

Pre-parental Education: An Overview with Outcomes & Impacts

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Introduction:

Pre-parental education is defined as the different activities and education preceding parenthood in which the parents learn to understand children's needs and parenting skills. This literature review will often use the term prenatal and perinatal education. Prenatal education is the education pregnant people receive to help care for a newborn; perinatal is the time immediately before and after birth. It generally includes a wide range of topics including fetus development, parenting techniques, and maternal health. Understanding the importance of this type of education is critical for both the child's and parent's health and attitudes.

People tend to understand that parent-child relationships are important, and there is also this acknowledgment that parent beliefs impact child development. The Journal of Social Psychology (1951) measured the attitudes and beliefs of young parents following eight weekly pre-parental education meetings. They noted how there was a shift towards less authoritarian methods of parenting during this time. The parenting program was effective in positively shaping their attitudes and perspectives towards a permissive way of parenting rather than an authoritarian view of child discipline. The early date of this work shows how important preparental education has been, and it has been prevalent for quite some time now. However, many countries are still lacking in the access and quality of preparental education programs.

This literature review will discuss some of the implications, attitudes, and outcomes of pre-parental education. This paper will explore the importance of pre-parental education and the changes in attitude and knowledge following such programs. It will also look at disparities within such education and adequate practices towards it. Some of the literature is dated, as it

provides background into the attitudes and practices surrounding this form of education. The literature also comes from different countries with different laws and access to healthcare.

Literature Review

Background Attitudes & Knowledge:

In the United States, in 2002, 70% of women participated in childbirth education during their first pregnancy. In 2013, only 59% of first-time pregnant mothers participated in this type of education (Declercq et al., 2013). A study by the National Institute of Health found that in the U.S., there are four populations that are at high risk for disparities in access and quality of prenatal education, including racial or ethnic minorities, people in rural residences, low-income, and sexual minorities (Sutton, 2021).

Infant mortality rates are lower in Western Europe than in the United States (National Institute of Medicine, 1988). Now, the rates in Europe continue to decrease while in the United States, the infant mortality rates have increased. With regards to the National Health Services of the United Kingdom, all residents are entitled to free prenatal care (NHS). Within that includes educational class, covering a range of topics from health, emotions, and feelings during pregnancy to feeding the baby post-birth.

A perinatal study was conducted with a sharpened interest in infant mortality rates between industrialized nations (National Institute of Medicine, 1988). The biggest difference between the U.S. and 10 different Euro nations is that rates of teenage pregnancy are substantially lower (Jones et al., 1988). This is due to less access to contraception and less participation in organized sex education in the United States. Relating to prenatal care, some countries, such as France and Germany, offer financial incentives to parents who participate in prenatal care. The conclusions of this study suggested that participation in “early and

continuous” prenatal care can be achieved by removing the economic barriers of such programs, creating easily understood educational classes, and linking them to social and financial benefits (National Institute of Medicine, 1988).

Inadequate Use & Barriers:

Despite the extensive access to resources, there are many barriers and inadequate practices toward pre-parental education in some high-income countries. A study by Feijen-de Jong and others (2011) aimed to review the characteristics that play into this inadequate use within high-income countries. Access to and quality of health insurance were the main factors in these findings. Young maternal age, low education levels, and those who were not married were also associated with less prenatal care. This comes in the form of starting it late, having fewer visits, or receiving lower-quality care (2011).

A study done in 2022 found that regarding the different types of classes in perinatal education, the most commonly attended was childbirth education, and the least commonly attended was infant care programs. A total of 20.9% of participants did not attend any version of a perinatal education program. People who had no perinatal education were most commonly the youngest mothers, had the least amount of education, and those with public insurance. This paper noted that the relationship between poverty and attendance for these courses suggests that money is a large barrier toward prenatal education. White, college-educated, 30 years or older, and higher-income women are more likely to attend prenatal education (Vanderlaan & Kjerulff, 2022).

Adequate Solutions & Practices:

A common criticism of preparental education programs is that parents feel the content is not individualized and is instead content that health care professionals feel they should discuss

(Ateah, 2013). A study done in Canada aimed to see parents' perceptions and feelings about what should be taught in prenatal education programs (Kovala et. al, 2016). The data showed that "breastfeeding and attachment" and "newborn safety are "very important" topics to teach. They also found that most of these parents preferred a mix of face-to-face delivery methods with some online, independent learning (Kovala et. al, 2016).

A different study done in Ottawa, Canada, by Soucy & others (2023) wanted to better understand the relationship between prenatal health promotion and a diverse urban community. Stigma, shame, and mistrust toward access and quality of the healthcare system were noted as a barrier, primarily toward low-income and radicalized communities and also parents with past instances of addiction and mental health (Soucy et. al, 2023). A way to increase prenatal health was to incorporate more inclusive promotion, including trauma-informed care, and more inclusive health promotion. Within that would include in-person classes but with virtual or online formats available.

Since 1995, group prenatal care has been implemented in some clinical practices (Ickovics, J. et al., 2007). Group prenatal care differs from traditional one-on-one care as it is a small group of pregnant women [with similar due dates] attending educational sessions together. The study by Ickovics & others highlighted that group care could be a good approach toward addressing poor prenatal health care. While this study focused on reducing preterm births, they also found it led to positive psychosocial development in these women. They documented a "33% reduction in the odds of preterm birth" and gave these pregnant women a sense of community (Ickovics, J. et al., 2007).

Limitations:

This literature review is limited in that it does not acquire an exact direction. This review hopes to provide a background for pre-parental education practices, yet it is not extensive enough to provide specific solutions for implementing these practices into laws and healthcare. This can be noted in the study by Soucy and others (2023), which highlights the importance of including trauma-informed care and creating more inclusive promotion toward pre-parental education. Yet, the research included in this review can only discuss possible implications, not exactly how we can implement it into our society. This is a complex topic that has taken decades to research, and as more research continues to develop we can hopefully find more solutions toward benefiting the health and attitudes of all parents and children.

Conclusion & Future Directions

The research included in this paper from the late 1900s outlines how the themes of parenting and pre-parental/prenatal education have been prevalent for a long time now. The more current research in this paper suggests that there are still many barriers to the access and quality of this education.

In the United States, there are racial and class/monetary disparities toward access to and quality of pre-parental education programs. Incorporating a lifespan approach towards the United States' view of these programs would offer the most benefits. This includes access to birth control and sex education classes geared toward young adults — not just expecting parents. But, in terms of pre-parental education for expecting parents, group prenatal care is an effective alternative to traditional one-on-one care prenatal care, at no added cost. Making this education inclusive, and more accessible for vulnerable communities is critical. A mix of both face-to-face and online formats would prove more useful than strictly online educational classes.

A nuanced approach toward these topics is important, and learning from other countries' successes and failures could be useful in implementing strategies. Overall, creating more accessible and inclusive pre-parental care would provide many benefits for the health of both parents and children. These issues are complex, and as infant mortality rates increase and attendees in prenatal classes decrease in the United States, more research is needed to identify these underlying issues.

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