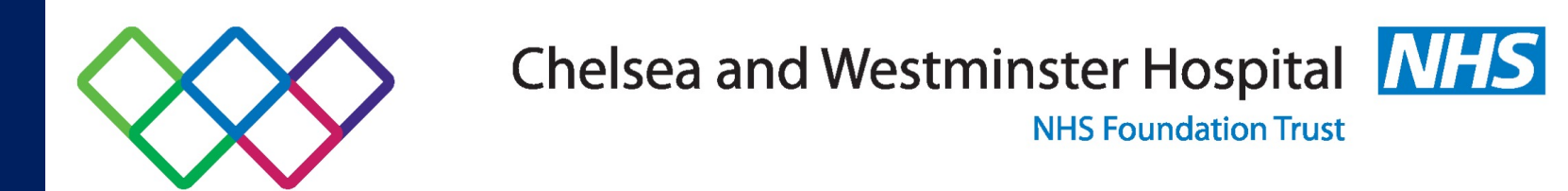


Beyond Birth Living Library: Innovating for Improvement postnatal program

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Objective

The Centre for Mental Health report '**The cost of perinatal mental health problems**' highlighted the long-term cost of £8.1 billions to the society for each one-year cohort of United Kingdom births and acknowledged that **about 50% of cases go undetected and so do not receive support**.

Highlighted in national reports¹ is the consequences of an 'unmet need' at a vulnerable time, compromising mother, child and family's clinical outcomes, health and well-being. The current National Health Service (NHS) 'medical-model' of postnatal care is unable to support domains that promote wellbeing, namely the social, intellectual, emotional, spiritual, and occupational needs of parents. This has been further exacerbated by the loneliness and isolation felt by mothers, and families since the COVID-19 pandemic.

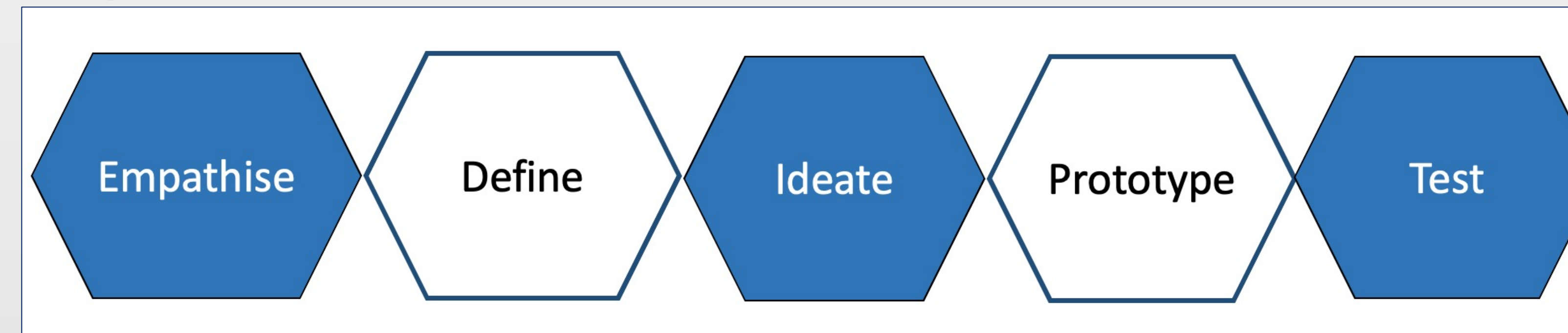
This **Health Foundation Innovating for Improvement** project transferred learning from Qulturum, Sweden with a well-established programme of **living library**, enhancing health and wellbeing by expanding support beyond clinical needs. Living Library uses the concept of living '**books**'—people with previous experience and lived expertise, supporting '**readers**'—people currently going through similar experiences.

References

1. <https://nhssurveys.org/surveys/survey/04-maternity/year/2007/>; <https://www.england.nhs.uk/publication/better-births-improving-outcomes-of-maternity-services-in-england-a-five-year-forward-view-for-maternity-care/>; <https://www.cqc.org.uk/publications/surveys/maternity-survey-2021>; <https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days>; <https://www.npeu.ox.ac.uk/mbrace-uk#mbrace-uk-saving-lives-improving-mothers-care-report-2021>
2. <https://web.stanford.edu/~mshanks/MichaelShanks/files/509554.pdf>

Methodology

Stanford Design thinking process² incorporating the following five steps-



Provided an **understanding of the lived-experience** of being a parent with unexpected birth experiences

- ❖ Interviews and surveys
- ❖ Focus groups and co-design workshops
- ❖ Touch-point emotional journey mapping
- ❖ Service safari

Close working with all stakeholders and Maternity Voices Partnership, parents, grandparents, health and care professionals Learning from national and international peer support programmes

DISCOVERY

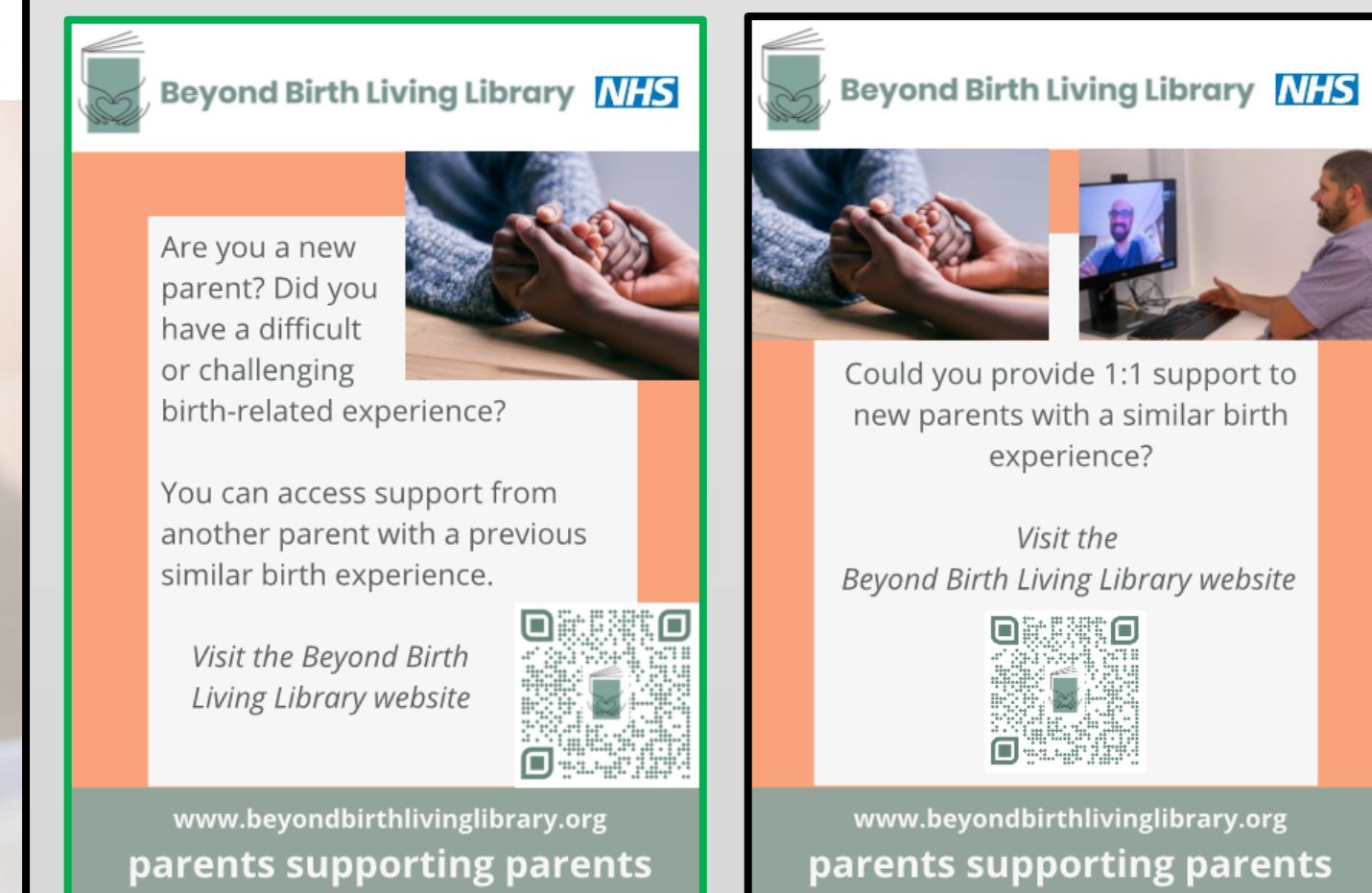
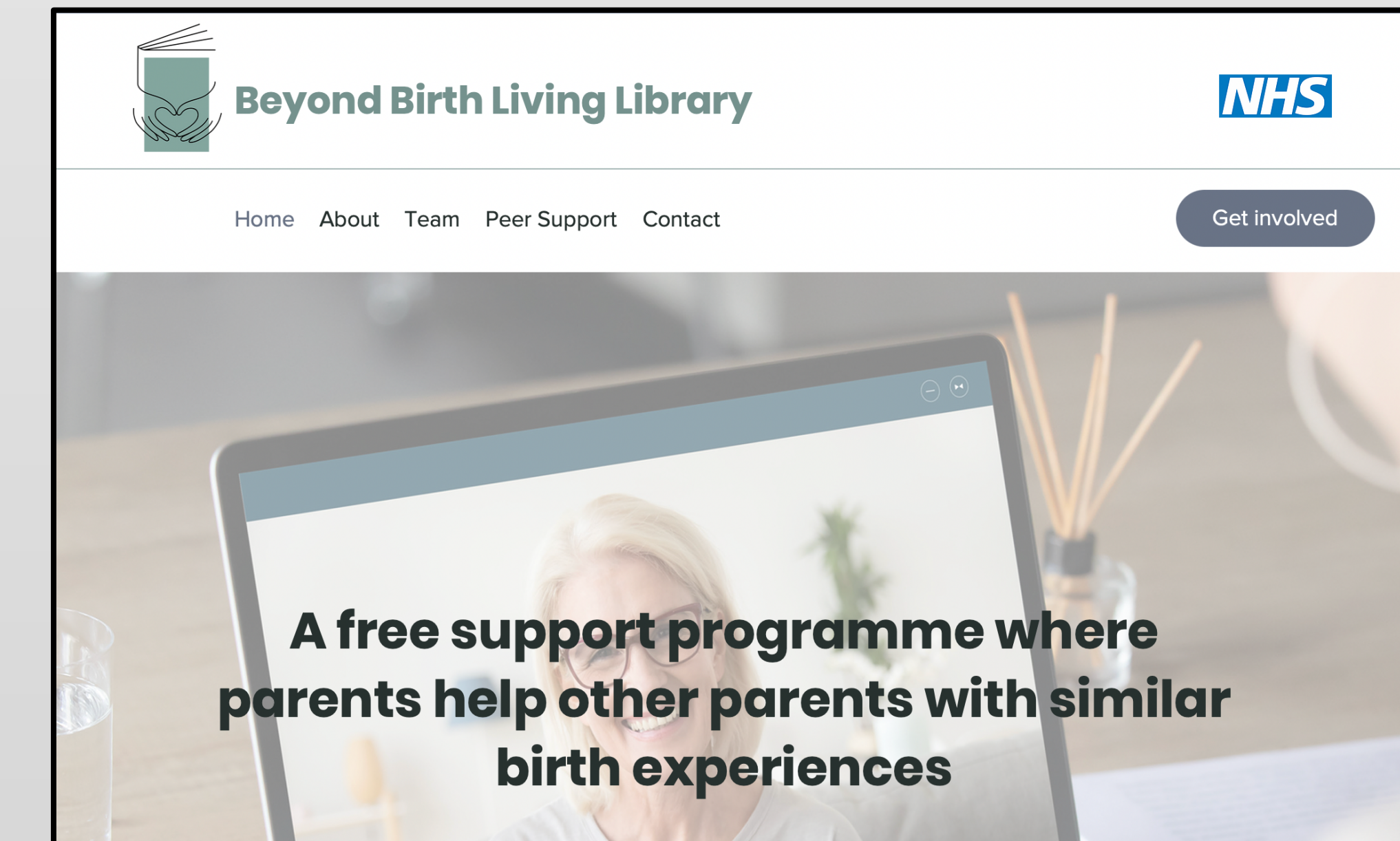
Despite physical recovery from unexpected birth experiences, mothers and parents

- ❖ Seek **understanding and support** to make sense of their birth journey
- ❖ '**fear being judged**' or perceived as '**not coping**', which limits them seeking out for support
- ❖ feel **failure and guilt** due to the lack of love felt for the baby
- ❖ May **blame** self, baby and/or partner for the experience, which adds to their distress

In parallel, parents/people with a previous unexpected or difficult experience are helped in their journey, if their experience and insights support others

Result

- ❖ **Beyond Birth Living Library**, a co-designed peer support programme aiming to facilitate insights of previous lived-experience help the wellbeing of parents and grandparents
 - ❖ Complaint with NHS peer support, safeguarding, information governance framework
 - ❖ Launched through the COVID-19 pandemic, the website (www.beyondbirthlivinglibrary.org) enables parents to self-refer
- ❖ Currently there are 13 living library books. Three readers have been previously supported and three are currently being matched with books.



Conclusion

This innovative approach to NHS postnatal care, transfers a well-recognised resource of peer support to promote health and wellbeing.

Normalising access to knowledge and insights of previous 'lived experience', will personalise support, without the fear of 'judgment' and offer an opportunity to address the currently 'unmet need' of NHS postnatal service.