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Baby Makes 3 Antenatal Pilot Evaluation

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1. INTRODUCTION

This is the evaluation report of Frankston City Council's *Baby Makes 3 Antenatal Pilot Project.* The report describes this pilot project, its purpose and how its activities were linked to the intended aims and objectives, and how it was monitored and evaluated. This evaluation discusses the implementation of the *Baby Makes 3 Antenatal Pilot,* and assesses the fidelity of project implementation relative to the project intentions and design.

This report is not just for accountability, but is particularly for knowledge generation about how the findings of this project can be transferred into policy for antenatal settings, new parent programs, father engagement, MCH services and practices for the primary prevention of violence against women.

2. ABOUT THIS PILOT PROJECT

Frankston City Council delivered this pilot project in partnership with Peninsula Health and Carrington Health. It was designed to enhance the Council's existing *Baby Makes 3* program that is already being delivered through the Maternal and Child Health Service to support new parents to negotiate their gendered roles and identities in their transition to new parenthood and build equal and respectful relationships.

The pilot program was designed to broaden the reach of the *Baby Makes 3* key gender equity and respectful relationship messages in an antenatal setting. The evidence from the evaluation of the existing *Baby Makes 3* group program shows that these messages are most effective when delivered across a range of primary care settings, and the Royal Commission into Family Violence identifies pregnancy as a time of heightened risk for the onset or exacerbation of intimate partner violence.

This program provided an opportunity to develop and pilot the delivery of a *Baby Makes 3* module in a metropolitan antenatal setting, in a local government area with significant vulnerabilities and high rates of family violence. It also provided opportunities to target vulnerable cohorts, as the Hospital provides antenatal services specifically for young parents and Aboriginal and Torres Strait Islander women. Furthermore, the existing partnership between Peninsula Health and the Council's Maternal Child and Health Service enabled a quick start to the delivery of this program.

The program was delivered as part of Peninsula Health's existing childbirth education program, and the funding was used to develop the BM3 antenatal module, train the program facilitators, administration costs associated with the delivery of the program and program evaluation.

3. PROJECT AIMS

The aims of this project were to:

- Promote messages on gender equity and respectful relationships in an antenatal setting by piloting the *Baby Makes 3* antenatal module within a childbirth education program.
- Build a greater awareness and understanding within expectant first time parents of:
  - How gender roles affect relationship equality;
  - The importance of gender equality in new families; and
  - Of why gender equality is important for preventing violence against women.
- Increase the capacity of expectant first time parents to build equal and respectful relationships in response to the lifestyle and relationship changes that take place during pregnancy.

3.2 Project objectives

The project objectives were to:

1. Develop program content to pilot a 3 hour *Baby Makes 3* module / program within an antenatal setting and evaluate its success
2. Train Frankston City Council's *Baby Makes 3* facilitators to deliver the module / program within an antenatal setting.
3. Deliver no-cost *Baby Makes 3* education as part of Peninsula Health's childbirth education program, as a three hour workshop facilitated by two facilitators – a male and female who model respectful relationships (a minimum of five sessions will be delivered).

4. WHY WERE THE PROJECT PARTNERS SELECTED?

The Baby Makes 3 Antenatal Pilot was delivered in partnership. Frankston City Council was the lead partner, and was responsible for program delivery and governance – this included managing the program facilitators directly. They partnered with Peninsula Health, whose role was to promote the *Baby Makes 3* antenatal module by embedding it into their existing antenatal program, engage the families and provide a venue. Carrington Health provided the content expertise, developed the resources, and provided training for the facilitators and antenatal staff at Peninsula Health.

Several partnership meetings were held between these three organisations throughout the implementation of the program.

This pilot program was designed to complement Council's existing *Baby Makes 3 groups program for* new parents delivered through Maternal Child Health Nurse (MCHN) setting.

4.1 Frankston City Council

Frankston City Council was the lead organisation for this pilot project. The Frankston MCH service is an existing *Baby Makes 3* site for the standard 3-week program as part of new parent groups.

4.2 Peninsula Health

Peninsula Health was selected because of their role, expertise and knowledge of antenatal primary care. They employ experts in childbirth education, and run antenatal clinics for all women booked in to give birth at Peninsula Health. Peninsula Health provides antenatal clinics specifically for young parents, and for Aboriginal and Torres Strait Islander parents. Peninsula Health has a

4.3 Carrington Health

Carrington Health provided the content expertise; developing the antenatal module and providing training for the facilitators and the child birth educators at Peninsula Health. Carrington Health developed the concept and content of the 3 week *Baby Makes 3* group program that has been delivered via Maternal and Child Health Services in local governments across the state including Frankston. They have an in-depth knowledge of gender equality programming, and of prevention of violence against women.

5. ABOUT BABY MAKES 3

5.1 Gender equity and the prevention of violence against women

Men's violence against women is a complex social problem in Australia. Too many Australian women and children experience violence every day, which grows from deeply held beliefs about roles and stereotypes, value systems, and power relationships.

The underlying causes of violence against women are understood as gender inequity, and gender roles that reinforce sexism and stereotypes.

The primary prevention of violence against women encompasses a variety of strategies aimed at preventing new instances of violence across whole populations before they occur, by addressing these underlying causes.

The *Baby Makes 3* project is a primary prevention program designed to build equal and respectful relationships and influence more equal gender roles in the transition to becoming parents. This transition is a time when equal and respectful relationships need to be firmly established.

5.2 About *Baby Makes 3*

Baby Makes 3 is a program designed to support new parents negotiate their gendered roles and identities in their transition to new parenthood. As a direct participation program *Baby Makes 3* is designed to promote gender equitable relationships and build the knowledge and skills of first time parents. Its intent is also to influence attitudes and norms about equitable parenting and women's empowerment, with the broader aim of contributing to the prevention of violence against women (PVAW) through gender transformative practices.

Baby Makes 3 is a three-week group program for first-time parents. It is typically run through Maternal and Child Health (MCH) services as an extension of their new parent group program. The groups are supported by trained and experienced male and female facilitators and work through the following healthy relationship themed topics:

- Lifestyle and relationship changes following the birth of a child
- Gendered expectations of new mums and new dads
- Gendered division of household labour and childcare
- Equality as the basis of a healthy relationship
- Building intimacy after the birth of a child
- Dealing with conflict
- Communication

Carrington Health developed the *Baby Makes 3* group program in 2008 and it has since been delivered in 23 local governments in Victoria including Frankston.

5.3 The Baby Makes 3 Antenatal Module

This program has provided the opportunity to pilot the delivery of a *Baby Makes 3* antenatal module via Peninsula Health's Antenatal program / childbirth education sessions. This provides another entry point to reach first time parents prior to this important transition. The three-hour antenatal module has been adapted

from the group program and designed to introduce the *Baby Makes 3* concepts to parents in the antenatal session as a part of the childbirth education classes. The session aims to:

- Raise awareness of the relationship changes that occur following the birth of the baby
- Encourage first time parents to participate in the full Baby Makes 3 group program.

The topics covered include:

- The transition parenthood
- Gendered division of household labour and parenting duties
- Key aspects of healthy relationship
    - Communication
    - Cooperation
    - Meaningful equality
- Baby Makes 3 Group program

By participating in the group discussions, couples develop a 'shared language' to describe the changes they are experiencing. They are empowered to engage in meaningful communication and to apply what they learned during the group sessions to their own unique circumstances. The combination of greater awareness and improved communication produces attitudinal change characterised by greater understanding of their partner's experience and greater support for gender equality.

6. ABOUT THIS EVALUATION

This process evaluation is designed to assess the following key themes of *Baby Makes 3:*

1. The quality of project delivery
2. The integrity/fidelity of project activities delivered
3. Reach to the target audience
4. External factors that influenced project delivery
5. The strength of the partnership

Each of these aspects is discussed in the sections below.

6.1 Methods

The process evaluation was based on data collected via several methods:

- Detailed written facilitator feedback after each session
- Evaluation forms collected from participants after each session
- A workshop session with Rachel Masters (project manager from Frankston City Council), Lou Gillies (MCH Coordinator), Mary Coupe (on behalf of the childbirth educator midwives at Peninsula Health) and David Hawkins (facilitator for all sessions)
- Attendance records of expectant parents at *Baby Makes 3* antenatal sessions

The partnership team were asked the following questions in a semi-structured workshop session:

TABLE 1: QUESTIONS FOR PARTNERSHIP TEAM

	Questions for partnership team
1	What worked well in the delivery of this pilot project?
2	Were you able to deliver all aspects of the course materials (i.e. the project guide)? If not, why not?
3	What was the recruitment process for participants?
4	How could recruitment of parents be improved?
5	What was the role of the child birth educator midwives in promoting attendance? Did this work well?
6	Were there any external factors that affected the delivery of the project? What were they?
7	Were the venues suitable?
8	What were the strengths of the partnership for this pilot project?
9	What would you do differently next time?

7. THE QUALITY OF PROJECT DELIVERY

This section is about the quality of the project as it relates to the skills, experience and manner in which the facilitators delivered the *Baby Makes 3* antenatal pilot including their skill in using the techniques or methods prescribed by the project, and their enthusiasm, preparedness, and attitude. It also considers the extent to which *Baby Makes 3 Antenatal Pilot* was implemented as intended.

7.2 Implementation Model

The *Baby Makes 3* antenatal module was added as a fourth session to the existing 3-week childbirth classes at Peninsula Health. These classes are offered to all expectant parents when they attend their 12-week antenatal appointment. The implementation model for this project was, to some extent, determined by the delivery timescales required of the grant funding and how this aligned to the already-scheduled childbirth classes at Peninsula Health. The childbirth classes are scheduled a year in advance, and women are booked into classes at their 12-week antenatal appointment, with the expectation that it will be a 3-week program. The addition of *Baby Makes 3* as a fourth session in an additional week meant that participants were not notified that there would be an additional class until they were at least 30 weeks pregnant. Some women were even further along in their pregnancy, which increased the likelihood that they would not be able to attend due to going into labour.

The initial target for *Baby Makes 3 Antenatal Pilot* was estimated to be 72 expectant first-time parents, calculated on the basis that the childbirth classes have a maximum of 18 participants, and this pilot project was delivering five sessions. By the time the project sessions were finalised, a total of 4 out of 5 groups were delivered, with 19 parents attending. The fifth group was scheduled but subsequently cancelled, as there were no parents in attendance. This represents a reach of 26%. There were a number of factors that impacted on

this low number of participants; these are discussed in further detail here and in the section on 'Reach to the Target Audience' below.

There is a cost of $90 to secure a place in the childbirth classes at Peninsula Health, which are always at capacity (9 couples per class or 18 people). Peninsula Health finds that they get very few parents that fail to attend. They attribute this to the fact that participants have already paid their $90 fee, and that they are feeling excited and positive at that point in time before their first baby arrives, therefore keen to learn at the classes.

In addition, the standard childbirth classes were all held on Monday nights, but due to the unavailability of suitable facilities, the *Baby Makes 3* class had to be scheduled for Tuesday nights. This would also have had an impact on the number of participants who attended, as some may not have realised it was on a different night, already had other commitments, or had gone into labour by that point.

In order to promote attendance at the fourth session, brochures were given out to parents at their first childbirth class with the details of the *Baby Makes 3* session, date and time. The childbirth educator tried to encourage attendance, and reiterated this in the second and third week. Parents were also given the option to attend the *Baby Makes 3* class on another date if this suited them better. However, at this time it was noted that not all childbirth educators were familiar with the *Baby Makes 3* program, which meant that they were less able to 'sell it' to parents. Peninsula Health reported that now that all the childbirth educator midwives have attended a session, they are very positive about the program and would feel much more confident that they can actively promote *Baby Makes 3*. Not clear about above – did they all attend a BM3 session with parents or did they attend a staff meeting where it was presented????

All organisations in the partnership agreed that ideally, if this pilot project is to be embedded, the *Baby Makes 3* session would be included as a core part of the antenatal classes, with parents being told when they book into classes at their 12-week antenatal appointment that the antenatal classes will be four sessions over four weeks. This in itself is likely to improve attendance. In addition, they agreed that it would not be necessary to explicitly explain that one component of the sessions will be *Baby Makes 3.*

The following methods are also likely to be effective in increasing attendance the *Baby Makes* 3 antenatal module in future:

- Sending SMS reminders to parents to confirm attendance - this was done in this pilot project prior to week 3 which was successful to an extent, as one of the couples advised that they would not have remembered to attend otherwise
- Planning the sessions well in advance (12 months) as part of the standard scheduling of antenatal classes to avoid last-minute changes to dates (impacting on venue/facilitator availability)
- Ensure that parents are given enough notice that the classes are a 4-week program, sending the message that *Baby Makes 3* is part of 'usual practice' and to allow working parents to make arrangements to attend
- Using key people such as midwives to promote the *Baby Makes* 3 session, as these have been shown in other implementations to be particularly effective in increasing attendance numbers (e.g. having a midwife confident in promoting *Baby Makes 3* and encouraging parents to ensure they make it along to their fourth session)

A prerequisite for this pilot project was the fact that Frankston MCH is already a *Baby Makes 3* site. This was a requirement from Carrington Health and the partnership agreed that the project wouldn't have worked if this wasn't the case. The MCH Coordinator was already proficient in delivering the mainstream program, knew how to organise it, and was familiar with the content, IT requirements, venues and logistics. It is unlikely that delivery of *Baby Makes 3* in an antenatal setting would be as successful if the site was not already delivering the mainstream *Baby Makes 3* program in their new parent groups.

7.3 Content delivery

The standard *Baby Makes 3* group *program* content was adapted for this pilot project, so that it could be delivered in a one-off 3 hour antenatal session. This was then trialled with potential facilitators to test the pace and flow of the content. A few changes were made prior to the sessions kicking off with new parents.

Facilitators for this project, and all key members of the partnership agreed that the content worked well. The response and level of engagement from all participants was positive, with all participants happy to work through the three hours without taking a break. Facilitators reported that parents liked the diversity in delivery including discussion, activity and splitting into groups. The childbirth educators who also attended the Baby Makes 3 sessions reported that participants really enjoyed being involved in the session, as opposed to the previous antenatal classes that are mostly didactic.

Facilitators also reported that the *Baby Makes 3 antenatal module* was more accessible to fathers than the *Baby Makes 3 group program*, and that they were more engaged - this was attributed to the fact that baby is yet to arrive to dads seem more open to listening and receiving advice. This was particularly evident in the section on 'societal expectations', where the facilitators had a lot more questions from dads than they normally do - facilitators reflected that that content doesn't seem to connect as much in the postnatal sessions. Facilitators also reported that this topic provoked a lot of discussion about issues that expectant parents hadn't thought about yet, and it made them realise that there are many more things they need to think about before the baby arrives.

Facilitators reported that it would be interesting to follow new parents through from the antenatal *Baby Makes 3* to the *Baby Makes 3* group program delivered via MCH services to determine if the content has any more impact. Frankston City Council should consider tracking this if the antenatal project is to become embedded into usual practice.

8. REACH TO THE TARGET AUDIENCE

Process evaluation is also concerned with who a project or program reached, and the extent to which those people were the target audience for the project.

The initial target for *Baby Makes 3 Antenatal Pilot* was estimated to be 72 expectant first-time parents, calculated on the basis that the childbirth classes have a maximum of 18 participants, multiplied by the five sessions scheduled for this pilot project.

By the time the project sessions were finalised, a total of four out of five groups were delivered, with 19 parents attending. The fifth group was scheduled but subsequently cancelled, as there were no parents in attendance. This represents a reach of 26%.

Whilst the numbers were much lower than intended, this is largely attributable to the fact that parents were given very late notice of the additional fourth session, which was also on a different night to the other classes. It is expected that these factors would not impact so greatly on future implementations of *Baby Makes 3 in an antenatal session* if the four-week classes were scheduled in from the outset, as 'usual practice' and parents were notified of this at their 12-week appointments.

The key sources for evaluating a couple's experience were the post-group feedback forms and reflections of the group facilitators. The evaluation data presented further in this report was obtained from the four *Baby Makes 3* sessions that were delivered across the project period. This equated to a reach of 19 expectant first time parents.

8.1 Training session for midwives and child birth educations

A consistent theme from this pilot project and other implementations of *Baby Makes 3* is the importance of factoring in training for MCH staff and midwives/antenatal staff, so that they have a good understanding of the program to participate in either a recruitment/promotion or facilitator role. In this project, the *Baby Makes 3* program manager from Carrington Health attended a meeting of the antenatal educators in February 2017, prior to the pilot commencing and provided a detailed overview of the intent and content of the antenatal module. In hindsight, the partnership agreed, that this should have been done earlier to ensure that all relevant staff could be included, and adequate time allocated to run through all of the programs materials and activities.

It was a significant benefit to the project that Peninsula Health paid for their educators to attend the delivery of the *Baby Makes 3* antenatal module - this was a valuable in-kind contribution to the project and indicative of the strong commitment to the partnership and the projects objectives. This meant that these staff could see the benefits of the program and be able to talk to couples about attending the session.

9. THE INTEGRITY/FIDELITY OF PROJECT ACTIVITIES DELIVERED

Program integrity is about how well the program was delivered as it was planned. Process evaluation includes integrity data that contributes to the internal validity of the *Baby Makes 3 Antenatal Pilot*. This section assesses the extent of adherence by facilitators to the *Baby Makes 3 Antenatal Pilot* content as it was presented in the program guides and other materials, and whether:

- All core components of the project were delivered
- The number of sessions were implemented as planned, and the content was delivered according to the Group Program Manual (tailored for an antenatal class)
- New parent participants were asked to rate the content
- The locations and logistics of project delivery were appropriately conducted.

9.1 Delivery of *Baby Makes* 3 core components

The facilitators reported that in all of their sessions, they followed the Group Program Manual that set out the detailed contents for each session, with handouts and PowerPoint slides, and found them very clear in their intent and able to be presented as written. The facilitators agreed that they followed the project materials faithfully and were able to maintain the integrity of the content.

There were some technical issues on the first night with the audio on the two videos, which meant that the videos did not really trigger the conversation or lead confidently to the points raised in the Facilitator Guide. Given that the facilitators were already experienced in *Baby Makes 3*, they were able to introduce the points cold - this would have been difficult to do if facilitators were not experienced with the program. The audio issues were resolved for weeks 2 and 3.

The *Baby Makes 3* Program Manager from Carrington Health checked in with facilitators before and after each group to capture timely feedback on what went well and what could have been improved. From Carrington Health's perspective, the materials were utilised as intended.

9.2 Results of project evaluation forms

A 'Group Program Evaluation Form' was given to parents who attended the *Baby Makes 3* antenatal session. This Form asked parents to rate their level of agreement with the statements that *Baby Makes 3* was enjoyable, relevant and helpful. Their responses are summarised in Table 1. Parent responses were also used as a measure for monitoring the quality of delivery of the program.

Note that one couple submitted one evaluation form between the two of them, rather than one form per person. Frankston City Council has also identified this as a continuing problem with the *Baby Makes* 3 group program. To mitigate this, it is important that facilitators are made aware of this issue in their training, and that the requirement for one feedback form per person is communicated very explicitly to the couples by the facilitators in the sessions.

The evaluation form did have additional questions on page two of the sheet (see Appendix A), however, the print-outs given to facilitators prior to the sessions were only printed on one side. Therefore the participants did not get asked the questions on page two of the feedback form, which related to measuring levels of interest in attending the post-natal BM3, and asking for an overall rating of the session. The latter question however has largely been addressed by ticking the boxes on page 1. It will be important for future sessions to ensure that the evaluation forms are printed on both sides, with facilitators ensuring that parents fill out both sides. Alternatively the form could be formatted to have all content on the one page.

TABLE 1: RESULTS FROM GROUP PROJECT EVALUATION FORMS

	Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	The *Baby Makes 3* group was enjoyable	0	0	6% (1)	33% (6)	61% (11)
2	The *Baby Makes 3* group was relevant to my situation	0	0	0	50% (9)	50% (9)
3	The *Baby Makes 3* group was helpful	0	0	0	72% (13)	28% (5)
4	I am now more aware of the relationship changes that will occur following the birth of my baby	0	0	22% (4)	61% (11)	17% (3)
5	I now feel better equipped to communicate with my partner about life changes after our baby arrives	0	0	11% (2)	50% (9)	39% (7)
6	I now have a better awareness of the importance of sharing household duties and tasks	0	0	22% (4)	(50%) 9	28% (5)

This feedback demonstrates that 100% of participants agreed or strongly agreed that the session was relevant and helpful. 94% agreed or strongly agreed that it was enjoyable, which represents only one participant who gave a rating of neutral.

78% of participants agreed or strongly agreed that they are now more aware of the relationship changes that will occur following the birth of their baby, and 22% gave a neutral response to this question.

89% of participants agreed or strongly agreed that they now feel better equipped to communicate with their partner about life changes after their baby arrives, and only two people (11%) were neutral on this question.

78% agreed or strongly agreed that they now have a better awareness of the importance of sharing household duties and tasks, and 22% gave a neutral response to this question.

There were no negative responses recorded by participants for any of the evaluation questions. Overall, these are very positive results for the *Baby Makes 3 Antenatal Pilot.*

9.3 Assessment of parents' responses to the question "what are the 3 main things you learned from *Baby Makes 3*?"

As part of QA monitoring, and to ensure that the program was delivered as intended, parents were asked the question, 'What are the three main things you learned from *Baby Makes 3*'? Results provided in Table 2 below are a monitoring measure of how well the facilitators were imparting the key messages of the program.

TABLE 2: KEY LEARNINGS IDENTIFIED BY PARTICIPANTS

	Key learning 1	Key learning 2	Key learning 3
Parent 1	Keep discussing expectations (COMMUNICATION AND EXPECTATIONS)	Make time for each other (RELATIONSHIP)	Be tolerable when sleep deprived (RELATIONSHIP)
Parent 2	Equality discussion / expectations (EQUAL DIVISION OF LABOUR)	Regular communications / dedicated conversations to talk about issues/situations (COMMUNICATION)	Agreement on key topics (COMMUNICATION)
Parent 3	I and you's - communicate (COMMUNICATION)	Equality. You both bring equal part to the table in different ways (EQUALITY)	Respect each other and the roles in the relationship (RESPECT)
Parent 4	Check up with partner (COMMUNICATION)	Talk things through (COMMUNICATION)	50/50 (EQUAL DIVISION OF LABOUR)
Parent 5	Key communication strategies (COMMUNICATION)	Importance of having discussions about life changes - and being open to re-evaluate (CHANGE / COMMUNICATION)	A new/fresh understanding of 'equality' (EQUAL DIVISION OF LABOUR)
Parent 6	The importance of having strategies in place before the baby arrives (COMMUNICATION)	Communication and the type of language that can make a difference (COMMUNICATION)	The split of responsibilities and how to manage them (EQUAL DIVISION OF LABOUR)

TABLE 2: KEY LEARNINGS IDENTIFIED BY PARTICIPANTS

	Key learning 1	Key learning 2	Key learning 3
Parent 7	How household duties are going to change (CHANGE)	To deal with some situations before the fight happens (COMMUNICATION)	To do more housework so my mum doesn't (EQUAL DIVISION OF LABOUR)
Parent 8	Communication (COMMUNICATION)	Focus	Change (CHANGE)
Parent 9	Language towards each other (COMMUNICATION)	Dealing with each separate situation (COMMUNICATION)	Upcoming challenges (CHANGE)
Parent 10	Effective communication (COMMUNICATION)	How to express feelings / concerns (COMMUNICATION)	Upcoming challenges (CHANGE)
Parent 11	Use of language - 'soft' language to better communicate (COMMUNICATION)	Food for thought - topics covered made me aware these are things my husband and I have not yet discussed (CHANGE)	Equality - good to be aware of how each other will contribute once baby comes along - appreciate, value (EQUAL DIVISION OF LABOUR)
Parent 12	Life change having a baby - so both will be working and tired. Talk when both rested. (CHANGE / COMMUNICATION)	Going to have bad days, going to have good days. Need to be a team. (RESPECT / EQUAL DIVISION OF LABOUR)	Some things will not be as important when baby comes along. (CHANGE)
Parent 13	Planning on how to adapt to the changes. (CHANGE)	How and when to communicate together (COMMUNICATION)	Working together as equals. (EQUAL DIVISION OF LABOUR)
Parent 14	Soft language (COMMUNICATION)	Talking about feelings / stress (COMMUNICATION)	Organising/thinking about the splitting of chores being different to how it is now - more to do. (CHANGE / EQUAL DIVISION OF LABOUR)
Parent 15	Awareness of change (CHANGE)	Stay calm and communicate effectively (COMMUNICATION)	Support each other. (RESPECT)
Parent 16	Using soft terms instead of harsh terms (COMMUNICATION)	How important communication is to maintain a healthy relationship (COMMUNICATION)	Voicing concerns and getting aligned on expectations (COMMUNICATION)
Parent 17	Communication, discussions (COMMUNICATION)	To understand perspectives of the other (RESPECT)	(No response)
Parent 18	Using soft terms instead of harsh terms (COMMUNICATION)	How important communication is to maintain a healthy relationship (COMMUNICATION)	Voicing concerns and getting aligned on expectations (COMMUNICATION)

A thematic analysis of these responses was undertaken and matched against the key messages of *Baby Makes 3*. The responses were grouped under five categories of:

- Communication
- Upcoming change
- Equality/equal division of labour
- Respect, and
- Relationship.

Figure 1 below illustrates that the overwhelming learning theme most cited by participants was communication, followed by upcoming change and equality/equal division of labour.

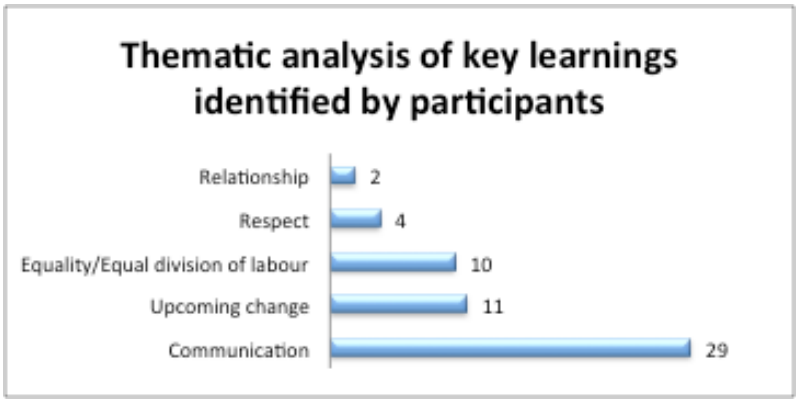

Figure 1 - Thematic Analysis of key learnings

All of the pre-identified key messages of the *Baby Makes 3* program are reflected in the themes of the parent's responses, with 'communication' and 'upcoming change' being the most common responses.

This analysis can be used as a quality assurance measure to monitor the key messages of *Baby Makes 3*. It suggests that:

- Facilitators had been well trained
- Facilitators were getting the key messages across
- Participants were receiving the key messages of Baby Makes 3.

It also demonstrates that the *Baby Makes 3 Antenatal Pilot* project was successful in meeting the three project objectives set out at the beginning, which were to:

- Promote messages on gender equity and respectful relationships in an antenatal setting by piloting the *Baby Makes 3* program within a childbirth education program.
- Build a greater awareness and understanding within expectant first time parents of: how gender roles affect relationship equality; the importance of gender equality in new families; and of why gender equality is important for preventing violence against women.
- Increase the capacity of expectant first time parents to build equal and respectful relationships in response to the lifestyle and relationship changes that take place during pregnancy.

In summary, the learning's through this process evaluation demonstrated that the *Baby Makes 3 Antenatal Pilot* was delivered with integrity and fidelity. The facilitators were well trained and proficient, and able to get the key messages of *Baby Makes 3* to the target audience, whose feedback also demonstrated that they received the key messages of *Baby Makes 3.*

10. SKILLS, EXPERIENCE AND CREDENTIALS OF FACILITATORS

As Frankston MCH Service is already a *Baby Makes* 3 group program site, it was essential to use the local pool of facilitators for this pilot project. This ensured that facilitators had the key skills required for the role, including:

- A sound understanding of gender equity, roles and norms. It was also important that facilitators reflected gender equity with their co-facilitator when delivering groups.
- A high level of facilitation skills - experience as a facilitator was key to ensure that their delivery was confident.
- Initiative and problem solving skills – this was particularly relevant for managing logistics and issues that may arise at sessions.
- Given that the language in the current program manual is hetero/nuclear family, facilitators needed the ability to adapt the content and adjust the language of the program when required, for example when single mothers or LBGTQI parents were in the group.

All Frankston MCH *Baby Makes 3* facilitators were invited to express interest in participating in the training to deliver the *Baby Makes 3* antenatal module as part of the pilot. Seven facilitators participated in the half day training session run by Carrington Health and were oriented to the module. The session also provided the opportunity for Carrington Health to receive feedback about the content and structure – this proved valuable in finalising the manual for the pilot program.

The three facilitators that delivered the program in the pilot were experienced *Baby Makes 3* facilitators who had co-facilitated the group program together. The facilitators provided feedback to Carrington Health about the module after each session, which related to the content, its structure, whether the activities generated discussion and any ideas that would strengthen the module. The Program Manual will be updated with this input and the results of the feedback from the parents.

All members of the partnership affirmed that the gender balance of facilitators is essential for the delivery, and this is consistent with previous evaluations of *Baby Makes 3*. Not only do they bring complementary perspectives to the program, it's an opportunity to reflect gender equality, and the involvement of a male facilitator is considered to be critical for engagement of new fathers.

In summary, the partnership team for this project recognised the importance of selecting facilitators on the basis of identified competencies and experience in delivering *Baby Makes 3* for Frankston City Council. The facilitators themselves were enthusiastic and committed to the project, and were thoughtful in their efforts to engage new parents, particularly new fathers. The combination of these efforts undoubtedly contributed to the positive participant evaluations. The facilitators were well trained and proficient, and able to get the key messages to the target audience, whose feedback also demonstrated that they received the key messages of *Baby Makes 3* antenatal module.

11. EXTERNAL FACTORS THAT INFLUENCED PROJECT DELIVERY

As previously discussed, there were a few factors that influenced the delivery of the sessions, which were unavoidable due to the timing of the grant funding and the subsequent difficulty in 'adding in' an extra session to classes that had been scheduled 12 months in advance.

All members of the partnership team agreed that if the project was to be extended, the antenatal program would be scheduled to include a fourth class, and also factor in other external influences on attendance such as public holidays.

The Frankston MCH service has raised the potential of Peninsula Health using council facilities for their childbirth classes, given that the MCH service has 13 facilities that are vacant at night and have better parking than the hospital. This may lead to better servicing of the community and reduce the pressure on the hospital facilities in a number of ways. This too could be factored in well in advance so that new parents are informed of the venue at their 12-week antenatal appointment.

Another option that may be worth exploring is to include the *Baby Makes 3* antenatal module into weekend childbirth classes both in Frankston and Rosebud to increase accessibility for expectant parents and extend the reach of the project.

12. THE EFFECTIVENESS OF THE PARTNERSHIP

It was evident from the evaluation of this pilot project that the partnership worked very well together to add value through their combined efforts. The strength of the relationship-building that has taken place through this project was clear, with all parties reporting that they really valued the opportunity to work together and add depth and breadth to their community impact for new parents in Frankston, from the antenatal setting through to the postnatal setting. All organisations agreed that the partnership is now stronger than the sum of its parts.

The relationships that have been built through this project, particularly between the Frankston MCH service and Peninsula Health antenatal service, provide a strong foundation for this project to become embedded on an on-going basis. The cooperation and collaboration that has already been established would ensure that all lessons learned are factored into future planning to maximise the success and sustainability of *Baby Makes 3 in the antenatal setting.*

In addition, if the *Baby Makes 3* program was implemented as one program delivered perinatally, this would enable the partnership to strengthen their primary prevention response to violence against women. The MCH Coordinator commented that:

> *"We learn about our peers in the hospital framework and they learn more about nurses in community settings…It was really good to get to know nurses who work in other areas to pass on to a community nursing service. Understanding each other better improves relationships with the working professionals to promote and compliment each other's services. (Embedding Baby Makes 3) would also feel like more continuity of care for parents and it's beautiful. There is more we can do to assist and support each other. The continuity of care is what it's all about."*

The partnership strongly agreed that a one-off session on *Baby Makes 3* sits very well in an antenatal setting, because couples are so positive at that point in time but haven't identified their respective roles in their relationship once baby arrives. The session starts the reflections, support and discussions in the very early weeks. One of the childbirth educators commented "*he is also letting her know that he wants to be part of the*

parenting and sharing in something that is owned by both of them." The *Baby Makes 3* session gives participants the tools to articulate their feelings and concerns in a way that can otherwise be quite difficult. This is a major benefit of the program and was mentioned explicitly by several parents.

Another benefit of the partnership approach with an antenatal provider is that child birth educators and midwives have contact with many young families and families from indigenous or CALD backgrounds. Extending the reach of *Baby Makes 3* to these groups by utilising the antenatal setting is a real opportunity to positively impact these children and families, who are often otherwise hard to reach through new parent groups.

13. LESSONS LEARNED

As part of this evaluation, the project team were asked what they would do differently next time. The team agreed that the pilot project was rushed, and next time they would ensure there is sufficient time to factor in professional development for all staff to have an understanding of *Baby Makes 3*. Priority would given to creating opportunities to connect the MCH nurses and the midwives to build relationships, increase understanding of each other's respective roles and develop a sense of 'joint team working' across the two services.

The team also agreed that they would present the program as part of the whole antenatal childbirth training in future. They would also track attendance between the antenatal classes though to the *Baby Makes 3* sessions in new parents groups to monitor and evaluate whether the antenatal class as a positive effect on uptake.

14. CONCLUSION

The process by which Frankston City Council, the MCH service, Peninsula Health and Carrington Health delivered the *Baby Makes 3* Antenatal Pilot has been evaluated as effective and thorough. This evaluation has demonstrated that the partnership has been successful in meeting both the aims and objectives of the project. The aims were to:

- Promote messages on gender equity and respectful relationships in an antenatal setting by piloting the *Baby Makes 3* program within a childbirth education program.
- Build a greater awareness and understanding within expectant first time parents of:
  - How gender roles affect relationship equality;
  - The importance of gender equality in new families; and
  - Of why gender equality is important for preventing violence against women.
- Increase the capacity of expectant first time parents to build equal and respectful relationships in response to the lifestyle and relationship changes that take place during pregnancy.

The objectives were to:

- Develop program content to pilot the *Baby Makes 3* program within an antenatal setting and evaluate its success
- Train Frankston City Council's *Baby Makes 3* facilitators to deliver the program within an antenatal setting
- Deliver no-cost *Baby Makes 3* education as part of Peninsula Health's childbirth education program, as a three hour workshop facilitated by two facilitators – a male and female who model respectful relationships (a minimum of five sessions will be delivered).

The pilot project has achieved all of these aims and objectives.

There were some factors that impacted on the attendance rates of the *Baby Makes 3 Antenatal Pilot*, which can be largely attributed to timing of the funding grant requirements. This made scheduling of the *Baby Makes 3* session difficult, as Peninsula Health's childbirth classes are planned 12 months in advance, and parents sign up for this classes early at their 12 week antenatal appointment. This meant that parents were given very late notice of the additional *Baby Makes* 3 session, which was also on a different night to the other classes.

Key learning's from this evaluation are:

- The fact that Frankston City Council was already a *Baby Makes* 3 site was a critical enabler for the success of this project, as it meant that the partnership had a good level of understanding of the significant amount of coordination time required to deliver *Baby Makes 3* effectively.

- The partnership recognised the importance of both having the right people as facilitators, and having quality assurance measures in place. This ensured that the *Baby Makes 3 Antenatal Pilot* was delivered with integrity and fidelity. The facilitators were well trained and proficient, and able to get the key messages of *Baby Makes 3* to the target audience, whose feedback also demonstrated that they received the key messages of *Baby Makes 3.*

- The partnership worked very well together in this pilot project to add value through their combined efforts. The strength of the relationship-building that has taken place through this project was clear, with all parties reporting that they really valued the opportunity to work together and add depth and breadth to their community impact for new parents in Frankston, from the antenatal setting through to the postnatal setting. All organisations agreed that the partnership is now stronger than the sum of its parts.

- The relationships that have been built through this project, particularly between the MCH service and Peninsula Health antenatal service, provides a strong foundation for this project to become embedded on an on-going basis. The cooperation and collaboration that has already been established would ensure that all lessons learned are factored into future planning to maximise the success and sustainability of *Baby Makes 3.*

- The partnership has already recognised and taken on board the factors that have been identified that impacted heavily on the low attendance numbers. If the project is to be embedded into standard antenatal practice moving forward, the partnership will ensure that the *Baby Makes 3* session is scheduled well in advance, as part of the routine scheduling process at Peninsula Health. This will mean that parents are told at their 12-week antenatal appointment that the classes are a four-week program, with all sessions scheduled on the same night of the week. This will minimise any confusion with days and dates, and is likely to markedly improve attendance, as the core childbirth education classes have very high rates of attendance.

Overall, the *Baby Makes 3 Antenatal Pilot* has been delivered effectively. The partnership and the facilitators have worked particularly well together to ensure that the expectant parents who participated received the program content and messages.

APPENDIX A: POST GROUP QUESTIONNAIRE

Maintaining healthy relationships during the transition to parenthood

***Baby Makes 3* Antenatal session**

Evaluation Form

1. Are you an impending: mum ☐ dad ☐

Please indicate (√) whether you agree or disagree with the following statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
This session was enjoyable.					
This session was relevant to my situation.					
This session was helpful.					
I am now more aware of the relationship changes that will occur following the birth of our baby.					
I now feel better equipped to communicate with my partner about life changes after our baby arrives.					
I now have a better awareness of the importance of sharing household duties and parenting tasks.					

The three main things I have learned from this session are:

1._____

_____

2._____

_____

3._____

_____

I am interested in participating in the Baby Makes 3 Group Program:

Yes ☐ No ☐ Unsure ☐

Any additional comments?

_____

_____

_____

How would you rate the session overall?

Poor ☐ fair☐ good ☐ very good ☐ excellent ☐

Thank you!