

## **Behavioural change intervention for re-framing antenatal education to make “every contact count”**

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### **Issue:**

A trusted source of information, the Baby Buddy webapp was co-created with parents and professionals to support the educational role of maternal healthcare providers. However, providers in Cyprus and elsewhere may not actively engage in antenatal education (AE) to make “every contact count”.

### **Description of Problem:**

The impact of Public Health digital interventions can be maximized when adopted in care pathways. To define barriers and enablers in behavioural terms complimentary methods were used guided by the COM-B model and related Theoretical Domains Framework: questionnaire survey

(N = 49), focus group (N = 11) and round-table workshops (N = 40) among in-training and registered midwives.

**Results:**

Beliefs about the benefits of AE are strong and viewed as a core function of the professional role, yet not supported nor prioritized by current practice. Many problematic areas relate to organizational context, such as weak interprofessional collaboration and lack of policy, protocols and resources. Medicalization of birth and socio-cultural norms are sustaining alienation of the midwife and conditions of power dynamics. AE was perceived as a means to enhance the autonomy of the profession but the phenomenon is complex and also pertains to perceptions and behaviours of service users. There are also issues with procedural knowledge and the need for skill development was identified.

**Lessons:**

As a digital tool, Baby Buddy can enrich the user-provider exchange. However, AE beyond the formal setting of the antenatal class is perceived to be a 'bad fit' with current practice. Training (e.g. skills strengthening), persuasion (e.g. reflection on professional identity), enablement (e.g. protocols) were identified as promising intervention functions. Modelling was identified as the most promising both in terms of "credible models" for the role itself as well as re-framing the concept of AE not as preparation for childbirth but in the context of shared decision-making.

**Key messages:**

- Barriers to being an effective antenatal educator are several, originating from an unsupportive system and wider socio-cultural norms of users and providers.
- In addition to designing a theory-driven research-informed intervention, the process functioned as a participatory learning experience through collective reflection.