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Women's experiences of, and attitudes to, maternity education across the perinatal period in Victoria, Australia: A mixed-methods approach

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ABSTRACT

Background: While the provision of maternity education across the perinatal period can increase the confidence and self-efficacy in childbearing women, there is still thought to be a lack of effective educational resources for parenthood. This study, conducted in Victoria, Australia, investigated women's experiences of, and attitudes to education communicated in maternity service provision.

Methods: 189 women were recruited from a variety of settings to participate in a mixed-methods survey about their experiences of perinatal health service education.

Findings: Of the sample of childbearing women, 153 (81%) reported attending antenatal classes. Women perceived their antenatal education as beneficial, though many women still felt unprepared beyond labour and birth. With respect to the hospital postnatal stay, findings suggested a variation among the content imparted to women across different Victorian maternity services, (e.g. rural women tended to be more dissatisfied with information received in relation to maternal emotional and physical health). Overall, women wished they had been more informed about breastfeeding and settling techniques, while a lack of information relating to social support initiatives for the postnatal period was also indicated. Women reported that they were missing educational and practical reinforcement of mothercraft skills.

Conclusions: There is a need for a reorientation of perinatal health service education. A health promotion approach is suggested as it extends beyond the physical recovery from birth to encompass psychosocial factors; including perinatal morbidities that can disrupt the quality and experience of the transition to parenthood.

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Statement of significance

Problem or issue

There is growing evidence that maternity care and education may not reliably meet the needs of all childbearing women.

What is already known

Education can facilitate problem solving ability, and thus can increase self-efficacy. New mothers often express a lack of

confidence and this is not always addressed by current service provision, such as, shorter postnatal hospital stays.

What this paper adds

This research highlights maternal concerns specific to areas for improving maternity service provision and education. Such information is important for the sound development of appropriate maternity health service education planning.

1. Introduction

Researchers have identified investment in strategies to promote a 'healthy start to life' as having the greatest potential to reduce

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health inequalities across the life course.¹ Further, the opportunity for health promotion and education targeting antenatal and early postnatal parents is great, since almost all women, regardless of social group or ethnicity, use health services during this time.^{2,3} Despite this, in Australia and internationally, research findings suggest that current maternity care and education may not be reliably meeting the needs of perinatal women.^{4–7}

Although parenthood can be seen as an opportunity for growth, as there are profound biopsychosocial changes, it has been identified as a time of potential stress.^{8,9} Perceived parenting confidence is a key variable in the transition to parenthood, with various studies suggesting that parenting confidence perceptions and maternal self-efficacy can be important protective factors.^{10,11} acting as a buffer against negative outcomes such as parental depression, stress and relationship difficulties.^{12,13} One approach to increasing maternal confidence and self-efficacy is through education.

Ross and Sastry¹⁴ presented a rationale supporting the benefits of effective education and discuss that education develops the ability to solve problems which increases control over events and outcomes in life (p.377). Perceived control is held to reduce stress responses to demanding situations.¹⁵ While the provision of educational resources can create a climate of increased confidence in childbearing women,¹⁶ and while childbirth educators are in a position to offer anticipatory guidance,¹⁷ there is still a wide variability in the range of preparatory classes for parenthood.^{18,19}

To date, there is limited research investigating perceptions of the educational content currently communicated in antenatal and postnatal maternity service provision. As outlined in the National Maternity Services Plan (2011), “*Women’s expectations for their maternity care must be considered and inform strategic service planning initiatives*” (p. 52).

The current study aimed to generate data about women’s experiences of, and attitudes to maternity education. Secondary aims were to identify gaps in education programmes to contribute to the development of instructional content (by proffering innovative strategies to enhance the provision of effective perinatal education), and to identify any associations between perceived benefits and the geographical location of participants’ residence (rural vs. metropolitan) and type of maternity care (private vs. public).

2. Methods

2.1. Study design and procedure

This cross-sectional survey study was conducted across all geographical divisions within the state of Victoria, using data collected in a 2009/2010 state-wide survey of Victorian women. The first author (MB) disseminated the survey to mothers in public settings, such as shopping malls and precincts, across regional and metropolitan Victoria. Data were a convenience sample of women with infants. The direct contact had the advantage of allowing interactions between the researcher and potential participants to provide detailed information about the study, clarify any questions about the survey, and thus reduce barriers to participation in the research. Potential recruitment locations were stratified as metropolitan or regional/rural (henceforth ‘rural’) and were randomly selected as recruitment sites. Information packs and a survey were given to a total of 352 mothers, with a verbal explanation about the study. All the participants had given birth to a live infant in the previous 12 months. This time-based criterion was adopted to minimise recall bias. No identifiable data were collected from any of the participants.

2.2. Measure

A survey instrument was developed by the first author (MB), which included details about perinatal education, help-seeking behaviours, experiences of recent mothers (including perceived confidence on a number of variables related to parenthood, e.g., baby-care skills) and socio-demographic characteristics; combining closed with predetermined response categories with open-ended questions allowing for narrative written responses.

The reliability and validity of the developed survey instrument was not fully tested prior to the study. While content validity was assessed by having a group of recent mothers (n = 12) comment on the relevance and clarity of the survey questions, adequate survey reliability was suggested by suitably high agreement (87%) between five sets of responses to information and attitude questions when the survey was piloted and then re-administered, one week apart.

2.3. Data analyses

We applied a mixed-methods approach (defined as ‘research in which the investigator collects and analyses data, integrates the findings and draws inferences using both qualitative and quantitative approaches or methods in a single study’).²⁰ When used in combination, quantitative and qualitative methods complement each other and allow for a more robust analysis, as the qualitative phase explores the statistical results in more detail by including participants’ views.

A database was built in Statistical Package for Social Sciences (SPSS) to store and analyse quantitative data. Following cleaning and checking, all variables were subjected to univariate descriptive analysis. Bivariate analyses, principally cross tabulations using Chi square tests (χ^2) were performed to identify possible associations between variables. The significance level for the study was set at .05.

Open-ended hand written text responses ranged from a few words to several paragraphs. The responses were analysed using a thematic analysis approach (a method for identifying, analysing and reporting patterns (themes) within the data,²¹ in this case survey transcripts). Emerging themes were examined for connections and repeated patterns of meaning²² to produce a number of subthemes and superordinate themes under each survey section (e.g. antenatal education, postnatal maternity education). While one coder led the analysis, agreement on interpretation of the data and themes involved MB and PR. Themes resulting from the thematic analysis are used throughout for illustration to triangulate and strengthen the quantitative results; representative quotes are included to provide context to support the participating women’s views of the education received across the perinatal continuum.

2.4. Ethics

Ethics approval was obtained from the University Research Ethics Committee (FHEC07/127).

3. Results

3.1. Participants

A total of 189 mothers returned the questionnaire (a participation rate of 54%). The respondents were predominantly of an English-language-background, with fewer than six per cent of participants speaking a language other than English. The demographic characteristics of the participants are shown in [Table 1](#). In brief, the mothers were well educated, likely to be

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