

Antenatal Education: An Interpretive Description

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Definitions



Antenatal Education

- is defined as a single intensive class or a series of classes, provided for either individual or groups of pregnant women and their partners or support people.



Antenatal Educator

- is a person who provides antenatal education.

The aims of the project

To contribute to evidence base of antenatal education by exploring:

- Predominant cultural, social and organisational influences.



- Pedagogy and practice of antenatal education.

- What consumers consider to be a meaningful learning experience.

The Research Literature

The review of the literature is organised in three parts:

- Part one critiques the development and implementation of antenatal education approaches including the educational values, institutional influences (Wiener & Rogers 2008).
- Part two considers the impact of antenatal education on the preparation of women and their partners for labour, birth and parenthood and the development of social networks (Maimburg, Væth and Dahlen 2016).
- Part three critiques the approaches to antenatal education (O'Sullivan, O'Connell & Devane 2014).

The Research Literature

Aims of antenatal education are described by Gagnon and Sandall (2011) to:

- *“influence health behaviour; build women’s confidence in their ability to give birth; prepare women and their partners for childbirth; prepare for parenthood; develop social support networks; promote confident parents; and contribute to reducing perinatal morbidity and mortality” (p.3).*

Antenatal education as a health promotion activity



- Fundamentally antenatal education is a health promotion activity which aspires to effect improved health outcomes, societally as well as for individuals (Renkert & Nutbeam 2001).
- Health Literacy an outcome of health promotion, provides an appropriate underpinning to explore contemporary antenatal education(Nutbeam 2000).

Research Questions



1. What cultural, social and organisational factors influence curriculum, pedagogy and practice in contemporary antenatal education?



2.a) What key factors influence antenatal educator's pedagogy and practice?

b) How do these factors influence programme design and curriculum?



3. What do consumers of antenatal education consider as meaningful learning in this context?

Methodology

Interpretive Description

Thorne 2008



- Designed to address practice issues and generate knowledge that is applicable to the clinical context.
- The intention of Interpretive Description is to inform practice.
- Interpretive Description acknowledges that the researcher usually comes to the research with both a clinical background and with practice-informed questions.

Methods



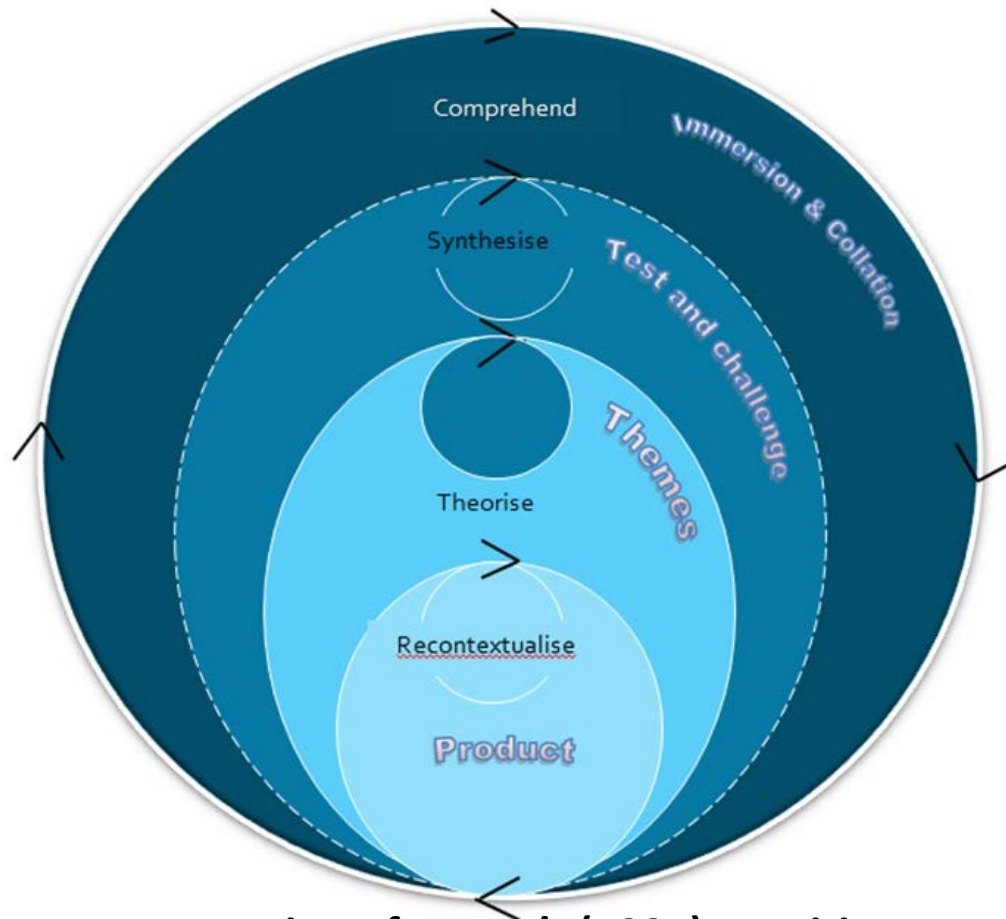
Data Collection

- Interviews with educators
 - Learning material
- Follow-up interviews



- Interviews with consumers of antenatal education
- Field notes

Analysis



Representation of Morse's (1994) cognitive process

Themes



Improving knowledge and understanding:

- Information giving and gathering
- Influence of the environment
- Tensions between information provided and women's experiences

Information giving and gathering



A focus on content and information giving

“Me and my partner both went. We sort of went, oh, lots of information, wonder how much of that we'll remember?” (Hannah 1 day class).

“There was a lot of information. I just remember my husband and I, taking turns in... quick, write that down, write that down” (Dee 1 day class).

*. “...it's a very structured format that you need to cover this this and this in this session and its sort of not much leeway to go off track....you feel that there is **pressure to cover**....you've gotta sign that you've passed that information onto the women and there's a ticky box and a checklist that you've got to go through” (Clara ANE Health Facility).*

Influence of the environment



Organisation of the learning space



“Then, on the last one, we were actually in a circle, which was nicer I thought because we were more - we'd built a relationship with each other and things like that, so it was more talking to the group rather than just listening to the presenter, which was good” (Bella Class Participant).



“They don't like us to change the room around, so our room is very much everyone sitting down in rows and I'm standing at the front.” (Emma ANE health facility).

Tensions between information provided and women's experiences



"I started discussing water births and whatnot they were, "yes it's here. We've only got one so it's first in best dressed but it's not used very much. We're all trained in it basically", so they were very pro that but then when I got to labour they did not want to start the tub for me at all" (Claire attended health care facility classes).



"I think it's at the very end you can't help but just let go and scream. I was trying to remember okay keep it calm, keep it low, keep it mooing like a cow as they always say.... But honestly the midwife at the hospital was like don't scream, I'm like, I'm trying not to" (Gina combined care and education).

Building confidence to inform decision making



- Facilitating interaction
- Applying information for meaningful learning
- Developing networks
- Developing confidence for making informed choices
- Navigating the health care environment

Facilitating interaction



Activities - watching, touching, moving

“You could see a lot of the dads, I should say, just finish work, coming out and then zoning out, so it was good for them to break it up and be given something to play with and look at and wake up again” (Claire participant).



Applying information for meaningful learning

“I think they probably learn the least from us I think they learn more from all the other women who are there, we are just there to be a bit of a guide reallyit’s all about giving the power back to the women and letting them work things out” (Anna ANE).

Developing networks



Meeting Postnatal Reunion

“It’s good because if there are issues with the first few weeks that you just don't know the answers to, you can ask the others and - is anyone else experiencing this, am I the odd one out? So yeah” (Hannah participant re. combined ANE).



Developing confidence for making informed choices

“We ended up refusing antibiotics, vitamin K injections and we left hospital after five and a half hours and came home much to the disgust of the hospital. But - yes. When you know that you can say no, we're being looked after and you're comfortable with that care - I don't know, it just made it a bit easier” (Dee classes with a doula).



Building skills in navigation

“I think definitely building confidence in their ability to birth, and what ways that they can negotiate the system I think comes up a fair bit” (Clara ANE health care facility).



B: Benefits - What are the benefits of doing this procedure?

R: Risks - What are the risks involved?

A: Alternatives - Are there any alternatives?

I: Intuition - What is my gut feeling? Does this procedure make sense?

N: Nothing - What would happen if we did nothing or waited a while?

(Fern and Dee class participants)

Nutbeam's (2000) Healthy literacy framework

Functional Health literacy (FHL)

- basic skills in reading and writing necessary for effective functioning in a health context.

Interactive Health literacy (IHL)

- more advanced cognitive, literacy and social skills that enable active participation in health care.

Critical Health literacy (CHL)

- the ability to critically analyse and use information to participate in actions that overcome structural barriers to health.

Discussion

- Some antenatal classes are didactic and teacher centred in approach (FHL).
- In this study the pedagogical approach varied amongst the educators and involved the ability of the antenatal educator to draw on multiple discourses to effectively facilitate antenatal classes (IHL).
- Meaningful learning in this study has referred to the way in which new knowledge is acquired, related to and integrated with previous knowledge (CHL).

Practice implications

Implications for class participants

- Classes should be tailored to the needs and expectations of the participants.
- Class participants prefer the just in time teaching.

Implications for the antenatal educators

- Antenatal educators should undertake training that includes skills in group facilitation.
- Current knowledge of recommended safe sites for individuals to research.

Future directions for research



- Strategies to include training and professional development for professional staff in relation to facilitation, communication and health literacy.
- There is clearly a need to investigate the pedagogy of current antenatal classes, to examine how the internet is used by class participants in today's society and how the participants prefer to learn.

Questions and comments



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