

# Zine Project Report

In the Summer of 2021, during the Covid-19 Pandemic, with funding from **Healthwatch Sheffield** the Sheffield Maternity Cooperative ran a project with the aim of producing a zine which compiles the experiences of pregnancy, abortion and loss during the pandemic.

#### The zine had four main aims:

- 1. Giving a voice to the people and experiences which often are silenced or go unnoticed in mainstream health care.
- 2. Support for others going through similar experiences to show they are not alone and giving them the courage to share their own story with someone close.
- 3. Highlighting available services and support that people may not know about but that could offer additional care and support during pregnancy and birth.
- 4. Highlighting issues and gaps in care to those working in birth, such as midwives, doulas and social workers.



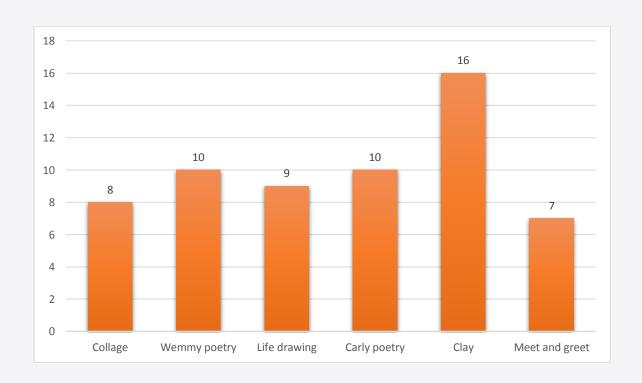


## What took place

The SMC ran several workshops that allowed people to discuss and express their experiences, these included:

- Meet and greet session
- Collage workshop with Birungi Kawooja
- Poetry Workshop with Wemmy Ogunyankin
- Life Drawing workshop with Liah Edwardes
- Poetry drive with Carly Mountain
- Clay workshop with Kate Cooke

#### **Attendees**







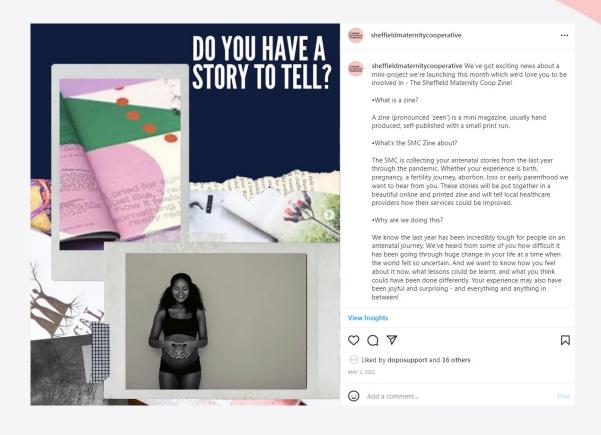
# How the community was engaged

Several project participants became involved through word of mouth and through converstaions during our existing group sessions. We also ran a cross-platform social media campagin to reach a wider audience and several participants found out about the project this way.





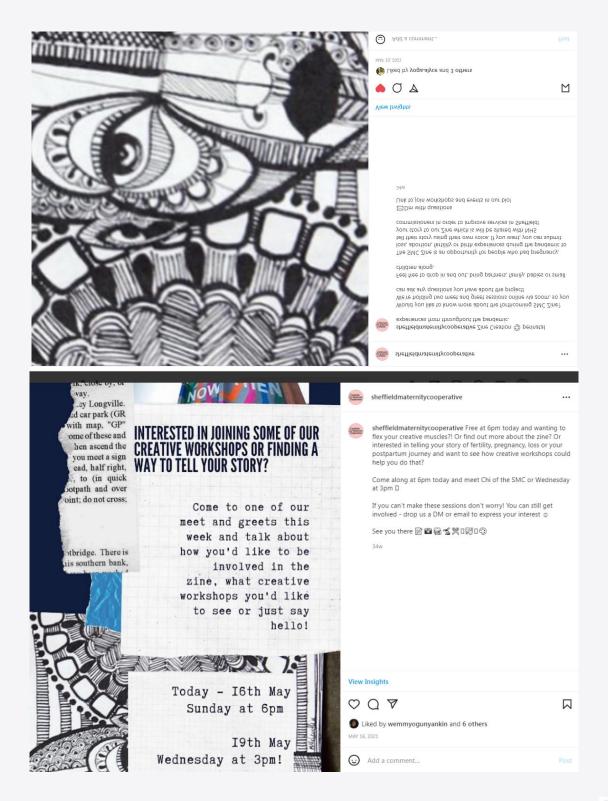
















# Our suggestions for the improvement of health services based on the project's findings

- Clear and unambiguous pandemic restriction guidance.
  We've heard almost universally that the information surrounding Covid restrictions was unclear, especially toward the beginning of the pandemic. Participants disclosed that staff sometimes enforced or emphasised incorrect guidance at the sacrifice of empathy, relevant health information and bedside manner.
- An increase in postnatal support and contact with very clear and detailed guidance. Some participants have shared that they thought problems, complications and the stress resulting from them could have been avoided they were properly checked upon or if the concerns they had raised were addressed and not dismissed.
  - There is a need for an increase in postnatal support such as breastfeeding support, physical recovery from birth, answers to questions around the health of a baby and the mental wellbeing of new parents.
- Ensure that signs of premature labour are checked for and that those that are pregnant are aware of the symptoms and know what to look for.
- Additional support and care given to first time pregnant people to reduce uncertainty in the event of already uncertain times. People reported not feeling as though they had enough support being pregnant for the first time.





- Ensure that no one is left alone whilst in labour. Although it's understood that staff availability may be sparse during periods of high stress on the NHS, we heard that in some cases people in labour had to physically walk around hospital in order to get attention of staff.
- During training of medical staff, including imaging staff, ensure that employees have adequate sensitivity training.
   So that they understand the significance of stages such as ultrasound scans and the hardship of not being allowed to have partners present during these moments
- Dedicate resources and research to looking into the lasting psychological impacts of Covid on those who gave birth during this period and on those who underwent medical interventions during pregnancy, C sections etc. Will this warrant additional postnatal support?
- Ensure that people in labour are given adequate pain relief that they are not left in pain for long periods of time and they their requests are taken seriously. We've heard accounts and seen in recent literature that a person's ethnicity can play a role in how likely they are to receive adequate pain relief, due to false cultural stereotypes such as Black women having higher pain tolerances and South Asian women being more likely to exaggerate pain.
- More contact with culturally relevant communities and support groups that can additionally assist in ways that the NHS cannot during and after pregnancy. Pregnancy and birth





- are not just medically assisted processes but a culturally significant period. Better support can be afforded to pregnant people and their families if the health service works with groups from within these communities.
- **Better continuity of care**. Several participants reported that they believed they would have had a more positive birth experience if there was consistency in who was assigned to them throughout. People felt more able to disclose information to a familiar and competent care giver with whom trust had been built. This is especially important for pregnant people for whom there is a language or cultural barrier that may prevent them from receiving proper care.

## **Acknowledgements**

We at the SMC would like to thank Healthwatch Sheffield for making this project possible. Not only have we been able to hear direct accounts of experiences surrounding pregnancy from people who would not normally be given a voice, we have made connections with the community which hopefully will allow us to contribute better care to individuals in the future.



