



**Prenatal Education Forum
October 23, 2007
Highlights of Discussion Topics**

On-line resources was a major theme

In almost every session the issue of providing on-line resources surfaced. Some felt that many teens use the internet to access information regularly.

Suggestions included a listserv to share ideas, chat rooms for the same purpose, provision of on-line prenatal classes, lists of resources, tapping into school research and resources.

Some participants felt there was a lot of information already available and others felt there wasn't enough, and/or that it was often inaccurate. Some sites are considering adapting their prenatal programs for delivery on-line, but there is some concern about the need to maintain an appropriate level of face-to-face interaction. Creating a "blended model" therefore seemed attractive.

It was pointed out that nurses generally lack the skills to make an interesting website that would attract people to visit. Additionally, it was felt it should not be a "read only" site, but have an interactive component.

As well, it was suggested that it would be best to address this issue at the provincial level (i.e. Best Start) to avoid having everyone doing their own thing and "reinventing the wheel".

Programs for dads also recurring theme

Many participants in the various groups were concerned about engaging young fathers in the process, and consequently a second recurring theme related to programs and training for fathers. One participant indicated that we need to change the perception of how dads parent their children (i.e. not better, just different)

One idea for these programs was to use professionals to deliver the message to men rather than expecting their wives or partners to do so. This was especially important in the context of cultural issues.

Several notations were made for the idea of "dads only" sessions. Several videos such as "To be a father", "Becoming a Family", "Works of Wonder", "Taking Baby Home"

and “Superior Dads” were cited as good resources for fathers. Other ideas included offering monthly or weekly activity hours for dads and their kids, using games to help fathers understand the perspective of expectant mothers, and programs on smoking or substance abuse.

Another suggestion was for the establishment of a panel/group to bring dads together to work on strategies or curriculum that would address the mental health issues/needs of fathers.

Using peer to peer mentoring/teaching or presentations

Whether discussing teenagers, dads or women over 35, the notion of using peer mentoring/teaching was felt to be a positive approach.

One example was having young parents speak at high schools to demonstrate the challenges of parenthood. Having “guest parents” talk about the challenges associated with multiple births was another example of peer mentoring. The idea of a prenatal reunion would also suggest an aspect of peer mentoring, as would a “dads” panel working on strategies and curriculum to address their own unique issues.

Similarly, the importance of sharing experiences, ideas and tips can be carried into the idea of internet “chat” rooms, offering clients opportunities to connect with others experiencing similar challenges. The idea of peer mentoring and social contacts beyond the formal group was seen to enrich the lives of participants and provide access to valuable parenting information.

Another avenue for sharing experiences was the idea of a postnatal reunion.

Importance of offering snacks/food consistent theme

The topic of food and snacks occurred frequently in the discussions. In some cases it related to educating mothers on the importance of nutrition for themselves and their babies, and in other cases it related to using food as a drawing card to encourage attendance at the programs.

One innovative group facilitation strategy called for teens to decide what food would be offered at the next class as a way to improve ownership and commitment of young parents to come to the program. This is especially helpful when dealing with teens or clients with literacy issues as the snacks could be used as a learning tool to teach them about things like folic acid. Having a Canada Food Guide with pictures of a baby and what food they should eat at each stage of their development would be a helpful resource.

Cultural diversity/issues (including literacy issues)

The primary concerns with respect to cultural diversity related to:

- Lack of translation services

- Absence of OHIP coverage
- Need for resources translated into other languages
- Multi-generational issues

It was suggested that locations for these classes should be in a public community location rather than a church to avoid the perception of a religious slant and to ensure accessibility. We need to be careful not to impose western culture on these groups.

Helping to gain a better understanding of the nutritional content of cultural foods and other immigration/settlement issues was also a concern. There may be other gaps related to refugees and language barriers that should be addressed, particularly in how CPNP partners are included and that cultural barriers and safety concerns are dealt with. These issues can also be related to programming decisions and literacy issues. For example, it was felt that the language used in resource material should be written in a way that is easily understood.

Need to be sensitive to changing family dynamics

There have been significant changes to the face of family and the need to be sensitive to those changes was emphasized. Whether dealing with couples, single women, lesbian couples, women over 35 or teens, the programs and activities must work well for all of these groups.

Many of the groups made regular reference to teen moms and the need to adapt programs to meet their needs as well. Flexibility of programming was an important factor for many of the groups. With teens, the idea of scheduling programs between 4 - 6 p.m. seemed to be a successful strategy. The concept of "drop-in" programs also appealed to this younger demographic. In the same manner topics should be kept short, the location should be easily accessible (eg. In malls)

Clients over 35 and multiple births

High risk clients, such as those over 35 and those having multiple births, need to be considered. Concerns such as sleep issues, lack of family resources, no concept of reality, increased risk of depression were all surfaced. One strategy discussed was the importance of home support and breastfeeding education. Another idea was to start prenatal classes earlier for expectant mothers of multiples, while some felt additional research was required to identify high risk criteria.

Follow up, retention/evaluation

It was felt that the introduction of more social marketing campaigns would help to address the gaps in terms of retention; other suggestions included asking for a deposit to increase sense of value in the programs and offering "pick and choose" classes to address specific needs of clients. Again, the need to offer both web resources and face-to-face interactions was highlighted. In that regard, the idea of using Pod-casts or You-Tube to deliver the programs were two of several novel suggestions put forth.

The idea of a postnatal reunion, mentioned earlier, was felt to be a good opportunity to follow up and evaluate the impact of the programs. Additional follow up with clients who stop attending programs would also be useful. Alternatively, completing an evaluation after the 1st session was also suggested. Incentives might be helpful to get clients to complete the evaluations, but participants are looking to Best Start to develop a framework for completion of evaluations.

Connecting/networking

Finally, at least two of the groups indicated that they wanted to find a way to stay connected with each other and to share resources.

“What is the most important project for the Best Start Resource Centre to undertake as a follow-up to the better practices manual and forum?”

- Work towards a free provincial prenatal resource for all pregnant women.
- Develop a lower literacy prenatal resource for pregnant women.
- Translate/adapt materials to reflect the diversity of the population (with pictures reflecting this diversity: different cultures, multiple birth families, etc.)
- Lobby towards a provincial prenatal surveillance program.
- Create PowerPoint resources for prenatal education programs.
- Develop an online prenatal education program.
- Monitor the progress and help disseminate the results of the Maternal Experiences Survey (Public Health Agency of Canada).

Note: These issues and recommendations were discussed by participants at the forum. Please contact one of the Best Start Resource Centre Consultants if you wish to have more information.