Running Head: OPINIONS ON PRENATAL EDUCATION

New Mother's Opinions on Prenatal Education: How Useful Are Prenatal Classes in Assisting First-time Mothers through Pregnancy, Childbirth and the Early Postnatal Period?

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Abstract

The purpose of this study was to ascertain whether prenatal education programs are useful in assisting women in pregnancy, childbirth and the early postnatal period. A self-selected sample of seven women who had attended the Douglas College prenatal series were interviewed in their homes 2-3 weeks postnatal. Utilizing semi-structured interviews the participants were asked a series of six questions pertaining to the educational experience and subsequent birth event. The results were very positive as all women indicated that the prenatal classes were helpful in assisting them through pregnancy and childbirth. Women reported that the labour and childbirth preparation reduced their anxiety and fostered feelings of confidence in progressing through the labour and birth of their baby. There was consensus however, that more time should be dedicated to providing information and support regarding the early postnatal period, breastfeeding and basic infant care. The women cited feelings of vulnerability and lacking confidence in caring for themselves and their babies in the first weeks at home. It was unclear whether this was a consequence of program content or if learner readiness played a role in acquisition of this knowledge. It was recommended that Douglas College continue to utilize the current curriculum with the addition of an extra class specifically dedicated to the issues pertaining to the early postnatal period. Implications for prenatal education and future research are provided.

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Introduction

According to Health Canada's *Family-Centred Maternity and Newborn Care: National Guidelines*, the main objective in the care of women, babies and their families is to maximize the chances of a "healthy mother giving birth to a healthy baby" (Health Canada, 2000, p.9). Canadian health promotion programs directed towards maternal and child health, such as prenatal classes are designed to meet these objectives. The benefits of prenatal education and support to pregnant women are well documented, and would include, but are not limited to; improved birth outcome (Dumas, 2002; Health Canada, 2000), satisfaction with the birth event (Dumas, 2002; Maestras, 2003; Goodman, Mackey & Tavakoli, 2004), and the transition to the early parenting role (Fabian, Radestad & Waldenstrom, 2005; Schneider, 2001). To date, numerous studies have been conducted on the benefits and outcomes of prenatal class attendance; however, there have been challenges in defining and measuring outcomes. In addition, there continues to be a lack of consensus on what evaluative tools to use and what outcomes should be evaluated (Lampron, 2002; Spinelli, Bagli, Donati, Grandolfo & Osborn, 2003).

To date, very little research has been conducted in British Columbia regarding the evaluation of prenatal education programs from the participant's perspective. Most programs are in the practice of conducting short class evaluations utilizing marketing tools. These evaluations occur immediately after the educational experience and request feedback concerning the instructor and aspects of the class with a short questionnaire (Dumas, 2002; Lampron, 2002). To truly understand women's opinions about the usefulness of the classes and to gain insight into their prenatal education needs, there

needed to be an opportunity to engage women in discussion. For these reasons, there was justification and motivation to pursue this project.

The purpose of this study was to ascertain whether women who attend prenatal classes find them useful in assisting them through pregnancy, childbirth and the early postnatal period. The Douglas College Perinatal program was at the centre of this research, as the sample selected for this study was recruited from the Prenatal Series offered through the College. Douglas College (David Lam Campus) is located in the Tri-city area in the northeast sector of the Greater Vancouver area of British Columbia (B.C). The Tri-Cities represent three adjacent suburban cities and two villages, Coquitlam, Port Moody, Anmore, Belcarra and Port Coquitlam, with a combined estimated population of 209,378 for 2007 (BCStats, 2005). The communities are culturally diverse with a significant number of families representing Caucasian, South Korean, Chinese and Eastern European heritage (BCStats, 2005).

Douglas College is the primary provider of perinatal education in the Greater Vancouver area and has been providing "Labour, Birth and Postpartum classes" since 1987. The program is a Lamaze accredited childbirth education program. According to Kathie Lindstrom, Perinatal program manager for Douglas College, 332 participants completed one of two prenatal programs offered through the College in 2007 (personal communication, February 26, 2008). Most of the participants are first-time parents. The program offers both 6-week series (6 consecutive weeks plus a reunion class) to expectant parents as well as the Prenatal In A Day program, a class offered in a single day. Both programs utilize the Douglas College Perinatal curriculum (2002). The handbook *Prepared childbirth- The family Way* by Amis & Green, 2008 is distributed to

the participants and used as a resource for the series. For an overview of the class content see Appendix A, Labour, Birth and Postpartum Class Series Overview and Appendix B Prenatal in a Day Class Overview.

Although the series is primarily offered in English, to meet the needs of the culturally diverse Greater Vancouver cities and communities, the series is also offered in Mandarin and Cantonese. These classes are conducted in the city of Richmond and referred to as the "Success Program". Classes instructed in English are held throughout the Greater Vancouver area including several central locations in the Tri-City area. For the purposes of this research the Port Moody, BC location was utilized for sample recruitment.

The program is offered through the Douglas College Continuing Education Department at a cost of $160 per couple for the 6-week prenatal series and $125 per couple for the Prenatal In A Day. Funding assistance is available to women/couples who are unable to pay for the class.

To ensure that the program meets the needs of the participants, Douglas College conducts short class evaluations at the conclusion of the prenatal class series. These are used to assist in planning classes and future program revisions and are completed for each (full 6 week) series and Prenatal in a day class. Please see (Appendix C) Course Evaluation Form for current evaluation tool. In addition, two perinatal program instructors represent the program on the local Perinatal Advisory Committee, which meets twice a year to discuss community issues in Perinatal care.

Within the last five years Douglas College has conducted a more comprehensive evaluation for the Regional Health District, including feedback regarding pregnancy care,

birth outcome, and satisfaction with hospital stay. Evaluative data regarding the prenatal program attended by the participants was limited to a marketing evaluation tool: satisfaction with the instructor, class environment, and cost of the classes.

Douglas College has been very supportive of this research project. The findings and recommendations of this study will be reviewed with the Douglas College Perinatal manager and a final report will be submitted for future reference.

Statement of the Problem

Do first time mothers of the Tri-City area of Greater Vancouver who attend the Douglas College Prenatal classes in Port Moody, BC, find the classes beneficial in assisting them in the prenatal period, through childbirth and in the first weeks postnatal?

Objectives

1. To explore the coordination and delivery of prenatal education services offered by Douglas College in the Tri-City area of Greater Vancouver.
2. To connect with 1st time mothers in the early postpartum period through face to face interviews and gain an understanding of the perceived prenatal educational needs of pregnant women and new mothers.
3. To ascertain whether there is congruence between the perceived needs of pregnant women and the prenatal program offered by Douglas College.
4. To develop recommendations and strategies to address gaps or shortcomings in the prenatal program offered by Douglas College.

Conceptual framework

The author of this study will utilize Stamler's (1996) Enablement framework for health education. This framework is founded on the concepts of the Adult Learning model developed by Knowles (1980). This model is based on three main assumptions:

1. Adults are self-directed learners
2. The learners must realize a readiness to learn
3. Readiness to learning is problem centred or life-centred as opposed to content-centred

In addition, Knowles acknowledges that adults have rich life experiences from which to draw from and view education as a process that increases competence and the achievement of their perceived goals. These principles suggest that adults learn best when the information is considered valuable and relevant to their immediate life situation (Knowles, 1980).

Stamler's Enablement framework (1996) maintains that the nurse or educator shares the power with the client to identify the goals and to evaluate the interventions of the health education. This concept is a shift from the traditional philosophy of health education, where the nurse or educator is the expert and the client simply the recipient of the information. Stamler (1996) advocates "...the patient is perceived as having expertise in the meaning of patient education to his or her life" (p. 343). This makes the focus of health education both client driven and client centred.

The concept of enablement as it applies to patient education is "to assist the patient to acquire or expand the means, abilities, and/or opportunities to complete a task or fulfill

a role, to the patient's perceived satisfaction" (Stamler 1996 p. 339). The "enablers" are the means, abilities and opportunities are categories for those factors that allow enabling to occur. In this framework, means represents the resources that are needed to attain the patient's or participant's goals. These may include money, time, cognitive/physical abilities and access. Abilities are the skills or competencies required to reach the goal, such as cognitive, biological, psychological and psychomotor skills. Opportunities are, stated simply, chances, and include the concepts of permission, power and practicing (Stamler, 1998)

Stamler (1996) also identifies attributes that are essential to all cases of enablement: (a) the goal of enablement must be identified by the patient or participant, (b) one or more of the "enablers", means, abilities or opportunities must be absent or inadequate to meet the goal, (c) there is interaction between the enabler and the enablee (patient or participant), and (d) success is measured in terms of the patient's defined goal(s).

There are several possible advantages to utilizing the enablement framework as a foundation for this research. It allows the educator (enabler) to gain insight into what the patient/participant believes to be of value or importance to their life situation and measures the education outcome(s) from the patient's perspective of the health education intervention. When the participant identifies that the health education intervention has not been effective or enabling, the participant and the educator can assess whether the means, abilities or opportunities are lacking. This in itself can be empowering for the participant (Stamler, 1996). The enablement framework may be helpful in all stages of program development, including, needs assessment, design, implementation and evaluation (Stamler, 1998). Stamler's 1996 Enablement framework was used as the foundation this

research, as the concept of enablement as it applies to patient education outcomes is congruent with the author's personal beliefs and professional experience regarding the delivery of health education and health promotion interventions.

Review of the Literature

A Historical look at Prenatal Education

For as long as women have been bearing children, there has been a means of transferring the much need information and support to the pregnant women. In most parts of the world, women will still learn about pregnancy, labour and delivery as well as infant and childcare through what Sheila Kitzinger calls the *women's network* (Kitzinger, 1997 as cited in Nolan, 1997). This *women's network* is part of the *female community* and may include the woman's own mother, sister, female relative or friend (Nolan, 1997). This vast body of knowledge has been attained through the experience of attending births and supporting women in the community in raising their infants and young children. It is through the guidance and support of these experienced women that the labouring women would gain confidence in their abilities to bear their children and aid in the transition to parenting, and for centuries had been the only source of prenatal information and support for women (O'Mara, 1999).

However, changes brought on by industrialization in the nineteenth century and the subsequent development of obstetrical medical practice in the twentieth century, lead to a more medicalized approach to pregnancy and childbirth (O'Mara, 1999). According to Nolan (1997) this shifted the traditional home delivery with experienced mothers or midwives to deliveries in public hospitals. Taken out of the supportive female community, physicians there assumed the role as "expert". This shift from home delivery

to public hospital is thought to have started the insidious decline of knowledge and expertise amongst the female community, and has impacted the control women have over their birth experience (Nolan, 1997; O'Mara, 1999).

Today, in Western society, changes to the social structure of the family (smaller families often separated by greater geographical distance), social mobility, advancing education of women, and more women in the workforce, as well as advances in medical technology, have altered both where women and their partners seek prenatal information and support, but also, what information they perceive is needed to promote a healthy pregnancy and positive birth experience (Renkert and Nutbeam, 2001). In addition, today's parents have a strong desire to be more actively involved in the decision-making and childbirth process (Maestas, 2003; Schott, 2003).

Goals of prenatal education

Prenatal educators are in an opportune position to teach and promote healthy lifestyles and behaviours (Dumas, 2002; Health Canada, 2000). Since pregnancy is a time when women and their families are particularly open to considering lifestyle changes, it is essential that the goals of the prenatal education program reflect the perceived needs of the participants with regards to health resources, pregnancy information and support (Dumas, 2002). The Health Canada (2000) "Family-Centred Maternity and Newborn Care: National Guidelines" provide clear goals for the delivery of prenatal education in Canada. According to Health Canada (2000), prenatal education should be offered to:

1. Promote healthy lifestyle behaviours
2. Improve self-esteem and the self-competence of the mother;

3. Enhance family relationships with the focus on effective communication between the woman and her partner;
4. Enable childbirth preparation;
5. Assist in the transition to the postpartum period;
6. Ensure successful infant feeding, promoting breastfeeding as the optimal form of nutrition;
7. Encourage the communication between the woman and her health care providers;
8. Promote the pregnancy and birth experience as a healthy, normal event (p.4.25).

Dumas (2002) supports these principles and further suggests that prenatal education should focus on assisting parents to play a more influential role in their care by taking greater responsibility regarding the health practices for themselves and their children. In addition, prenatal education should work towards empowering parents to ask questions, make informed decisions and to communicate more effectively with the health practitioners involved in their care (Dumas, 2002, Robertson, 2000; Stamler, 1998).

Renkert and Nutbeam (2001) maintain that prenatal education would be an opportune time to improve maternal *health literacy* and therefore should be an important goal of prenatal classes. They define maternal health literacy as "...the cognitive and social skills which determine the motivation and ability of women to gain access to, understand, and use information in ways that promote and maintain their health and the health of their children" (p. 382).

Renkert and Nutbeam's (2001) exploratory study investigated the viability of using the "concept of health literacy to guide the content and process of antenatal education" (p. 381). The researchers conducted individual interviews with five prenatal educators. In addition, two focus groups were held, the first consisted of five pregnant women over 28 weeks gestation, and the second group consisted of seven new mothers five to six weeks postpartum. The educators were asked a series of eight questions regarding the needs of pregnant women, class expectations and opinions on the optimal ways to prepare mothers for the transition to parenthood. The focus group discussions centred on the same topics, specifically their informational needs, class expectations and ways to prepare for parenthood. The results were quite interesting in that the same basic issues were revealed. Both groups (educators and mothers) recognized the severe time restrictions of the classes to present all the information needed to address content for pregnancy, childbirth and early parenting. In addition, this was cited as one of the main reasons why the educators claimed classes were more focused on the transfer of information as opposed to assisting women and their partners in the development of decision making skills and practical skills (2001). The results of this study clearly indicated that it is unreasonable to expect that prenatal classes would cover all the there is to know about pregnancy, childbirth and early parenting. Further to this, Renkert and Nutbeam (2001) conclude that women should take away from their prenatal classes the confidence and skills needed to take the appropriate actions (including behavioural change) that contribute to a successful and healthy pregnancy, childbirth, and early parenting period. This would include the ability to know where to seek information and services and to critically analyze the information they receive (Renkert and Nutbeam, 2001). As a result,

this leads to more than just the transfer of knowledge to women during the prenatal period, but may empower or enable women to take a more active role in their care (Stamler, 1998). This is of particular importance as it may be unreasonable to suggest that prenatal classes would be able to include all there is to know about the prenatal and postnatal period (Dumas, 2002; Renkert and Nutbeam, 2001).

Similar results were found in the qualitative study conducted by Dumas (2002). Dumas utilized focus groups consisting of health professionals and future parents regarding their opinions, feelings and needs, concerning prenatal education. The main purpose of the study was to design a comprehensive prenatal education program that could be utilized by local community health units in Western Quebec. The program had to prove to be evidence based, cost efficient, user- friendly and effective in meeting the needs of the participants. Fifteen focus groups consisting of 3-15 participants each were conducted. Both the health professionals and the future parents recommended prenatal class content that is considered traditional to prenatal classes, for example, early pregnancy, preparation for the birth process, obstetrical procedures, pain control and breastfeeding. Participants frequently noted however, "... that the education should focus on the parents needs and as such should evolve with groups according to changing needs" (Dumas, 2002, p. 6). Participants felt it was of great importance that the classes act as more than just a transfer of knowledge and should encourage a platform for discussion of their perceived needs. This suggests that parents were interested in being empowered to make informed decisions consistent with their own values and beliefs (Dumas, 2002).

Impact of Prenatal Education

Findings in the health literature not only support the need for prenatal education for expectant parents, promoting healthy lifestyle behaviours and reducing the risks, but also to enhance the positive birth experience (Dumas, 2002, Health Canada, 2000). Numerous studies have also associated attendance in prenatal classes with improved health promotion behaviours (Health Canada, 2000; Jackson, 1995; Nutbeam and Renkert, 2001; Sims-Jones, Graham, Crowe, Nigro & McLean, 1998).

Sims-Jones et al (1998) conducted a study through the Ottawa-Carleton Health Department. The purpose of the study was to address low birth weight and investigate whether prenatal classes resulted in lifestyle changes that reduce the risk of low-birth weight. These would include health promotion behaviours such as smoking cessation, improved nutrition, engaging in moderate exercise and stress reduction. The study utilized a survey design with self-completed questionnaires. The sample included 291 participants who where attending prenatal classes. The participants were requested to complete two questionnaires, one at the beginning of the first class and the second near the end of the final class. They reported that participation in prenatal classes resulted in positive behaviour changes for a significant number of the participants. Results indicated that prenatal classes had a positive influence on self-reported healthy lifestyle behaviours such as eating, physical activity, smoking and alcohol use, as well as more effective communication between partners. For example, 54.5% of the smokers changed their smoking behaviour during the series of prenatal classes. A number of participants that cited that the classes had not resulted in behaviour change noted that they were already engaging in healthy lifestyle behaviours prior to the classes. With this in mind, many

maintained that the classes acted to reinforce their healthy lifestyle choices. In addition, the study revealed that there was an increase (75.9%) in the reported confidence level in parents concerning labour and delivery, as well as parenting their newborn (Sim-Jones et al, 1998).

Although Jackson's (1995) study of 60 primiparous women is not a recent study, the results of this study are noteworthy. Jackson conducted an ex-post-facto study of 60 healthy women expecting their first child with the purpose of comparing attendance in childbirth education, health promotion behaviours and infant birth weight. Jackson found that attendance to prenatal classes did not result in fewer low-birth weight babies, as there was no significant difference in infant birth weight between women who had attended prenatal classes and those women who had little or no prenatal education. Interestingly however, there was a significant difference between these two groups with regards to health promotion behaviours. Women who attended three or more prenatal classes scored significantly higher in the Health Promotion Lifestyle Profile, with the greatest differences seen in health responsibility, nutrition, self-actualization and exercise. Jackson concluded by stating that the absence of any difference in infant birth weight between the two groups suggests that prenatal education on its own is only one of many variables that may impact infant birth weight (Jackson, 1995). She goes further in recommending that prenatal educators and other health care providers consider the demographic variables such as income, education and family size and behavioural aspects such as self-actualization and health responsibility, as influencing factors in the successful adoption of health promotion behaviours related to pregnancy.

Maestas (2003) investigated the effects of prenatal classes on women's current beliefs and perceptions of childbearing. The study employed the use of the Utah test for the Childbearing Year, developed by Joyce Cameron Foster in 1981 (Maestas, 2003). This research tool consisted of a sixty-four-item survey with the purpose of assessing women's belief's and perception about childbirth. Maestras used four different concept areas to establish reliability and validity: a) fear of the childbirth process, b) childbearing locus of control and reliance on powerful others, c) passive compliance versus active participation in childbirth care decisions, and d) personal values about childbearing and childrearing. Fifty-seven women who were enrolled in ten different prenatal programs took a pre-class survey and forty-two women took the post-class survey. The study results revealed information about the effect of prenatal education on the perceptions and beliefs of pregnant women. Using the Fear of Childbirth scale, prenatal education classes appeared to decrease a woman's fear of childbirth. This may have been due to the fact that after attending prenatal classes, these women were more knowledgeable about what to expect in the normal course of labour and deliver. There was also a significant increase in the women's desire to be an active participant in decision-making during the childbirth process, which was associated with increased satisfaction with the birth experience. There were two areas where prenatal classes appeared to have little impact. One was locus of control "…whether a woman believes that powerful others or her own actions should determine the course of her labour" (p. 20). Maestras (2003) believes that this group had a low reliance on powerful others in childbirth even before they attended the prenatal classes and that there was little room for a large decline in the test scores. The other was that there was no change in women's personal value of childbearing after

prenatal classes. This was not considered surprising as prenatal classes focus on the physical and mental preparation for pregnancy and childbirth and not whether or not to value childbearing. Values of childbearing are thought to vary differently among women for various reasons including culture and life experience (Maestras, 2003). Maestras concluded by suggesting that prenatal education is an intervention that can have a positive impact on childbearing women by reducing anxiety and fear, instilling confidence, and increasing the desire to be an active participant in decisions surrounding the birthing experience (2003).

Nolan (1997) stated that although expectant parents attend classes to learn more about pregnancy, and the birth experience, there are also social aspects to theses classes that are invaluable to many participants. These would include meeting a new group of friends that were going through the same experience (Nolan, 1997; O'Connor, 2000), discussing their fears and worries with other prospective parents (Nolan, 1997; O'Connor, 2000), the opportunity for social interaction with a new social group, and meeting other mothers to create a network of support (Dumas, 2002; Nolan, 1997; Bell and Ledgley, 2002). Further to this, the positive impact of prenatal education on the development of a social network for parents was also identified by Fabian, Radestad and Waldenstrom (2005) who maintain that this social network of new parents acts to support the transition to the role of parenting. This study will be discussed in greater detail in the next section of this review.

The Challenge of Measuring Outcomes

Currently, most prenatal or childbirth classes are evaluated using marketing tools (Dumas, 2002; Lampron, 2002). Participants are requested to evaluate the instructor and

class material covered by completing a short questionnaire. Collecting information about the selected program or class is helpful from a marketing perspective, yet the results will tell the educator little about the true outcomes from the classes (Lampron, 2002, Stamler, 1998).

Although there is documentation about the positive impact and benefits of prenatal education (Dumas, 2002; Health Canada, 2000; Maestras, 2003; and Sims-Jones et al, 1998) to date, there are few tools developed to determine and effectively evaluate the outcomes of attendance to prenatal education programs (Fabian et al, 2005; Lampron, 2002). Broad health promotion interventions such as prenatal education are problematic to evaluate as a whole, particularly when one take's into account the potential impact in many areas such as pregnancy or obstetrical outcomes, parenting, self-care behaviours, self-confidence, and satisfaction with the birth experience (Dumas, 2002; Lampron, 2002). Further to this, opinions regarding the effects of prenatal classes are difficult to distinguish from the impact that other sources of information have on the mother (Fabian, et al, 2005; Hallgren, Kihlgren,Norberg &Forslin, 1995). Simply put, one cannot overlook the influence of culture, parents' own expectations and goals, hospital practices as well as the attitudes of health practitioners have on parents' responses to pregnancy and the childbirth outcome (Fabian et al, 2005; Schneider, 2001).

A challenge that researchers are faced with is that there are differing opinions in defining prenatal education outcomes, and the accurate measurement of these diverse outcomes (Koehn, 2002; Lampron, 2002; Spinelli,et al, 2003). This became quite evident to the author when investigating reports on the impact of prenatal education. As there continues to be differing opinions on the impact of prenatal education it is not surprising

that there would also be lack of on agreement on a consistent way to evaluate prenatal education program outcomes.

The problematic nature of measuring prenatal education outcomes was identified in Koehn's (2002) integrated review of childbirth education literature. She noted that there have been numerous studies on the impact or outcomes of prenatal education. Results were dependent upon the format of the prenatal education program, the outcomes measured, the research framework utilized, and whether the outcomes are measured in a comprehensive or systematic way. Koehn (2002) identified five common outcome categories that emerged from the literature:

1. Health promotion behaviours (factors impacting low-birth weight);
2. Influences on self-care;
3. Perceptions related to birth;
4. Class curriculum;
5. Impact on coping (p.13)

Koehn (2002) identified and discussed many of the limitations to the studies. The reviewed studies revealed that although there is acceptance of the need and benefits of prenatal education, there continues to be mixed results as to the effectiveness of prenatal education outcomes, ".. as a group, these recent studies are so different and flawed that they really cannot be used to draw any conclusions about childbirth education" (p. 16). In addition she noted that there was no consistent methodology utilized and that there was significant diversity in the outcomes that were measured. Further to this, the eleven studies that were reviewed were conducted in seven different countries, therefore

differences in health care systems, the diversity of the content focus, educator qualifications, and the culture and philosophy of pregnancy and childbirth all need to be considered, as they contribute to outcome variability. Koehn (2002) makes several recommendations with regards to these findings. She advocates for conducting studies that are health focused as opposed to being limited to outcomes that are modeled after a ill/disease framework (Humenick, 2000 as cited in Koehn), and utilizing a study model that takes into account input differences, such as subject's level of motivation, attitudes and practices of maternal care providers, as well as additional factors that could influence a woman's perception of childbirth. Koehn further notes that since variations will always exist in prenatal education class content and settings, interventions of prenatal education need to be standardized/categorized, and there would be value in a meta-analysis of the small-scale research studies in prenatal education conducted in the last twenty years (2002).

A review of the literature indicates that there is little consensus as to how the effectiveness or impact of prenatal education is to be measured. Furthermore, some researchers purport that the effects of prenatal education and childbirth classes remains, to this day, largely unknown (Fabian et al, 2005, Savage, 2006). However, over the last 15 years there has been interest in taking a different approach to measuring the impact and effectiveness of prenatal education: seeking the opinion of the women who participate in the classes (Savage, 2006; Schneider, 2001).

Women's perceptions of prenatal / childbirth education

Up until the last decade or so, the importance of addressing the perceived needs of pregnant women in the educational process was not fully appreciated (Fabian et al, 2005;

Stamler, 1998). As a result, few studies focused on the opinions of women regarding whether prenatal classes met their perceived goals/needs and if, in the end, they were helpful in preparing them for childbirth and early parenting. It has, for the most part, been assumed that pregnant women want information and that the health provider, being the 'expert', was in the best position to make the decisions regarding what and how information was to be presented (Fabian et al, 2005; Stamler, 1998). However, with advancing information technology and the availability of educational resources, women and their partners are seeking to have more input into their prenatal and parenting needs (Savage, 2006; Stamler, 1998). Since the late 1990's a number of studies have been undertaken in efforts to illuminate the importance of pregnant women's perceived needs and opinions about the usefulness of prenatal classes.

Two notable studies have emerged from Sweden. The first is an early study conducted in 1995 by Hallgren, Kihlgren, Norberg and Froslin, which investigated women's perceptions of childbirth and childbirth education before and after education and birth. This study was qualitative in nature, utilizing tape-recorded interviews of 11 primiparous women before and after childbirth classes (around the 27th and 36th gestation week) and one interview between one and three weeks postpartum. Data interpretation was guided by Antonovsky's concept sense of coherence framework (Hallgren et al, 1995). The four perceptions of childbirth that emerged from the initial interviews were that childbirth is "a threatening event, a joyful but a frightening event, a normal process and a challenge, and is a trustworthy life event" (p. 132).

What the researchers observed suggests these women adopted or interpreted the class content was dependent upon their perceptions of childbirth (Hallgren et al, 1995).

For women who perceived childbirth as a threatening event, childbirth classes were considered "nice" but some of the content elicited anxiety. In the postpartum interview these women felt that the information received in classes was of little use. A number of women perceived childbirth as a normal process and a challenge, and considered childbirth manageable under certain expected conditions. These women considered the childbirth classes helpful in making childbirth manageable, particularly when the actual birth event did not diverge from the expected conditions and was congruent with their expectations. All the women in this group voiced that they were unprepared for the amount of pain experienced (Hallgren et al, 1995).

Most notable, was the small number of women (two) who had indicated their view of childbirth as a trustworthy life event. These women felt that the childbirth classes prepared them for the birth and contributed to their positive birth experience. They believed that their expectations were realistic (they expected to experience pain) and were prepared for the event. The researchers concluded that the findings of this study suggest that it may not be possible to meet all the needs of women who participate in prenatal classes. It appears that all women adopted the content of the classes in different ways. They further go to say that although new capabilities can be learned, its use is dependent upon the women's current habits, skills and expectations. Therefore, for a prenatal education program to be effective it is imperative that women's expectations and goals for education and childbirth be taken into consideration (Hallgren et al, 1995).

A decade later, Fabian, Radestad and Waldenstrom (2005) conducted a similar study titled, *Childbirth and parenthood education classes in Sweden. Women's opinion and possible outcomes*. This study evaluated the current practices of childbirth education

classes based on women's views and is considered to be the first of this type of study in Sweden. Unlike Hallgren et al 1995 study, this was a large quantitative study, seeking participants from 593 Maternity clinics with a total sample size of 1197 Swedish speaking women. The women were asked to complete a series of three questionnaires: during pregnancy, and 2 months and 12 months after giving birth. The goal of this study was to investigate whether women who attended prenatal classes considered these classes helpful as preparation for childbirth and early parenting. In addition, the researchers were interested in comparing attendees and non- attendees of prenatal classes in the use of pain relief techniques, overall birth experience and duration of breastfeeding. Overall, the study revealed that the majority of first time mothers (74%) found the classes to be helpful in preparing them for childbirth. There was a correlation between the number of classes attended and increased levels of confidence related to the birth experience. Women that were younger, single, and had lower socio-economic status or were less educated were more likely to indicate that the classes were not helpful. There was no statistical difference between attendees and non-attendees in relation to breastfeeding duration and personal experience of pain. However, it was noted that women that attended the classes were more likely to use more pain relief techniques, both pharmacological and non-pharmacological. This suggests that by informing women of their options for pain relief increased their use rather than help women prepare or cope with pain without pain relief Fabian et al (2005), conclude that their findings appear to be somewhat contradictory and have proposed two explanations. The first is that prenatal classes do not prepare women for childbirth, and that the fact that the majority of the women stated that the classes were helpful could be explained by the "what is must be

best" (p. 441) phenomenon. Which goes to say that people tend to justify their actions when asked in retrospect. The other explanation is that prenatal classes are effective in preparing women for childbirth, not necessarily by allowing them to cope without pharmacological pain relief, but possibly in ways that were not captured in the questions on memory of pain and overall birth experience, but in the question that simply asked women's own views on overall helpfulness. In addition, the women indicated that they became increasingly confident with each successive class they attended, this for many seems to equate into feeling better prepared for the impending birth event (2005).

An Australian study, conducted by Schneider (2001), takes a different approach to understanding women's views on prenatal education and its usefulness. Unlike the quantitative approach of Fabian et al (2005), Schneider conducted interviews of 13 pregnant women between the ages of 25-42 years in their 3rd trimester and 10-14 days post-partum. Two grounded theory procedures, "...the making of comparisons and the asking of questions" (p.14) were used to analyse the prenatal classes. The purpose of the study was to listen to women's perception of prenatal classes, that is, how they interpreted the prenatal class experience, what information did they consider significant to their needs and retrospectively, did they find this information useful.

Three major topics of interest were revealed in the first interview when the participants were asked the question "to what extent were your expectations of the classes met?" (p.16). These included labour, birth and pain relief, baby care, and coping with baby at home and breastfeeding. The majority of the women were satisfied with the information offered regarding labour and birth as well as non-pharmacological and pharmacological methods of pain relief. Consistent with the findings of Fabian et al

(2005), it was noted that there was great interest on the topic of epidural anaesthesia. Most of the women expected that there would be some discussion on the topic of baby care and coping with their new infant. Most stated that they were disappointed that there was very little time dedicated to these topics (Schneider, 2001). With regards to the information on breastfeeding, seven women found the information to be interesting and pertinent; whereas the other six women found the information they received to be "superficial" (p. 16).

The second interview was conducted in the early post-partum period (10-14 days post-birth). At this time the new mothers were asked about their births and to reflect on the information that they had received in their prenatal classes. They were asked to what extent was the information presented helpful to them in preparing for or coping with labour and birth. It was apparent to the researchers that all the women appeared to be unprepared for their labour and birth event (Schneider, 2001). They indicated that although the majority of class time was spent discussing issues associated with labour and birth, they believed that no amount of information could have prepared them for their birth experience, as stated by one participant "no one, nothing, can prepare you for the pain" (p. 18). It is important to note that all the women in the study had stated to their midwife that they wanted a "natural" birth. Yet at the onset of labour, 11 of the 13 women had requested epidural anaesthesia. According to Schneider (2001), this may be due in part to unrealistic expectations regarding the birth event. This finding is consistent with those of Fabian et al (2005) and Hallgren et al (1995). Despite feeling unprepared for the pain associated with birth, all the women agreed that more class time should have been spent on infant care, what to expect when you bring baby home and breastfeeding/

bottlefeeding. The request for more information on early parenting, specifically baby care and coping with baby in the early postpartum period has repeatedly been identified in other similar studies (Dumas, 2002; Fabian et al, 2005).

Schneider (2001) makes several recommendations as a result of these findings. She maintains that midwives and prenatal educators need to encourage realistic expectations, and allow for flexibility in the class by supporting discussion regarding participants perceived needs. Lastly, she suggests that evaluation of prenatal education programs should be ongoing to ensure that women's perceived needs and program objectives are being met (Schneider, 2001).

A complimentary Canadian study was recently conducted by the Region of Peel Health Department (2004). The objectives of this multi-faceted study were to investigate and work to improve attendance in prenatal classes and to ascertain the prenatal educational needs of those that attend the classes. Methods utilized in this study were telephone surveys and focus groups. The survey sample included mothers from the Healthy Babies/Healthy Children program and those that had not attended any prenatal program in preparation for the birth of their baby. All participants resided in the Peel region of Ontario. In total 1,003 women participated in the telephone survey and 32% had attended prenatal classes for their most recent pregnancy. For women whom reported this as their first pregnancy, 58% reported attending prenatal classes as opposed to 10% attendance for those women who had more than one pregnancy. Among the mothers who reported attending prenatal classes, 15 participated in the focus group session.

The findings of this study were similar to the studies conducted by Hallgren et al, (1995) and Fabian et al (2005). The majority of the women (73%) reported that the

prenatal classes they had attended were valuable. Topics that women found most helpful in labour and delivery included breathing and relaxation techniques, information on pain relief, information and resources for partners, and breastfeeding information. The women also identified which information they thought was lacking in the classes such as realistic information regarding breastfeeding initiation and troubleshooting any problems mothers may encounter, information about feeding alternatives and formula selection, basic well-baby care and information about caring for a sick child, and information regarding postnatal and parenting resources. The content gaps identified by the women in this study are consistent with the studies conducted by Schneider (2001) and Dumas (2002). Recommendations included the systematic review of class curricula by prenatal educators to ensure that the content provides adequate information concerning infant feeding, postnatal issues and community resources. It was also suggested that Peel Health follow-up with periodic participant evaluations to ensure that the programs continue to meet the needs of the participants.

In summary, although the methods and results of the reviewed studies are varied, all researchers acknowledge a common thread. It is important to include women in the educational process, to value women's lived birth experiences and listen to their perceptions of the information and strategies they considered helpful in preparing them for childbirth, and in some cases early parenting. It is noteworthy to say that these aspects are consistent with the philosophy of adult learning theory and further supported by Stamler's Enablement Framework (1996, 1998). In Canada, specifically in the province of British Columbia, very little research to date has been conducted on evaluating the effectiveness of prenatal classes from the participant's perspective. The literature has

supported the need to pursue this project with the opinions and views of the women's perceived needs in mind.

Methodology

A qualitative approach was used to gain an understanding of the experiences and opinions of first-time mothers regarding prenatal classes. Face-to face semi-structured interviews were utilized as a means for data collection. Qualitative research methodology, specifically the use of face-to-face interviews was chosen for several reasons. It was the goal of the researcher to provide women with an opportunity to describe their experiences in their own words and to provide context, meaning and appreciate the richness of the information collected. According to Patton (2002),

> Qualitative data describe. They take us, as readers, into the time and place of the observation so that we know what it is like to have been there. They capture and communicate someone else's experience of the world in his or her own words. Qualitative data tell a story. (p. 47)

The following will provide detailed information on the study sample as well as the process of data collection.

Sample

The target population chosen were women who were expecting their first child and were attending prenatal classes in preparation for childbirth. Inclusion criteria were: 1) women attending the 6 week Douglas College Prenatal series, 2) primiparous, 3) between the ages of 20-43 years of age, 4) must speak and read English, 5) singleton live birth born in a hospital in British Columbia, 6) living with her partner (married or

common-law) and 7) delivered 2-4 weeks prior to the interview. There were no exclusion criteria other than those previously mentioned.

All participants were recruited at the sixth class of the Douglas College Prenatal series offered in Port Moody, British Columbia in June 2008. Recruiting all participants from one class was done intentionally, so as to reduce the variables associated with different classes and instructors and the possibility of different topics being the focus of discussion. A short information session was conducted where potential participants were given the cover letter and consent form (Appendix D and Appendix E). Potential participants were given the opportunity to ask questions about the study or their involvement. At the conclusion of the class, seven women had given written consent to participate in the study. There was no attrition, as all seven women participated in the interview process post-partum.

Data Collection

Ethical approval was obtained from Lakehead University and Douglas College prior to recruitment and data collection (see Appendix F: Ethical Approval Letter) and all issues pertaining to ethical approval were strictly adhered to. Considering the scale of this project a small sample size of seven individuals was chosen. The student investigator conducted semi-structured interviews in the participant's home 2-3 weeks postnatal. Interviews took approximately 60 minutes and were audio recorded for accuracy. The interview consisted of six questions:

1. Tell me about the reasons you had for attending prenatal classes
2. What did you hope to learn from the classes?

3. Tell me about the birth of your baby; how did the actual birth differ from your expectations?
4. Could you tell me in what ways the prenatal classes were helpful to you in preparing for your birth? In what ways were the classes not helpful?
5. Could you tell me in what ways the prenatal classes were helpful to you regarding caring for baby for the first 2-3 weeks at home? In what ways were the classes not helpful?
6. If you could create prenatal classes just for you, what would it look like? How would the program be similar to the one you attended? How would it be different? (Adapted from Stamler, 1998)

After a short period of introductions, the participant was reminded that no names would be used in the project paper and that she could refuse to answer any question(s) and could withdraw from the study at any time. For consistency, all interview questions were asked in the same order for each interview. The participant was given ample time to answer each interview question, in as much detail as she saw fit. This allowed the participant time to tell her own story in her own way without undue stress or anxiety. For the most part, the interview came to a natural halt when the participant felt satisfied with her response to the given questions.

At the conclusion of the interview the participants were thanked for their time and told that they may be contacted again by phone in the following weeks should there be any need to clarify any statements or to validate the interpretation of data collected.

Interview summary notes were prepared after each of the interviews. This was done in an attempt to capture the general ‘feel’ or impression left by the interview.

After the third interview was completed, it was noted that common themes were emerging from the interview data. To confirm and pursue this potential trend, the first two participants were contacted by phone with the purpose of validating the data obtained from their respective interviews. From this, interview questions could be refined and emerging themes could be examined in further depth.

Once all interviews were completed, a professional transcription service was utilized for the transcription of the audio data. All audio recordings were transcribed verbatim. Audio recordings and written transcripts were examined multiple times to gain an understanding or make meaning of the participants' experiences through their stories and to identify shared perceptions or themes as they emerged from the data.

Findings

The seven participants in this study had attended all six classes of the Douglas College Prenatal Series. All participants were married and their ages ranged from 27 to 43 years. All had completed post-secondary education; four held Bachelor Degrees and three women were Master's prepared. Five participants were Caucasian, one participant was Chinese-Canadian and the other was of North African decent born in France. All worked outside the home prior to the delivery of their babies.

The findings from this study will be presented using narrative data from the interviews with the participants. The intent is to examine the shared perceptions, common themes or the key concepts that emerged from the six interview questions.

Reasons for attending prenatal classes and what they hoped to learn

Women were asked their reasons for attending the prenatal classes and what they hoped to learn or take away from the classes. The three main reasons for attending the

classes were identified as getting information and preparation, wanting their husbands to be active participants in the birth and parenting process, and meeting other new prospective parents for social support.

All of the women stated that this was their first child and that they took the classes to learn more about pregnancy, labour and childbirth. In addition, all the women stated that they wanted information about the first 2-3 weeks at home with baby. Data such as "This is my first child and I don't have a lot of experience, I just wanted to get as much information as possible", " I really needed to know what to expect" and " I knew that I needed to learn more, but I didn't know what I needed to learn. So I thought by at least going to the class I'd get some information and then from there I could do extra reading and research on my own, you know, to get my self ready" support the importance these women placed on knowing what to expect and being prepared. Not only were women seeking information about pregnancy, labour and delivery, in order to feel prepared, all seven women expressed the need for information regarding the first 2-3 weeks at home; how to care for themselves and their infants. Statements such as " I was excited, but really nervous about bringing a new baby home", and "...we were looking for something more [than birthing information], essentially what to do with this child that you're bringing home, this new life, that you've never had in your house before. That is essentially what we wanted out of the classes". One woman seemed to place greater value on the need for postnatal information than on the birthing process, "Really, I wasn't so worried about the labour and delivery, the baby has to come out one way or another, but you really need to be prepared for bringing baby home". Statements such as these made it apparent that these women were thinking beyond the actual birth event and were

concerning themselves with the transitions associated with the postnatal period and early parenting.

The second reason for attending prenatal classes was to assist the husband in becoming an active participant in the birth process. Husband participation was considered a very important aspect of childbirth preparation for these women, as supported by these comments, "I really needed him to attend, he knew nothing about childbirth or caring for a baby", "I thought it would be a good way for us to bond around the pregnancy as a couple" and "He needed to know what to expect, he wanted to be able to support me". One woman went into more detail about why her husband's participation in the classes was so important, "…my focus was simple, I must deliver this baby, for my husband, it is more complicated, his role is more complex as a husband and support person". Five of the seven women expressed the need for their partner to have a strong presence during the labour and delivery, and the need to feel confident in their ability to support their wives. It was thought that participation, both for information and meeting other first time fathers, would build confidence around this role.

The social aspect of prenatal classes was also identified as a reason for attending prenatal classes. Most of the women, six out of the seven, indicated that they looked to the classes as an opportunity to network and to meet other new mothers in the area. All six women described the need to have other women to talk to and appreciate each other's similar circumstance. "I wanted to talk to other women and see how they were coping with pregnancy issues and maybe how they were preparing for their baby, even share resources", stated one woman, another explained, "I sort of looked at the group as a sort of networking opportunity, as well as to meet other moms in the area, and sort of have a

little support group I guess". One woman stated that she had sufficient support from friends who were either pregnant or new parents and she had family that lived close by, so the social aspect of the classes was not specifically what she sought out of the classes. She did say however, that she did think that having the opportunity to talk with other pregnant women would enhance the class experience.

Also of note is that all the women in this study described the perceived role of prenatal classes in their birth preparation as an additional resource for them as opposed to a 'stand alone' resource that could offer all they needed to know. All mentioned doing extensive research on their own to fulfill their need for knowledge. All used the Internet as well as various parenting books to prepare themselves for the birth process, breastfeeding and transitioning to early parenting. In addition, many used friends or family members that were either pregnant or new parents as a resource for any questions or concerns they had.

Tell me about the birth of your baby. Did your actual birth differ from what you expected?

All seven women were very willing to discuss the events leading up to the birth of their baby. Six of the seven women delivered in the same hospital, the seventh delivered in a different local hospital where her husband was employed. Five of the seven women had vaginal deliveries and two had unplanned Caesarean Sections (C-Sections). Three of the seven women were induced either to initiate labour or to assist slow progressing labour. All women delivered healthy babies, although one infant was later diagnosed with a non-life threatening correctable heart anomaly. Six delivered within a week of their due dates, one woman delivered her baby three weeks early without complications. All

women stated that they utilized medications for pain relief, and all but one woman requested an epidural to make labour more manageable.

Essentially all the women were pleased with the birthing experience, albeit four noted that the course of their labour and delivery was not totally what they had planned or expected. Within this group of four women, three had received either oxytocin or pitocin to assist with the labour. One woman, in explaining what is was like said, "I did not really expect that intensity of pain, it came on so suddenly, I was not prepared for this, so I decided 'so much for natural childbirth, bring on the meds'. Initially, I felt guilty for taking the morphine, but soon realized I needed to do what was best for me at the time. I did not anticipate anything out of the ordinary to happen, so I guess I wasn't really prepared for that". Another stated, "I didn't expect it to be as painful as it was. But I don't know if any class can really prepare you for that unless you've done it".

Consistent with all seven women was the expectation that they would experience periods of "moderate to intense" pain and that they would use some of the relaxation or breathing exercises taught in the class before utilizing medications or the epidural.

Two of the seven women noted that they found labour to be less distressing than they expected. Both of these women stated they went into labour with no definite expectations or birth plan. Both delivered vaginally and were not induced. One woman stated, "We [my husband and I] went in without a birth plan intentionally, that way I could remain open minded and go with the flow of the labour. I thought I might use the breathing and ball exercises, but was also totally open to meds or an epidural if I needed it". The other explained that she felt prepared for the birth and did not feel the need for a birth plan because "I did not want to be disappointed if things didn't go as planned. In the

end I don't know if my labour was easier than that of the other mothers, but it really didn't seem as bad as I heard it could be, I mean my labour progressed normally, and it did hurt, but I expected it to so it was nothing I felt I couldn't deal with".

In contrast, is the experience of one of the women who had an unplanned C-section. "We were 99.99% committed to a home birth. It would be a nice, clean, simple home birth and there wouldn't be any complications. We never gave the hospital a thought. But then things did not go as planned, she [the baby] was stuck and we had no choice but to go to the hospital.....I had narcotics then an epidural because of the pain. In the end she was delivered by C-section". She further explained that she was not prepared for any 'extreme' interventions as she did not expect to have any problems and so she really did not pay close attention to the topics of intervention and C-sections. "I didn't feel that this information was relevant to my situation at the time".

All the women communicated that they were pleased with the support they received by the nurses in the hospital, although four women commented that they would have liked even more time with the nurses to answer questions and to assist with breastfeeding. All but one woman expressed the desire for a longer hospital stay for the purposes of support with breastfeeding and baby care.

How did the classes prepare you for labour and delivery of your baby?

Overall responses to this question were very positive as all seven women agreed that the prenatal classes were helpful to them in preparing for labour and delivery. The main themes that emerged from the interviews included feeling prepared and confident, and experiencing less anxiety. It should be noted that these women associated feeling

prepared and confident with an increased ability to make informed decisions and cope with the labour and delivery, "I felt prepared and well, thought, I really think I can do this" stated one woman. Another woman said that she felt less anxious after attending the classes, "I didn't know what to expect, which really freaked me out, so after we had a few classes and talked about how to manage the pain I felt better, less scared perhaps".

Information identified as being useful to these women in preparing themselves and reducing anxiety included: learning about the different stages of labour and what to expect, strategies to help manage pain including drug-free options such as massage, focused breathing, positioning and pharmaceuticals, as well as information on epidural anaesthetic. One woman stated that she initially changed her mind about accepting narcotics to manage pain during labour due to the risk of side effects to the baby. "After the class, I decided that I would not take the risk, even a really small risk. But then the pain was so intense I gave in and asked for Morphine. Initially I was disappointed in myself, I mean the instructor was really 'pro-natural', but then I realized that I was also able to use the information we talked about to make the right choice for me. So in the end I guess the class helped me to make that informed choice".

Three women also mentioned that the class spent on discussing interventions, including C-sections was quite useful, the other four women made -little or no mention of this topic. Six out of the seven women also identified the instructor's enthusiasm, experience, and personal anecdotes that provided a "real life" quality to the topics discussed as extremely beneficial to them, "The stories, they were helpful, I mean they were real, you know, real life examples of how women coped, and we [my husband and I] thought 'OK, we can do this'". Further to this, five of the women mentioned that the

instructor's use of audiovisuals and demonstrations helped them 'visualize' how things could progress during labour. Several women recalled an exercise demonstrating how many health professionals may be present in their room during labour, "It was a real eye opener for sure…so it wasn't a surprise for me when all these doctors and nurses piled into the room as they prepared me for the C-section".

Five women made comments about how helpful they thought the classes were to their partners in helping to support them through the labour and delivery. "He [my husband] kept reminding me of the breathing exercises we did in class, he kept me focussed, which really helped a lot" said one woman, another explained how surprised she was that her husband remembered the strategies for relaxation that were taught in the class. "I was totally surprised that he remembered any of that relaxation stuff we talked about, and I mean it really helped because when the labour got really intense I totally forgot what we had reviewed, so it's good one of us remembered what to do". One woman explained that she thought the classes allowed her husband to better understand why she was anxious about the impending labour and delivery, "I think when he saw that first birthing video he really started to understand why I was so anxious. I think really that it was then that he realized how much I was going to need his help and that we were in this together". Comments such as these illustrate the significance of labour support to the woman and the benefits of the partners being informed and prepared for the labour and birth experience.

Lastly, all the women mentioned that the instructor was very receptive to questions and was very willing to discuss any concerns they had in an atmosphere that

was welcoming, fun and non-judgemental. Several of the women communicated that this helped to reduce anxiety surrounding their impending labour and delivery.

How did the classes prepare/help you in the early days at home with baby?

There was much discussion that surfaced when women were asked this question. All of the women stated that they were very interested in the information presented regarding the postnatal period. Of particular value was the class dedicated to infant feeding. This class focussed primarily on the benefits of breastfeeding and included demonstrations presented in video format and practice with a doll on the proper positioning of the infant. All seven women agreed that the information presented was of benefit to them in initiating breastfeeding with their infant. "The breastfeeding info was really helpful, and that helped me even more in the hospital when the nurses weren't around to help me" stated one woman. Another noted "The information on breastfeeding was great, although she [the instructor] didn't cover how to troubleshoot if you had problems; but it was enough to get us started with the feeding process". Three women stated that they would have liked even more information regarding breastfeeding, such as, where to get a breast pump, how to contact a lactation consultant, what to do when you run into problems (engorgement, nipple care, mastitis). It is noteworthy that all seven women were exclusively breastfeeding their infants at the time of the interview.

In addition to information on breastfeeding, all the women noted that the information about basic baby care was helpful albeit limited. Six women stated that they would have needed more information about the first week home with baby. Although most women indicated that they were aware of how much baby would eat and sleep, there was still a desire to review normal parameters for infant behaviours such as eating,

sleeping, and crying and what actions they should take should their infants deviate from the norm.

Overall, most women believed that the information discussed regarding the postnatal period was helpful yet did not fully meet their needs or expectations. Five of the women spoke very openly about how unprepared they felt caring for themselves and their baby the first weeks at home. Many described feeling anxious and uncertain about caring for themselves and their infants.

Two women where visibly upset when they talked about how vulnerable they felt when they took their baby home for the first time. “I felt extremely nervous coming home, I really thought that I should have felt more confident, I really could have used more support regarding baby care and what to expect that first week home”.

The woman who’s infant had been diagnosed with a correctable heart anomaly noted that she was really nervous about bringing her baby home, “Our postnatal period was not exactly textbook, I mean none of us expect our baby to have any problems, no matter how small, so I don’t think that the classes could ever prepare you for what could go wrong. We have a good doctor and that helped, but we [my husband and I] were still really nervous, even the usual ‘baby care stuff’ made us a little nervous”.

Many women seemed to be surprised at how much fatigue they were experiencing during the first weeks at home. One woman, noted that although she felt “pretty confident” caring for her infant, she would have liked more information on how to care for herself, “I was not prepared for how fatigued I became, and really wasn’t sure if that was normal and how I would manage”. Another recalled,” I didn’t know what to expect,

and I was so unbelievably tired, thank god my mother came to stay with us, otherwise I would have gone insane".

Six of the women clearly communicated that they would have been receptive to additional postnatal information as part of the class series. One woman however, stated that she was more focussed on the labour and doesn't think that she would have appreciated further discussion regarding the postnatal period "I don't know if it would have been worth it to review any more information about baby care and feeding because I sort of knew the basics, like what to expect, and that seemed to be enough at the time. I was worrying about the labour, I was most anxious about that". She did affirm, like the other participants, that the information discussed in class was helpful to her regarding care of herself and her baby, yet after being at home for over a week feels she could have used more information, "It just didn't seem that important at the time" she added. Further to this, it was interesting to note that when women were asked to what extent postnatal information was discussed two of the women could not clearly recall if information was discussed at length and in some circumstances if specific topics were addressed at all. It appears that although all women agree that they could have used additional information regarding the postnatal period, not all of the women were ready for the information when it was offered, in the prenatal period.

Although many women reported that there were a number of gaps in the prenatal series with regards to preparing and coping in the early postnatal period, there was an aspect of the class that appeared to be of great benefit to the women that attended the class series together. Five of the seven women spoke very positively of the support they received from the other class participants after the birth of their baby. Many described

that they had a "bond" or "connection" with each other. One woman stated, "We all stayed connected using FaceBook as we all had computers. It was great, everyone shared their labour and birth experience, which was good 'cause we all had really different births and such. In a way we learned from each other's experience. We also call each other to troubleshoot problems we're having at home, you know, like breastfeeding problems or when baby won't sleep". Another reported that she had no family in the area so having a little "support group" of new mothers to talk to was extremely beneficial. One woman stated that even though her mother came to stay with her to help with the baby, she didn't necessarily have the experience to help her," My mom had 3 kids and never breastfed any of us. She couldn't understand my frustration when I was trying to get [my baby] to latch, so it was good to talk to some of my classmates who seemed to understand and could help a little".

It was clear that these women placed great value on the many new friendships they have developed and the support they continue to receive from each other. All women stated that they would be attending the class reunion in September and as one woman stated, all are excited to "show- off" their babies.

Creating a prenatal class that would meet your needs

For the last interview question the women were asked to create a prenatal program that would have best suited their prenatal needs, and to describe how their program would be similar and different to the prenatal series they attended through Douglas College.

All seven women agreed that there would be very little they would change in the Douglas College Prenatal series. There was consensus that the program was very

informative and enjoyable." I thought it was fantastic," said one woman, she continued by saying "… the whole thing was, we loved the instructor, she brought interest to the class, she was really funny, plus you could tell that she was really informed, she has attended over 300 births, and so we had immediate trust in her", another explained, that she wouldn't change any of the material covered in class, "…everything she covered in class was of some use to me, some stuff was more important to me than to others, but I don't thing I would leave any of the information out". Many made a point in saying that the instructor was key to the success of the program. "She was very enthusiastic, and fun and made us feel welcome….we enjoyed coming back every week" was one of several comments made. All the participants seemed to share similar thoughts on the value of an experienced, knowledgeable and enthusiastic educator.

Four of the seven women said that they would most certainly use more up to date videos, as some of the videos and other visual materials appeared "dated". They all said they appreciated the handouts and lists of additional resources such as books and Internet sources, as they could do additional reading or research on their own.

All seven women communicated the value and importance of the breastfeeding class and would have at least one whole class that focussed on breastfeeding alone. Many women commented on the value of a video demonstrating mothers initiating feeding with her infants. Two women noted that they would also include more information regarding infant formula; specifically what to look for when choosing formula for supplementation or once the infant is weaned.

There was much discussion about the importance of providing information about the postnatal period. Although the immediate postpartum period (in hospital) for mother

and baby was discussed, many felt that the program was 'weak' or 'lacking' information about what to expect in the first few weeks at home with their baby. Women were specific in stating that they would include more information on what to expect in the first week's home "I would add a whole other class that just discussed what to expect when you get home, like how little sleep you might get, and how often baby will eat and cry. That was real shocker for me. I had no idea, really, what to expect", said one participant. There were many similar suggestions made by other participants, with self-care and fatigue being significant issues for the majority of the participants. Another stated that she would include a list of community resources that new mothers could use if they had problems with breastfeeding, such as what to do if you develop mastitis, how to find a lactation consultant, or where to get a breast pump.

Six of the participants communicated that they would include a more thorough review of baby characteristics and behaviours as well as normal parameters for eating, sleeping, and elimination, and what to do if baby falls outside the norm. Several comments were made about how increased knowledge regarding baby basics would have made them feel more confident and would ensure that they were "doing all the right things", as one participant so aptly stated.

The participants strongly indicated that additional information regarding the postnatal period would have been very valuable to them. Six of the seven women indicated that a program of their design would include an additional class that was solely dedicated to expectations and adjustment to the postnatal period. This class would be a more comprehensive class that would discuss topics such as self-care, infant behaviours

and community resources. As a final note, all six women affirmed that they would have been receptive to such a class had it been offered to them.

In summary the findings suggest that for the vast majority of the participants the Douglas College prenatal class series met their perceived needs regarding pregnancy, labour and birth, and for all women were helpful in assisting them through the labour and birth process. However, it appears that the prenatal series falls short in meeting the postnatal needs and expectations of the participants. Through discussions with these women, it appears that the first postnatal weeks represent a significant period of adjustment, and consequently these women are seeking much of the needed information and support through participation in prenatal classes.

These findings have implications and possibly considerable challenges for prenatal educators who have traditionally focussed the classes on the labour, birth event and immediate postpartum period (Schneider, 2001).

Discussion

The purpose of this study was to ascertain whether prenatal classes are helpful in assisting women in pregnancy, through the birth event and the early postnatal period. To meet these ends, interviews with seven women who had attended the Douglas College prenatal series in preparation for childbirth were conducted. Interviews took place in the participant's home three to four weeks postnatal.

Through these discussions it was evident that the women in this study considered the prenatal classes they attended to be helpful in assisting them through pregnancy, labour and birth of their baby. The women reported different individual goals and expectations for attending the prenatal classes and hence, the educational experience.

Many stated that they simply wanted comprehensive information about labour and birth, others noted social networking and support from other participants, and lastly, postnatal information and support was identified as a priority by a number of women. Even with these differences, all concurred that for the most part the classes met their needs, which in turn, helped to reduce their anxiety and fostered feelings of confidence in progressing through labour and the birthing of their baby. Similar results have been noted in several studies conducted in the past (Cronin, 2003; Goodman, Mackey & Tavakoli, 2004; Spinelli, et al, 2003; Stamler, 1998). Aspects of the class that were identified as being of particular benefit to these women were trust in the instructor whom they all considered knowledgeable and experienced, the information regarding what to expect in the different stages of labour, the audio visuals utilized in class and the breastfeeding information. In addition, the majority of the women spoke at length about how much they enjoyed socializing with the other participants and sharing their thoughts and concerns about their impending birth and adjusting to lifestyle changes, as supported by Nolan (1997). The women continued to remain in contact with each other after the birth of their baby. One of the women had assisted the other participants in setting up FaceBook accounts, which they used to share their birthing experiences and later, to seek information and support regarding the postnatal period, including issues relating to maternal fatigue (self-care), baby care, and breastfeeding concerns. For many women this opportunity to stay connected with other new mothers was identified as a major source of support and they reported that this had a positive impact on their ability to cope the first week's home with baby, a finding supported by Cronin (2003) and Dumas (2002).

Although women seemed very satisfied with the information and support they received concerning the prenatal period, specifically labour and delivery, they all identified that they were disappointed with the amount of time allocated to issues pertaining to the postnatal period. There was consensus that more time needs to be dedicated to discussing postnatal issues such as breastfeeding, self-care, infant care and behaviour and what to expect once they go home (Fabian et al, 2005). These findings share parallels with two similar studies, one conducted in Australia (Schneider, 2001) and the other in Ireland (Cronin, 2003). Both of these studies found that the majority of first-time mothers were seeking the needed information and support regarding the postnatal period and adjustment to the parenting role in prenatal or childbirth classes. This appears to be consistent with the opinions of the women in this study.

Utilizing Stamler's Enablement Framework

Since all the women spoke favourably about the classes and the positive impact the information and support had on their birth event, it was then warranted to examine the aspects of the classes these women found beneficial to them and what aspects of the class were not as useful or reported as lacking. The interview questions used in this study were intentionally framed to explore these concepts. Once these concepts were identified, Stamler's Enablement Framework (1996) was used to examine in more detail those program aspects considered enabling by the participants.

According to Stamler (1996), "The most simplistic outcome of patient education as enablement would be that the patient believed himself or herself to be enabled to do the desired task" (p.342). The 'tasks' for these women were to become informed,

prepared and to confidently progress through labour and the birth of their baby, and care for themselves and their infants at home.

The women identified five key factors that they considered important in order for them to feel satisfied with the educational experience and confidently progress through labour, delivery and the postnatal period. Utilizing Stamler's (1996) Enablement framework, the following key factors are those identified by the women as being required for enablement:

- Being informed and prepared (means, abilities and opportunities)
- Knowing what to expect (means, abilities)
- Freely sharing concerns and asking questions (abilities, means)
- Social support; connecting with other pregnant women (means)
- Practicing what they learned (means and opportunities)

With these key factors in mind, the women were then able to identify those aspects of the class that contributed to feeling enabled. Stamler (1996) describes those aspects as 'enablers' and are grouped in one of three sub-concepts: means (resources), abilities and opportunities. The elements within the three sub-concepts are required for enabling to occur. The majority of the aspects identified by the women could be grouped in the sub-concept 'means', and included the knowledgeable, experienced instructor, relevant information presented, use of audio-visual materials and the opportunity to share thoughts and concerns with the instructor and other parents. Within the sub-concept of abilities, women identified their desire to learn and their level of education as positive aspects. Within the sub-concept of opportunities, women noted the opportunity to practice what they learned, such as the hospital tour or using a doll to practice correct

positioning while breastfeeding, and the responsibility they took upon themselves to learn what they needed to learn. Further to this, one could assume that aspects associated with the class delivery, such as class size and learning environment, were considered enabling by these women as positive comments were made about these and other aspects of the class.

In contrast to the aforementioned means, abilities and opportunities that women identified as facilitating enablement, many women commented on feelings of vulnerability or lack of confidence when asked about their first postnatal weeks at home. Most women attributed these feelings to a perceived lack of knowledge or support as noted in the studies by Schneider (2001) and Smedley (1999). In addition, many women reported that there was limited opportunity to discuss postnatal concerns, with two women stating that they were lead to believe that such topics were not the intended focus of the class. Therefore, one could postulate that the non-enablers could be identified as a lack of opportunity to obtain the required information and support, and in the case of these women, would need to be fulfilled in order for them to feel enabled in confidently caring for themselves and their infants.

Postnatal information and learner readiness

The findings of this study clearly indicate that these women perceived the information and support that they received regarding the postnatal period to be lacking. This was an interesting finding as the program overview (Appendix A) suggests that relevant postnatal information is integrated into many classes and a two-hour class is devoted to the basics of baby care, self-care and adjustment to parenting. In addition, a resource package that includes postnatal information and community resources is

included with the course tuition (K. Lindstrom, Personal communication, September 10, 2008).

One should note that the Douglas College prenatal series is accessed from 12 different sites throughout the Greater Vancouver area and there will be variability regarding class content related to the individual instructor's focus and the identified needs of the participants attending the class series. The extent to which these topics were discussed with this particular class was not verified, as the prenatal instructor was unavailable for comment.

With these factors in mind, these findings may be explained in several ways. Either the information was not discussed as the class overview indicates, or the class content was discussed but was not covered in enough depth to meet the needs of the women, or the information was presented and the women were either not receptive or ready to focus on these topics of discussion.

As noted previously, although most women reported that they would have liked more information about the postnatal period, not all women may have been ready for this information or receptive to such discussions. For some of the participants this information was too early, as noted by the woman who stated she was too anxious about her impending labour and birth for her to "take in" significant amounts of information regarding the postnatal period. In a few circumstances, the women could not clearly recall if postnatal information was discussed at length, and in other cases, the participant made a decision to not place significance or importance on the topics presented, as she did not consider the information to be relevant to her situation. The woman who chose to disregard information regarding hospital births and c-sections as she expected to have an

uncomplicated home birth best illustrates this point. It appears that in cases such as these women consciously chose the information that had relevance to them and this therefore became the focus of their learning (Knowles, 1980; O'Meara, 1993). According to Knowles (1980), adults learn best when the information is considered valuable and relevant to their immediate life situation.

There is also a possibility that the women's opinions about the importance and impact of education received was coloured by their prenatal expectations, and the resulting birth and postnatal experience. One cannot dismiss the influence of these life events on the individual's meaning making or interpretation of their educational experience (Fabian et al, 2005). Further adding to the complexity of this, each woman will interpret her experiences in a different way (Goodman et al, 2004; Hallgren et al, 1995; Savage, 2006).

Although the findings suggest that most women in this study found the prenatal classes helpful in assisting them in pregnancy and through childbirth, there are several unanswered questions as to why the majority of the women were dissatisfied with the perceived lack of information regarding infant care and adjustment to the postnatal period. To ascertain the factors that influence women's opinions would require further examination, which is beyond the scope of this project.

Study Limitations

The results from this research would appear to indicate that prenatal classes are helpful in assisting women in the prenatal period. However, before applying the findings of this study it is important to consider the limitations of the procedure and method.

This was a small-scale project with a selected sample size of seven primiparous women. The sample was restricted to primiparous women, as it was considered important to eliminate the influence of any previous pregnancy experience. In addition, the sample was skewed to stable, married, educated women all who worked outside the home prior to the birth of their baby, and all lived in the same larger community. It is noteworthy that the prenatal class series in this study had a total of ten couples in attendance. All seven women that volunteered for the study had completed post-secondary education with four holding Bachelor's degrees and three were Masters prepared. This finding is consistent with studies conducted in the past, that prenatal class attendees tend to be well-educated, primiparous and working outside the home (Spinelli et al, 2003; Goodman et al, 2004). The small sample size and homogeneity of the sample will limit the generalizability of the research findings to the larger population where greater diversity is a reality. Further to this, the sample was self-selected and recruited from one prenatal class series taught by one instructor offered through Douglas College. Although this was done intentionally to reduce the variations that occur between different classes utilizing different instructors, it may limit the applicability of these findings to other prenatal classes.

The study method utilized one interview after the educational experience and provided a "snapshot" look at women in the postnatal period. As women's prenatal education needs may change over the course of their pregnancy (Nichols, 2000 in Nichols & Humenick, 2000; Smedley, 1999; Stamler, 1998), it would have been warranted to conduct an additional interview during the educational experience, prior to the birth event. This may have provided greater insight regarding factors that influenced women's

opinions concerning the prenatal education they received. However, this would need to be balanced against time, resources and efficiency.

Implications for prenatal education

The findings represented in this paper have implications for the development, delivery and evaluation of prenatal education programs in British Columbia. The study results suggest that prenatal classes need to be instructed by experienced, knowledgeable and dynamic prenatal educators with good teaching and learning skills (Stamler, 1998). In addition, if the classes are to meet the needs of new mothers, the prenatal program must be comprehensive in content; one that prepares women for the changes that occur in pregnancy, the birth of their baby and the first weeks postnatal. Although challenging, it is imperative that prenatal educators focus their classes on the needs of the participants that attend their classes (Dumas, 2002; Stamler, 1998). In the case of the women who attended the Douglas College Prenatal series, a comprehensive program would also include an additional class that would address their postnatal and early parenting needs.

Prenatal educators face numerous challenges in delivering effective programs that offer information that is current, relevant, and able to meet the diverse needs of its participants (Philipsen, 2004). These participants will have individual prenatal educational needs and expectations for the birthing process. In addition, they may also exhibit different learning styles. Educators must seek to provide education that is both participant focused and participant motivated.

Evaluating and subsequently making changes to improve health education programs such as prenatal courses requires close examination of not only the program contents but also the characteristics and the needs of the participants that utilize the

program. Evaluation of these programs must be participant focussed, and outcomes need to be measured from the participant's perspective. Only then will the programs reflect the needs of the participants (Schneider, 2001; Spinelli et al, 2003; Stamler, 1998).

Recommendations to Douglas College

All the women in this study agreed that they would not omit any of the content from the current curriculum, as all found the information presented to be of benefit to themselves and their partners. However, the majority of women were clear in providing input regarding the need for additional information concerning the first few weeks postpartum. Of significant need was further information on breastfeeding initiation and resources for troubleshooting should a less than ideal situation arise. In addition, women voiced the need for information on what to expect during the first two weeks at home with baby. Topics of interest included normal parameters of infant behaviours such as time spent eating, sleeping, and crying, and when to seek help should behaviours exist outside the norm. Lastly, these women felt it was important to discuss self-care, as many were unaware of the great impact fatigue had on their ability to cope.

Six of the seven women indicated that they would have been receptive to receiving this information as part of the prenatal series. Five women suggested that this information be presented in a separate class in addition to the six classes in the series. These five women confirmed that had the additional class been offered they would have attended the class. With these needs in mind, it is recommended that Douglas College continue with the current curriculum with the addition of:

1. Include in the breastfeeding class information on troubleshooting should initiation of feeding be problematic. Discuss available resources such as

how to contact a lactation consultant, where to purchase a breast pump or how to manage problems that may occur while breastfeeding (e.g.mastitis)

2. Utilize more up-to-date audiovisuals, in particular the birthing videos.
3. Consider the development of an additional class to address women's postnatal needs including discussions regarding self-care, breastfeeding information and support and strategies to cope with fatigue, normal parameters for infant behaviours, basic infant care.
4. Should funding of an additional class be problematic, women could be advised to attend the Infant Care class offered through the BC Women's Hospital and Health Centre.
5. Conduct immediate and longitudinal evaluations with participants after classes completed and 2-3 weeks postnatal. A mail-out questionnaire or phone interviews could be considered should limited time and funds be of concern. Of particular interest would be the feedback concerning needs in the postnatal period.

Future research

It is hoped that this study will be of value to prenatal educators, midwives and maternity nurses who seek to understand the needs of pregnant women as they prepare for the journey of giving birth and parenting their new baby. Although much has been learned as a result of this study, there are also many new questions that have emerged. Of particular interest is the role that expectations of the birth event have on the satisfaction with prenatal education and the birth event. In addition, it would be interesting to further examine the role of learner readiness and content timing on the attainment of postnatal

information when offered as a comprehensive class; one which would include self-care, basic well baby care and support regarding adjustments to the parenting role. As stated previously, it would be justified to study the prenatal education needs of a larger, more culturally diverse group of women. Such a study would more closely follow Stamler's (1998) study of primiparous women, and would incorporate two interviews during and after the educational experience and one interview in the postnatal period. This would allow data to could be collected across time and would provide a comparison of educational needs before and after the birth event.

Conclusion

The ultimate goal of prenatal education is to empower or as Stamler (1998) would purport, to enable women to meet their self-goals for the educational experience, to care for themselves during pregnancy and to confidently progress through labour, the birth of their baby and the transitions to the postnatal period and early parenting role. Women who are enabled will utilize the knowledge and support gained through the educational experience to become active participants through the birth event; which is facilitated by their ability to effectively make informed decisions and problem solve (Dumas, 2002; Stamler, 1998). The desired end result for both mother and educator is a healthy mother and child, and a positive birth and parenting experience.

As simplistic as these mutual goals seem, they pose immense challenges for the educator, as women will have different individual goals and expectations for the educational experience, the birth event and early parenting. An effective way to ensure the diverse needs of these women are met is by engaging women in dialogue about their changing prenatal education needs and to encourage participation in the evaluative

process of the programs they attend. Educators and health practitioners must appreciate that the views of women are vitally important, as their opinions will help shape the future of prenatal education.

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Appendix A

Labour, Birth and Postpartum Classes Program Overview

Class One

- Introduction/class expectations
- Essential exercises
- Nutrition
- Warning signs in pregnancy
- Drugs, medications, environmental hazards
- Benefits of relaxation
- Premature delivery
- Physical and emotional changes and challenges
- Overview of stages of labour

Class Two

- Pre-labour vs true labour- how will you know the difference?
- Stages and phases of labour (physiology and labour and what to expect)
- Birth planning
- Working with the pain in labour
- Labour and postpartum support
- Video

Class Three

- Variations of normal labour
- Prolonged early labour
- Posterior labour (back labour)
- Precipitate labour (less than 3 hours long)
- Interventions and medications in labour
- Indication for caesarean birth
- Vaginal birth after caesarean (VBAC)

Class Four

- Infant feeding
- Discussion on benefits of breastfeeding
- Getting off to a good start
- How to tell if your baby is getting enough
- Weaning- World Health Organization recommendations and local practices

Class Five

- Immediate postpartum procedures for mom
- Postpartum adjustment
- Immediate postpartum for baby
- Newborn characteristics, procedures and practices to consider
- Parenting- the joys and challenges

Class Six

- Review and questions- content as determined by participants and instructor
- Reunion plans and series evaluation

Douglas College (2008) Retrieved on February 11, 2008 from http://www.douglas.bc.ca/programs/continuing-education/programs-courses/perinatal

Appendix B

Douglas College Prenatal In-A-Day Program Overview

The Prenatal In-A Day class includes but is not limited to information about the following:

- Expectation and concerns of late pregnancy
- Brief overview of exercise and relation
- Labour and birth- phases and stages
- Comfort measures
- Unexpected outcomes including caesarean
- Medical options and practices- risks, benefits, alternatives
- Immediate postpartum for mother and baby
- Infant feeding
- Celebrating parenthood- joys and challenges

Douglas College (2008) Retrieved on February 11, 2008 from http://www.douglas.bc.ca/programs/continuing-education/programs-courses/perinatal

Appendix C
Course Evaluation Form

DOUGLAS COLLEGE PERINATAL PROGRAM
COURSE EVALUATION FORM

We hope you have enjoyed your **Prenatal Classes** and we ask that you take a few minutes to complete this evaluation form. Your comments are very important to us and assist us in planning for future program revisions. **Thank-you!**

NAME OF INSTRUCTOR:

____

COURSE LOCATION:

____

NAME OF COURSE (Please circle): Prenatal Series or Prenatal-in-a-Day

The overall rating of this course. (Circle)

Unsatisfactory Satisfactory Excellent

2. Your comments regarding the instructor.

3. What part of the course did you enjoy the most?

4. What part of the course did you least enjoy?

5. Do you have any suggestions for improving the course?

This evaluation has been filled out by: Father Mother Labour Support Person

FEEL FREE TO MAKE ANY ADDITIONAL COMMENTS ON BACK OF THE PAGE

Douglas College Perinatal Program
Kathie Lindstrom – Program Manager: 604-777-6529

Evaluation tool re-printed with permission of Douglas College

Appendix D

Cover Letter

Dear Potential Participant:

My name is Katarina Edwards and I am a Lakehead University Master of Public Health (Nursing) student. I would like to invite you to participate in a study that is being conducted on the effectiveness of prenatal classes in assisting new mothers in pregnancy, childbirth and the first few weeks at home with baby.

The title of the project is: New Mothers' opinions on Prenatal Education: How useful are prenatal classes in assisting new mothers through pregnancy, childbirth and the early postpartum period?

The purpose of this research project is to listen to new mother's opinions about the effectiveness of the prenatal education (prenatal classes) in order to, a) gain an understanding of the prenatal education needs of pregnant women, b) to determine whether the current prenatal classes offered through Douglas College meet these needs, and c) to provide Douglas College with feedback and recommendations regarding their prenatal education program. The ultimate goal of this project is to identify ways to improve prenatal education to women in Canada.

To accomplish this goal, I am interested in interviewing new mothers one month after the birth of their baby. The interview will consist of a series of 5 questions regarding your expectations for your pregnancy and birth, prenatal class preparation, birth experience, and coping with a new baby in the early weeks. The interview will take approximately 1 hour of your time and may be conducted in your home or over the phone. This interview will be audio recorded for accuracy. In addition, I would like to contact you two to three weeks after the initial interview to review with you the information I collected and ensure that my interpretation of your responses to the questions are accurate. This should take approximately 15-20 minutes of your time. Please note that you may drop out of the study at any point and you may at anytime choose not to answer one or more of the questions asked in the interview. There are no foreseeable risks associated with the participation in this study. It is worth noting that the nature of the discussion of the birth process may cause you to experience feelings of happiness, relief, or frustration depending on your personal experience with the birth process and the support you received.

Confidentiality will be assured at all times. Your name or any other identifying information will not be used in the final research paper or any published materials. All audio recordings and written data will be coded (no names used) to assure your confidentiality. All information will be securely stored in a locked filing system for five years as per Lakehead University policy. Findings of this project will be made available to you at your request upon the completion of the project.

If you have any questions or concerns, please do not hesitate to contact me at 604-461-5259 or at kaedward@lakeheadu.ca. You may also contact Lakehead University's Research Ethic's Board at 807-343-8283.

In addition, you may contact my Graduate Supervisor, Karen Poole, Director, School of Nursing at Lakehead University at 807-343-8439.

I would like to thank you in advance for considering participation in this study.

Sincerely,

Katarina A. Edwards RN, BN
MPH (Nursing) Student, Lakehead University

Appendix E

Consent Form

My signature on this sheet indicates that I agree to participate in the study by Katarina Edwards, MPH student at Lakehead University, titled New *Mother's opinions on Prenatal Education: How useful are prenatal classes in assisting first-time mothers through pregnancy, childbirth and the early postpartum period?* and it also indicates that I understand the following:

1. I have received adequate explanation regarding the nature of the study, purpose and its procedures.
2. I will be contacted by Katarina Edwards within 3 weeks of my expected date of delivery.
3. My participation is voluntary, and I may withdraw from the study at any time.
4. I may choose not to answer any question (s) asked by the Student Investigator (Katarina Edwards).
5. All interviews will be audio recorded for accuracy.
6. There is no apparent risk of physical or psychological harm as a result of my participation
7. Confidentiality has been assured. I will not be named or identified in any way in any of the materials used in the research paper or in any published materials.
8. The information I provide will be securely stored in a locked filing system for 5 years as per Lakehead University Policy.
9. I will receive, upon request, a summary of the project findings, following completion of the project.

Signature of Participant______________________

Date______________________

Contact information:

Expected date of delivery____________________

Phone number_________________________