While women attend antenatal classes for information, meaningful learning occurs when they have the opportunity to contextualise and process the information they have been given. By facilitating a class and letting the women take the lead in their learning journey the class becomes more meaningful to them. Hannah, a class participant in a centering pregnancy style class, described how her antenatal educator achieved this:

“The beginning of every week she’d say “there’s nothing anyone wants to talk about in particular” is what I had planned for today, but if you want to change you can, which was great. Because then someone would say “oh I have been thinking about this or I’m worried about that” (Hannah).

Several of the educators and women mentioned that the classes were rushed because there was so much content to fit into the time that had been allocated. When the educators were asked about who controlled the content, not surprisingly answers varied between the different types of classes offered, responses being either “the women and their partners” or “Health Service Guidelines”.

Another way that women may make meaningful learning is to develop a birth plan. Whittington et al. (2014) found by using birth plans that hospital staff were generally positive about them unless they were extensive. Following the suggestion of her student midwife Gina developed a simple birth plan for the hospital that consisted of dot points that were easy to read and a more complex one for her support partner:

“So my student midwife went like make a simple direct thing that they can just tick over. Understand, have a thorough one obviously for your birthing partner... You don’t need to have an epic saga of can I please have this, and can I please have that. Once again I’m a low maintenance person, so I had five dot points for mine when I went in, that was it” (Gina).

According to Brown et al. (2008) one of the most important considerations for antenatal educators is to move from that of an “instructor” to a “facilitator”.


Whose Classes are They ?

Analysis and interpretation were framed using Morse’s (1994) cognitive process this framework includes a four step process: comprehension, synthesis, theorise and recontextualise.

According to Ausubel’s (1968) Meaningful Learning Theory, refers to the way in which new knowledge is acquired, related to and integrated with previous knowledge. This model fits well with antenatal education where women attend classes with different levels of knowledge, choose what is meaningful for them and how it relates to what they already know.

Initial analysis of the consumer and educators data each elicited four main topics:

- Consumers: Meaningful Learning, Behaving and Control, Realising the Reality, and Finally Socialisation and Support.

- Educators: Balancing Power Relations, Cultural Factors, Environment and Socialisation and Support.

In conclusion the requirement for health care to be evidence based is acknowledged; this poster aims to contribute to this evidence, by exploring what consumers of antenatal education (class participants) consider to be a meaningful learning experience within the context of antenatal classes.

The cycle of antenatal education continues on, year in year out, often without evaluation or review. This research aims to encourage antenatal educators to think about what and how they are ‘teaching’, to consider what it is that women make meaningful learning from and to consider the evidence that suggests client-led classes are preferred by the women.

References

- Balancing Power Relations, Cultural Factors, Environment and Socialisation and Support.
- Meaningful Learning, Behaving and Control, Realising the Reality, and Finally Socialisation and Support.

Authors: Terri Downer PhD Candidate, USC, With Dr Margaret Barnes PhD supervisor and Dr Jennifer Rowe PhD co-supervisor

1. Background

During the late 19th and early 20th centuries, antenatal education was provided through word of mouth by close friends and family there was no design or curriculum and had little to do with the formal provision of classes (Nolan 1997). Antenatal Education has developed since the 1930s to become normalised and has been embraced in the western world as the thing ‘to do’ prior to giving birth. Today, antenatal educators recognise that the values and assumptions that once made sense may be inappropriate for contemporary child birth and challenges that it now presents.

Studies provide insight into what parents attending antenatal education classes find most beneficial:

- Programs that involve fathers
- Programs that offer information at the relevant stage of the pregnancy
- Programs that prepare parents for unexpected outcomes
- Programs that involve fathers (Ontario Health Promotion, 2008)

Given these findings this poster aims to explore what consumers of antenatal classes consider to be meaningful learning.

2. Research Question

What do consumers of antenatal education consider as meaningful learning?

3. Method

Analysis NVivo

Initial Educator Interviews n=10

Follow up Educator Interviews n=7

Class Participant Interviews n=8

Ethics S/13/56c

4. Analysis

5. Results – What the Participants have said

6. Conclusion

In conclusion the requirement for health care to be evidence based is acknowledged; this poster aims to contribute to this evidence, by exploring what consumers of antenatal education (class participants) consider to be a meaningful learning experience within the context of antenatal classes.

The cycle of antenatal education continues on, year in year out, often without evaluation or review. This research aims to encourage antenatal educators to think about what and how they are ‘teaching’, to consider what it is that women make meaningful learning from and to consider the evidence that suggests client-led classes are preferred by the women.

7. References

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