# Virtual support groups for new parents

This paper documents some of the common elements from three virtual support groups for new parents, and draws out the lessons for other health system leaders who may want to adopt similar innovations. The three innovations drawn upon here are:

- **Blossom Birth and Family**, a community based provider based in the San Francisco Bay Area.
- **The Parent Connection**, based out of the Beth Israel Deaconess Medical Centre in Boston.
- **RWJBarnabas**, based in New Jersey.

In addition, we have incorporated learning and insights from other interviews where innovations had moved services online, and from the extensive data gathered through the Ariadne Labs convenings in the summer of 2020, which resulted in the White Paper on COVID-19 and the Momentum for Better Maternal Health Care.

This innovation fits in the category of **Leveraging Virtual Access** to health services. As documented in the White Paper, health systems leaders expect the demand for virtual access to be sustained beyond the pandemic, and many have begun to invest in virtual platforms and adapt a range of activities and services for online delivery. Virtual access also delivers on a growing need pre-COVID for more flexible access, particularly from patients living in more rural areas, as well as those living in towns and cities. The innovations documented here build on strategies set out in the White Paper designed to build momentum and augment the supply of enabling factors.

We have documented the **core components** of the three innovations we researched so that you can identify the specific elements that might need to be set up if you want to introduce this into your setting. We have also described **how you might adapt** or flex elements of the model into your context, where there are important contextual differences.

## Three innovations: a high level overview

All three of the innovations that we document here have been delivered virtually since the pandemic began. There are some differences in their contexts, which we set out below in a short case study of each provider, but also some interesting commonalities, which we have shared in the section on their core elements.

All of the providers involved agree that their virtual offer has increased attendance and access to their services, and has broadened their geographic reach. Their audience tend to be first time parents, and their staff have a mixture of backgrounds, but all are experienced in

working with new parents and providing postpartum support, primarily focused on emotional and practical support needs, rather than clinical.

### Blossom Birth and Family, Bay Area

Blossom is an independent, community based 501(C) 3 non-profit organization that runs a range of paid yoga and fitness, childbirth and parent education classes and parent support groups. They have a physical base in the Bay Area, but since the pandemic have a significantly expanded virtual offer which means many of their clients are coming from across the U.S. Blossom offers a range of virtual support groups including:

- **Pregnancy and postpartum moods and challenges group:** this group has increased to twice weekly due to demand and provides support to new mothers who are struggling.
- **Newborns, Babies and Toddlers support group**
- **Baby sleep support group**
- **Breastfeeding connections:** led by trained lactation counselors.
- **Pregnancy Discussion group**

In addition to these weekly support groups, some of which are drop in and other are advance booked and multi session, there are regular yoga and fitness, and parent education classes which cover topics such as Baby Sign Language, and Adult and Infant CPR.

The only group that Blossom hasn't moved online is the baby-wearing support group, due to the nature of building community among people who are baby-wearers and challenges to train people on how to position their carrier properly.

Their resourcing is slightly different to the other two innovations shared here as they are run as a community based organization, rather than a specific support group linked to a healthcare provider. They have one full time Executive Director, six part time staff and more than 35 contractors.

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### **The Parent Connection,** Beth Israel Deaconess Medical Centre (BIDMC), Boston

The Parent Connection was established in 1999 by the Department of OB/GYN at Beth Israel Deaconess Medical Center, (BIDMC) in Boston, MA and developed and managed by Christine Sweeney, LICSW, CLC since its start. The program provides a range of virtual support groups for new parents, outlined below, which are held at the same time.

- **Expectant Parents online group:** run weekly for people who are pregnant, or are just about to give birth.
- **Becoming Parents workshop:** a one off virtual session for couples only, which focuses on what to expect in the newborn period and on the parents' relationship with each other.
- **Breastfeeding Support:** a weekly group focused specifically on breastfeeding. There has been a high level of demand for this group.

- **New Parent and Parenting Group:** this is a more general weekly support group for new parents. Its aim is to provide continued support to families after the birth of their children through peer 1:1 and group support.

Qualified social workers facilitate the groups, which are focused on providing peer connection and support, as well as delivering specific content / information to new parents. The facilitators are likely to have topics they might bring into each session to spark conversation, including postpartum mood disorders, normal newborn behavior and breastfeeding challenges, but the structure is intended to be responsive to the issues that parents are experiencing and bringing into the group.

The resourcing for the BIDMC program includes a full time, 40-hour per week role for a clinical social worker, and a 14-hour per week program coordinator who is a Masters level social worker. Other social workers are brought in as facilitators on a sessional basis. Annual non-staff costs for running the program come to $7,000, and include giveaways, office supplies, food and software licenses.

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**RWJBarnabas, New Jersey**

The Center for Women's Health at RWJBarnabas in New Jersey oversees eight maternity service hospitals. Since COVID-19 they have scaled up three virtual support groups focusing on:

- **Pregnancy support:** this has been scaled up significantly since the pandemic and covers everything and anything related to pregnancy. During COVID it has also supported people to understand what they can expect in their hospitals during the pandemic.
- **Breastfeeding support:** this drop in group has a lot of demand, and has had nearly 400 participants since May.
- **Perinatal mood and anxiety disorder:** this group meets a big mental health need that some new parents face.

Staff deliver these groups in pairs and they are currently offering six hours worth of support groups each week. Suzanne Spernal, the Director for Women's Health, supports the administration of the program which takes another two hours per week, and there are very low non-staff costs which are mainly linked to the technology platform and printing of promotional materials. They also ask other hospital departments (e.g. ER and Pediatrics) to promote the groups to parents who they see.

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## Outcomes and Impact

There is existing evidence of the beneficial outcomes that peer support groups can deliver, and indications that virtual support groups can recreate these outcomes at a time when isolation and mental health needs are even higher. By addressing challenges of geographic reach and creating peer support spaces that are more sensitive to race and cultural

background, the innovators believe the virtual support groups can offer additional benefits compared to in person groups.

The Parent Connection team has identified and pointed to evidence that groups can decrease rates of child abuse and neglect, and create stronger conditions for future parenting. Christine, who leads the Parent Connection program, has also indicated that a key outcome for their programs is the early identification of postpartum mood disorders.

The groups are also a rich site for social connections, providing support at a time when new parents can feel isolated. Through the groups, facilitators can also connect parents to other relevant services that they may not have known about, and in particular, can identify any potential issues early on. Many of the professionals leading these innovations feel they are meeting a big mental health need. One downside of the pandemic has been the loss of in person socializing after the support groups, which was a common feature when they were run face to face. Some innovators also spoke about the benefits of in-person groups in getting new parents in the practice of leaving the house with their baby.

The benefits of online groups have not been independently evaluated, but the organizations interviewed for this research described seeing similar outcomes, at a time when many new parents were feeling even more isolated and lonely. They also highlighted the increased engagement since moving online, and the wider geographic reach. Parents don't have to travel, or organize childcare, which reduces some of the barriers posed by in person groups.

The increased engagement and wider geographic reach may make it easier to achieve other desired outcomes surfaced during the Ariadne convenings in 2020 such as the creation of more spaces for peer support which were led by and created for different races, and for speakers of other languages. The wider catchment area that virtual groups afford could make this more possible. Some of the innovators here are planning to set up groups run in other languages, such as Spanish, Cantonese, and Arabic. The BIDMC is also actively exploring a racial disparities initiative to address inequities in child and maternal health. They are hoping to provide a program that will include both health information and group support: this would likely include an initial educational session that will run monthly by alternating obstetricians (all women of color) to provide information for women contemplating pregnancy, or who are in their first trimester of pregnancy. This would be followed by group support beginning in the second trimester, and regular monthly meetings continuing through the first 8-12 weeks postpartum. The need for this program has been identified by obstetricians hearing directly from their patients of color of their fears of dying in labor coming into a white dominated medical center, and recent data revealing that Black women die at 5 times the rate of white women in birth, when all other factors are controlled for.

There were few downsides identified by the innovators: one small challenge of the virtual space is that it can be harder for facilitators to identify the visual cues that in person body language can provide, and that it can be easier to miss a new parent who is silently

struggling. But overall, the innovators felt the virtual groups are working well, and all plan to have some mix of face to face and virtual in the future.

## Implementation - Set-up

If this is an innovation you are considering implementing in your organization, here we document some of the core activities that have emerged from the three providers we have spoken to.

Before implementing the core activities, materials and operations that will deliver virtual support groups, there are a range of set-up tasks that need to be completed:

- **Identify the right platform:** you might already have an online platform which you use to deliver virtual health services, or you might need to identify one that is right for your team, and for your participants. This might involve considering ease of access for participants and for staff, people's familiarity with different platforms, security requirements and the cost of a licence.
- **Review virtual design and direction:** one important set up task that you and your team will need to do is to review any existing group session plans and training materials, and re-design those so that they are 'translated' into a virtual environment. This might include reviewing the content, the directions provided by facilitators / trainers, and producing any content which will be shared in an electronic format.
- **Decide on group frequency and registration process:** you and your team will need to decide whether the group will be a drop in group (open to anyone to drop in up until the time it starts) or for those who register in advance only. You will also need to decide whether this group will be open ended, or run over a fixed period of time (e.g. 12 weeks). From the organizations we spoke to, most groups run by hospital providers were running free drop-in sessions, while community based providers were primarily fee for service with a small number of free peer support groups on offer.
- **Estimate cost:** you and your team will need to decide whether the group will be run for free, or for a fee. If a fee is to be charged, identify a payment mechanism.
- **Planning for scale:** you and your team will need to consider how many participants you can accommodate with your current resources. This will depend upon how many group leads / facilitators you have available, and for what amount of time, and what level of demand you are anticipating. Some are beginning to plan for growth by considering running more community facing webinars (for larger groups), free taster sessions and recruiting additional facilitators to offer more groups.

## Implementation: core elements of virtual support groups for parents

This section explores the core materials, activities and operations which were found in these innovations.

**Materials**: the materials that will need to be in place in order to implement this innovation.

- **Digital hardware:** all staff will require a computer to run virtual sessions, and may also require headsets and microphones. Patients / birthing people will also require either a phone, tablet or computer to access sessions, and consideration will need to be given to whether their experience of the session will change depending on which device they are using. In all providers we spoke to, patients were providing their own devices.
- **Information and resources:** electronic copies of patient information, presentations, and any other learning resources which might be shared in virtual group sessions, either via email or in the chat during a session.
- **Promotional materials:** leaflets and marketing materials which can be shared electronically and printed to be posted in relevant places to promote the groups. Some of the providers have printed and laminated these to put up in clinical settings, while others have shared electronic marketing materials on social media and online. This could also involve publishing an online calendar of different groups.

**Activities:** the activities required in order to deliver the innovation, once it has been set up.

- **Regular communications and advertising:** birthing people typically join virtual support groups in the immediate postpartum period and stay involved anywhere up to a year. This means regular advertising, promotion and communications is required to maintain a flow of people into the groups.
- **Mirror real life sessions:** the providers of the virtual support groups we spoke to have worked hard to think about mirroring how they would run real life sessions. This includes opportunities to socialize and make connections, scheduling classes and groups at different times so they don't overlap, maintaining the same length of groups and ensuring consistent facilitators / trainers work with the group throughout. Maintaining the same access links and passwords for sessions is also important, where possible.
- **Pre-session communication:** sending an email with the session link to registered participants, either done manually by the facilitator / coordinator or via an automated process.
- **Session introductions:** the content and structure of sessions varies, but often includes:
    - A housekeeping speech, with information on technical instructions (e.g. to stay on mute), ground rules for the group, opportunity to troubleshoot and resolve any technical challenges, and any other relevant information.
    - Introductions and welcome to new participants to the group.
- **Session delivery:** a mixture of content / information sharing and facilitation of discussion based on the group's current experiences and needs. The balance of

delivered content (e.g. on pre set topics) and responsive facilitation or peer to peer knowledge sharing varies depending on the focus of the group, and the provider. For example, groups on specific topics such as breastfeeding may contain more specific content, while more open birthing connections groups may be led more by the issues that participants raise in the session. Typically, providers talked about having some content or topics 'in their back pocket', but often being led by the group's needs. The innovators we spoke to were running groups between 5 and 25 people per session, on average.

**Operations**: the systems and processes that support the ongoing delivery of virtual support groups.

- **Maintain a consistent platform, login and password:** establish your virtual platform and then, wherever possible, maintain consistent access for participants. The platform, login links and passwords should all ideally be kept consistent.
- **Communicating with participants:** methods of communicating with participants should also be agreed ahead of sessions and then kept consistent. For example, if a trainer is running late to a session, or is having connection issues, how will you let the group know?
- **Scheduling:** set up an easy scheduling system to advertise, register and log participants. Some providers are doing this manually, collating participant details via email and recording attendance on their own database. Others have an automated system where participants register themselves on the platform, and the platform automates emails with login details.
- **Data capture:** some of the innovators have begun to use participant data (zip codes) to identify other relevant community based services and support that may be useful. This data has also provided useful insight into how best to promote the groups,for example, by word of mouth, social media, flyers in clinics.

## Areas for adaptation depending on your context

There are several aspects of virtual support groups which could be developed or adapted, depending on the context you are working in.

- **Cohort served and / or topics covered:** the focus here has been on virtual support groups for new parents, but the core elements for implementation could be equally relevant for other cohorts of patients, or other topics - such as long term health condition peer support.

- **Languages other than English:** many providers we interviewed for this work indicated that they had demand from participants to provide support groups in other languages, notably in Spanish, Arabic, Cantonese and Mandarin.

- **Diversity of staff delivering group sessions:** some providers indicated that they were aware they had challenges in how diverse their staff were and wanted to recruit a more diverse set of facilitators to reflect their local population.

- **Balance of content delivery vs. peer support:** the mixture of pre-prepared content (more like a traditional training course) and facilitated peer-to-peer support is a balance that many health system leaders will want to consider, and will vary depending on the topic and the cohort.

## Readiness Assessment

The questions in the table below are designed to help you think through some of the main factors that are likely to affect you and your team's readiness to implement an online virtual support group.

This doesn't necessarily mean that without these factors in place you aren't well positioned to set one up but it might provide some helpful pointers to direct your attention to.

Considering your objectives and context, what are some steps you could take to put these factors into place?

| Specific Enabling Factors | Readiness Reflection Questions |
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| **Clear access to a group who could benefit from this** | Do you have ready access to a group of parents who would benefit from this support?<br><br>Do you have an existing parent support group which is not yet running virtually?<br><br>Most parents are likely to come into the group and stay for under a year. Do you have easy access to a regular supply of parents? (e.g. through links to a clinic or hospital). If not, you may need to consider what resource is available for additional marketing and communications. |
| **Existing provision** | Does other provision exist locally for your patients that might already meet their needs for virtual group support? |
| **Criteria for the group** | Have you clearly defined your target audience for the group?<br><br>Will you open your group to members who aren't current or recent patients, but who lack similar provision from their own providers? The organizations we interviewed here did keep their groups open, and got participants from across the country. |

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| **Data** | What data do you have about the actual or potential demand for a virtual support group?<br><br>If you don't currently have data, could you quickly and easily test the demand for virtual groups? |
| **Routes for marketing and communications** | Do you have existing routes (physical and virtual) through which you can advertise the groups? (e.g. clinic and hospital waiting rooms, existing clinic newsletters or social media).<br><br>If you are a community based organization you may rely more on paid advertising, word of mouth referrals and recommendations from patient programs at local hospitals. |
| **Staffing and support** | Do you have an appropriate professional lead who can support the group? (In the examples we interviewed, this included trained social workers, nurses and breastfeeding consultants and had deep expertise they could draw on to respond to the wide range topics that a group might want to cover)<br><br>Do you have existing in house training to support staff to deliver virtual support groups or will you need to provide external training? (For example, training in virtual facilitation skills, or training which is specific to the platform you are using) |
| **Digital infrastructure** | Do you have an existing IT platform licence which could be used to run online support groups? |
| **Scale and sustainability** | If there was a high level of demand from patients, would you have the resources (staff time and non staff costs) to support a higher level of provision?<br><br>Consider what proportion of your support you will want to provide online post pandemic. Will you maintain some virtual support and run some face to face groups? Most innovators we spoke to are envisaging a mix of both, depending on demand and resources. |

## Risks to implementation

There are some risks you will want to consider as you set up and implement virtual support groups. We have listed some of them here.

- **Stop / start pattern of online access:** for people to get comfortable with online support groups they also need to see long term commitment from health providers to providing online services, regardless of whether COVID related concerns or social distancing guidelines change.
- **Digital exclusion:** some of the most vulnerable and economically disadvantaged groups may not have access to either the hardware or the connectivity to engage in online support. What's your strategy for working with them, and ensuring they don't miss out?
- **Clear demand:** there may be a higher risk if you are not a provider that has an established base of people who will want to take part in these groups (e.g. if you are not a health provider that runs maternity services). If this is the case, you may need to pay more attention to advertising, marketing and generating clear links into potential participants.