Standards for perinatal education part 2

MS Richter, DCur, Department of Nursing Science, University of Pretoria

Introduction

In part one of the article, the method that was followed to develop standards for perinatal education was described. In part two of the article, each standard with its required criteria will be presented completely.

Process standards for perinatal education

A philosophy for perinatal education

Standard

A philosophy for perinatal education must exist

Rationale

A philosophy serves as a framework for action within the perinatal context

Required criteria

A comprehensive philosophy for perinatal education should address the following areas:

The client

Reduction of anxiety through information regarding:

- What is happening
- What is going to happen
- What a mother can do from her side
- Effective relaxation

The client – physical

- Knowledge of own body
- Kinetic management of own body

The client – psychological

- Self-confidence,
- Trust in the caregiver

The client – successful parenthood

- Maintaining the relationship between parents
- Support during the labour process
- Involvement of the client's family
- Life skills: problem solving and conflict management
- Effective communication and decision-making skills

The nurse (in this case the perinatal facilitator)

- The total multidisciplinary health team is important in perinatal education.
- Midwives must share their practical knowledge with the multidisciplinary team.

The practice (in this case the perinatal education practice)

- Free perinatal education must be given to clients that cannot pay for formal private classes.
- Perinatal education must be presented informally.
- Different groups of mothers must be approached differently (teenagers, different socio-economic groups, the disadvantaged and different educational levels).
- The perinatal education practice must be accessible to every pregnant woman.
- The practice must be acceptable to the perinatal client.

The environment

- A high standard of perinatal education is to be maintained by remaining up to date with evidence-based development in the perinatal field.

  Using the media is important for marketing perinatal education.

It is clear from the above-mentioned data that the philosophy's focus is on the perinatal educator, who must gather as much as possible data to develop high standards for education. The philosophy's aim should be to supply the mother with information. This information helps to prevent uncertainty about the pregnancy regarding physical and psychological aspects that could affect the mother during the course of the pregnancy and birth. The supplied information must also make the mother aware of the special experience of the pregnancy and birth.

The importance of a philosophy for perinatal education is that:

- it gives a comprehensive view of the pregnant parents and their environment;
- it develops the perinatal educator's ability to handle abstract ideas, ask intelligent questions and give rational answers;
- it gives direction in the practice and helps with choos -ing desired objectives;
- it forms the basis of ethical decision making (Nichols & Humenick 1988: 10 - 11).

According to Booyens (1996: 41) a philosophy serves as a framework for action. Every nursing unit, and in this case the perinatal education, should have their own philosophy. A comprehensive philosophy for perinatal education should address the following areas:

- The client/s
- The nurse (in this case the perinatal educator)
- The practice (in this case the perinatal education prac -tice)
- The environment

According to Poteet and Hill (1988: 29 - 33) the following areas should be addressed when a philosophy for perinatal education is developed:

The perinatal education practice
- Integration of nursing theories by using the elective approach
- Beliefs on perinatal education, including the continued education of the perinatal educator
- Beliefs concerning research findings and its use in the education of clients
- The perinatal educator's role, responsibility and contribution to the health field

The client/s
- Beliefs of the client's rights and involvement in her own care
- Beliefs around the involvement of the client/s' family in the perinatal period

The perinatal educator
- Beliefs concerning the performance of the perinatal facilitator

The environment
- The internal environment of the health service, the design, areas of speciality, characteristics and human resources

Methods for successful perinatal education

Standard

The perinatal education style/method must adapt according to the client's socio-economic status, age, marital status and needs.

Rationale

Effective perinatal education can only take place if the education style/method considers the client's choice. The needs of the clients differ depending on their socio-economic and marital status, age, previous experiences and background.

Required criteria

If the perinatal clients are of a high socio-economic group, the perinatal educator must alternate the following styles/methods:
- Practical examples
- Practical training
- Video shows
- Limited reading matter
- Handouts with specific guidelines
- Personal contact
- Direct communication with the facilitator
- Involvement of the father
- Support groups until 6 months post partum

If the perinatal clients are of a low socio-economic group, the perinatal educator must the alternate the following styles/methods:
- Verbal presentation
- Presentation in the waiting room whilst attending clinic
- Handout pamphlets
- Video shows and demonstrations in the waiting room of the clinic

If the perinatal clients are unmarried teenagers, the perinatal educator must alternate the following styles/methods:
- Practical demonstrations
- Practical training
- Limited video shows
- Guest speakers that share their own experiences (teenager with a baby and/or who has given her child up for adoption and/or who has had an abortion)
- Handouts with specific guidelines
- Personal contact and direct communication
- Group discussions (separate groups for different interest groups – married mothers, single parents, different age groups)
- Voluntary participation
- Visits to hospital, labour rooms, theatre, neonatal unit.

According to Jacoby (1988: 104) the education style should adapt according to the clients' socio-economic and marriage status. Literature and perinatal education classes are, according to this author, the biggest source of information. Unmarried clients and women of low socio-economic status indicated that they felt isolated and that they had problems to discuss the process of childbirth with friends, their mothers or other family members.

It is unlikely that unmarried women and mothers of low socio-economic status will attend perinatal classes. To reach these women, the health worker, and in this case the perinatal educator, should educate the pregnant client with every possible contact. The client, including her language preferences, should be taken into consideration and should lead the perinatal educator's way (Jacoby 1988: 104 - 108).

High socio-economic clients prefer personal contact with the perinatal facilitator, direct communication and support groups up to 6 months post partum. Support groups should be formed and they can be very purposeful in preventing the isolation that goes along with post partum depression.

Hodnett and Roberts (1999: 3 – 4) states that continuous care is very purposeful during the antepartum, intrapartum and postpartum periods. Moran, Holt and Martin (1997: 35) mention that the retention of the information that a client receives during the perinatal classes concerning the post partum period, is not sufficient. The fact that clients are discharged early causes that these clients only develop a need for information when they are already home. A suggestion is made that a follow-up service should be supplied for clients that need help and information when they have already been discharged. Hancock (1994: 15) says that the midwife and in this case the perinatal facilitator should act as a mediator between parents to improve the contact between them. Parents can share experiences, positively affecting the relief of anxiety and enhancing the learning process concerning the birth and parenthood.

The perinatal client also prefers the involvement of the husband or father of the baby. White (1998: 21) and Jordan (1990:

11- 16) state how men and women have different developmental processes, and different stress and adaptation behaviours during pregnancy. Factors that have an influence on fatherhood are: jealously of the woman's ability to procreate/reproduce; the emotional reaction towards the pregnancy; the development of the parental role; the clumsiness with baby care skills; the burden of being the breadwinner. The perinatal facilitator should know these differences and her education should aim at involving the father in learning baby care skills and parental roles. "The sharing of common ground during pregnancy can serve as a unifying bond that will strengthen the marital relationship" (White 1998: 21).

Educational interventions and activities for perinatal education

Standard

The perinatal facilitator must make use of acknowledged teaching techniques and methods to facilitate learning.

Rationale

The teaching techniques and methods facilitate learning if they are appropriate to the needs of the perinatal client.

Required criteria

The perinatal facilitator must alternate the following teaching activities:

- Exercises (ball games)
- Relaxation exercises
- Breathing exercises
- Pelvic floor exercises
- Role-playing (e.g. labour positions)
- Handling of models (pelvis and doll)
- Posters
- Video inserts and slides (appropriate as supplementary to a lecture, and not longer than 10 - 15 minutes)
- Discussion groups
- Teach of massage techniques

The perinatal facilitator must use the following interventions during the perinatal education sessions:

- Short lectures (10 minutes)
- Poster presentations
- Humour
- Models
- Practical exercise/training
- Problem resolution techniques
- Provision of liaison persons for support groups, e.g. in the case of post partum depression
- Determination of the knowledge level of the mothers
- Bring about involvement of the spouse/father and/or partner (separate consultation regarding sexuality)
- Build self-confidence
- Empower the mother to use the gained knowledge with confidence
- Referral of clients, if necessary, to other members of the multidisciplinary team
- Variation in presentation activities.

The typical learning process of the adult should be acknowledged and applied when perinatal education is given. Adult learners:

- prefer to determine their own learning experiences and choose perinatal classes according to their own needs;
- enjoy small group interaction especially during pregnancy;
- learn from the experiences of others; some adults becoming parents now have contact with other pregnant couples;
- prefer that their time is not wasted and like fast-paced activities;
- prefer practical problem solution activities (learning takes place when the learner is actively involved);
- are motivated to learn when social and professional pressures demand attendance;
- have year-long experiences and do not change easily;
- change their behaviour slowly during a 6 - 8 week class, if they change at all;
- like physical comfort, a beautiful environment, refreshments and a relaxed atmosphere;
- like touchable rewards like a certificate and lots of encouragement (Bridgwater & Winan 1998: 50).

The educational technique and method facilitate learning when they are applicable to the individual's needs. Various methods are available. The lecture/explanation methods of education are used generally and must always be followed up with a discussion. The discussion method is important because it allows the learner (perinatal client) the opportunity to discuss her personal feelings and concerns, allows the ask of questions, and it clears up misconceptions. An effective method of client education is to have a discussion with the perinatal family. This is especially useful with the client that does not open up in a group discussion. The best method of educating a perinatal client is to be an example; health workers act as role models for clients. It is unlikely that a client will accept education when the facilitator's actions do not coincide with the information that they are conveying (Naudé, Meyer & Van Niekerk 1999: 128).

The use of a variety of teaching methods and materials helps to suit the different learning styles of the adult learner. Demonstrations and practical sessions can be used effectively, especially when a skill must be learned. The best technique to teach a perinatal client a skill is to allow her to practice the skill. Strengthening and follow-up after an educational session is important. Educational aids also help to strengthen learning. Teaching aids like books, pamphlets, pictures, slides, and computer-based learning programmes can help a lot if they are applied correctly (Smeltzer & Base 1996: 42 - 43). Other teaching materials like visual materials (overhead projector, video, television, flip charts and games) can be very helpful. Factors like budget and time limits and client values should fit in with the cultural norm of the leaning environment (Campbell 1999: 37).

Structure standards for perinatal education

Personal and behavioural attributes of the perinatal educator

Standard

The perinatal facilitator must be a well-trained professional person, and must possess certain personal traits.

Rationale

The perinatal facilitator plays an important educational role regarding the physical, psychological and social health of the mother, her baby and her family. The quality of the information given and the approach of the mother, her baby and her family can play a decisive role in the health of the community.

Required criteria

The perinatal facilitator must have the following personal attributes (how should she be?):

- be experienced in the perinatal field,
- be trustworthy,
- be professional,
- be a trained person concerning the perinatal period,
- be knowledgeable on the needs of pre- and postnatal mothers,
- not be judgmental,
- be supportive,
- be able to associate with teenagers,
- be positive,
- be respectful to teenagers irrespective of their circumstances, (not be judgmental, not invoking fear, not denigrating and not giving negative feedback),
- be able to accept the teenager unconditionally,
- be an expert,
- be accessible.

The perinatal facilitator's view of the personal attributes that she/he must possess (how should she be?):

- be able to act professionally appropriate,
- be community involved,
- be mentally healthy,
- be purposeful,
- be able to state mutual expectations clearly,
- be able to accept a challenge,

The perinatal facilitator must have the following behavioural qualities (what should she/he do?):

- be able to empower the mother with knowledge,
- be able to transfer knowledge,
- be like a friend,
- be able to share knowledge concerning antenatal, labour and postnatal aspects,
- be able to lay down pre-established guidelines,
- be relaxed in the management of clients,
- be able to show a personal interest in clients,
- be able to show an openness regarding intimate issues,
- be empathic,
- be able to give counsel,
- be able to give feedback to clients,
- be able to listen,
- be creative,
- be adaptable,
- be able to build a trusting relationship with the perinatal client,
- be able to focus on the individual with her unique situation,
- be able to give positive feedback,
- be able to give support, particularly regarding emotional needs,
- be able to communicate at the same level as the teenager,
- be able to speak lay language (not medical terms),
- be able to show real interest in the teenager and his/her circumstances,
- be able to give positive feedback.

The perinatal facilitator's view of the behavioural attributes that she/he must possess (what should she /he do?):

- have enthusiasm regarding the presentation of perina -tal education,
- be passionate regarding the field of perinatal educa -tion,
- create structure in her presentation style,
- be an example of what she teaches clients,
- continually develop professionally.

The philosophical framework of the International Childbirth Education Association (ICEA) sums up the personal and behavioural attributes of the perinatal facilitator as follows. These attributes were also verified in this study. The perinatal facilitator must:

- advocate pregnant women's rights to receive health care that is affordable, accessible and acceptable;
- support a midwifery system that does not discriminate against anyone on the basis of race, age, marital status or method of payment;
- acknowledge that the birth process can be a safe experience in the hospital, the birth centre or at home;
- function as an advocate of the natural birth process;
- protect the right of pregnant women to be accompanied during antanatal visits, the labour process, birth and the post partum period;
- respect the right of the pregnant woman to take in formed decisions based on a knowledge of the advantages, risk factors and alternatives;
- encourage the involvement of the father and family during childbirth;
- encourage maternal, baby and family-centred maternal care as well as breastfeeding and parent-child bonding;
- prefer maternal care that is not based upon the needs of the caregivers and suppliers, but in total on the needs of the mother, child and family;
- favour open communication and shared decision making with all members of the health team;

- co-operate with doctors, midwives, community nurses and social support services, and with other members of the health team;
- display the vision that parents are a peer group that is able to understand pregnancy-related information and take responsibility for their own health and the health of the baby;
- know that education is only one of the related factors that influence the outcome of a pregnancy;
- provide accurate and factual information based on resent research;
- identify the need for accompaniment and referral and apply it;
- respect the parents' views regarding the birth, and help the parents to set realistic goals concerning the birth and early parenthood (ICEA 1999: 34).

Perinatal education facility

Standard

The perinatal education facility must comply with certain minimum requirements make it accessible and acceptable to the client.

Rationale

A user-friendly perinatal education facility contributes towards the accessibility and acceptability of the service and the quality of education.

Required criteria

The facility must conform to the following criteria:

- A large venue must be available.
- The venue must be properly ventilated.
- The venue must be professionally organized for perinatal education.
- The venue must reflect a homely atmosphere.
- A browsing corner with perinatal education reading matter must be available.
- A toilet (preferably 2) must be within reach of the venue.
- The venue must make provision for the use of refreshments; water must be available.
- The site of the venue must make sufficient provision for parking.
- Music must be available to facilitate relaxation.
- Comfortable chairs and/or beanbags must be available.

The perinatal education facility must have the following apparatus:

Visual apparatus:

- Video machine
- Videos
- Posters (simple, brief message, must stimulate client to think, must be eye-catching)
- Slide projector
- Slides
- Overhead projector
- Transparencies

Literature (at the educational level of the mother):

- Handouts or IEC material (information, education and communication material, including pamphlets to take home)
- Recommended books
- References
- Reading matter

Models:

- Pelvis and doll
- Model that indicates position of uterus, bladder, rectum, vagina and pelvic floor muscles
- Music centre
- Music
- Cushions
- Exercise rugs
- Baby examination pillow
- Baby and adult scale
- Measuring tape
- Thermometer
- Breastfeeding pillow

Alexander, Levy and Roch (1992: 95 - 97) have done research on the efficiency of perinatal classes and have made some research-based recommendations for practice. They have the view that classes that cover emotional and sensitive subjects (such as parenthood) must be presented informally. They make the following recommendations concerning the practical presentation of perinatal classes:

- The environment should be as informal as possible.
- Comfortable chairs and large cushions placed in a circle must be used.
- A uniform should not be worn if possible; it is easier to sit on the floor with a tracksuit
- Use first names to introduce the members of the group.
- Encourage the group to share experiences with the rest of the group.
- Use gimmicks as icebreakers.
- Take a break and supply refreshments (tea, coffee or cool drinks) to allow the group to talk with each other. It also allows the individual to ask the perinatal facilitator questions that she does not want to ask in the group.
- The baby should be included in the group when possible. The baby can be used in a demonstration. This also stimulates questions concerning the baby's care.
- Allow flexibility when using visual material. Short trigger videos can be very effective.
- Preparation is necessary when using a video. Core notes should be kept on hand with the purpose to ask applicable questions.
- Team education can be very efficient. Preparation should be done collectively.
- The perinatal education facilitator can use silent moments to allow the client to take the initiative to talk.

The preparatory phase of the perinatal facilitator

Participants were uncertain regarding what the preparatory phase of the perinatal facilitator should be because of the multidisciplinary involvement in this type of education. The participants differed a lot concerning the precise content and length (6 - 8week and/or 1year) of such a course and who should be allowed to follow the course.

Standard

The perinatal facilitator must complete a preparatory phase before she is allowed to give education.

Rationale

Quality perinatal education can only be given if the perinatal facilitator has been trained and has certain experiences and qualities at her disposal.

Required criteria

The perinatal facilitator must be knowledgeable about the following areas that can have an influence on quality perinatal education:

- care of the mother and baby in the perinatal period,
- psychiatric skills (counselling),
- cultural differences,
- paediatrics and neonatology,
- principles of education and learning,
- life skills.

The perinatal facilitator must have experience of the following specialized areas:

- intrapartum care,
- postnatal care,
- care of the mother and baby at clinic level,
- community work.

The perinatal teacher must display the following teaching qualities:

- enthusiasm regarding the presentation,
- passion regarding the field of perinatal education,
- continuous education (obtaining quality information through the Internet, workshop attendance and self-study and remaining well informed regarding support groups),
- building a network for referral purposes.

The perinatal facilitator can include different categories of workers, namely:

- Registered midwife
- Physiotherapist
- Other members of the multidisciplinary health team.
- Student under the supervision of an experienced person

The participants identified the following stumbling blocks that can cause uncertainty with the perinatal client:

- The clients are taught incorrectly because no formal course exists for the training of perinatal facilitators.
- The clients are taught from the perinatal facilitator's frame of reference.
- Not all persons with experience in the perinatal field can efficiently teach perinatal education.
- The participants felt that knowledge can not be shared if the perinatal educator has not received any training.

According to the ICEA, the perinatal educator does not need to have a professional background, but specific preparation is imperative. This training or preparation should occur through childbirth associations, self-study, apprenticeship or a combination of these methods. The training should aim at preparing the person in the following educational areas:

- basic counselling, leadership, adult learning theories and communication skills,
- anatomy and physiology of reproduction,
- physical, emotional and social changes associated with pregnancy, birth and the post partum period,
- the impact of pregnancy and parenthood on parents' relationships,
- coping mechanisms for labour, inclusive relaxation techniques, breathing techniques, visualization and physiological methods of controlling pain,
- the advantages of support during labour,
- the mourning process when unexpected outcomes occur,
- physical exercises during pregnancy and the postnatal period,
- perinatal examination and diagnostic procedures,
- general physiological complications of pregnancy, birth and the post partum period,
- obstetric interventions, procedures and medication, including the indications, risks and alternatives,
- teratogenic and iatrogenic influences on pregnancy,
- fetal development and characteristics of the newborn,
- newborn assessment procedures, including circumcision,
- maternal and baby feeding, including breastfeeding,
- family development,
- sexuality and family planning,
- techniques to evaluate research,
- the history, development and philosophy of perinatal education, elements in family-centred midwifery care,
- cultural diversity in pregnancy, birth, the postnatal period and parenthood, and
- the importance of informed permission and the rights and responsibilities of parents and newborns (ICEA 1999: 35).

The perinatal facilitator must stay knowledgeable concerning her subject by:

- attending seminars, workshops and congresses,
- reading applicable reading material,
- observing classes,
- delivering practical sessions,
- observing birth in different settings,
- evaluating teaching, and
- periodically renewing qualifications (certificate) (ICEA 1999: 36).

A curriculum for perinatal education

Standard

A perinatal education programme must have a curriculum that can be adapted to the client's circumstances.

Rationale

The perinatal client can only be empowered if she is equipped with knowledge appropriate to her needs.

Required criteria

The perinatal client must be empowered with the following knowledge during the different stages in the perinatal period:

Antenatal period

- Bodily changes during pregnancy
- Development of the fetus
- General information such as buying baby products and myths surrounding pregnancy
- Causal factors, prevention of a miscarriage and pre mature birth with accompanying emotional management
- Diet during pregnancy
- Permissible medication and the use of alcohol during pregnancy
- Sexuality during the antenatal period
- Antenatal visits and tests
- Warning signs and symptoms
- Pregnancy related complaints

Pregnancy-related ailments and problems:

- Hypertensive conditions during pregnancy
- Placenta previa
- Premature rupture of membranes
- Diabetes during pregnancy
- Management of pregnancy with previous mitral valve replacement
- Placenta abruptio
- Exercise during pregnancy
- Preparation of the breasts for breastfeeding
- Involvement of the spouse/partner during the antenatal period

Accommodation (when client is hospitalized during the perinatal period)

- Practical tour of the hospital
- Personal requirements for stay in hospital
- Hospital rules and regulations
- Human rights during hospital stay: (Patient Charter and Service Pledge)
- Identification of the baby
- Complaints procedure
- Safety measures of the hospital

Intrapartum period

- Management of the 1st, 2nd and 3rd stages of labour
- Fetal monitoring
- Signs of labour
- Pain relief during the intrapartum period
- Different types of delivery
- Post-operative management of the client after a Caesarean section
- Obstetrical emergency
- Different procedures and instruments used during the intrapartum period

Postnatal period:

- Post partum care regarding wounds and hygiene
- Post partum exercises
- Emotional management of the post partum period
- Family planning needs
- Management of the family's needs
- Sexuality during the post patrum period

Care of the baby

- Feeding needs of the baby
- Care of the newborn baby
- The baby's appearance and behaviour
- Minor problems that can be expected during the post partum period.
- Immunisation of the baby
- Prevention of cot death
- Assessment of development milestones
- Stimulation of the baby
- Congenital abnormalities
- Baby diseases
- Registration of the baby
- Umbilical cord care
- Different types of stools
- 'Shaken baby syndrome'

Educational needs specifically applicable to unmarried mothers

- Adoption
- Emotional management associated with the adoptive process
- Single parenthood
- Management of the adoptive couple

The International Childbirth Education Association recommends a minimum of 12 hours divided into 6 classes for pregnant parents that have attended perinatal classes previously. The minimum class content should consist of the following information:

- the natural physiology and psychological changes during pregnancy, birth and the post partum period;
- general abnormal and unexpected variations in the normal patterns of the childbearing years;
- maternal and baby feeding, general medical interventions and procedures during the birth processes, and:

obstetric procedures,

vaginal births, Caesarean sections, and vaginal birth after a Caesarean section,
analgesics and anaesthesia,
indications, contra-indications, advantages and risks involved with above-mentioned types of deliveries,
alternatives to these types of deliveries.

The ICEA recommend the following to be added when a more extensive class is given:

- anatomy, physiology of reproduction and sexuality during the childbearing years;
- fetal development and the characteristic of the newborn;
- emotional changes of the father in each stage of the pregnancy, birth and post partum period;
- advantages of support during labour;
- the impact of pregnancy and parenthood on the relationship of the parents;
- family development;
- sources to handle unexpected outcomes;
- perinatal examinations and diagnostic procedures;
- teratogenic and iatrogenic procedures;
- the history and philosophy of perinatal education; and
- the philosophy and practice of family-centred perinatal care (ICEA 1999: 38).

Outcome standards for perinatal education

The purpose of perinatal education

Standard

Perinatal education must be presented purposefully.

Rationale

Purposeful perinatal education leads towards achieving the optimal health potential of the perinatal client.

Required criteria

The perinatal education must be purposeful for the perinatal client.

- A perinatal client that is educated by focusing on her individuality and specific needs.

The type of information and actions that lead to purposeful perinatal education:

- focuses holistically (physical, emotional and social needs),
- respects and supports the patient's rights to own decision making,
- teaches the client to rely on her own capacity and potential,
- assesses the client's individual expectations and points out unrealistic expectations,
- involves the family,
- provides guidance to parents,
- teaches mothering skills and gives the confidence to build on it.

For purposeful perinatal education, the perinatal facilitator can be part of a multidisciplinary health team with the following team members:

- Gynaecologist and obstetrician
- Nurse who cares for the client during the perinatal period
- Physiotherapist
- Psychologist
- Dietician

The type of information and action that lead to purposeful education:

- Focus holistically (physical, emotional and social
- Respects and supports the client's rights to own decision making.
- Teaches the client to rely on her own capacity and potential.
- Assesses the client's individual expectations and points out realistic expectations.
- Involves the family
- Parent guidance
- Teaches mothering skills and confidence to build on it.

The multidisciplinary team must execute the following types of actions:

- Perinatal clients must receive evidence-based information.
- The education must focus on the individuality of each perinatal client.
- The action must focus on teamwork between the members of the multidisciplinary health team.

A stumbling blocks that became apparent through this study is that perinatal education is given out of the facilitator's framework. This results in the methods staying static. Public hospitals' personnel do not update their knowledge as seen by the direct following quotes: " they do not update themselves. So they are far behind, especially in the provicial hospitals"; "toe ek in die hospital gewerk het, het hierdie fasiliteerder hierdie manier van die ding doen en daardie een het daardie manier van doen en dit weerspreek baie keer mekaar..."; "...want klasse kan ook baie dooierig word...gaan nie meer interessant wees nie."

Purposeful perinatal education can only happen when the client is ready to learn. Learning can be defined as the gaining of knowledge, attitudes and skills. The learning process must be an active process that includes the perinatal facilitator and the perinatal client. Physical comfort and readiness is important before learning happens. Emotional readiness includes the motivation to learn.

The end result of perinatal education

Standard

The end result of perinatal education must focus on a healthy baby and a healthy, empowered mother, family and community.

Rationale

A healthy baby and a healthy, empowered mother bring about a decrease in maternal and perinatal morbidity and mortality.

Required criteria

The ultimate aim of perinatal education regarding the mother must focus on:

- a good experience of the perinatal period,
- an optimally healthy mother,
- a depression free mother with the necessary support systems,
- a mother who handles the baby with ease and confidence,
- mothers that teach other women regarding caring for their babies,
- a mother with her own problem-solving and life skills,
- a mother who takes informed decisions (informed about evidence-based research results),
- the creation of support systems.

The ultimate aim of perinatal education regarding the baby must focus on:
a physically, psychologically and socially healthy baby.

Naudé, Meyer and Van Niekerk (1999: 127) discuss the reasons why clients should be educated; perinatal education falls within this framework. The purpose of client education is as follows:

- to place the health as a priority in the clients' belief system,
- to teach the principles of a healthy lifestyle to the client,
- to help the client as far as possible to manage their health problems,
- to inform the client of the available health delivery services and to encourage them to use these services, and
- to supply the client with information concerning prevalent illnesses in the community.

The end result of perinatal education must focus on a mother that can take informed decisions concerning her and her baby's care during pregnancy and thereafter. Tang and Newcomb (1998: 563) state that "we believe that addressing clients' need for information will allow them to more effectively participate in their own care." Redman et al (1991: 311) confirm this statement and say that perinatal education gives rise to better parenthood and the practising of preventative health behaviour. The end result of perinatal education also aims at a healthy baby. Slade in Niven & Walker (1996: 112) state that perinatal education has a very positive effect on the health of the baby; results of research show that mothers that have attended perinatal classes use less analgesics that might have a negative effect on the baby, during labour.

Conclusion

Hancock (1994: 14) sums up the purpose of perinatal education by saying the following: "the real aim of antenatal education should be to share knowledge with all childbearing women and their support partners so that they are informed, within the limits of their education and understanding, to an extent that they are able to make decisions and choices if they so wish, guided by the honest experience of research based midwives. Women can become active participants rather than passive recipients of midwifery 'care'".

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