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Smedley, Alison
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Do Childbirth and Early Parenting Programs Meet the Needs of the Client?

by Alison Smedley

The Childbirth Education Association of Australia (NSW) Ltd

The Childbirth Education Association of Australia (NSW) Ltd (CEA) completed a non-randomized, prospective study of clients attending its antenatal program over a twelve-month period in 1997. The aim of the study was to establish if the program offered met the needs of their clients. CEA is a community-based, not-for-profit organization which offers childbirth and early parenting programs within the community setting throughout Sydney and the surrounding metropolitan areas. It is the largest private organization conducting Childbirth and Early Parenting Programs in New South Wales and operates with the assistance of a NSW Health Department grant. CEA also trains childbirth educators to Graduate Diploma level to work in the community under contract to CEA.

The Philosophy of CEA

Regardless of the outcome, birth is more likely to be a positive experience if the parents are well prepared. Parents have the right to be well-informed and participate fully in decision-making. The concept of family-centred maternity care is endorsed and the importance of the couple relationship is recognised. Pregnancy, birth, and breastfeeding are viewed as part of the normal life process. Childbirth courses are most effective when conducted in small groups (CEA 1994).



The Mission Statement

We provide childbirth and early parenting courses and promote the interest of families during the reproductive years. In all activities, we have a commitment to excellence (CEA 1994).

The Program Offered by CEA

The classes are run over a nine-week period, eight classes before birth and one after. This format offers sufficient time for discussion, questions, and alternatives, and assists with formation of birth plans according to individual needs. CEA emphasizes the importance of increasing a person's self-awareness and self-reliance. Course evaluations are completed by participants. These evaluations are reviewed by the CEA board members. Recommendations are made for changes as necessary.

The Study

A literature review was conducted. Main issues were identified. Antenatal class information varied depending on the background of the educator (Simkin and Enkin 1989). Some women felt that classes gave them an unreal expectation about birth (Brown et al. 1994). Comments obtained from Brown's study (1994: 90) supported the notion that increased knowledge leads to better decision-making. Barclay et al. (1994: 20) noted that assumptions are still being made about what constitutes good preparation for birth and early parenting and, as a result, antenatal care and education are not necessarily meeting women's own priorities.

The CEA study was undertaken over a twelve-month interval. The methodology used was a questionnaire. Questionnaires were completed by the participants at the end of the antenatal course (Q1) and again within the first few weeks after their baby was born (Q2). Questionnaires were matched by number for comparison. Likert scales were used to document the participant's feelings about becoming a parent and their expectations of labour and delivery. Comments were encouraged. The total number of questionnaires distributed was 400. The response rate from the end of course (Q1) questionnaire was 247 (62%), the response from the after the baby (Q2) questionnaire was 143 (36%). The number of questionnaires able to be matched was 127 (32%).

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Demographic data
Demographic data was collected. The age of female participants ranged from 16-45 years with the highest number being in the 25-35 year group. The age of the male participants ranged from 20->45 years with the highest number being in the 25-35 year group. All participants were having their first baby. Documentation of postal codes established that the study participants came from a broad cross-section of the Sydney Metropolitan area. Private health insurance coverage was held by 66% of participants, the remaining being covered under the medicare public system. The number of privately insured clients was not surprising as CEA classes are rebatable from health funds.

Educator background
The childbirth educators came from a range of backgrounds and included registered nurses, midwives, physiotherapists, teachers, and other health professionals.

Choice for place of delivery
Participants were asked where they chose to have their baby in Q1. The actual place of delivery was recorded in Q2. See Figure 1.

FIGURE 1.

Place of birth	Choice	Actual delivery
Home	2 (1.6%)	2 (1.6%)
Birth Centre	46 (36.2%)	25 (19.7%)
Hospital	79 (62.2%)	100 (78.7%)

Thoughts about becoming a parent
The participants were asked to identify their frequency of thoughts about becoming a parent on a Likert scale. See Figure 2.

FIGURE 2.

Never	0 (0%)
Occasionally/not really	7 (5.5%)
Sometimes	38 (29.9%)
Often	72 (56.7%)
All the time	10 (7.9%)

These results identified that 82 (64.6%) participants thought about becoming a parent often or all the time. This could indicate a receptiveness to parenting-focussed issues at this stage of pregnancy. More research needs to be undertaken in this area.

The course content
Participants were asked to identify if the main elements of the course were covered to meet their expectations. The areas being:

* physical and emotional changes in pregnancy
* birth options available
* self-management skills for labour and birth
* infant feeding
* life after birth and early parenting
* variation from the normal birth

In all areas, the results were positive. Responses identified that 16 participants felt that the topic of life after birth and early parenting was not sufficiently covered, nor did it meet their expectations. This may correlate with the significant number of participants who indicated that they had thought frequently about becoming a parent.

Time for review, practice of skills learned, and questions
Participants identified that there was generally enough time spent on these areas. However, 11 respondents felt there was insufficient time for practice, 5 recorded insufficient time for review, and 1 felt there was insufficient time for questioning. This issue was taken up with CEA educators. CEA does promote pregnancy exercise classes for those who prefer exercise.

Educator's skills
These were consistently rated as good to excellent. This is a reflection on the training program as all contract educators are accredited by CEA after completing their training course.

Coverage of topics
Participants felt that the following topics should have been covered more intensively. These have been grouped and responses numbered.

Pregnancy
* exercise (4) and relaxation (3)
* emotional and physical changes (2)
* late pregnancy ailments (1)
* lists for labour, hospital, and nursery (1)
* aromatherapy in pregnancy (1)
* concept of pre-labour (1)
* nutrition (1)

Labour
* pain relief (3)
* second stage labour rehearsals (1)
* breathing (5)
* massage (3)
* practice of labour skills (2)
* aromatherapy in labour (1)
* signs of labour (1)
* caesarean section (1)

Postnatal/Parenting
* practical skills for life after birth/parenting (21)
* breastfeeding (9)
* immunization (2)
* formula feeding (2)

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* postnatal depression (1)
* pros and cons of Vitamin K (1)
* circumcision (1)
* Sudden Infant Death Syndrome (1)

Other comments included the need for more discussion on psychological needs. Topics which participants felt should have been covered less intensively were identified by 11 (8.7%) people. These included the advantages and disadvantages of exercise in pregnancy. Participants felt this was covered in Early Pregnancy classes. Physical and emotional changes in pregnancy was felt to be a redundant subject as women were already advanced in their pregnancies. Early Pregnancy Class information was repeated and should have been condensed. Some people did not like the videos shown. These issues were discussed with the CEA Educators.

Parenting

Participants recorded that they felt there should have been more parenting in the classes. This response was identified by 81 (63.8%) participants. Others felt there should have been a separate postnatal parenting class and this was identified by 93 (73.2%) participants, and 32 (25.2%) did not feel this was necessary.

Use of labour skills learned in class

The skills learned in the class were used by 107 (84.3%) participants. Comments recorded included "the skills we learned went out the window when I was in labour," "the pain was too overwhelming," "I couldn't remember what to do," and "I had a high intervention birth." Other participants identified that they could only use the skills they learned, such as massage, positioning, and breathing, in the early part of labour and after that time they were not effective.

Feelings about the labour and delivery experience

Participants were asked to identify their feelings about the pending labour and delivery experience using a Likert scale and rate it from very positive to very negative. The same question was asked in the second questionnaire and a comparison was made. See Figure 3.

FIGURE 3.

Prenatal	Scale	Postnatal
28 (22%)	very positive	51 (40.2%)
88 (69.3%)	positive	45 (35.4%)
10 (7.9%)	same as before	8 (6.3%)
1 (0.8%)	slightly negative	13 (10.2%)
0 (0%)	very negative	9 (7.1%)
0 (0%)	not stated	1 (0.8%)

Statistical analysis (T-test) was used to identify if this change in attitude was significant. The results indicated that the participants were more positive at the end of the



class. The postnatal result shows that participants were slightly less optimistic about their feelings about labour and delivery (significance difference $p < 0.042$). The results indicate a very healthy rating indicating that $> 75\%$ of participants were still positive/very positive about their experience even after their baby was born.

Feelings about the parenting experience

Participants were asked to rate their feelings on a scale similar to the previous point. The results are identified in Figure 4.

FIGURE 4.

Prenatal	Scale	Postnatal
22 (17.3%)	very positive	66 (52%)
81 (63.8%)	positive	42 (33 %)
23 (18.1%)	same as before	9 (7.1%)
1 (0.8%)	slightly negative	9 (7.1%)
0 (0%)	very negative	1 (0.8%)

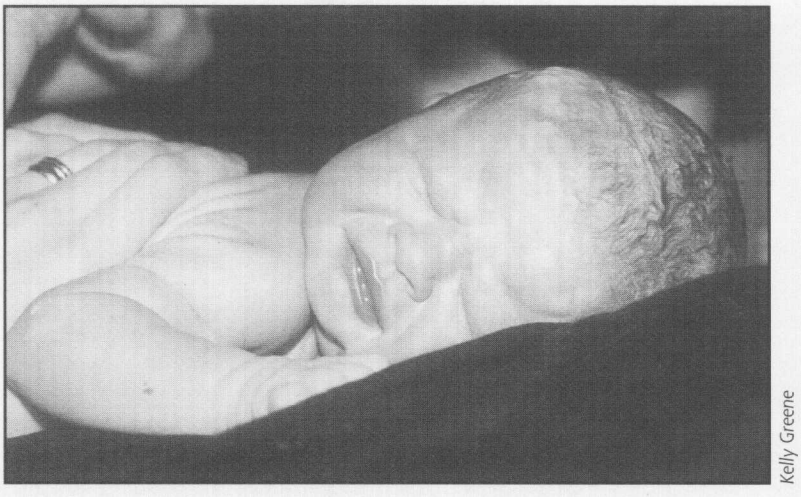
Statistical analysis (T-test) revealed that there was no significant change between these results. Prenatal results indicated that participants felt positive about the pending parenting experience. The postnatal results identifies

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an increase in positiveness to a healthy optimistic level. This indicates that the classes contributed positively to the preparation of the parenting experience.


Kelly Greene

Postnatal Comments

Comments were grouped into categories and responses numbered. These were consistent with the felt needs of participants before the birth. Topics which should have been covered more intensively include:

Life after birth

* parenting life after birth, managing the early days, crying babies, and settling (41)
* breastfeeding, attachment, problems, and concerns (21)
* problems with babies (2)
* nutrition in the early postnatal period (2)

Labour

* complications in labour, interventions, epidurals, second stage, and premature labour (12)
* coping strategies, breathing, positions for labour, and relaxation skills (7)
* caesarean section information (4)

Discussion

It would appear from this study that CEA is rated fairly well by its course participants. It is generally accepted that the focus of expectant parents changes throughout the pregnancy, the main focus being on the birth in the last trimester, but there is an identified need for more on parenting in the prenatal period. This survey gave CEA a better understanding of the needs of its clients and it indicated that there is a need to evaluate and change on an on-going process. CEA has addressed those issues which arose from this survey and made appropriate changes. Whilst CEA classes have a focus primarily on labour, it has accepted that there is scope to develop into the parenting area to meet the client need. This study has many limitations. CEA has always attracted the highly motivated people who are seeking classes offering alternative choices in preference to those run in large hospital institutions. Also, there are rarely any non-English speaking people who participate in CEA courses. Society is changing rapidly and nonprofit, community-based groups such as CEA need to be changing as well. Shorter courses, varying times, varying course focus, identifying client needs, and flexible classes are real issues. The needs of parents must be kept as the focus, not the needs of the childbirth educator or the funding body. This can only be achieved by the on-going commitment of childbirth educators with continual evaluation and quality management.

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■ *Alison Smedley, RN, CM, ChEd, BHSc (Nursing), is currently working on her Master's of Education degree. Alison has worked in midwifery-related areas since 1979 after completing her three-year initial Nurse Registration Training in Sydney, Australia. She has been involved with the Childbirth Education Association of Australia (NSW) Ltd for over ten years as an accredited childbirth educator, board member, and caesarean support person. An experienced midwife educator from the clinical setting, Alison now lectures in midwifery at Avondale College, Cooranbong, New South Wales, and she continues to maintain midwifery skills by working part-time in a large midwifery unit. She enjoys the challenges that groups bring both in the community and hospital environment but loves the excitement and enthusiasm of student midwives most of all.*

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