


Preparing for birth



"The teachers were the greatest. They made me feel comfortable and involved me - not just my wife. I thought it would be a real snore, but I looked forward to going each week and my one regret is that it didn't go on for longer." (White dad)

"I wasn't keen at first 'cause I thought it would be all heavy breathing and not for me, like you see on TV. But it was good. It helped me and my husband talk more about things. It helped us really think about what it was going to be like. And it made us know that other people were having doubts and worries too." (Asian mum)

What do parents think of antenatal education
at Birmingham Women's Hospital?

Executive summary

The National Childbirth Trust (NCT) wants all parents to have an experience of pregnancy, birth, and early parenthood that enriches their lives and gives them confidence in being a parent. The NCT is committed to reaching more parents by working in partnership with the NHS. In the West Midlands NCT antenatal teachers are working with Birmingham Women's Hospital to provide NHS 'Preparation for Birth' courses.

Objectives

Between October 2005 and September 2006, the NCT worked with Birmingham Women's Hospital and the Strategic Health Authority to assess the impact of 'Preparation for Birth' courses.

The evaluation focused on examining any effects that courses have on parents':

- awareness about types of birth,
- confidence about types of birth,
- empowerment to make choices,
- sources of support,
- confidence about being a parent,
- and confidence in making decisions about baby feeding and baby care.

Methods

The evaluation involved three surveys of parents:

- before parents began their course,
- at the end of the course,
- and three to six months after the birth.

When parents booked an antenatal course at Birmingham Women's Hospital they were asked whether they would like to take part in the evaluation. The course booking form contained tick boxes for people to indicate whether or not they wished to receive postal questionnaires from the NCT.

An independent evaluator sent those who agreed to participate an anonymous reply-paid questionnaire before their course began and again 3-6 months after they were due to give birth. Antenatal teachers distributed feedback forms to all parents in the final session of every course.

- 274 parents completed 'before course' questionnaires (41% of those we posted),
- 655 parents completed 'end of course' questionnaires (25% of those booked on courses),
- 56 parents completed 'after birth' questionnaires (8% of those we posted).

In addition, 12 small discussion groups and 89 telephone follow up interviews were conducted to gain feedback from parents who may be less likely to complete questionnaire forms and parents who chose not to attend courses.

Findings

Overall, feedback from parents suggests that the partnership between the NHS and NCT is positive. Effective use was made of the time available for birth preparation, with parents reporting that they were significantly better prepared for birth after attending courses, and well informed about the aspects of care on which they might need to make choices.

Most parents who attended courses said they were happy with the process itself, although some felt that midwives and clinic staff could provide more signposting to make access to courses easier. Prompter feedback about booking confirmations was requested.

After attending courses, parents were:

- more knowledgeable about different types of birth,
- more knowledgeable about life with a baby,
- more confident about labour and birth,
- more confident about being a parent,
- and more confident about baby feeding.

100% of parents said they would recommend the courses to someone else and 99% said the courses met their needs.

However, after completing their course:

- About four in ten parents still wanted to know more about monitoring, acceleration, focused breathing, induction, and natural ways to cope with pain.
- They also wanted to know more about life with a new baby, including more on feeding, crying, sleeping,

changes in their relationship with their partner, where they could meet other parents and where they could go for help.

- Parents said that they used the information and skills they learnt in the courses during labour and in the months after birth. However, it is of concern that many parents said that courses had raised their confidence and expectations in terms of facilities such as birth pools and birth balls which were not always available during labour.
- In discussion groups, most parents said life after birth was covered in less depth than they would have liked. The most common suggestion for improvement was making courses longer, so that more time could be spent discussing life with a new baby.
- About one in ten people suggested courses could be improved by including more practical exercises such as changing nappies and strategies for coping during labour. They also wanted a wider variety of content included, such as more detailed information about benefits and entitlements, breathing and relaxation, dietary information, breastfeeding techniques, and the birth centre – including a visit to look around.
- The courses do not seem to be offering parents enough opportunity to get to know each and make new friends. This was the main area where parents' expectations about courses did not match what was offered. Mutual support can be a key benefit of antenatal education, but the short length of 'Preparation for Birth' courses and lack of reunions or social follow ups may limit the scope for forming lasting relationships.

- Of those who did not attend courses, a lack of knowledge about the courses and the venues at which they are held were key issues. In discussion groups, parents from minority ethnic groups and those from less advantaged socioeconomic groups suggested that they would like courses to be run in community centres or other 'more accessible' venues.

Implications

The evaluation found that Birmingham Women's Hospital 'Preparation for Birth' courses are having an impact on parents' perceived confidence and knowledge.

Courses may help raise parents' awareness about straightforward birth and ways of actively using their own resources to cope during labour. Women said that courses made them feel more relaxed and confident about the birth and taught them practical skills to use in labour.

Looking back after the birth, eight out of ten parents said that the Preparation for Birth course had helped them feel more confident during labour.

Attending an NCT-led course may also encourage more parents to aspire to exclusive breastfeeding for longer rather than mixing breastfeeding and formula feeding. After the course, eight in ten intended to breastfeed, rather than mix breastfeeding and formula, compared with six in ten before.

But parents identified a lack of information about the realities of life with a new baby as a gap in current course provision. Some men also said that they would like to feel a more central part of the courses.

This gap could be addressed by extending the length of courses so

there are more hours in which to cover postnatal topics in detail, by changing the timing of the courses so that they do not end during pregnancy but bridge the transition from pregnancy into parenthood, or by moving from a fixed period course to a roll-on, roll-off, drop-in format for pregnant women and their partners and for new parents, who can share ideas and experiences about babies' needs and baby care.

Recommendations

The recommendations from this evaluation are:

- Birmingham Women's Hospital and the NCT could consider how courses are currently signposted to women and men. Information about courses could be given out when women initially book their maternity care, rather than waiting for parents to enquire about courses. More promotional posters and fliers could be distributed in community venues and health clinics.
- Women could be sent an email acknowledgement or telephoned to say that their booking form has been received, to alleviate anxieties about delays in formal confirmation about when courses will begin.
- It may be helpful to investigate the possibility of working jointly with Children's Centres and other community venues as locations for antenatal courses and postnatal reunions. This may help to address the concerns of parents who did not attend antenatal courses because they did not feel comfortable in the hospital environment.

- There is a definite need to consider how to meet parents' need for further information about life with a new baby and their requests for more social interaction and follow up activities. A more explicit focus within the courses on sharing telephone numbers and organising informal get-togethers might help parents to build a supportive social network with minimal cost to the Trust.
- The partnership between Birmingham Women's Hospital and the NCT appears to be working well to meet parents' needs and could be expanded to provide other types of courses to help bridge the transition between pregnancy and parenthood.

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Background

The National Childbirth Trust (NCT) wants all parents to have an experience of pregnancy, birth, and early parenthood that enriches their lives and gives them confidence in being a parent.

The NCT is committed to reaching more parents by working in partnership with the NHS and local authorities. In the West Midlands, NCT antenatal teachers are working with Birmingham Women's Hospital to provide NHS 'Preparation for Birth' courses, free of charge for first time parents, people expecting twins, refresher courses for those who have had a baby before, and vaginal birth after caesarean (VBAC) courses.

Given constraints on midwives' time, Birmingham Women's Hospital asked the NCT to book and provide all hospital-based antenatal courses from April 2004.

NCT antenatal teachers undergo 2-3 years of formal University diploma training, and complete ongoing professional development and formal registration each year.

The courses that NCT teachers provide at Birmingham Women's Hospital usually run for three sessions, each of two hours duration. Some shorter courses are also provided, both one day sessions and two half-day courses. The courses aim to prepare expectant families for labour and birth, and give women and men greater confidence as parents of a new baby.

The NCT worked with Birmingham Women's Hospital to assess the impact of NCT-facilitated antenatal courses run over the year-long period October 2005 to September 2006. The evaluation was funded by the Birmingham and the Black Country Strategic Health Authority and the NCT, and was conducted by an independent evaluator.

The evaluation included three phases of assessment: pre-course expectations, immediate feedback at the end of the course, and a further round of feedback three to six months after birth.

This report summarises and compares feedback from the first two phases. There were insufficient responses from the third phase of the evaluation to make a full analysis but some descriptive statistics along with qualitative feedback from parents are included.

Assessing course impacts

Since the beginning of the partnership between Birmingham Women's Hospital and the NCT in 2004, parents have completed feedback forms at the end of each course. These course satisfaction forms suggested that parents were very pleased with the quality of the teaching and the scope of the courses provided. Parents often gave extremely positive feedback about the style and warmth of the teaching team.

A more detailed evaluation was prompted by a desire on the part of the Birmingham Women's Hospital and NCT teachers to assess what impact the courses were having in terms of preparing parents for birth and early parenthood.

Building on the existing system of course satisfaction assessments, the evaluation involved three surveys of parents:

- before parents began their courses,
- at the end of each course, and
- three to six months after the birth.

The evaluation focused on assessing any effects of the courses on parents':

- awareness about types of birth,
- confidence about types of birth,
- empowerment to make choices,
- sources of support,
- confidence about being a parent, and
- confidence in making decisions about baby feeding and baby care.

The evaluation did not assess the performance of the teaching team.

Pre-course feedback

Between October 2005 and March 2006, most women who booked an antenatal course at Birmingham Women's Hospital were asked whether they would like to take part in the before and after evaluation (81%, 668 out of 823 booking). The remainder (19%) were not given an opportunity to participate because they completed an old booking form that did not ask for permission to contact them or because they booked their courses before the evaluation period began.

The course booking form contained tick boxes for people to indicate whether or not they wished to receive a postal questionnaire before the course began and another questionnaire after the birth.

The evaluator sent those who agreed to participate an anonymous reply-paid questionnaire before their course began. The aim of this 'before' questionnaire was to establish parents' expectations about courses, and their perceived confidence and knowledge before beginning the course.

Half of all pregnant women who were eligible to take part in the 'before' and 'after' evaluation agreed to participate (333). It is not known whether the characteristics of those who chose not to take part were similar to those who did participate.

Each woman who agreed to take part was sent two copies of the 'before course' questionnaire, one for herself and one for her birth partner, if applicable (a total of 666 questionnaires). It is not known how many women had partners or how many passed the questionnaire on to their partners.

If all women had a partner, 41% of the people to whom we sent a 'before' questionnaire responded (274 out of 666 questionnaires).

In addition, the evaluator ran six discussion groups to gain more in-depth feedback about expectant parents' hopes and needs; three groups with people who were planning to attend antenatal courses and three groups for those who were not planning to attend courses.

The discussion groups in this evaluation were not meant to be a representative cross section of the community, but rather to ensure that a wider variety of people could take part. We hoped that discussion groups would encourage people to talk about their experiences openly and provide more details than was possible in the postal surveys. We also hoped that running discussion groups would make the evaluation more accessible for parents who do not have a high level of literacy or who feel less comfortable completing survey forms.

The evaluator approached community midwives, GPs, health visitors, community centres, information services, and cultural groups to ask about activities or locations where people could be invited to take part in discussion groups. In particular, the evaluator looked for ways to access young parents and those from minority ethnic groups. The evaluator also placed fliers in shops, libraries, and health centres, and contacted parents who submitted pre-course questionnaires to see if they were interested in discussing their feedback in more detail.

In total, 38 women and men took part in discussion groups during pregnancy (see Table 1). The groups were held at accessible and informal social venues. Participants were reimbursed for travel costs and refreshments, and crèches were offered. The discussions were not

recorded, as the evaluator believed that this might inhibit free expression, especially amongst some of the younger and more vulnerable populations targeted.

The evaluator also conducted 53 short telephone interviews before courses began, 90% of which were with women. These included women and men who expressed an interest in attending discussion groups but were not available when groups were running, and 10% of the parents who chose to provide their names on pre-course questionnaires.

Table 1: Discussion group participants

| Location | Type | Attendees |
|------------------|--|-----------|
| Café | Pregnant women planning to attend courses | 8 |
| Community Centre | Pregnant women planning to attend courses | 5 |
| Community centre | Pregnant women planning to attend courses | 4 |
| Outreach centre | Pregnant women not planning to attend courses | 6 |
| Community Centre | Dads planning and not planning to attend courses | 9 |
| Sports centre | Dads planning and not planning to attend courses | 6 |
| Shopping centre | New mothers who attended courses | 8 |
| Private home | New mothers who attended courses | 3 |
| Private home | New mothers who attended courses | 5 |
| Cultural centre | New mothers who did not attend courses | 3 |
| Community centre | New mothers who did not attend courses | 4 |
| Community centre | Dads who had and had not attended courses | 7 |

End of course feedback

Between October 2005 and September 2006, NCT teachers facilitated 148 courses. In addition, parents expecting twins were invited to attend an extra session.

Whether or not they agreed to participate in the 'before and after' evaluation, all expectant parents who took part in courses were given an opportunity to provide feedback at the end of their course. Teachers distributed an 'end of course' questionnaire in the final session of each course.

In the year-long evaluation period, 1302 women attended courses, all of whom were invited to bring their partner or a birth companion with them. This means up to 2604 people could have participated, although not all women had a companion.

We received completed 'end of course' feedback forms from 655 people (25% of the maximum possible).

The teaching team and the evaluator are aware that the course feedback form was rather wordy and may have been off-putting or difficult for some parents to complete. Although it was only one double-sided page in length, the form contained a large number of questions. We are aware that some parents found the feedback form too detailed or did not have time to complete it. Parents who speak English as a second language or who have literacy issues would have found the form difficult. This is one reason for supplementing the feedback forms with discussion groups and interviews.

On the other hand, some parents mentioned that the 'end of course' form helped to summarise all that they had covered and remind them of key points.

Thus there were both positives and negatives with using this approach.

Feedback after the birth

Everyone who gave permission to be followed up in their booking form was sent a reply-paid questionnaire three to six months after their expected due date. The purpose of this follow up questionnaire was to assess how the course may have influenced parents' experience of labour and life after the birth, and to gain reflections from parents about which parts of the course they found particularly useful or felt could be improved.

In total 333 women or couples (up to 666 women and men) agreed that we could contact them after the birth to request follow up information.

We received follow up questionnaires from just 56 people (8% of the maximum possible).

A further 36 telephone interviews were carried out, mainly with women and 30 parents participated in discussion groups during the first six months after the birth (see Table 2). Similar strategies to those used to recruit parents for 'before course' discussions were used to encourage parents to discuss their views after the birth.

Interviews and discussion groups were undertaken with parents who chose not to attend antenatal courses to provide comparative information. Feedback from these parents was collected on an ad hoc basis using snowball sampling and referrals from community centres and cultural groups because there is no list of parents who do not attend courses.

Collating the findings

Four out of ten people that we approached before their courses began provided us with feedback, as did one-quarter at the end of courses and less than one in ten of new parents that we contacted 3-6 months after the birth (see Table 2).

All survey data was entered onto a computer and analysed using the Statistical Package for the Social Sciences (SPSS). Comparisons between groups were performed using two-sided Chi-square tests. All differences between groups described in this report are statistically significant at the 95% level of confidence.

Feedback from discussion groups was categorised using theme analysis, and quotes from discussion groups and telephone interviews have been used throughout the report to illustrate some of the quantitative survey findings.

The aim of the discussion groups and interviews was to encourage a wide range of parents to participate, so the feedback from these discussions was analysed concurrently with the survey findings rather than separately.

Table 2: Number of responses included in the evaluation

| Timeframe | Response | Participants | Number of questionnaires | Number in groups | Number of interviews |
|---|--|--|--------------------------|------------------|----------------------|
| Consent to participate in before and after evaluation | 81% (668 of 823) booking course Oct 05-Mar 06 | 50% of women agreed to participate (333 of 668). | - | - | - |
| Before course | 41% (274 total) | Women planning to attend courses | 164 + 5 joint | 17 | 33 |
| | | Men planning to attend courses | 105 + 5 joint | 8 | 5 |
| | | Women not planning to attend | - | 6 | 15 |
| | | Men not planning to attend courses | - | 7 | - |
| End of course | 25% (655 total*) | Women attending courses | 407 + 57 joint | - | - |
| | | Men / birth partners attending courses | 176 + 57 joint | - | - |
| 3-6 months after birth | 8% (56 total) | New mums who attended courses | 39 | 16 | 13 |
| | | New dads who attended courses | 17 | 2 | 2 |
| | | New mums who did not attend | - | 7 | 19 |
| | | New dads who did not attend courses | - | 5 | 2 |

*The gender of the respondent(s) was provided on 640 of the 655 completed questionnaires. 15 respondents did not specify their gender on the questionnaire.

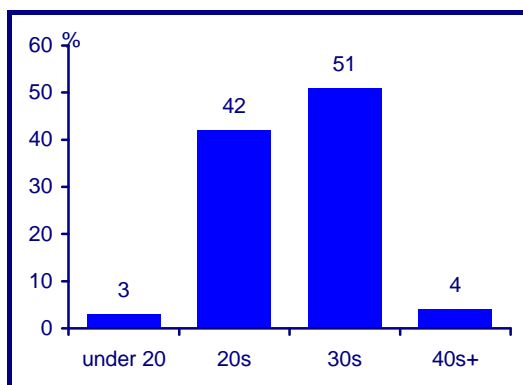
What do parents expect?

Altogether, we received 274 'before course' questionnaires, which participants completed up to three months before attending courses.

Six out of ten were completed by pregnant women (60%). About four out of ten were completed by expectant dads (37%), 2% were filled in jointly and 1% were filled in by other birth partners. In total, 85% said they were first time parents.

Most of the parents who completed 'before course' feedback forms were in their twenties (42%) and thirties (51%, see Figure 1).

Figure 1: Age groups of participants providing 'before course' feedback



Eight out of ten expectant parents said they were white (81%), 9% were black, 9% were Asian, and 1% were from other ethnic groups.

One out of five expectant parents said they did not know what length of antenatal course they were booked on when they completed the 'before course' questionnaire (20%).

Of those who did know what type of course they were booked on, eight out of ten were planning to attend three 2-hour sessions (81%), 16% were attending a full day or two half day sessions, and 3% said they were attending twins courses.

Expectations about content

We asked women and men to tell us what topics they expected the courses to cover, using a pre-specified list of potential topics. Expectant parents generally thought the courses would cover almost all of the topic areas listed (see Table 3). The exceptions were healthy eating, meeting local parents, and making friends. Fewer people expected the courses to help them in these areas, although more than two thirds still expected these topics to be covered.

"I hope the course will cover all the topics because I want to know more about everything I can. I want to feel prepared." (white birth partner, 30s)

The 'Preparation for Birth' courses are generally not designed to cover health and eating well. Time is limited and preparation for the birth and parenthood are prioritised. We included this topic, which cannot currently be accommodated in courses, to gauge parents' expectations.

Table 3: Proportion of parents who expect various topics to be covered in courses

| Possible topics to include | % Expect |
|--------------------------------------|----------|
| Give new info about pregnancy | 95 |
| Help feel confident about pregnancy | 95 |
| Teach what is going on with body | 93 |
| Teach about being healthy / eat well | 69 |
| New information about birth | 99 |
| Help learn new skills for labour | 100 |
| Help cope better during labour | 99 |
| Help feel more confident about birth | 99 |
| New ideas about types of birth | 97 |
| Help have the type of birth I want | 94 |
| Help feel more relaxed about birth | 99 |
| Help meet other local parents | 78 |
| Help make friends | 74 |
| Make more confident to make choices | 90 |
| Give ideas for supporting partner | 93 |
| Help find new places to get support | 92 |
| Give new info about life with baby | 94 |
| Help learn about caring for my baby | 94 |
| Feel more confident caring for baby | 95 |
| Chance to think about life with baby | 93 |
| Give new ideas about being a parent | 92 |

Women and men generally had the same expectations about course content. Parents over 30 were most likely to say that they expected the courses to provide opportunities for meeting other local parents (83% v 72%, $p < 0.05$). Those older parents having a baby for the first time were especially likely to expect this (88%, $p < 0.05$).

People who already had a child were least likely to think that courses would provide them with new information about parenting issues ($p < 0.05$), but still thought that attending would help them with pregnancy and labour.

Knowledge before course

Before they attended a course, we asked participants to tell us how much they knew about different aspects of labour and birth, including a range of facilities and medical procedures, and what their preferences were. More than nine out of ten people said that they wanted to know more about each of the topics on the list we provided (see Table 4).

Most already had clear preferences about what they wanted to have or avoid. The strongest preference was for a 'straightforward birth' and to avoid forceps or ventouse. However, a majority of participants 'didn't mind' about methods of monitoring the baby during labour or using a birth ball. It is not surprising that parents did not have strong views about these topics as many said they knew little about them (see Figure 2).

Table 4: Knowledge and hopes for birth

| Facilities and procedures | % want to know more | % like to have | % like to avoid |
|--------------------------------|---------------------|----------------|-----------------|
| Self-help and 'low tech' | | | |
| Straightforward birth | 90 | 97 | 0 |
| Focused breathing | 97 | 81 | 2 |
| Natural ways to cope with pain | 98 | 72 | 3 |
| Using a birth ball | 99 | 31 | 10 |
| Using a birth pool | 93 | 28 | 29 |
| Hand-held monitoring | 98 | 11 | 8 |
| Interventions | | | |
| Electronic monitoring - belt | 95 | 14 | 15 |
| Acceleration | 97 | 4 | 60 |
| Induction | 96 | 2 | 70 |
| Forceps or ventouse | 96 | 0 | 88 |
| Epidural | 92 | 11 | 61 |
| Caesarean | 93 | 1 | 87 |

Note: Columns 'like to have' and 'like to avoid' do not add to 100% because parents could also say that they 'didn't mind' but the data are not included here.

Generally, levels of knowledge about particular facilities and medical procedures were similar for women and

men. However, men were more likely than women to say that they 'knew nothing' about using a birth ball and about forceps and ventouse births. Black parents were more likely than the other respondents to say they knew nothing about various interventions such as epidurals, forceps and ventouse, and electronic monitoring. They were also more likely to say they knew nothing about straightforward birth.

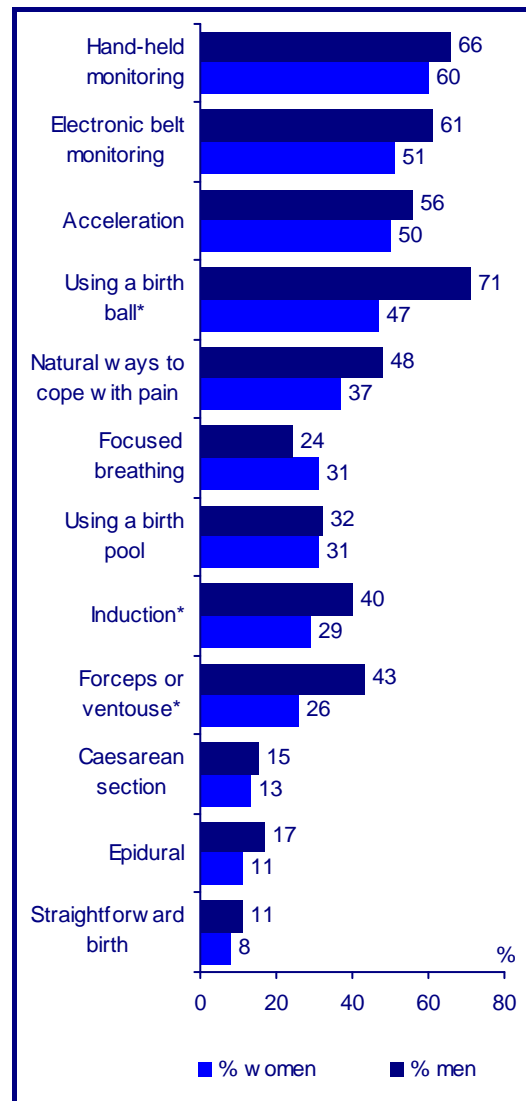
The vast majority of those planning to attend the course said that they would like to know more about each of the topics listed, regardless of age or gender, although Asian parents were less interested in finding out more about straightforward birth.

"It's always good to find out more. I hardly know nothing and it's coming up quick. The more help you can get, the better." (black expectant dad in his teens)

As might be expected, women and men who already had a child were more likely to say they knew all they needed about each topic - but at least three-quarters still wanted to learn more.

"Sometimes people expect you to know it all or need less help if you've already had one, but you forget things and things change. Mums need support no matter how many children we've already had." (white second time mum in her 40s)

Figure 2: Proportion who 'knew nothing' about topics before attending a course



Note: * represents statistically significant differences between women and men (p<0.05).

Preparing for the birth

Before attending a course, most expectant parents said they wanted a straightforward birth (97%), and to use focused breathing (81%) and natural ways to cope with pain (72%, Table 4), regardless of age and parity. Women were more likely than men to want to use focused breathing and natural ways to cope with pain, and black parents were more likely to say that they didn't mind whether or not they had a straightforward birth.

Despite a widespread interest in natural ways to cope with pain, one in ten said they would like to avoid using a birth ball (10%) and more than one quarter said they would like to avoid using a birth pool (29%). In interviews, expectant parents said this is because they were not clear what benefits birth balls and birth pools could provide.

“I don't want any of that hippy stuff, just a happy healthy baby. But I guess I don't know what lots of that stuff is for anyway so it would be good to hear a bit more about it.” (white expectant mum in her 20s)

Asian parents in particular said that they wanted to avoid birth balls and pools, with 32% wanting to avoid using a birth ball and 60% wanting to avoid using a birth pool.

In the survey the topics that most people said they knew nothing about were:

- hand-held monitoring (62%),
- using a birth ball (57%),
- electronic monitoring (55%),
- acceleration (53%).

Because many people said they did not really know what these things entailed, they tended to say they 'did not mind' whether or not they used hand-held

monitoring (81%), electronic monitoring with a belt (71%), birth balls (59%) and acceleration during labour (36%).

We asked expectant parents how confident and prepared for birth they felt, prior to attending antenatal courses (see Table 5). Half of parents agreed that they felt confident about the birth (52%).

Three quarters of expectant parents said they knew what kind of birth they wanted (76%). Those who already had a child were most likely to say they knew what they wanted (89% v 74%, $p < 0.05$).

Table 5: Expectations about birth

| | % Women | % men | % total |
|---|---------|-------|---------|
| I think midwives will support me | 95 | 93 | 94 |
| I will say no if I don't want something | 92 | 95 | 93 |
| I won't be afraid to ask for things | 88 | 93 | 90 |
| I know the kind of birth I want | 78 | 74 | 76 |
| I feel confident about the birth* | 41 | 70 | 52 |
| I know what to expect at the birth | 46 | 44 | 45 |

Note: * represents a statistically significant difference between women and men ($p < 0.05$).

As most of the women were in the second half of their pregnancy and some were close to term when they were completing the forms, it is of some concern that over a fifth said they did not know what type of birth they wanted. This applied to women of all ages and ethnicities. This may suggest that they had not had sufficient opportunity to talk about labour and birth with their midwives.

“I don't know what all the options are. I'm a bit scared because there is a lot to read.” (white expectant mum in her teens)

Most expectant parents thought that midwives would support them during labour and birth (94%). However, black parents were less likely to think that midwives would support them (81% v 96%, $p<0.05$) as were people in their 20s (90% v 97%, $p<0.05$).

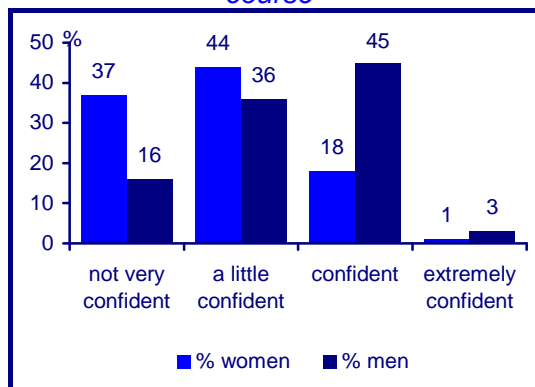
Overall, expectant parents felt confident that they would be able to say no if they did not want something to happen (93%). Most (90%) thought they would not be afraid to ask if they wanted something. Asian parents under 30 were least likely to feel they would say 'no' (83% v 97%, not statistically significant).

“We are brought up to think that the doctors are right so we should not question it, even if they hurt us or we do not like it.” (Indian expectant mum in her 20s)

Before attending a course, less than half felt that they knew what to expect at the birth (45%).

About 3 in 10 of expectant parents said that they felt 'confident' or 'extremely confident' about childbirth (30%). 28% said that they were 'not very confident'. Men were more likely than women to say they felt 'confident' or 'extremely confident' about the birth (48% v 19% of women, $p<0.05$, see Figure 3).

Figure 3: Confidence about birth prior to course



Life with a new baby

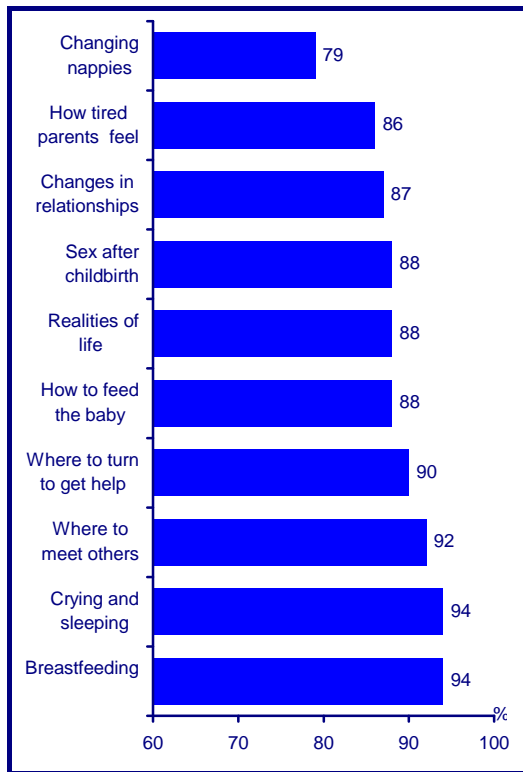
Before taking part in antenatal courses, expectant parents were very keen to know what life would be like with a new baby (see Figure 4).

“For me the important thing is how to look after the baby when it comes. How to feed it and change nappies. That's the scary bit.” (Asian expectant dad in his 30s)

At least eight out of ten said they wanted to know more about each of the topics we listed in the 'before course' questionnaire. Men were more likely than women ($p<0.05$) to say they 'knew nothing' about changing nappies (23% v 8% of women) and feeding the baby (26% v 14%), including breastfeeding (28% v 15%). Teenagers were more likely to say that they knew nothing about where to meet other mums and dads (71% v 31% of non-teens, $p<0.05$).

Those who already had a child said information about babies was less important, but many still wanted to know more about each of the topics especially where to meet others (71%), breastfeeding (67%), crying and sleeping (67%), and where to get help (63%).

Figure 4: % who wanted to know more



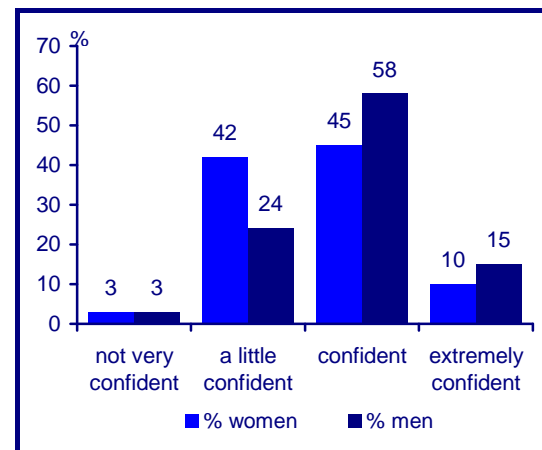
Before attending classes, more than nine out of ten parents said that they had talked to their partner, if they had one, about what life would be like with a new baby (94%) and almost all said that they had people they could turn to for help, if needed (96%). Half said that they 'strongly agreed' that they had someone to turn to for help if needed, the highest rating on our four point scale (49%). There were no differences between women and men, or those from different age or ethnic groups.

All but three people thought they would be a 'good enough parent' (99%) and six out of ten said they felt 'confident' or 'extremely confident' about being a parent (62%). Two thirds said they felt 'confident' or 'extremely confident' about being able to look after their baby (65%).

Men were more likely than women to say they felt confident about being a parent (73% v 55%, $p < 0.05$, see Figure 5). Those from ethnic minorities were more likely than white parents to feel

confident about parenting (74% v 59%, $p < 0.05$). As might be expected, people who already had a child were most likely to feel confident about being parents (87% v 57%, $p < 0.05$).

Figure 5: Confidence about being a parent



Six out of ten parents said they were planning to breastfeed their baby (60%), 6% were planning to formula feed, and 34% planned a mix of breastfeeding and formula feeding. No-one from any ethnic minority said that they planned to bottle feed. There was a tendency for Asian parents to say that they were going to exclusively breastfeed (78% v 59% for other ethnic groups but not statistically significant).

Men were more likely to think that they would be mixed feeding their baby than the women were. Women were more likely to say that they planned to exclusively breastfeed (66% v 50% of men, $p < 0.05$). This suggests a desire on the part of men to be involved in feeding their baby, but also a lack of communication between men and women on this subject.

Four out of ten said they felt 'confident' or 'extremely confident' about feeding their baby (42%). Men were more likely to feel confident about feeding their baby than women (59% v 33%, $p < 0.05$).

Parents' views of courses

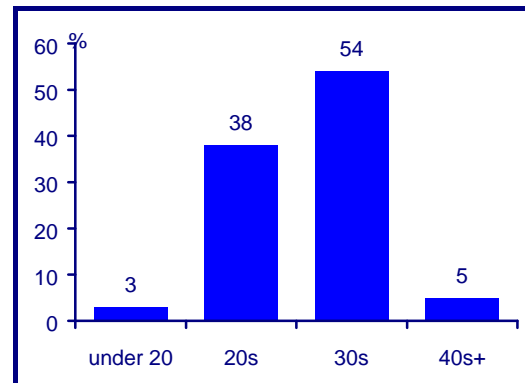
We compared expectations before attending courses with feedback at the end of the course. The samples were different - 36% of women completed the 'end of course' questionnaire and 14% of participants' partners completed them too, although it is not known how many partners attended the courses. An additional 4% were completed jointly by couples. Overall 25% of course questionnaires were completed which involved over twice as many people as the 'before course' survey.

Antenatal teachers asked all parents who attended the final session of each course to complete a feedback form and to hand it in before leaving. Teachers then passed these forms on to an independent evaluator for analysis. In total, 655 'end of course' feedback forms were received between October 2005 and September 2006. Six out of ten were filled in by pregnant women (62%). One quarter of forms were completed by expectant dads (25%) and 2% were filled in by other birth partners. Some women completed forms on behalf of themselves and their birth companions jointly which made up about 9% of the returned questionnaires. The remaining 2% of questionnaires did not disclose the respondents' gender. As the answers on joint questionnaires may have been the view of either the woman or her partner, for the purposes of analysis, these answers were not included when looking for differences in the responses between men and women.

About nine out of ten parents attending courses said they were first time parents (86%).

Most of the parents who completed course feedback forms were in their twenties (38%) and thirties (54%). Three quarters said they were white (73%), 15% were Asian, 9% were black, and 3% were from other ethnic groups.

Figure 6: Age of people at end of course



The 'end of course' feedback covered course booking arrangements, practical aspects of the course, information provided, and expectations for birth and parenthood.

Booking courses

Nine out of ten parents said that the booking process was clear and easy to follow (89%). In telephone interviews and discussion groups, a number of parents commended the warmth and friendliness of the booking staff.

"I really liked the personal touch of the lady I talked to about courses. She told me all about the content, answered my questions really simply, and made me feel like I would be welcome. To be honest I was a bit worried about coming, but after I talked to that lady on the phone I started looking forward to it." (white expectant mum in her teens)

Of the one in ten people who did not feel that the booking process was clear and easy to follow, this was largely because of difficulties finding out how to book or who to contact.

“I liked the courses once I got there, but it was a bit hard to find out about them in the first place and what they covered.” (black mum in her 20s)

Some parents said that their midwives or the hospital had not provided them with sufficient information. Courses are advertised on posters and booking forms are available at clinics, but the booking forms are not put inside the packs given out to everyone planning to give birth at the hospital.

Five couples mentioned that there was an answering machine on the booking enquiries line, but they were happy that their calls were returned very promptly using this system.

“I thought I would never hear back but they rang the same day and were really nice.” (white mum in her 40s)

In discussion groups and in questionnaires completed prior to taking part in courses, expectant parents suggested a need for more prompt feedback about whether they had been booked onto courses, when courses would start, and what topics would be covered.

“We don’t know what course we are booked on and that is frustrating. We sent in the form weeks ago but we’ve got no response.” (white expectant mum in her 30s)

A number of parents said they were worried because they had sent in course booking forms but received no confirmation for a long period. Confirmation letters are sent near the time courses begin. The booking forms state that people will receive details of their course between 20 and 28 weeks of pregnancy, however this type of

statement may not be enough to alleviate people’s concerns.

“I don’t know if I’m going to a course yet or not. She sent in the form but we haven’t heard back. It’s worrying because if we don’t get on, there won’t be time to do something else.” (white expectant dad in his 30s)

It may be possible for the booking team to send acknowledgement letters upon receipt of booking forms to let parents know about the process or to highlight the potential delay more on the booking form.

Teenagers were more likely to say that the booking process had not been clear and easy to follow (29% v 11% of older parents, $p < 0.05$). In discussion groups expectant parents from ethnic minority groups and teenagers were more likely to say they had insufficient information about booking courses.

The evaluator conducted three discussion groups with parents not planning to attend courses and three groups with new parents who had not attended courses. At least one quarter of couples who had not attended courses said that the main reason was that they did not know the courses were available. These parents often had English as an additional language or were aged under 25.

Other key reasons for not attending courses were not wanting to attend courses run on hospital premises, not thinking the courses were ‘for people like me,’ and not knowing enough about the courses and why they might be worthwhile. Some parents suggested that they would have liked to attend antenatal courses in community venues or in local health clinics.

“I am not comfortable to go there [hospital]. If they had it in the community centre it would be good.” (Bengali mum in her 20s, with support from a translator)

To encourage a wider range of expectant parents to attend antenatal courses, it may be worthwhile to advertise their benefits and the booking process further, and to provide prompter confirmation of bookings. The NHS Trust might also like to explore the possibility of providing courses in accessible community venues.

Feedback about courses

In course feedback forms, almost all parents said that teachers had asked what topics they wanted to cover (96%), covered the topics adequately in the time allocated (99%), and done a good job overall (100%). In fact, three quarters of expectant parents ‘strongly agreed’ that their teacher had done a good job, the highest rating possible on our four point scale (76%).

In open ended questionnaire comments and follow up interviews, expectant parents spoke passionately about the dedication and enthusiasm of their teachers.

“The educator was superb. She was funny, friendly, and gave us the most useful and inspiring information. I wish we had more time with her, because she really is the best.” (white expectant mum in her 30s)

“[teacher] is marvellous. She is warm, witty, and concise. She kept my husband awake and enthused – and even I can’t manage that. She told us everything we wanted to know and a lot more besides. She really knows what she is talking about and motivated us to take on board heaps of new ideas.” (Asian expectant mum in her 20s)

There were no statistically significant differences in feedback about the responsiveness of teachers according to age, ethnicity or gender, but those who already had a child were less likely to think that all the topics had been covered adequately.

Table 6: Feedback about practical issues

| Practical issues | % Agreed |
|-------------------------------------|----------|
| Classroom was right temperature | 79 |
| Booking process clear and easy | 89 |
| Enough space in the classroom | 92 |
| Room was comfortable | 93 |
| Educator asked what topics to cover | 96 |
| Course met our needs | 99 |
| Teacher covered topics adequately | 99 |
| Teacher did a good job | 100 |
| Would recommend to someone else | 100 |

Nine out of ten expectant parents said that the room where the course was held was comfortable (93%) and that there was enough space in the classroom (92%). However, in open ended questions, 7% commented on the ‘uncomfortable seats.’

One out of five did not think that the classroom was the right temperature (21%). In discussion groups and follow up interviews, the seating and high temperature were cause for repeated complaints.

“The one thing I would like changed is the seating and the heating. It was far too hot in that little room and I actually started to dread going there as I always came out with such a sore bum! You have to concentrate on all the info and you can’t do that when you’re fiddling around with the chairs for the whole time.” (white expectant mum in her 20s)

“Would I recommend it? I already have. A couple of the girls at work weren’t going to, but I told them how good it was so now they’ve signed up too.” (white mum in her 20s)

Of the three (out of 655) people who would not recommend the course to someone else, this was because they thought it was too short to cover all the material fully.

In discussion groups and in open ended questionnaire feedback, women and men also said that there were too many people in the room (15%) and that this made it uncomfortable and hot.

“I liked the teacher and the way it was done, but I wouldn’t recommend it as it was just too short and quick to take it all in.” (white mum in her 40s)

“There are far too many people. Not only can you not ask questions or get to know other people, it also makes it really hot and stuffy.” (black expectant dad in his 30s)

Information from courses

We asked parents about the extent to which they had learned new things from the course. Almost all thought that the course had given them new information about pregnancy (99%), helped them feel more confident about pregnancy (97%), and taught them about what happens physically during pregnancy (96%).

There were no statistically significant differences in responses about the teaching environment from people of different age, gender, or parity groups, but white parents were more likely to think that there was enough space than those from other ethnic groups (93% v 87%, $p < 0.05$).

Six out of ten said that that the course provided them with information about being healthy and eating well (61%). It is not surprising that parents were less likely to say that the course taught them about healthy eating because this is not a standard component of the course and teachers are **not** expected to talk about this issue. This question was inserted as a ‘test’ to ensure that the questionnaire could differentiate between things that the course covered and things that it did not. However the issue is clouded because, following the inclusion of this topic in the questionnaire, some teachers began giving out leaflets about healthy eating.

Overall, almost all expectant parents thought that the course met their needs (99%). Six out of ten ‘strongly agreed’ that the course had met their needs (58%). Almost everyone said that they would recommend the course to someone else (100%). Seven out of ten ‘strongly agreed’ that they would recommend the course to a friend, the highest rating on our four point scale (69%).

Table 7: Feedback about course information

| Information from courses | % Agreed |
|--|----------|
| Gave new info about pregnancy | 99 |
| Helped feel confident about pregnancy | 97 |
| Taught what is going on with body | 96 |
| Taught about being healthy / eat well | 61 |
| New information about birth | 99 |
| Helped learn new skills for labour | 99 |
| Help me cope better during labour | 98 |
| Helped feel more confident about birth | 98 |
| New ideas about types of birth | 97 |
| Help me have the type of birth I want | 97 |
| Helped feel more relaxed about birth | 96 |
| Helped find new places to get support | 91 |
| Gave ideas for supporting partner | 97 |
| Made more confident to make choices | 99 |
| Helped meet other local parents | 66 |
| Helped make friends | 64 |
| Gave new info about life with baby | 96 |
| Helped learn about caring for my baby | 94 |
| Feel more confident caring for baby | 93 |
| Chance to think about life with baby | 93 |
| Gave new ideas about being a parent | 89 |

Almost all parents thought that the course had given them new information about birth (99%), different types of birth (97%), and skills for labour (99%). They thought that the course would help them cope better during labour (98%), help them have the type of birth they wanted (97%), and help them feel more relaxed about birth (96%).

“I feel much more confident now. I think I'll be able to cope better, because we went through all the steps in an easy way.” (white expectant mum in her 20s)

Expectant parents also felt that the course gave them new information about life with a new baby (96%), helped them learn to care for a baby (94%), helped them feel more confident about caring for a baby (93%) and helped them identify new places to find support (91%).

“The thing I wanted to know most about was how to look after bubs when he arrives. It [course] was mainly about

the birth, but we did cover about the baby too, which was good.” (black dad in his 30s)

Almost all felt that the course made them more confident to make choices (99%). Of those women and men who were part of a couple, almost all felt that the course gave them ideas for supporting their partner (97%).

Over half of both men and women ‘strongly agreed’ that the course had given them information on both pregnancy (64%, 57%) and childbirth (52%, 56%). Over half of all women thought that the course would help them cope during labour (50%), had helped them learn practical skills for labour (56%), and helped them feel more confident about childbirth (51%, see Figure 7).

There were few statistically significant differences about perceptions of the type of information provided in courses between different age or ethnic groups. Unsurprisingly, parents who had already had a child were less likely to say that the course gave them new ideas about parenting and life with a new baby. Even so, over 80% of these parents said that they had gained new information and ideas, and said that they felt more confident about life with a new baby.

Introducing expectant and new parents to others and extending social networks is an explicit aim of NCT courses, however it was not an aim of these NHS courses. We wanted to assess whether the courses run through the NHS, which involve fewer sessions and larger groups than is usual for NCT courses, provided a chance for parents to get to know one another and to support each other once the course had finished.

Although the positive response is lower than other topics we asked about, two

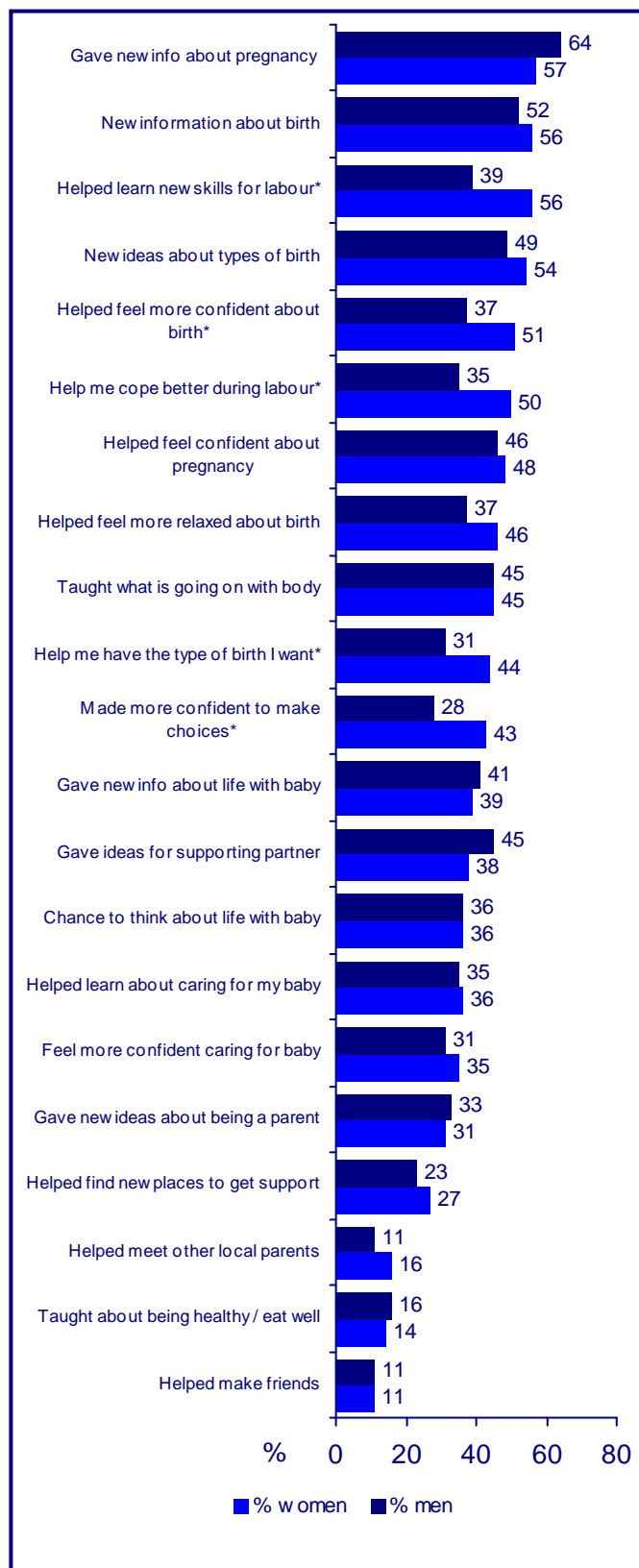
thirds of parents said the courses helped them to meet other local parents (66%) and make friends (64%). These responses may be elevated because participants felt positive about the courses overall, which may have made them feel it would be disloyal or critical to express unmet needs. This is well expressed by one of the dads who attended one of the group discussions.

“I would have liked to get to know the other guys a bit better and to hear about men’s stuff. In a way it is reassuring to hear you’re not the only one going through things. The course is a bit rushed for anything like that. Don’t get me wrong, it was excellent, but it would be even better if we had a bit longer to get to know each other.” (black dad in his 20s)

Parents in their 20s were more likely to have made friends than other age groups (70% v 59%, $p < 0.05$). Black parents were less likely to feel that they had met other local parents through the course than other ethnic groups (53% v 67%, $p < 0.05$).

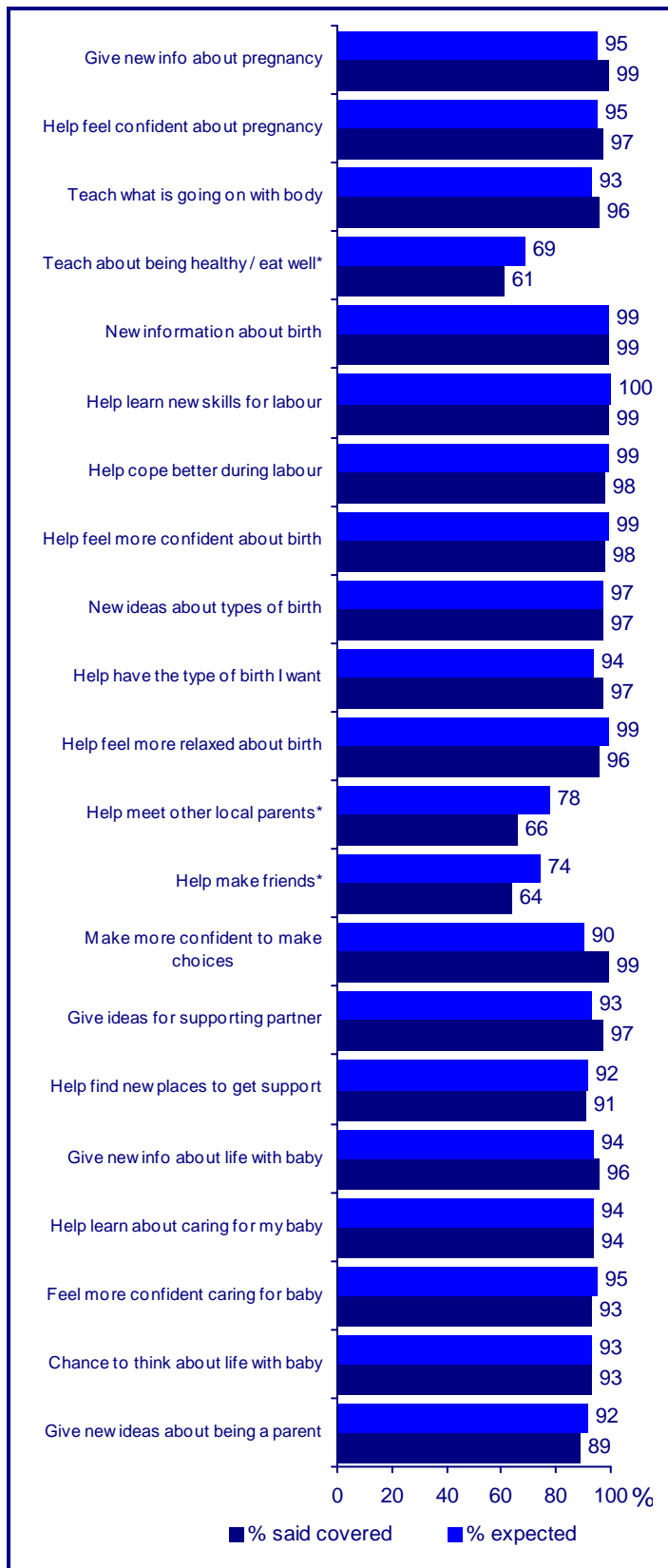
Having an opportunity to meet other parents was the one area where the courses did not meet parents’ pre-course expectations. In ‘before course’ questionnaires, three quarters of expectant parents said that they hoped courses would help them meet other parents (78%) and make new friends (74%) whereas by the end of the courses only two thirds thought this aim had been fulfilled (see Figure 8).

Figure 7: % that ‘strongly agree’ that courses supported them in various ways



Note: * represents statistically significant differences between women and men ($p < 0.05$).

Figure 8: Comparing course expectations with end of course feedback



Feedback from discussion groups and interviews suggested that the limited opportunities to get to know other parents on the courses were related to the number of sessions in the courses.

“I really hoped to meet others in the same situation, but we didn’t really get to know anyone else. I think just three sessions is too short to really make a bond, and there’s no follow up afterwards either. Wouldn’t it be great if we could have a follow up session after we’ve all had our babies to talk and ask all the questions we hadn’t even thought of during the course and to make contact with others living close by.” (white expectant mum in her 30s)

Conventional NCT courses usually include around eight sessions, including a ‘reunion’ after the babies have been born. This provides parents with a longer period of facilitated contact during which they have opportunities to get to know each other, before joining in with wider social and community networks and the NCT branch structure. In discussion groups and in open ended questionnaire comments, parents suggested that they would like NHS courses to offer a reunion too.

“I’d quite like an opportunity to meet up with the other mums and dads again now we’ve all had our babies. We can learn a lot from each other just by swapping stories. The introductions and social thing was missing from the course.” (white mum in her 30s)

Preparing for birth

Attendees were asked at the end of the course about the type of birth they wanted and how much they knew about different options. Responses were compared to what expectant parents said in 'before course' questionnaires.

When making such comparisons it is important to note that a minority of parents taking part in the courses completed a 'before course' questionnaire (11%). This is because the 'end of course' evaluation covered a 12 month period whereas the 'before and after' evaluation recruited parents during the first six months to allow enough time for parents to attend a course and have their baby before the end of the evaluation. Also, only half of women agreed to participate in the 'before course' evaluation.

As the forms were anonymous, we were unable to link data for those who had completed both forms. Comparison of the results of the 'before course' and 'end of course' surveys is complicated by socio-demographic differences between the two groups completing them. The age and parity profiles of the two groups are similar but the 'end of course' population had a significantly higher proportion of Asian parents (15% v 9%) and a lower proportion of white parents than the 'before' population (73% v 81%). It also had a lower proportion of men (25% v 37% before)

In addition, there may have been other unknown differences in socio-demographic characteristics between those who agreed to take part in the 'before' evaluation and those who completed 'end of course' feedback forms.

Responses to the 'end of course' survey were significantly different from those from the 'before course' surveys in important ways. While it seems likely that the courses contributed to changes in knowledge and attitudes, it cannot be

assumed that the courses were solely responsible. In the period between completing a 'before course' questionnaire and taking part in the course, parents may have read books, visited websites, and talked to professionals, family members, and friends to increase their knowledge.

Despite these caveats, comparing the views of parents before and after taking part in the course provides some interesting information.

This section describes women's and men's feedback about their confidence and knowledge at the end of the course, and then compares these findings with 'before course' questionnaires.

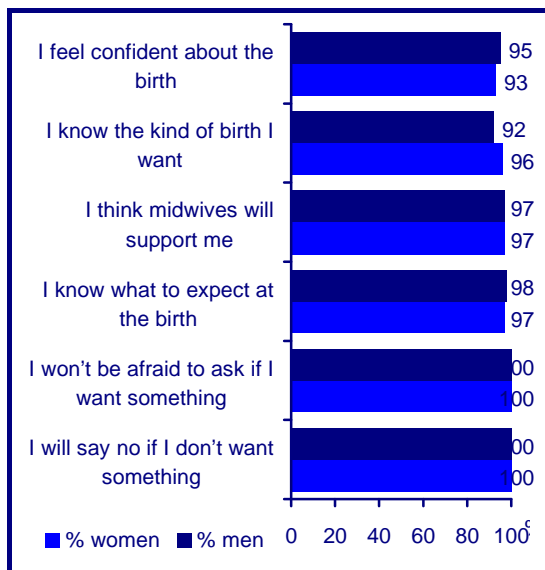
After attending a course, more than nine out of ten expectant parents said that they felt confident about the birth (93%, see Figure 9).

"I've definitely learnt a lot and feel like I know what is happening more. I guess I feel more confident." (Asian dad in his 20s)

Almost all the women said that they knew the type of birth they wanted (96%), thought midwives would support them (98%), and that they would be able to say no if they did not want something to happen during the birth (100%).

Almost all the women and men who attended courses said they knew what to expect at the birth (97% and 98% respectively) and that they would not be afraid to ask if they wanted something during the birth (both 100%).

Figure 9: % of women and men who 'strongly agreed' or 'agreed' at end of courses



Women's and men's responses about all the factors we asked about were more positive after completing the course compared to responses in the pre-course questionnaires. For example, less than half of women said they knew what to expect at the birth before the course (46%), but by the end of the course 97% said they knew what to expect (see Figure 10).

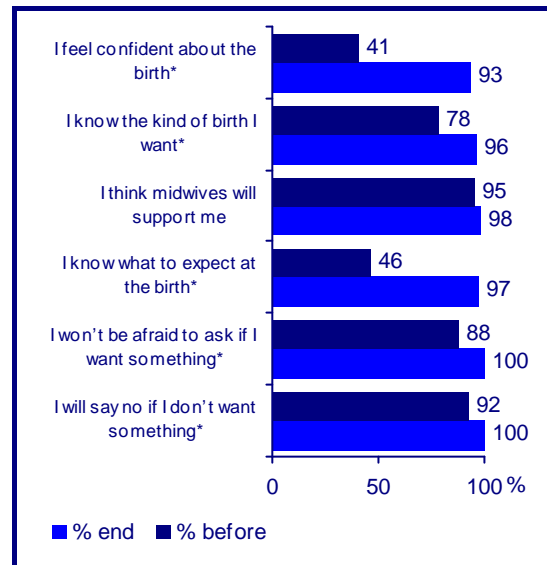
By the end of the course, women were more likely to say they knew what type of birth they wanted compared to before the course (78% before course versus 96% afterwards). In interviews women talked about how the course had helped them plan the type of birth they wanted.

"The course helped me make up my mind about what is important to me."
(white mum in her 30s)

In 'before course' feedback, most parents said they wanted to have a straightforward birth and avoid medical procedures if possible. Feedback from

parents after attending courses was generally similar.

Figure 10: Changes in women's levels of confidence before and at the end of courses,



Note: * represents statistically significant differences between before the course and at the end of the course (p<0.05).

At the end of the course, more parents wanted to avoid interventions and aimed to use self-help techniques or 'low tech' facilities for coping with pain (see Table 8). Most women wanted to avoid a caesarean (93%), forceps or ventouse (89%) induction (79%) or acceleration of labour (73%). Interestingly, as many as 82% also wanted to avoid an epidural. Most wanted a straightforward birth (98%) and to use natural ways of coping with pain (82%), including focused breathing (90%). Many wanted to use a birth ball (74%) or a birth pool (45%).

Men were less likely to feel as strongly as women about avoiding interventions and using self-help and 'low tech' techniques, although 98% of them wanted a straightforward birth. If these differences persisted until the time of the birth, this could affect how much support they were able to give women during labour and shows that

communication between partners about women's needs during labour are important.

Asian parents were less likely to want to use self help techniques or 'low tech' facilities and less likely to want to avoid interventions although they were as keen as parents in other ethnic groups to have a straightforward birth.

Table 8: Comparison of women's and men's views at end of courses

| | % like to have | | % want avoid | |
|---------------------------------|----------------|-----|--------------|-----|
| | women | men | women | men |
| Self-help and 'low tech' | | | | |
| Straightforward birth | 98 | 98 | 0 | 0 |
| Focused breathing* | 90 | 78 | 2 | 3 |
| Natural ways to cope with pain* | 82 | 64 | 3 | 5 |
| Using a birth ball* | 74 | 52 | 2 | 8 |
| Using a birth pool* | 45 | 33 | 18 | 19 |
| Hand-held monitoring | 15 | 17 | 19 | 16 |
| Interventions | | | | |
| Electronic belt monitoring* | 11 | 16 | 36 | 23 |
| Acceleration* | 5 | 5 | 73 | 60 |
| Induction* | 4 | 5 | 79 | 57 |
| Forceps or ventouse* | 1 | 2 | 89 | 82 |
| Epidural* | 6 | 7 | 82 | 72 |
| Caesarean * | 1 | 3 | 93 | 85 |

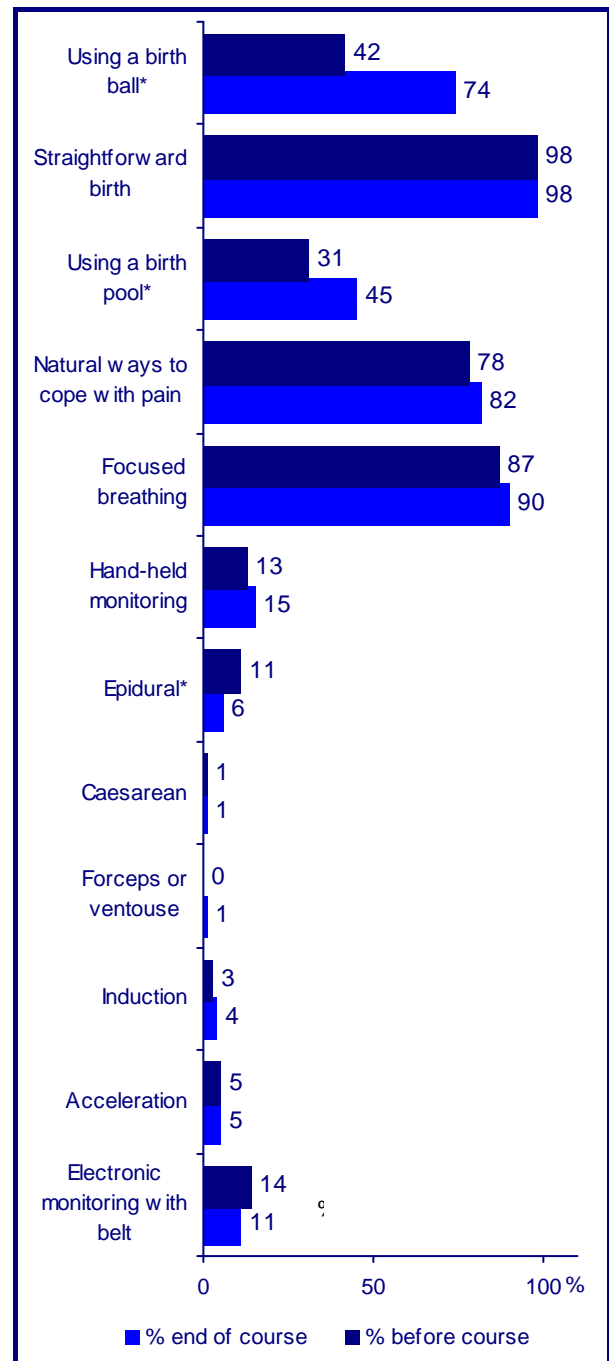
Note: * represents statistically significant differences between women's and men's desire to have or avoid different things during the birth (p<0.05).

The proportion of women who wanted to use a birth ball and a birth pool had increased compared to pre-course proportions (see Figure 11). The number of women who wanted interventions such as a caesarean or a forceps or ventouse delivery remained very low, and women were less likely to want an epidural after attending the course.

The proportions of women who wanted to avoid an epidural and electronic monitoring with a belt were larger at the end of the course (see Figure 12). We cannot assume that the courses were the only factor influencing the shift;

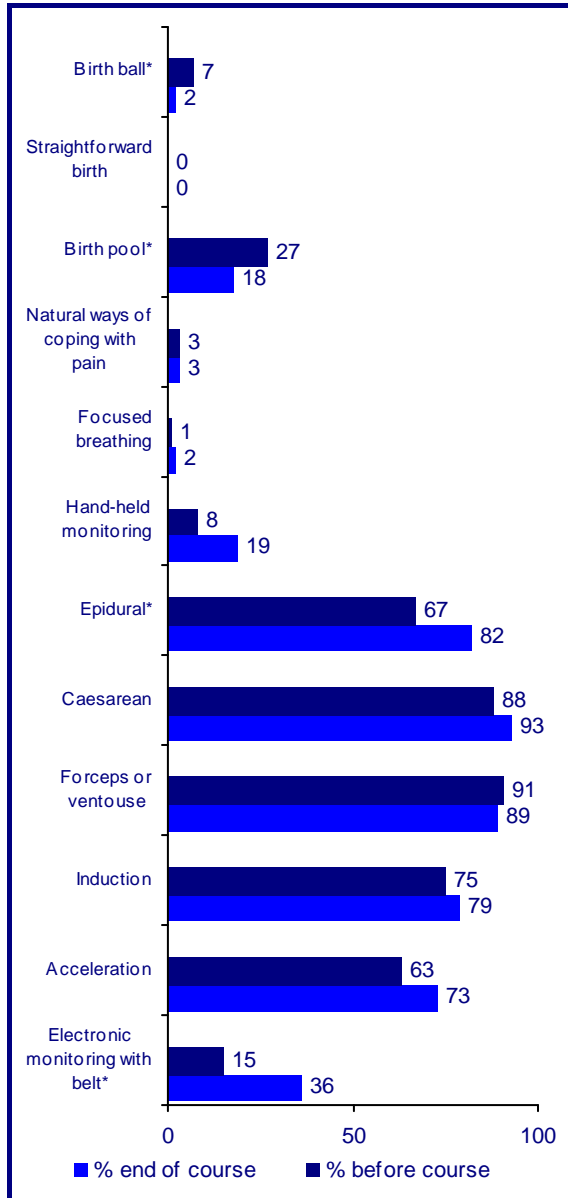
however it appears that courses may help to raise awareness of low-tech facilities, self-help strategies, and the side-effects of certain interventions.

Figure 11: % of women who wanted different facilities and procedures at the birth



Note: * represents statistically significant differences between before the course and at the end of the course (p<0.05).

Figure 12: % of women who wanted to avoid different facilities and procedures at the birth



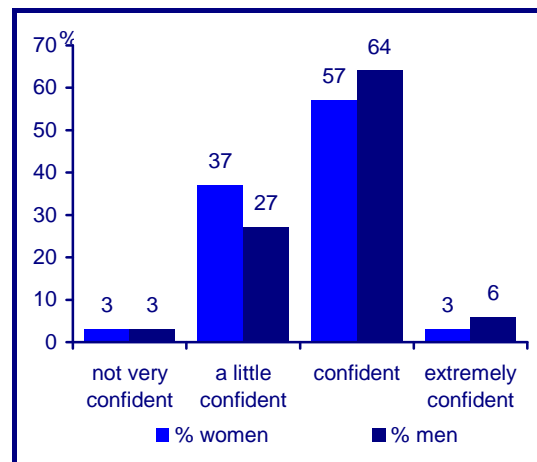
Note: * represents statistically significant differences between before the course and at the end of the course ($p < 0.05$).

By the end of the course, most parents said they had a reasonable level of confidence about the birth, rather than just 'a little' confidence (see Figure 13).

"I just feel much calmer and more confident about the whole thing compared to before I started coming. I feel more in control." (white mum in her 30s)

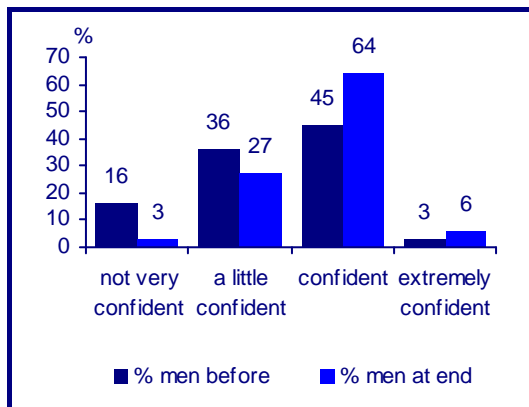
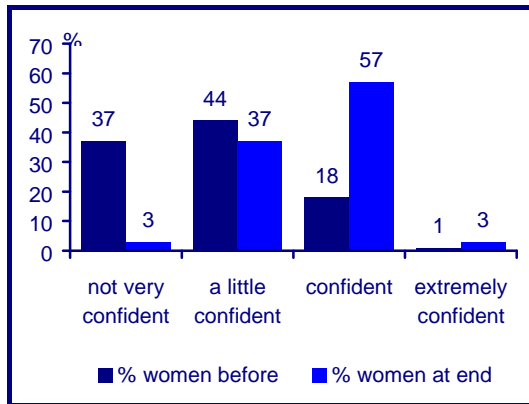
Men were more likely than women to say they felt confident about birth overall (60% women v 70% men felt 'confident' or 'extremely confident', $p < 0.05$).

Figure 13: Confidence about birth at the end of courses



Both women's and men's self reported confidence was greater compared to feedback in 'before course' questionnaires (see Figure 14).

Figure 14: Comparison of confidence about birth prior to and at end of courses



As well as their level of confidence and the type of birth they wanted, we also asked participants about their perceived levels of knowledge at the end of the course. Women and men were asked whether they wanted more information about a range of topics. At least four out of ten expectant parents wanted to know more about acceleration and induction, focused breathing, and monitoring with a hand-held device or belt at the end of their courses (see Table 9).

Men were more likely than women to suggest that they still wanted to know more about a range of different topics at the end of the course, including straightforward birth, natural ways to cope with pain, using a birth ball, hand-held and electronic monitoring, acceleration and induction (see Figure 15). This may be because men

realised how important their role as birth partners was, and were aware of their responsibility to act as advocates for the women during labour.

Table 9: Parents' views at the end of courses about facilities and procedures

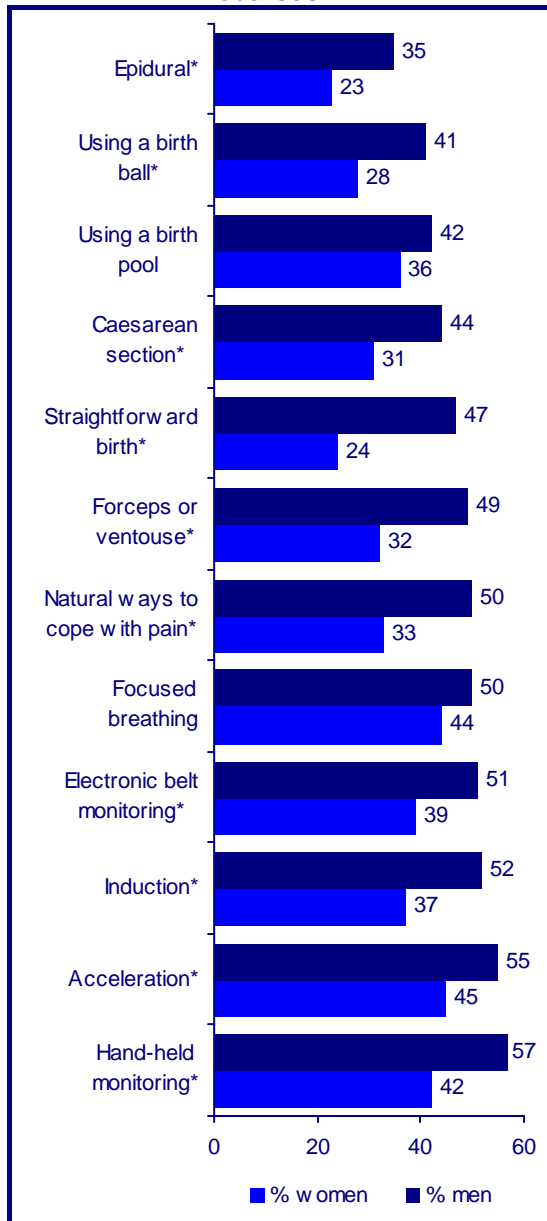
| Facilities and procedures | % want know more | % like to have | % like to avoid |
|---------------------------------|------------------|----------------|-----------------|
| Self help and 'low tech' | | | |
| Straightforward birth | 31 | 98 | 0 |
| Focused breathing | 46 | 86 | 3 |
| Natural ways to cope with pain | 38 | 79 | 4 |
| Using a birth ball | 31 | 68 | 4 |
| Using a birth pool | 37 | 43 | 17 |
| Hand-held monitoring | 47 | 16 | 19 |
| Interventions | | | |
| Electronic monitoring with belt | 43 | 13 | 32 |
| Acceleration | 48 | 5 | 69 |
| Induction | 41 | 5 | 73 |
| Forceps or ventouse | 36 | 1 | 87 |
| Epidural | 27 | 6 | 80 |
| Caesarean | 34 | 1 | 91 |

Note: The '% would like to have' and '% would like to avoid' columns do not add to 100% because parents could also say that they 'didn't mind' whether they used or had a particular facility.

It is important to emphasise that participants were satisfied with the course content in relation to preparation for birth. However, some suggested that having more sessions would allow them to explore the content in more depth.

"We touched on all those things, breathing, pools, and monitoring. But I would have liked more time to go over the details. It's such a lot of information to take in all at once." (white expectant mum in her 30s)

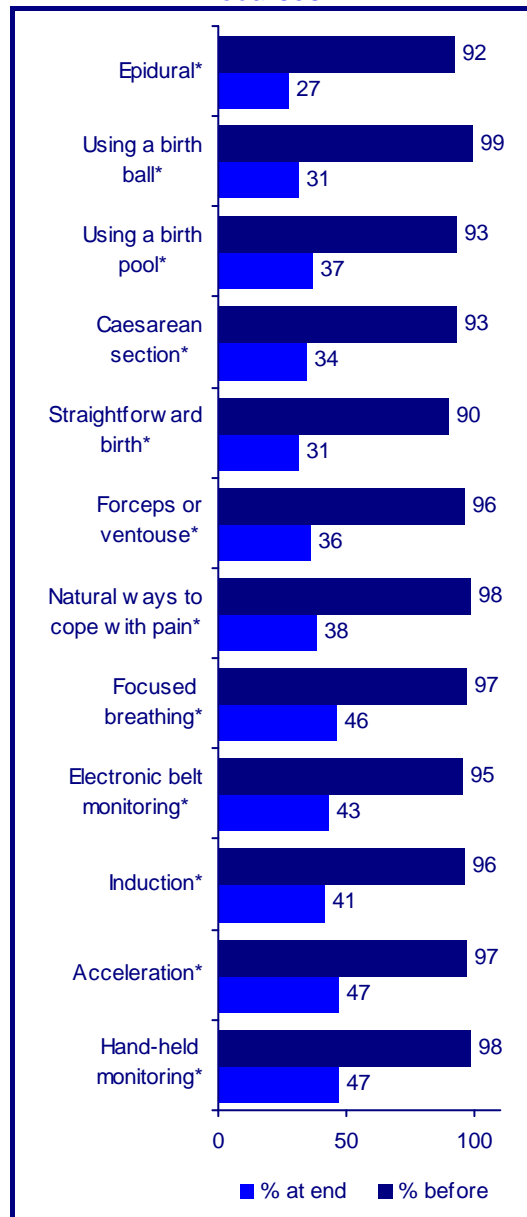
Figure 15: Topics women and men wanted to know more about at end of courses



Note: * represents statistically significant differences between women and men ($p < 0.05$).

The proportion of expectant parents who wanted to know more about different topics had reduced significantly at the end of the course compared to pre-course proportions. While at least nine out of ten parents wanted to know more about all the topics before taking part in courses, this had reduced to between a quarter and a half by the end of courses (see Figure 16).

Figure 16: % who wanted to know more before and at the end of attending courses



Note: * represents statistically significant differences between before and at the end of course surveys ($p < 0.05$).

However, some groups of parents were still eager to know more. Asian parents were more likely to want to know more about these topics than other ethnic groups. For many topics, between 60-80% of Asian men still wanted to know more. These included forceps and ventouse (76%), focused breathing (75%), acceleration (71%) and natural ways to cope with pain (70%).

Life with a new baby

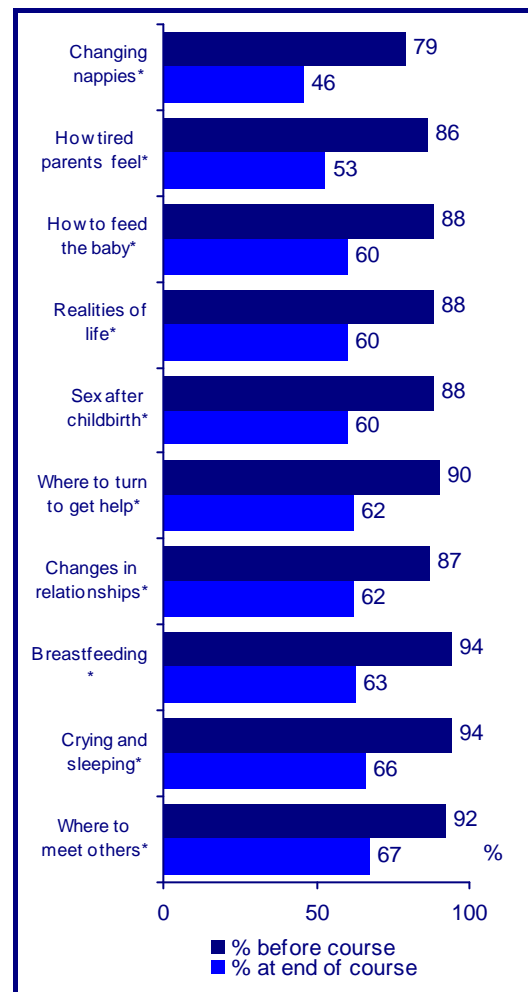
Although women and men seemed to know more about postnatal issues and looking after a baby at the end of courses, between a half and two-thirds of expectant parents still wanted to know a lot more about life with a new baby when the courses ended (see Figure 17).

The short antenatal courses run at Birmingham Women's Hospital allow little time to cover both birth and the transition to parenthood. While participants felt that teachers had done a good job of covering topics adequately in the time available (99%), they wanted more information about the early days with a new baby and said that the short courses weren't currently fulfilling all of their needs in this regard.

At the end of the course, two thirds of expectant parents still wanted to know more about how to meet other parents (67%). In interviews and focus groups, women and men described their desire for more signposting information. Some expectant fathers said that while they knew of groups for women, they did not know how they could meet other expectant and new fathers.

"It would be cool to find out how to meet other dads. Just getting together today has been a bonus. The course should tell us if there are groups set up for men or maybe help us set up our own groups." (white expectant dad in his 30s)

Figure 17: % who wanted to know more



Note: * represents statistically significant differences between before and end of course surveys ($p < 0.05$).

Both women and men were also eager to learn more about breastfeeding and other aspects of baby feeding. Six out of ten parents wanted to know more about these topics at the end of the course (63% for breastfeeding and 60% for feeding generally).

"Are there courses on feeding too? We didn't really cover this but it is crucial and something I really want to know more about." (white expectant mum in her 20s)

Interestingly, men were more likely than women to say that they still wanted to know more about many different topics

at the end of the course (see Table 10). In interviews, some men suggested that they would like to feel more of a central part of the courses.

“I felt a bit like a third wheel. The course was more for her than me. Don’t get me wrong, it was good. But I still have lots of unanswered questions.”
(white expectant dad in his 30s)

As in the pre-course questionnaires, at the end of courses almost all participants thought they would be a ‘good enough parent’ (99%).

“I know there will be some hard times, but overall I’m feeling like I can give this a go now and make it work.”
(black expectant dad in his 20s)

Table 10: % of women and men who wanted to know more at end of course

| | % women | % men |
|-----------------------------|---------|-------|
| Where to meet other parents | 66 | 71 |
| Crying and sleeping | 65 | 68 |
| Breastfeeding | 65 | 63 |
| Changes in relationships* | 59 | 70 |
| Where to turn to get help | 59 | 67 |
| Realities of life | 59 | 66 |
| How to feed the baby | 59 | 65 |
| Sex after childbirth | 58 | 66 |
| How tired parents feel* | 50 | 62 |
| Changing nappies* | 42 | 63 |

Note: * represents statistically significant differences between women and men ($p < 0.05$).

More than nine out of ten parents who had a partner said that they had talked together about what life will be like with a new baby (96%) and almost all said that they had people they could turn to for help if needed (98%). There were no significant improvements in these factors compared to pre-course feedback because most expectant parents said they had talked to their partner (94%) and had people to turn to for help (96%) when they completed the ‘before course’ questionnaires.

Women were less likely than men to say that they had talked to their partner about what life would be like with a new baby (95% v 99% men, $p < 0.05$), but there were no gender differences in the perceived availability of support from others.

People’s level of confidence in being a parent was greater at the ‘end of course’ assessment. About six out of ten people said they felt ‘confident’ or ‘extremely confident’ about being a parent before their course (62%), compared to eight out of ten at the end of the course (78%, $p < 0.05$, see Figure 18).

In the pre-course survey, differences in confidence about being a parent were identified between men and women, between white parents and those of other ethnic groups, and between those who were becoming parents for the first time and those who already had a child. After attending courses there were no differences between these groups: all groups felt equally confident (see Figure 19).

Figure 18: Confidence about being a parent

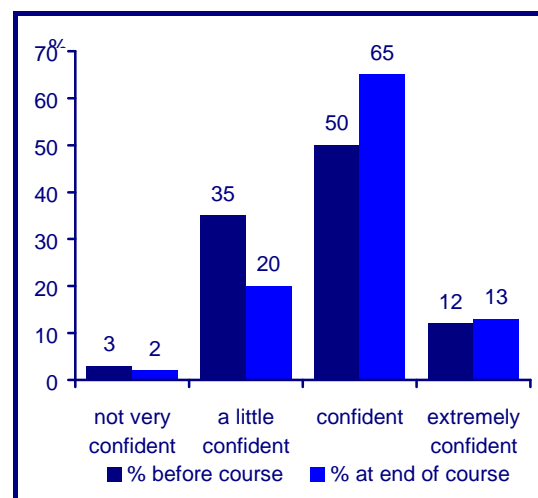
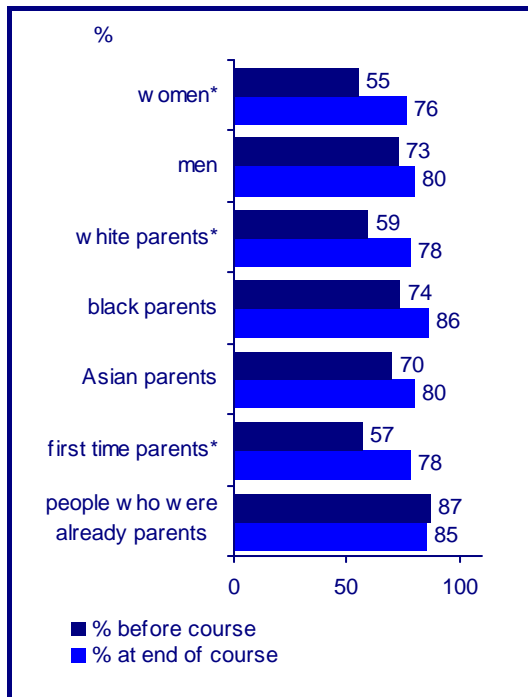


Figure 19: Confidence about being a parent



Note: * represents statistically significant differences between before and end of course surveys ($p < 0.05$).

The courses may have been a factor which helped change expectant parents' plans about feeding their babies. In pre-course questionnaires six out of ten people said they planned to breastfeed their babies (60%) compared to eight out of ten parents at the end of courses (80%, $p < 0.05$). People who planned to mix breastfeeding and bottle feeding appear to have changed their plans, rather than those who planned to formula feed. One third of people planned to mix breastfeeding and bottle feeding in pre-course questionnaires (34%). This had reduced to 15% ($p < 0.05$) by the end of courses. The proportion that planned to formula feed had stayed the same (6% v 5%).

"They talked about the benefits of exclusive breastfeeding and that made a difference. They said that any breastfeeding at all is good, but exclusively breastfeeding is

even better. That changed how I decided to feed Jemma." (white mum in her 20s)

There was also a change in how confident expectant parents said they felt about feeding their baby. Before the courses, four out of ten said they felt 'confident' or 'extremely confident' about feeding their baby (42%). By the end of the course this had increased to two thirds of expectant parents (64%, $p < 0.05$).

Interestingly, men were more likely to feel confident about baby feeding (81% v 58% women, $p < 0.05$). However, as only women can breastfeed, unlike men they face the task of learning the skill, a demand that can be challenging and intimately connected to their identity as a mother.

"I know a lot more about how to feed a baby now and what to think about when deciding. In that way, I guess we do feel more confident, because we know what we have to think about." (white expectant dad in his 30s)

It is important to reemphasise that we cannot assume that courses were the only factor influencing these changes in knowledge, confidence, and plans. However, feedback from parents in interviews and in discussion groups suggests that expectant parents felt that the courses had helped them learn about and consider different options.

"They taught us what questions to ask, then left us to answer for ourselves." (black mum in her 40s)

Areas for development

It appears that the 'Preparation for Birth' courses facilitated by NCT teachers for Birmingham Women's Hospital are well received - and that they may have an impact on parents' knowledge, plans, and confidence.

We asked people whether there were any ways that the courses could be developed further to better meet their needs. One out of five people suggested one or more areas for course development (20%). In total, 193 suggestions were provided. These included:

- extending the number of sessions to provide more detailed information and be less rushed (42% of those who suggested improvements),
- providing more information about caring for babies. Some parents suggested this was especially important because the course is referred to as 'parentcraft' on posters and booking forms (16%),
- including more practical exercises such as changing nappies and strategies for coping during labour (13%),
- including a wider variety of content, such as more detailed information about birth centres, visits to birth centres, benefits and entitlements, breathing and relaxation, dietary information, and breastfeeding techniques (10%),
- acknowledging receipt of booking forms and providing more prompt feedback about which courses parents are booked on (10%),
- reducing the size of each group, as groups are slightly too large for interaction (10%) or having a larger room to accommodate the number of parents in each course (6%),
- encouraging more chance to get to know other parents (7%), including asking people to introduce themselves in every session, circulating parents' telephone numbers and email addresses, and organising a reunion after people have had their babies,
- more comfortable chairs (7%),
- reducing the room temperature (5%),
- changing the format so it is easier to take in information. For instance some expectant parents said that courses that were one full-day could be split over two half days, or that six 1-hour sessions would be better than three 2-hour sessions (6%),
- running courses at different times, such as in the evening and on weekends, so partners can more easily attend (4%),
- promoting the booking system and course information through midwives and community centres more effectively. For instance, some parents suggested that the hospital should contact all parents about the course, rather than waiting for parents to enquire (3%).

The majority of this feedback involves areas that the NHS Trust could address quite easily, such as the room temperature, the quality of the chairs, and promoting the courses. Other key areas for development focused on the length and scope of the course, such as the number of sessions, the extent of the information covered, and number of practical activities and discussions that could be accommodated in the time available.

Only a minority of suggestions for improvement related to the course content itself, and not one person suggested any need for improvement in the facilitation style, attitude, or behaviour of their course teacher.

Reflecting after the birth

Birmingham Women's Hospital facilitates more than 6000 births each year. About one in five of these women take part in Preparation for Birth courses.

The Hospital laid down criteria for the way the evaluation was conducted. Women had one opportunity to be recounted into the 'before course and after birth' evaluation by opting in before the course. There was no facility for a follow-up request to non-respondents. Those attending courses were invited to complete the 'end of course' feedback form but only those who had consented before the course would be written to after their baby's birth to provide 'after birth' information and views. Of those who booked courses between October 2005 and March 2006, about half agreed to participate in the course evaluation before and after giving birth.

Three to six months after the expected birth date, we contacted the 333 women who had agreed to participate in our follow up survey, and enclosed a questionnaire for any companions too. We wanted to learn about their experiences of birth and the extent to which they had used the information and skills discussed in courses during labour, birth, and in the first few months with their baby.

In total 56 parents gave us their views, 70% of whom were women (39). As the response rate was so low (no follow up mailing was permitted by the Trust), few inferences can be drawn.

However, some descriptive statistics are provided for information along with qualitative feedback from parents collected at the post-birth focus groups.

Overall, 89% (45 parents) had participated in a course comprising three 2-hour sessions, 9% (n = 5) had taken part in a one-day session, and 2% (n = 1) had attended a twins course.

Birth experiences

Table 11 shows the intervention rates for those women who responded to the survey. Because of the low numbers taking part in the evaluation, it is not possible to compare these intervention rates with those of all women giving birth at Birmingham Women's Hospital, or national rates.

Table 11: Intervention rates of women surveyed

| | Number | % survey |
|------------------------------|--------|----------|
| Caesarean | 6 | 15% |
| Instrumental | 10 | 26% |
| Spontaneous vaginal delivery | 23 | 59% |
| Total number | 39 | 100% |
| Induction | 10 | 26% |
| Epidural | 9 | 23% |
| 'Normal birth' | 14 | 36% |

Note: A 'normal birth' is a birth with little or no intervention, defined here as with no induction, no epidural, no caesarean, and no forceps or ventouse.

Table 12: Type of birth of 39 women surveyed

| Facilities and procedures | Number had/used this | Number wanted, didn't have/use | % had / used this | % wanted, didn't have/use |
|--------------------------------|----------------------|--------------------------------|-------------------|---------------------------|
| 'Low tech' and self help | | | | |
| Focused breathing | 30 | 2 | 77 | 5 |
| Natural ways to cope with pain | 21 | 7 | 54 | 18 |
| Birth ball | 22 | 5 | 56 | 13 |
| Birth pool | 4 | 12 | 10 | 31 |
| Hand-held monitoring | 11 | 0 | 28 | 0 |
| Interventions | | | | |
| Electronic monitoring - belt | 23 | 0 | 59 | 0 |
| Acceleration | 9 | 0 | 23 | 0 |
| Induction | 10 | 0 | 26 | 0 |
| Forceps or ventouse | 10 | 0 | 26 | 0 |
| Epidural | 9 | 1 | 23 | 3 |
| Caesarean | 6 | 0 | 15 | 0 |

Because of the small response rate it is not possible to directly compare feedback from the 'end of course' questionnaires with the 'after birth' evaluation. However it appears that women were less likely to have used birth pools and natural ways to cope with pain than they wanted. They were more likely to have had forceps, ventouse, acceleration, induction, and caesarean births than they planned before the birth (see Table 13). At the end of the courses, the top five things that women said they wanted to avoid were caesarean (93%), forceps and ventouse (89%), epidural (82%), acceleration (73%), and induction (79%). Between one in four and one in six of the women who completed questionnaires after birth had these interventions (15% to 26%).

Twenty-two women out of 39 used a birth ball (56%) and 21 out of 39 used natural ways to cope with pain (54%). However, seven women (18%) said they wanted to, but did not use natural ways to cope with pain and twelve women (31%) would have liked to use a birth pool but were unable to (see Table 12). These findings merit further investigation because they suggest that parents' needs and choices are not always met. This may be contributing to a higher than necessary use of medical procedures.

Unfortunately, some parents commented that the labour ward was not organised in a way that would help them use the preparation that they had had during the course.

“There were heaps of things we talked about in the course but they weren't on offer when we actually got down to business... like birth balls and that.” (white dad in his 20s)

“I wanted to use a pool but it was not available. The midwives were really good

about it, but it was disappointing because I got all excited from the course but then couldn't use it.” (white mum in her 40s)

Table 13: Women's birth experience compared to their hopes before the birth

| Facilities and procedures wanted | % wanted end of course | % did have/use |
|------------------------------------|------------------------|----------------|
| 'Low tech' and self help | | |
| Straightforward birth-self defined | 98 | 60 |
| Focused breathing | 90 | 77 |
| Natural ways to cope with pain | 82 | 54 |
| Birth ball | 74 | 56 |
| Birth pool | 45 | 10 |
| Hand-held monitoring | 15 | 28 |
| Interventions | | |
| Electronic monitoring - belt | 11 | 59 |
| Acceleration | 5 | 23 |
| Induction | 4 | 26 |
| Forceps or ventouse | 1 | 26 |
| Epidural | 6 | 23 |
| Caesarean | 1 | 15 |

In 'end of course' questionnaires 97% of parents said they knew what to expect at the birth, but in the follow up questionnaire only 59% said that the birth had been as they had expected (see Table 14).

All women and men said that midwives supported them during the birth and 69% said they 'strongly agreed' that midwives supported them.

Table 14: Changes in parents' views over time

| Expectations | % before course | % end of course | % after birth |
|--|-----------------|-----------------|---------------|
| Midwives will / did support me | 94 | 97 | 100 |
| I will / did say no to things | 93 | 100 | 96 |
| I am / was not afraid to ask for things | 90 | 100 | 98 |
| I know / had the kind of birth I want | 76 | 94 | 58 |
| I feel / was confident about the birth | 52 | 93 | 85 |
| I know what to expect / had birth I expected | 45 | 97 | 59 |

Only six out of ten parents said that they had the type of birth they wanted (58%). In discussion groups and interviews, parents commented that they had found birth more ‘medicalised’ than they would have wished.

“I had a straightforward birth, but even so the rooms were very clinical and uninviting. It wasn’t at all how I expected. I could not use my music or candles, but luckily James came relatively quickly.” (white mum in her 30s)

“The nurses looked after us but it was all a bit of a blur, with so much equipment and people bustling in and out.” (white dad in his teens)

Eight out of ten said that, overall, they felt confident during labour and birth (85%). Sixteen out of the seventeen fathers responding (94%) said that they felt confident.

“I felt pretty calm, considering. I think I was well prepared and that made me more confident that I knew what was going on.” (black mum in her 20s)

Looking back after the birth, eight out of ten parents said that the Preparation for Birth course had helped them feel more confident during labour. About four out of ten said the course made them feel ‘a lot more confident’ (38%), a similar proportion thought the course made them feel ‘a little’ more confident (44%) and 18% said the course did not change how confident they felt.

Information about birth

Parents reported which information about pregnancy and birth from the courses they had used most in practice. The most commonly used content included general information about birth and changes to women’s bodies, ideas to help women have the type of birth they wanted, and ways to help parents feel more relaxed and cope better during labour (see Table 15).

Table 15: Parents’ use of course information

| Topics | % used a lot | % used little | % not used | % not covered |
|--------------------------------------|--------------|---------------|------------|---------------|
| General info about birth | 63 | 31 | 6 | 0 |
| Body changes | 48 | 32 | 7 | 13 |
| Help have type of birth | 48 | 33 | 19 | 0 |
| Help cope in labour | 48 | 37 | 13 | 2 |
| Ideas to help feel relaxed | 46 | 41 | 13 | 0 |
| Confident about preg | 44 | 30 | 11 | 15 |
| Ideas about different types of birth | 44 | 41 | 13 | 2 |
| Skills for labour | 41 | 44 | 13 | 2 |
| Info about pregnancy | 36 | 45 | 8 | 11 |
| Confident about birth | 33 | 52 | 13 | 2 |
| Ideas for supporting partner | 30 | 41 | 22 | 7 |
| Life with a new baby | 24 | 50 | 7 | 19 |
| Confident to make choices | 23 | 62 | 13 | 2 |
| Info about caring for baby | 21 | 50 | 7 | 22 |
| Info to be healthy | 19 | 46 | 15 | 20 |
| Confident baby caring | 19 | 44 | 11 | 26 |
| Info about being parent | 17 | 48 | 7 | 28 |
| Places to get help or support | 7 | 38 | 37 | 18 |
| Ways to make friends | 6 | 15 | 59 | 20 |
| Ways to meet other parents | 4 | 9 | 54 | 33 |

Life with a new baby

We asked parents about whether they had used any of the information from courses in their first few months with their new baby.

Parents were more likely to use information about feeding their baby than other topics.

“They covered the different ways to feed babies and that influenced my choices.” (black mum in her 30s)

“I was planning to use formula but they encouraged me to try breastfeeding and I did. I’m still breastfeeding!” (white mum in her 20s)

However, apart from baby feeding topics, which most parents agreed were covered in the course, one third to one half of parents felt that the courses had not included information about different aspects of life with a new baby (see Table 16).

“Looking back, I can’t remember covering any of these things – certainly not in any detail. It would have been helpful if we had though as I really need that information now.” (white mum in her 20s)

The least commonly used information included ways to meet other parents and places to get help and support. Nearly nine out of ten parents said that the course did not cover or had not helped them meet other parents (87%). They were also unlikely to use information about relationships and sex, and more than half of those responding

felt that these topics had not been covered.

One quarter felt that the courses had not covered information about being a parent or caring for a baby. In discussion groups, interviews, and open ended questionnaire feedback, this was a key theme.

“The course focused on birth, which is fine, but it should have been longer and covered the basics of baby care. This is a big omission.” (white mum in her 20s)

“I left the course none the wiser about looking after a bub. There is only so much guys can do at the birth, but birth is just the start of it and there should be more about what you actually do with the baby once you get her home.” (Asian dad in his 30s)

Table 16: Use of information about life with new baby

| Topics | % used a lot | % used little | % not used | % not covered |
|-----------------------------|--------------|---------------|------------|---------------|
| Breastfeeding | 43 | 27 | 17 | 13 |
| How to feed baby | 35 | 35 | 11 | 19 |
| Tiredness | 21 | 35 | 11 | 33 |
| Changing nappies | 17 | 17 | 33 | 33 |
| Realities of life with baby | 15 | 38 | 7 | 40 |
| Crying and sleeping | 11 | 33 | 13 | 43 |
| Sex after childbirth | 6 | 20 | 20 | 54 |
| Changes in relationship | 6 | 22 | 20 | 52 |
| Where to turn for help | 6 | 28 | 28 | 38 |
| Where to meet other parents | 0 | 13 | 33 | 54 |

Interestingly, in ‘end of course’ feedback forms, parents did feel that the courses had covered ‘being a parent’ and caring for a baby to some

degree. But reflecting after birth, parents felt that there was insufficient information on these topics.

“When you’re doing it (course) and you get to the end, there’s just so much to take in in such a short time. It might seem like things like feeding and sleeping are mentioned, but then when you actually come down to doing it you realise that the courses just don’t have time to cover any of that stuff – and it is that stuff that you need!” (white mum in her 40s)

Despite this, two thirds of parents did feel that the Preparation for Birth course had made them feel more confident about life with a new baby (65%). One in five said the course made them feel ‘a lot more confident’ (20%).

Two thirds of parents said that the course had made them feel more confident about feeding their baby (66%). Nearly a quarter (23%) were a lot more confident, but 34% said that the course had made no difference to their confidence about feeding their baby.

Six out of ten parents said they had ‘mainly breastfed’ their babies in the first three months after birth compared to 80% who planned to mainly breastfeed at the end of the course. Fifteen percent had mainly used formula (compared to 5% planning this at the end of the course) and 25% had used a mix of breastfeeding and formula.

Future developments

We asked parents whether there were any topics that should be covered or changes that could be made to courses to make them more useful. Parents provided 37 responses. The most common was a request to include much more information about life with a new baby.

- Half of all parents who answered this question suggested that they would have benefitted from more information about postnatal issues (49%).
- Parents also suggested that courses should be longer or have more sessions so they can cover topics in more depth (16%).
- They suggested setting up a reunion of course attendees after birth, giving out people’s telephone numbers to help parents stay in touch with one another, and more social contact and introductions within the courses themselves (15%).
- They wanted more detailed information about baby feeding (16%) and more practical exercises included such as changing nappies and positioning for feeding (10%).
- Some parents said they would have liked more focus on potential problems and procedures, such as the impact of hypertension and reasons for needing caesareans (8%).
- Others suggested a tour of the birth centre and hospital rooms would be helpful (3%).

Main trends

This report has provided a summary of the feedback collated to date about antenatal courses run at Birmingham Women's Hospital between October 2005 and September 2006.

Positive Outcomes

- Parents seem very happy with the quality of courses available. All those attending would recommend the courses to someone else.
- Parents feel that they learn a great deal about pregnancy, birth, and life with a new baby from the courses and this is supported by 'before' and 'after' assessments.
- The courses enabled parents to feel more confident and able to make choices.
- After attending courses, parents were:
 - ◆ more aware of different types of birth,
 - ◆ more confident in their abilities,
 - ◆ likely to feel empowered to make decisions,
 - ◆ and more likely to feel confident about baby feeding and baby care.
- After the course, parents were more likely to say that they wanted to exclusively breastfeed than before the course. At the end of the courses, 80% of those attending wanted to breastfeed, rather than bottle feed or mix breastfeeding with bottle feeding.
- Parents said that they used the information and skills they learnt in the courses during labour and in the months after birth.

Limitations

- After completing their course, parents still wanted to know more about monitoring, acceleration, focused breathing, induction, and natural ways to cope with pain.
- While courses made women more confident about using birth pools and birth balls, they sometimes found that these things weren't available to them during labour.
- They also wanted to know more about life with a new baby. After attending the courses and again after having had a baby, many parents said life after birth was covered in less depth than they would have liked.
- The courses do not seem to be offering parents an opportunity to get to know each and make new friends. Mutual support can be a key benefit of antenatal education, but the short length of these courses may limit the scope for forming lasting relationships.

Suggestions for Improvement

- The most common suggestion for improvement from parents was extending courses, so postnatal issues could be covered in detail.
- In focus groups, parents from minority ethnic groups and those from less advantaged socio-economic groups suggested that they would like courses to be run in community centres or other 'more accessible' venues.

Recommendations

- Birmingham Women's Hospital and the NCT could consider how courses are currently signposted to women and men. Information about courses could be given out when women initially book their maternity care, rather than waiting for parents to enquire about courses. More promotional posters and fliers could be distributed in community venues and health clinics.
- Women could be sent an email acknowledgement or telephoned to say that their booking form has been received, to alleviate anxieties about delays in formal confirmation about when courses will begin.
- It may be helpful to investigate the possibility of working jointly with Children's Centres and other community venues as locations for antenatal courses and postnatal reunions. This may help to address the concerns of parents who did not attend antenatal courses because they did not feel comfortable in the hospital environment.
- There is a definite need to consider how to meet parents' need for further information about life with a new baby and their requests for more social interaction and follow up activities. A more explicit focus within the courses on sharing telephone numbers and organising informal get-togethers might help parents to build a supportive social network with minimal cost to the Trust.
- The partnership between Birmingham Women's Hospital and the NCT could be expanded to provide other types of courses to help bridge the transition between pregnancy and parenthood.

Overall, feedback suggests that the partnership between the NHS and NCT is meeting parents' expectations and providing a high quality of information and support.