

JULY ISSUE 2020



[www.ijbpe.com](http://www.ijbpe.com)



# 10 Top Tips for Early Parenting Education



# 10 Top Tips for Early Parenting Education

Mary Nolan, Editor-in-Chief, International Journal of Birth and Parent Education;  
Professor of Perinatal Education, University of Worcester

## INTRODUCTION

Women and men who are expecting a baby, and those who have recently become parents, are particularly open to learning; they are keen to acquire knowledge and gain skills that will help them to be the excellent parents they so want to be (Sher, 2016; Feinberg & Kan, 2008). One aim of early parenting education is 'to flatten the social gradient' (Donkin et al., 2014:89) by supporting all parents to provide consistent, sensitive parenting to their young children, and by supporting parents' own mental health and well being. Young childhood is a determining moment for the promotion of health equity (Braveman et al., 2018) and early parenting education is a universal intervention that reaches a large number of parents.

Yet leading groups for parents who are expecting a baby, or for new parents, is often an activity that attracts little enthusiasm from the professionals expected to run the groups, and may be considered by managers as unimportant compared to the 'real' work of carrying out clinical investigations and routine antenatal and postnatal checks. It is also true that many professionals have received little or no training in how to work with parents in a group setting and are therefore, understandably, very nervous about doing so.

While countries such as Austria insist on a lengthy programme of preparation for professionals offering early parenting education (Molinuevo, 2013) professionals in the UK and elsewhere may have groups 'dumped' on them with little or no support available from experienced practitioners and few resources to help them provide lively learning opportunities.

This supplement offers 10 Top Tips to support all professionals and lay people leading groups for women and men who are going through one of the most important challenges of their lifetime, namely the transition to parenthood. None of these Tips is difficult to implement. However, the best way of understanding what they really mean is to observe someone who has an excellent reputation for running groups (a reputation endorsed both by colleagues and parents) and talk to her or him about their understanding of what parents value in early parenting education, and how best to meet their needs.

**1 MAKE THE MOST OF BEGINNINGS**  
Parents will start to judge the quality of your programme the minute they walk into the room. They will quickly size up whether it has been carefully prepared for them, or is in a mess from a previous session. The way in which the chairs are laid out – in a circle or in a horseshoe with a chair at the front for you – tells them whether this is going to be a participatory session led by a facilitator or a class led by a teacher. The chairs themselves send out messages about the attention given to parents' comfort, and especially the pregnant mothers'. Small touches such as gentle music playing in the background; leaflets,

books and models available to look at to fill in the sometimes uncomfortable minutes while waiting for everyone to arrive reassure parents that you are eager to make their experience of the programme as relaxed as possible. Most important of all is the way in which you greet each person, ensuring that fathers receive as much attention as mothers, and same sex couples as much attention as mixed couples. It's helpful to have thought of a few questions you can ask parents to initiate and maintain a conversation.

Most of us can remember a teacher at school who arrived for classes with their papers in a muddle and books spilling out of their briefcase. It would take such a teacher at least

10 minutes to get started during which time the behaviour of the class deteriorated by the minute and enthusiasm for learning dissipated.

The first ten minutes of a group for parents (or any students) is the best opportunity you have for helping your clients to learn something. The learning that takes place may be social, or cognitive (facts-based), or emotional, or any combination thereof. You therefore need to be clear about what you want to achieve (your aim) in the opening minutes of the session and how you are going to achieve it. You may aim to promote friendships amongst members of the group by helping them get to know each other, friendships that could become a life-line in the postnatal period when new parenting is isolating and exhausting. You may aim to elicit group members' attitudes towards a key topic in the parenting programme by posing a provocative question, such as, Where should control lie in labour and birth? With the mother? With the professionals? With 'the system'? You may aim to explore feelings about the unborn baby: do parents feel they already have a relationship with their unborn child, or does the baby seem 'unreal' to them?

## The first 10 minutes of the session is the best opportunity for teaching and learning

Whatever the aim of the first ten minutes, you need to be clear about it, and also to have an equally clear idea about how you are going to facilitate learning. In preparation, you may need to have thought about appropriate open-ended questions or pictures to stimulate a discussion, or decided whether you are going to split the group into smaller groups to catch up on each other's news. You may need to have revised the names of the parents in the group so that you can address them individually, thus building a relationship of trust with them.

It's important to start the session on time. If parents arrive late, they can be welcomed and accommodated, but time-keeping 'rewards' those who have been punctual and makes the point that the session has been carefully structured to fill a designated time period, and that it is 'serious' (and therefore worth attending).

To summarise: people remember more from the beginning and end of a learning experience than they do from the middle, and the beginning is even more important than the ending. Not only is the 'first beginning' i.e. the opening of a session (or the programme) of key importance, so are all the other 'beginnings'

that you create during the session as you move from one activity to the next. Lots of beginnings mean lots of opportunities for learning.

# 2

## CONSIDER PEOPLE'S LEARNING STYLES

It is a very obvious truth – but an important one nonetheless – that people learn in different ways.

Howard Gardner (2006) described 'multiple intelligences', often referred to (although Gardner himself might not approve) as 'learning styles'. Howard listed linguistic, naturalist, musical, kinesthetic, visual, logical, interpersonal and intrapersonal intelligences - but thinking simply in terms of visual, auditory and kinetic learning styles (VAK) is probably more helpful. (Tactile learning is also important – see below.) While individuals may favour one learning style over others, all of us, as human beings, are adept at learning via whatever opportunities are offered us – through pictures and images, through listening and discussion, and through movement and working with our bodies.

In order to maximise the learning that takes place in early parenting education, you need to offer the group a variety of experiences so that everyone's favoured learning style is accommodated. Group members should have the opportunity to receive and engage with information pictorially (visual learning); have the chance to try things out using their bodies, for example, upright birthing positions, massage and breathing techniques for labour (kinetic learning), and have time to discuss ideas with each other, thereby refining or extending their own ideas and beliefs by sharing in the group's collected wisdom (auditory learning).

## Kinetic learning is vital in birth and early parenting education

Many people are kinetic learners and this is perhaps where much early parenting education falls short. Feedback from women about their antenatal classes (Nolan, 2008) suggests that they want more opportunities to practise skills for labour, and feedback from both women and especially men (Craig & Sawriker, 2006) implies that they would like to 'have a go' at baby care skills such as bathing, dressing, soothing, settling and playing (using real babies, if possible, or dolls as a proxy). It may take a bit of courage on your part to introduce practical skills work, but parents appreciate it hugely. Use humour to break down barriers to participation in practical work. When parents make jokes about, for example, practising different positions for labour, recognise that this is their way of managing their

feelings of awkwardness. Enjoy the jokes with the group, but keep the practical work on track.

Hands-on learning is also highly effective (tactile learning). This should be understood literally; learning materials need to be 'handled' by the group members. When you hold the pelvis to explain how the baby manoeuvres his way out of the womb into the world, the group is learning by seeing and listening. When a member or several members of the group handle the pelvis, their learning is hugely increased by 'feeling' the diameters of the pelvis and putting their hand through the space that the baby has to travel through. It is a different experience to look at a picture held by someone else from holding the picture and examining it for yourself. You therefore need to avoid monopolising the learning materials and ensure that the group is handling them more than you are. Inviting parents themselves to provide the teaching resources draws them into their own learning and increases their commitment to the group; for example, you could invite parents to bring baby clothes and baby bathing items to a session to stimulate discussion about what are the basic requirements for a new baby.

One way for you to evaluate a session is to consider whether you did indeed provide learning opportunities to cater for everyone's learning style, rather than most activities reflecting your own preferred learning style – a mistake that is easily and often made.

### 3 SURPRISES

From our earliest days, we have enjoyed 'surprises'. In a fascinating experiment, Alison Gopnik and colleagues (2001) showed very young babies a tray containing a lot of plastic yellow ducks and a very few green ducks. If the experimenter picked up a yellow duck and presented it to the baby, the baby wasn't very interested – after all, that's what she would expect you to choose given that there were far more yellow ducks. If the experimenter picked up a green duck, the baby was much more interested because that was a 'surprising' choice.

In adulthood, we still learn from things that surprise us or amuse us or are dramatic. Aids for teaching and learning that are unusual are remembered – a balloon to represent the bladder inside the pelvis; a nappy smeared with mustard to demonstrate the colour of a breastfed baby's poop; a humorous clip from YouTube of a parent interacting joyfully with his baby, or you role-playing a woman having an intense contraction. These are the sorts of things that parents will comment on at their reunion ('Do you remember that video of the baby reading a book?!')

A 'surprise' might equally well be a visit to a Birth Centre to see a birth environment that many parents didn't know about, or listening to a father talking about his experience of

home birth. Introducing new ideas, ideas that challenge pre-conceived notions, are likely to enable powerful learning.

### 4 KEEP THE BABY AT THE CENTRE OF ANTENATAL PREPARATION FOR LABOUR AND BIRTH

It's easy to keep the baby at the centre of postnatal sessions – they are likely to make their presence felt from minute to minute! Antenatally, especially when the curriculum focuses almost exclusively on preparing mothers, fathers and birth companions for labour, it can be more difficult. Parents themselves often talk about labour as if the anticipated experience is theirs alone. 'How am I going to cope with contractions?' 'What can I do to help her?' 'Do we want to have an epidural?' It's up to you to ensure that every aspect of labour and birth under discussion focuses on what the baby's experience might be as well as the parents'. If the topic is how labour starts, it's important to take into consideration not just the physical signs and the emotions that the mother, father or birth companion might feel, but also what the baby might be feeling as he experiences new sensations and a change in the environment of the womb. You can share with parents what is known about the baby's role in the initiation of labour and in getting himself born, for example, how he pushes against the increasingly compact fundus of the uterus in order to propel himself down the birth canal. And finally, it's important not to end a session on labour and birth with the delivery of the placenta, but to explore how the newborn baby might be feeling as she confronts a whole new world of sensory and emotional experiences outside the womb.

By keeping the baby at the centre of antenatal sessions, you are contributing to the developing relationship between the mother and her baby, and between the father or partner and their baby. Helping create a sensitive, responsive environment of relationships around the baby from pregnancy onwards is a key aspect of your work.

### 5 VALUE WHAT THE GROUP ALREADY KNOWS

The majority of parents who are expecting a baby have read widely, in books, magazines and on the internet. They have been assiduous in gathering information from all quarters. They have talked to family members who have had babies, to friends and to colleagues at work. They are the recipients, therefore, of a huge amount of facts and ideas – some of the facts accurate, some wildly inaccurate; some of the ideas stimulating and some ignorant and prejudiced.

However they received their information, parents value it and you need to find out what they know correctly and what they know incorrectly. This means inviting group members to share



Permission to use

their knowledge on every topic. Both closed and open-ended questions are valuable, for example:

‘Can you tell me what you know about safe sleeping?’

‘How do you feel about having an induction if you’re overdue?’

Once the group’s information is out in the open, it can either be acknowledged as accurate or gently ‘re-shaped’ if not. Very often, incorrect information held by one member of the group is spontaneously corrected by another member. Someone offers a piece of information and someone else says, ‘That’s not what I thought; I thought xxxx’. You can ask the rest of the group whether their information coincides with the first parent’s or the second’s, thereby gaining a useful insight into how widespread incorrect information might be. Finally, you can ‘authorise’ the correct information by a statement such as: ‘It’s really interesting to hear the various takes on this topic; at the moment, the research is suggesting that what Lucy said is correct and that’s because.....’ It’s important to remember that adults are very sensitive to being in the wrong and therefore to have strategies available to manage incorrect information with tact and to draw fathers and mothers who have shared incorrect information back into the group.

There will be some topics which the group members know as much about as you do. If this is the case, you don’t have to add anything else to their discussion. You can simply congratulate them on how well informed they are and move onto the next topic. This can save a great deal of time, make the parents feel confident about themselves and the preparation they have made for having

their babies, and enable you to devote more time to topics about which the group knows little.

## 6 HAVE BREAKS

Elementary physiology tells us that the longer a person has been sitting, the more sluggish their circulation becomes and the less oxygen reaches their brain. This means that the ability to learn and to retain information and synthesise ideas diminishes over time, unless physical activity reboots the capacity for learning.

Most schools now incorporate regular breaks into class-time, with students being invited to stand, stretch, walk around or engage in ‘brain gym’ exercises. Strangely enough, the same strategies for maximising learning are rarely employed in adult education.

Heavily pregnant women become quickly uncomfortable if confined to a chair, no matter how comfortable. Couples coming to an evening antenatal session after work are likely to be tired. These two factors mean that a break and refreshments are needed during the session.

In neurological terms, the break from learning enables the information that has been received during the first part of the session to be consolidated. It is during ‘down-time’ that the brain makes sense of new information and experiences and stores them away for future reference.

Having a break therefore means that parents will not only be ready to learn again, but also able to draw more effectively on the learning that has been achieved during the first part of the session.

In addition, and very importantly, a break is an opportunity for parents to ask you questions

that they may not want to ask in front of the group, and to socialise. While you might feel that not having a break enables you to give more information and offer more teaching and learning activities, many parents have come to the programme in order to make friends and having time simply to chat to each other is essential for friendship formation.

## 7 COUPLE WORK

At the start of a parenting programme, parents are weighing each other up, as well as you, and trying to understand whether this is a group that will be led 'from the front' with little requirement on their part to contribute, or whether it will be a forum for discussion in which everybody's ideas will be welcome and respected. If your aim is to give everyone a voice, it is often helpful to split parents into smaller groups because many individuals will be reluctant to speak out in a large group, for example, of ten, and especially so if they don't know the other people present very well.

You can start to break the group down into smaller units from the beginning of the first session. However, it's important not to expect people who may be shy to talk to another person or a couple for any length of time when they have just met. Therefore, an invitation to talk can be time-limited: 'Please take a couple of minutes to find out from the person sitting next to you their name, how their pregnancy is going and where they have chosen to have their baby'.

As the programme develops from week to week, and group members become eager to exchange ideas with each other because you have established an atmosphere of mutual care and respect, opportunities for small group work can be increased and prolonged.

The ideas shared in small groups may or may not be relevant to any particular individual or couple. For example, when discussing arrangements for returning to work, one couple may talk about involving a grandparent in caring for their baby, but another couple may not have grandparents to turn to. Therefore, you need to ensure that couples are regularly invited to share with each other, in private, how they feel about information they have received or ideas they have shared during group work. The 'couple' may be a woman and her partner, or a woman and her sister, best friend or mother, or two fathers..... essentially, the couple are the two people who have come together to the session. It's likely that if they have come together, they know about each other's worlds and can locate information and ideas inside their own everyday reality. This opportunity for couples to contextualise what has been discussed, to apply it to their personal circumstances, is essential if information, skills and ideas are to take root in their lives.

## Couples need time to locate ideas and information within the context of their own lives

In a well-established group which has met over several weeks and whose members are relaxed with each other, you may feel that you can give couples the opportunity to do some 'challenging' work, such as discussing what they think will be the triggers for disputes after their baby arrives and how they quarrel and how they make up. Couples may be secretly (or overtly) grateful for the opportunity to share important ideas with each other in the 'safe space' provided by parenting sessions. You might offer five minutes to talk to each other about their fears and hopes for labour and birth, or about how they'll cope in the first weeks of their baby's life. One aim of early parenting sessions is to support couples to know each other better in preparation for taking on their new role as mother or father or guardian of the baby.

There may be mothers and fathers attending sessions without a partner. It's still important to give couples time to work together in their own 'small group' but also to support and include parents attending as individuals. You can offer to sit with an individual to consider the same topics that couples are discussing. If two individuals are on their own, they may be happy to work together or with you as a threesome. Provided you have taken time to get to know the people attending your sessions, you should be able to judge whether to invite two individuals to work together or whether it would be better to support them through your presence in their small group.

## 8

### TEACH RELAXATION SKILLS

The more research reveals about the adverse effects of stress in pregnancy, the more self-evidently important it is to help women and their partners acquire some elementary relaxation skills. These are skills for life, not just for pregnancy, and can be employed during labour and birth and in the highly-charged, exhausting first years of the baby's life.

## Relaxation skills are for labour, birth, early parenting and life



Permission to use

While it's still not clear whether all babies are equally affected by their mothers' stress, or whether some babies are, even in utero, more resilient than others, and while we also don't know whether it's the timing of stress in pregnancy, its intensity or whether it's chronic or acute that makes the difference to the unborn baby's development, there is no research that shows that practising relaxation is harmful. Of course, not every woman has control over the stress in her life. And horrific events such as 9/11 come out of the blue and cannot be anticipated. However, supporting every pregnant woman to achieve a few moments of calm each day is likely to act as a buffer against whatever stresses are operating on her domestically or in the wider world.

You may be nervous about practising relaxation in your parenting sessions, fearing that some members of the group may not take it seriously and even be disruptive. It can be helpful to invite any parents who feel they don't want to take part in the relaxation activity to leave the room and make themselves a drink while the rest of the group is occupied. The parents who remain – and it's generally all of them – have, by virtue of not leaving, 'signed up' to trying to make the most of the experience they're being offered.

The secret of leading effective relaxation sessions is to practise beforehand. Ideally, it's probably best not to read from a script at all and to engage in the relaxation activity alongside the parents – eyes shut and breathing calmed. If reading from a script, as many educators do, the pitfall is always to read too quickly so that parents can't keep up with the instructions they are being given and the ideas that are being offered to them. If you practise reading your script to a friend beforehand, she or he can let you know whether the pace is right.

A relaxation session comes in four parts; firstly, helping parents to calm their minds and bodies through focusing on their breathing (long, slow

breath out) and relaxing their muscles (shoulders down, fingers softly curled, tummies not pulled in and facial expression allowed to slip away). You can then deepen the relaxation by inviting parents to think about their baby and how he or she is feeling, or to imagine a place where they like to be because they associate it with being relaxed. Next, you can allow quiet time for parents to develop for themselves the ideas you have suggested or images you have conjured, and finally, gently return to a focus on breathing and give an indication of when the relaxation session will end ('I'll count to five and by five, you'll be having a stretch and opening your eyes'). Relaxation skills need reinforcing from session to session, not just practised once.

Techniques for dealing with stress 'in the moment' can be practised in every session. For example, inviting parents to take a deep breath in and then blow it out through a soft mouth. Or, asking them to hunch their shoulders and then drop them and drop them further. Or suggesting they gently shake out their hands and feel the ripple throughout their bodies. Lots of mini-relaxations in each session convey the idea that managing stress is a skill that parents can apply throughout the day.

**9 RECAP**  
If beginnings are very important (see Top Tip #1) so are endings. Sharing information until the last seconds, or continuing a discussion until the clock strikes, isn't the best way of ensuring that parents take something memorable away from your session. Early parenting education is about learning and in order to benefit, parents have to be able to remember what they have learnt. So the last ten minutes of every session are most usefully dedicated to recap.

There are various ways of recapping; probably the best is to invite parents to do the recapping for themselves. Everyone in the group can be

invited to share one thing they've learnt during the session. If this risks putting people on the spot, you might invite couples to share one thing with each other and then share it with the group (if they choose to); or invite parents to shut their eyes for a minute and think back over the session to identify some information, or an idea from a discussion, that has impressed them. Giving people a brief period to collect their thoughts makes sharing their 'key point' less daunting. The more often information and skills are reviewed, the more likely it is that group members will remember them.

When parents share what they have learnt, you need to be listening carefully because parents' recap is an excellent way of assessing how effective your session has been. Parents will identify what has meant most to them and this is hugely helpful. However, you also have your own learning outcomes to bear in mind – things you feel it is important that parents should know, understand or be able to do. So if none of the key learning points mentioned by parents relates to the key learning that you had in mind, there is clearly scope for reflection. Either you haven't properly understood what women and men making the transition to parenthood really want to know (it could be that you're out of touch with maternity and family services or haven't been keeping up to date with the research) or you haven't covered the information, skills and ideas you wanted to cover sufficiently well to make an impact.

Your personal recap following the session will therefore compare what parents say they learnt against your own learning outcomes. If there's a close match, that should be reassuring; if there's a partial match, it's worth looking at the learning outcomes that don't seem to have been achieved and asking 'why?'

You may decide that some aspects of the session made a greater impact because they were more 'fun', but if that means that other important learning has been over-riden in parents' memories by the fun bits, you need to think about how to reinforce the learning you consider to be important. It might simply be a case of providing a hand-out at the start of the next session, or sending a text with a key message, or including something on the parents' 'Whatsapp' group to remind parents of important learning embedded in the previous session.

**10** **KEEP THE FIRE IN THE BELLY**  
Many fine educators will say that they sometimes don't look forward to leading an early parenting session – they're too tired, over-worked, ground down by 'the system', unsure of the value of what they're doing - but when they're actually with parents, talking and listening to them, they find they are enjoying themselves and delighting in the learning that's taking place (both the parents' and their own). As long as this is the case, there's no problem.

Educators may lead early parenting sessions for 20, 30 or 40 years and still feel passionate about what they're doing. And why not? It is hard to think of anything more important or exciting than working with parents to give their babies the best possible start in life.

However, we all, as educators, need to recognise when we're burnt-out, when we need to step back either permanently or for a while to recharge our batteries. Becoming a parent, especially for the first time, is such a life-changing event, with implications for at least two generations of human beings, that parents deserve education that is informed by the most up-to-date evidence (in terms both of the facts and how to lead groups well) and facilitated by people who are deeply interested in supporting them to make a joyful transition to parenthood.

Stepping back may mean taking a break from leading groups to reflect, to read, to listen to new parents talking, to reconsider the content and format of early parenting sessions. It may mean sitting in on another educator's sessions – someone who is respected by colleagues and commended by parents – and talking to her or to him about what they're doing.

And sometimes, stepping back may mean stepping out. 'There is a time for everything and a season for every activity under the heavens' according to ancient wisdom and it may be that the time has come for us to look after parents in a new way, or to pursue our career in a new direction, or simply to look after ourselves through retirement!

## REFERENCES

- Braveman, P., Acker, J., Arkin, E., Bussell, J., Wehr, K. et al. (2018) Early childhood is critical to health equity. Robert Wood Johnson Foundation. Available at: [https://www.rwjf.org/en/library/research/2018/05/early-childhood-is-critical-to-health-equity.html?cid=xtw\\_rwjf\\_unpd\\_dte:20180612](https://www.rwjf.org/en/library/research/2018/05/early-childhood-is-critical-to-health-equity.html?cid=xtw_rwjf_unpd_dte:20180612) <accessed 03 May, 2020>
- Craig, L., Sawriker, P. (2006) Work and family balance: Transitions to high school. Unpublished draft final report. University of New South Wales: Social Policy Research Centre.
- Donkin, A., Roberts, J., Tedstone, A., Marmot, M. (2014) Family socio-economic status and young children's outcomes. *Journal of Children's Services*, 9(2):83-95.
- Feinberg, M.E., Kan, M.L. (2008) Establishing Family Foundations: Intervention effects on coparenting, parent/infant well-being, and parent-child relations. *Journal of Family Psychology*, 22(2):253-263.
- Gardner, H. (2006) Multiple Intelligences: New horizons in theory and practice. New York: Basic Books.
- Gopnik, A., Meltzoff, A., Kuhl, P. (2001) *How Babies Think: The science of childhood*. London: Phoenix.
- Molinuevo, D. (2013) Parenting Support in Europe. European Foundation for the Improvement of Living and Working Conditions.
- Nolan, M.L. (2008) Antenatal survey (1) What do women want? *The Practising Midwife*, 11(1):26-8.
- Sher, J. (2016) *Missed Periods: A primer on preconception health, education and care*. An independent report commissioned by NHS Greater Glasgow and Clyde (Public Health).