

special

vroeg

PATH-project



- Support before, during and after pregnancy

- Encountering new life always overwhelms us

- Break through separate worlds of work and family



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PATH project



Bosky Nair
 Consultant Perinatal Psychiatrist & Co-clinical Lead Kent & Medway NHS & Social Care Partnership Trust Clinical Lead for PATH-UK

The perinatal period can be a challenging time for mothers and their families.

Pregnant women have significant variations in immune, neurological and hormonal responses alongside a physiologically high cortisol level. The sudden drop in hormones following childbirth could potentially make new mothers more susceptible to psychological distress, particularly when there are adverse social and environmental factors.

Clinicians can play a proactive role by preparing women and their families on their parenting journey, offering psychological and emotional support, identifying women at risk of serious mental health problems early on and

offering evidence-based interventions to enable them to make an informed decision on their next steps. There is also a role for employers in offering well-being discussions and supportive work experience to mothers and their partners to help them thrive within their work environments.

The above context has laid foundations for the work undertaken by the PATH partnership. Perinatal menTal Health project or PATH is a four-year project that will run until March 2023. This VROEG special covers the project activities in detail.

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Break through separate worlds of work and family



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vroeg

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An emotional rollercoaster requires preparation

Investing in mental wellbeing

A pregnancy or baby brings with it great responsibility. This fact is the main reason for the European PATH project. The abbreviation stands for: PerinAtal menTAl Health. From its kick-off in 2019, all kinds of initiatives were undertaken to give expectant and brand-new parents a helping hand. This was done with a focus on helping them prepare physically, socially and mentally for the many changes a new family brings.

Sophie McGannan

Within the European PATH project, numerous supporting information, tools and courses have been developed for parents, professionals and employers. All of these initiatives focus on preparing parents, as much as possible, for the emotional rollercoaster we call parenthood. The PATH partnership involves 13 partners from France, Flanders, the Netherlands and the UK. Launched at the end of March 2019, PATH has received more than €5 million in European funding through the 'Interreg 2 Seas' programme. The energy and excitement during the launch showed how eager everyone was to find solutions for mothers, fathers and partners alike. That energy never waned.

Online platform

One of the key aspects of the project was the development of an online digital platform. This provides a wealth of information to support both families and professional practice and services in the field of perinatal men-

tal health.

The platform consists of:

- A system for professional training and for sharing good practice;
- a service providing information on national in person and online support;
- A platform to provide a safe environment for empowering parents.

The project team also researched the use of the latest technologies. Think digital avatars and virtual reality to support training and understanding of healthcare professionals.

Prepared parenthood

Another key element of the project is prepared parenthood. While family-centred care at birth is largely demand-driven, it is important to give direction and ownership to parents in demand-driven care. This is also often lacking in the medical system at other stages of the journey to parenthood. Mainstream healthcare systems hardly include support for upcoming parenthood. A lack - where prevention can really make a difference, as being aware of risk

At the forefront, the development of an online digital platform

factors related to mental and social health reduces problems during pregnancy and after birth.

With the provision of knowledge and skills in this area, many perinatal health problems are preventable. Within PATH, this has resulted in the development of concrete parenting courses for expectant parents. The courses are delivered even before pregnancy and inform expectant parents about practical parenting skills and mental and physical aspects of pregnancy. The courses during pregnancy cover physical and lifestyle changes, challenges in relationships and being prepared to become



Cross Border meeting at Southampton City Council, United Kingdom (2022)

‘Attention to prepared parenthood is an essential project element’

parents.

Post-birth support focuses on parenting issues as well as sensitivity and development of the baby. This includes a focus on the safety and mental and physical health of the parents and baby. In addition, along with various resources, online and offline support has been provided to parents, birth care professionals, employers and the wider community.

Prepared parenting is a key aspect of health prevention, something we need to be investing in to save our already struggling national health systems from spending on care. Care for prob-

lems that could have been prevented in the first place if the right conversations were happening: in families, social circles, healthcare settings and the workplace. Prepared parenting is everybody’s responsibility.

Mental health

Much attention was paid to supporting mental health. Rightly so, as about one in five women experience mental health conditions during pregnancy or in the year after a baby is born, ranging from postnatal depression to anxiety disorders. But milder mental health complaints are also increasingly common in both men and women. When mental health struggles and complaints go untreated, they can have a huge effect on the woman, baby, partner, family and loved ones.

Unfortunately, the right support is still sometimes lacking. Not only because there is insufficient knowledge, but also because parents sometimes ‘hide’ the problems out of shame. PATH is committed to making the problems and possible stigma surrounding perinatal mental health open to discussion, especially by encouraging ‘Prepared

Parenthood’. Good information beforehand can help prepare (expectant) parents for parenthood so that symptoms diminish or stay away. Multimedia campaigns have also been developed under PATH to raise awareness of conditions such as postnatal depression and anxiety. These campaigns are specifically tailored to the cultural, linguistic and contextual needs of each country.

Partners

All activities are funded by the ‘Interreg 2 Seas’ programme. This cross-border initiative involves 13 partners from France, Flanders, the Netherlands and the UK. The project is led by the Health and Europe Centre, which is a social enterprise working to bring health and social care organisations together across Europe in order to tackle common problems and find common solutions. The PATH project is just one example of the kind of work that the Centre does. ●

Sophie McGannan, International project leader for PATH, Project manager at the Health and Europe Centre.

PATH in the United Kingdom

Mental illness when having a child

Having a child means an exciting time. A challenge that can also lead to mental health problems in parents. As part of the PATH project in the UK, several online resources and training courses have been developed to support these women. So much has been done, but recognising and treating perinatal mental health conditions still has a long way to go.

Sophie McGannan, Wendy Jeffreys, Sarah Smith and Bosky Nair

Across Europe, 10-20% of women suffer from perinatal mental illness in the first year after the birth of their child.

Generally, people are reluctant to seek help for a variety of reasons.

Points of attention

Psychological disorders around birth have a huge impact on both mother and child: it affects the functioning of the whole family and thus the child's development during its important first years of life. Only 10% of affected women receive help in the UK. This is partly because there are few, if any, facilities to prepare pregnant and young mothers for this, let alone support them in case of symptoms. On top of this, existing health services tend to be overburdened and, at best, pay attention to more severe conditions in this area. Moreover, mothers and those around them often do not recognise the signs. Not least due to lack

'Psychological disorders around birth have a huge impact'

of awareness and knowledge in society. Unrealistic representations of parenthood, often on social media, also play a role here. This can lead to both the feeling of being a bad mother and the fear that the child will be taken away.

Support options

The good news is that through the PATH project, mild and moderate perinatal mental health problems can now be diagnosed and treated earlier. Sustainable services have been designed and implemented, both online and face-to-face. These not only increase identification and recognition of the conditions, but also support the mental well-being of affected families.

A variety of online tools and in-person training have also been developed to support healthcare professionals and the wider workforce in this area. In addition, tools have been designed for employers. These help them support employees who have recently become fathers or mothers, both during their parental leave and when they return to work.

Campaign

The KMPT Perinatal Mental Health Community Service (PMHCS) specialises in the assessment, diagnosis and treatment of women who develop mild to severe mental health problems before, during and after pregnancy. As an extension of this, mental health support is provided at the mother and baby unit





of the regional hospital. It is also possible to receive more specialised psychotherapy on an outpatient basis. This includes attention to both the mother and her partner throughout the period from preconception to 24 months after delivery.

All these experiences have been fed into the PATH project. For instance, a campaign was developed with the aim of making mental health around pregnancy, birth and new parenthood discussable. Through mental health advocates, digital media, posters in maternity clinics and pharmacy bags, among others, media coverage (interviews on television, radio, press coverage) and publication in magazines, a total of 40 million people were reached.

The goal of the campaign was to get people having honest conversations and to access their local support services, as well as the PATH online support hub. In addition, training sessions have been designed with the titles 'Awareness, stig-

Partners

Unlike the Netherlands and France, the UK input consisted of multiple partners ranging from charities, expert parties and healthcare organisations, including the National Health Service. To coordinate partners' activities, project activities were divided across three main areas: families, professionals and employers. The jointness in particular yielded many gains in research, information development and campaign design. Several tools were also developed. These will be described throughout this magazine. This kind of cross-organisational way of working is challenging but a necessary way of working if we want to achieve societal change.

ma and communication of perinatal mental illness' and 'Perinatal mental illness for non-clinical counsellors' so that healthcare professionals and the workforce of people supporting parents have the tools they need to take the taboo out of these often tricky conversations.

Unspoken words

It is also important to pay attention to the experiences surrounding pregnancy and new parenthood. Kent County Council therefore committed to listening to stories of experience from mothers, partners as well as health professionals

working with pregnant and new parents. They also talked to employers about their insights and experiences with pregnant employees or new parents. Focus groups further listened to the experiences of women who had returned to work after maternity leave. This provided insights into the different ways they were supported to return. Worryingly, employers seemed to have little or no understanding of aspects of perinatal mental health. Both women and employers also specifically mentioned fathers - who have their own needs in this regard. Supporting fathers in the workplace places a key role in promoting equality: if we want women to have their place in the workplace, we need to support men to have their place in the family unit, the two go hand in hand. Special attention also seems to be needed for women with a low social economic status and/or ethnic background. During training sessions for professionals, there appeared to be a need for greater awareness of perinatal mental health in society. The insights that emerged were translated into tools and information for the workplace.

Embedding

By making presentations at regional, national and international events, every effort is being made to anchor the PATH results. Follow-up steps are also taking place, including the production of training videos to be shared widely. Finally, a lot of energy is being put into further dissemination of online resources. The goal of PATH's work is that it be freely and widely available to anyone who should wish to use it going forward. ●

Sophie McGannan is the international project manager of PATH, working at the Health and Europe Centre, Sarah Smith and Wendy Jeffreys, social care officer and public health specialist respectively, are both working at Kent & Medway NHS & Social Care Partnership Trust, and Bosky Nair is a psychiatrist with the Kent & Medway Partnership Trust.

Support before, during and after pregnancy

Six informative apps have been developed for the Netherlands and Flanders about the period before, during and after pregnancy. Each one is supportive in the care pathway from preconception, pregnancy, birth and through to new parenthood. The apps offer a wealth of free, accessible, reliable information. The content is based on scientific research and professional guidelines from birth care professionals.

Jacobien Wagemaker and Inge Tency



The apps allow pregnant women to prepare themselves physically, mentally and socially for the various stages of the journey ahead. Incidentally, even when things go differently: when getting pregnant doesn't work out quite as you had planned, for example. Or, if it does, medical complaints arise during pregnancy or complications arise at birth. Think preterm birth, for example. Finally, the apps offer parents support in those first exciting months after the birth.

The apps allow those involved to keep an eye on their care needs, think about what they want and decide on the medical and care process together with healthcare professionals. After all, as a parent, the more you know what to expect, the less stress you experience and the better and more stably you can function when decisions need to be made.

'Thanks to the apps, pregnant women and parents have control over their care needs'

The driving force behind the Dutch apps are professionals from the Midwifery Cooperation Rotterdam-South and the Centre for Youth and Family, IJsselmonde. Synappz Digital Health developed the technology. The apps are free to download via the

Google Play Store or Apple Store. The exception is the NeoZorg app for parents of a premature baby: they receive an invitation via the hospital to start using the app. The Flemish NeoParent app was developed, in close cooperation with parents and care providers, by Odisee University College (www.neoparent.be). Parents can also use this app only upon invitation from the hospital. Some of these apps have been translated into English and French and the project team is working on making them available in app stores across different countries.



KinderWens App (NL)

KinderWens (Child Wish) App (NL)

It is valuable when parents-to-be prepare together for the changes that are coming when they wish to have chil-



zwapp+

Step-by-step through pregnancy



dren. The KinderWens App informs parents about nutrition and lifestyle in order to become pregnant in a healthy way mentally, socially and physically.

ZwApp+ App (NL)

During their pregnancy, women like to know as much as possible about the process, the delivery and the maternity period. The ZwApp+ contains all kinds of information about this period.

'NeoParent app provides support during a difficult and uncertain period'

NaZorg App (NL)

The ZwApp+ merges seamlessly into the NaZorg app. This informs parents about aspects of care that are important for their baby. The app also contains information about their own physical recovery. The development tool is also handy (and fun!): it allows parents to keep track of when their child started crawling, walking and other milestones such as saying their first word.

NeoZorg App (NL)

The NeoZorg app provides information and contact between parents at home and their baby on the neonatology ward. The app was developed in the Netherlands from an earlier app and based on scientific research, profes-

sional guidelines and best practices. At Maastricht and Ikazia Hospital, the app is now in use. Through the app, nurses provide parents with 24-hour information about the care they provide. But not just that: they also send messages and photos. In addition, the app con-



ZwApp+ App (NL)



NaZorg App (NL)

Brings neonatal care closer to home



tains a lot of practical information from paediatricians, neonatologists, nurses and physiotherapists. The added value lies mainly in the possibility for parents to keep in continuous contact with their premature baby via the app, so even when they cannot be in hospital themselves. The app has now also been translated into English for non-Dutch speaking parents at these hospitals

NeoParent

The NeoParent app was developed in Flanders by Odisee and is scientifically

based. The app offers parents a hand to hold during a difficult and uncertain period. This includes tailored information, keeping a diary, sharing photos and milestones and communication with caregivers. The NeoParent app promotes parental involvement, even at a distance, thus strengthening the sense of closeness. The app is now being used at the Jeroen Bosch Hospital (NL) and the Sacred Heart Hospital (BE). The app is available in Dutch, English and French and is managed by MothChi (www.mothchi.eu).



developed by Steunpunt Nova, the national support centre for parents who lose their baby. They did this in cooperation with professionals from the VSV Rotterdam-Zuid. The app is available in Dutch, English and French. ●

Jacobien Wagemaker, PATH-NL project leader is attached to Maasstad Hospital, Rotterdam. Inge Tency, Lecturer and researcher in midwifery works at Odisee University of Applied Sciences



NeoZorg App (NL)

Loss-App

The Loss-App supports parents emotionally and psychosocially after losing the foetus or baby during pregnancy or birth. The app was initially developed by the Trimbos Institute and further



Loss-App



Practical tool for clients



Couples who are expecting or have just had a child are regularly at a loss for words. They need support, but do not know where or from whom. For them, there is now **MattieClick**.

Angelique van Dam

Having a child can make life quite complicated. Especially if there are also issues around work, housing or money. You would like to help families, but this is not really part of your job. What can you do?

tool, in five steps one gains more insight into one's own situation. Users can also easily identify who they can turn to for help. If you think **MattieClick** could be useful for your client, point her or him to the website. Want to go one step further

In many cases, informal care can be a godsend. Women and their partners can then draw upon their own networks. There are people there who give them just that crucial bit of simple support, making things a little easier. But what if they don't know who to turn to? Then the **MattieClick** could be the solution. It is a practical method for mapping a social network. With this

and complete **MattieClick** with your client? Then follow the course. ●

For more information, visit www.mattieclick.nl
The tool has now been translated into English and training is being delivered to the Kent and Medway NHS team, with a view towards rolling this out elsewhere in the UK.

Angelique van Dam is developer of the **My Life With** tool; it has been further developed for birth care and new parenthood in the **MattieClick** in the **PATH**-project..





Free online pregnancy course

Investing in good mental health of pregnant women and their partners. This is what the Stichting ZelfbewustZwanger (Self-Aware Pregnant Foundation), a cooperation partner of PATH, is committed to. In order to support expectant parents, a free online pregnancy course has been developed.

Floor Molkenboer

The course contributes to participants' good mental health in several ways. The information ranges from practical tips, for example how to make contact with the baby in the womb, to information on the changes the body undergoes during pregnancy and childbirth. Tools for dealing with pain, stress or negative thoughts are also provided. Movement exercises, positive childbirth stories and practical to-do lists are also part of the course. A separate part covers information on what and how to choose, including the healthcare provider.

The course consists of no less than 20 modules. Each module contains one or more short video, practical exercises and useful information. To develop the

course, we collaborated with experts from across the Netherlands. After registering, expectant parents get access to all modules. This allows them to start immediately and go through the modules at their own pace. The course can also be followed via an app. Finally, participants get access to an online private community to connect with other expectant parents. This is also a place to ask questions and share experiences. Because mutual support helps.

The course supports the work of healthcare professionals, as pregnant women enter the conversation with you prepared. This allows you to better

tailor your care to them. Over 75 midwife practices and birth care professionals now offer the course. This kind of work is not just relevant to or happening in the Netherlands, preparing during pregnancy is highly recommended to limit the impact of perinatal mental illness all over the world. ●

**For more information, visit
www.zelfbewustzwanger.nl**

Floor Molkenboer, Female Leadership Coach, founder of the ZelfbewustZwanger foundation and developer of e-learning course which was further developed in the PATH project at Maasstad Hospital

STICHTING ZELFBEWUSTZWANGER
landelijke cliëntenorganisatie in de geboortezorg

Podcast premature

Podcast Premature is a podcast. As the name suggests, it reflects on the mental health of parents of a premature baby.

The podcast is a product of Vanessa who had a premature baby herself. She felt the need to hear and talk more about this. In the podcast, Vanessa discusses various issues with experts and experts by experience. PATH participants also talk about prematurity in the podcast. This episode, Vanessa talks to Fabienne



Naber about parental guilt and the importance of pouching for baby's development.

The podcast episodes are on podcastprematuur.co.uk ●

Researching what parents want



The starting point of the Dutch part of the international PATH project is, among other things, the studies in the framework of 'Wat Ouders Willen' (What Parents Want). These studies provide insight into what parents encounter in the care surrounding the (early) birth of their child and the transition at home. This is done on the basis of their own needs.

Fabienne Naber

How do you start as a family when you can't be together and don't know what the future will hold? How do you develop your role as a parent? How do you remember

all the information you take with you from the hospital when you are still in survival mode? And how can it be that parents feel disrespected when you are still doing

your utmost as a caregiver? Questions that all played a role in the studies 'What Parents Want' (WOW 2 and 3). Surveys show that parents often feel they have completely lost control. With all the medical attention, parents feel that the care for their own baby is taken out of their hands. From the medical angle, they act from the perspective of what is best for the baby. The mental and social part, especially with regard to parenthood, is still very much underestimated. Participation in the way care is provided appears to be very important for parents. The same goes for really being involved in decisions. Demand-driven care can meet this need. Proper alignment with what parents need deserves much more attention and is

essential for the start of these new families. The same goes for (re)acknowledging the pressure parents are under: do this with a listening ear without prejudice. Paying attention to prepared parenthood in particular can prevent a lot of stress and problems. Within the PATH project, the research findings have been incorporated into all training courses and tools aimed at preparing parents and parents-to-be for parenthood so that they gain or retain control. Outcomes have been incorporated into teaching materials for professionals and employers so that they can provide optimal guidance and support to (expecting) parents. ●

Fabienne Naber is scientific researcher and attached to PATH Maastad hospital as project leader and trainer

Avalanche of complaints during first 1,000 days



The mental health of many pregnant women and new parents is alarmingly poor. Added to this, many lack the confidence to seek help. This is according to PATH research by UK partner Kent & Medway Partnership Trust (KMPT). Although conducted in United Kingdom, the results give a good indication of how this is probably also the case across Europe. This research helped shape the awareness raising campaign in the UK.

Bosky Nair

The study involved about 1,000 parents who experienced mental health issues during pregnancy or in the first year after giving birth. As many as 58% of participants struggled with low mood or depression. 55% experienced stress and 35% loneliness. Of those surveyed, 21% had no experience of mental health problems before the arrival of their baby.

The difference in complaints between men and women is striking. The women surveyed mainly reported tearfulness (59%), depression (63%), low self-esteem (57%) and suicidal thoughts (27%). Men particularly struggled with stress (34%). More than women, they also have problems with drug or alcohol abuse as a result of their unstable mental wellbeing when becoming a father.

"When I found out I was going to be a father, I was so happy. I imagined what it would be like after cutting the umbilical cord. But that's not how it went. My wife had a traumatic delivery and I was afraid I would lose her and our child. I struggled to cope, reached for the bottle and felt suicidal." Mark Williams, mental health advocate and founder of Fathers Reaching Out

Finally, participants were asked what information could help prepare pregnant couples for what is to come. At the top of

'Findings paint sad picture of mental health around pregnancy'

the list was 'Knowing who to contact in case of emotional problems', immediately followed by 'information about available support groups for peer contact, among other things'.

Barriers

All in all, the findings paint a sad picture of the mental health of couples who are pregnant or new parents. On top of this, mental struggles often go unreported, often due to stigma, resulting in them going untreated.

Barriers to not seeking help include a sense of shame (45%), coming across as a 'bad parent' (43%) and fear of being a burden on family and friends (38%). Spending more time on social media platforms appears to have a counterproductive effect, in part because it mainly shows the 'perfect'

image of parenthood. For one in five respondents, complaints even increased as a result.

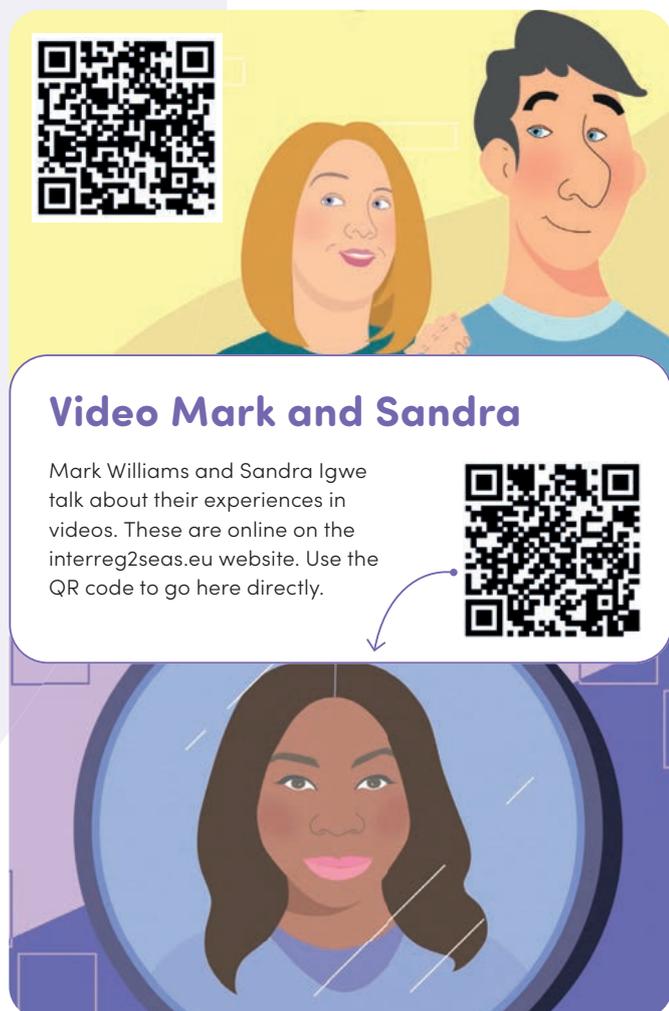
"I had a very difficult delivery and left the hospital with deep trauma. In hindsight, I should have sought help much, much earlier or confided in my friends and family for a lifeline."

Sandra Igwe, children's book author and founder of The Motherhood group

Campaign

PATH United Kingdom has taken the frightening outcomes seriously. To break taboos in this area and encourage timely referrals to healthcare providers, a multimedia campaign was launched. Mark and Sandra, Instagram influencers who unashamedly share their true stories in order to help others, were the face of the campaign. This culminated in a great success, reaching a total of more than 40 million people in the UK and driving people to the PATH online support hub for more information. ●

Bosky Nair is a psychiatrist with the Kent & Medway Partnership Trust.



Video Mark and Sandra

Mark Williams and Sandra Igwe talk about their experiences in videos. These are online on the interreg2seas.eu website. Use the QR code to go here directly.



PATH project evaluation

AP University of Applied Sciences puts a lot of effort into evaluating all the work packages of the PATH project. This is done to demonstrate the impact of the various project elements.

It is important to demonstrate the effects of a particular training or campaign on the perinatal mental wellbeing of new and expectant parents. After all, this forms the basis to further propagate the fruitful elements of this valuable project. In this, AP University of Applied Sciences fulfilled the leading role. In close cooperation with the other partners, an evaluation plan was developed. Central to this are pre- and post-measurements at all the different interventions

using anonymous questionnaires. The PATH partners were asked to offer the questionnaires to the participants before and after the different trainings or events. Many results were collected in this way. The analyses of these are ongoing. The findings will soon be published in the project's final report. ●

Are you interested in the final report? Then request it by sending an email to charlotte.brosens@ap.be or laura.vandenbranden@ap.be.



Tools for supporting mental health

UK PATH partner Devon Mind is a local branch of the MIND mental health charity. As the project explored what is going on in this area during and after pregnancy, this knowledge was then turned into concrete tools.

Rachel Marriott

In the first project phase, inspiration was mainly gained by visiting several local children's centres and GP practices. Building on this, concrete tools that pay particular attention to perinatal mental health were worked on with partners.

Two parent courses

Two courses have been developed for parents. The first deals with the transition to motherhood from a psychological and social point of view. Specifically, the course deals with the

process of becoming a mother, also known as "matrescence". Indeed, during pregnancy there is a shift in identity, similar to the stages of adolescence. An expectant mother can be torn back and forth between who she was before motherhood and who she is expected to be as a mother. This can mean a loss of self-esteem, which the

mother may mourn. The same goes for the apparent loss of the things she did before having the baby.

Acknowledgement

The first course includes steps to help parents acknowledge the changes. It also focuses on coping with those changes. The course takes place both

'During pregnancy there is a shift in identity'

online and in local children's centres. Afterwards, many parents we worked with said that they found the course reassuring.

Coping techniques

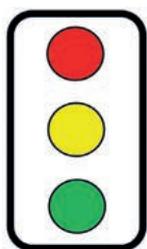
The second, five-week course focuses on coping with difficult emotions and thoughts. Parents are taught various coping techniques to support their mental well-being. The final session focuses on how parents can continue to use the skills they have learned. Parents remark that they enjoy learning different coping techniques. This course is also delivered both online and in local children's centres.



Community groups

Finally, an online training course has been developed. Community groups, including local baby groups, can take

it. The training puts them in a better position to recognise and support parents visiting their group. It's not just 'healthcare professionals' in the strictest sense who can support parental mental health, it's anyone from the wider workforce who comes into contact with pregnant women and new parents who have a role to play.



Wellbeing Traffic Lights

These zones are relative to *your* experience. This is not a system for diagnosis. It can be a helpful way to think about your wellbeing, and a helpful way to communicate it to others. You don't need to wait until you are in the amber or red zone to prioritise your mental health.

Red zone – Very low mental wellbeing

If I haven't already, I need to prioritise my mental wellbeing now. What skills can I use? Where can I ask for support?

If you have already tried to do this, but still feel in the red zone, is there something else I can try? Maybe you are doing the right thing, but just need to keep doing it for longer. (If you were really hungry, you wouldn't expect eating one grape to be enough. You need to keep eating a bit more. Likewise, self help techniques or therapy session are unlikely to fix everything in one go).

Amber zone – Starting to notice a "dip" in my mental health

What do I need to stay well? Do I have any physical or mental health needs I need to attend to? Have I been putting my health last? What can I do to look after my mental health today?

Green zone – Feeling mentally well

Feeling okay.

I need to keep doing the things that are helping me to stay well.

Workshops

Workshops for professionals, community groups and parents have also taken place as part of the project. Central to these is increasing understanding of perinatal mental illness. This includes how to avoid stigmatisation, remove barriers to seeking help and improve communication. Target groups are midwives, nutritionists, social workers and counsellors. These workshops are key in changing the understanding and taboo nature of the subject and opening conversations up in order to avoid people coming for help when it's already too late.

Tools

Finally, some tools have been developed. One example is the tool Traffic Light, pictured. Another example is the matrescence go to path-perinatal.eu/uk/waf/matrescence ●

For more information, visit

path-perinatal.eu/uk/waf/matrescence

Rachel Marriott, PATH Development Officer, associated with Devon Mind.

Convenient system for online learning

The UK partners within PATH have developed a complete but simple e-Learning system. Dozens of modules have been created specifically for UK and Dutch practice.

Li Zequn and Diane Massey



‘Father training is interactive with quiz elements, films and group activities’

mation and training on offer. The training is interactive with quiz elements, films and group activities and is offered by DadMatters UK, a branch of Home Start.

By attending the training, professionals learn to recognise how their personal view of fatherhood can affect their work. This enables them to identify and address barriers to dealing with fathers. They also learn to understand the benefits of a father-centred approach for mothers and children as well as for fathers themselves. Finally, the training provides insight into what the transition to parenthood means for fathers, including the emotional and/or mental health issues they may face.

Many educational institutions deploy e-Learning. However, the management and maintenance of such systems has quite a price tag. It also often requires the deployment of skilled workers. To overcome this, the PATH system is divided into three modules: one for course design, one for a student learning platform and one for course tracking

and reporting. The course developer only needs to concentrate on course design. The eLearning system is used to support and train families, professionals and employers on many aspects of perinatal health care.

Father training

One of the English-language modules involves training for professionals to include fathers in the range of infor-

'I found the training very interesting and informative. I really enjoyed the passion you have for the subject.'

Feedback from a professional who followed the eLearning course

Inspired by the success, further training videos for healthcare professionals have been created. These have been incorporated into the eLearning.

Dutch-language courses

In the Netherlands, blended learning was used whereby literature and practical training was supplemented by eLearning modules. This also made use of complementary videos and reference to expert websites. Courses were developed for (expectant) parents as well as for professionals and employers. In total, there are more than 40 modules in eight courses. At the forefront of the training, in each course we can find 'supporting or restoring mental wellbeing in both pregnant women and their partners and during early parenthood'. The courses have now trained more than 1,000 parents, professionals and employers. More information on the courses can be found at path-perinatal.eu. After PATH, this offer will continue via 'Voorbereid Ouderschap' (Prepared Parenthood). ●



Zequn Li, postdoctoral research assistant in VR and Affective Computing for eHealth, Bournemouth University, and Diane Messay, head of professional services department at the Institute of Health Visiting.



Roos of Leary

The Rose of Leary is a communication model showing that behaviour evokes other behaviour. In a short video, see the QR code, trainer Valentine Geluk explains how the model works. The model was designed by the Leary Academy.





Virtual Reality puts you in the family's world

As part of PATH, Virtual Reality films have been made about new parents with mental health problems after the birth of their baby. These offer a glimpse into the real emotions of parents with their baby at home and when the mental health problems begin to arise.

Wen Tang, Tim Devlin, Li Zequn, Diane Massey

Virtual Reality (VR) is a computer-generated environment with scenes and objects that appear lifelike. The user wears a VR headset or helmet and thus gets the feeling of being immersed in the filming: you find yourself 'in the world' of the filmed family as if you were actually there. The films used the latest 360-degree VR technology.

Compelling experiential learning

Observing reenacted reality provides immersive experiential learning: you experience the intensity and complexity of mental health problems, as a healthcare professional, in the way that your patients, the parents, experience them. This facilitates recognising the 'red flags' associated with mental

'Observing simulated reality provides immersive experiential learning'

illness during this period.

A key area that professionals can learn from this training, is the key role of the father when the mother is not doing well. This happens in the context of various dilemmas ranging from caring for baby and mother to the responsibility of going to work when paternity leave is up.

One point of attention for the trainer of professionals is that this kind of footage can be emotionally shocking. This requires trainers who use the films as teaching materials to create a safe psychological space. Not only by preparing participants for the content, but also by ensuring debriefing. Properly used, these VR films are an excellent tool for raising awareness amongst professionals, particularly when it comes to the father and the struggles that they may also be facing during this postnatal period. This was a key area of focus for the Institute of Health Visitors within the PATH project.

Dutch films

The experience in United Kingdom with this special tool has recently led to a

Dutch production for learning to prepare for unexpected changes before or after childbirth using VR. This was done in collaboration with the Bournemouth University team that also took care of the English VR film. Together with Rotterdam birth care professionals, four informative films have been developed. These are about:

1. Preparing for admission for hospital delivery;
2. Preparation for admission to maternity hospital for new parents and their baby;
3. Preparing parents for admission after premature delivery of their baby in neonatology;
4. Preparing pregnant woman and partner for birth of baby by caesarean section.

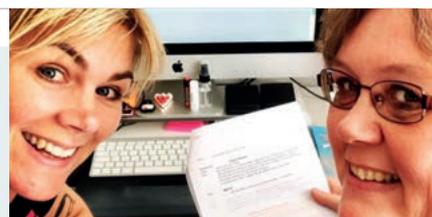


Added value

The VR films offer a good idea prior to delivery of what to expect as a health-care professional. This can help reduce stress caused by uncertainty about what is about to happen. This creates more space for what actually needs attention. ●

Wen Tang is professor of Creative Technology and project coordinator for PATH BU, Tim Devlin is research assistant in Digital Game Technology, Li Zequn is postdoctoral research assistant in VR and Affective Computing for eHealth, Bournemouth University, and Diane Massey is head of department professional services at the Institute of Health Visiting.

Documentary highlights mental health issues



Three mothers talk about what impact stigma has had on their lives



In June 2021, the documentary 'Surely she knew what she was getting into' was launched. In it, Karin den Oudsten (Me Mam Foundation) and other mothers talk about their experience with mental illness after pregnancy and how those around them dealt with it.

Karin den Oudsten

The aim of the documentary is to make the taboo of mental health around pregnancy and birth discussable. The

documentary, supplemented by interviews with professionals and an expert by experience, can be viewed on the

website path-perinatal.eu/nl. The full recording can also be viewed with French or English subtitles. ●

Karin den Oudsten, chair of the Me Mam Foundation and initiator of the development of the documentary and e-Learning module.



Online platform rich source of information

One of the key PATH outcomes is an online platform. The platform brings together valid and accessible information, tools and training on perinatal mental health. This increases accessibility for professionals, parents, loved ones and employers. The platform was built by the team at Bournemouth University.

Tim Devlin, Sophie McGannan and Diane Massey

The COVID measures suddenly created a great need to make information available digitally to support pregnant women and new parents. PATH responded to this quickly and efficiently. Online information pages were set up in the UK, France, the Netherlands and Flanders, covering issues such as COVID and pregnancy, guidelines for professionals and information on how society runs in times of lockdown. In the first year, the pages had already been visited more than 70,000 times.

COVID pages

The set-up of the COVID pages formed the basis for further development of the online platform. The 'Families' section was based on group discussions with parents and professionals. The content was then developed by a

working group consisting of representatives from the seven partner organisations in the UK. Expertise from healthcare professionals, employers, client organisations and peer supporters were brought together. Feedback was sought from a parent panel on the first draft to ensure the content was relevant and accessible.

From this solid base, Flanders, the Netherlands and France were also able to build their pages. The online platform now includes a landing page and four separate sub-sites for the partner countries. With more than 100 articles and 200 external links, this platform provides a vital source of information on perinatal mental health.

User-friendly

Much attention has been paid to the user-friendliness and reliability of the

platform. With success. As a result, the platform will soon be easy to maintain after completion of the PATH project. All information will then remain available for at least another five years. It's a key place for parents and parents-to-be to access information during what can feel like a long wait between healthcare appointments. ●

The address is: path-perinatal.eu

Tim Devlin, Research Assistant in Digital Games Technology, Faculty of Science and Technology, Bournemouth University; Diane Massey, Head of Professional services Institute of Health Visiting. Sophie McGannan, International PATH project leader, The Health and Europe Centre

Breaking taboos: the cloud that doesn't turn pink

A newborn baby may be teeny tiny, but the change such a little one brings about in the lives of parents can be profound. In Flanders, as part of PATH, a multimedia campaign was launched to break the taboo surrounding this subject.

Astrid Claerbout and Jade Steppe

New and future parents are showered daily with 'perfect pictures' of parenthood via various social media channels. But the 'pink fluffy cloud' perfection is far from many parents true experience. Every parent knows fears, doubts and worries around parenthood, often without sharing them with others. With this in mind, the Karel de Grote Hogeschool set up an online multimedia campaign for PATH to break the taboo around perinatal mental health in Flanders. The campaign focused on four pillars:

Mum, are you ok?

The first campaign element involved the Facebook and Instagram page: 'Mum, are you ok?'. Through these channels, personal stories and information were shared weekly about the bumpy road of parenthood. This was done both through testimonials and by presenting scientific figures. The many testimonials created support and recognition among followers. In addition, the focus was on 'prepared parenting'. Prospective parents were prepared for parenthood with the help of tips and tricks.

Working with influencers

As a second pillar, following on from the success of the UK campaign, well-known Flemish influencers gave publicity to the campaign in Flanders. This also proved to be successful in making difficulties around parenthood negotiable. The influencers reached more than 34,000 people.



'Mamabaas' Platform

As the third part of the multimedia campaign, an article was published by the well-known platform 'Mamabaas' around the 'pink cloud' that doesn't always turn pink. The article came to the attention of more than 60,000 readers.

Ads

Finally, paid ads via Facebook and Instagram were used. This achieved a large reach. Supported by ads, more than 2.5 million people were reached through social media within a six-month period. With these ads, an even bigger awareness was raised within this target group. In conclusion, the multimedia campaign on destigmatising perinatal mental health in Flanders, with a population of just 6.5 million people, was a huge success. ●



Astrid Claerbout and Jade Steppe are working as researchers at the Karel de Grote Hogeschool, Antwerp, Flanders

Four-year training support for professionals

Encountering new life always overwhelms us

In the period of pregnancy and birth, midwives, nurses, general practitioners, paediatricians and gynaecologists play a key role. Among these healthcare professionals, there is a great need for additional training and support. As part of PATH, a four-year training course has been developed for them. This also partly consists of classical baby observation with reflective group experience.

Christine Franckx and Hilde Van Pelt

The encounter with new life always overwhelms us. It sets in motion a process of profound change. This leaves no one untouched, including the caregivers involved. Mental health is addressed in all lines of care. In recent years, the role of first-line care has become increasingly important.

Emotional awareness

In this daily practice, direct contact with the emotional responses of clients and patients is at the forefront. This requires emphatic attention. After all, by definition, emotional reactions are often overwhelming, even for the caregivers themselves. This can push them off balance and even out of their professional role. For instance, one may feel pressure to make intuitive suggestions from personal life experience. Or make unsubstantiated referrals to somatic disciplines or social services. A strong emotional self-awareness, which can bear irrational fears, is therefore an important requirement for the professionals involved. A combina-

tion of a classic baby observation with the offer of a reflective group experience meets this need. It enables experienced perinatal professionals to strengthen their 'antenna' for the emotional aspects of the early attachment relationship. It is a four-year practical and experiential course, with a central role in enhancing the observation skills of the caregiver.

Baby Observation

In 1964, a Polish-English physician and psychoanalyst, Esther Bick, developed a method for long-term and intensive observation of the mother-baby relationship. For 18 to 24 months, one visits a family with a newborn baby every week for a pre-agreed hour. The aim is to gain as many observations as possible around elements such as facial

expressions, body movement and interactions during feeding, bathing, playing, sleeping and nursing. The family's privacy is guarded to the maximum. For example, no auditory or visual recordings are made. It is clearly agreed with the family beforehand that this is a training experience for the observer and that the observation is not intended to help the family. Nevertheless, experience shows that the vast majority of parents greatly appreciate the observation moments. The focus of the observation is on the baby, the impact of the environment on his behaviour and – *last but not least* – on the emotions the baby evokes in the observer. This last aspect, in particular, allows the expertise in recognising and handling complex mental health situations to grow.

'Strong emotional self-awareness important requirement for engaged professionals'



'Six elements together can strengthen mental health-oriented expertise'

Group sessions

The observation period takes place in three phases: the actual observation in the family, going back through our thoughts to the hour with the family and finally the discussion in the group. Each of these phases brings a deepening of the learning experience. In a group session, the observation notes are discussed. In the process, one often realises new insights or additional elements are recalled.

International recognition

The baby observation method developed by Esther Bick is now widely recognised internationally as a sound and thorough form of training. It is used all over the world in many psychotherapy training courses for professionals working with young or older children, ado-

lescents or adults. The comfortable framework, without clinical responsibility, helps the caregiver focus on developing his/her own skills. This experience, which parallels an individual psychotherapeutic process, also automatically brings them into contact with their own vulnerabilities and sensitivities.

Strengthening elements

What is interesting, of course, is what actually works within this method to strengthen the caregiver in the professional role. Many things. There are no less than six elements that, when brought together, can strengthen the mental health-oriented expertise:

1. Improving professional attitude towards neutrality;
2. The increase in psychological self-awareness of the caregiver;

3. Being able to keep the baby and mother in mind;
4. The improved experiences via communication;
5. Observing somatic reactions such as headache, abdominal pain and drowsiness at an early stage;
6. The improved experience in putting emotive material into words.

Re: 1. Strengthening professional attitude

During observation, giving parenting advice is avoided. Instead, the professional opens himself up as best he can to surprising, new elements. This experience tends to become richer the more details are observed, without intervening or drawing conclusions of cause-and-effect. This can increase attention to one's own representations and feelings that surfaced during the family visit. This seems simple but requires sustained discipline and training. "Being neutral and 'just' present without doing anything myself was new to me and even felt a bit uncomfortable at times. I have been used to actively responding for years and think I have lost the skill of wait-and-see listening." – A participant

Re: 2. Increasing psychological self-awareness

Observation increases the caregiver's psychological self-awareness. As a result, countertransference movements can be better recognised. Important because these movements give insight into what is going on. This helps move the therapeutic process forward. Examples include recognising mental defence mechanisms such as splitting and denial. These often occur when fear and distress are high. In doing so, one reveals only part of the true mental state, leaving the underlying problems in the shadows. Through prolonged observation, which takes place within a constant framework, the complexity of a developing relationship is

observed. One learns to wait and look forward to the different forces each mobilises in the contact between them. This sharpens the assumption of a neutral position, allowing one to better listen to the client's personal, inner suffering.

"Burnout often lurks around the corner in our profession. Being able to keep track of your own emotions and fears and reflect on them helps against this. Preferably also together with colleagues."

- A participant

Re: 3. Keeping baby and mother image in mind

Most mental health questions are referred to front-line care. A referral to second or third-line is often not desired or is even impossible. Being able to keep thinking when intense emotions arise is a strong skill that cannot be taken for granted. A key learning point of the observation period is therefore being able to keep the baby and the mother in mind.

Re: 4. Gaining experience via communication

Confusing or unclear communication is common in the clinical treatment setting, especially in acute care. This can lead to quick and sometimes wrong decisions and advice. Moreover, there is no manual or dictionary yet that puts you in touch with upsetting, archaic fears. Of significance in this context is that, in baby observation, you are exposed to infra-verbal communication - this is the unconscious influence of colours and smells - over an extended period of time.

Re: 5. Observing somatic reactions

Somatic reactions such as headaches, abdominal pain and drowsiness are often given no meaning in therapeutic encounters with clients. In baby observation, on the contrary, these are well noted and associated with a state of discomfort in the baby. This experi-



'Baby observation effective to strengthen professional skills'

ence, both of the intensity and the precise moment these phenomena occur, can be of great significance for work with clients in clinical settings.

"I learnt to trust my own body, thoughts and feelings more and use them as a good tool. Although I would have liked more theoretical input, I do now think it is good that this came later because it became more meaningful."

- A participant

Re: 6. Putting emotive material into words

Carefully noting down observations is an exercise in verbalising and clearly communicating emotive material. Confidence in one's own memory functions by tracking and precisely recalling observed elements also becomes a more reliable skill.

"It is difficult to correctly articulate to colleagues what I noticed and experienced with patients in difficult emotional situations. I can now listen better to my team of colleagues. I am also convinced that regular reflective group meetings can help share what clients evoke in us."

- A participant.

Conclusion

Baby-observation, while requiring considerable sustained effort, is effective in strengthening professional skills. Being able to recognise mental health questions, tolerate emotional crises and better keep patients experiencing mental distress in mind generally improve significantly. Association with a reflective group experience is crucial for deepening the thoughts and emotions evoked by baby-observation. This also makes things stick better. ●

Christine Franckx is a (child) psychiatrist, GiO asbl director and PATH project leader, and Hilde Van Pelt is a clinical psychologist and affiliated with PC Bethaniënhuis, Zoersel.

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Free advice online for every pregnant person

What's Up Mama is a website developed for pregnant women and new mothers. Women can visit this website for free and as often as needed.

Charlotte Brosens, Laura Van den Branden, Sophie Rimaux, Roxanne Bleijenbergh and Yvonne (Fontein) Kuipers



The website What's Up Mama explains what emotional changes can take place during pregnancy and the first year after giving birth. It also focuses on the life factors that make it more likely for a woman to face mental health struggles after having a baby. Tips & tricks are provided to stay emotionally balanced or to help regain balance. Through easy questions, women receive tailored advice. The site also allows women to indicate whether they experience these changes and to what extent.

Tailored advice

"Many pregnant women or new mothers could use some mental guidance," says Sanne Peeters, one of the first midwives to offer What's Up Mama to clients. "If a woman reports having worries or feeling stressed, I point her to What's Up Mama. What I find most beneficial about it is that the advice is personalised. It is not a standard questionnaire, but the questions the user is asked come from previous answers she has given. And the advice is also tailored to the answers. Because the programme is anonymous, it is low-threshold and easy to use. It shows the user that it is not strange that she sometimes feels insecure."

Follow-up steps

If, after completing the questions, it appears that the woman feels emotionally unbalanced, questions to determine the

severity follow. Appropriate advice is linked to this. If the woman needs professional help, a list of nearby caregivers is offered. The woman is given personal advice on how best to deal with the imbalance - appropriate to her situation. If the answer after completing the questions is that one is emotionally balanced, this is reassuring. However, women are advised to consult the website again at a later date if necessary.

Uncertain moments

"The programme is very easy to use," reveals Eline Kennis. During her pregnancy, she regularly consulted What's Up Mama. "Whenever I had an uncertain moment, I would click on the website. I didn't immediately do anything with the advice. I especially liked reading the experiences of other pregnant women. They gave me the feeling that I am not the only one who has anxious moments in her pregnancy. And also afterwards, because now that Flore has been born I still pick up What's Up Mama sometimes." ●

The address is: whatsupmama.co.uk

Charlotte Brosens, Laura Van den Branden, Sophie Rimaux and Roxanne Bleijenbergh are midwives and researchers at AP Hogeschool Antwerp; Yvonne (Fontein) Kuipers is postdoctoral researcher and project coordinator for AP Hogeschool Antwerp.



natal mental health services. They are often less accessible for these women, but that is not the only obstacle. Other obstacles, including language, also prevent these women from getting the mental health care they need. This is why Karel de Grote University of Applied Sciences has set up a qualitative study on the needs and barriers around perinatal mental health care among them. The results will follow soon.

Peer support

Letting people with similar experiences support each other, that is the use of peer support. This is why students from Odisee University College and AP University College were introduced to perinatal care for pregnant women. The students closely followed a pregnancy until after delivery. This was done with extra attention to mental wellbeing. A concluding interview was followed by a report. In addition, students from AP University of Applied Sciences organised workshops on preparatory parenthood. In small groups, pregnant women or women who have just given birth and their partners were introduced to various themes that may arise during this period. The aim was for both parents and themselves to get a feel for perinatal mental health.

Training for caregivers

Another milestone concerns the development of a training for healthcare providers. In the run-up to this, focus groups were organised with professionals, including midwives, general practitioners, gynaecologists, nurses, social workers, psychologists and psychiatrists, under the guidance of Odisee University College. The aim was to identify both the knowledge and skills and needs of caregivers in this area. This revealed that care and support for women with mental health problems is not only highly fragmented, but also regionally very different.

Package for parents, caregivers and employers

In Flanders, the PATH project is supported by four partners: AP Hogeschool Antwerp, Gehechtheid in Ontwikkeling vzw, Karel de Grote Hogeschool and Odisee Hogeschool. While each is responsible for a particular part of the project, there was close cooperation between the four partners. This unity led to great results for parents, caregivers and employers. An overview.

Inge Tency, Christine Frankx, Astrid Claerbout, Jade Steppe, Charlotte Brosens, Laura Van den Branden, Sophie Rimaux, Roxanne Bleijenbergh and Yvonne (Fontein) Kuipers

A first result is the multimedia campaign developed by Karel de Grote University to normalise perinatal mental wellbeing. This campaign was conducted mainly through social media. Central to this were testimonials from new parents, complemented by insights from previous research and tips & tricks. One of the tips is the app

What's up mama, highlighted elsewhere in this issue. An article was also published in a popular online magazine for parents as part of the campaign.

Migrant background

Daily Flemish practice shows that women with a migration background find it difficult to find their way to peri-

'Migration background complicates pathway to perinatal mental health care'

There appeared to be a need for a single point of contact and continuity in care provision. Screening for mental wellbeing should also be normalised by embedding it structurally in care provision. As is the case in the UK, France and the Netherlands, as well as elsewhere in Europe.

The focus groups identified areas for improvement in basic training for healthcare professionals. Students receive insights into psychological aspects, but little or no insight into problems of a psychiatric or psychotherapeutic nature. On the positive side, there is a focus on postnatal depression within the training, with the comment that perinatal mental health in general or in a broader sense still receives too little attention. In this area, therefore, there is a need for additional training and deepening. Something quite different is that people find it difficult to refer to professional networks, partly due to lack of knowledge. This was perceived as one of the main barriers. It is therefore important to connect professionals.

There is also a need for care pathways, including detection and screening in the form of a decision tree, inter-vision meetings and case study roundtables. Overarching awareness about the importance of perinatal mental health deserves structural attention. Finally, the importance of certification and accreditation was highlighted.

Training offer

The insights from the focus groups were translated by the Flemish partners into a training offer. This consisted of an eLearning, a face-to-face training and a four-year "train-the-trainer" training programme.

eLearning

The eLearning targets perinatal care providers and is offered by AP Hogeschool Antwerp. Care providers can follow a total of 13 modules at their own pace. In addition to the theoretical aspect of perinatal mental wellbeing, practical tips are provided for discussing this topic with parents. It also focuses on how to refer parents elsewhere if necessary. Afterwards, participants receive an official certificate.

In addition, two webinars were organised in cooperation with the Flemish Professional Association of Midwives (VBOV): 'Tips & tricks for dealing with the fragile cloud' and 'Attention to yourself is not an afterthought'. Finally, two regional networking events took place for healthcare providers in cooperation with the Waasland primary care zone and the 'First Thousand Days on the Map' working group.



Face-to-face training

The face-to-face training, organised by Odisee University College, targeted a broad group of healthcare professionals and took one day. The training, given by a guest lecturer with extensive expertise in perinatal mental health, consisted of a theoretical section interspersed with conversation skills and simulation. The training was free of charge and took place four times in 2021 with a total of 92 participants.

Train-the-trainer

The Train-the-Trainer training, offered by GiO Vzw, targeted healthcare organisations that want to embed perinatal mental health in their organisation. Participation was free and took place over two half-days per month in two modules. Representatives from 13 organisations attended this training. This drew extensively on experiences from hands-on training in perinatal mental health.

Employers

During the transition to parenthood, the combination of work and family can be accompanied by psychological stress. How employers deal with this can have a beneficial effect on parents' mental health. Research shows that supporting parental well-being in the workplace has measurable benefits for companies. The Flemish PATH project responded to this. In a first phase, needs were identified through interviews with parents, employers and representatives of occupational health services. Three tools were then developed for employers (see elsewhere in this edition): 1) a checklist around mental well-being during pregnancy and parenthood, 2) a 'Pregnancy' contact plan and 3) a 'Welcome back' contact plan. ●

Want to know more? Scan the QR code.



Theatre performance 'And later I will be ...'

'And later I will be...!' This was the title of a theatre performance for the general public around feelings and emotions surrounding the desire to have a child, pregnancy, perinatal loss and parenthood.

Inge Tency



The PATH project is committed to making the mental health of (future) parents a priority. As well as breaking the taboo that still exists around the subject. With a view to the latter, Odisee University College organised the theatre performance 'En later word ik ...!' for the general public. Four female musicians and singers each told their own story about their process of 'wanting to be a mother' and the feelings and emotions that go with it. Different themes were addressed such as first pregnancy, first time mum, loss of a baby and an unfulfilled desire to have a child. These stories were interspersed with music and singing.



'And later I will be ...!' turned out to be a performance full of familiarity; beautifully, honestly, intimately, purely and movingly delivered. True to life. Respect for these ladies. A performance that

definitely deserves a sequel. ●

Inge Tency, Lecturer and researcher in midwifery at Odisee University College, Sint Niklaas.



Action plan for first 1,000 critical days

In France, the PATH project started in May 2021, slightly later than in the other partner countries. WHO - Collaborating Centre for Research and Training in Mental Health, the French project partner, is hitching a ride on the government's first 1,000 critical days policy launched earlier in the year.

Nathalie Léone

The government campaign in FRANCE is committed to early detection of perinatal mental health problems. Key actions include extending paternity leave to 28 days, introducing the prenatal interview in the fourth month of pregnancy and the postnatal interview between the fourth and eighth week after delivery. Further attention is given to issues such as increasing resources in maternity wards and establishing new parent-baby units. Other actions relate to parenting support and providing information through a government website and an app.

France's PATH project builds on the measures initiated. It does so on the basis of an action plan that was completed by the end of 2021. It then

worked on concrete products. For instance, two information brochures were developed and distributed both in print and digitally. One brochure deals with the transition to parenthood, the symptoms of baby blues and perinatal depression, followed by information on how to seek help for this. The second brochure describes various perinatal mental health problems, focusing on screening, diagnosis and treatment. A brochure in comic book form for fathers is also in preparation.

Furthermore, ten podcast episodes focus on the close link between the transition to parenthood and employment. Finally, an eLearning is in the pipeline for professionals, including GPs, midwives, nurses, psychologists

and social workers. It consists of 46 video lessons of 15 minutes each, including parent testimonials and quizzes, divided into three modules. The course will also be available in English. ●

For more information on the PATH work in France, scan the QR code. All information and training tools will be available on the PATH project website from early 2023.

Nathalie Léone, scientific coordinator for the PATH Project in France, is with the WHO - Collaborating Centre for Research and Training in Mental Health.



Break through separate worlds of work and family

Major life events, including having a child, create a strong overlap between work and private life. This can cause absenteeism at work. Instead of letting employees muddle along, employers would do well to take action themselves. Early intervention is a win for everyone. As part of PATH, tools for employers and employees have been developed with the aim of strengthening the mental health of (future) parents.

Francesca Prior, Dan Stickland, Fabienne Naber and Inge Tency

Mental and physical health play an important role in employee productivity. When something happens in the private sphere, it can have a direct impact on performance at work. This also applies to the transition to parenthood. For an employer, beyond the leave arrangements around pregnancy and childbirth, little seems to change. People occasionally inquire how things are going and may respond to a birth card. Once the maternity leave is over, people soon return to business as usual. Meanwhile, a full transition to parenthood has taken place for the employee, resulting in a blurring of the line between work and private life.

High dropout rate

Research shows that as many as 65% of women consider looking for another job after returning to work. For the employer, this is accompanied by loss of knowledge. The reason for looking for another job often has to do with the way work is taken up after return. A workload that no longer fits the new family situation may also play a role. The effects of hormones, sleep deprivation and recovery are difficult to assess

‘Employees are not quick to knock on the door when mental issues arise’

in advance. Women often feel guilty for having been absent from work for an extended period of time and then prefer not to mention that the return is

hard on them. As a result, 30 per cent of women drop out long-term in the first three months after returning to work. This is not only undesirable, it also comes at a cost. Part of the dropout is related to childcare for (sick) children and other child-related aspects.

It also shows that investing in employee well-being results in less absenteeism and more productivity. So it's a win-win for both employee and employer: the employee can function better both privately and at work, the employer has less loss of capital and knowledge, and lower costs due to absenteeism and disengagement.

Don't wait and see

As part of the PATH project, workers' needs in this area were identified. This was done both through a literature review and by conducting interviews with parents and employers in Flanders, United Kingdom and the Netherlands. This showed the value of creating a safe working environment. Employers are often too quick to think that employ-





ees can always go to them to discuss anything. Wrongly, the research shows. With mental problems, they are reluctant to knock on the door, partly for fear of stigma or job loss. It is therefore advisable as an employer or manager to take the initiative if one feels that an employee is not comfortable in his or her own skin during the first 1,000 days. It is important to show genuine interest and work with the employee to find meaningful solutions. It's not enough for employers to pay lip service to social responsibility when it comes to their employees' perinatal mental health. That goes for both mothers and fathers. Employees need training and tools in order to understand how important this subject is and how to approach it.

Person-centred approach

In the Netherlands, several tools for employers have been developed under PATH to address the needs of employees. For example, an online course was created for employers on both dangerous work situations during pregnancy or return to work and on the effects of hormone treatment in view of a desire to become parents. In another course, employers were trained to recognise signs that an employee is at risk of becoming overworked. Immediate

intervention when these signals are noticed can prevent long-term absenteeism and burnout. Complementary to the course, a practical training element has been developed. It is supported by visual material and audio messages. Tools have also been created for employees to indicate what is needed to function properly. One example is an eLearning on the stigma surrounding mental health problems in birth care. The complete overview of tools is on a dedicated page on the PATH platform, see the QR code.

Teddy bear picnic

The City of Southampton's Employment team is committed to developing one-to-one support as part of the PATH project. Central to this is a person-centred approach, including workshops aimed at getting back to work. The emphasis is on building self-confidence and motivation. With the 'Teddy Bear Picnic', the team reached many people in the area and was able to provide them with valuable information.

Three tools

A similar approach has been taken in Flanders. Odisee University College developed three tools for employers:

1. A checklist inquires about the mental

health of (future) parents in the workplace. The checklist includes figures and facts, signs of reduced emotional and mental well-being, tips for discussing mental well-being and useful links to refer to. Based on the recommendations provided in the UK and adapted to the context in Flanders and Flanders, more generally.

2. The contact plan 'Pregnancy' is a tool to discuss various issues concerning pregnancy with the employee. Various aspects are covered, including risk analysis, prenatal examinations, starting maternity leave, transfer of tasks, communication during maternity leave and return to work.
3. The 'Welcome Back' contact plan is a tool to discuss returning to work. Various aspects are covered such as key organisational changes, risk analysis, breastfeeding breaks, administration and work-family combination.

Embedding these tools structurally

The tools, see the QR code, were launched during an event for employers in cooperation with the entrepreneurial organisation VOKA Health Community. In the process, the tools received a positive reception from managers. They were considered relevant, useful, complete, logically structured and well designed. In short, a big step forward, but more is needed. To actually initiate change processes, it is necessary to embed the tools structurally. We are working on this! ●

Francesca Prior and Dan Stickland work as senior employment officers at Southampton City Council, Fabienne Naber is scientific researcher, project leader and trainer at PATH, Maasstad hospital, Inge Tency, Lecturer and researcher in midwifery, Odisee University of Applied Sciences





Exhibition Path of Prepared Parenthood

A common complaint is that couples of childbearing age and pregnant couples do not know their way to valid, reliable and accessible information. An exhibition at the PATH House in Rotterdam makes the pathway to prepared parenthood understandable.

Jacobien Wagemaker

Not reinventing the wheel but making visible what already exists. That is the idea behind the "Path of Prepared Parenthood". Several strands of information come together in the exhibition. Life-size photos, an audio tour and informative videos outline the pathway to parenthood. The information leads to an understanding of the care path facing (expectant) par-

ents. They find their own way and stay in control. The information helps them to experience less anxiety and stress. In addition, the information based apps ensure that useful information in this area is accessible day and night.

Visitors' comments:

"Oh if only I had had this information last year when I had a miscarriage. I didn't know what was happening and where to go."

Pregnant visitor - referring to the Loss App

"In my own country, I knew the way but here in the Netherlands I have to reinvent everything. This exhibition is very enlightening about how things are organised in the Netherlands."
Pregnant visitor

"Great that you've also translated it. My wife only speaks English and her native language. And that's quite difficult to explain."
Partner of a pregnant woman.

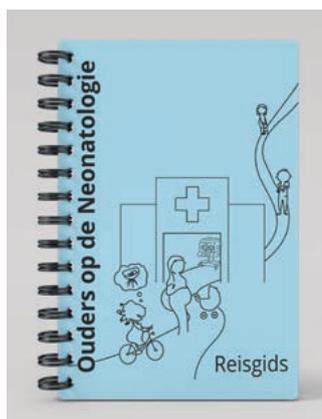
The exhibition will run until January 2023. Meanwhile, a mobile exhibition is being developed and the audio tour translated into more than 10 languages.

Travel guides

Four travel guides are in development, entitled 'Desire to have a child', 'Pregnancy and Birth', 'New parenthood' and 'Parents in Neonatology'.

The guidebooks can be used in different ways:

1. The exhibition is pictured with the audio tour and



videos so you can also look up, read or hear the information at home;



2. The opportunity to use the guidebooks as a workbook to ensure a healthy start to your new family;
3. As a reference and direction, where to find more important information, for example to the information apps, your local healthcare professionals, midwife, GP and many more places. ●

Jacobien Wagemaker, project manager PATH Netherlands, developed the exhibition and audio tour together with Milou Spatial Designer and TBM productions.

For more information:
info@voorbereidouderschap.nl



Functioning thyroid white spot

Frighteningly many pregnant women suffer from mental illness. The cause may be an impaired thyroid function. Unfortunately, this is still often overlooked.

Many pregnant women struggle with mental illness. This is often caused by pregnancy hormones, unmet expectations or loss of direction in medical intervention. The PATH project explicitly addressed this. What has not received attention, but can be an important cause of mental struggles, is an impaired thyroid function (hypo- and hyperthyroidism).

Vital

During pregnancy, much attention is paid to the health of the expectant mother. This includes checking that thyroid hormones do not show any abnormalities and are at the right level. Regular check-ups also take place after pregnancy. Preventing any problems in this area can be vital. This is because thyroid hormones affect both mental and physical states. Among other things, they play an important role in metabolism, blood pressure, heart rate and energy management.

Mental health

So being mindful of this is important, especially as the mental health of pregnant women can fluctuate considerably when their

thyroid hormones are off. Remarkably, seven out of ten symptoms of (postnatal) depression are identical to those of an under active thyroid. Plenty of reason to watch out for this, especially since one in eight women has thyroid problems and these are regularly missed in diagnostics. Something that also applies to pregnant women and young mothers.

Stories of experience

The Schildklier Organisatie Nederland (SON) website features women's experiences and stories. They were all diagnosed and treated for post-traumatic stress disorder or post-natal depression or anxiety symptoms, while the primary cause was an impaired thyroid function.

Want to know more?

SON receives many questions about getting pregnant, miscarriages and being pregnant with a thyroid disorder. For this reason, a working group has been set up on these topics and a webinar has been organised. Information can also be found at thuisarts.nl, verlofskundige.nl and gynaecoloog.nl. Finally, SON has produced the brochure 'Thyroid and Pregnancy'; it can be ordered via www.schildklierer.nl

In the Netherlands, the insights have also been incorporated into PATH information on the website and training sessions for families and professionals. However if you are reading this from elsewhere, you can contact your GP to discuss this further. ●

Training based on Family Centred Care

Parents are responsible for raising their child, but this sometimes goes through many ups and downs. Therefore, several tools for professionals have been developed within PATH to support them in this during the first 1,000 days.

Jacobien Wagemaker, Ingrid Hankes Drielsma and Anne Marie Enneking Louwerse

The world of care is often new and strange. The current model encourages dependency of (expectant) parents as soon as they have or receive a care request. Prepared parenthood is one necessary in order to give parents the tools they need to take control. It is important that healthcare professionals give them the opportunity to do this and show them the way in birth care. Several trainings have been developed in PATH to teach professionals to support self-care.

Coaching parents

The course 'Family-centred care in birth care and neonatology' is aimed primarily at obstetricians, as well as

neonatology nurses and paediatric nurses. The focus is on coaching (expectant) parents in their directive role, self-care for their baby and coming to decisions together.

The course provides knowledge and skills on culture, intercultural communi-

Various training courses learn to support professionals in self-care

cation, social midwifery, mental and social health. This is done through a course book and client criteria supplemented by 12 e-learning modules and practical training in communication and multiculturalism. The training is accredited for nurses, maternity nurses, midwives, gynaecologists and paediatricians.

Neonatology intervention

The intervention 'Prepared Parenthood in Neonatology' delves into the conditions of care for babies, whether healthy, sick or premature, in neonatology. Besides knowledge through the course book, client criteria and six e-learning modules, healthcare professionals are taught to use the workbook 'Travel Guide - Parents in





Foos about the importance of an interpreter telephone

Neonatology' when working with new parents. The workbook contains a teaching programme and information that can be used by nurses in coaching and training parents to independently care for their baby.

Going home

The Integrated Child Care training course has been developed for paediatric nurses who nurse 'special care children'. Paediatric nurses in hospital prepare parents and their child for the world at home. Your whole world has changed when you're caring for a baby with extra care and nursing. Think of babies going home with oxygen or tube feeding, or babies born with a disability who still need nursing care at home.

Integrated Child Care supports nursing special care children

From 'Integrated Child Care', paediatric nurses are taught to work with Medical Child Care Collaboration. A method consisting of four steps. The first two take place in the hospital. Next, care is transferred with a structural transfer to organisations in the home environment. There, step three takes place (indication and provision of care). Step four concerns the conclusion of the care plan when additional

care is no longer needed at home. Parents with extra challenging care for their child thus remain better mentally and socially balanced. ●
leuwe

More information about all training for healthcare professionals in all four countries can be found on the path-perinatal.eu website.

Jacobien Wagemaker, projectleader PATH-NL, developer and trainer of the Family Centered Care courses, Ingrid Hanks Drielsma is an expert specialist and trainer in Developmental Care and Anne Marie Enneking Louwerse is an expert specialist and trainer in Kangaroo Care, affiliated with PATH Maasstad hospital



Investing in peer contact

The PATH project focused on supporting, co-developing and offering peer support to pregnant women, partners and new parents. Research shows that in cases of perinatal mental illness, this is a very effective form of support. Yet it is hardly used in birth care.

Karin den Oudsten and Kim van den Auweele

With Stichting Me Mam and the Hellp foundation, work was started within the PATH project in the Netherlands to offer contact meetings for peers. Training experienced peer supporters also received attention. Stichting Me Mam focuses on pregnant women and new mothers and loved ones who are dealing with a mental illness. The Hellp Foundation focuses on women and partners who have experienced preeclampsia. Recovery time, physically, mentally and socially, can take a long time. The unfamiliarity with that 'aftermath' makes many women feel misunderstood. In the UK, peer support training has been rolled out by Devon Mind and Kent and Medway NHS Partnership Trust. They have also invested in training 'professional peer supporters' to embed this further into the standard healthcare offer.

Meaningful addition

Professionals have knowledge about the disorder itself, but the knowledge about its influence on the recovery process lies with experts by experience. Theoretical and practical knowledge go perfectly well together and can reinforce

each other. Peer supporters - experts by experience who have gone through this recovery process - are very capable of connecting to the target group's world of experience from their own perspective and in an accessible way. The meetings took place online and in person. The women who participated are positive about this useful addition to other aftercare. Being able to share experiences creates recognition and that makes peer support a valuable intervention.

Peer support

Peer support is designed to be offered online or in person. Would you like to make Peer support more accessible by referring women and partners directly to peer contact? Get in touch with us: Me Mom Foundation www.memam.nl/path or the Hellp Foundation www.hellp.nl, you can also look at peer support options online in the UK: <https://path-perinatal.eu/uk/waf/peer-support/> ●

Karin den Oudsten is chairperson of the Me Mam foundation and Kim van den Auweele policy officer of the Hellp foundation; both work with Maastricht Hospital in the PATH project.

When I think back on my delivery, I see myself lying in a hospital bed from above.



Unable to manage my contractions, I had to stay in bed. I was exhausted and tried to fight the pain



I said to the nurse: I can't feel my hands and face anymore



The nurse snarled at me: please breathe normally. You are hyperventilating



All I thought was 'please help me. I can't do this on my own anymore'. But I couldn't see anything and felt so alone.



Comic about traumatic childbirth

In collaboration with Bournemouth University, a tool has been developed for mothers who have had a traumatic birth. Uniquely, the tool is presented in the form of a comic strip.

Inge Tency, Tim Devlin

The percentage of women who experience childbirth as traumatic is estimated at 9 to 44% worldwide. It is estimated that within every 180,000 women who give birth in the PATH target countries, 16,200 experience their childbirth as traumatic.

A traumatic birth can have a major impact on a woman's life. The first step in identifying childbirth trauma

is to question feelings and thoughts in the postpartum period. To this end, stories of experience were translated into a kind of 'storytelling'. This was done in the context of two undergraduate theses on pelvic girdle pain and traumatic childbirth experience within the Midwifery programme of Odisee University College. As a recognition tool, the comic tool can support women after traumatic childbirth. ●

Project partners introduce themselves

Thirteen partners launched the project in 2019. The same number of partners are on board, yet the composition has changed.

Two partners, Douai Hospital (France) and Universitair Ziekenhuis Antwerpen (Flanders) were forced to drop out early because of all the COVID issues they were facing. However, they remained involved on the sidelines. Their place was taken in 2021 by two new partners: WHO Collaborating Centre for Research and Training in Mental Health (France) and Karel de Grote Hogeschool (Flanders).

Interreg 
2 Seas Mers Zeeën
PATH
European Regional Development Fund



The Health And Europe Centre

The Health And Europe Centre, a social enterprise, is an experienced partner in European-funded projects. Its knowledge and experience is used to support all kinds of health organisations in Europe. The centre offers various learning opportunities and has more than a decade of experience in applying for, managing and implementing EU-funded health projects. This experience came in handy in the PATH project, especially as many partners lacked experience with European funding.



Devon Mind

Devon Mind is an independent mental health charity affiliated to the National Mind Association. Anyone in Devon with a mental health problem can rely on advice, information and support. It also campaigns to improve local support services and promote awareness of the importance of good mental health.



Southampton City Council

Southampton City Council is committed to social innovation. To this end, it works in strategic partnership with government, regional public bodies, business, academia, civil society and civic organisations. It also has a team providing help, advice and guidance to people with disabilities or multiple complex needs in finding sustainable employment or training. Furthermore, it collaborates with local mental health services to support women on mild perinatal mental illness.



Odisee University College

Odisee University of Applied Sciences offers a total of 25 undergraduate programmes in seven fields. The Midwifery programme, a partner in the PATH project, has expertise in health promotion, mobile applications, online counselling and preterm birth.



Kent County Council

Kent County Council comprises 12 districts and 300 municipalities. The public health department has experience in health promotion services aimed at people with mental health problems. The county council is responsible for many aspects of people's lives.



Institute of Health Visiting

Improving a baby's health. THAT is the focus of the Institute of Health Visiting (IHV), an independent charity and professional body. Its guiding principle is that a healthy parent and a healthy parent-child relationship is the basis for a child's good mental health throughout life: physical health is not possible without mental health.



KMPT

Together with Kent & Medway NHS & Social Care Partnership Trust (KMPT) is a partner in PATH. The two organisations provide integrated mental health services in the broadest sense to around 1.8 million people in Kent and Medway. The KMPT Perinatal Mental Health Community Service (PMHCS) specialises in the assessment, diagnosis and treatment of women who develop mild to severe mental health problems before, during and after pregnancy. As an extension of this, mental health support is provided at the mother and baby unit of the regional hospital. It is also possible to receive more specialised psychotherapy on an out-patient basis. This includes attention to both mother and her partner throughout the period from preconception to 24 months after delivery.



Bournemouth University

Bournemouth University is one of the top universities in the world and awarded the Queen's Anniversary Prize for Higher Education. The PATH project team falls under the Faculty of Science and Technology, which has advanced equipment for VR, AR and game technologies with capacity to develop advanced software for research and innovation. This uses immersive technologies to design online and digital services to support perinatal mental health interventions. Linked to this are training courses for professionals.



AP University College Antwerp

AP University College Antwerp conducts practice-oriented scientific research, with the aim of contributing to society and education. Within the Department of Health and Welfare, the midwifery programme profiles itself as an evidence-based, practice-oriented programme. Research projects in the field of parenthood, including perinatal mental health and midwifery care for vulnerable pregnant women, are ongoing within the programme. The course also has its own community hub - Nova Vida - and organises free activities and workshops for Antwerp based women and their partners.



Attachment in Development

The importance of a warm and secure attachment bond between parents and young children. That is what Attachment in Development (GiO) makes a strong case for. GiO is developing initiatives that promote lasting behavioural change around early development. This is done through training and education, low-threshold treatment initiatives and research.



Maasstad Hospital

Maasstad Hospital is one of the seven Santeon hospitals in the Netherlands. What makes the alliance unique is that the professionals look into each other's worlds. Regional cooperation takes place in the Midwifery Cooperation Association Rotterdam-Zuid (vsvrotterdamzuid.nl), in which the Ikazia Hospital, eight maternity care organisations and 26 obstetric practices are also represented. The VSV also works closely with several Centres of Youth and Family.



Supporting partners

Furthermore, the PATH project is supported by several supporting partners in the Netherlands. **Care4Neo** and **Patiënten Federatie Nederland** provided the opportunity for thorough customer research. **V&N Paediatric Nurses** collaborated to reach the target group of paediatric nurses. The **Dutch Society of Obstetrics & Gynaecology** also provided support and brought information apps to the attention of its own members. The **Netherlands Municipalities Association** is interested in the 'Path of Prepared Parenthood' exhibition.



WHO Collaborating Centre for Research and Training in Mental Health

The WHO Collaborating Centre for Research and Training in Mental Health, a service of the Lille-Métropole Public Mental Health Organisation, is one of 48 WHO Collaborating Centres specialised in mental health in the world. WHO centres support community mental health services and development. The organisations are also committed to promoting participation in services, research and training in this field. Finally, they contribute to the knowledge and development of e-mental health.



Karel de Grote University of Applied Sciences

Karel de Grote University College conducts practice-oriented research in obstetrics & nursing. A specific line of research focuses on improving the knowledge and position of perinatal care within primary care in Flanders. The University College has an extensive network of both regional and national professional associations, hospitals, primary care organisations, as well as patient organisations.

Prepared parenthood

From childbearing to young parenthood

To best prepare you for parenthood, we have developed a number of apps together with health providers. These apps provide you with reliable information, tips and opportunities to keep up with developments.



Child wish

It often starts with an expressed desire to have a baby together. The KinderWens app helps couples prepare for a desired pregnancy with lifestyle advice, among other things.



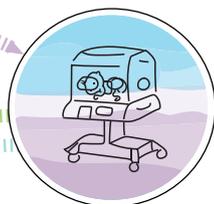
Pregnancy

You are pregnant and you are entering a special time! Zwapp+ helps you with reliable information that suits you at the right time during pregnancy and maternity. It also allows you to keep a diary that you can keep for later.



Aftercare

The first 2 years your baby changes a lot. The NaZorg app that will be developed, helps you with a lot of information about your child's development and yourself. For example, you can keep track of what your child can or cannot already do.



Premature birth

The NeoZorg app helps parents whose baby is hospitalised after birth. It gives you lots of information about what is going to happen next, and involves you in your child's development. If you cannot be on the ward for a while, you will receive a message with photo from the ward.



Stillborn

Unfortunately, the pregnancy or birth of a child doesn't always go well. Even in that situation we want to support you with information, tips, and the ability to gain insight into your thoughts and feelings. Unique to the app is the possibility to find and contact peers.

