

Parents' perceptions of antenatal groups in supporting them through the transition to parenthood

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ORIGINAL

Objective: The aim of this study was to explore parents' experiences and perceptions of their antenatal groups in supporting their needs through the transition to parenthood. Local research ethics approval was obtained before the study commenced.

Design: Phenomenology was considered the most appropriate paradigm to interpret participants' involvement as it considers the essence of individuals' experiences and fits the holistic model of midwifery. Semi-structured interviews were used to ascertain mothers' and fathers' experiences and their perceptions of support needs.

Participants: Prospective mothers and fathers were recruited from the community setting by midwives whilst the women were in their last trimester of pregnancy. Interviews were undertaken with both parents together in the early postnatal period, between two and three weeks after the baby's birth.

Findings: Six mothers and five fathers participated in the interviews and several themes emerged from analysis of the transcripts. Parents felt developing a relationship with fewer midwives was important and attending antenatal groups was a way to achieve this. Antenatal groups which were facilitative and flexible seemed to have helped parents prepare and adjust to parenthood.

Conclusions and implications for practice: Participants felt antenatal groups have an important role to play in preparation for parenthood and should be universally available. Provision of universal groups may be one way to meet government targets to reduce inequalities, provide choice and improve access for women and families. Although midwives are highly skilled practitioners, additional skills may be required for the role of group facilitator. A focus on these skills within pre- and post-registration education is suggested. A multiagency approach to implement such services, in line with government strategy, may be cost effective and practical as well as promoting ongoing support and interagency collaboration.

Background

Parenting in the 21st century

The transition to parenthood has been described as a major life event with huge implications for all involved (Deave & Johnson 2008, McKellar *et al* 2009). Waylen & Stewart-Brown (2010) suggest parenting influences a variety of cognitive, behavioural, emotional and physical outcomes in children. Yet a significant number of new parents enter parenthood not knowing what to expect, or without the self-awareness and skills to adapt easily to the changes of parenthood (Fonagy 1998, McKellar *et al* 2009).

Effective group based support

Royal College of Midwives (RCM) (2001), Barnes & Freude-Lagevardi (2002), Barlow *et al* (2008) and Department of Health (DH) (2010), suggest that physical and mental health of children could be enhanced through provision of effective parenting support that begins antenatally. However, Schrader McMillan *et al* (2009) state that client-centred antenatal education can help parents adapt to parenthood.

Fathers and antenatal education

Despite reported beneficial physical and psychological outcomes for children whose fathers have been involved in their care, Barlow *et al* (2009) and Genesoni & Tallandini (2009) state there are fewer programmes of support for fathers whilst

Smith (1999) found fathers generally felt frustrated that the antenatal groups that were available did not explore fathers' emotional needs around birth and early parenthood.

Methodology and methods

Cresswell (2007) argues that some discussion around the philosophical basis on which a study is based should be included in the research method. This brings clarity and understanding to the overall process and adds to its trustworthiness. Phenomenology as a research tool emerged at the beginning of the 20th century in response to a need to understand and appreciate meanings of individuals' lived experiences (Bradbury-Jones *et al* 2009). Somers-Smith (2001) explains that phenomenology can capture the subjective view of social life. Cresswell (2007), discussing a post-modernism perspective of phenomenology, argues that this paradigm lends itself ideally to exploring situations where people are experiencing transitional periods in their lives. It was therefore relevant to this study, which explored parents' perceptions of their support needs through the transition to parenthood.

Some phenomenological philosophies, as indicated by Husserl's philosophical base, require the researcher to suspend all judgments about the reality of the phenomenon being studied (Cresswell 2007). Somers-Smith (2001) argues that it would be difficult for midwives as researchers to put aside all assumptions, particularly in relation to participants who they

have knowledge and experience of. Furthermore, as parenting can be subjective and value-laden, a philosophy which captures the reality of the experience for both participants and researcher is needed. Phenomenology from a hermeneutic Heideggerian philosophy is more appropriate to use to interpret parents' experiences as well as understanding and describing the phenomena (Bradbury-Jones *et al* 2009). Heideggerian phenomenology does not encourage bracketing which means setting aside one's knowledge and experience (Somers-Smith 2001). It begins from the standpoint of already being in the world and to have an understanding of it and the lived experiences of those involved. Cresswell (2007) argues that in trying to understand individuals' experiences the researcher cannot separate what is related to the researcher from the context in which the experiences occurred.

As phenomenology encourages true definitions of phenomena which are difficult to understand (Robinson 2006) it was applied to trying to understand the diverse experiences of new parents. Whilst phenomenology enables participants to make sense of and interpret their experiences, the researcher must also base findings on honest interpretations. Ethics approval was granted by the university, NHS research ethics committee and the local Trust research and development department.

The study population was a purposive sample of new parents who were recipients of maternity care across one hospital Trust in the east of England.



Participants, both prospective mothers and fathers, were recruited from the community setting by midwives when the women were in the last trimester of pregnancy. Interviews were undertaken with both parents together in the early postnatal period, between two and three weeks after the baby's birth. Data were analysed in the context of Smith *et al* (2009) and Greatrex-White (2008). Interviews were transcribed verbatim. Each transcript was read several times by the lead researcher and initial themes were developed. Next, a second in-depth review of the data was undertaken and the original themes were further refined. Several themes emerged and were assigned names that reflected their meaning. As part of a process of confirmability, the second researcher independently reviewed the themes and agreed that the interpretations and conclusions were accurate reflections of the phenomenon.

The findings from the analysis of the data are described as follows with use of anonymised verbatim extracts taken from the interview transcripts. Occasionally notes have been added within square brackets [] within the text in order to clarify a point. Quotes are presented verbatim; with '...' indicating where material has been removed. Participant codes which contain an 'm' are from mothers and participant codes which contain a 'd' are from fathers.

Findings and discussion

Analysis of personal details revealed variation in the sample of mothers and fathers included in the study. Six mothers and five fathers participated in the semi-structured interviews. Three couples were married; four other participants were couples and the mother who participated also lived with the father of the baby. It was stated that this father would have participated but had already returned to work. One couple were second time parents and two fathers had children from previous relationships. All participants described themselves as white/white British.

Reasons for wanting to attend groups

Some participants had wanted to attend an antenatal group to get to know one or two midwives. Most participants felt continuity of midwife was important even for those who did not experience it. Participants who accessed antenatal groups were aware beforehand that a midwife would facilitate the group and some stated they were accessing groups to gain continuity:

'...and so you didn't have to start again – no disrespect to the other ladies who were there but – they're all just as competent and skilled I just felt you've got – you've built up a relationship with one individual.' [12d]

The term 'professional friend' was used by a mother to describe how she felt about the rapport she and her partner developed with the midwife. Fraser (1999)

used this term when exploring mothers' descriptions of midwives who are technically sound but also skilled in developing relationships.

A father talked about an alternative approach for other parents:

'Maybe you could have more than one midwife running them [groups] so you can sort of bounce off some ideas and some thoughts just so you can connect with sort of some more people.' [12d]

One couple felt they did not need a group as they were supported by their family and had continuity from their community midwife. It should not be assumed that all parents need groups for support but many would value them. One couple in the study, who did not have a group to access, suggested being able to meet the team of midwives for one session would have been helpful:

'I think it would be really nice to go for a... not go for a meeting like but go to a group and they introduce themselves properly and cos all it was you haven't really got time to do it at your midwives appointments.' [14m]

Some participants felt that they would like to meet other parents to widen their support networks:

'Definitely I would have liked to have gone I would have liked to have met other couples... its nice isn't it to share your stories with other people and make friends.' [14m]

'I was hoping to go and sort of make some new friends...going through similar situations.' [12m]

'The antenatal class umm the people I met on the course have been really supportive.' [16m]

Although a mother who accessed private classes had continued her relationship with other antenatal group members most did not continue meeting other members postnatally despite perceiving antenatally that ongoing peer support would be important.

However other studies have found that social support is a significant and positive factor and an outcome measure for some programmes (Schradler McMillan *et al* 2009).

There are many reasons why participants felt they needed to attend groups. Whilst ongoing support was perceived as beneficial, it should not be assumed that all parents need continued support from the antenatal group members.

Parent-centred and relevant

Participants found it difficult to articulate how the groups specifically helped but reasons varied:

'I don't think there was anything at the classes that I didn't already know or I couldn't have found out about myself but it was just about the fact that you were in that safe environment where you could share and normalise things which... certainly helped... I think perhaps the midwife mainly um [most supportive].'[12m]

Participants felt that they benefitted from the groups that were parent-centred:

'it was meeting your needs personally and being the centre of the situation again... we often think we know what you need but clearly you got more than that which is great.' [12m]

For a couple who had previous negative experiences it was important for them to focus on the normality of this pregnancy and to feel able to ask anything:

'I don't think you was afraid of asking anything... it certainly helped where you just talked through things being normal. Interactive working out the answers yourselves rather than just being told sort of dictated to that this is what you should do umm... which I thought was much quite different and actually a lot better than I expected.' [11m]

Participants who felt positive about groups described the whole experience as helpful rather than supplying content alone. Parr (1997) argues that programmes should be flexible and parent-centred, but some structure with measurable outcomes is also needed. A couple who felt a didactic approach was more appropriate, perceiving groups as social gatherings, may have a salient point, despite their views seeming controversial (Gagnon & Sandall 2007). Groups focusing only on social aspects or only on information giving have been found to have limited benefits (Schrader McMillan *et al* 2009).

Parents expressed a range of needs they felt needed to be met in different ways:

'they were all sat round chatting it was really informal they were all... it was really good. It was nothing I expected it to be like it wasn't it was just well I don't know as I say it was so relaxed and so informal and what what was discussed was relevant... but it was discussed in such a way that that I suppose you didn't really er crikey [feel intimidated].' [12d]

A couple who were second time parents, were not able to attend a group but had done so during the first pregnancy stated it had not met their needs:

'it was sort of almost like teaching you some – this is where babies come from – well it's like we all know that bit that's why we're here sort of thing so it was a bit simplistic we're not being funny but.' [15d]

Practical aspects of parenthood

Most participants felt they needed information about practical aspects of parenting. For some parents they perceived receiving answers would be enough to support them in their parenting role:

'er yes I think one of the things when we did decide to move to a bottle um with formula milk we didn't we weren't given any information as part of antenatal class about sterilization.' [16m]

However, direct answers given in response to specific questions did not always seem to perpetuate confidence in decision making skills and sometimes generated further questions:

'they almost gave a glamorised look in that you should only keep a sterilised bottle for an hour well that's not practical when you're going out for the day.' [16m]

Before attending groups some participants perceived they knew what their needs would be and expected they would be met by the facilitator. However, the participants who attended groups, which encouraged discussion and exploration of issues, were sometimes surprised that needs they had not considered emerged. Participants related during the interviews that they had felt confident to discuss their needs and problem-solve in the safe environment created within the group setting. As Schott (2002) suggests it is the 'how' of delivering information or demonstrating tasks rather than the 'what' which empowers parents. As Gagnon & Sandall (2007) state, groups that have a directive approach can discourage parents from making informed choices:

'and so more of a – this is what you should do and actually it was much more of a this is what you could do and this is what you could think about but just be aware that everyone's different and all ways are different.' [11m]

Breastfeeding evoked strong feelings for parents but where antenatal preparation was available either in groups, or midwife support, it was valued:

'er one of the big things... I had from [group midwife]... was about the breastfeeding because there are so many misconceptions about and even with good friends of mine... that wanted to breastfeed then struggled and then had just given up because they just don't know what to do... I persevered and listened to a lot of what [group midwife] said... has helped me to be able to do it and I just think it's a real shame that people haven't had that support.' [12m]

Parents who had not received breastfeeding support related this to their feeding challenges:

'Yeah we could've done with it earlier rather than having it later on I mean I always wanted to breastfeed umm cos it's more beneficial but like I said before we would have wanted more support [before] not straight after.' [14m]

Although one mother who had attended a group felt it had not prepared her for the challenges she encountered:

'they didn't actually tell you um er [pause] the troubles that you could um have trying to breastfeed and um it's sometimes not as easy as it should be and it just seemed to be such a buildup of pressure.' [16m]

As this mother suggests, some parents also felt they had not received appropriate support after the baby was born:

'it was painful – no if we'd had more information on that we'd have felt a lot more relaxed.' [14m]

Most participants felt that support around feeding should begin antenatally:

'and I think definitely if you could incorporate that into the antenatal care like [the midwife] encouraged me to go while I was still pregnant and I went... and then went back when (baby) was born and it was nice that I'd met these ladies before... to listen and and offer support.' [12m]

Parenthood

Although most stated they felt positive about becoming parents they were also surprised by the changes to their lives:

'Er [long pause] I've actually found it quite it's quite a change umm but nice um I am enjoying it.' [11m]

'Bit of a shock to the system... and command so much of your time. It's a wonder how single parents get anything done at all.' [12d]

Parenthood brought many changes to the lives of participants. Whether or not antenatal groups were accessed it was difficult for most to articulate how or why preparation had or would have helped. Wilkins (2006) suggests it is the skills of the facilitator and the underpinning philosophy of programmes that provides a safe environment to explore issues that could arise after birth:

'There were um quite a lot of discussions on the emotional side of things and um how you might feel afterwards... all that kind of thing but I think talking about it can make you aware of how you might feel what might happen it's not actually something you can really discuss fully until you you've actually been there and experienced it.' [11m]

'Psychologically you can have the right kind of care people showing an interest that can have a profound effect on successful pregnancy who knows whether it does or it doesn't.' [12m]

Those who felt supported by attending groups felt it had helped them reflect on the implications of parenthood:

'and then when one of the weeks [the midwife] invited a couple of mums to come in with their babies and they were talking through their... and then actually realises that there's gonna be a baby at the end of it.' [12m]

Some parents who did not attend a group perceived they would have benefitted from being 'told' about 'it' beforehand:

'No one does it before really not in the details they do afterwards. If they'd talked about it before I would have known [laughs].' [15m]

One of the couples explored how they were profoundly affected by the changes experienced after the birth of their first child. They felt the classes they attended had not prepared them adequately:

'there are a lot of things nobody tells you about. Like the way you feel afterwards and the way your body will be... The classes tell you the basics but they don't tell you how it's really going to be.' [15m]

This group was accessed some time ago so content and style may not be relevant but the impact remains profound. However, it demonstrates poignantly the significance of the changes experienced and the possible implications when supporting parents. Wilkins (2006) states that mothers should not be given unrealistic expectations, but there does need to be a balance between scaring parents and exploring possible realities.

Fatherhood

McKellar *et al* (2009) suggest that fathers generally feel uncomfortable about accessing groups. However, fathers from this cohort had been prepared to attend groups although they did not know whether the group was meant to meet their needs. Those who attended groups did not feel excluded once they overcame their initial reservations. Although, all participants felt that availability and 'timing' of groups was a barrier to fathers' attendance:

'I'd met the midwife I'd met... once before but I didn't know anyone else in the group... No I didn't feel embarrassed.' [12d]

'I think umm the full, the full 4 weeks, umm, sessions I think everyone's partner came to one but it depended on work commitments.' [12m]

Premberg & Lundgren (2006) suggest that the birth experience is less of a focus for fathers than parenthood. Fathers in this study felt that being ready for fatherhood was important, but it was also important for them to feel able to support their partners. Whilst some mothers felt reassured if their partner felt confident to support them through childbirth:

'but I think it's really important for the men to go as well cos [laughs] they're gonna be well.' [12m]

'It's gonna affect the husband as much as the... well not quite as much as the wife cos she's the one giving birth but afterwards when you get a child there you're going to still be there.' [12d]

Some of the women expressed the need for the fathers to be prepared and ready to support them through childbirth:

'the majority of the... the birthing partners if they haven't got a clue what to expect then actually that's quite a scary thing.' [12m]

They were able to explore how life had changed since the birth. All but one father who did not participate in the interviews because he had returned to work, were still at home because they had taken holiday as well as paternity leave, were out of work or worked different shift patterns.

'I've forgotten about work and everything now everything everything's totally... out of my mind I don't even know what to do everything's totally concentrating on this one it's brilliant.' [14d]

A second time father, at home because of unemployment, reflected on the challenges he

and his partner faced having a new job when their first child was born:

'and I was doing 12 hour days — a long drag. Unfortunately I missed out on a lot of her young stuff.' [15d]

Fathers were also concerned for and protective of the welfare of their partners:

'Yeah I didn't expect any of that. I mean from a bloke's point of view you don't because I mean you see the things that upset [partner].' [15d]

A father described his distress when his partner was struggling to breastfeed:

'You know she was in bits, baby was in bits... I was on the phone and I couldn't get in nobody would let me in so eventually I found someone I explained everything to her... they're not letting me in she's not getting the help she needs can't I get in to help calm her down and er well eventually someone let me in went in to her I just couldn't believe it.' [14d]

Whilst a father who could not attend all antenatal appointments because of work commitments felt reassured that his wife was able to trust the midwives they had both met at the local hospital:

'and the midwives when we were going to the hospital they were really good as well very informative told you [wife] was very worried... I thought they really put her at ease.' [12d]

Pregnancy, birth and parenting: a continuum

Perceptions persist that prospective parents cannot focus on parenthood (Wiener & Rogers 2008).

Whilst Schott (2002) argues that although it may be challenging to facilitate, it is possible. All participants interviewed reflected that they valued, if they attended, or would have valued if they did not, exploration during pregnancy of life with the baby:

'They should carry on doing exactly what they are doing by telling us all that there is to know and how sometimes the silliest things have the greatest effect. Carry on making us feel confident and excited [about] parenthood.' [5m]

However, when interviewees were asked about parenting experiences they were able to do so but seemed to need to put their experiences in context and on a continuum by talking first about the births. This may be a pertinent point when facilitating parenting programmes. Parr (1997) believes that parents should be given opportunities to explore birth experiences with a person skilled in listening and communication. Perhaps this needs considering in future planning; however, it does have training and resource implications.

It has been argued that antenatal education should form part of a seamless service and most parents felt that preparation should begin antenatally and continue into the postnatal period:

'

Antenatal care is so important... you've got that support and you know where else to go. If I hadn't gone through that then I wouldn't have known about [the postnatal groups]... and I think definitely if you could incorporate that into the antenatal care like (the midwife) encouraged me to go.' [12m]

Even those who did not attend groups felt they would have benefitted from ongoing support:

'It would be nice to know little steps like we only got told yesterday that she's in the middle of a growth spurt... well I thought we didn't know that. We'd thought we were doing something wrong.' [14d]

Preparation should aim to build confidence so parents are enabled to make decisions based on their own choices. For some it would have been knowing that they could have asked for help:

'Very little support — they were busy very busy they um lots of people. No if we'd had more information on that we'd have felt a lot more relaxed and to know it's normal.' [14m]

A couple who were second time parents reflected on their lack of knowledge and support in their first experiences of parenthood:

'nobody sort of tells you that you're going to be up at stupid o'clock.' [15d]

'I mean you know you're going to have to feed a baby... but nobody actually tells you... it's week after week after week and you feel like you're the only people awake.' [15m]

Conclusion

Most participants felt continuity of midwife was important even for those who had not experienced it. Those attending groups were aware beforehand that a midwife would facilitate the group and some stated they were accessing groups to gain continuity. Participants felt strongly about the lack of NHS antenatal group provision. In the light of their experiences they perceived that all parents, whatever their circumstances, needed antenatal preparation for birth and parenting. One mother felt she and her partner gained so much support from the class they attended that she looked forward to parenthood with confidence and endorsed classes for all parents. Some felt that facilitating groups was a cost-effective way of delivering services, perceiving it would prevent problems in the long term. One father felt the support he and his partner received in pregnancy had overcome early feeding problems so she was able to continue to breastfeed; whilst another mother acknowledged mixed feeding was not ideal and regretted that support and information had not been made available antenatally.

Perceptions were sometimes a barrier in accessing groups. One father with negative perceptions who then attended a group, realised his perceptions were unfounded. However, it was a step too far for others; particularly when it would involve a long journey to

access the nearest group. There is a need for realistic promotional material that reflects the philosophy of programmes and attracts the intended client-group. Parents in this study who were able to access groups which were facilitative, flexible and parent-centred perceived them as positive and helpful in helping them to prepare and adjust to the transition to parenthood. Participants who experienced antenatal support that encouraged access to continued support found this to be very beneficial.

Implications for practice

Parenting programmes should be able to offer parents opportunities to gain confidence in their ability to make their own decisions, promote the importance of communication and enable them to build on current knowledge. There should be a means whereby the effectiveness of programmes can be measured or the best intended efforts may be misplaced.

It is important to consider fathers' needs when developing support strategies and the findings explored will add to available evidence. The changing relationship between the couples and the new relationship with the baby was not explored in any depth. Nor was the issue of ongoing support for fathers, which suggests further study is needed. Government strategies encourage partnership working with clients and other stakeholders (DH 2007) and as this study suggests parents have much to contribute in the planning and delivery of services.

Participants felt groups have an important role to play in preparation for parenthood and should be universally available. Provision of such groups may be one way to meet government targets to reduce inequalities, provide choice and improve access for women and families (DH 2007, Lord Darzi & DH 2008). Although midwives are highly skilled practitioners, additional skills may be required in group facilitation (Schrader-Macmillan *et al* 2009). More of an emphasis on these skills within pre- and post-registration education is suggested. A multiagency approach in line with government strategy (Healthcare Commission 2008) may be cost effective and practical as well as promoting ongoing support and interagency collaboration.

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