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[Intervention Review]

Individual or group antenatal education for childbirth or parenthood, or both

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ABSTRACT

Background

Structured antenatal education programs for childbirth or parenthood, or both, are commonly recommended for pregnant women and their partners by healthcare professionals in many parts of the world. Such programs are usually offered to groups but may be offered to individuals.

Objectives

To assess the effects of this education on knowledge acquisition, anxiety, sense of control, pain, labour and birth support, breastfeeding, infant-care abilities, and psychological and social adjustment.

Search methods

We searched the Cochrane Pregnancy and Childbirth Group's Trials Register (April 2006), CINAHL (1982 to April 2006), ERIC (1984 to April 2006), EMBASE (1980 to April 2006) and PsycINFO (1988 to April 2006). We handsearched the Journal of Psychosomatic Research from 1956 to April 2006 and reviewed the reference lists of retrieved studies. We updated the search of the Cochrane Pregnancy and Childbirth Group's Trials Register on 7 July 2011 and added the results to the awaiting classification section of the review.

Selection criteria

Randomized controlled trials of any structured educational program provided during pregnancy by an educator to either parent that included information related to pregnancy, birth or parenthood. The educational interventions could have been provided on an individual or group basis. Educational interventions directed exclusively to either increasing breastfeeding success, knowledge of and coping skills concerning postpartum depression, improving maternal psycho-social health including anxiety, depression and self-esteem or reducing smoking were excluded.

Data collection and analysis

Both authors assessed trial quality and extracted data from published reports.

Main results

Nine trials, involving 2284 women, were included. Thirty-seven studies were excluded. Educational interventions were the focus of eight of the studies (combined n = 1009). Details of the randomization procedure, allocation concealment, and/or participant accrual or loss for these trials were not reported. No consistent results were found. Sample sizes were very small to moderate, ranging from 10 to 318. No data were reported concerning anxiety, breastfeeding success, or general social support. Knowledge acquisition, sense of control, factors

related to infant-care competencies, and some labour and birth outcomes were measured. The largest of the included studies ($n = 1275$) examined an educational and social support intervention to increase vaginal birth after caesarean section. This high-quality study showed similar rates of vaginal birth after caesarean section in 'verbal' and 'document' groups (relative risk 1.08, 95% confidence interval 0.97 to 1.21).

Authors' conclusions

The effects of general antenatal education for childbirth or parenthood, or both, remain largely unknown. Individualized prenatal education directed toward avoidance of a repeat caesarean birth does not increase the rate of vaginal birth after caesarean section.

[Note: the 58 citations in the awaiting classification section may alter the conclusions of the review once assessed.]

PLAIN LANGUAGE SUMMARY

Individual or group antenatal education for childbirth or parenthood, or both

Benefits of antenatal education for childbirth, and the best educational approaches to use, remain unclear.

Antenatal education aims to help prospective parents prepare for childbirth and parenthood. Prospective parents often look to antenatal education to provide important information on issues such as decision making about and during labour, skills for labour, pain relief, infant and postnatal care, breastfeeding and parenting skills. There are many varied ways of providing this antenatal education and some may be more effective than others. The review found nine trials involving 2284 women. Interventions varied greatly and no consistent outcomes were measured. The review of trials found a lack of high-quality evidence from trials and so the effects of antenatal education remain largely unknown. Further research is required to ensure that effective ways of helping health professionals support pregnant women and their partners in preparing for birth and parenting are investigated so that the resources used meet the needs of parents and their newborn infants.