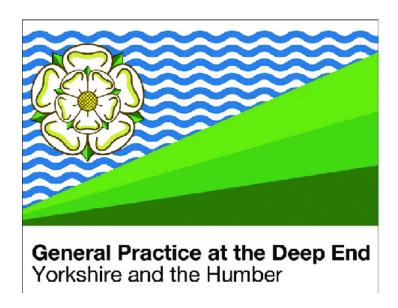


"Cycles of Trauma" Perinatal experiences of homeless women in Sheffield

Dissemination and Impact report

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Executive Summary of Project

Homeless women are twice as likely to become pregnant and less likely to receive antenatal care than their counterparts who have not experienced homelessness. Their vulnerability is further increased by complex biopsychosocial factors and comorbidities including mental illness and substance abuse increase their risk of perinatal depression, obstetric complications, and child loss to social services.

We aimed to explore the perspectives of women who have experienced pregnancy and homelessness to ascertain how perinatal care for this group could be improved.

Semi structured interviews were conducted with 11 women, at which point data saturation was achieved. Interviews were transcribed verbatim and thematically analysed using a self-conscious and independently verified approach.

Findings revealed the impact of "cycles of trauma" (Figure 1) in which women became trapped, involving childhood trauma, grief, substance abuse, and child loss to social services. Despite this, a key theme of working hard to do "the best for the baby" spanned all interviews. Interactions with healthcare practitioners were adversely influenced by mistrust and the impact of previous traumas, alongside perceived and experienced stigma. The majority lacked effective support networks, yet actively concealed needs from healthcare practitioners prevented necessary care. We demonstrated the need for pregnancy-enabled access to necessary holistic biopsychosocial care, and postnatal support for parenting or child loss to social services as means to break the cycle described.

We concluded that pregnancy was a vital window of motivation despite mistrust of practitioners, and thus a pivotal opportunity for homeless women to engage with holistic care. Conversely, poor antenatal support, and lack of postnatal support alongside the distress of child loss to social services reinforce a relentless cycle of grief, mental health crises, substance abuse relapse and homelessness.

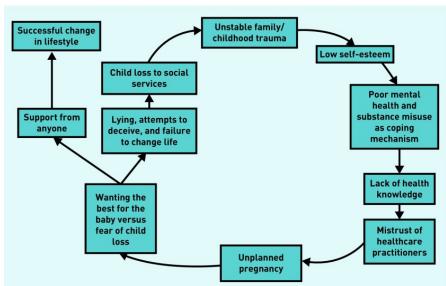


Figure 1: "Cycle of Trauma" described by women

Dissemination Outputs are outlined below:

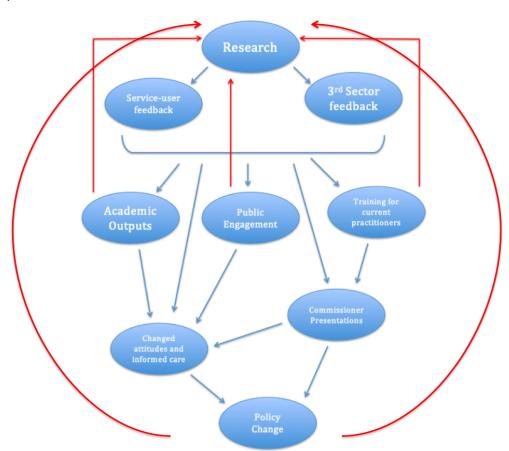
Dissemination outputs aimed to

- 1. Inform care provision at all levels from commissioning to face-to-face delivery of care.
- 2. Contribute to the evidence-base for targeted patient care for homeless women.
- 3. Member checking with women experiencing homelessness and pregnancy.
- 4. Raise awareness of the attitudes and experiences of the women and offer their narrative a platform.

Outputs conducted to achieve aims:

- 1. Findings presented to CCG and local authorities, alongside care providers from relevant disciplines.
- 2. Publication in a peer-reviewed national journal and presentation at national academic meetings.
- 3. Presentation of findings at organisations and to individuals currently experiencing homelessness and pregnancy.
- 4. Lay Summary written and presented to members of the public and students

Figure 2: Diagram indicating outputs and impact of each. Blue indicates work done, red indicates resultant potential for future work.



Please see further details of outputs below:

1) Informing care provision from commissioning to face-to-face care delivery

Public Health and Sheffield City Council

Findings were presented by Anna Gordon to Greg Fell, Director of Public Health for Sheffield. This led to a novel round-table meeting being scheduled on 26.4.19 with key stakeholders including local authority representatives for homelessness, substance abuse, perinatal care, social care and mental health. Findings were presented, and potential specific, targeted interventions discussed by all present, with the aim to overcome barriers to care created by poor collaboration between sectors. This was the first time that a multidisciplinary meeting this broad had been called to discuss perinatal care for these women.

Follow-up work with CCG and Local Authority representatives was conducted by Anna Gordon to assist in embedding findings and impact points into policy. Further teaching sessions were arranged with key stakeholders as indicated below following this presentation.

Teaching sessions with local care providers

In the spring of 2019 before and after the round-table meeting, teaching sessions to increase awareness of findings and discuss impact were arranged with the following groups, many of whom had contributed to study design:

- a) Vulnerabilities team and midwives at Jessops hospital
- b) Perinatal Mental health specialists
- c) CCG locality managers
- d) Substance abuse key workers at Fitzwilliam House Drug and Alcohol Support Unit
- e) Citywide Perinatal and infant mental health group
- f) Key workers and project managers at the Archer Project Charity working with homeless populations.
- 2) Stakeholder feedback and discussion sessions with key workers and women using services for homelessness

Feedback sessions were conducted at Phoenix Futures and the Archer Project Charities in late 2018. Both of these were venues where women were recruited and interviewed. Findings were sensitively presented to groups with a mixture of key workers and current service users who had experienced homelessness and pregnancy for feedback and to triangulate findings.

Findings were well received, and discussion following the presentation confirmed findings as an accurate representation of the narrative and attitudes expressed.

3) Contributing to the evidence-base for targeted, patient centred care.

Academic Conference Presentations

Anna Gordon presented the work in the form of a poster, with an audio component of actors speaking key quotes illustrating each theme to further illustrate the narratives of the women involved in the study. Findings were also presented throughout the analysis period, which created an iterative process in creating an optimum way of presenting findings and better understanding narratives. The powerful presentation format is illustrated by prizes won at meetings indicated below:

National Meetings

- a) Royal College of General Practice Poster 2018
- b) National Society of Academic Primary Care Poster and Presentation 2018
- c) Royal Society of Medicine 38th Primary Care Update Poster 2019
- d) Midlands Midwifery and Maternity Conference Presentation 2019
- e) Medical Women's Federation AGM Poster 2018
- f) Doctors in Deprivation Annual Conference Poster 2019

Local and Regional Meetings

- a) Royal College of General Practice Yorkshire and the North Student AGM 2018
- b) Sheffield University National Obstetrics & Gynaecology Conference 2018
- c) Society of Academic Primary Care Yorkshire and Trent Conference 2018
- d) Sheffield International Development Conference 2019

Prizes and accolades:

National Prizes

- National Medical Women's Federation Poster Prize Runner Up
- National Society of Academic Primary Care Poster Prize
- Royal Society of Medicine Primary Care Poster Prize finalist
- Doctors In Deprivation Poster Prize

Regional Prizes

- RCGP North Student AGM Poster Prize
- Regional SAPC AGM Poster Prize

Academic Publication- British Journal of General Practice-

Anna CT Gordon, David Lehane, Jennifer Burr, Caroline Mitchell. Influence of past trauma and health interactions on homeless women's views of perinatal care: a qualitative study, Br J Gen Pract. 2019 Oct 31;69(688):e760-e767.

doi: 10.3399/bjgp19X705557.

Cited in 4 peer-reviewed studies.

4) Awareness of the attitudes and experiences of the women and offer their narrative a platform.

Anna Gordon presented the work at the local and regional rounds of the "Famelab" Science communication programs in the autumn of 2018, presenting findings in the local round in a bar in the evening in a 3 minute talk format, and then later at The University of Hull to a live audience. The work won prizes for content and presentation at both.

Work was also presented at multiple internal conferences and meetings within the University of Sheffield, serving to raise awareness throughout late 2018 and early 2019. Finally, a lay summary was produced and emailed to stakeholders involved in study design.