Antenatal Education: Meeting Consumer Needs
A Study in Health Services Development

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Certificate of Authorship and Originality

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information sources and literature used are indicated in the thesis.

Jane L. Svensson

Acknowledgements

Pervading this thesis is the notion that expectant and new parents are on a journey. This research and the production of a thesis has taken me on a very challenging but rewarding journey…a journey which has been supported by many people.

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This research would not have been possible without the expectant and new parents who participated in it. In particular I want to thank the nine couples who allowed me into their lives over a twelve month period in 1998/9. Although they have pseudonyms in the text their distinct personalities remain clear in my mind. The relative ease to gain samples for this research demonstrates the interest expectant and new parents have in antenatal education.

Pseudonyms have also been used for all the antenatal educators and the experts who participated in each stage of this study. Their support of my work is appreciated.

At the beginning of the research I was a Parent Educator at Hospital B and I was supported by my manager Pauline Green, and by colleagues including Maureen Ryan and Valerie Smith. Indeed even when I left the hospital to become the Health Education Coordinator at Hospital A they continued their support.

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No doctoral research occurs within a bubble although I am certain many close friends at the end were wondering. I thank my parents and my brother for not placing unnecessary family commitments upon me and more importantly for tolerating my frequently narrow view of life. Also my father for reading my numerous drafts of this thesis in his retirement from academia. Bronny Handfield and Lyn Hayes for their unending support especially when chronic tiredness had set in. And last but not least Frank for his warmth and reassurance over the years.

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Abstract

This research situated antenatal education within a health promotion framework to determine a consumer-based approach to improving antenatal and postnatal education purported to prepare for parenthood. Research, both published and unpublished, criticises current structured educational programs and first time parents are reported to experience high levels of stress and unhappiness.

Stage One of this study was a multiple source, multiple methods needs assessment conducted at two large, metropolitan hospitals in Sydney. The aim of the needs assessment was to explore the needs, interests and concerns of first time expectant and new parents, their changing nature during the childbearing year, ascertain learning processes that best suited their needs, and plan effective antenatal education around the results. Repeated in-depth interviews, focus groups, participant observation and surveys were used to collect data from expectant and new parents. Focus groups, surveys and participant observation were used to collect complementary data from educators, midwives and Child and Family Health Nurses who work with expectant and new parents. The third source of data analysed was documentary, that is program outlines and session plans of three comparable hospitals.

The needs assessment demonstrated that to effectively prepare women and men for their childbearing experience, a range of strategies, programs and learning activities were required. This resulted in the design of a '*menu*'[1] approach to antenatal and postnatal education with an emphasis placed on '*life as a mum and a dad*', and the '*world*' of their baby. The results also demonstrated a significant difference existed between the actual learning needs and priorities of expectant and new parents and those perceived to be their needs by the professionals. Expectant and new parents questioned the group facilitation skills of educators and identified methods to improve practice.

Three strategies identified by these expectant and new parents as priorities were designed, implemented and an evaluation of each was undertaken in Stage Two of this study. The strategies were:

[1] The actual words used by a number participants are included in italics.

1. Seven session Having a Baby program for first time parents.
2. Group skills training program for antenatal and postnatal educators.
3. Breastfeeding resource package for antenatal educators.

Stage Three of this research was an empirical study. A repeated measures randomised control trial was undertaken to test the effectiveness of the new Having a Baby program. In particular whether women and men who attended this program had improved perceived parenting self-efficacy, knowledge, and decreased worry about the baby eight weeks after birth compared with those who attended the conventional antenatal education program. The new program placed the labour and birth experience as a microcosm of the childbearing experience, and incorporated learning activities designed to enhance the confidence of pregnant women and their partners during their adjustment to parenthood. Perceived parenting self-efficacy[2] was the measure by which parenting confidence, and therefore adjustment to parenthood, was measured

The randomised control trial demonstrated that the perceived parenting self-efficacy of women and men in the experimental group was higher than those of control group participants at approximately eight weeks after the birth, with the difference being statically significant. The labour and birth outcomes of both groups, and their demographic details, were similar.

Evaluation of the group skills training program for antenatal and postnatal educators and the breastfeeding resource package for antenatal educators were undertaken. Data collected from focus groups, interviews and surveys demonstrated the effectiveness of these strategies.

The findings of this research question the validity of conventional antenatal classes and confirm the need for training and mentoring of antenatal educators. Effective, high quality antenatal education operating within budget allocation, facilitated by group skills trained educators, can produce superior postnatal outcomes.

[2] The Parent Expectations Survey (Reece, 1992) is a validated measure used to determine perceived self-efficacy with women and men.

Prologue

One day you're not, the next day you are. All of a sudden you're someone's mum or dad.

You've taken out your lifetime ticket on the emotional roller coaster of parenthood – the thrilling surge of love-filled highs and the desperation of no-idea-what-to-do-next lows.

Breastfeeding doesn't always work, babies can take months to settle and sleep well, and seriously sleep-deprived parents can slide into what seems like permanent blues.

Becoming a parent is a serious new job – you're on duty 24 hours a day, you've probably got the most demanding boss you've ever had and most of us have precious little training for the task.

Angie Kelly
Journalist, Good Weekend
Sydney Morning Herald, June1999

There are few significant life events that are embarked upon without preparation, and yet it appears that life with a baby, possibly one of the most significant, lacks appropriate preparation in contemporary Australian society. The continual cries made to me, whilst working as a Antenatal Educator in a Sydney hospital, from women and men at antenatal education program reunions that they '*wish we had known how hard it* (being a parent) *would be in the first few weeks*' were fundamental in my decision to conduct this research. This was in addition to the increasing number of program evaluation forms submitted to myself stating '*we would like more on life after birth*'.

I am an experienced midwife who became involved in antenatal education on completion of a Masters in Public Health in 1991. For me, pregnancy seemed a logical time for women and men to want information on a large range of issues so I was astounded to find most hospitals were only offering antenatal education in the final

weeks of pregnancy. Another concern, from my health promotion perspective, was that existing programs had been poorly evaluated with most programs being developed using a top down approach. Process evaluation forms were being used more as a token evaluation gesture than for program development. Thirdly, I began to see evidence of the dissent and division within those teaching, with midwives and physiotherapists both claiming antenatal education as their own domain.

Through the 1990s I began to investigate the numerous facets of antenatal education and became actively involved in the National Association of Childbirth Educators (NACE). It was through NACE I became aware of the number and potential scope of the antenatal education coordinator positions in New South Wales. Many of these positions were established due to recommendations of the NSW Ministerial Taskforce Review of Obstetric Services (1989) which presented its findings in 1989. The positions were filled with individuals who were enthusiastic but were provided with little training or a clear understanding of what the role of a coordinator involved.

It appeared that many coordinators and educators felt uncomfortable with what was required of them and the need for support was identified. Proactive coordinators, including myself, formed the NSW Network of Parent Education Coordinators in 1992 and we began quarterly meetings. Further we attended specific antenatal education training programs and then became trainers ourselves. The 1990s became a time of great change, with great emphasis being placed on evidence based practice. More research was required to inform antenatal education practice and I believed it was part of the coordinators role to undertake or promote such research, to ensure that high quality effective programs were being implemented. My doctoral research was born.

Six years later, my first major research journey is complete. The journey has not been straight or easy, and there have been many interesting side tracks along the way. The journey has also opened many doors for further exploration and research which is already in the process of development. Indeed in this thesis I have had to restrict myself in the amount that is written and have limited myself to describing the evaluation of only one of the programs that were developed as a result of my research.

Along the route some have reflected whether I have been too close to the field to provide unbiased results. Prior to and during the doctoral research I have kept a professional dairy which allowed me to clearly identify my assumptions and to test them out during interviews with both clients and other health professionals. Nevertheless, it is impossible to be totally unbiased. I do, however believe my professional experience and my public health training has helped rather than hindered the research and its interpretation.

In this thesis I have used the term antenatal education to encompass the following terms: childbirth education, prenatal education, parent education and antenatal classes. My investigation was not however limited to the antenatal period, rather it encompassed the childbearing continuum from preconception to the early postnatal period.