EXECUTIVE SUMMARY

Introduction

Health Canada’s *Family-Centred Maternity and Newborn Care: National Guidelines* state that the central objective of care for women, babies and families is to maximize the probability of a healthy woman giving birth to a healthy baby. In 2002 and 2003, Public Health Units across Ontario received provincial funding to conduct Perinatal and Child Health Survey Strategy initiatives. The Region of Peel Health Department (Peel Health) chose to administer a telephone survey to new mothers from the Healthy Babies/Healthy Children Program, with the following objectives:

1. to obtain baseline information about prenatal class attendance in the Region of Peel;
2. to identify factors affecting mothers’ decisions to attend or not attend prenatal classes;
3. to obtain information about the prenatal information needs and experiences of both mothers who attended prenatal classes and those who did not attend prenatal classes; and
4. to identify areas relevant to the prenatal information needs of expectant mothers which require further follow-up in focus groups with selected groups of women.

Focus group research was designed to achieve the following objectives:

1. to identify more effective means of outreach to all pregnant women to encourage attendance at prenatal classes;
2. to assess needs and determine barriers to attending prenatal classes;
3. to identify ways to improve client comfort levels in classes; and
4. to determine the best means of promoting prenatal classes to all pregnant women.

This multi-faceted study was conducted in order to inform and support evidence-based programs that were designed to improve the health of mothers and infants in the Region of Peel, including the Cities of Mississauga and Brampton and the Town of Caledon.
Methods

The survey sample included mothers from the Healthy Babies/Healthy Children program who resided in Peel Region, delivered a baby between the months of May and October 2003, spoke English and gave their verbal consent to participate in the survey. The targeted sample size was approximately 1,000 completed telephone surveys, stratified by municipality. A survey company (Compustat Consultants Inc.) was contracted to administer the survey on behalf of Peel Health. Data were collected between June and November of 2003.

Fifty-eight per cent of the completed interviews were from Mississauga, 36% were from Brampton and 6% were from Caledon. Brampton and Caledon were somewhat over-sampled, thus the overall results for Peel required “weighting” to eliminate any geographic bias.

Upon completion of the telephone survey, respondents were asked if they could be contacted to participate in focus groups. These consisted of mothers residing in Peel who attended prenatal classes, those who did not attend prenatal classes, and settlement workers who work with pregnant women who are recent immigrants to Canada. Focus groups were conducted by Compustat Consultants Inc. according to a detailed script, and specific questions were asked of each group.

Results

A total of 1,003 telephone surveys were completed, yielding a response rate of 82%. There were 584 completed calls for Mississauga, 357 for Brampton and 62 for Caledon respondents; however after weighting, there were a total of 584 respondents for Mississauga, 318 for Brampton and 39 for Caledon included in the analyses.

Mothers in the survey ranged in age from 17 to 45 years, with a mean age of 30.7 years. The majority of mothers (94%) were either married or living in common-law relationships. English was reported by 71% of mothers as being the language most often spoken in the home. More than half of all mothers (53%) were born in a country other than Canada. When asked to identify the ethnic or cultural group to which their ancestors belonged, 11% identified their ethnic background as English, 9% as Canadian, 8% as Italian, 7% as Portuguese, and 6% as East Indian.

Forty-four per cent of mothers reported having completed university, 27% completed college or trade school and 18% reported that their highest level of education was high school or less. Nearly one-third of mothers (32%) reported
having household annual incomes greater than $80,000, while another third (34%) reported incomes of between $40,000 and $79,999.

Over one-third of mothers (39%) stated that they made their first prenatal visit in the first month of their pregnancy, with an additional one-third (34%) attending their first visit in the second month of pregnancy. About 8% reported going to see their physician or midwife in the fourth month of pregnancy or later.

Forty-five per cent of all mothers reported that this was their first pregnancy. This proportion varied by age of the mother, with nearly three-quarters of mothers less than 25 years indicating that this was their first pregnancy compared to just over one-quarter of mothers aged 35 years or more.

The most frequently reported subjects about which mothers wanted information during their first three months of pregnancy included information about physical changes during pregnancy, nutrition and the growth and development of the fetus/baby. However, half of the respondents indicated that they did not need any information during the first trimester of their pregnancy.

Nearly one-third of mothers (32%) reported that they had attended prenatal classes during their most recent pregnancy. Mothers for whom this was their first pregnancy were much more likely to report attending prenatal classes (58%) compared to mothers who had had more than one pregnancy (10%).

**Mothers Who Attended Prenatal Classes**

Most of the mothers who attended prenatal classes were between seven and nine months pregnant when they started classes, and had someone attend the classes with them. The most frequently cited organizations where mothers from Mississauga attended prenatal classes were the Credit Valley Hospital, the Trillium Health Centre, other agencies, Peel Health and The Birth Experience. The most frequently cited organizations where mothers from Brampton attended prenatal classes were The Birth Experience, Peel Health, other agencies, Credit Valley and the Trillium Health Centre. Although numbers were too small to report, the majority of mothers from Caledon who attended classes used agencies other than hospitals, Peel Health or other health departments.

Among the 56 mothers who attended classes offered by Peel Health, 39% attended the “Pregnancy to Parenting” series, 12% attended the “Pregnancy to Parenting with Fathering Component” series, 7% attended “Early Beginnings” and 7% attended Teen Prenatal Classes. However, over one-third of these mothers (36%) did not know which of the Peel Health Prenatal series they attended.
Of the 241 mothers in the survey who attended prenatal classes offered by an organization other than Peel Health, nearly two-thirds said that they did not know that Peel Health offered prenatal classes. More Brampton mothers reported being aware of Peel Health classes (49%) than mothers from Mississauga (28%), despite the fact that Peel Health offers and promotes classes in both municipalities. Mothers in the survey most often reported being informed about prenatal classes by their doctors (40%), hospital prenatal services (28%) and family members or friends (21%).

When asked what it was that made them decide to attend prenatal classes, 65% of mothers wanted to learn about preparing for labour, birth and after the baby was born, 14% wanted to learn everything or as much as possible and 12% wanted to learn about having a healthy pregnancy. Ninety-one per cent of those who attended prenatal classes were either very or mostly satisfied with the classes they attended.

Mothers in the survey were asked how they would like to receive prenatal education if they could repeat their experience, and while the most frequent response was from books or other print materials (88%), prenatal classes was a close second (87%), followed by obtaining information from the internet (78%) or videos and DVDs (73%).

**Mothers Who Did Not Attend Prenatal Classes**

Sixty-eight per cent of mothers in the survey did not attend prenatal classes. When asked whether they were aware of any prenatal classes they could have attended, 79% responded that they had been aware of such classes. Only 20% reported that a doctor or midwife had recommended attendance at prenatal classes, although proportions were higher among younger mothers (35%) and first-time mothers (39%).

Mothers in the survey who were aware of prenatal classes were then asked why they decided not to attend classes for this pregnancy. Half of these mothers indicated that this was not their first pregnancy, one-quarter said that they did not think the classes would be worthwhile or that there would be any new information offered, and scheduling conflicts were reported by another quarter of mothers.

Among mothers who indicated that they were not aware of prenatal education classes, just under half reported that they would have considered attending had they been aware (46%), while a slightly larger proportion reported that they would not have considered attending these classes (48%). Mothers for whom this was their first pregnancy were more likely to say that they would have considered attending (66%) compared to mothers for whom this was a subsequent pregnancy (39%).
When asked where they obtained pregnancy information during their most recent pregnancy, half of these mothers cited books or magazines as the most frequent source of prenatal information (51%), followed by their doctor (46%) and the internet (27%).

Mothers aged 30 years or more, mothers who had completed post-secondary education, and mothers who had had a previous pregnancy were more likely to say that taking prenatal classes was very important compared to mothers in other demographic groups. When mothers who did not attend prenatal classes but did receive some type of pregnancy information were asked how satisfied they were with the prenatal information that they received, 94% said they were either “very satisfied” or “mostly satisfied”. If they had it to do all over again, 65% of mothers who did not attend prenatal classes for this pregnancy would still want to receive prenatal education through these classes.

**Focus Group Participants**

Among mothers who had attended prenatal classes, 15 participated in the focus group sessions. Nearly three-quarters (73%) felt that the classes they had attended were valuable. Topics found to be helpful included labour and delivery breathing techniques, forms of pain relief, specific information for fathers and information about breastfeeding. However, the focus group sessions helped to identify that certain information was missing from the content of these classes:

1. information about what to expect in the hospital, whether birth plans would be followed, alternative pain relief options and what would happen if problems should arise;
2. detailed and realistic information on initiating breastfeeding and the difficulties that mothers can encounter;
3. information about formula or other feeding alternatives;
4. information about infant care including bathing, caring for a sick child, changing diapers, feeding the baby;
5. information about special circumstances such as post-partum depression or having a Caesarean section (C-section); and
6. information about other parenting or prenatal resources available in the Region of Peel.

When mothers who took prenatal classes were asked how they thought Peel Health should promote their classes, the most frequent responses were to distribute information at doctors’ offices, during the hospital prenatal registration or on a website. They felt that Peel Health needs to do something to make its promotional materials more attractive and its services more well-known.
Among mothers who did not take prenatal classes, 12 agreed to participate in focus group sessions. When asked why they chose not to take classes, some mothers indicated that the cost of the classes was a deterrent, while others mentioned their lack of awareness or their perception that the classes would not be worthwhile.

Some mothers were dissatisfied with their ability to get information from their doctors: either the doctor did not spend enough time or did not make the mother feel comfortable enough to ask questions. These mothers also identified certain gaps in information that might have been helpful to know in advance:

1. information about prenatal screening procedures and the probability of getting false results;
2. information about what to expect in the hospital, whether birthing plans would be followed, what to ask and how to deal with hospital staff;
3. realistic information about breastfeeding, and consistent instruction on techniques; and
4. information on resources available in the community, including those of Peel Health.

**Settlement Workers**

A total of 14 settlement workers participated in the focus group sessions. They identified several unmet needs experienced by new immigrant women who are pregnant, most important of which were an initial lack of medical insurance (Ontario Health Insurance Plan – OHIP) coverage, a lack of finances or employment and a lack of services available in their language.

The greatest barrier to prenatal class promotion and attendance identified by settlement workers was that of language. These workers reported that, while they refer their clients to services, they would have an easier job of promoting prenatal education classes if they were offered in various languages, if interpreters or facilitators were available or if clients could be paired with another woman who could provide some interpretation.

Financial difficulties were also cited as a major barrier; workers felt that many clients would not be able to afford prenatal classes even if they were aware of them and were willing to attend. They also identified that publishing fees for prenatal classes could act as a deterrent for some new immigrants, despite the fact that the fees could be waived.
Further barriers to prenatal class attendance identified by settlement workers included transportation, the timing and distance of classes, a lack of awareness of the availability of these classes, a lack of acceptance of the idea of prenatal classes and the presence of men in the classes.

Conclusions

Mothers attend prenatal classes for a variety of reasons and are generally satisfied with these classes. Initial concerns about the low proportion of mothers who attend Peel Health Prenatal Education Classes have been tempered by the results of these studies.

First, it appears that mothers attend classes more often for their first pregnancy than they do for subsequent pregnancies. Since only 45% of all births are to first-time mothers, this would automatically limit the number of mothers interested in attending classes.

Second, Peel Health is not the only provider of prenatal classes. Mothers from Mississauga were much more likely to attend classes being offered by hospitals in that municipality, while in Brampton, The Birth Experience was the most commonly-used organization.

Third, Peel Region is comprised of people from many different cultures and backgrounds. Some new immigrants are not accustomed to the availability of such classes, and would normally rely on assistance from family members for their prenatal needs. Even once they are informed, they may not be as likely to participate, especially when at present, the classes are only offered in English.

Fourth, many women in these studies were not aware of the availability of classes offered by Peel Health. More promotion of these classes needs to be done, particularly among first-time mothers, new immigrants and women with lower income and education.

Fifth, some women would find the cost of the classes to be a deterrent, and even with the ability to waive the fees, may feel sufficiently stigmatized as to not want to register. (Since the collection of these data, Peel Health has implemented a plan to cease collecting fees for prenatal classes, effective January 1, 2005).

Sixth, as mentioned by some women in the focus group sessions, there exists a misconception that classes offered by Peel Health are intended only for those women who cannot afford private classes. Work must be done to clarify that even if classes are at no cost, the quality of education remains high.
Lastly, other barriers such as time and location must be continuously assessed for fit with community needs.

**Recommendations**

The following recommendations are based on results from the telephone survey as well as the focus group sessions. However, the limited number of participants in the focus groups means that results of this research are not necessarily representative of all new mothers or settlement workers in the Region of Peel. Nevertheless, these recommendations can assist all prenatal class providers in improving the development and delivery of prenatal education resources for pregnant women and their partners. Thus, it is recommended that:

1. Peel Health define its key target audiences for prenatal education in keeping with its current mandate to provide prenatal education to those who experience barriers to accessing services.
2. Peel Health refine its marketing strategy to more selectively engage those target groups.
3. Peel Health specifically focus on physicians as key informants of the importance and value of prenatal education.
4. Prenatal class providers continue to address the issues of class size, time and location to ensure that what is offered best meets the needs of the consumer.
5. Peel Health clearly communicate its fee structure, and the fact that as of January 1, 2005 no fee will be required.
6. Peel Health investigate the potential of providing classes that better meet the needs of non-English speaking citizens. This could include translated material, use of interpreters, support persons, and English as a Second Language (ESL) class formats.
7. Prenatal class providers review their curricula to ensure sufficient information on what to expect in the hospital, information on early breastfeeding, infant care and community resources.
8. Peel Health continue to stay abreast of the prenatal information needs and preferences of new mothers through continued research in this area.
9. Peel Health consider further use of print, video and internet options for communicating prenatal information.
10. Peel Health follow up with periodic evaluations of its current prenatal classes and incorporate feedback to improve service delivery.