



AN EVALUATION OF
THE ANTENATAL
BREASTFEEDING
EDUCATION RESOURCE
PACKAGE

CONDUCTED BY:
THE CENTRE FOR FAMILY
HEALTH AND MIDWIFERY
UNIVERSITY OF TECHNOLOGY,
SYDNEY.

EXECUTIVE SUMMARY	1
INTRODUCTION.....	2
THE EVALUATION PROCESS	2
RESULTS OF THE EVALUATION	3
Phases One and Two – Written and Telephone Surveys.....	3
About the respondents	3
Place of Employment	3
Region of Work	3
The Respondents Role.....	4
Conducting Antenatal Programs.....	4
The Handbook	5
Receiving the Handbook	5
Using the Handbook.....	5
The Handbook Activities.....	6
The Respondents’ Practice	7
The Handouts	7
Recommending the Handbook	7
About the Video	8
Showing the Video.	8
Phase Three: Qualitative Results.....	10
Workshop/Conference Evaluation.....	10
About the Workshops and Conferences	10
Results	10
Email Data.....	12
The focus group.....	12
The Handbook	12
The Video	13
Distribution of the Package	13
DISCUSSION.....	14
CONCLUSION	15
RECOMMENDATIONS.....	15

AN EVALUATION OF THE ANTENATAL BREASTFEEDING EDUCATION RESOURCE PACKAGE

EXECUTIVE SUMMARY

The evaluation of the Antenatal Breastfeeding Resource Package (BERP) was undertaken by the Centre for Family Health and Midwifery University of Technology, Sydney in 2001. Respondents to this evaluation represented rural, metropolitan and remote areas across all States of Australia as well as a variety of work settings and employment areas. The respondents were found to provide a variety of antenatal breastfeeding education across both public and private sectors. The findings of this report indicate that the package has had a positive impact on the way antenatal breastfeeding education is presented.

The handbook 'Breastfeeding and You: A handbook for antenatal educators' was very well received and considered to be an excellent resource. The respondents found the handbook to be well presented and set out, informative, innovative, and comprehensive with good handouts and activities. The handbook received minimal criticism and respondents stated they would highly recommend it to colleagues.

Response to the video was divided with respondents appearing to be either very positive about the video or very negative. Overall assessment suggested the video was comprehensive and appropriate and that antenatal groups would be somewhat receptive. Comments regarding scenes three and four were particularly positive. Some of the negative aspects of the video highlighted by the evaluation respondents were that it was too staged, too middle class and too slow.

There appeared to be some confusion about how to use the video as some respondents talked about it being too long and did not appear to understand that it could be used in segments. This was in spite of the handbook explaining its use well. The use of trigger questions in relation to the video were only used by a very small number of respondents and there appeared to be a lack of understanding about how trigger questions can be used to raise issues for antenatal group participants to explore.

Two other matters that were raised during the evaluation were distribution and marketing. Two of the respondents stated either that they had received multiple copies or that they had heard of people receiving multiple copies. Another issue was that obstetricians had received copies of the video and were not sure how to use it. Suggestions were made to address this and these were that distribution needed to be targeted towards antenatal educators and that the package needed to be advertised before sending. While both these strategies were employed, the distributors acknowledge they had difficulties because of the lack of a definitive list of Australian hospitals that provide maternity services and antenatal education.

Marketing and training in the use of the package via workshops appeared also to have a positive effect on the use of the handbook. The workshops and conference feedback highlighted the importance of explaining the use of the package. It was however, one of the telephone respondents who articulated this well by saying, *'bearing Jane at the NACE Conference workshop was a turning point in knowing how to use the package'*.

INTRODUCTION

In 1999, the Commonwealth Department of Health and Aged Care commissioned the Family Health Coalition to develop and distribute an Antenatal Breastfeeding Education Package as part of its National Breastfeeding Strategy. The Family Health Coalition is a group of professionals from the Centre for Family Health and Midwifery, UTS, (CFHM) the Royal Hospital for Women, (RHW) Randwick and the Centre for Community Training (CCWT). The package known as the Antenatal Breastfeeding Education Resource Package (BERP) was completed and launched in August 2000 and includes a handbook, video, poster and translated material. The Resource package is a research-based, innovative set of materials specifically designed for antenatal educators. It was subsequently distributed to 2500 public and private sector antenatal and parenting educators nationally. The aim of the package was to improve breastfeeding education in the antenatal period.

In 2001 the Centre for Family Health and Midwifery was contracted by the Department of Health and Aged Care to evaluate the Antenatal Breastfeeding Education Resource Package. The evaluation was conducted in three phases. The first phase was a written evaluation. The second phase was a telephone survey and the third phase involved a number of qualitative approaches including a focus group and feedback from seminars, conferences, workshops and email. The following are the results of the evaluation of the Antenatal Breastfeeding Education Resource Package.

THE EVALUATION PROCESS

Phase One: In the first phase of the evaluation a total number of 250 *Antenatal Breastfeeding Education Resource Package* recipients were randomly selected from all states and regions of Australia and asked to participate in a written survey. Information sheets and survey questionnaires were sent to these recipients in May 2001. A reminder was sent if the questionnaires remained unreturned after three weeks. There were 63 responses (25%) to phase one of the evaluation and these included respondents in both rural and metropolitan centres across all Australian States. Not all respondents completed each question in the questionnaire however, where a response was given it was included in the evaluation rather than discarding incomplete questionnaires. Conversely some respondents gave more than one answer to some of the questions and again all these responses were included. Twenty-five letters (10%) were returned to sender either because the address was unknown or more commonly because the recipient had left the address. Six (2.4%) were returned because they had not received the package originally. Following this the names of the 250 package recipients selected to be involved in this component of the evaluation were removed from the distribution list to prevent them receiving further follow-up.

Phase Two: In the second phase of the evaluation five percent of *Antenatal Breastfeeding Education Resource Package* recipients, (n=92), were randomly selected to participate in telephone surveys. A list of members of the National Association of Childbirth Educators (NACE) was used for this phase of the evaluation in an attempt to maximise participation. The NACE list was used because it was a current membership list and because NACE members were particularly targeted in the first mail out of the BERP package. To ensure a representative sample of educators from all states and regions of Australia occurred, we again categorised recipients by State and then by urban/rural regions and then

randomly selected a 5% sample of each category. Letters informing participants that they would be contacted by phone were sent in late July and followed up within three weeks by telephone. Telephone calls were made twice to the respondent at different times and messages were left regarding contact details if they were unavailable. Ultimately 19 respondents (17%) participated in the telephone survey. Reasons for non-participation included; no longer at address, on extended leave, refusal to participate, didn't receive package, problems with telephone numbers such as unable to be contacted by phone or an unanswered call on at least two occasions, phone disconnected or no available phone number. The same structured questionnaires were used for both phase one and two of the evaluation.

Phase Three: In the third phase of the evaluation, three methods were used to collect qualitative data. These included, feedback provided from a number of seminars and conference presentations (n=7) conducted by the BERP team over a period of twelve months, email responses to the package and a focus group. The seminars were held in a variety of locations including Mildura in country Victoria, Brisbane, the Gold Coast, and at various locations in Sydney. The focus group was held in Brisbane in September 2001 at the Australian College of Midwives Inc (ACMI) National Conference. Attempts were made to conduct other focus groups in different locations across Australia concurrently with pre-arranged seminars but this proved impossible.

RESULTS OF THE EVALUATION

PHASES ONE AND TWO – WRITTEN AND TELEPHONE SURVEYS

About the respondents

There were eighty-two responses to phases one and two of the evaluation. Some of the respondents gave more than one answer to the following questions.

Place of Employment

Responses indicated that the respondents represented a variety of employment settings. When the places of employment were tallied they included:

- 54 public hospitals
- 15 private hospitals
- 10 private practice as independent educators
- 4 Child and Family Health nurses
- 5 others which included; a community midwifery program, university lecturer, community health services, Women's Health Information Service and a parent help line.
- 1 respondent failed to complete this question.

Region of Work

In total:

- 42 respondents stated they worked within the rural sector,
- 39 worked in metropolitan areas
- 1 respondent indicated they worked in a remote area.

Postcodes indicated that:

46% of respondents were from NSW
27% were from Victoria

8.5% were from Queensland
6.0% were from Tasmania
4.9% were from Western Australia
3.6% from Northern Territory
2.4% from South Australia.

This generally reflects the package distribution, except for NSW, which had a higher rate of return for the evaluation forms. This may be attributed to the fact that some of the handbook authors were known to the respondents as they had attended handbook and video workshops in NSW facilitated by the authors to familiarize antenatal educators with the use of the package. Thus they may have been more likely to respond.

The Respondents Role

In all:

- 38 respondents stated they were program coordinators
- 55 indicated they were session facilitators
- 16 respondents stated 'other' and these included midwives, a physiotherapist, lactation consultants, nursing unit managers, a midwifery lecturer, community health educators, and a women's health information officer. Four respondents didn't answer this question

Conducting Antenatal Programs

The respondents were asked how long they had been conducting antenatal classes. Seventy participants responded to this question. Responses to this ranged from 3 months to 30 years. There were:

- 18 respondents stating they had been conducting antenatal programs for a period ranging from 3 months to 4 years
- 25 respondents conducting antenatal programs for a period of between 5 and 9 years
- 22 conducting antenatal programs for a period of between 10-15 years
- five respondents conducting antenatal programs for greater than 15 years.

The antenatal programs facilitated by the respondents to the survey included:

- Ad hoc sessions in antenatal clinics
- One day intensives
- 7×2hr sessions
- 6×2hr sessions
- 2×4hr sessions
- 5×2hrs sessions
- 8×2hrs sessions
- 4×2hr sessions
- 2×7hrs workshops
- 4×2.5hrs sessions
- 1×5hr session
- 10×2hrs sessions
- Individual consultations

- Weekend workshops
- A grandmothers group
- Refresher groups.

Some institutions ran more than one style of program.

The number of participants in the antenatal groups' conducted by the respondents were varied and wide ranging, from one on one to greater than 20 participants. Twelve respondents did not answer this question.

- 62 stated they ran mixed groups
- Six stated they ran both mixed and single sex groups
- One stated they ran single sex groups only.
- One respondent stated they ran one –on one antenatal education only.

The cultural background of the antenatal group participants was also varied. Respondents identified a number of cultural groups and socio-economic groups and these included: Aboriginal, Anglo-Saxon, Arabic Asian, Cambodian (Khmer) Chinese, European, Fijian Indian, Filipino, Indian, Jewish, Laotian, Lebanese, Multicultural, Polish, Samoan, Spanish, Tongan, Turkish, Vietnamese and Low to middle income, middle-class, teenage, white middle-class and rural Australian.

The Handbook

Receiving the Handbook

The majority of respondents (59) stated they had been in possession of the package for a period of 6 months or longer. Fifty-six respondents said they were sent the package directly or via the hospital. Twenty were sent to a colleague and passed on, four stated they received the package both directly and also through a colleague and four stated they received the package at a conference. One respondent stated that she had 'received about 12 copies' through a variety of means.

Using the Handbook

Forty-nine respondents (59%) stated they had read all the modules in the handbook. 'Module 8: Breastfeeding-related learning strategies' was the most commonly read module and 'Module 10: Evaluating antenatal strategies', the least read module. Seven participants did not answer this question with one of these saying they 'haven't read much'.

The respondents overwhelmingly found the handbook easy to use with (96%) of the respondents rating the handbook easy to very easy to use on a 10-point likert scale.

The professional development / think and action activities were also considered very useful with 94% of the respondents rating them useful or very useful. Some respondents made positive comments about the think and action activities including:

' good for teaching other educators',
' makes folder more useable and hands –on'

One respondent however felt *'they were not new. Well known and used, commonsense'*.

When asked which module was the most useful, a number of respondents (10) stated 'all'. Comments regarding this were:

'all well put together';

'All useful'

'they were all excellent'

A number of respondents (15) listed more than one module as being most useful.

'Module 8: Breastfeeding related learning strategies' was the most common response to the question *'which module was the most useful?'* with 22 respondents reporting this module to be the most useful. 'Module 3: The breastfeeding experience' had the second highest rating with 15 respondents nominating it and 13 respondents nominating 'Module 4: Facilitating antenatal groups'. Other responses to this question included: a respondent who identified the article by *'Schmied and Barclay'* in the appendix as the most useful component and another respondent who found the photocopy handouts the most useful. Nineteen respondents did not answer this question.

Generally the package modules were seen as useful with thirteen respondents reaffirming this by positively answering the question 'Which was the least useful module?' stating that none of the modules were least useful. Some of these respondents further highlighted this by stating *'they were all excellent', 'all really interesting', 'liked it all' and 'all were useful'*. Overall there were only twenty-two respondents who listed a least useful module. Unfortunately reasons for this were not explored. Exploring reasons for this response may have been relevant because one respondent from the telephone interviews who stated the foreign language handouts were the least useful, when questioned further said this was because they have no NESB participants in their antenatal groups.

Of the 22 respondents who listed a least useful module, 'Module 2: Preparing to breastfeed' was nominated by only four respondents making it the highest nominated module. Other comments regarding this question included one respondent who stated they didn't like *'the basic A&P positioning information'* and another who stated they *'bated the picture of the breastfeeding baby'*. No-one found 'Module 8: Breastfeeding-related learning strategies' least useful.

The Handbook Activities

Participants were asked which of the activities they had used. Thirty-four respondents did not answer this question. Some of these gave reasons for non-answers, which included *'don't currently teach antenatal classes', 'NMAA facilitate the breastfeeding component of the groups'* and some of the respondents stated they already used some of the activities. The most commonly used activity was 'Activity 3.3: Myths about breastfeeding', then 'Activity 6.1: The 24 hour clock', and then 'Activity 4.1: Oranges and breasts'.

The most useful activity indicated by the respondents to the question *'which were the most useful activities?'* was 'Activity 3.3: Myths and half truths about breastfeeding'. Forty-three respondents didn't answer this question with some of the reasons given for this being, *'all were useful', 'untried as yet', 'not used', 'not applicable', 'enjoy all these and find all most useful'*.

Only a small number of participants answered the question 'which was the least useful activity?' Some of the reasons given for not answering this were *'that all the activities were good' or 'not applicable'*. 'Activity 3.1: A family feeding tree, was rated by 5 participants only making it the least useful activity nominated in this evaluation.

The Respondents' Practice

Respondents were asked to respond on a 10 point likert scale ranging from 1 'not at all' to 10 'a great deal' how much have they have changed the way they provide breastfeeding information in their antenatal sessions since receiving the handbook. Overall 56% of the respondents rated their change 5 and above on the likert scale with the mean score being 4.4, the median score 5 and the mode 6. These results suggest there have been some changes to practice as a result of this package.

Respondents also made comments about how the package had affected their practice. There were four main themes addressed in the responses. These themes were 'I've made changes', 'This package has confirmed what I do', 'I plan to change' and 'It has boosted my confidence'

I've made changes: *'I have added more on feelings about breastfeeding and less on process'; 'I now use more varied activities and the video stimulates discussion in the groups'; 'certainly made changes to try and improve education'; 'I focus more on social impact of breastfeeding'*

This package has confirmed what I do: *'the package has confirmed what I was doing already'; 'we are very fortunate to work with a Nursing Mothers Counsellor who teaches and whose current information is current with your folder'*

I plan to change: *'I haven't changed the way I present breastfeeding information yet?', 'I plan to change more'*

It has boosted my confidence: *'boosted my confidence especially in dealing with people who are anti-breastfeeding'*

The Handouts

The handouts were considered very appropriate for their antenatal group participants with 90% of respondents rating the handouts 5 or above on a 10-point Likert scale ranging from 1 'not appropriate at all' to 10 'very appropriate'. The mean score was 7.7 the median score was 8 and the mode was 10. One of the respondents mentioned the handouts in different languages.

'I already have many handouts but the different languages are useful'

One other interesting comment regarding this question was a respondent who stated that she had not conducted antenatal/childbirth preparation classes for 5 years but she used the information/strategies for student midwives and felt the handouts were *'very valuable for the student midwives she worked with'*.

Recommending the Handbook

Seventy-five respondents (96%) stated they would recommend the handbook, three stated they wouldn't recommend the handbook and four didn't answer the question. Five main themes emerged describing why the respondents would recommend the handbook and these were: excellent resource, well presented and set out, informative, innovative and comprehensive. Some examples of quotes to exemplify these themes follow:

Excellent Resource: *'An excellent resource'; 'excellent resource'; 'great learning tool for educators';*

Well presented and set out: *'It is clearly written'; 'its concise and well set out'; 'easy to read activities'; 'easy lift out leaflets'; 'well set out easy to find information'*

Informative: *'it is an evidence based uniform approach to antenatal breastfeeding education in Australia'; 'its informative'; 'lots of good information in one package'; 'it's a great learning tool for educators'*

Innovative: *'its creative'; 'it has a nice approach to breastfeeding it wasn't weighted down with technical stuff'; 'it has interesting ideas, more inspirational ideas on breastfeeding- more interaction'; 'up to date, innovative teaching ideas'*

Comprehensive: *‘This book is comprehensive’; I’d recommend it, particularly for new educators because it gives good understanding and activities to use’; comprehensive, up to date and user friendly’*

Only three respondents stated they wouldn’t recommend the handbook and the reasons for this were: *‘It didn’t have new information’*, *‘This is a very long program and we don’t have the luxury of focusing so exclusively on breastfeeding’* *‘Pitched at too low a level- the organisation I work for gives educators a learning program in house. I feel this program is above and beyond BERP.’*

When respondents were asked ‘How do you think the handbook could be improved?’ The most common response was that it couldn’t be improved. Three major themes emerged from the responses to this question. These themes were: it couldn’t be improved, the size of the handbook and clearer referencing. Examples of quotes that exemplify these themes are as follows:

It couldn’t be improved: *‘No its simple and easy to read’; ‘it is excellent’ ‘I don’t think it could’*

The size: *‘condensed a bit’; a lot of reading no time to get to it. Better in bullet points’; perhaps smaller but not sure how though’*

Clearer referencing: *‘side panels to be indexed like a phone book A-Z tabs. Think and action etc activities indexed so they can be easily found’; tabs to find things quicker’; put in some dividers to make it easier to get to’.*

About the Video

Showing the Video.

Thirty-eight respondents (46%) stated they had used the video however, more than this number answered some of the following questions relating to the video. The video was used in antenatal sessions as well as for individuals and in an antenatal clinic. Forty respondents (48%) stated they hadn’t used the video and 4 (6%) didn’t answer the question or felt it was not applicable in their case. Only seventeen respondents said they had used the video discussion triggers.

The question ‘How comprehensive is the video in its coverage of breastfeeding issues for you as an educator?’ was answered using a ten point likert scale ranging from 1 ‘not comprehensive at all’ to 10 ‘very comprehensive’. Seventy-two respondents answered this question. The mean score was 5.6, the median score was 6 and the mode was 7. These results indicate overall that the video was considered comprehensive in its coverage of breastfeeding issues. One respondent graded the video as a ‘12’ stating that she *‘really enjoyed the video and that it was one of the better breastfeeding videos.’* This respondent was excluded from the above analysis of scores to avoid skewing the results.

The question ‘How appropriate is the video to your target group?’ was answered using a ten point likert scale ranging from 1 ‘not appropriate at all’ to 10 ‘very appropriate’. Twelve respondents did not answer this question. The mean score was 5.2, the median score was 5 and the mode was both 1 and 7. Generally the video was considered appropriate for the target groups although the responses appeared to be polarized.

The question ‘How receptive are the women in your groups to the video?’ was answered using a 10 point likert scale ranging from 1 ‘not receptive at all’ to 10 ‘very receptive’. Forty-three respondents only answered this question. The mean score was 6 the median score was 6 and the mode was also 6.

Indicating the women were receptive to the video.

The question how receptive are the men in your groups to the video? was again answered using a 10 point likert scale ranging from 1 not receptive at all to 10 very receptive. Only 38 respondents answered this question. Some of the non-responders stated this question was not applicable to them. The mean score was 5, the median score was 5 and the mode was 4.

The question 'Please list the scenes of the video which you find most useful' was answered by 44 respondents. Overall scene three with two men discussing the fathers role in breastfeeding was considered by the respondents as the most useful, followed by scene 2 with the women in the bedroom.

As previously noted response to the video appear to be somewhat polarized with the respondents either very positive or very negative. The main themes identified in the comments made about the video were that the video was: Useful, too staged, too middle class or too long. Examples of quotes that exemplify these themes are as follows

Useful: *'All very useful especially scenes 3 and 4'; 'I have been on long service leave for 9 months so have not been able to put to use this excellent video. I have contacted our local NM counsellor and we are going to get together to see how much more we can improve our antenatal session on breastfeeding using this wonderful resource-video and handbook'; 'I found most of the video useful'; 'I liked the idea that video was in vignettes''*

Too staged: *'bit artificial, bit staged but still better than anything else available' 'some of it too staged'; 'Staged –not 'real' people.'*

Too middle class: *'very middle class- make video include people from a range of socio-economic groups''*

Too slow: *'Needs brighter + faster pace. Last ten minutes in total –too long at the moment. Needs to hold attention.'; 'too long to watch whole video'*

Respondents were asked what ideas they had for future breastfeeding videos and a range of suggestions were made including some that were included in this video. Suggestions that were already included in the Breastfeeding and You video were:

- *A demonstration of a mother breastfeeding*
- *Short separate segments to use individually.*
- *More scenes like the men talking together*

Other suggestions for future breastfeeding videos were: physiological aspects of breastfeeding, using more real characters/life, postnatal aspects, special needs groups and time frames for each scene. Examples of quotes that exemplify these themes are as follows

Physiological aspects of breastfeeding: *'about problem solving and prevention'; 'the benefits of breastfeeding and practical issues such as positioning and attachment'; mastitis, practical position and attachment- various positions.*

Using more real characters/life: *'More realistic and down to earth'; 'A video set in a more natural setting with group scenarios/ discussions would be beneficial'. 'Do not make them like a home and away episode'.*

Postnatal Aspects: *'To have mothers view them on the ward prior to discharge'; 'discussion between couples in the early postnatal period to make it relevant.'*

Special needs groups: *'Id like to see something up to date and appropriate for teenagers'; 'Strategies for women who have been sexually or physically abused, women and young girls 14-15 ways to facilitate their breastfeeding. Cultural differences.'*

Time Frames: *'time frames so how long each scene is.'*

PHASE THREE: QUALITATIVE RESULTS

Workshop/Conference Evaluation

About the Workshops and Conferences

Qualitative data about the Antenatal Breastfeeding Resource Package were collected during 2001 where the Breastfeeding Education Resource Package was presented. This included data from:

3 National Conferences

2 Seminars in NSW

2 Educator in-service in NSW

Details about the seminars and conferences are provided in table one.

Table1: Seminars and Conferences

Conference/Workshop	Date	No. of participants	Length of session
NACE (NACE) NSW Branch Seminar	February	20	3 hours
WHA National Conference.	March	150	20 mins
NACE National Conference	April	45	90 mins
NSW Lactation College	July	50	20 mins
ACMI National Conference	September	55	90 mins
Sydney Adventist Hospital Inservice Education	March	10	30mins
Hornsby Hospital Lactation Interest Group	June	4	60 mins

Due to the length and interactive nature of these presentations, a significant amount of feedback on the resource package was gained from participants at each event. Facilitators kept Field notes, with thematic analysis being conducted on these notes. Six themes emerged from the data. These were: the handbook is excellent, the activities are good but..., the activities have come alive, the video is interesting, the handouts are great, marketing the package. The results, presented as themes, appear below with quotations from participants included.

Results

The handbook is excellent: The majority of participants had read all of the modules in the handbook and thought the handbook was excellent. Many participants were recommending the resource to their colleagues. The handbook was described as *'one of the best resources I have seen for an educator', 'Fantastic. You are to be congratulated for all of the work that went into the production of the handbook'*

and 'an excellent resource not only for new educators but for those of us who have been in the game for years'.

Participants at each workshop found the handbook, as one person described *'easy to negotiate as it is divided into modules and the icons are great'*. The fact that the handbook contained information on adult learning, facilitating groups and program planning was seen as *'advantageous'* and indeed made the resource *'applicable to so many others who run groups'*.

The activities are good but... Many workshop participants had used a number of the activities during an antenatal education program, however there was uncertainty as to how to use several of these, in particular those of a psychosocial nature. *'I'm just not sure how my group would react to "What does breastfeeding mean to you?" I'm not sure that the men would be into that kind of activity.'* *'I have a group who are really young. I think some of the activities would be OK but others... hmm.... well I don't know.'* *'I have a lot of single mums in my groups...I could not use any of the activities that talk about partners.'* There seemed to be little reflection on how these could be adapted.

When educators, such as these, were asked to describe their groups and their situation, the majority had not had time to think how they could adapt the activity to their local population. Indeed they said *'I guess that is why I have come to this workshop – to make the activities come alive. I need to 'see' something before I understand how to use it'*. This comment was reflective of less experienced educators and of those who facilitated antenatal programs on a very infrequent basis.

The activities have come alive: The facilitator of five of the presentations, who was the principle author of the handbook was aware that the majority of educators are limited in their antenatal education preparation time, so the aim of each workshop was to make the resource *'come alive'*. The facilitator demonstrated innovative ways by which the activities could be used, in addition to providing feedback from expectant women and men. The time spent preparing a presentation manual appeared to be appreciated with all participants stating that *'it was great to see the package come alive'* and also *'how real couples respond to the activities'*

The video is interesting: Feedback on the video was diverse as is evident by the following comments. *'It is too middle class, it just won't suit my groups'*, *'I think the BBQ idea was fantastic, it is so Australian. We can certainly use it with our groups'*, *'At least the video is in segments so I can use the parts that work OK with our groups'*.

When asked for additional feedback on each scene it seemed that participants had varied responses, and indeed even those who had said the video was *'amful'* in fact said the *'video is fine, I just hate scene....'* Scene one was least favoured, with scene three – Max and Adam in the garage – receiving the most favourable feedback. Interestingly an experienced educator who had used the video for a variety of antenatal groups challenged criticism of the video in one workshop her comment was *'honestly you guys, don't you think the scene with Adam and Max is so good and okay it is acted but it does have its place. There are quite a few videos' out there but none that takes this approach. Its great'*

Several educators said they had used the trigger questions for the video with three educators thanking the facilitator for including the triggers- *'they made it much easier when you don't really have time to think'*.

The handouts are great: The majority of participants perceived the handouts as useful, with the following comments being reflective of those who attended the workshops. *'The handouts are concise which is great'* and *'I was so pleased to see some more translated literature'*.

Marketing the resource: The Breastfeeding Education Resource Package appears to have been well received by antenatal educators in Australia, however the workshops have reinforced the need for active marketing of a resource of this size and complexity. The majority of antenatal educators in Australia work in many capacities, so the time they have to consider their role as an educator is minimal. It appeared for many who attended that the workshop was the first time that they had had to extensively review the resource. One of the telephone respondents articulated this well by stating *'bearing Jane at the NACE Conference workshop was a turning point in knowing how to use the package*

Email Data

Within two weeks of distribution of the resource the principle author had received six congratulatory emails from experienced antenatal educators /trainers in Australia. Comments included *'fantastic, you have done an incredible job'; 'the whole team is to be congratulated on this resource'; 'I cant wait to try all the activities. They are so enticing'*.

One particular comment made by a very experienced antenatal educator and trainer who has developed other tools for use in antenatal education was:

'I have just watched "Breastfeeding and You" It was really very good so many very clear messages and yet not heavy handed! I thought the first segment with the mother in law was stilted acting, but liked the joke about it later with the friend. The whole project is great I hope you are getting good feedback, it is about time that educators had a resource of this quality. I really liked the breastfeeding segment too. It gave a realistic view of the time the rhythm and the niceness of breastfeeding without manipulative music. Many other video's cut to horrible graphics of nipples and let downs and all that stuff, or they show interfering midwives.'

The focus group

One focus group was held in Brisbane during the Australian College of Midwives Inc (ACMI) conference in September 2001. Four participants attended. Of these only one stated they provided antenatal breastfeeding education and this was a designated breastfeeding group and none had used the package. Three of the four worked in a public hospital; three worked in a metropolitan area and one a rural area. One was a session facilitator and one said she was involved in midwife education. Participants in the focus group talked about specific breastfeeding groups including postnatal rather than general antenatal education so some of their comments were particularly inclined towards specific breastfeeding groups rather than antenatal groups in general. All four were private Lactation Consultants. Consequently this focus group was not reflective of the package users only one conducted antenatal programs and then only a specific breastfeeding group and as Lactation Consultants they could already be considered experts in lactation.

Overall the focus group felt that ***'the package was a very sound educational tool'***.

The Handbook

The handbook was considered very good as a learning tool, full of good ideas and group activities *'it is a very sound educational tool'*. Participants in the focus group acknowledged that there are a lot of people who are teaching antenatal education specifically related to breastfeeding who are not up to date regarding breastfeeding and from that perspective the package was very good. They also felt the professional development/think and action activities in the handbook were good. The participants felt the focus of the handbook was on teaching with breastfeeding in the background. This group stated that it was important that educators have good adult learning skills and this package definitely addressed this.

*I think the package is good
I thought it was excellent'*

The participants stated however, that they did not use the handbook either because they were not involved in antenatal education or because they only ran a specific antenatal breastfeeding group, which the women chose to attend because they had decided to breastfeed. Consequently they had developed their own methods based on their own needs assessment. *I have already developed what I think will work so I don't use it (sic) not quite enough breastfeeding in it'*. One of the group participants identified that she had also developed her own video. This particular group felt that the 'how's' of breastfeeding and surviving the first few days should be the focus of antenatal breastfeeding education. They felt their particular and specific role educating about breastfeeding was to try and help women survive the first few days because of the constraints of time and early discharge.

The Video

Overall the focus group participants were not positive about the video although their criticism was generally directed towards the setting, the socio-economic group represented and the language used. They recognized however, that some of the information was good.

'I don't particularly like it quite a lot of what's in it is quite relevant but I have a problem with the first five minutes'. 'It's a bit long too the language is too high and educated'.

The participants felt that if people looked at the video first they wouldn't look at the package. When asked whether they would use it in segments as suggested by the handbook they felt that while the handbook explained how to use the video very well *'the handbook explains the video well'* They felt that when viewed for the first time that the first scene would be off putting. *'unfortunately, when people preview the video what they do is look at the whole video and I think the first scene puts them off.*

One participant felt that the video did not suit the clientele at her particular hospital because they have a large *'migrant population'*. She felt the video was *'too upper class'*. She felt the clientele would find the setting *'too unrealistic'* and particularly mentioned the candelabra in scene one and the BBQ in scene two stating *'these people probably don't even have a BBQ'*

The other participants in the group agreed saying they felt the opening scene was over the top, unrealistic and one participant stated the first scene puts people off *'with what appears to be a tokenistic non-English speaking background person'*.

The participants felt there were things in the video that they wouldn't necessarily cover in a breastfeeding sessions for example the decision making process. They felt it was unnecessary to explore the decision in the groups they were talking about because women had already made the decision to breastfeed when they attended their groups. One of the participants identified that she had made her own video and preferred to use that. They stated that while the package is educationally very sound and the ideas in the package are excellent they would not use the video.

Distribution of the Package

A concern raised by the participants in the focus group was the distribution of the package *'Distribution was in part wrong. I heard of terrible wastage'*.

They talked about hearing comments regarding the distribution such as *'I have heard.. I know of obstetricians who have thrown it in the bin they were not bothered to look at it'*. The focus group participant who

raised this issue also felt that the message received by the doctors was that you could run the video in the waiting room and she stated *'I'd hate to see people watching this video in the waiting room'*. The participant felt this would be no good because the video was to be used as part of the package.

They felt the package hadn't been promoted sufficiently and suggestions they made for distribution were:

- Distribution needed to be targeted towards antenatal educators
- The package needed to be advertised before sending

There appeared to be some misunderstandings regarding the package amongst the focus group participants as some participants in this group felt they were sent to GP's and that the obstetricians had received the package rather than just the video, as was the case.

DISCUSSION

The Centre for Family Health and Midwifery at the University of Technology, Sydney was commissioned to undertake an evaluation of the Antenatal Breastfeeding Education Resource Package (BERP) in 2001. The evaluation was conducted in three phases, a written questionnaire, a telephone survey and a variety of qualitative approaches.

The package comprised of three main components the handbook, the video and the poster. Responses to the evaluation were predominantly directed towards the handbook and video. Approximately 370 respondents representing all States of Australia as well as rural, metropolitan and remote areas contributed to the evaluation process making the response to the evaluation representative of the original distribution of the BERP package. As well as this the respondents were also found to provide a variety of antenatal breastfeeding education across both public and private sectors. The results of the evaluation indicate that the package has made a positive impact on the way antenatal breastfeeding education is presented and that the package is used for more than just antenatal breastfeeding education per se.

The handbook was found to be well received and was considered an excellent resource. The respondents found the handbook to be well presented and set out, informative, innovative, and comprehensive with good handouts and activities. The handbook received minimal criticism with only a couple of respondents suggesting it may have been better if it were a little smaller and had clearer referencing. A much larger number of respondents however, felt that it could not be improved upon. Respondents stated they would highly recommend the handbook to colleagues.

Response to the video was mixed with respondents appearing to be either very positive about the video or very negative. Overall assessment of the video suggested that it was comprehensive and appropriate and that some antenatal groups would be receptive. Comments regarding scenes three and four were particularly positive. Some of the negative aspects of the video highlighted by the evaluation respondents were that it was too staged, too middle class and too slow. Interestingly some of the criticisms about socio-economic status, for example the use of a BBQ which was considered too middle class by one respondent, was considered a strength of the video by another who felt this

was very Australian and appropriate. Some of the criticism was based around whether the respondents felt the video was appropriate to the group they facilitated rather than the video content itself.

There also appeared to be some confusion about how to use the video as some respondents talked about it being too long and did not appear to understand that it could be used in segments. This was despite the handbook explaining the video's use and providing trigger questions. Very few respondents used the trigger questions associated with the video. There appeared to be lack of understanding about how trigger questions could be used to raise a number of issues for the antenatal group participants to explore, including some of the physiological aspects of breastfeeding such as positioning and attachment, mastitis and cracked nipples. It appeared that where respondents attended workshops explaining the use of the handbook and video, greater understanding of its use occurred.

Two other issues that were raised during the evaluation were distribution and marketing. Two of the respondents stated either that they had received multiple copies or that they had heard of people receiving multiple copies. Another issue was that obstetricians had received copies of the video and were not sure how to use it. Suggestions were made to address this and these were that distribution needed to be targeted towards antenatal educators and that the package needed to be advertised before distribution. Although antenatal educators as a group were targeted for the distribution, this proved difficult for the distributors, as no definitive lists were available of hospitals in Australia, which provided maternity services and antenatal education groups. Marketing and training in the use of the package via workshops appeared to have a positive impact on the respondents understanding, ability and motivation to use the package.

CONCLUSION

The above findings are the results of the evaluation of the antenatal breastfeeding evaluation resource package. Approximately 370 respondents contributed to the evaluation. The results found that the handbook was very well received with the respondents generally finding it an excellent resource. Respondents were more ambivalent about the video, which while generally considered to be comprehensive and appropriate was either responded to very positively or very negatively. It was found that marketing of the package through workshops that described how to use the package had a positive effect on how it was used and perceived. Distribution was found by some of the respondents to be problematic. The results indicate that the package appears to have had a positive impact on the presentation of antenatal breastfeeding education.

RECOMMENDATIONS

- That a substantive list of hospitals providing maternity services be available
- That there be marketing of any future packages
- That education on how to use learning packages be provided to the target audience