

# INFORMATION & SUPPORT DURING PREGNANCY

## EXPECTATIONS OF WOMEN AND PARTNERS AND HEALTH PROFESSIONALS

We spoke with 23 recent mothers, 5 partners and 16 health professionals (midwives, obstetricians, allied health) about their expectations and experiences with information, education and support for women and partners during pregnancy. This helps provide a roadmap for future antenatal services and research programs.



### Trusted source information & support

- Families seeking trusted source information and using multiple sources
- Seeking information about pregnancy stages, diet, mental health, physical activity, childbirth, lactation, parentcraft
- Gaps in Australian detailed, accessible information sources

**“My doctor says “not to Google” but I can’t keep calling. We need to know where else to go and who to trust.”**

(Participant F12)

### Different modes of delivery & access

- Childbirth education access limited through COVID and emphasised the importance of face to face and peer engagement
- Short modules digitally delivered an option for additional information eg first aid models of birth

**“Because of COVID, we did not have the weekly (childbirth) classes. I think my partner would have felt more included and part of the pregnancy if this had happened.”**

(Health professional 8)

### Knowing what is “normal” for pregnancy and childbirth

- Differing expectations about what “normal” pregnancy and childbirth experience is
- Childbirth information perceived to focus on “linear” or “separate” models of birth

**“We have to help people understand that if you have a healthy mother and healthy baby then that is a great outcome.”**

(Health professional 15)

### Individualised support opportunities through the pregnancy journey

- Women and families are asking for additional health professional support eg healthy pregnancy information, parentcraft skills, non-birth partner support, allied health consultations, mental health screening and support

**“There is an opportunity to capture people that require more intensive care. This will help later”**

(Health professional 8)

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