

Prenatal Education in Ontario

The Evidence for Prenatal Education



Prenatal education is designed to provide participants with the knowledge and skills they need to improve pregnancy and birth outcomes and helps prepare participants for early parenting. This fact sheet shares an overview of key findings from peer reviewed literature (including systematic reviews) and grey literature¹ from 2007 to 2013 related to prenatal education.

Prenatal education can be delivered both in-person and online and includes:

- Traditional prenatal education classes (designed and advertised for the general public)
- Group prenatal education courses offered through health care provider practices
- Registered and non-registered groups (such as drop-in groups at a Parent Resource Centre, teen programs, the Canada Prenatal Nutrition Program)
- One-on-one prenatal education through population-wide programs (for example, Healthy Babies Healthy Children)
- General universal prenatal information provided by a health care provider (but not individual medical information or care)
- Brochures, handouts and resources
- Online courses, apps, websites

¹ Grey literature is non-commercially published written material.

Why Future Parents Attend Prenatal Education

Future parents seek out prenatal education for a variety of reasons. Reasons include:

- To have their questions answered and issues addressed
- To encourage partner involvement
- To receive support and education
- Referral from a health care professional
(Nova Scotia Health Promotion and Protection, 2008)

Benefits of Prenatal Education

Many benefits have been found to be associated with prenatal education. Benefits include:

- Improved maternal mental health (National Childbirth Trust, 2010)
- Increased mental preparation for childbirth among pregnant women (Koehn, 2008)
- Decreased use of epidural anesthesia during childbirth (Ferguson, Davis & Brown, 2013)
- An increased likelihood of arriving at the hospital in active labour (Ferguson, Davis and Brown, 2013)
- Increased breastfeeding initiation and continuation (Schrader-McMillan, Barlow & Redshaw, 2009)
- Greater satisfaction with the couple and parent-infant relationships after birth
(National Childbirth Trust, 2010)

Format of Prenatal Education

Prenatal education has been found to be effective when delivered in a variety of formats, including:

- Traditional Group Prenatal Education – group classes offered on a regular basis (Maimburg, Væth, Durr, Hvidman & Olsen, 2010; Nova Scotia Health Promotion & Protection, 2008)
- Psychology-Based Prenatal Education – prenatal education that focuses on the psychological aspects of childbirth (Brown, Feindberg & Kan, 2012; Feinberg & Kan, 2008; Larra, Navarro & Navarrete, 2010)
- Drop-In Prenatal Education (Rosen, Krueger, Carney & Graham, 2008)
- Online Prenatal Education (Pate, 2009; Salonen et al., 2011)
- One-on-One Prenatal Education (Milgrom, Schembri, Ericksen, Ross & Gemmill, 2011; Sercekus & Mete, 2010)
- Group Prenatal Care – medical care and childbirth education offered simultaneously in a group setting (Ickovics et al., 2007; Ruiz-Mirazo, Lopez-Yarto & McDonald, 2012)
- Combined Group and Individual Prenatal Education – classes that are delivered through a mixture of both individual and group prenatal sessions (Doherty, Erickson & LaRossa, 2006; Hesselink, Van Poppel, Van Eijdsden, Twisk & Van der Wal, 2012)



Prenatal education that is designed to meet the needs of specific demographic groups has been found to be effective among several populations including:

- Indigenous women (Walkup et al., 2009)
- Pregnant adolescents and their partners (Schrader-McMillan, Barlow & Redshaw, 2009)
- Spanish speaking women (Gill, Reifsnider & Lucke, 2007; Kieffer et al., 2013)
- Black women (Kothari, Zielinski, James, Charoth & Sweezy Ldel, 2014)

Barriers and Facilitators Impacting Traditional Group Prenatal Class Attendance

While the benefits of prenatal education are well documented, several factors are known to influence participation in traditional group prenatal classes.

Barriers to traditional group prenatal class attendance include:

- A lack of time (Tighe, 2010)
- A lack of transportation (Fabian, 2008; Tighe, 2010)
- Distance from where the class is being offered (Fabian, 2008; Simpson, Newman & Chirino, 2010)
- The cost of prenatal education (Simpson, Newman & Chirino, 2010)
- A lack of space in the classes (Nova Scotia Health Promotion and Protection, 2008)
- A lack of awareness about available classes (Nova Scotia Health Promotion and Protection, 2008)
- Arriving in a new country during pregnancy (Boerleider et al., 2013)
- Language barriers (Boerleider et al., 2013)

Supports that make it easier for future parents to receive prenatal education include:

- Childcare and transportation
- Prenatal education that is connected to other community organizations or health care providers
- A comfortable environment that is free from judgment and open to diversity (Nova Scotia Health Promotion and Protection, 2008)

Who Is At-Risk of Not Receiving Prenatal Education?

Several groups of women have been found to be less likely to receive prenatal education, including:

- Single mothers (Fabian, 2008)
- Visible minorities (Lu et al., 2003)
- Mothers without a high school diploma (Lu et al., 2003)
- Mothers who have lower incomes (Fabian, 2008; Lu et al., 2003)
- Mothers who are unemployed (Fabian, 2008)

As these women are at greater risk of adverse prenatal and childbirth outcomes, more must be done to provide relevant information prior to and during pregnancy.

Please refer to fact sheet 2 that outlines the Ontario demographics for prenatal education class participation.



Using the Evidence

A great deal of research has been conducted on the nature and effectiveness of prenatal education. In order to improve the delivery of prenatal education in Ontario, providers can benefit from an understanding of the research and local evidence related to:

- What pregnant women and their partners/support people want from prenatal education
- The benefits of prenatal education
- The variety of ways that women and their partners/support people access prenatal information
- The barriers to prenatal education
- The needs of specific populations, especially those less likely to access prenatal education

Further steps must be taken to promote and support the delivery of high quality prenatal education across all demographic groups. Knowledge mobilization efforts for prenatal information providers, such as communities of practice, listservs, newsletters, and learning/networking opportunities, will also support strong, evidence-based approaches to prenatal education.

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