

At Make Birth Better we believe that regular reflective practice can support professionals to contain the inevitable difficulties that arise through work. Here are a number of ideas, but we are happy to offer personalised consultations to your service and are currently working on developing the MBB model as a tool for reflective practice. Please get in touch if you'd like to know more.

Working with parents and infants who have experienced birth trauma is both rewarding and emotionally challenging.

Practitioners are exposed to high levels of distress and are required to manage clinical complexity and risk on a regular basis. The vulnerability of babies and the dynamics of a caring relationship can resonate with practitioners, evoking feelings that are difficult to understand (Neath and McCluskey, 2019).

Without support staff may experience distress themselves and develop unhelpful, defensive ways of coping.

To grow and develop and deliver quality services practitioners need to feel contained, listened to and understood. Reflective practice groups can provide this containment, offering a safe space for shared learning and understanding.

Practitioners also need to feel held in mind by a compassionate organisation with effective leadership (Marks, 2017), so all layers of the service need to support the need for reflective practice.

WHAT CAN I DO RIGHT NOW?

- Think about the culture of the organisation you work in - how is this impacting on staff wellbeing?
- Throughout your working week where are the opportunities for thinking and joint reflection - what could you do to introduce these? Daily team huddles? A weekly or monthly meeting?
- Reflective practice doesn't just happen in a group - you can build this into individual supervision and management and try to be more reflective daily at work.

KEY POINTS

- Are staff enabled to attend a Reflective Practice Group? How can this be supported?
- What is the work context and organisational culture practitioners are working in? Does work need to take place with service managers?
- Key questions for Reflective Practice. What work situation did I find hard that I want help with? How can we understand what went on and why things became difficult? What might I do next time? Explore internal and external, systemic factors
- Key Components of Reflective Practice Groups should be curiosity, collaboration and joint exploration, tolerating difference
- It is impossible to learn and reflect unless staff feel safe, so boundaries and confidentiality are important, as well as having a skilled and trusted facilitator
- In order for a reflective practice group to work- a safe space must be created with an experienced facilitator. You could ask your local psychology department if they are able to offer this.

FURTHER READING

Neath, N. and McCluskey, U. (2019) 'To Be Met As A Person At Work: The effect of early attachment experiences on work relationships'. Routledge

Marks, L. (2017) Overview of challenges to implementation of good practice in perinatal mental health promotion and management, in universal primary care and community services, Journal of public mental health, Vol 16 No. 3, pp 100 -103 'Breakdown or breakthrough? How to support parents affected by mental health problems in the perinatal field' (2012) This is a DVD produced by NSPCC featuring 5 short films, one of which details how communication can break down when staff are faced with high anxiety