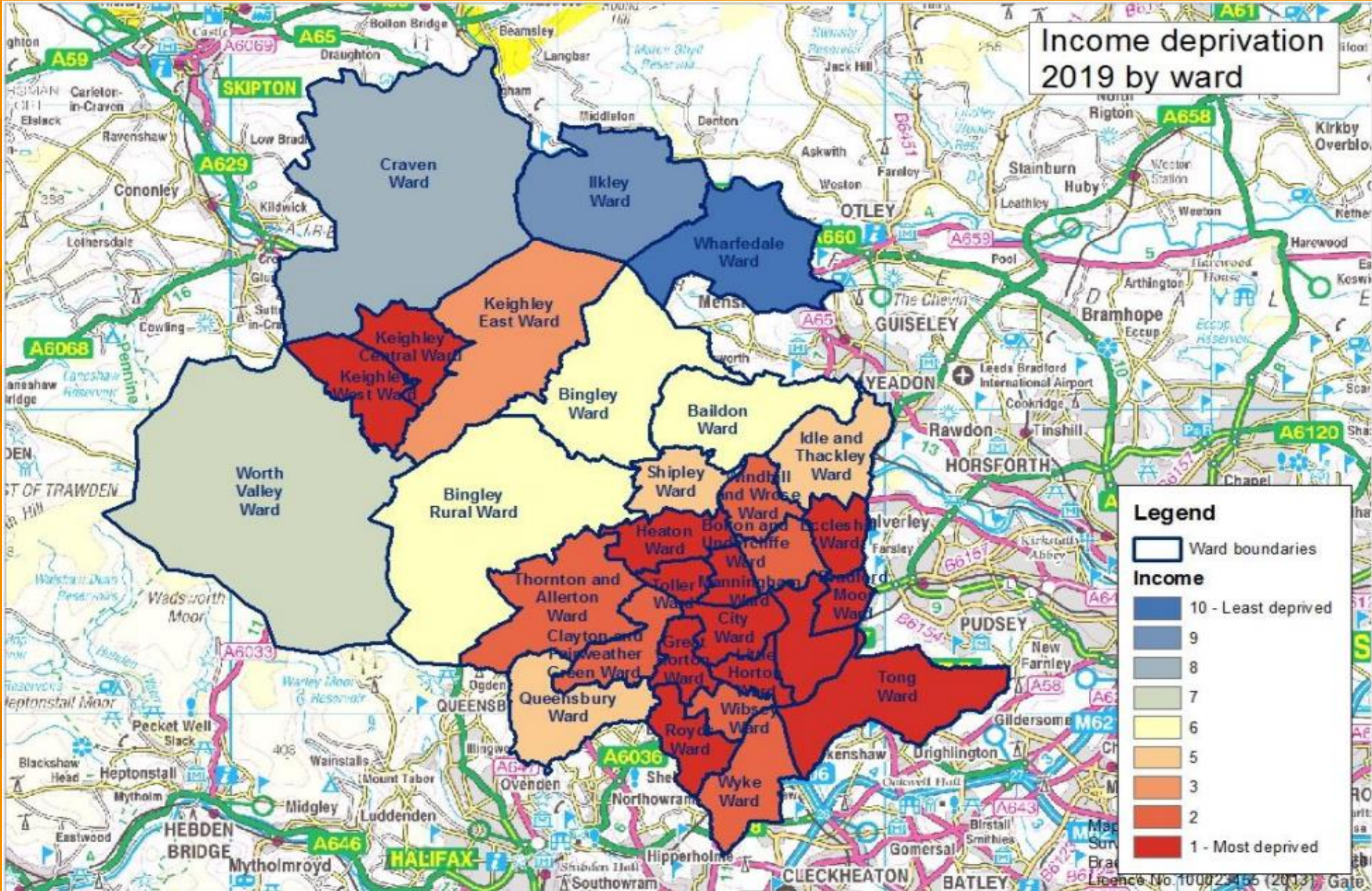
Neonatal death is **73% HIGHER** in the most deprived areas



**2.5x**

Women in the most deprived areas **2.5 times** more likely to die than those in the least deprived areas.

# Income deprivation 2019 by ward



# Inclusion Health Groups



People experiencing homelessness and rough sleeping



Vulnerable migrants



Gypsy Roma and Traveller communities



Sex workers



Victims of modern slavery and human trafficking



People in contact with the criminal justice system

Among others...

# One key question...

“Are you hoping to become pregnant in the next 12 months?”

# The 7 Workstreams

## 1. Co-produced Health Advocacy Empowerment Programme

*Women's Group Programme*

*Outreach preconception messaging session*

*Women's Health Event*

*Preconception messaging for men*

- International Men's Day Event
- Sexual health awareness sessions for young men
- Preconception and contraception information sessions delivered by clinically trained peers in contingency accommodation

## 2. Psychological Formulation and Therapeutic Intervention

## 3. Making Every Contact Count Approach

## 4. Community Champions

## 5. Medicines Management

## 6. Early (3 week) Postnatal Reviews

## 7. Workforce Training



# Interventions to address knowledge around the importance of preconception health and how this can be achieved is needed

*“I have had multiple miscarriages; I want to know why – what can I do to improve my health?”*

*“I would book a GP appointment after getting pregnant, I didn’t think it was important to see a GP until I am pregnant.”*

*“We don’t plan, it just happens.”*


*“I was told by my relative that a coil would cause me to bleed lots, so I opted for condoms. I then fell pregnant with my 5<sup>th</sup> child.”*

*“We needed this when I got pregnant again whilst breastfeeding.”*

*“I know girls that have had abortions because they didn’t know about contraception, then they have to live with the trauma all their lives.”*

*“Women who are educated get married and don’t know a thing about contraception because it’s never ever been mentioned, or they have been shielded.”*

# S1 Template – key question followed by...

 Starting Well

[Introduction to project](#) | Starting Well | Medication review | Signposting | Early Postnatal Review


**INFO ABOUT THE PROJECT - April 2021 - March 2023**

Starting Well is a project aiming to optimise the physical, social and mental wellbeing of women prior to conception, with the ambition of improving pregnancy outcomes and giving children the best start in life.

This template is designed to be used by clinical team members to prompt and enable appropriate pre-conception care discussions and referrals where necessary.

**WHO CAN TICK THIS BOX: pharmacists, nursing, medical teams when discussing pre conception care.**

**The template won't save without ticking this box.**

\*Completed Starting Well Pre-conception Discussion  





## **STARTING WELL**

Empowering women and their families to improve the outcome of future generations by optimising their physical psychological and social wellbeing prior to conception.

Starting Well takes a MECC (Making Every Contact Count) approach and all people of childbearing age will be asked if they hope to become pregnant when they register with Bevan. Depending on their answer they will be directed to one of the resources below.

Yes. I Hope to Become Pregnant.

No. I Do Not Wish to Become Pregnant.

Pregnancy by choice, not by chance\_

# Coproduction with the targeted audience was highly valuable

- Preconception question
- Written resources – leaflets/website
- Workshop content
- MECC pathway

## Ensured sensitivity, relevance and cultural appropriateness of preconception messages

*“We need to educate our community but be mindful that it’s a very sensitive subject or you can do more harm than good.” – Community Champion*

## Informed workstream development e.g. engagement with men:

*“Lots of control is given to the men, they do as they please. We are the ones that get pregnant.”*

*“What about STD’s no one wants to talk about them, especially boys. They go from one girl to another and spread diseases; who’s telling them?”*



**Bevan** **STARTING WELL**  
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### Hoping to Become Pregnant?

There are many ways you can help prepare your body and mind for the best chances of getting pregnant and having a healthy pregnancy and baby. Starting Well is here to help support you to make healthy choices. This leaflet contains information on some things you can think about before getting pregnant.

**Healthy Body, Healthy Mind, Healthy Pregnancy**

*“The women were really keen to collaborate with us to build on content for future workshops so we can offer a bespoke service that fits their needs.”*

# The Medicines Management intervention provided opportunity for pharmacological and contraceptive advice important for family planning and reducing pregnancy harm

## Activities:

1. Development of a drugs formulary for prescribing in perinatal mental health targeted at prescribers in primary care settings.
  2. Integration of a pregnancy intention conversation into medication reviews with women aged 18 to 45 years.
- Between September 2021 and December 2022 **83 patients** were engaged in a pregnancy intention conversation as part of a medication review
    - Post review 38% were referred to a GP/ANP to discuss contraception.
    - The remaining 62% were either using current contraception or did not want a contraception appointment.
    - Referrals were also made to social prescribers where needed.



# The early postnatal reviews resulted in early initiation of contraception reducing the risk of unplanned pregnancy in the early postnatal period and also facilitated identification of health problems requiring management

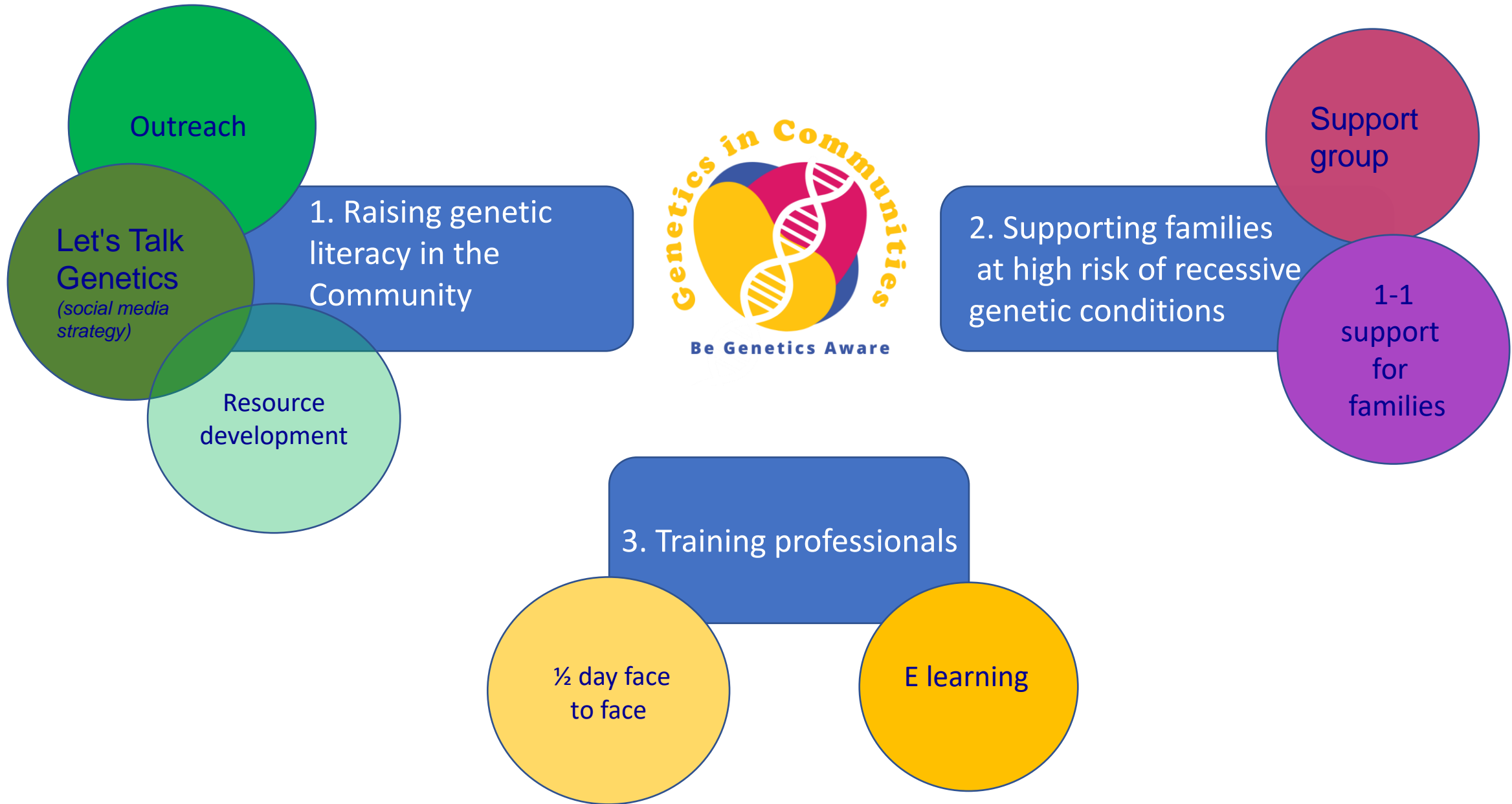
## Audit of documentation for 14 early (3 week) postnatal calls made between 1/7/22 and 30/9/22

- 3/14 (21%) of women contacted for early postnatal review were identified as having a physical or mental health problem which may have gone undiagnosed until the routine 6-8 week postnatal check which would have resulted in a delay in management/referral.
- Early discussion about contraception: 8/14 (57%) either had pills prescribed, an implant inserted or family planning appointments booked, and a link to contraceptive advice in their own language if required.
- Clinicians report finding the calls rewarding and clinically effective



# Future of Starting Well

- Wider roll out across Bradford (with potential for other areas)
- Co-production with other inclusion health groups (trauma informed)
- Development of additional co-produced resources
- Development of resources to support professionals e.g. why is pre-conception care important?
- Community Champion approach (using assets in the community)
- Further workforce development
- Adoption of MECC approach
- Future partnership working (e.g. link to genetics project)
- Sharing with the Preconception partnership



# Aesha's story

- Aesha is a carrier of a rare, recessively inherited disorder
- Her husband is also a carrier of the same disorder (not related)
- There was no family history of this disorder, nor were the couple aware that they were carriers
- After the birth of their first child with the condition, there was a lack of support in understanding the condition and how to deal with their future reproductive genetic risk (*families affected by chronic genetic disorders require consistent, long term support*)
- After several years, they had another child with the same condition

# Aesha's story

- Aesha says caring for 2 chronically ill children and not understanding the cause created unbearable pressures in their marriage; they consequently separated
- Had there been a preconception service and a community-based Genetics in Communities support centre, they would have been better supported to understand the cause of the condition, their reproductive options and therefore would have been able to make informed choices

**Research studies show this is only one example of unmet need\***

\* Darr A, Small, N, Ahmad WIU, Atkin K, Corry P, Modell B (2015) *Addressing key issues in the consanguinity related risk of autosomal recessives in consanguineous communities: lessons from a qualitative study of British Pakistanis*. J Community Genet Vol 7, Issue 1, pp 65-57.



# For further details contact

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