Parentcraft and adoption

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The expertise of the midwife lies in her ability to help women achieve motherhood. This process normally covers the ante-natal period, the birth itself and the first few weeks after the baby has been born. The role of the father is also seen as important, so the midwife generally sees herself helping couples become parents. Parentcraft classes play a major part in this process.

In essence, the couple adopting a baby go through similar stages in becoming adoptive parents and the concept of 'parenthood education' seems equally relevant to their situation. However, the circumstances and manner in which adoptive couples acquire a baby suggest that special provision should be made for them. Baby adopters have usually experienced a lot of disappointment, anxiety and frustration in their quest. It seems fitting that, as midwives, we should be fully involved with these couples, helping them to develop the strength and confidence to create a successful family life.

In 1983, sensing that there was a great need for parenthood education for prospective adoptive parents, I took the first tentative steps in establishing parentcraft classes specifically for such couples. Four years and five groups later, parentcraft for the adopters of babies is a well established practice at my hospital, the Norfolk and Norwich Hospital in Norwich.

The first move is made by the adoption agencies who refer a couple, already approved and accepted on their lists, direct to me. On average one couple a month approach our department. I meet the prospective parents on their own the first time they come. This helps build a trusting relationship outside a group. I bath a baby with the baby's mother present. This is important for the couple as there is a tendency for them to shy away from babies and a reluctance to become involved with new mothers. Bathing the baby allows conversation to develop about important matters such as touch, building relationships and interpreting signals and cries. The aim is to help the adopters leave this first session feeling more comfortable and confident at the prospect of having a baby of their own. I encourage them to sit down together that evening and write down all I have said and they have learned.

When I have met five couples individually, we then meet as a group. Five seems to be about the right number. We meet in the evenings every two months. The classes stop when all five couples have received their babies. Only the first group has come to an end and these parents are beginning to apply for second babies. As a group we share the waiting time together.

Topics discussed at the end of each class include layette, feeding babies and, most important, the early days with a new baby. Suitable books and articles are recommended. I organise films and guest speakers. For example, the groups have had visits from a physiotherapist advising about back care and a psychiatrist talking about the nurture of young babies. However, all members of the group are in complete agreement that the most important aspect of the classes is the mutual support that they give each other. They feel that their situation is difficult for outsiders to understand fully and that only couples who have experienced the full rigours of the adoption process are in a position to provide appropriate support.

Here are the replies given by three mothers to the question 'Was the group important for you?'.
Yes, definitely. Without that, we would have never got to know people in the same situation as ourselves. You tend to feel different and 'out on a limb'... You don't feel so strange and odd in a group especially for you. You can talk about your feelings and realise that they are normal.

I would have hated to go to a class with pregnant women. It's bad enough going to infertility clinics and having to sit in the antenatal area, with everyone wondering why you haven't a bump. It's as though there's a label on your head saying you're infertile.

It was so nice to talk to the knowing and realising that others think as you do. The things we discussed were things that previously we had only talked about with each other.

The groups help overcome some of the feelings of isolation and hopelessness that sometimes affect prospective adoptive parents. Support from me, as the midwife, is available after the parents have received their baby. This usually takes the form of a telephone conversation. Occasionally a home visit is made if it is felt appropriate. Many of the couples are satisfied knowing that there is someone familiar to whom they may turn if the need arises. It does seem ludicrous that in normal practice the midwife only becomes involved after the baby has been placed. In this situation she appears as a stranger at a time when trust and support are of crucial importance.

Although the time I commit to these couples is only a small part of my working life, I feel that the benefits to the parents and the child are considerable and represent a worthwhile investment. In the longer term I believe adoptive parents who have attended parentcraft classes make fewer demands on the primary health care team.

Within the midwifery profession there is great emphasis placed on making pregnancy, labour and baby care a pleasant, untraumatic experience. The hope is that this same experience is now extended to those couples who adopt their baby.

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