

A qualitative evaluation of women's experiences of the Mellow Bumps antenatal intervention

Abstract

Mellow Bumps is a group-based intervention which draws on psychological and practical techniques to reduce anxiety and promote wellbeing in vulnerable pregnant women. This study explores participants' experiences of taking part in Mellow Bumps. A small sample of mothers who had participated in groups in Glasgow were invited to discuss their experiences in a non-directive, unstructured interview. Interview transcripts were then processed using interpretative phenomenological analysis. Several strengths of the antenatal intervention were identified; these included the facilitator's provision of support, the social aspect of meeting other mothers-to-be, learning about infant development and practical strategies. Barriers to engagement identified were negative preconceptions about antenatal support, fear of being judged and feeling pressured by services to participate. No fundamental issues concerning the validity of the intervention were identified; however a need for greater promotion of and referral to the Mellow Bumps groups among health professionals was noted.

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Research indicates that antenatal interventions benefit from a combination of behavioural strategies and psychological support (Milgrom et al, 2011) focused on addressing women's wellbeing, social support network, and promotion of antenatal support and education services (Murphy Tighe, 2010).

There have long been beliefs associating maternal psychological wellbeing in pregnancy with a positive outcome for mother and baby, and related traditions vary across culture and time (Kitzinger, 2011). There is a paucity of evidence to support the effectiveness of conventional antenatal classes (Barlow et al, 2009); they have not been shown to confer any psychological benefit to prospective mothers and there is a lack of strong evidence of a consistent intervention effect (Gagnon and Sandall, 2007). Findings from qualitative studies indicate that parents needs and expectations are often not met by conventional antenatal support (Murphy Tighe, 2010) and there is evidence that conventional UK-based antenatal classes fail to engage mothers from poorer socioeconomic backgrounds, particularly

if they are younger and unmarried (Alder et al, 2008; Mabelis and Marryat, 2011). Women have highlighted the need for more emphasis to be placed on the psychological aspects of pregnancy and childbirth (Barlow et al, 2009). Mellow Bumps was developed to address these needs (Figure 1).

Recent Scottish policy drivers such as the *Early Years Framework* (Scottish Government, 2008), *Reducing Antenatal Health Inequalities* (Scottish Government, 2011) and the *Getting it right for every child* (Scottish Government, 2010) approach have emphasised the importance of promoting engagement with vulnerable families and improving the quality of antenatal support in general. Research evidence has linked maternal antenatal mental health and wellbeing with children's emotional and behavioural difficulties (O'Connor et al, 2002). Providing preventative or early treatment for mothers-to-be could protect against the development of postnatal depression (Grant et al, 2010; Clatworthy, 2012) and parenting difficulties (Loomans et al, 2011).

There is a lack of UK-based research examining women's phenomenological experience of antenatal education, perhaps because of the difficulties of quantitative evaluation (Barker et al, 2002). However, quantitative analyses are somewhat blunt instruments when evaluating the more subtle aspects of individual experience. Qualitative analysis of the experiential aspect of an intervention can identify factors affecting the use of, or non-attendance at, services and are therefore complimentary to randomised controlled trials and other quantitative evaluations of service provision (Willig, 2008). In order to find out more about how women considered vulnerable and in need of specialist antenatal support perceive the Mellow Bumps intervention, it is important to find out more about their subjective experiences.

The Mellow Bumps antenatal intervention for pregnant women with additional and complex social care needs seeks to address the lack of antenatal engagement in high-risk populations

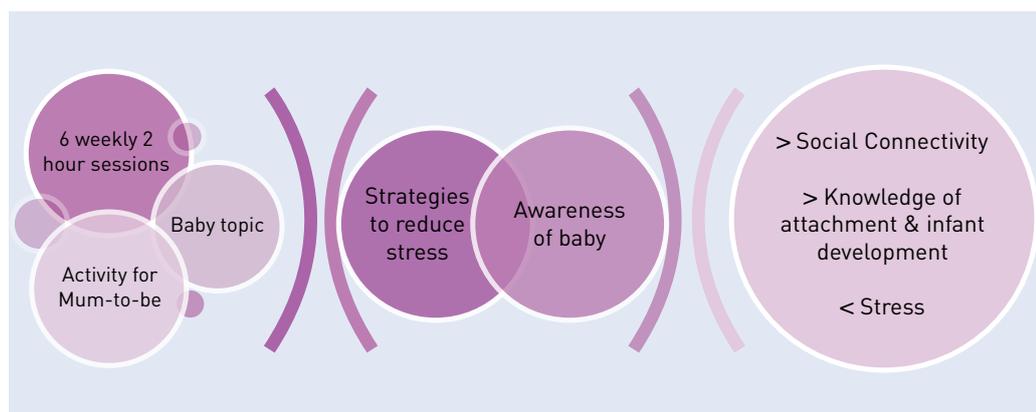


Figure 1. Mellow Bumps: Core features leading to outcomes

by providing accessible psychological support and practical skills grounded in the evidence base. For example, session 5 consists of a group outing which provides an opportunity for socialising and problem solving for participants who are often socially isolated. In contrast to conventional antenatal education, there is a focus on engagement and increasing accessibility in the delivery of the intervention, as exemplified by the emphasis on providing transport and delivering groups in community settings which are not likely to be viewed as stigmatising by participants. The content of Mellow Bumps incorporates attachment theory and behavioural strategies, in addition to education about infant development and keeping well during pregnancy (Figure 2).

The intervention was the creation of Scottish-based charity, Mellow Parenting, which provides a range of early intervention programmes aimed at promoting positive relationships in vulnerable, hard-to-reach families. Parents-to-be and parents with children aged 0–3 can be referred to Mellow groups which are delivered by practitioners in community settings.

Methodology

Design

The study employed interpretative phenomenological analysis (IPA) (Willig, 2008), which is designed to explore the meaning individuals ascribe to a personal experience as it is remembered and re-constructed by them in the interaction with the interviewer (Tsartsara and Johnson, 2002). Each participant was allocated a pseudonym to preserve anonymity. Transcripts were analysed using IPA, as described by Smith and Osborne (2008). This involved repeated and careful reading of the transcripts while listening to the digital recordings. Points of significance were

noted line by line. The researcher then re-read the transcripts and noted recurring themes. Emerging themes for each interview were compared and integrated, noting similarities and discrepancies between them. Themes were clustered together and their relationship to each other considered in order to generate super ordinate themes. Capturing the participants' personal experiences of the Mellow Bumps intervention was the goal of this method of analysis.

Recruitment

In view of the vulnerability of the mothers-to-be, it was agreed that first contact about the study would be made by Mellow Parenting staff. During the initial phone call the woman was informed about the study and invited to participate. She was advised she would be contacted by the researcher who would provide

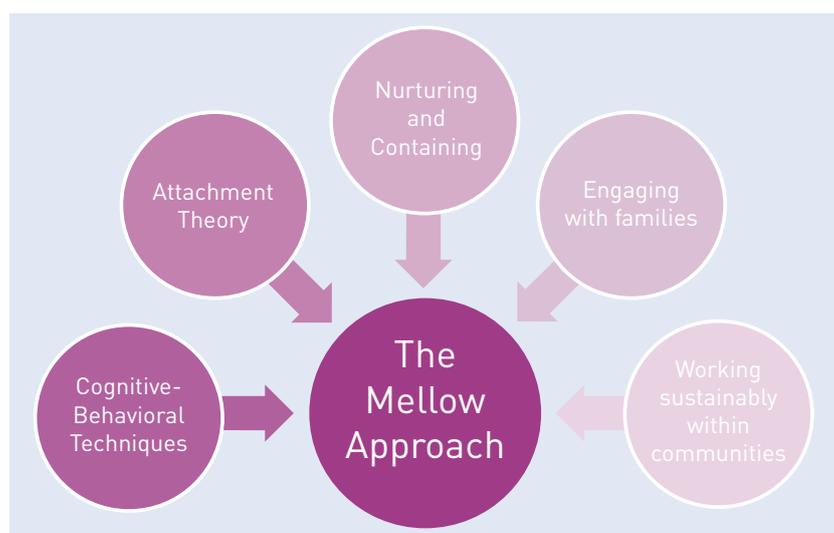


Figure 2. Going Mellow: Some key principles which underpin the mellow approach to working with families with complex needs

Table 1. Inclusion criteria for the Mellow Bumps study

Parameters	Criteria	Rationale
Age of woman	All participants will be of child-bearing age	The full child-bearing age range was included in order to reflect the inclusion criteria of the Mellow Bumps intervention
Residency	All participants were resident in the Greater Glasgow and Clyde (GGC) NHS region during pregnancy	The participants' experiences of Mellow Bumps may have been affected by the region-specific provision of antenatal healthcare
Age of baby	All children will be aged between 4 weeks and 18 months	Maternal emotions may be labile immediately after birth so a settling period may be necessary. Conversely, memories may fade and become less reliable over time
Status	All participants will have been subject to the Special Needs in Pregnancy Strategy (SNIIPS) during pregnancy	Mellow Bumps is an intervention designed for mothers-to-be who present with one or more risk factors as outlined in NHS GGC by the SNIIPS protocol

further details of the study and arrange an interview. If the woman consented, the interview was conducted as a home visit.

Efforts were made at the informed consent stage of the process to make clear to the women that their participation would have no bearing on their involvement with Mellow Parenting or any other services, for example social work. This was stated verbally and in writing in an information sheet provided to each participant. Confidentiality was discussed and the woman was given the opportunity to decline participation or to provide written consent.

Interviews were conducted by the first author and took place in October and November 2011. Each lasted between 40 and 60 minutes. All four participants consented to digital recording of interviews and transcripts of the resultant recordings were produced.

Ethics

Approval was granted from the West of Scotland Ethics Committee and thereafter participants were approached and recruited via the Mellow Parenting organisation in Glasgow.

Sample size

Four women were recruited to the study and all completed non-directive interviews, guided only by a list of potential topics. The participants had completed the Mellow Bumps antenatal intervention within the last 18 months and still resided in Glasgow. Smith (1995) recommends a small sample size when using

IPA as an analytical tool, ideally a sample of 5 or 6 participants.

The age of participants ranged from 19 to 38 years. Two of the women were co-habiting with their partner and two were in contact with their child's father but were single.

These criteria were quite broad and this is reflective not only of the pragmatic design of the study but also of the diverse population for whom Mellow Bumps is intended (*Table 1*).

Analytic process

In order to guide the interviews in a non-directive way, a list of topics based on anecdotal feedback from Mellow Bumps participants and informed by previous evaluations (MacBeth et al, 2010) was generated prior to the interviews. A copy of the topic guide can be requested from the corresponding author.

Conducting and transcribing the interviews gave the researcher an initial insight into the participant's experience. The analytic process was guided by the sequences suggested by Barker et al (2002). Each individual transcript was read and listened to repeatedly. Statements that were thought to reflect participant's experience were highlighted. These statements formed the basis of coherent themes which, according to the analyst's interpretation, reflected each participant's perspective. Themes derived from each transcript were compared with those from each other transcript in order to determine core themes.

In order to verify the validity of the core themes, verbatim extracts from the participants' interviews were compared to the corresponding themes derived. To check that the themes identified were adequately supported by corresponding extracts, the findings were independently read by a colleague who was not associated with the project.

Findings

Themes presented here articulate the meanings that participants ascribed to the experience of the Mellow Bumps intervention. The participant's names have been changed and names of children and family members omitted in order to preserve confidentiality (*Table 2*).

Two over-arching themes emerged; Mellow Bumps as a time for personal growth and as a time for bonding.

1. Mellow Bumps: Time for personal growth

This theme contained two categories—personal growth and social connectivity—encompassing five components.

Personal growth

Overcoming barriers

When describing the experience, all the participants ascribed great significance to the provisions made by the group facilitators and to the content of the group in general. Their statements reflect a relaxed and non-judgemental atmosphere which helped them overcome initial barriers to attending.

'I thought I'd be really judged and everyone would judge me and look down on me. The more I went, the more welcome I felt. [The facilitator] went extremely out of her way to make us feel welcome; I think that's what you really need to do.' (Joanne)

Most of the participants expressed some anxiety or reservations about attending the group. The apparent reasons for this ranged from uncertainty regarding the reason for their referral and pressure from services that they attend, to fears about the judgement and disapproval of the group.

'I have quite low confidence and stuff, and I was worried people would have been looking at me, judging me.' (Joanne)

'I was nervous. First thing obviously, I was wondering what it was going to be like and what the people would be like and you're a bit anxious ... because I'm quite shy.' (Linda)

However, it seems that the provision of home visits and the relaxed atmosphere of the intervention helped women to enter into the group and created a more welcoming experience.

Addressing taboos

Each culture has a variety of tropes relating to pregnancy and birth (Kitzinger, 2011) and as a result, women can feel isolated and afraid of the consequences of addressing experiences out with the prevailing view of pregnancy. Mothers who are younger, socially isolated and/or socioeconomically disadvantaged may be especially vulnerable to such experiences and the isolation and anxiety that accompany their apparently aberrant experience (Raymond, 2009).

'I feel as if I made friends ... I felt like I could go and say, I don't enjoy my baby moving, I find it really strange, trying to break down they barriers. If I went to another group and everyone was saying "I

Table 2. Characteristics of sample

Participant	Age	No. of children	Ethnicity	Age of infant
Joanne	19	One	White Scottish	4 weeks
Hannah	38	Four	White Scottish	15 months
Anna	30	One	Black African	13 months
Linda	24	One	White Scottish	4 months

like it and it's lovely" I would just be like "uhuh"; I wouldn't have had the confidence to say [that I didn't enjoy it]. They would have thought it wasn't normal and I didn't want my baby.' (Joanne)

It seems that a significant element of the group experience was the accepting atmosphere conducive to honest and frank discussion where there were no 'right' or 'wrong' answers.

'Even the staff, they got involved. I expected they would ask us to do things but they expressed their opinions too. I felt it was great.' (Anna)

'The way the course is, it draws things out of you; you sit and do wee things and before you know it, you've opened up.' (Joanne)

It seems that this allowed the women to share experiences and information that were highly personal and were related to their experience of pregnancy and impending motherhood; participants discussed being able to address issues that they may have previously struggled to discuss with either clinicians or their families.

Social connectivity

Peer relationships

Reducing social isolation and opportunities to share experiences of pregnancy and to address issues that arise in a group setting were themes that were discussed by all the interviewees. The most consistent theme to emerge was the sense of being part of a non-judgemental, relaxed social group where friends could be made.

'It was really good, I made a lot of friends and the facilitators were really nice too. It was nice to get out and meet people.' (Linda)

'Let's face it, when you're pregnant you don't really get a chance to go and spend time with other people and put your feet

up. I would love to go back, it was really enjoyable.’ (Hannah)

‘It was a very chilled non-judgemental atmosphere. You feel so welcome, it sorts out your mind ... stops your mind being so confused. It feels like going for a chat with your friends but all your friends are going through the same thing at the same time, which never happens with your friends normally!’ (Joanne)

What was striking about the comments was that the women were not motivated by complicated or medicalised intervention; rather, they appreciated the opportunity to socialise with other women in a relaxed environment. The women indicated that they had experienced Mellow Bumps as an informal group which facilitated socialising at a time in their lives when they had been feeling isolated.

Improvement in mood

For all of the participants, feeling down or lacking an effective support network were reasons they were referred to the Mellow Bumps groups. There was evidence in their reflections that participating in the group bolstered their mood and presented an alternative to psychopharmacological treatment, as in Joanne’s experience, or defied their negative expectations, as in Anna’s experience. Anna had felt under pressure from social work services to attend which was a less than ideal referral procedure and she remained somewhat ambivalent about aspects of her experience; however, she reported that she enjoyed the group despite this.

‘I went to the GP and they were talking about antidepressants and all I needed was to talk to other people who are in the same situation. If I hadn’t had Mellow Bumps I would probably have gone on the tablets but I didn’t really want to ... I would have worried more, kept the cycle going, because I would have thought these tablets aren’t good for her. Now I can work out what’s going to happen with her dad; it made everything more planned out and not muddled up in my head.’ (Joanne)

‘I felt that I was a bit forced to go; I was with the social service [social work] and then they said “you have to go” ... maybe they felt that, like, I needed some extra support so just to shut them up I said “OK, fine I’ll go to Mellow Bumps” so

it was a bit against my will. But then I started to enjoy it and I thought, well this isn’t bad.’ (Anna)

Loss and adjustment

All of the women reflected positively on the group as a whole and expressed a wish to continue to be involved with Mellow Parenting support. The end of the group seemed to signal a period of loss and adjustment. This sense of an ending was made easier by provision for further groups (Mellow Babies for parents with infants) and a group reunion. Continued involvement in Mellow Parenting seemed to be valued by all the participants, as evidenced in their participation in research.

‘That one day a week is your day to go and when it stops you’re lost; sitting on a Thursday thinking what am I going to do today?’ (Hannah)

‘I made friends; it’s not like just going to a group. The group is having a reunion soon so I’ll get to see everyone, and Mellow Babies is coming up, so I want to go to that.’ (Joanne)

2. Mother and Bump: Spending time getting to know one another

In addition to the relationships and support developed within the group and with the facilitators, there was the growing relationship between each woman and the child she was carrying. A core feature of the group which seemed to colour the women’s experiences was the time dedicated to the relationship with the bump.

Adjusting to role changes

It seems that the confidence gained by being able to express reservations and address fears helped the women make space in their lives for their pregnancies and their futures as mothers.

‘Without Mellow Bumps I wouldn’t have had the start of that process where I thought “I do love my baby and I’m excited to see her and hold her.” Before that I didn’t feel it was my baby.’ (Joanne)

Bonding

Interviewees related their experiences in the group to their bonding experience with their infants. For the participants, the theme of bonding seemed to relate closely to a variety of issues the women discussed.

'Well I suppose the big difference was ... it was just, I think because I felt that I knew her, I had that time at Mellow Bumps and it gave me a chance to get to kind of know her and that was different with the kind of bond that I had had before ...' (Hannah)

This time for the unborn and for early interactions seemed to initiate the beginnings of a dialogue, a relationship between mother and child.

Practical strategies

All participants mentioned the impact of the simple, low-technology activities such as the use of a small torch and set of bells to stimulate the baby in the womb and in facilitating communication with the unborn. The women reflected on this time late in the pregnancy as enjoyable and as an opportunity to feel connected to their baby.

'With the torch and shining the light, it started helping me bond with my baby a lot more. I think if I never had that time doing the exercises, ringing the bell and kind of really enjoying the last bit of my pregnancy. I feel as if at the end I was really starting to enjoy it ... whereas before I never connected to it at all.'
(Joanne)

Infant development

Practical activities seemed to provide useable methods for women to test their beliefs about the development of the baby and debunk some of the myths of pregnancy, for example that babies are blind in the womb.

'I learned that babies can hear and see ... in the womb, I just thought it was a bit ridiculous. But I did it anyway and now some songs [the baby] does recognise...So I do think it's true what they say.' (Anna)

Discussion

The study has been able to identify that the provisions made by the facilitators to make the group a welcoming and open space for women to bring their experiences, significantly contributed to the interviewees positive recollections of the group. The recorded discourses reflect the impact the quality of service provision had on the women's interaction with their bump and with services. Two distinct but related aspects of the experience that the participants described were their time within

the group and then their time as mothers-to-be with their bumps. The weekly group meetings allowed women to make social connections, share information and address questions or worries. The homework tasks planned in the meetings were utilised by the women, not only to test assumptions but also to spend time getting to know their babies in utero. Although the mothers-to-be valued the informal aspects of the group, the facilitators used the group to introduce aspects of maternal and infant mental health.

Limitations

The study was limited as only a small percentage of the women who had participated in Mellow Bumps were contacted and invited to participate. This was due to time constraints as well as the fact that current contact details may not have been available for all past participants. Therefore, the women who were contacted and agreed to participate are likely to have maintained contact with the Mellow Parenting organisation and this may be related to their positive experiences of Mellow Bumps. It is known that there are difficulties with recruitment and retention of service users of antenatal intervention programmes (Gagnon, 2004). Therefore, women who were non-attenders of the intervention were not able to be contacted and contribute recollections of their experience to the study.

In addition, analysing findings from a phenomenological perspective is acknowledged to be a highly subjective process and as such, does present the researcher with a challenge in terms of ensuring that the results are not overstated or misused. Although some consensus of meaning is attempted, themes are used to draw together the content of the interviews but not to dismiss the uniqueness of each individual's experience. As such, generalisations within a phenomenological framework, and particularly within this small local study, are not possible. However, it is intended that the findings may be meaningful in terms of elucidating the experience of other women participating in Mellow Bumps. The findings may also be of interest to those involved in service development in early intervention with women and families considered 'at risk' during the antenatal period.

All of the participants of the study had been assessed to meet the criteria for the Special Needs in Pregnancy Strategy (SNiPS) which is in operation within the Greater Glasgow and Clyde NHS area; this indicates that the women were considered to be affected by social and other inequalities which increased their vulnerability to negative outcomes

Key points

- Mellow Bumps is an effective, evidence-based group intervention for mums-to-be who are in need of additional support during pregnancy
- The group provided an opportunity for mums-to-be to address potential barriers to them reaching their parenting goals
- The group also supported the mums-to-be to allow them to take time to bond with their baby before birth
- The warmth and positive regard shown by group facilitators helped mums-to-be overcome anxieties about the group
- Participant's accounts indicated that there was a lack of a clear referral pathway and that midwives tended not to be aware of Mellow Bumps groups
- Participants expressed a desire to become involved in other parenting groups such as Mellow Babies, but these groups were not always available in their area

during and after pregnancy. One mother explicitly reflected on the fact that she felt low during pregnancy and that without the intervention she would probably have agreed to pharmacological treatment. Given the links identified in the literature between social inequalities and antenatal and postnatal depression and consequent negative impacts on the infant (Adler et al, 1991; Clatworthy, 2011), it would have been useful to collect data screening for low mood or high anxiety from the participants. Access to developmental data regarding the infants would also be helpful in identifying possible links between the mother's report of their child's progress and supporting information from other sources. Reflecting on the existing data, there appears to be a perception among the participants that the intervention helped them develop strategies to cope with worries and freed them to focus on their relationship with their infant. The emphasis placed on positive changes resulting from the intervention varied between participants and reflected the personal barriers which had made it harder for them to connect to their pregnancy and find space to relax. Further examination of these links might strengthen the connection between qualitative findings with wider issues such as social inequalities and the quality of antenatal care and support.

Implications for practice

Mellow Bumps intervention can reduce anxiety and improve low mood in pregnant women with additional support needs (MacBeth et al, 2010). This study describes the experiences of vulnerable women in the group. Although the findings of this and previous evaluations of Mellow Bumps are restricted by small sample sizes, there are early

indications that the group meets many of the needs identified within the target population.

There is some evidence that further work remains to be done in terms of raising the profile of the intervention among staff working with pregnant women who may benefit from additional antenatal support. The women who participated in this study appreciated their experiences, but felt that Mellow Bumps groups were not widely available and that their referral to a group occurred almost by good fortune rather than via a reliable pathway.

In this study, vulnerable women predominantly described their experiences as being positive and meaningful, both in terms of the relationships within the group and the relationships they were forming with their unborn infants. The group was appraised by the interviewees as helpful and responsive to their needs. Further research should aim to include a larger sample of participants and the subjective reports of reduced anxiety and stress would benefit from quantitative analysis making use of relevant outcome measures.

BJM

Acknowledgements: *The authors would like to thank the women who generously agreed to take part in this study and shared their personal experiences of pregnancy, birth and parenthood. We would also like to thank the M.Sc. in Applied Psychology for Children and Young People at the University of Edinburgh, School of Health in Social Science, NHS Greater Glasgow and Clyde, and the Mellow Parenting staff team.*

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