An exploration of the attitudes of attenders and non-attenders towards antenatal education

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Summary:

Objective: To explore the attitudes of first time mothers towards antenatal education from the perspective of attenders and non-attenders.

Design: A qualitative approach was utilised using focus group interviews to collect the data.

Setting: The study was conducted in one Local Health Office Area of the Health Service Executive-South East, Ireland.

Participants: A purposive sample of first time mothers were interviewed to explore the area of antenatal education. These women included both attenders and non-attenders at antenatal education.

Key conclusions: The findings suggest there are many strengths, weaknesses, opportunities and barriers to antenatal education.

Implications for practice: Some fundamental issues related to the provision and delivery of antenatal education were identified.

Key Words: Attitudes, Attenders, Non-Attenders, Antenatal Education,

Introduction:

Antenatal education is not a new concept. In the past women learnt about birth and parenting from their mothers, sisters, extended family and community (Nolan,1997; Kitzinger, 2000). Traditionally, antenatal education has been primarily concerned with preparing mothers for labour and delivery through the provision of a number of formal antenatal classes (Nolan,1995). In Ireland, the majority of antenatal classes are run in hospitals, some in the community and a smaller number by the voluntary sector. Most childbirth educators are midwives or public health nurses, who are primarily clinicians and not educators. Hillan (1995) drew attention to the fact that many classes are delivered in a didactic mode to large numbers. This is problematic as there are a variety of different needs within a group. Rather than fostering discourse and thus empowering parents, this style of teaching simply views the parents as passive recipients of information (Combes and Schonveld,1992). Typically, these programmes have not been based on the expressed needs of the attendees but rather on the messages the educator believes they should transmit (Murphy Black, 1990). Debate persists regarding the course content and value of antenatal education (Cliff and Deery,1997). The literature is ambiguous in relation to the effectiveness of

antenatal classes in helping parents transition to parenthood (Lumley and Brown, 1993). A systematic review of antenatal education revealed that the effects remain unknown (Gagnon,2004). Many commentators argue that as antenatal education is an educational intervention and not an obstetric intervention, all evaluations must consider this.

Women attend antenatal education for many reasons. The majority of published research on antenatal education focused on the value of education in relation to coping with labour. However, several quantitative studies concur that first time parents want an equal emphasis on postnatal issues within antenatal classes (O'Meara 1993, Nolan 1995 and Redman et al,1991). Women highlighted the need for more attention to be given to the psychological aspects of pregnancy and childbirth during the consultative process for "A Plan for Women's Health" (Department of Health,1997). Antenatal education offers an opportunity for empowering women and providing information, support and advice in relation to pregnancy, childbirth and parenting. Social support is an important health care intervention facilitating women's transition to motherhood (Haggerty Davis et al, 1988, Oakley,1992). National and international policies emphasise the importance of social support to maintain maternal and infant wellbeing (Commission on the Family,1998, WHO/UNICEF,1984). Leahy Warren (2005) found that the significance of appraisal and informational support in influencing first-time mothers' confidence in infant care practices needs to be recognised and integrated with health care interventions.

Reviewing the existing literature, it is immediately apparent that the issue of non-attendance at antenatal classes is under-researched. Evidence points to a social class difference in attendance at classes (Wiley and Merriman,1996, Cliff and Deery,1997 Fabian et al., 2004 and Jacoby, 1988). Women whose needs are least likely to be met by standard antenatal classes are young, single, working class women and minority groups (Schott and Priest, 2002). Women who are socially isolated or concerned about housing, money or domestic violence may have little time or energy to explore antenatal classes. A Review of Antenatal Education undertaken in the West of Ireland (North Western Health Board, 2000) found that the main reasons for non-attendance at antenatal classes were childcare difficulties, timing of classes were unsuitable and women felt they knew enough already. It is alarming to discover that many practical barriers exist affecting the uptake of antenatal classes in Ireland. An Irish study regarding young first time mothers revealed attendance at classes was variable and perceptions of being unprepared for birth and motherhood prevailed (Cronin,2001).

Some parents do not attend antenatal classes as they are unclear about the benefits (Schott and Henley,1996). Rosenstock's health belief model (1966) emphasised an individuals ideas on health determined their level of action or non-action. Women may be concerned about having to watch explicit videos or engage in embarrassing discussions (Robertson,2002). There are people who cope by using an avoidance strategy and prefer not to dwell on what will happen until the time of labour. Niven (1992) cites evidence that the best predictor of non-attendance is an "avoidance" coping strategy. Bowling (1989) declared that the reasons for non-attendance were multifactorial. Calnan (1997) cited the centrality of the social context of people's lives influence on attitudes and beliefs. The future of antenatal education poses significant challenges and opportunities. The purpose of this study seeks to

illuminate the attitudes of first time mother's towards antenatal education from the perspective of attenders and non-attenders.

Methods

Instrument:

The research was conducted in one Local Health Office Area in the Health Service Executive-South East. Ethical approval was sought and granted from the Regional Ethics Committee. The qualitative method of focus group interviews was chosen to obtain indepth information and to allow mothers' own views to be heard. In order to ascertain what participants believe to be important, dialogue with them is essential.

Sample:

A purposive sample of first time mothers was recruited into the study. The target population was first time mothers who had given birth in the previous six months. These mothers were recruited via their area public health nurse. Focus group interviews were conducted with four groups of first time mothers. Each group had a mix of women who both attended and did not attend antenatal education. Eight women were invited to attend each of the four focus group interviews. Of the eight invited to attend, four women attended each focus group. To reduce the risk of bias and aid the trustworthiness of the study, public health nurses were requested to identify first time mothers unknown to the researcher. Secondly, on the grounds of sensitivity, women who had major obstetric or postnatal complications were deemed unsuitable for inclusion in the study.

Data Collection:

Focus group interviews were conducted using a semi-structured interview guide. The interview guide was developed on a conceptual framework based on a SWOT analysis that defined the area to be investigated. The researcher's aim was to gain an insight into the attitudes of attenders and non-attenders. In light of the poor uptake of antenatal classes as they are offered, the identification of women's needs is of paramount importance. A topic guide was devised to assist in eliminating irrelevant data during the interview process. An interview guide was developed from the outset and this was derived from the literature surrounding the area. The advantage of the interview schedule is that it is easier to code the responses, analyse and interpret the data. This guide helped to focus on pertinent issues. All interviews were conducted in health centres in the Local Health Office Area and were audiotaped.

Data Analysis:

All data collected was transcribed soon after the completion of the interviews. The theoretical framework which guided the interview schedule provided a template for data analysis. Descriptive content analysis was conducted. Manual coding was utilised by the researcher. A combination of a priori set top-level codes were devised from the theoretical framework with sub-codes drawn from the data. Narrative data

has been used to describe and represent the attitudes of first time mothers towards antenatal education. To validate the data analysis, rigour was addressed by the use of a content expert for confirmation of analysis.

Findings:
Data analysis identified four main categories : strengths, weaknesses, opportunities, and barriers to antenatal education.

Strengths of Antenatal Education:
The groups explored the concept of antenatal education as a source of information and support. The data revealed three main strengths of antenatal education: the facilitator, the information and preparation for birth and the social aspect of classes.

Facilitator "they were all concerned we got the information"

Data related to the category of facilitator were presented in two main themes and was explored by seven of the participants. The facilitator's skills and style of teaching and peer mentoring. A strength of antenatal education highlighted by the mothers was the facilitator of the classes. Positive experiences of the facilitator were expressed. Listening to parents and having questions answered was identified as important. Facilitators of classes require ongoing education and resources if they are to meet the needs of parents.

Diane(attender) "Yeah, I think at school you love different teachers, some are very flambouyant, others just write on the board and just teach you, they all wanted you to know the right thing and so I got that from them. They were all concerned we got the information."
Carmel(attender) "I thought the midwife at the classes was a really good listener. You could ask any questions and she was very non-judgemental. I thought that was very important."

Peer mentoring was recalled by some mothers and they related to it positively. Other mothers proposed experienced mothers as potential facilitators of childbirth education classes, to add peer relevancy to the learning process. Some mothers specifically mentioned that they would like a class with a mother and her baby, so they could ask questions about what life was like after the birth.

Angela (non-attender) "Well, I think if they brought in some one who didn't go to college to learn all this stuff- a mother who knows what it's like. I actually think they know what they are talking about as they have a child."

Laura (attender) "Well in the classes I went to they brought in a mother who was breastfeeding herself, not that it showed me how to do it, but I thought you could see her getting on with it so I thought you could do it too, you know."

Sinead (non-attender) "I certainly feel a midwife needs to facilitate the classes, but maybe a mother could be a guest speaker, even to discuss general aspects and

someone to tell you what you are entitled to say. Where is your voice in all of that, how far can you push it? Are you entitled to say I do not want anymore internals."

Information and Preparation for Birth "it consolidates what you already know"

A key theme arising from the data was that antenatal classes were a good source of information and preparation for birth. Women thought that the information was beneficial. The content delivered at classes was about a range of topics, such as pain relief, breathing exercises, birth, postnatal depression and baby care issues. Several mothers expressed the view that information and skills they had learned at the classes were invaluable. This information should be reviewed and literacy proofed to ensure it accessibility.

Diane (attender) "I liked them because you can find a lot of information from different places. But like when you are doing the breathing, its so much better to have someone show you and do it with you rather than reading it in a book. It's like learning to tie a knot or something, at least if someone shows you, you really understand."

Laura (attender) "I missed it afterwards, yeah. I found the classes were great. I went to them really just to, I suppose my view of it was really how to get through labour and afterwards. As well as that and for the best thing to do during pregnancy. So, I think it really did live up to my expectations. It made things a lot easier for me. I didn't use any pain relief, but I used the TENS machine, which I'd never have heard about otherwise."

Diane (attender) "I wouldn't have been able to get the information any other way."

The Social Aspect of Antenatal Classes "to meet others in the same boat as yourself."

Those who did attend antenatal classes found them enjoyable from a socialisation perspective. The social aspect of antenatal classes appeared as a strong theme mentioned by six mothers. Parents have real and legitimate needs. Fun and learning are not mutually exclusive.
Teresa (attender) " I found the classes brilliant. The midwife who ran the classes was funny and entertaining. She did lots of activities and we were constantly chatting about things. I enjoyed going every week. It was kinda nice meeting other women in the same boat as myself."

Effective learning and creative work can occur when people are enjoying other's company and having fun together. Empowerment through support is a vital aspect of antenatal education (Nichols,1995).
Caroline (attender) "I loved going to the classes and comparing notes with the other mothers about what we'd do when the baby came (laughing). It was great to meet others who understood, mmm, my sisters have no kids. I was the first in the family to

be expecting, so it was great just to talk and talk. Just to share how the week went. I still keep in touch with one of the girls, we meet for lunch, our babies were born the same week."

Weaknesses of Antenatal Education

The participants were vocal about the weaknesses of antenatal classes as they saw them. The participants who had not attended classes highlighted many reasons which militated against their attendance. Three main themes emerged from the data, these were: delivery and format of classes, fathers non-attendance and non-participation at classes, lack of knowledge about antenatal classes.

Delivery and Format of Classes "It ain't what you do, it's the way that you do it"

Findings from the focus groups detailed the general poor quality found at some antenatal classes. Within this theme, poor facilitation skills, unfavourable environment and lack of discussion or group work was highlighted.

Angela (non-attender) "Yeah and things can go wrong. They should tell you about those things. You have a right to know, so you know and don't get a shock I mean I saw that on television and I wasn't nice."

Fiona (attender) " I would like to see classes not being so boring. The person running them must be able to encourage everyone to participate. The same people did all the talking. I wouldn't be bothered going again. Basically the quality was poor."

Within this theme, issues were raised about class size, timing of the classes and the process of the class. Large class sizes were declared to inhibit learning. A large class size is incongruent with the principles of adult education and restricts experiential learning (Rogers,1996). The timing of classes was recognised as not being suitable to facilitate attendance for some. Didactic teaching was described as the teaching mode experienced by five mothers.

Patrice (attenders) "Yeah, I'd prefer more group work, it might be better. Particularly if the group was divided and given different sections. Mine was more lectures."

Adult learners have considerable skills that educators can build on. It is imperative that mothers feel free to exchange opinions and ideas and share knowledge. Friere (1972) explained how a prescriptive approach to education, that is telling people what to do, reinforces a status quo in which the powerless remain subservient and the powerful dominant. A concept of education which embraces the aim of assisting people towards greater adulthood does not incorporate advice-giving (Nolan,1999). However because of the limited number of classes and the amount of time to cover the content, mothers felt that, realistically, antenatal education cannot cover everything.

Fathers Non-Attendance and Non-Participation "Men looked like they were dragged there"

The participants in this research suggested that prospective fathers receive a poor service from childbirth educators. From the present study, it appears that those who accompany women to classes need a greater acknowledgement and facilitation of their role. The mothers in this study described men's lack of participation and attendance at classes as a weakness of antenatal education. The needs of partners and their attendance at antenatal sessions should be considered as an integral part of service provision. As one participant stated

Laura (attender) "Definitely, I think men should get on board more from the very beginning and not leave everything up to the woman. Parenting is fifty fifty, isn't it?"

Angela (non-attender) "Men think cause they bring in the money they don't need to go."

Another participant noted,

Diane (attender) "I don't think they need to go to all of them. Some of the men looked like they were dragged there (laughing). But it's important that they're involved in the classes and not just left sitting there waiting for women to have a go at them."

Nichols (1995) suggests that antenatal education may not be meeting fathers' needs because it fails to prepare them adequately for the realities of labour and fatherhood. Historically, fathers have been peripheral to women giving birth (England and Hororwitz, 1998). Men are often marginalized in antenatal classes, instructed in what to do, but their own needs are not recognised. A mother made the point that men need information for themselves and also need education regarding how to support his partner through the birth. Considering the valuable points raised by the participants, perhaps it is no surprise that men are reluctant to attend antenatal education.

Lack of knowledge about antenatal education "ignorance is not bliss":

The lack of information regarding antenatal education was identified in the focus groups as problematic. Reference was made to the importance of information about antenatal education being available preconceptually. The point was raised by three women that much of the information on lifestyle choices provided is irrelevant at the stage when women attend antenatal classes. A view was expressed that teenagers need information not alone on contraception and pregnancy but also information on what to do if you are pregnant. Another theme that arose was that information pertaining to antenatal education should be delivered to both boys and girls.

Angeline (non-attender) "No there was never a mention. It's not that it's a taboo subject. I suppose they are teenagers and they're hoping it's not going to happen to them. So if they don't talk about it, it doesn't actually happen in the world. O you

know what I mean? I don't remember discussing anything like that anyway. That's the truth."

Sinead (non-attender) "Yeah and maybe that'd be a great place to start. That if you had that piece of information even in Transition Year, that there was such a thing as antenatal classes that this is what it did, even for boys or a mixed group, I think."

Opportunities for Antenatal Education:

Other Sources of Information "it's a secret society"

Mothers were very aware of the volume of information available to them apart from formal antenatal classes. This was a significant theme and mothers spoke about its potential. Other sources of information about pregnancy and birth were utilised by all the mothers, both attenders and non-attenders . Participants listed many sources of information that they utilised, including: books, magazines, leaflets, videos, tv programmes, mothers and extended family, friends, healthcare professionals and the internet.

Angeline (attender) "I got leaflets and books. My friend actually gave me a book that showed me every week of pregnancy and what you should be feeling and it went to the labour and how you'd know you were in labour and stuff like that. I thought it was great, I was able to compare and see if things were happening."

Laura (attender) "Yeah, I think it depends on if you have any idea of what to do at the time, or afterwards. I found a combination of everything, my mother, my aunt and the classes great. Oh yeah, I found the television great as well, the Discovery Channel was great for information."

Many of the women preferred to rely on their family and friends for information and support. In this study there was a strong preference for informational support from family members and a great reliance on the maternal mother. It is important that professionals appreciate the strong informal support networks that exist for some women. Furthermore, it is apparent from this theme that we are living in a technologically advanced society. Mothers expressed the importance of these other sources of information.

Advertising and Promotion of Classes "What about a nice poster, a nice eye-catcher"

Mothers made reference to the need for advertising and the promotion of antenatal education. Most of the mothers in this study had to search out classes themselves, whilst some were given information about classes from healthcare professionals.

Mothers spoke openly about the need for advertising and promoting antenatal education. One mother stated

Sinead (attender) "I knew nothing about them, except I was trying to eke them out myself. Nobody, my obstetrician or anybody never told me about antenatal classes, I was just handed a piece of paper with times on it, but it was never discussed."

Angela (non-attender) "What about a nice poster, a nice eye-catcher. People look at, young girls look at a nice poster before they read them. You know, nice and bright. People always look at pictures before they go to the reading."

The previous comment raises a question about the issue of literacy among the population. Ireland has significant illiteracy rates and this must be addressed when promoting a vital service such as antenatal education.

Personal Learning Styles "Sometimes you are better off learning for yourself"

The findings identified a range of personal learning styles, which are pointers to ways in which antenatal education could be improved. People come to classes with different learning styles. Whether that difference is based on intellectual ability or gender , it is a challenge for the childbirth educator to cater for these differences. This means in every class people will have different learning styles.

Angeline (non-attender) "I am definitely someone who likes to deal with things and get on with it. I had heard a lot from my sisters you see."

Sinead (non-attender) "Sometimes people are going on their own experiences, sometimes. They can actually be over enthusiastic about what you should be doing and as you say sometimes you are better off learning for yourself."

Carmel (non-attender) "I only know who didn't go, I think it was a case of the ostrich, head in the sand. If I don't think about it, it won't happen."

The life experiences, coping strategies and insights that women bring to the classes are invaluable. It is essential that the childbirth educator utilise these tools in preparing women for birth and motherhood. Using a variety of teaching strategies and techniques throughout classes, will offer everyone an opportunity to learn in their own particular way.

Postnatal Classes "just to see others in the same situation, it's not just you"

It is often assumed that people attend antenatal classes solely to learn about labour. Arising from the research, mothers suggested that postnatal classes provide an opportunity for education in relation to parenting. The mothers identified a need for "group" structured services. The participants recognised that postnatal classes need to be held early in the postnatal period to assist parents through the critical early stages of parenthood. When asked to explore the opportunities antenatal education provides, mothers were clear where improvements could be made. From their statements, it was clear that for those women, childbirth education did not end with the last formal class.

Sinead (non-attender) "So maybe an idea for the future would be not only could antenatal classes be held but also postnatal classes where groups of mothers could meet to discuss it. Again I think it's a secret society, you cannot discuss that publicly. You see how you are still feeling about that. I can empathise with all the internals."

Carmel (non-attender) "Yeah, they are important, because I think everyone's experience postnatally is not a positive one. I just think in terms of like, a friend of mine, her little fella was lactose intolerant. I don't know how many times she went to the doctor and eventually she discovered herself that he was lactose intolerant. Things like that, she could have done with a lot of support, that wasn't there for her really."

On one occasion a participant burst into tears while she was sharing her difficulties in the postnatal period, indicating the emotional intensity of the experience. Although all the participants were unknown to each other, they demonstrated a supportive and protective attitude to this woman by patting her hand and acknowledging her experience. The atmosphere following this incident was one of warmth and empathy. This suggests that the focus group gave an opportunity for participants to share their experiences and feelings. Best Health for Children (1999) identified that parent education is a way of improving the health of children. It emphasises that such programmes should incorporate peer support, Irish based programme materials, peer mentoring by trained parents and the need to normalise parent education as a universal service.

Barriers to Antenatal Education

There are many different reasons why women do not attend antenatal classes. Women whose needs are complex may require a flexible approach to antenatal class provision. Good antenatal education requires facilitators to be responsive to the needs of individuals. The identification of the barriers to antenatal education is the first step in implementing positive change.

Non-attendance at classes "I couldn't get to the classes, 'cause things kept happening"

The reasons cited by the women in this study for non-attendance at antenatal education were many. Practical problems like transport, not being able to get through on the telephone to obtain information about classes, not interested, shift work and demanding work hours were cited by the women. Some women, despite not being motivated to attend antenatal education were anxious to obtain information in other ways and to care for themselves and their babies during pregnancy. Non-attenders had not been convinced that the classes could be of benefit to them whereas the attenders saw the classes as being of value. Amongst this group, it was found that three mothers felt they did not need to attend. They were happy with the information they already had.

Helen (non-attender) "I didn't go to any classes because things kept happening. I was in hospital during the pregnancy for a few weeks. The baby was small and my blood pressure was up. So, I couldn't go."

Brenda (non-attender) "I couldn't get to the classes as the times didn't suit. I do shift work and it was impossible to get to them. I would've liked to have gone just to see."

It is of great importance that healthcare professionals discuss with their clients the reasons for attendance at antenatal education. Both attenders and non-attenders felt that they had not received enough information about classes. The causes of non-attendance at classes appear to be multifactorial. To present such non-attenders as stereotypically disinterested and uneducated would be simplistic. Many factors interact to determine whether attendance at classes occurs or not.

Lack of advertising "I didn't know anything about them"

The findings identified that many women had some difficulty obtaining information about antenatal education due to a lack of advertising. This issue was raised by many of the mothers. Another area that seems that seems significant is the perceived lack of information given during pregnancy in relation to antenatal education. Many participants recounted that no doctor or midwife encouraged attendance at classes or explained their purpose. It would appear that healthcare professionals have an important role to play in increasing the uptake of classes and helping to avoid non-attendance at antenatal classes. In addition, the client must perceive the classes as having some value, otherwise non-attendance may follow.

Carmel (attender) "Yeah, even in the waiting rooms there's nothing."

S.M "Could you have gone to the classes when you were in the hospital as an in patient? Did any of the staff suggest this?"

Helen (non-attender) "I never thought of that. No, one ever said I could go to them. It never dawned on me."

The issue of promoting and advertising antenatal education has been poorly resourced in the past. Resources and equipment are often poor as suggested by four participants. This lack of emphasis on primary preventative initiatives reflects a lack of fiscal investment into the service. A great deal of social and political importance is attached to preparation for parenthood, but the rhetoric is not matched by the resources (Schott and Priest, 2002).

Social Context of Life "I hardly know my neighbours and anyway everyone is so busy"

The social context of women's lives were raised as negatively impacting on them. The participants raised matters such as unplanned pregnancy, housing concerns and work commitments as affecting them. Women who are preoccupied with day to day concerns may have little time and energy to devote to antenatal education. This powerful testimony points to the many challenges that life poses for women and mothers today.

Teresa (atternder) "I don't know why more women don't go to the classes. I suppose years ago women stayed at home and maybe they spoke more to each other. I hardly know my neighbours and anyway everyone is so busy."

Sinead (non-attender) "By the time I came home in the evening that would have meant driving another fifty miles. Some evenings you are so wrecked, so wreaked."

A noteworthy finding was the struggle for women balancing career and family commitments as highlighted by some participants. Sound policy and legislation in relation to paid maternity leave entitlements are essential in the current climate where women make up a significant percentage of the workforce. Creating a supportive environment for pregnant mothers is essential. The author suggests that there is a strong argument in support of community-based antenatal classes which are accessible to all mothers.

Discussion:

This study has attempted to explore the attitudes of first time mothers towards antenatal education. The limitations of the study are inherent in the small sample size. The mothers' attitudes were analysed at only one point in time (ie) six months postnatally. It would be interesting to following a group of mothers in a longitudinal study across time, prior, during and post antenatal education. The interviews were conducted after birth, thus pre education perceptions were coloured by the educational experience.

Parenting in todays' society presents a major challenge. The job of being a parent in the 21st Century is an onerous task, yet our society provides no special training for parenthood. Educating parents ought to go hand in hand with supporting them. Antenatal education should be a continuous process and not cease when a child is born. This study represents the perspective of first time mothers and a challenge to the development of antenatal education. Participants clearly benefited from talking to others in similar situations as themselves and gained enjoyment as a result. The facilitator of antenatal classes was identified as a key strength and resource. A move away from didactic teaching is necessary if antenatal classes are to encourage greater participation across the social strata. The results showed that benefits from antenatal education are possible when groups are small. The written information provided to parents is highly valued during their pregnancy. A strength of this study design was that it included attenders and non-attenders. Among this group, it was found that some mothers felt they did not need to attend antenatal classes. Valuable insight was achieved by gaining frank details concerning women's attitudes to classes. The focus groups illuminated the priorities for service users. The use of focus groups may have overcome any literacy difficulties women may have had.

While antenatal classes were viewed positively by many mothers, others suggested there was room for improvement. It can be said that causes of non-attendance in this study are multi-factorial. A host of pragmatic reasons were given for non-attendance, such as working night shifts, no interest, transport difficulties, inflexible employer and partner wouldn't attend. The provision of antenatal classes outside of normal working hours must be addressed if the needs of parents are to be met. Traditionally programme content was set and controlled by the educator, leaving participants less likely to play an active role in their own learning. On examining the literature in relation to antenatal education it is abundantly clear that mothers' needs are not always identified. Rather , professionals are the experts whose advice was sought. From an emancipatory education viewpoint, teaching and learning demand reciprocal dialogue in which both participant and teacher contribute ideas worthy of recognition. The mothers also identified many strengths and opportunities for antenatal education. For some women the major benefit of the classes was the opportunity to get together with others. The social support obtained from antenatal classes warrants further research. Peer support has been identified as a vital and enjoyable component of antenatal classes. There is a great need for a formal campaign to advertise and promote antenatal education amongst health professionals and the general public. There is also a responsibility on each midwife and public health nurse to enhance their health promotional role. The inclusion of men into antenatal education is essential. The participation and inclusion of men into antenatal education may contribute to the overall well-being of society through the promotion of sound parenting practices. However, the complexity of the issue means that there is no single remedy. It may be that in order to realise the full potential of antenatal education, we need to give greater consideration to the social context of women's lives today.

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Conflict of Interest:

I wish to declare that I have no financial or personal relationships involving this piece of work.