



A qualitative exploration of women’s experiences of antenatal education, to inform development of a co-designed antenatal class curriculum

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Why did we conduct this research?

- NICE recommends antenatal education for all pregnant women to prepare for labour and birth
- Expectations of birth are associated with women’s psychological wellbeing following delivery
- Antenatal education provides an important opportunity to provide clinically-informed, evidence-based information about childbirth
- There is no mandated curriculum for NHS antenatal education, and class content and delivery is variable both between and within trusts
- Experience-based co-design is effective for developing interventions to provide NHS users with a better experience of care

The ACE project aims to develop a co-designed antenatal education class curriculum for North Bristol NHS Trust

“Pregnant women should be offered information based on the current available evidence together with support to enable them to make informed decisions about their care.”
(NICE)

Objectives

We explored women’s experiences of NHS and non-NHS antenatal classes to inform development of a co-designed, evidence informed new antenatal education class for North Bristol NHS Trust.

Methods

Design: Qualitative focus group study
Participants: Postnatal women <12 months, who had delivered at North Bristol NHS Trust
Invited via Trust and local social media pages.
Focus groups: A semi structured topic guide explored women’s expectations of birth following the antenatal education they had attended, class experiences, information addressed and teaching methods. Important topics for a new class were explored.
Analysis: Focus groups were recorded, transcribed verbatim and analysed using thematic methods. Two researchers coded transcripts to ensure validity.

Conclusions and recommendations

There is a need to standardise, and enhance content and delivery of NHS antenatal education

Clinical recommendations:

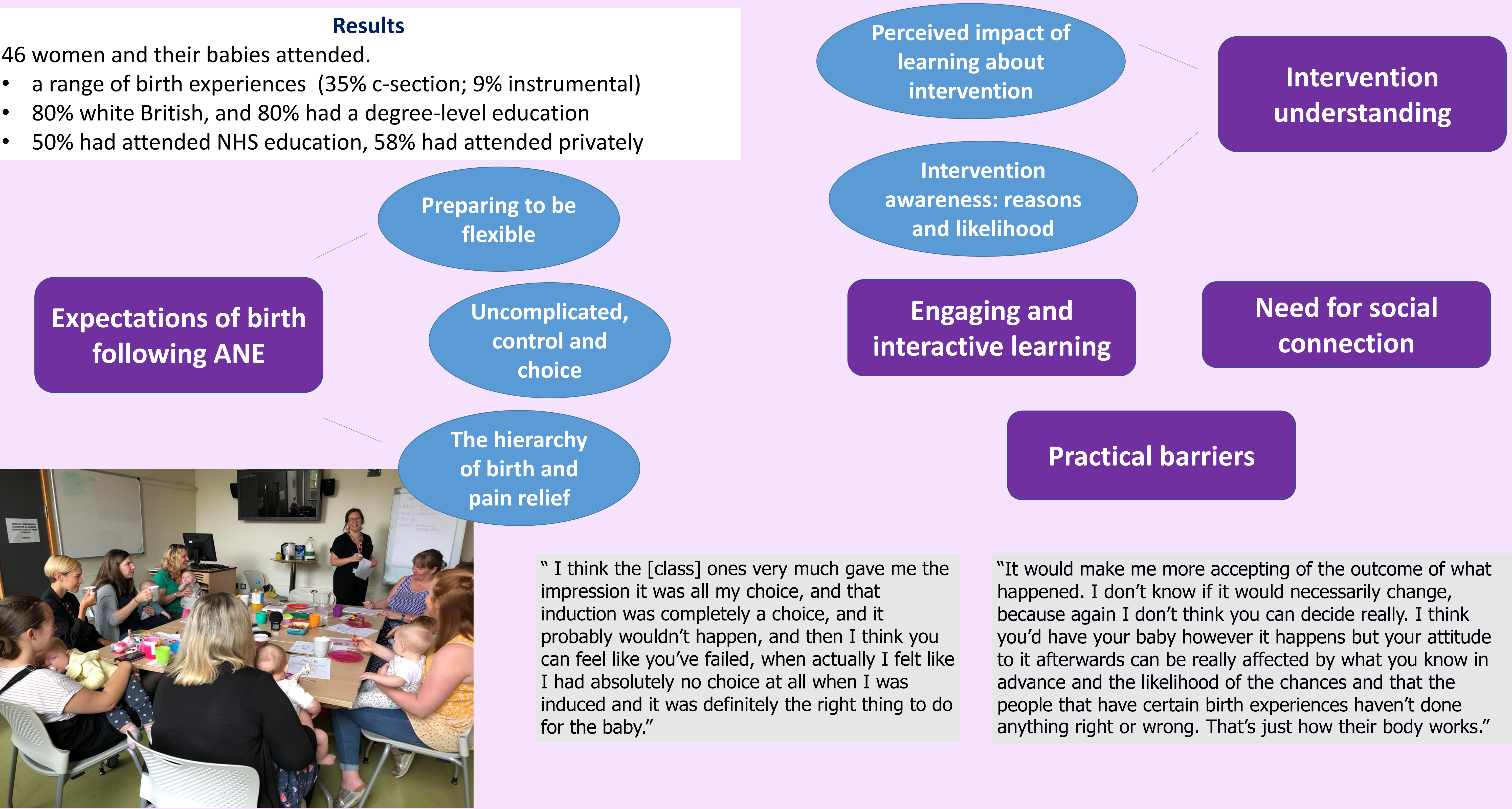
- Women strongly value NHS antenatal education as a means to learn about birth in their local NHS setting.
- Classes should be held at convenient times and improved processes to invite women are needed.
- A structured class using varied presentation techniques can enhance engagement.
- Accurate, local information about reasons for, and rates of, birth interventions may reduce the expectation-reality gap.
- Balanced information about all modes of birth is important to support women’s postnatal wellbeing.
- Social opportunities are important to women, are infrequently provided by the NHS, and may support women’s mental health.

These findings have informed development of the ACE antenatal education class for North Bristol NHS Trust

Results

46 women and their babies attended.

- a range of birth experiences (35% c-section; 9% instrumental)
- 80% white British, and 80% had a degree-level education
- 50% had attended NHS education, 58% had attended privately



“ I think the [class] ones very much gave me the impression it was all my choice, and that induction was completely a choice, and it probably wouldn’t happen, and then I think you can feel like you’ve failed, when actually I felt like I had absolutely no choice at all when I was induced and it was definitely the right thing to do for the baby.”

“It would make me more accepting of the outcome of what happened. I don’t know if it would necessarily change, because again I don’t think you can decide really. I think you’d have your baby however it happens but your attitude to it afterwards can be really affected by what you know in advance and the likelihood of the chances and that the people that have certain birth experiences haven’t done anything right or wrong. That’s just how their body works.”