

Preparing For Parenthood

Kylie Ladd explores antenatal education classes that go beyond the birth plan.



Illustrations by Andrea Smith

When Charlotte Baker* found out that she was pregnant with her first child, she was delighted. “I was dying to be a mother, and I signed up for antenatal classes almost as soon as I could,” she says. “There were four sessions: the first was about looking after yourself during pregnancy, the middle two covered labour and delivery, and the final one was on breastfeeding and some basic baby care. At the time, I thought they were great – I enjoyed the company of the other expectant mums, and it was exciting to learn about labour, and to write our own birth plans.”

Yet things didn’t go quite as planned when Charlotte returned home from hospital after giving birth to her daughter, Jade. “Breastfeeding had seemed straightforward enough in class, but it was completely different with a squirming, grizzling baby and rock-hard breasts,” Charlotte recalls. “Jade also cried much more than I expected, and I felt like I didn’t really know how to look after her – how to do the things such as change her nappy, settle her to sleep, or even get her jumpsuit done up properly. I hadn’t seen a newborn baby prior to having Jade, never mind being left responsible for one, and I

says. “We discussed our birth plans in my antenatal group, but not how we thought we’d cope after birth, emotionally as well as practically, and really, that would have been far more useful. Most people’s births didn’t go as planned anyway, yet we all had to muddle through those first exhausting few weeks somehow.”

was a big focus on achieving a drug-free birth, without presenting anything much as to why this might not be possible, or what the alternatives were. I don’t even know if the emphasis was planned, or simply the personal view of the midwife who took our classes, but it made it all rather competitive – as if you had

“The program works quite differently to traditional antenatal classes, and is in fact an adjunct to rather than a replacement for these... we wanted to develop a psychological intervention, grounded in fact, that would enhance the bond between mothers and babies at a crucial, but sometimes difficult, time.”

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It’s a story that perinatal counsellor and educator Lisa Fetting is all too familiar with. “There is no national or State curriculum in place with regard to antenatal education,” she notes. “Most focus mainly on childbirth, breathing and pain management, with a little bit on breastfeeding instruction, but this simply doesn’t go far enough. I am always hearing new parents ask, ‘Why didn’t anyone tell

to do it a certain way, and no other.” Fetting cautions that such an approach can create difficulties in adjusting to parenthood, and can even increase the risk of postnatal depression. “I frequently see new parents who are reeling,” she says. “They feel like a complete failure, because they didn’t give birth the way they were ‘meant’ to, or maybe they’re not feeling as thrilled with parenthood as they expected... the gap between what people are led to expect and what actually happens can be massive.”

The Toward Parenthood Program takes the form of a workbook with nine chapters, eight for the antenatal period and one for the postnatal period. Participants work through one chapter a week in their own time, and each week they receive a 30-minute support phone call from a PIRI therapist to discuss issues and emotions raised by that week’s chapter. Topics covered include adjusting to parenthood, dealing with change and stress, thinking about your attitude to parenting and how this may have been influenced by your own upbringing, making the transition from being partners to parents, maintaining a balance in your life and looking after yourself emotionally and physically.

Perhaps not surprisingly, two Australian studies have shown that while client satisfaction with antenatal programs is high, attendance at these made no difference to labour and delivery outcomes or later emotional wellbeing of first-time parents. One initiative that is attempting to rectify the latter is the Toward Parenthood Program developed by the Parent-Infant Research Institute (PIRI) at Austin Health. “The Toward Parenthood Program covers a wide range of important areas that are not necessarily included in routine antenatal classes,” notes Jennifer Ericksen, coordinator of the PIRI Infant Clinic and a clinical psychologist with more than 15 years’ experience in perinatal settings.

“The workbook is based on the principles of cognitive behavioural therapy, and each chapter includes a number of practical exercises and suggestions,” says Ericksen. “The last antenatal chapter also includes practical material on caring for a newborn, but again with a psychological flavour – how to cope with what you’re feeling, discouraging negative self-talk, and so on. It is important to think about how you might manage before you are actually in the situation.”

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remember crying on my husband’s shoulder one night because I was so overwhelmed... I had expected to be loving it, and I was just miserable.”

Kirsty Reddrop experienced similar emotions. Eight weeks after the birth of her son, Kirsty wished that she had been warned about the physical effects of labour, which left her feeling “damaged and depleted”. “I also would have liked to have talked about managing when you get home,” she

me?’... a lot of them feel duped, because no-one warned them of the realities, and then here they are post-delivery with a baby that won’t sleep or breastfeeding problems or feeling angry at their partner, and they don’t know what to do.”

Fetting is also concerned that some antenatal classes may create false expectations. “In retrospect, I think the program that I attended was a bit unrealistic,” says Kirsty Reddrop. “There

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Ericksen notes that a randomised controlled trial (funded by a grant from the *beyondblue* Victorian Centre of Excellence in Depression and Related Disorders and conducted by PIRI) suggests that new parents who have completed the Toward Parenthood Program report greater attachment to their baby and less anxiety and depression in the postnatal period compared to those who have not, and also felt that their expectations of the demands of parenthood were more realistic. “Another advantage of the program is that it is less threatening for some people to work through this sort of material by themselves, rather than in a group setting,” says Ericksen. “Nonetheless, all participants are also encouraged to make connections in their local area, be that with a GP, mothers’ group, playgroup and so on.”

New antenatal-education practices have also been introduced at the Royal Hospital for Women in Sydney. Dr Jane Svensson, health-education coordinator at the hospital, has worked in the field of antenatal education for more than 20 years, and completed a PhD in the area in 2005. “The inspiration for my research came to me from the couples returning for a reunion with their antenatal class after they’d had their baby,” says Svensson. “Over and over, I kept hearing them saying that they

how a newborn actually looks and behaves. Greater discussion regarding roles and relationships post-birth was also requested.”

Following these findings, Svensson and colleagues developed a new antenatal-education program with more parenting content. Expectant parents attending antenatal classes at the Royal Hospital for Women were then randomly allocated to either the regular or the new program, and surveyed pre- and post-birth. Labour

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wished they had known more, had been better prepared for life with a newborn. I started my PhD by asking both expectant and new parents what they actually wanted from an antenatal course. The main thing that emerged was the need for a greater focus on parenting activities, and for this to occur throughout the program, not just at the end. Participants also said that they would like to hear from a new parent at an antenatal session, so as to gain some understanding of the reality of what they were going through, and to see a baby bathed – not so much for the technical aspects, but to help them in understanding

and birth outcomes did not differ between the two groups, even though those in the newly developed program received less instruction in this area. More importantly, participants who had been assigned to the new program scored significantly higher on a measure of self-efficacy, and also rated themselves as worrying less and having more parenting knowledge than those who had attended the regular antenatal course. “Our study showed that one of the most important roles of an antenatal course was to raise confidence and self-esteem in the parents-to-be,” says Svensson. “Parents need to be able

to trust their own ability; to know that they do possess the skills to care for their baby.” The new program has since become standard practice at the hospital.

Chris May, registered midwife, paediatric nurse and father of two, believes that antenatal education can also be improved by paying more attention to fathers. “The literature clearly shows that men attend antenatal classes as support persons – they don’t believe that the information will be intended for them,

and they usually report that they get very little from the experience,” says May. In response to this and his own experiences, May has been running men-only antenatal classes at the John Hunter Hospital in NSW for the past four years. “The classes are designed to be participative – there is some straight information provision, but much of the program is covered through facilitated conversations amongst the men,” May notes. “It is very rare to get an evaluation in which the dad does not express that they have learned a lot and that they feel better prepared for fatherhood... the fathers that attend consistently report how important sharing their experiences and discussing their fears and excitement [about parenthood] with other men is.”

The way information is presented in antenatal classes may also be problematic. “Discussing breastfeeding is an integral part of preparing women for motherhood, and rightly so,” says Robin Barker, child and family-health nurse and author of the best-selling *Baby Love*. “But since the 1980s there has been a huge drive to encourage women to breastfeed by telling expectant mothers that anyone can do it with the right attitude, support and persistence. Yet this simply isn’t true – some women won’t be able to breastfeed, for various reasons, no matter how they try... I think antenatal educators have a

responsibility to walk the line between being optimistic and realistic. You don’t want to scare people, or set them up to fail by discouraging them from the start, but you don’t want their expectations to be too high either, because of the fallout and misery when those expectations aren’t met.”

In contrast to breastfeeding, very little is generally said about postnatal depression (PND) before birth. “I’ve suggested including information on PND in antenatal classes, but am often met with resistance from birth professionals and antenatal educators,” says Lisa Fetting. “Frequently, they’re afraid that presenting such material will scare parents-to-be, or that they won’t be interested.” Yet, adds Fetting, who specialises in treating PND and has written two books on the subject, all expectant parents need to know what PND is, who is at risk, what the symptoms are and where to go for help. “That way, if new mothers become depressed after birth they know about the condition and are less likely to blame themselves.”

In response to the changing needs of parents-to-be, a number of new approaches to antenatal education are being trialled around Australia. At Sydney’s Royal Hospital for Women, Dr Svensson notes that these include a one-off lecture for expectant parents who do not have the time to attend a full course; some antenatal sessions being split by gender to better facilitate discussion regarding roles and expectations; and a group that continues postnatally, focusing both on practical baby care and the adjustment to parenthood.

Other initiatives offered by various hospitals and birthing centres around Australia include classes for first-time grandparents, for teen mothers and for women who are expecting twins or higher multiples; financial-planning workshops aimed specifically at budgeting for a baby; and even special sessions for dog owners who want to know how to prepare their pet for the new arrival.

“I hadn’t thought about how the dog would cope with the new baby – I hadn’t even thought about how we would,” laughs Charlotte Baker. “It was a bit like getting married... there was all this build up to the big day, but not much said about what comes next. It seems strange when I think about it now. Having a baby is the biggest upheaval you’ll ever go through – it’s worth preparing for it properly.” ■

*Name has been changed

For Further Information:

Contact your local hospital, or the hospital at which you intend to have your baby, for details of the antenatal programs and classes that they offer.

Towards Parenthood: Preparing for the changes and challenges of a new baby

Milgrom, J., Ericksen, J., Leigh, B. et al. (2009): ACER, Australia. Available at major bookshops and online from <http://shop.acer.edu.au>.

(Please note that parents who purchase the workbook independently of the Toward Parenthood Program will not have access to the weekly phone calls referred to in the article.)

The National Association of Childbirth Educators (NACE)

NACE can provide details of certified educators and programs on request:

www.nace.org.au/page.asp?id=1

Men’s Health Australia

A website listing some male-only antenatal classes:

www.menshealthaustralia.net/index.php?option=com_content&task=view&id=302&Itemid=89