Prenatal Education: Program Content and Preferred Delivery Method From the Perspective of the Expectant Parents

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ABSTRACT
The purpose of this research is to better understand expectant parents' perception of importance regarding a wide range of prenatal education topics and their information delivery method preferences. One hundred and eighty-one expectant parents completed the investigator-developed survey tools. Most of the participants rated each item on the Perceived Importance of Topics survey as "important" or "very important." Overall, the topics of *Newborn Safety*, *Birth*, and *Breastfeeding* had the highest percentage of participants who indicated the topic was "very important." Most of the respondents (47.5%, $n = 86$) indicated that their preference was to attend face-to-face-prenatal education sessions. Additional delivery method preferences are discussed. Findings from this study provide valuable information to inform future prenatal education program content and delivery.

The Journal of Perinatal Education, *25*(4), 232–241, http://dx.doi.org/10.1891/1058-1243.25.4.232
Keywords: prenatal, education, teaching, preferences

INTRODUCTION

The offering of structured prenatal education programs by public health departments, hospitals, midwives, and private and community agencies in developed countries is common practice. In Canada, approximately one third of women and two thirds of first-time mothers participate in some form of prenatal education (Public Health Agency of Canada, 2009). Although the specific goals of prenatal education classes vary, most aim to prepare expectant women and their partners/support persons for childbirth, breastfeeding, and infant care (Gagnon & Sandall, 2007; Jordaan, 2009). Many prenatal education classes are delivered face-to-face in small group settings by health-care professionals, such as public health nurses and midwives. In addition to face-to-face classes, expectant parents can receive prenatal education online through Web-based programs such as The Gift of Motherhood e-learning. Common topics covered in both face-to-face and

online prenatal education include prenatal care, pregnancy-related physical and emotional changes, childbirth, breastfeeding, postpartum changes, parenting roles, and newborn care and safety (Ateah, 2013; Best Start Resource Centre, 2014; Gagnon & Sandall, 2007).

A criticism of prenatal education programs is that most of program content is not based on the needs of program participants but rather what information health-care professionals feel should be imparted (Ateah, 2013; Donovan, 1995; Hillan, 1992; Lee & Shorten, 1998; McKay & Smith, 1993; Nolan & Hicks, 1997). Several studies to date have examined the information needs of expectant parents (Ateah, 2013; Barnes et al., 2008; Deave, Johnson, & Ingram, 2008; Svensson, Barclay, & Cooke, 2008; Youash, Campbell, Avison, Penava, & Xie, 2012). For example, in a study of 6,421 expectant parents, Youash and colleagues (2012) found that primiparous and multiparous women perceived insufficient levels of information on topics such as pain medication/anesthesia, warning signs/complications, formula feeding, and changes in sexual responses. Although this study provides insight into women's perceived knowledge gaps, one limitation of the study is that participants were interviewed several months after the birth of their baby, which may have impacted their recall of their perceived prenatal knowledge gaps.

In another much smaller study, Ateah (2013) surveyed 31 first-time expectant parents to determine their education needs specific to infant care and safety as well as assess current or preferred sources and methods of obtaining information. Results demonstrated that a majority of participants (e.g., 80% or greater) were aware of information such as safe sleep environment, shaken baby syndrome, and expected development prior to attending the prenatal education class. Despite awareness, participants consistently reported that information specifically pertaining to infant care and safety should be made widely available to expectant parents. Although this study provides valuable information, it was limited in that it only assessed the education needs specific to infant care and safety. Other studies have found that expectant parents want information on the risks and benefits of routine procedures used at childbirth (Klein, 2011) and the physical or emotional experiences of early mothering (Barnes et al., 2008). Collectively, these studies have contributed to understanding aspects of the education needs of expectant parents, albeit further research is needed.

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A further criticism extends to prenatal education delivery method. In an effort to determine which educational approaches expectant parents prefer, a systematic review of 13 qualitative studies on prenatal education published between 1996 and 2006 was conducted. The review found that expectant parents preferred small-group learning environments in which they can talk to each other as well as the educator. Although informative, technology has drastically changed since the reviewed studies were published. Accordingly, the antenatal education delivery method preferences of today's expectant parents are largely unknown. It is known, however, that accessing health information online has become commonplace. In fact, according to Fox (2011), 80% of Internet users are searching for health information. Yet, more recently, Ateah (2013) found that participants felt in person presentations are the best format for sharing information related to pregnancy and childbirth. Nevertheless, this study employed a small sample size, and the author recommends that a larger study be conducted to confirm the education delivery method preferences.

Therefore, the purpose of this research is to better understand expectant parents' perception of importance regarding a wide range of prenatal education topics and their information delivery method preferences. This study focuses on pregnant women and their partners or support persons. It is hypothesized that participants will rate most if not all the topics as "important" or "very important" to address in prenatal education programs. However, based on the research discussed earlier that identifies prenatal education information needs or gaps of expectant parents, it is hypothesized that a majority of participants will rate topics including *Labor and Birth*, *Newborn Safety*, *Pregnancy Complications*, and *Postpartum Mental Health and Well-Being* as "very important." Furthermore, it is hypothesized that participants will prefer face-to-face education programs. The findings of the study will be used to inform future prenatal education program content and delivery.

METHOD

Design

This descriptive study employed a cross-sectional, quantitative online survey design. Study protocol was approved by Western University's Health Sciences Research Ethics Board (protocol #104538) prior to the commencement of this research.

Participants and Recruitment

Expectant parents were recruited through community prenatal classes and pregnancy/parent fairs based in London, Ontario, as well as through social media, websites targeted at expectant parents, and word of mouth throughout greater Ontario. To participate in the study, the following eligibility criteria had to be met: (a) a pregnant woman or her partner/support person, (b) 18 years of age or older, and (c) able to read and comprehend English. The study was carried out between January and August 2014. Study information was conveyed either face-to-face or using a recruitment poster. All interested individuals were required to review the study letter of information before completing the survey and were informed that completion of the survey implied their consent to participate in the study.

Measures

Data were collected using an investigator-developed survey. The development of the survey questions was informed by the results of a literature review of primary and secondary sources on prenatal education topics and expert input provided by a local health unit's prenatal health team in London, Ontario.

The survey contained three main sections, which were "Demographic Information," "Perceived Importance of Topics," and "Information Delivery Method Preferences." The first section, "Demographic Information," contained 12 basic demographic questions that included age, income, and ethnicity. The "Perceived Importance of Topics" section covered 15 prenatal education topics: *Shared Decision Making*, *Attachment*, *Prenatal Care*, *Nutrition*, *Physical Activity*, *Physical and Emotional Changes During Pregnancy*, *Pregnancy Complications*, *Birth*, *Social Programs*, *Newborn Safety*, *Newborn Care*, *Breastfeeding*, *Infant Growth and Development*, *Postpartum Health and Well-Being*, and *Preparation for Parenthood*. Each of the education topics contained two to seven subtopics, which addressed specific corresponding questions. The stem question for each of the 15 education topic areas was "How important is it that prenatal education programs address the following topics regarding [insert topic, e.g., nutrition]?" Participants responded to each subtopic question using a 4-point scale ranging from "not at all important" to "somewhat important" to "important" to "very important." Example subtopic questions for the nutrition topic include *Foods that Should Be Avoided During Pregnancy*, *Nutrition Guidelines During Pregnancy*, and *The Risks of Alcohol Use (during and after pregnancy)*. The final section, "Learning Preferences," asked participants about their preferred method for receiving prenatal education information. Four options were provided; *Face-to-face*, *Online*, *Combined face-to-face and online*, and *No preference*. Once participants selected their preferred option they were asked to respond to further questions related to the option selected. For example, if a participant selected *Face-to-face*, the participant was then asked whether he or she would prefer to attend weekly sessions offered over 1–2 weeks, registered sessions with small class sizes throughout various trimesters, or drop-in style sessions with varying group sizes, and whether the participant would prefer to have the same instructor teach all of the sessions. See Table 1 for a copy of the Delivery Method Preference survey.

RESULTS

Two hundred and four participants were initially recruited, however 23 participants were excluded from analysis due to large amounts of missing data. One-hundred and eighty-one participants completed data for "Demographic Information" and "Delivery Method Preferences." One-hundred and seventy-two participants completed all sections of the survey; however in a few cases responses to subtopic items from the "Perceived Importance of Topics" section were missing. Mean scores and percentages for each question are based on the total number of respondents to the individual question.

Demographics

There were 181 expectant parents who completed the survey. The age of respondents ranged from 19 to 43 years old with the average age being 30.26 ($SD = 4.33$). Eighty percent of respondents were expectant females ($n = 144$), and 20% ($n = 37$) were the partner of an expectant female. Most of the sample were married or in a common-law relationship

TABLE 1
Delivery Method Preference Survey

Please read the following options below and select one option that best describes your preference for prenatal education: OPTION A: I would prefer to attend prenatal education sessions that are offered face-to-face. OPTION B: I would prefer to obtain prenatal education information online. OPTION C: I would prefer a combination approach (e.g., attend face-to-face prenatal education sessions and obtain prenatal education information online). OPTION D: I have no preference.	
Option A follow-up questions	A1. I would prefer: Weekly sessions Sessions offered A2. I would prefer: Sessions offered early pregnancy (e.g., trimester 1) Sessions offered midpregnancy (e.g., trimester 2) Sessions offered late pregnancy (e.g., trimester 3) Sessions offered throughout pregnancy (e.g., trimesters 1, 2, and 3) A3. I would prefer: Drop-in style sessions where the size of the group may vary Registered sessions where the size of the class is small (e.g., 12–16 people) A4. I would prefer: That the same instructor teach all the sessions That different instructors teach different sessions No preference A5. I would prefer: Prenatal sessions that are education only and separate from my health assessment or regular checkup Prenatal sessions that combine education and my regular checkup
Option B follow-up questions	B1. How would you like to receive online information? (CHECK ALL THAT APPLY) By reading it By watching videos By receiving text messages By downloading an app downloadable to my mobile phone B2. I would prefer: To receive information online WITHOUT having to register or log-in To register and receive information timed in accordance with my stage of pregnancy B3. I would prefer: To interact with others online (e.g., participate in online discussions) Not to interact with others online
Option C follow-up questions	C1. I would prefer to: Primarily obtain information face-to-face with some topics being addressed online Primarily obtain information online with a few face-to-face sessions for the purpose of skill building and meeting people Plus questions A1–A5 and B1–B3.
Option D follow-up questions	Participants who responded Option D were sent directly to complete the third section of the survey.

(96.1%, $n = 174$) and reported that this was their first pregnancy (71.8%, $n = 130$). Overall, the sample was highly educated, employed full-time, and earned an average annual household income greater than $80,000 CAD. The ethnicity of the sample was primarily White. Please refer to Table 2 for demographic information.

Perception of Importance: Topics

The mean score for each topic area is presented in Table 3. Topic means ranged from 3.11 ($SD = 0.73$) for *Prenatal Care* to 3.66 ($SD = 0.53$) for *Newborn Safety*. Most of the participants rated each item on the Perceived Importance of Topics survey as “important” or “very important.” Overall, the topics of *Newborn*

TABLE 2
Participant Demographic Characteristics

Variable	*n*	%
Expectant female	144	79.6
Expectant partner	37	20.4
Parity		
Nulliparous	130	71.8
Multiparous	51	28.2
Ethnicity		
White	158	87.3
Asian/Asian American	6	3.3
African/African American	1	0.6
First Peoples of Canada	3	1.7
Hispanic	4	2.2
Other	11	6.1
Household income		
Less than $24,999	15	8.3
$25,000–$39,999	16	8.8
$40,000–$59,999	14	7.7
$60,000–$79,999	30	16.6
$80,000–$99,999	37	20.4
$100,000–$149,000	38	21.0
More than $150,000	23	12.7
Prefer not to answer	6	3.3
Missing	2	1.1
Marital status		
Married/common law	174	96.1
Single	6	3.3
Divorced/separated	0	0
Missing	1	0.5
Education		
Graduate or professional degree	56	30.9
Bachelor's degree	49	27.1
College or technical training	58	32.0
Secondary school diploma	13	7.2
Some secondary school	5	2.8
Employment		
Employed full-time	132	72.9
Employed part-time	19	10.5
Self-employed	8	4.4
Student	7	3.9
Unemployed	6	3.3
Other	1	.6
Missing	8	4.4
Previous prenatal education		
Yes	30	16.6
No	76	42.0
Currently participating	75	41.4

Note. Respondents could select more than one option to describe their ethnicity.

TABLE 3
Perception of the Importance of Prenatal Education Topics

Topic	No. of Items in the Scale	*M* (*SD*)
Shared Decision Making	3	3.29 (.68)
Attachment	4	3.51 (.60)
Prenatal Care	5	3.11 (.73)
Nutrition	4	3.29 (.73)
Physical Activity	4	3.23 (.71)
Physical and Emotional Changes During Pregnancy	6	3.37 (.66)
Pregnancy Complications	4	3.39 (.67)
Birth	7	3.61 (.56)
Social Programs	7	3.16 (.82)
Newborn Safety	4	3.66 (.53)
Newborn Care	7	3.39 (.69)
Breastfeeding	7	3.56 (.64)
Infant Growth and Development	4	3.30 (.72)
Postpartum Mental Health and Well-Being	2	3.50 (.59)
Preparation for Parenthood	2	3.20 (.74)

Note. Response scale ranged from 1 to 4: 1 = "not at all important," 2 = "somewhat important," 3 = "important," and 4 = "very important."

Safety, *Birth*, and *Breastfeeding* had the highest percentage of participants who indicated the topic was "very important." Most of the participants also rated the topics of *Pregnancy Complications*, *Newborn Care*, and *Postpartum Mental Health and Well-Being* as "very important." Overall, the data was split between participants who responded "important" and "very important," with no participants rating any topics as "not important at all" and only a few participants rating topics as "somewhat important." In fact, none of the subtopics received a majority rating of "somewhat important" or "not important at all." The topic of *Attachment* had a high percentage of participants who indicated that most of the subtopics were "very important." Only one subtopic within *Attachment* (e.g., *Why attachment is important*) was rated as "important" by the majority of participants. Topics in which the majority of participants were split between rating the topic as "important" and "very important" included *Shared Decision Making*, *Nutrition*, *Physical Activity*, *Physical and Emotional Changes During Pregnancy*, *Social Programs*, *Newborn Care*, and *Infant Growth and Development*. Most of the participants rated the topics of *Prenatal Care* and *Preparation for Parenthood* as being "important."

Perception of Importance: Subtopics

All subtopics within the Perception of Importance survey's 15 topic areas were ranked from the largest to the smallest percentage of participants who responded that the subtopic was "very important." The subtopic *First aid guide for baby care* was ranked the highest, where 70.3% of respondents indicated that this topic was "very important." This subtopic was included under the topic area *Newborn Safety*.

The subtopic *Recommended weight gain during pregnancy* was ranked the lowest, with only 18.7% of respondents indicating that it was "very important." The results for the top and bottom 10 rated subtopics are listed in Table 4.

Program Delivery Method Preference

Most of the respondents (47.5%, $n = 86$) indicated that their preference was to attend face-to-face-prenatal education sessions. The second most selected option was a combination approach where they would attend face-to-face prenatal education sessions and receive information online (37.0%, $n = 67$). Only 6.6% ($n = 12$) of respondents indicated they preferred to receive education information strictly online. Please refer to Figure 1 for detailed results regarding delivery method preference.

Face-to-Face Prenatal Education Session Preferences

All 153 participants who indicated they would prefer a face-to-face or a combined face-to-face and online education approach were asked five subsequent questions about their face-to-face session preferences. Three participants did not provide data for preference options. Seventy percent of respondents ($n = 106$) indicated they would rather attend weekly sessions than condensing sessions over 1–2 weeks. Most of the respondents preferred to have the sessions offered throughout pregnancy (47.3%, $n = 71$); however, 32% of respondents indicated they preferred sessions be held during the second trimester. Furthermore, a large majority of respondents (90.6%, $n = 136$) would rather attend registered sessions with small class sizes as opposed to drop-in style sessions with varying group sizes. Most respondents (56.6%, $n = 85$) also preferred that the same instructor teach all of the sessions, and most respondents (67.3%, $n = 101$) did not want their prenatal education sessions to be tied to their health assessment or regular checkups. A majority (64.2%, $n = 43$) of respondents who selected the combined approach ($n = 67$) as their education delivery method preference reported they primarily preferred to obtain information face-to-face with some topics being addressed online.

Online Education Session Preferences

All 79 participants who indicated they would prefer online or a combined face-to-face and online education approach were asked three subsequent questions about their online preferences. Of these respondents,

TABLE 4
Top and Bottom 10 Subtopic Ratings by Percentage of Participants on the Perception of Importance Survey

Subtopic	Topic	% (*n*)
First aid guide for baby care (e.g., first aid for choking, burn or bleeding)	Newborn Safety	70.3 (128)
Knowing when I am in labor	Birth	66.5 (121)
Comfort measures for coping with labor and birth pain (e.g., position changes, relaxation strategies, massage)	Birth	65.4 (119)
Guidelines to support safe infant sleep (e.g., sleep position, sleep surfaces, and sleep environment)	Newborn Safety	65.4 (119)
Knowing when to contact my doctor or midwife	Birth	64.3 (117)
What a good latch looks and feels like	Breastfeeding	60.4 (110)
Strategies for how to help my baby latch	Breastfeeding	59.9 (109)
Strategies for how to bond with my baby after birth	Attachment	59.3 (108)
Where I can get help with breastfeeding if I am having problems	Breastfeeding	59.3 (108)
How to engage in positive interaction and play with my baby	Attachment	59.3 (108)
Canada's Prenatal Nutrition Program for pregnant women	Social Programs	33.0 (60)
Changes in lifestyle, relationships, and roles	Preparation for Parenthood	32.4 (59)
Strategies to engage in shared decision making conversations with my health-care professionals	Shared Decision Making	30.8 (56)
The importance of regular health-care provider visits	Prenatal Care	30.2 (55)
The benefits of physical activity during pregnancy	Physical Activity	31.3 (57)
How to change a baby's diaper	Newborn Care	30.8 (56)
Baby growth charts	Infant Growth and Development	31.74 (53)
Discrimination during pregnancy	Social Programs	28.07 (48)
Sport participation during pregnancy	Physical Activity	20.9 (38)
Recommended weight gain during pregnancy	Prenatal Care	18.7 (34)

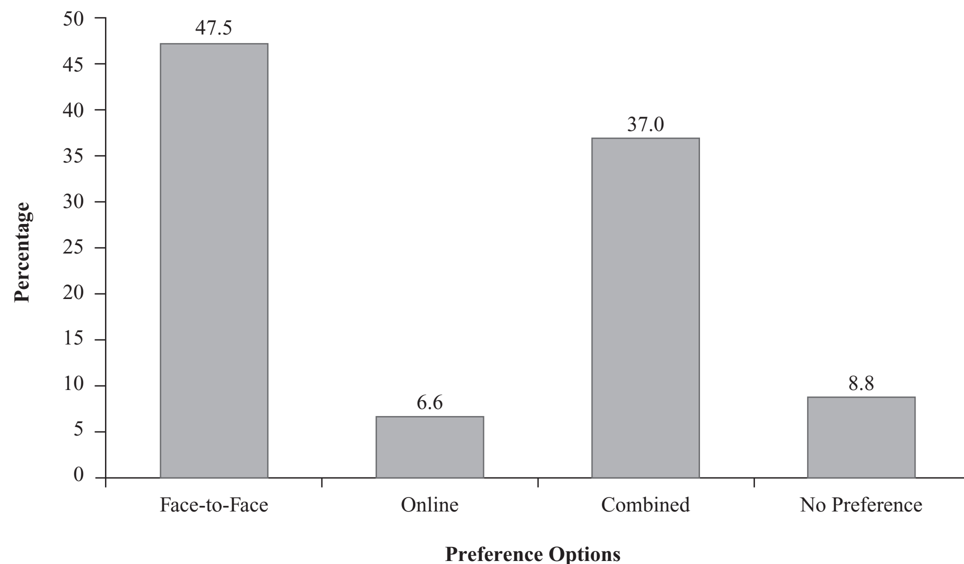

Figure 1. Prenatal education delivery mode preference.

preferences for receiving the information were *Reading it online* (63.2%, $n = 50$), *Watching online videos* (70.8%, $n = 56$), and *Downloading an app to my mobile phone* (55.6%, $n = 44$). Only 6% of respondents ($n = 5$) indicated they would like to receive text messages as a source of information, and 65.8% ($n = 52$) did not wish to interact with others online.

DISCUSSION

The offering of prenatal education programs constitutes a major aspect of health promotion within public health. The purpose of this research is to better understand the expectant parents' perception of the importance of various prenatal education topics and preferences in terms of information delivery method. Results demonstrated that participants rated all topics as being important to learn about in the prenatal period. This finding is in line with the hypothesis. The topic areas and subtopic questions were generated by the research team and the consulting public health unit and consisted of topics that are salient during the prenatal period. Therefore, simply because the topic was included in the survey, participants may have felt some social desirability to indicate each topic as being important. Furthermore, the study consisted of mostly first-time expectant parents and previous research has found that nulliparous women express higher levels of interest for all pregnancy-related topics compared to multiparous women (Freda, Andersen, Damus, & Merkatz, 1993). Although all topics were rated favorably on the importance scale, there were subtle differences.

As hypothesized, the topics of *Labor and Birth* and *Newborn Safety* were rated as "very important" by a majority of participants. This finding is consistent with research indicating that labor and birth preparation is a key motivator for expectant parents engaging in prenatal education programs (Best Start Resource Centre, 2014).

The finding that a majority of participants rated the topic of *Newborn Safety* as very important is consistent with the research findings by Ateah (2013). In that study, participants provided a clear message that the information on providing safe infant care was extremely important.

The topics of *Breastfeeding* and *Attachment* were also rated as "very important" by a majority of participants. For both of these topics, participants rated subtopics relating to skills or strategies as "very important" compared to the subtopic that addressed why attachment is important. For example, subtopics such as *Strategies for how to bond with my baby after birth*, and *Strategies for how to help my baby latch* were rated as "very important" by more participants than subtopics such as *Why attachment is important* and *The benefits of breastfeeding for both the baby and the mother*. Although this finding demonstrates the importance of addressing the topics of breastfeeding and attachment, it also supports literature that suggests expectant women want to participant

Topics of *Labor and Birth* and *Newborn Safety* were rated as "very important" by a majority of participants.

in skill-building activities (Spiby, Henderson, Slade, Escott, & Fraser, 1999). Thus, prenatal education classes are an opportunity not only to learn information but also practice skills and behaviors.

Topics including *Pregnancy Complications* and *Postpartum Mental Health and Well-Being* were not consistently rated as "very important" by most of participants as hypothesized. These topics, in addition to *Shared Decision Making*, *Nutrition*, *Physical Activity*, *Physical and Emotional Changes During Pregnancy*, *Social Programs*, *Newborn Care, and Infant Growth and Development*, *Prenatal Care* and *Preparation for Parenthood* all received mixed ratings between "important" and "very important." A plausible explanation for the mixed findings relates to the timing of when the survey was administered during pregnancy, as most of participants in this study were recruited from a prenatal program offered to participants who were greater than 25 weeks pregnant. At this point in pregnancy, it is likely that expectant parents have already sought out information on the topics such as *Prenatal Care*, *Pregnancy Complications*, *Nutrition*, *Physical Activity*, and *The Physical and Emotional Changes During Pregnancy* and thus rated the subtopics as "important" compared to "very important." This finding highlights the importance of considering the timing of when prenatal education programs are offered in determining what content to cover.

The mixed results relating to topics such as *Infant Growth and Development*, *Preparation for Parenthood*, and *Postpartum Mental Health and Well-Being* may be partially explained by the study sample. In this study, the sample consisted largely of first-time expectant parents, and it is possible that they find it difficult to see beyond childbirth and basic infant care tasks. This finding is supported by research that suggests that pregnant women may be more receptive to information relating to labor and birth rather than information more relevant to the postnatal period such as parenting preparation (Renker & Nutbeam, 2001; Sullivan, 1993). Interestingly, though, research has found that postpartum women report feeling unprepared for becoming a parent and that they would have liked to receive more information on parenting during the prenatal period (Barnes et al., 2008; Deave et al., 2008).

Subtopic items were ranked from the largest to smallest percentage of participants who responded that the item was "very important." Notably, the subtopics that a large majority of participants (i.e., 70% or greater) rated as being "very important" included *First aid guide for baby care*, *Guidelines to support safe infant sleep*, *Knowing when I am in labor*, and *Comfort measures for coping with labor and birth pain*. Overall, this may suggest that expectant parents think that topics related specifically to safety and knowing how to cope with labor are very important to address in prenatal classes.

Results of this study demonstrated that expectant parents prefer to receive educational information that is delivered face-to-face.

Overall, the distinction between the "important" and "very important" ranking of the subtopics in the survey may be relevant. The time allotted for face-to-face prenatal education sessions is limited and health professionals are trying to cover too many prenatal topics (Ho & Holroyd, 2002). In reality, not all topics can be covered, thus important decisions regarding class content inclusion need to be made. From this perspective, the distinction between "important" and "very important" can inform the decision-making process.

Information Delivery Method Preference

Offering face-to-face prenatal education programs is costly. Alternatively, education resources such as videos, leaflets, brochures, and e-learning tutorials have been developed to deliver prenatal education information. Specifically, Internet-based education resources have been viewed as advantageous because they emphasize independent learning whereby the learner sets the pace and engages in learning when it is convenient (Van Vliet & Specht, 1998). However, the results of this study demonstrated that expectant parents prefer to receive educational information that is delivered face-to-face. Only a very small percentage of respondents (6.6%) would prefer to receive information online only. This finding supports recent research (Ateah, 2013) and the literature review published by Nolan and Hicks (1997) over 10 years ago. The small group learning environment provides expectant parents with the opportunity to interact with their health-care provider and ask questions, something that is highly valued by expectant women (Svensson et al., 2008). The finding that expectant parents want to attend face-to-face sessions is also supported by literature that indicates women want to meet, socialize, and share experiences with other pregnant women (Stamler, 1998; Svensson et al., 2008). Furthermore, the results of this study demonstrate that a majority

of respondents (61%) want the same instructor for each class. This could imply that expectant parents value familiarity with their instructor, contributing to creating a relationship where they feel comfortable interacting and asking questions. The absence of face-to-face group prenatal classes may also limit the opportunity for expectant parents to meet other expectant parents and develop skills.

Limitations and Future Directions

Several limitations of this study are worth noting. First, the generalizability of the findings is limited. Although the study sought to recruit expectant parents, most of the sample (e.g., $n = 144$) consisted of expectant women. Furthermore, the sample primarily consisted of White, married, well-educated, and higher socioeconomic status individuals. Second, one of the main recruitment strategies was through community prenatal classes. Although the avenue is an effective strategy for accessing the target population, it has potential to impact the results. For example, given the fact that these individuals were seeking pregnancy-related education information through prenatal classes, it is possible that these individuals may rate the importance of addressing topics more favorably than individuals who do not participate in prenatal education. Moreover, as the subtopics were generated by the research team and the consulting public health unit, the participants may have felt some social desirability to indicate each topic as being important. Previous research suggests that clients consider topics to be important if the topic is initiated by their health-care provider (Shapiro et al., 1983). A possible future study could examine prenatal education topic importance by posing an open-ended question where participants are free to list the topics they feel are most important to learn about. Future research should also examine the timing of delivery with respect to specific topics. In this study, most of the respondents preferred to have the sessions offered throughout pregnancy; however, no information was collected examining participants' preferences of when they want to learn about specific topics.

Implications for Practice

Understanding expectant parents' rating of importance specific to prenatal education topics and their learning method preferences is important for making prenatal education program decisions. Prenatal education providers, such as public health units and community health centers, may consider implementing a similar survey in their respective catchment areas to capture the important data on local preferences regarding the key aspects of prenatal education. The data would direct resources most likely to significantly impact efforts to promote prenatal education and enhance local capacity to meet the clients' specific needs. Similar research conducted in different catchment areas would also add to the currently limited pool of evidence on prenatal education. Moreover, this data would enable comparison across groups and regions to provide a more comprehensive understanding of prenatal knowledge acquisition and encourage evidence-based health promotion efforts. Overall, this study is an effort to establish the empirical evidence on expectant parents' prenatal education preferences to inform and lend support for future program development and decision making.

ACKNOWLEDGMENTS

We would like to thank Michelle Sangster-Bouck, MA; Melissa Lonne, RN; and the Reproductive Health Team at the Middlesex-London Health Unit for their help in preparing the survey tool. Your expertise is invaluable.

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