

The Research section

In the **Research** section this issue, an analysis of a recent well-publicised study on independent midwives, a comprehensive overview of the research on co-sleeping and a look at the quality of postnatal care offered to new mothers.

NCT antenatal classes 2009: our service from the parents' point of view

Caroline Muller, the NCT's Research and Evaluation Officer, and Mary Newburn, Head of Research and Information at the NCT, report on a survey of users' view of NCT antenatal classes.

The NCT is fully committed to providing antenatal classes as one of its core services for parents. Studies have shown that there is considerable uptake of antenatal classes, particularly among first-time parents.^{1,2,3} A recent review of antenatal group-based parenting programmes concluded that evidence is limited, but suggested that they may 'improve a range of outcomes such as dyadic adjustment, maternal psychological well-being, parental confidence, and satisfaction with the couple and parent-infant'.⁴

NCT research suggests that women and men value meeting other parents-to-be, gaining information about labour and birth, and being able to discuss issues of common concern.^{3,5} Paid-for classes, attended by around 9% of first-time parents interviewed for the National Perinatal Epidemiology Unit study,² tend to include more sessions in a course and involve fewer parents, so there is more opportunity for discussion and small group work. Parents attending NCT classes have reported very high rates of satisfaction with the amount of factual information provided (men, 94%; women, 96%) and an increase in confidence about giving birth as a result of attending the course (men, 92%; women, 93%).^{6,5} It was suggested that optional extra classes might be offered, as well as 'offering classes which run into the period after the birth'.⁶

New NCT services

Since that research was published, a number of developments have been made to the services the NCT offers. These include the development of integrated courses which run from during pregnancy into the postnatal

period, roll-out of postnatal Early Days courses^{7,8} and the development of telephone helplines.⁹ It is important for the NCT to know how parents regard the services provided. A decade after the last major evaluation^{5,6} it was agreed that there should be another nationwide survey of parents attending NCT antenatal courses.

The aim was to explore the self-reported information and support needs of both women and men, evaluate their perceptions of their knowledge and confidence, and their experiences and views of antenatal courses. The evaluation involved parents completing a post-course questionnaire and a follow-up questionnaire when their baby was about three months old, at a time when they could reflect on their experiences of birth and the first few weeks of parenthood. The questionnaires focused on preparation for labour and birth, feeding and life with a new baby, and the contribution of the NCT course. This article provides a summary of findings for the post-course survey only. A report will be published providing full results in 2010.

The survey

All women and their partners who attended an NCT antenatal course ending in May 2009, and who had given their consent to be contacted by the NCT, were eligible to take part in the study. Where an email address was provided, women were sent an embedded link to the questionnaire, and also asked to forward a link to their partner so that they could complete an on-line partners' questionnaire. A small number of parents with no active email address were sent a questionnaire by post. One and three weeks



after dispatching the first email and letter, first and second reminders were sent.

Who participated?

Out of 3153 parents, 931 completed the questionnaire. The response rate for pregnant women (739/1589; 47%) was considerably higher than for partners (192/1564; 12%). Half of the respondents were in their early 30s. A third were over 35 years old; 16% were aged 29 or younger. The respondents were nearly all first-time parents, and most (84%) were highly educated with a degree-level education. Some 81% had a White British ethnic background. Another 13% had another White origin, 6% had an Asian, Black or Mixed ethnic background.

Most respondents attended a standard full-length course with a total length of 16-20 hours teaching time over several weeks (73%) or in an 'intensive course,' lasting 12-15 hours (26%). There are various formats for courses, and features usually involve some women-only and some partner-only sessions, a breastfeeding class led by a breastfeeding counsellor, and a postnatal reunion which all the parents are invited to attend with their babies, after the last baby has been born. The average size of the class was between six and seven couples, with three-quarters of the courses attended by six-to-eight couples.

Why parents booked an NCT course

The top reason for 59% of the pregnant women in this study to book an NCT antenatal course was to meet other parents. Another 13% attended the course because a friend recommended it. Every tenth woman who attended an antenatal course wanted to

get evidence-based information (10%) or to prepare for becoming a parent (10%). The findings suggest that the courses were able to satisfy the women's perceived needs and preferences. Out of 688 mothers, 645 (94%) said that the course met their needs. Nearly all mothers (99%) felt the course provided the opportunity to meet other parents. Another 95% said the course provided them with evidence-based information from a reliable source; 89% felt they received a good preparation for becoming a parent.

Plans for birth

A majority of women were planning to have their baby in a hospital labour ward (53%). Some 11% planned a home birth, while 36% planned to give birth in birth centre, either alongside a hospital (28%) or in a free-standing unit (8%). These proportions are strikingly different from those for a general population. The Healthcare Commission survey reported percentages for place of birth of 93% in hospital, 5% in a birth centre and 2% at home.¹⁰ The vast majority of women, irrespective of their planned place of birth, felt the course met their needs.

In terms of preferences for labour and birth, most women said they wanted to have 'a minimum quantity of drugs to keep the pain manageable' (66%). Another 23% would ideally prefer a completely drug-free labour and 7% planned the most pain-free labour that drugs could give them. A further 4% did not choose one of the given options. This is a comparatively high proportion of women who are willing to experience pain in order to have a drug-free labour compared with other studies.¹¹ Over 95% said they would use natural ways to cope with

contractions such as movement, different positions and focused breathing, and 71% wanted to use a birth pool. Nearly one in ten women would like to have an epidural (9%).

Preparation for birth: knowledge and confidence

Having attended the course, the participants were asked to rate their knowledge of birth-related topics. The majority felt they knew a lot about using different ways to cope with pain such as using movement and different positions, using a birth pool and other natural ways. Knowledge of focused breathing as a specific approach was slightly less common. A very high level of knowledge was reported concerning epidural and caesarean section (see table 1).

The participants were asked to rate their level of confidence after the course and also, retrospectively, before the course. For both women and their partners, confidence about birth increased significantly compared with how they said they felt before the course (Wilcoxon, $p < .01$). Very few participants felt confident before the course; around half felt confident about birth afterwards (see table 2). In an open-ended question the parents-to-be were asked what had influenced their level of confidence. The most common answer was the information given, often in combination with the opportunity to discuss the topic with peers and the teacher, which lead to a higher level of knowledge and confidence.

'Knowledge - plain and simple. You can't go into everything, but the opportunity to speak and work on tasks with people going through the same thing with someone who has some training and can answer most of your questions, no matter how trivial, has been of great benefit to us both.' (partner, 25-

29 years old, White British)

Some women said that attending classes was not sufficient to increase their confidence, as the unknown reality of labour was still daunting, and a few women felt that gaining more knowledge created additional anxiety.

'I think that the more I know, the more worried I am becoming. This is no reflection on the course, just the way I feel!' (mother, 30-34 years old, White British)

Confidence about birth after the course was higher for women who planned to give birth at home (68%) or in a free-standing birth centre (62%) in comparison to women who planned to give birth in a hospital (45%) or birth centre next to a hospital (44%) (Mann-Whitney, $p < .01$).

A comparison between the two most common course formats showed that women who had attended a full-length course were more likely to feel confident about birth than women completing intensive courses (Mann-Whitney, $p < .01$).

Plans and preparation for baby feeding

Nine out of ten women said they planned to breastfeed exclusively during the first three months (92%). Another 7% wanted to feed the baby with a mixture of breastfeeding and formula milk. The level of self-reported knowledge about baby feeding was relatively high: 87% of the women and 83% of the partners felt they knew a lot or all they needed to.

Thinking back, women and their partners felt that their confidence about feeding had increased considerably at the end of the course (Wilcoxon, $p < .01$); 5% of women said they had felt confident about feeding before the course compared with 29% feeling confident afterwards. The increase in partners' confidence was even greater (see table 2). A few women expected there might be difficulties and were therefore not completely confident. The knowledge of available support from an NCT breastfeeding counsellor and health professionals, on the other hand, was often mentioned as factor which improved confidence.

'(I am) aware that it is not always easy but that help is available.' (mother, 35-39 years old, White British)

Knowledge of and confidence about feeding after the course was lower for

Table 1: Parents who 'know all they need to' or who 'know a lot but want more information' rather than 'know a little and want more'

	Mothers		Partners	
	N	%	N	%
Knowledge of birth related topics				
Epidural	715	97*	181	95*
Caesarean section	695	95*	178	93*
Using movement and different positions	701	95	185	96
Natural ways to help cope with contractions	695	94	175	92
Using a birth pool	673	92	172	90
Focused breathing to cope with contractions	622	84	164	86
Knowledge of feeding				
Baby feeding	606	87*	145	83*
Knowledge of life with a new baby				
Where to meet other parents	650	93	158	90
Tiredness	646	92*	153	87*
Where to get help	628	90*	154	88*
Changes in your relationship	608	87*	142	81*
Looking after your baby	573	82	144	81
Crying and sleeping	575	82	137	78
Sex after childbirth	566	81*	135	77*

* Significant differences between women and partners, Mann-Whitney, $p < .05$

Table 2: Parents who felt confident rather than 'fairly confident' or 'not very confident'

	Before course		After course	
	N	%	N	%
Confidence about birth				
Women	23	3	356	48
Partners	3	2	104	55
Confidence about feeding				
Women	38	5	201	29*
Partners	9	5	75	42*
Confidence about becoming a parent *				
Women	73	11	253	36*
Partners	27	15	153	87*

* Significant difference between women and partners, Mann-Whitney, $p < .01$

women who attended an intensive course compared with women who attended a full-length course (Mann-Whitney, $p < .05$).

The results suggest that women who planned to breastfeed exclusively felt more knowledgeable and better prepared. Women who planned to use formula (as part of mixed feeding or exclusively) reported both lower knowledge and lower confidence about feeding (Mann-Whitney, $p < .05$).

Life with a new baby

Eight out of ten women and partners reported a high knowledge about looking after a new baby, including coping with crying and sleep issues. Most felt they knew where to get support from professionals and peers. Also eight out of ten women and partners felt they had a high level of knowledge about changes in their couple relationship and sex after birth. (see table 2). Women who had attended a full time course reported a higher knowledge of most topics concerning life with a new baby (except for sex after birth) than women from intensive courses (Mann-Whitney, $p < .05$).

A third of the women in the study and half of the partners said they felt confident about becoming a parent after the course, and their confidence had increased significantly (Wilcoxon, $p < .01$). Responses to the open-ended question suggest that the increase in confidence about becoming a parent was mainly based on a combination of more knowledge, sharing the experience with peers and the assurance to trust in their own abilities.

'At the end of the course I feel better equipped to deal with the pressure and responsibility that comes with parenthood and after discussing impending fatherhood with the other expectant dads I realised that my worries are quite common!' (partner, 35-39 years old, White British)

Many felt they needed to experience motherhood or fatherhood before they became completely confident.

'I cannot say that any level of information would make me "confident". I am expecting that a lot of the information I have been given in the NCT classes will form a very solid base, but that there will also be a lot of learning on the go.' (mother, 25-29 years old, other White)

Summary and conclusion

The NCT antenatal courses provided parents with an opportunity to meet others going through the same experience and get to know other parents' thoughts and concerns. They valued the opportunity to learn in groups, drawing on the teacher's knowledge.

High proportions were planning to give birth in a birth centre or at home, compared with national statistics for place of birth, and similarly high proportions wanted to give birth with no drugs or a minimum of drugs. In contrast, one in ten were planning to have an epidural.

Most attendees said that they felt well prepared and confident about their forthcoming birth. Reported levels of knowledge and confidence about baby feeding and becoming a mother or father were slightly lower. Parents were asked in an open question what had affected their level of confidence, and many emphasised the value of finding out more about where to get help with feeding and parenthood issues after the birth.

The finding that women attending intensive courses felt less confident and knowledgeable than those who had attended longer courses is important. It shows that the shorter courses are not a direct equivalent in terms of preparation for either birth or parenthood. The finding indicates the particular importance of inviting parents attending intensive courses to join NCT branch activities and Early Days postnatal courses, so they can access additional opportunities for social networking, informal support and structured discussion. It is also vital to note that the NCT 'intensive' courses provide more contact time than most NHS-based courses, indicating that the efficacy of limited contact-time courses in all settings may be reduced. The findings will be explored in more detail in the full report, which will include parents' reflections on the usefulness of the course content three months after the birth of their baby.

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