VIRTUAL VILLAGE TOOLKIT

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BACKGROUND

The postpartum period can be challenging and isolating for parents. We know that parents need to be supported and connected during this period for their health and wellbeing. We also know that virtual options for support are increasingly popular and needed, especially during times like the COVID-19 pandemic.

We conducted a study that examined the experiences of parents participating in postpartum videoconferencing support sessions. We developed the Virtual Village toolkit based on our research findings.

THE TOOLKIT

The Virtual Village toolkit is a set of guidelines that will help facilitation of postpartum videoconferencing support sessions. This toolkit provides insight into the Virtual Village study findings and offers evidence based practices related to Zoom etiquette, virtual safety, and making connections.

Who is the toolkit for?

Nurses and other health care providers who facilitate online postpartum support groups.

How can the toolkit be used?

The toolkit can be used as a guide to prepare for and conduct postpartum videoconferencing support sessions.
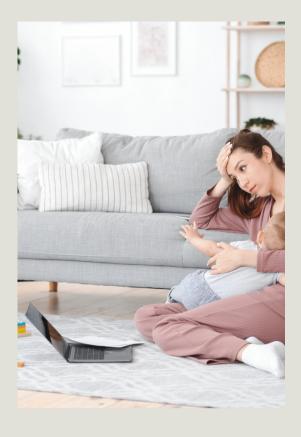
Where should the toolkit be used?

Agencies and organizations that offer postpartum support to parents.

The Study Context

We conducted 7 postpartum support sessions on Zoom. Sessions were open to any parent or guardian of a baby 0-12 months, living in Nova Scotia, Canada. We used our "café conversations" discussion guide (see page 9) to facilitate each group. Participants were also encouraged to bring up any postpartum topic they wanted. All sessions were recorded. We also interviewed 19 parents from each session about their experiences, feelings, opinions, and preferences related to virtual environments.

After months of careful analysis of interviews and observations, critique of the literature, as well as speaking with frontline workers offering postpartum support, we developed this toolkit for those facilitating videoconferencing postpartum support groups for parents - a virtual village.

Understanding Zoom etiquette, virtual safety, and making connections will help facilitation of videoconference support sessions.

What is to follow:

- Overview of three main themes, zoom etiquette, virtual safety, making connections
- Facilitation guidelines
- Café Conversation starters.
- Trauma informed tips and notes for diversity, equity, and inclusion.
- Organizing a Virtual Village
- Preparation checklist and sample agenda.

ZOOM ETIQUETTE

"Zoom etiquette" is a set of common or expected online practices that affect the way participants interact and communicate with each other. Parent participants said previous experiences in professional videoconferencing spaces (work, school, etc.) affected what they did such as using the mute button and camera. Technology had a significant impact on the way parents and facilitators interacted.

Mute button

1) Minimizing disruptions: Participants were concerned with the noises coming from their homes including babies/other children. They did not want to interrupt others or overtake their audio. Interestingly, this is a practice not possible in person).

2) Taking turns: Participants took strict turns for speaking, and only unmuted if they had something significant to add. Some said they appreciated having a turn to talk. Others said it worked against the back-and-forth nature of in-person conversations, minimizing informal verbal affirmations (ex. "me too!" "Mm hmm!" "Yesss").

3) Staying on task: Participants missed the "side conversations" from in-person gatherings. There was no way to talk with another parent one-on-one when online in a group conversation. The chat space was not utilized

Camera

1) Initially, participants didn't know if they should turn their cameras on or off. The majority wanted cameras on so they could see others in the group to facilitate genuine interactions and connections.

GUIDELINES

1. Talk about the mute button before sessions begin. Discuss the ways in which the group might use mute buttons to minimize distractions, allow conversations, focus, etc.

2. Acknowledge difficulties with the mute button for conversation and note that it is important to support, and respond to each other in small ways, perhaps by using the chat bar, emojis, or turning on the microphone and speaking up, even if only to agree with someone.

3. Come up with creative ways for parents to have side conversations such as encouraging the chat space, sharing contact information, or leaving the meeting open for 5 minutes after the session is "officially" over.

VIRTUAL SAFETY

Instances of virtual violence and feeling unsafe within society influence how internet users perceive and interact with technology. For participants in our study, the meaning of virtual safety was more than the absence of virtual violence or threat of harm. Online safety included feeling comfortable, welcomed, and able to be authentic without fear of judgement.

Creating a Safe Space

Parents will navigate their use of the camera differently. Some may be comfortable showing their home and baby on screen and others may not. Choosing not to be seen on screen may be due to past experiences of virtual harm.

Many participants told us that they needed to see people on screen to feel safe. For example, some participants said it felt "creepy" when other participants didn't use their cameras for the entire session. They said it was hard to know who was behind the screen, and it felt uncomfortable to have people just watching.

Some participants discussed how asynchronous, chat-based spaces can be judgemental because people can make comments and remain anonymous. Videoconferencing may present a more inclusive and less judgemental space.

Several participants noted that they felt safer participating from home as opposed to in person. Our participants noted that having a trusted facilitator made them feel safe.

GUIDELINES

1. Familiarize yourself with the complexities of how parents conceptualize safety in videoconferencing environments.

2. Encourage all participants to put their cameras on at some point to establish presence, ideally at the beginning during introductions. Seeing each other contributes to connecting and feeling safe.

3. Be aware that some parents may feel more comfortable and safe connecting from their homes, but for others, home may not be a safe space.

MAKING CONNECTIONS

Making connections with other parents was important for all of the participants. Participants discussed how seeing one another through the camera, as well as hearing and sharing stories made them feel connected, less alone, and reassured. However, turning their cameras or microphones on/off was not always a simple decision, but rather a thoughtful process.

GUIDELINES

1. Facilitators always have their cameras on, and encourage participants to use theirs at least to introduce themselves. While cameras are important for connection and presence, no one should be forced to use their camera.
2. Seeing others in their home environment was novel, comforting, and valued by participants. Recognize this new aspect of connection in the postpartum period, and encourage people to not feel pressured to look perfect but rather embrace the messiness of new parenthood. Participants valued when they were referenced by others. Consider encouraging the use of names, noting that a participants' name can be found on the screen.

Navigating With Virtual Tools

- The camera helped participants connect, be present, and be engaged. Seeing others through the camera in sweatpants or with children running around made some parents feel comforted, in that life did not appear "Instagram perfect".

- Storytelling was constructed as a key feature of the support group sessions and critical to participants' ability to connect through shared experiences. Availability of the microphone and good sound was important.

- Participants said that the mute button helped the speaker be heard, but hindered the potential of small comments from others.

CAFÉ CONVERSATIONS

Café conversations are discussion guides curated by our team through years of research with parents. Use these conversation starters as a guide during your virtual support session if participants do not have things they would like to share right away. These topics and questions are only a guide, and might spark conversation about other things. This is ok and welcome! Sessions should be open and loosely structured to allow parents to discuss what they need to.

Trust your gut

Advice about parenting comes from many sources. It can be difficult to juggle so much information and decide what information to trust. Parents know their babies best and should be encouraged to 'trust their gut'.

- What types of information do you rely on and value? Does it come from friends and family? Health professionals? Online and other sources?
- With so much information, how do you decide what's best for you and your baby?
- Do you ever second guess yourself?
- Can you share moments when you have been able to trust your gut?

No "normal" for parents

Every parents' experience of postpartum is unique – their feelings, body, energy levels, and stresses.

- Can you share times when you have questioned if your experience is normal?
- Can you share what has helped you realize your experiences and what you are doing are valid and right for you (even if it is different from others).

No "normal" for babies

Parents/guardians often want to know what's "normal" for their baby...but every baby is unique!
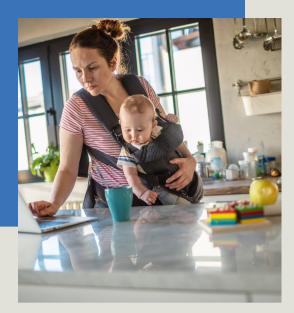
- Can you share what has helped you realize that your baby is growing and developing in a healthy way?
- Can you share times when you have questioned 'what is normal' about your baby- such as growth, milestones, feeding, sleeping, pooping etc.?

Relationships

Relationships are important, especially during life transitions. Feeling supported can provide confidence for new parents.

- What types of supports are you getting from your partner, family, friends, health care professionals, yourself, or others?
- How have your relationships changed?
- What relationships are the most important to you now?
- Do you feel like having a baby has changed your relationships?
- How are you connecting and nurturing relationships with your family, baby, yourself, friends, and others?

TRAUMA INFORMED TIPS

- While there is limited literature on trauma informed care for videoconferencing postpartum groups, we can pull from research with other groups (pg.12).

- **Options and choices** are good ways to ensure spaces are trauma informed. For example, the option to keep the camera on or off, or to remain muted or not, is important as it allows participants to exercise agency.

- **Being clear about expectations** is important. Our participants valued how we as facilitators reassured the group (during scheduling and before the session started) that if they need to leave at any time (ex. put their baby down for a nap, tend to their children, etc.), that is ok and they are welcome to rejoin.

- Other resources (pg.12) document ideas on virtual trauma and violence informed environments, such as school spaces, telehealth, and virtual meetings. We recommend reviewing these guidelines and choosing which tips might fit your virtual postpartum space.

Considerations for creating an inclusive online space

Notes for diversity, equity, and inclusion

- Virtual supports are simultaneously inclusive/accessible and exclusive/inaccessible, depending on the family and parent.
  - Access to Wi-Fi, devices, privacy, and technology literacy may inhibit access to virtual spaces for some parents. Transportation, childcare, and ability or comfort in leaving the home environment may inhibit others from in person support.

- It is important to be clear about who the virtual group is for. We recommend asking: Is the group just for birthing people? Why or why not? Not all birth givers are mothers, and not all non-birthing partners are fathers. If the group will be discussing parenthood overall, it's important to then use the term "parent". If not, use language accordingly and appropriately and avoid assuming hetero-normative contexts in all families.

- Some people find it easier to be judgemental or rude in the virtual environment. We recommend that you are aware of this and are able to facilitate a strong judgement free space.

- While some people enjoy the comfort and safety of connecting online from home, it is important to remember that home is not a safe space for everyone. We recommend becoming aware of the tips for recognizing and responding to intimate partner violence online (found on pg 13).
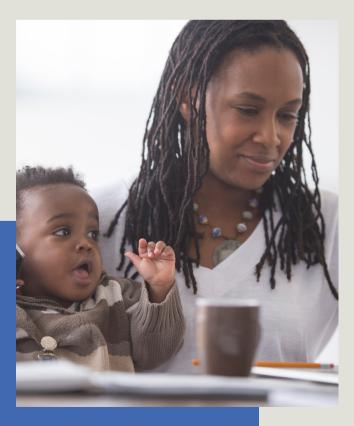
Organizing and facilitating a virtual village session - a few tips

We recommend a minimum of 4 and a maximum of 8 participants per group. Parents said that it was easier to connect with others with a small group,

While it is difficult to find a common date and time that works for everyone, meeting online can make this process easier as parents do not have to contest with nap schedules or transportation. If possible, offer a few date and time options that parents can choose from.

- Facilitators join the session first and keep their cameras and microphones on at all times.
- Welcome each participant by name as they are admitted to the session. To begin, facilitators introduce themselves first.

> "Welcome everyone! My name is [name] and I am a [occupation i.e nurse] with [health unit, org., etc]. My role today is to facilitate our discussion and answer any questions about the postpartum period that may come up. Let's do a round of introductions."

- Note that although parents can use their cameras and microphones how they please, we encourage them to turn their camera on for at least their introduction to establish their presence in the group.
- Call on each parent in no particular order - ask parents to give their name, age of baby, and anything else they would like to share.

> "This is a casual group. The goal is simply to connect with one another and chat about anything postpartum related. Feel free to move around, leave, and come back, and do whatever you need to do."

- Use the **Café Conversation** discussion starters (**page 9**) to guide the group.

Preparation checklist

- Ensure your videoconferencing account (Zoom, Microsoft Teams, Google Meet, etc.) is set up to display your name properly. If you like, add your pronouns at the end of your name eg. "(She/her)"

- Set up the videoconferencing link so that participants have to be admitted to the session by the administrator. Names requesting admission should correspond with the list of names you have for participants.

- Communicate with parents prior to your first session (via email or phone), stressing that:
  - Parents are welcome to have their babies with them during the session or not, whatever works.
  - Parents do not have to prepare anything prior to the session.
  - Parents can leave the session and come back if they need to do something (eg. put their baby down for a nap).
  - This will be a casual meeting, meant to bring parents together to chat about anything postpartum.
  - They are welcome to ask any questions.

- Send out an email reminder with the date, time and link to meeting 1 week before the session. Send again the day of the session.

- Have your Café Conversations guide ready.

Example Agenda

*This is just an example of how to organize session time, no need to share an agenda or follow any agenda.

- **10:55AM** - Facilitator opens up virtual village.
- **10:55-11:05** - Welcome participants as they join; carry-on light conversation.
- **11:05-11:15** - For first session : welcome, goals of group and reminders about using the tech (mute button, camera, chat space, etc), and introductions, starting with facilitators.
- **11:15-11:50** - Cafe conversation topics, facilitate discussion, answer questions, explore a topic raised by a participant, etc.
- **11:50-12:00** - Explore group priorities for next session.
- **12:00** - Thank you, remind participants of next session logistics
  - Leave meeting room open for 5-10 minutes after group "officially" finishes to allow for "side conversations" or further chatting.

Resources

IPV Promoting Safety on Telehealth Platforms
https://phnprep.ca/resources/intimate-partner-violence-promoting-safety-on-telehealth-platforms/

Williams, E. E., Arant, K. R., Leifer, V. P., Balcom, M. C., Levy-Carrick, N. C., Lewis-O'Connor, A., & Katz, J. N. (2021). Provider perspectives on the provision of safe, equitable, trauma-informed care for intimate partner violence survivors during the COVID-19 pandemic: A qualitative study. BMC Women's Health, 21, 1–11. http://dx.doi.org.ezproxy.library.dal.ca/10.1186/s12905-021-01460-9

D4L. (2020). VirtualVitalityTools-AdpatingTraumaInformedPractices-20200804.pdf. https://pages.etr.org/hubfs/D4L/VirtualVitalityTools-AdpatingTraumaInformedPractices-20200804.pdf

Oregon Health Authority. (2020). Hosting a Virtual Meeting Using Trauma Informed Principles.pdf (p. 2). Trauma Informed Oregon. https://traumainformedoregon.org/wp-content/uploads/2020/06/TIP-Hosting-a-Virtual-Meeting-Using-Trauma-Informed-Principles.pdf

Gerber, M. R., Elisseou, S., Sager, Z. S., & Keith, J. A. (2020). Trauma-informed telehealth in the COVID-19 era and beyond. Federal Practitioner, 37(7), 302–308.

Virtual Village Publications

MacLeod, A., Aston, M., Price, S., Stone, K., Ollivier, R., Benoit, B., Sim, M., Marcellus, L., Jack, S., Joy, P., Gholampourch, M., Iduye, D. (2023). "There's an etiquette to Zoom that's not really present in-person": A qualitative study showing how the mute button shapes virtual postpartum support for new parents. Qualitative health research. 10.1177/10497323231187541

Price, S., Aston, M., Macleod, A., Stone, K., Jack, S., Benoit, B., Ollivier, R., Joy, P., Iduye. (2023) Perceptions of safety in the virtual space: Exploring parents' experiences with postpartum support groups using videoconferencing. The American Journal of Maternal Child Nursing.

Aston, M., Price, S., MacLeod, A., Stone, K., Benoit, B., Joy, P., Ollivier, R., Sim, M., Etowa, J., Jack, S., Marcellus, L., Iduye, D. (2024). Examining how postpartum videoconferencing support sessions can facilitate connections between parents: A poststructural and sociomaterial analysis. Nursing Reports.

How to cite this work: Aston, M., Price, S., MacLeod, A., Stone, K., Benoit, B., Joy, P., Ollivier, R., Sim, M., Etowa, J., Jack, S., Marcellus, L., Iduye, D., Gholampourch, M.. Annette Elliott Rose, A., Tromnlin Murphy, G. (2023). The Virtual Village Toolkit.