

## Using social media – How to get started

A guide for Maternity Voices Partnership members by Mary Newburn

Using social media, everyone can have a voice. Your Maternity Voices Partnership (MVP) can communicate and engage local women and families.

This brief guide focuses on using Twitter and Facebook as part of running an MVP or MSLC (Maternity Services Liaison Committee, in Wales, Scotland, Northern Ireland). It is aimed at people who are completely new to social media (SoMe).

It will also be useful for individuals who want to network and influence as a maternity advocate, parent leader, women's birth rights activist or mental health/breastfeeding/home birth/disability rights/ etc campaigner. (You can explain to others why you identify one way or another!)

If you can find a friend to help you, it might be faster and more fun to get started, but it isn't difficult to DIY. There are lots of step by step guides online. For example <http://www.wikihow.com/Make-a-Twitter-Account>

**If you set up and run an account for your MVP**, you will probably need to focus more on sharing information and less on expressing your personal interests. Find out whether your NHS trust or CCG has a social media policy and use it to inform a framework of conduct.

**If you set up a personal account**, you may want to decide how broad your range of interests will be, and how much personal information you share. If you have a personal account, you can add in more maternity information by following other relevant individuals, organisations and groups and sharing what others post.

### Using Twitter

Once you have set up your account, with a name and profile describing your interests (see link above), and ideally a photograph or two, you are ready for the next steps.

- **Building your account** – start by searching for and following relevant organisations and individuals. (For example search 'Royal College of Midwives'). Everyone has personal favourites, of course. Some useful accounts to start with might include:

#### **Professional organisations**

@MidwivesRCM (the official account of the royal college)  
@RCObsGyn (the official account of the royal college)

#### **MVPs/MSLCs (search #MSLC to find tweets up to end of 2016)**

@BerksMaternity (service user rep and former MSLC chair)

#### **Maternity Voices Partnerships Toolkit**

Co-production Editors/ Section Authors: Mary Newburn & Gillian Fetcher. Developed in collaboration with Kath Evans, NHS England – see end of this document. Complements [Implementing Better Births A resource pack for Local Maternity Systems 2017 – Chapter 4 'Co-production with women and their families'](#). Edited for publication by National Maternity Voices team. See [www.nationalmaternityvoices.org.uk](http://www.nationalmaternityvoices.org.uk) for details. (June 2017 v.1)

@MSLC\_queens (MSLC for Barking (and Dagenham), Havering and Redbridge Hospital Trust; is good at linking Facebook and Twitter posts)

@NorwichMSLC (started tweeting on 2 February 2015, during the period of the Support for MSLCs project, and going from strength to strength)

### **Maternity activists**

@positivebirth (@millihill writer and activist for positive birth)

@sagefemme (Sheena Byrom, midwife consultant and author, is a prolific tweeter)

@Birthing4blokes (a male midwifery/father perspective)

### **Research and 'issue-led' accounts/organisations**

@AIMH16 (promoting education, research and study of the effects of mental, emotional and social development during infancy)

@birthchoiceUK (provides information on maternity services, see

[www.BirthChoiceUK.com](http://www.BirthChoiceUK.com))

@Blisscharity (The UK's special care baby charity)

@sandsUK (UK stillbirth and neonatal death charity, supports people affected by death of a baby and promotes research to reduce loss of babies' lives.

- **Starting to tweet** – It's really easy to begin. You can:
  - Simply retweet other people's posts to begin with, until you feel more confident.
  - Add a short comment to a re-tweet, such as 'Interesting news/research/development for #MatExp #MSLCs [or #MVPs]'. If you add a hashtag followed immediately by words, this enables others to search on this subject. (Try searching #MatExp).
  - Tweet: 'Hello, I'm new to Twitter. This is my first tweet to introduce myself'
  - Tweet a message with some account addresses included. This will mean that those accounts are notified and they are more likely to retweet your tweet. Active members of the maternity experience network #MatExp always welcome new users of social media. For example:

'This is my first tweet to introduce myself. I'm a member of xxx Maternity Voices #MatVoices [@WhoseShoes](#) [@FWmaternityKHFT](#) [@marynewburn1](#) [@stropopybrunette](#)

#### **Maternity Voices Partnerships Toolkit**

Co-production Editors/ Section Authors: Mary Newburn & Gillian Fetcher. Developed in collaboration with Kath Evans, NHS England – see end of this document. Complements [Implementing Better Births A resource pack for Local Maternity Systems 2017 – Chapter 4 'Co-production with women and their families'](#). Edited for publication by National Maternity Voices team. See [www.nationalmaternityvoices.org.uk](http://www.nationalmaternityvoices.org.uk) for details. (June 2017 v.1)

Friends and acquaintances may be most likely to favourite and re-tweet your messages. But others will too, especially if you have something newsworthy or witty to say.

- Attach a photograph or include a weblink – this often means that you make more of an impact. If you tweet on your phone or an ipad, you can snap and post. Click on the camera icon to upload an image.

### **Tips on etiquette and avoiding deep water!**

- It's worthwhile clicking on 'favourite' if you like a tweet (the star icon) – it costs nothing and the author will appreciate it.
- You can share lots of useful information with your (growing) network simply by re-tweeting useful news, new research and key points from respected sources, and help to give a voice to service users and parents. (Just click on the double arrows).
- To specifically reply to the author or engage in conversation, click on the single arrow. This will mean all of the messages are connected up in your followers' timeline. You can link two or more of your own tweets using the single arrow.
- If you re-tweet or follow someone, they are quite likely to follow you in return. So you can grow your followers this way.
- If you are 'atted' in a tweet (i.e. your account address is included, such as @marynewburn1), unless you object to the message, favourite and/or re-tweet.
- You can raise awareness of your MVP/MSLC by posting information about meetings, before, during and/or after. Ideally, get agreement first!
- Re-tweet (RT) thoughtfully. If you RT your name will come up next to the message. Don't therefore re-tweet links you haven't checked out.
- Think before you click. Some people add a disclaimer to their profile to say re-tweeting does not imply endorsement, but essentially retweeting creates an association.
- Avoid saying anything that you would not be comfortable saying to someone face to face.
- You can focus critical attention on a policy or report finding by raising a question or general point, rather than discrediting it, e.g. 'I think it is important to see these findings in context...' 'Note that the research was carried out in (country) whose maternity services are different from UK'. Or 'How large and representative was the study?'
- If ever you find yourself in an argument, or uncomfortable with a conversation, it can be wise to avoid a public fight. 140 characters can lead to blunt talking; it is not helpful for subtlety, context or caveats. You can always simply say nothing (do not respond) and let the issue pass, or say 'I suggest we direct message', or 'DM' for short (send a private message, using the message button in Twitter) or email.

## Introduction to Twitter courses

NHS Quality Improvement run introduction to Twitter courses, so keep a look out <http://www.nhs.uk/news-events/news/are-you-twitter-shy-let-us-help-you-out-of-your-shell.aspx> and also the 'we communities' offer online help and practical guidance for people at three different levels of experience:

<http://wecomunities.org/resources/twitteriversity> (both accessed 17 September 2015)

## Using Facebook

Many service users seem to prefer using Facebook to Twitter. This may be because they are used to using Facebook in a personal capacity to share photographs and information with family and friends. This makes the functionality familiar. Then it is a next logical step to join relevant groups and networks, relevant for antenatal educators, doulas, breastfeeding, parent support, MVP and MSLC members , MatExp, , etc.

**Select settings** – before you send each post, you can choose to share posts with 'friends' only or 'public' depending on the level of privacy that is appropriate.

**Closed groups** - It makes good sense for an MVP or MSLC to have a closed group. This means that anyone may read the information posted, but only members may join in conversations. To join a closed group click on 'join'. The owner of the account will admit you, if you meet the criteria for membership that s/he has set.

**Setting up an MVP or MSLC Facebook account is not difficult** if you already have a personal account.

### To set up a personal account:

- Go to [www.facebook.com](http://www.facebook.com).
- If you see the signup form, fill out your name, email address or phone number, password, birthday and gender. If you don't see the form, click Sign Up, then fill out the form.
- Click Sign Up.
- If you are new to Facebook, run a personal account for a while to become familiar with operating the account before starting one for your co-production committee.

**If you already have a personal account**, go to your home page and look down the left hand menu of options for 'create group' at the bottom of the list of accounts that you have previously accessed. Note the following:

### Before you start

- **You will need a good photograph** of people or a welcoming logo on your computer to illustrate your maternity forum and set the tone of what it is all about. One option is to take a photograph of parents using services, but be sure to get the permission of all of those in the image.

#### Maternity Voices Partnerships Toolkit

Co-production Editors/ Section Authors: Mary Newburn & Gillian Fetcher. Developed in collaboration with Kath Evans, NHS England – see end of this document. Complements [Implementing Better Births A resource pack for Local Maternity Systems 2017 – Chapter 4 'Co-production with women and their families'](#). Edited for publication by National Maternity Voices team.

See [www.nationalmaternityvoices.org.uk](http://www.nationalmaternityvoices.org.uk) for details. (June 2017 v.1)

- **You will need to have decided the purpose of the group, eligibility to join, and any rules of membership** – a [Template] Maternity Forum (MSLC) group has been created that you can look at. If you wish to, you can copy the text that describes the group and edit it to suit your needs. For example:

*"As a closed group, relevant local people may join, plus other relevant 'friends'.*

*Please do not promote commercial interests on this group.*

*Membership is at the discretion of moderator working on behalf of [Template] Maternity Forum (MSLC). Appeals, compliments and complaints can be made to the [Template] Maternity Forum (MSLC) via the Head of Midwifery at [Template] NHS Trust."*

- **You will need a few named Facebook members to get the group started** – once launched you can post messages (and tweets, too) encouraging others in the local area to join the group.

**Then just follow the instructions, once you click on 'create a group'** - you can always create a test account, if you like that can only be seen by you by selecting the most limited privacy setting.

### Getting going

- **To get the account going make sure to post interesting copy at least once a week, preferably check the site daily or every few days.** (If you are a volunteer or have very few paid hours, recognise your own limitations and needs. Once a week is fine! You could explain how often you will post.)
- **Generate interest and new members** - Ask members and Twitter followers to nominate people to become members, and to RT (re-tweet) your tweets about the group. Include the URL for the Facebook page. It may be helpful to create a short link (see below).
- **Once the group takes off, other members will post fascinating questions and news items** - Remember, you don't have to do it all. But as the owner, you do need to admit new members when they request access. If you are unsure whether someone meets the criteria for membership send them a direct message and ask them questions.
- **Check out other MSLC/MVP/Maternity Forum /Maternity Matters Facebook pages for good ideas** - Copy any good general maternity care news items.
- **Any comments made on a closed group should be treated as confidential** and should not be shared without the poster's permission. Anyone that breaches the group confidentiality will be asked to leave or be removed.

#### Maternity Voices Partnerships Toolkit

Co-production Editors/ Section Authors: Mary Newburn & Gillian Fetcher. Developed in collaboration with Kath Evans, NHS England – see end of this document. Complements [Implementing Better Births A resource pack for Local Maternity Systems 2017 – Chapter 4 'Co-production with women and their families'](#). Edited for publication by National Maternity Voices team. See [www.nationalmaternityvoices.org.uk](http://www.nationalmaternityvoices.org.uk) for details. (June 2017 v.1)

## Shortening weblinks

Finally, in this brief introduction, it can be helpful to shorten weblinks, especially when using Twitter, as there are only 140 characters available per tweet. Weblinks can be shortened to reduce the number of characters used. Online sites providing a free service include <https://bitly.com/> and [tinyurl.com/](http://tinyurl.com/) (NB Wikipedia says 'The TinyURL service, like other public URL shortener services, can be used by spammers. ... (TinyURL) solicits donations, and does not have a 'report abuse' link. Email anti-spam experts recommend the use of private URL shorteners instead.' (accessed 7 October 2015))

As an example, I have shortened the following long weblink:

[https://www.google.co.uk/search?q=bitly&rlz=1C1CHFX\\_en-GBGB614GB614&oq=bitly&aqs=chrome..69i57j69i60j0l4.3565j0j7&sourceid=chrome&es\\_sm=93&ie=UTF-8](https://www.google.co.uk/search?q=bitly&rlz=1C1CHFX_en-GBGB614GB614&oq=bitly&aqs=chrome..69i57j69i60j0l4.3565j0j7&sourceid=chrome&es_sm=93&ie=UTF-8) to <http://bit.ly/1NA4Zk7> Short links can be made more user-friendly by 'customising' the short name. This will help you and others to recognise what it is about. See for example, <http://bit.ly/Bitly77> (my short, recognisable link for the Bit.ly service), or for general use by MSLC members: <http://bit.ly/walkthepatch> (In Word, links can be shortened further using the (right click; hyperlink option) and inserting a full web address in the address box and just a single word or phrase in the top box 'text to display', e.g. [walk the patch](http://bit.ly/walkthepatch). This is not an option with Twitter or Facebook.)

**Mary Newburn**, Consultant, health researcher / public & parent involvement. Patient and Public Involvement Lead for Maternity and Women's Health, King's College London, CLAHRC South London

The following really practical and insightful comments have been provided by service users with experience of using social media:

Helen Calvert AKA @heartmummy says:

*'It is important for people to understand that engaging on social media doesn't mean that you have to give advice to individuals. Indeed, it's best not to! It also does not necessarily mean that you have to contribute at all. We have many people on the #MatExp Facebook group who never comment, but I have no doubt that many of them read the conversations, read the links, learn new things and gain new perspectives.'*

### Maternity Voices Partnerships Toolkit

Co-production Editors/ Section Authors: Mary Newburn & Gillian Fetcher. Developed in collaboration with Kath Evans, NHS England – see end of this document. Complements [Implementing Better Births A resource pack for Local Maternity Systems 2017 – Chapter 4 'Co-production with women and their families'](#). Edited for publication by National Maternity Voices team. See [www.nationalmaternityvoices.org.uk](http://www.nationalmaternityvoices.org.uk) for details. (June 2017 v.1)

Helen Gray IBCLC, <http://www.mybreastfedbaby.co.uk/> Member, and past Chair, of St George's Hospital MSLC, says:

*'It is very important for MVPs to have some social media guidelines! Birth is an emotive subject and a non-judgmental voice is needed. You will need to have a moderator of posts and comments, a pathway for responses, and some access to health professional staff in case of a post with medical need, etc.'*

**This document** is to read and use alongside [NHS England - Implementing Better Births A resource pack for Local Maternity Systems](#) (see especially Chapter 4).

**National Maternity Voices** thanks [Kath Evans](#), Experience of Care Lead, Maternity, Infants, Children & Young People, NHS England, for her role in the development of this Toolkit, which is published on the National Maternity Voices website. The National Maternity Voices team also thanks Mary Newburn & Gillian Fletcher for their contribution to the development of Maternity Services Liaison Committees over many years (supported by nct), and their very significant contribution to the transition from MSLCs to Maternity Voices Partnerships, of which this Toolkit is part. Please see '**Acknowledgments**' document on the **Toolkit page** on our website for **details of how the Toolkit was co-produced**.

[nationalmaternityvoices.org.uk](http://nationalmaternityvoices.org.uk) @NatMatVoicesorg

#### Maternity Voices Partnerships Toolkit

Co-production Editors/ Section Authors: Mary Newburn & Gillian Fletcher. Developed in collaboration with Kath Evans, NHS England – see end of this document. Complements [Implementing Better Births A resource pack for Local Maternity Systems 2017 – Chapter 4 'Co-production with women and their families'](#). Edited for publication by National Maternity Voices team. See [www.nationalmaternityvoices.org.uk](http://www.nationalmaternityvoices.org.uk) for details. (June 2017 v.1)