

APRIL 2021 | VOL. 1

ASPIRE COVID-19-CENTRE

The Latest News from the ASPIRE COVID-19
Project



Meet the Work Package 3 team!

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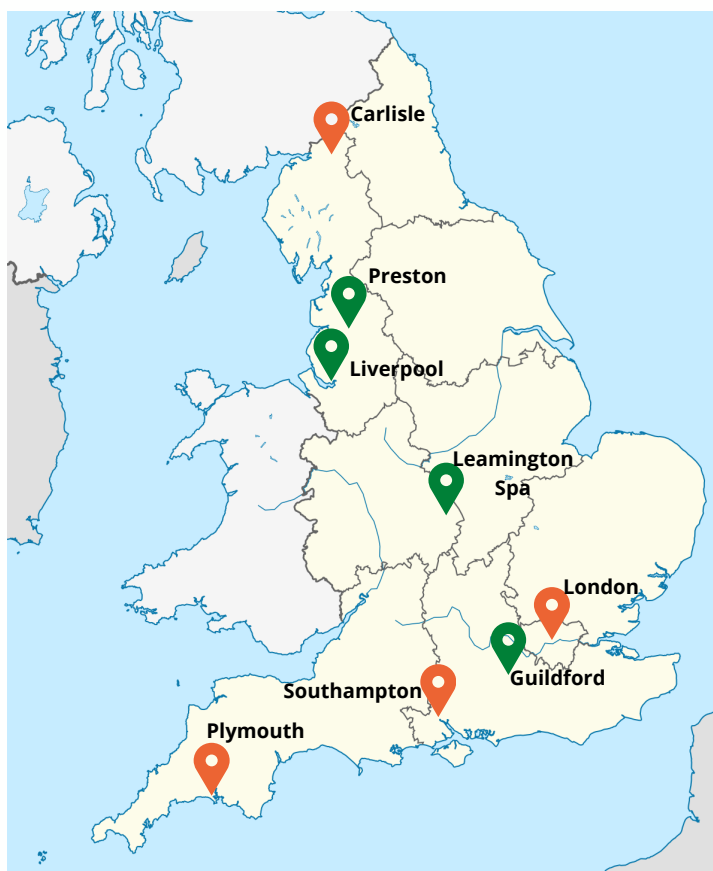
Deborah Powney - PhD Student
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**Marie-Claire Balaam - Research
Assistant**
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We have four sites open and four in set-up!



Meet the sites teams!

**Site 1 - Lancashire Teaching Hospitals NHS
Trust**

Katrina Rigby
Cheryl Wyatt
Julie Earnshaw

**Site 2 - Liverpool Women's Hospital NHS
Foundation Trust**

Gillian Houghton
Amy Mahdi
Caroline Cunningham
Michelle Dower
Siobhan Holt
Sian Rodgers

Site 3 - Royal Surrey County Hospital

Claire Worthington
Caroline Eynon
Michelle Maunder
Paula Lavandeira-Fernandez

**Site 4 - South Warwickshire NHS Foundation
Trust**

Clare O'Brien
Kelly Jukes
Sandra Murphy

ASPIRE-COVID-19-CENTRE: Reflections from Site 1

Katrina Rigby

Reproductive Health, Childbirth & Children's Research Team
Leader/Senior Research Midwife

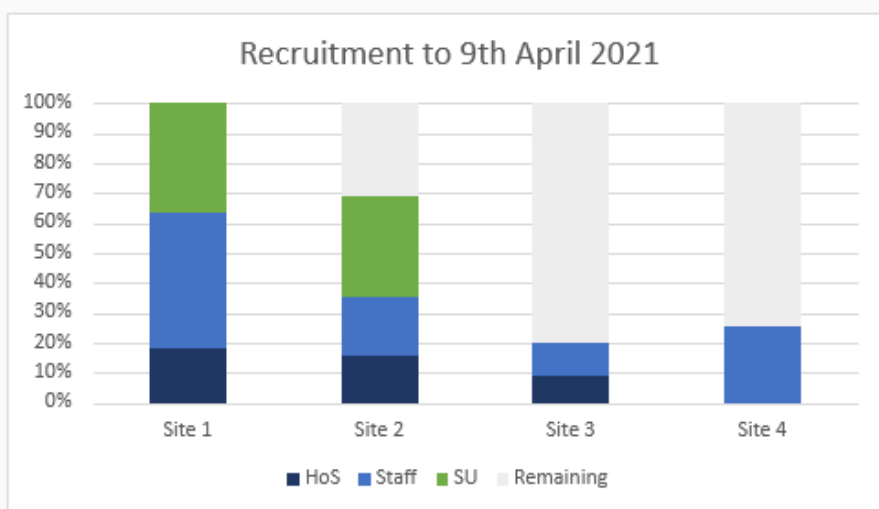
I've enjoyed working on ASPIRE as it's been great working as a joined up team with our local University. It's also been great to be working on a different type of research to what we're used to, and therefore this has also provided opportunities to gain research experience from a qualitative perspective.

I've really enjoyed listening to the views of the participants, as I expected them to be from more of a negative perspective, as the research is focusing on the impacts of COVID 19. However, I've found women in particular have been very keen to share their positive stories, which have mainly been how wonderful their care and Midwives have been, despite the impacts of COVID, and how women and Midwives have worked together so that the best experiences possible can be achieved.

Don't be put off with the technology! The first 1-3 interviews can be stressful from a technology perspective. However, I'd advise having a colleague around for the first few interviews to help alleviate any stress. I'd then advise that interviews are conducted in fairly quick succession to build up your confidence, and you'll become quicker and 'slicker'. Arranging a private room with no disturbances/distractions is worth considering, with a 'do not disturb-interviews in progress' sign on the door.

We used social media to advertise this study which I'd recommend. We used the private Facebook Group for Midwives at LTH to promote engagement, and linked in with our Trust Comms. Women were really receptive to this and we received quite a large volume of women interested, but once they'd received the PIS, not so interested in being interviewed. Our CEO was one of the first participants to take part and she promoted and encouraged others to do so via Twitter, and the research section on her regular communication across the Trust.

A huge thank you to all sites!



Concerns around people not understanding the social media advertisements which have included the term BAME/BME

There has been discussion around how white women responding to BAME/BME calls on social media exemplifies key racial issues with some possible explanations.

It is possible that white women responding don't understand what is meant by BAME and/or don't even notice the specific call isn't aimed at them. Which highlights/suggests the implicit nature of white-centeredness /assumptions of their voice being required.

The LTHT team suggested that the specific calls for women from Black/Brown communities should be done at the beginning of recruitment to ensure better representation.



What do others think?

Email your comments and thoughts to:

ASPIRECOVID@uclan.ac.uk