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**Abstract**

**Background and objective:** S... D

**Context and approach:** F... S... O

**Results:** I... F... O... I

**Conclusion and implications:** E... D

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M... 3000, A-  
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parenting, and some aim to raise self esteem among women experiencing adversity of various kinds (violence, poverty, depression). Few, if any, have aimed simply to provide companionship or friendship or to focus primarily on improving maternal outcomes. What is also notable is the dearth of postnatal support programs offered to new parents as couples. One recent exception aimed to address maternal fatigue and improve maternal mental health (anxiety and depression) via a universal psycho-educational intervention delivered to couples by experienced maternal and child health nurses, with a focus on improving the quality of the intimate partner relationship after birth and enhancing infant management [7].

Labour and birth have also been the focus of support interventions for mothers. Here childbirth education

educational and informational benefits of the support provided are less emphasised by women, despite the clear focus on these aspects in most social support interventions. Feeling isolated and alone are common experiences for women in the early months of motherhood, so it is unsurprising that women value the offer of reassurance and companionship so highly.

We have been involved in two randomised trials of pragmatic public health intervention strategies involving the offer of social support to recent mothers. In both studies social support was conceptualised and implemented, not in terms of information or education for women, but rather as befriending and companionship. The primary aim of both interventions was to improve maternal wellbeing, both emotional and physical, rather

importance of mothers looking after their own health and wellbeing. Local mothers were consulted, both through steering committees, specially organised meetings with mothers, and via small local surveys. Ideas were tried out; some gained traction, while others did not. A variety of small-scale, largely informal befriending opportunities emerged. Connecting mothers so they could enjoy something together (an activity, time, relaxation) was a common strategy, and included identifying and ‘naming’ mother-friendly places where women could meet (eg cafes, community venues), setting up activities for mothers (eg pram walking times, Mothers’ Day lunches), and making connections between mothers through a facilitator (eg the maternal and child health nurse).

So befriending in PRISM developed as a range of strategies, rather than being a single program. Invariably, lots of ideas were discussed by local Steering Committees. Some were implemented and maintained. Lots of sharing of ideas between areas occurred, particularly as a result of contact between the CDOs. Befriending initiatives were facilitated by a whole range of people and organisations, including: PRISM community development officers, maternal and child health nurses, staff in community houses, libraries, community health services and local businesses such as cafes, cinemas and leisure centres. See Box 1 for a more detailed account of the range of befriending opportunities that developed.

By midway into the second year of PRISM implementation, befriending had become highly valued by community stakeholders as a key element of the project. The findings of a Communities’ Feedback Survey sent to steering committees, mothers, primary care and community agencies in each area, demonstrated that 90% of stakeholders thought that provision of ‘increased opportunities for mothers to meet and do things they enjoy with other mothers’ had been achieved in their area, and over 80% of mothers and maternal and child health nurses surveyed thought it was important that such befriending opportunities for mothers be maintained.

Feedback from women taking part in befriending activities also indicated that they valued these opportunities to meet other mothers:

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mentors in antenatal clinics [26]. We sought women



PRISM and MOSAIC took different approaches to offering women social support. PRISM was a universal strategy to provide all recent mothers with increased opportunities to meet and make friends after the birth of a baby. MOSAIC developed a pool of local women to





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