

“We will go at her pace”: COVID-19 postnatal enrolment

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I met a Claudia* antenatally during the COVID-19 pandemic. The first consultation was completed via video link.

Claudia reported that her pregnancy was unplanned. She and her husband have a 10 year old, who was born in what Claudia describes as difficult circumstances in hospital. She recalled a traumatic birth experience and poor postnatal care. Claudia disclosed that this resulted in her suffering anxiety and depression but she did not receive any support or offers of support from the medical or health teams. Claudia's family live in the North of England and although they speak regularly on the phone she does not have a strong friend and family support network. Claudia is a health professional, and her partner works full-time too.

Claudia was anxious about the current pregnancy. She was concerned that she would have to have an emergency C-section like the previous delivery and was worried about receiving poor medical care.

In view of Claudia's anxiety and previous trauma and isolation, I instantly thought that she would be an ideal candidate for MECOSH. However, I didn't mention MECOSH to her straight away. I thanked Claudia for sharing her experiences with me and told her that I would like to support her going forward for continuity of care, and in view of her previous experience. Claudia was happy to hear this so I booked a second antenatal contact. By this time Claudia had seen an obstetrician and was being supported by the midwifery services.

During the second appointment, I spoke to Claudia about preparation for pregnancy and her hopes for parenthood. During the visit, I mentioned that I thought she may wish to consider the enhanced

health visiting service where I would work closely for her for the next 2 years. So as not to overwhelm Claudia, I advised we would speak about this at the new birth consultation.

At the newborn, we spoke about the Health Visiting Service in more detail and I described how MECOSH worked and about how I have supported other women with MECOSH, and the progress that they have made to achieve their goals. I answered Claudia's questions and gave her time to think about whether this is a service that she would want.

At the next contact, Claudia said that she wanted to give MECOSH a go. I showed her the *Learning to Communicate* Parent Handbook and obtained verbal consent.

At the Week 2 visit, we discussed the first part of *Learning to Communicate* and I pointed out to Claudia how she is already supporting development. Claudia was excited to see what her baby was already doing in terms of communicating with her.

We are still in the early stages of MECOSH but so far I feel that Claudia appears less anxious and more confident. She presents as settled and is responding to her baby's cues appropriately.

As there is a large gap between her newborn and her first child, Claudia is keen to go through the stages in the *Learning to Communicate* book.

Claudia may not need to go through the entire programme, but I told her we will go at her pace and according to family and child needs.



Second pregnancy, first child is 10 years old.
Concerns identified at the antenatal video link contact

* Names have been changed to protect the client's identity

