

# Prenatal education programs: Are the courses for the family pregnant effective?

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Prenatal education programs are those that are designed in a comprehensive manner to counter the pain and stress during childbirth, increasing confidence in women, especially primiparous women who face a new process in their lives; prepare the pregnant family for childbirth and fatherhood and to know their social support networks [1,2].

These programs develop within their contents or topics aspects related to physiological changes during pregnancy and fetal development, emotional attitudes, ways of caring for the newborn, forms of birth, among many other topics [3]. They have a large audience around the world, hence its importance to generate a reflection around them, because of the implications, barriers, and benefits they can bring to the world population.

The courses of prenatal education or of preparation to the childbirth as they have been called in other occasions are based on two theoretical models:

1. The approach of the natural birth that Dr. Dick Read introduced in 1944, whose objective was to diminish the muscular tension induced for fear and cause birth pains. In 1948, Dr. López-Escobar introduces Dr. Read's method in Colombia; however, in 1937 in that same country, in private institutions, «easy delivery with a transfusion of trust» was practiced, according to what was suggested by the French obstetrician Marcel Metzgor [4].
2. On the other hand, in 1956, Fernand Lamaze ventures with the psycho-prophylactic method, which is based mainly on relaxation as a conditioned response to labor contractions, including breathing techniques to improve oxygenation and interfere with the transmission of pain signals from the uterus to the brain. Both the Dr. Read and Dr. Lamaze methods work on physical fitness, the normal physiology of childbirth, the elimination of fear, the use of relaxation and breathing techniques, and the continual support of the expectant father or any other family person [1,4].

The aforementioned methods become important because they are the basis on which many other methods, courses and prenatal education programs created afterward are based.

“In the 1950s Robert Bradley proposed a teaching method for the couple to prepare for a natural birth, without medication, with an emphasis on nutrition, relaxation and breathing and where the couple will take the central role in childbirth. In the year 59, Dr. Read wrote his book “Childbirth without fear” that spoke about fear, tension and pain and the importance of breathing, relaxation and continuous psycho-emotional accompaniment of the father, doula or nurse with the mother during childbirth [5]”.

Various positions have also been handled over the past decades in reference to perinatal education, such as that of Sheila Kitzinger, an English anthropologist who motivates mothers to prepare themselves to learn about different options for childbirth and to make informed decisions. This author points out that the birth is an intimate and sexual experience and that the woman must have a more active action and not as a passive patient; on the

other hand, it compares management and hospital care with that of giving birth in captivity [5].

Frederic Laboyer showed that the emotional environment and trauma of birth has a profound impact on the life of the human being in the short and long term. It recommends the use of dim lights, the greatest possible silence, gentle movements on the part of the companions, the immediate skin-to-skin contact between the mother and her child. Other authors such as Michel Odent, mentioned by Alumbra, have written a lot about birth, about oxytocin called the love hormone that is secreted in an intimate and private environment, his writings have made a great contribution to perinatal education [5].

In more recent times, hypnobirthing, created by Marie Mongan, is another method that promotes self-hypnosis techniques for relaxation and release of fear and stress.

Although prenatal education programs have been established in routine health care, only a few studies have evaluated their effectiveness in the main outcomes of childbirth and upbringing. There are some arguments that indicate the little introjection of the contents of these programs. They mention that “the act of work can be an overwhelming experience, with the mixture of emotions and physical pain, sometimes the body can go into an overload and they hardly remember its name [6]”.

For example, there is a Cochrane systematic review from 2007 that did not show a consistent effect of prenatal programs on any clinically relevant outcomes for delivery. Only trends towards better knowledge, confidence and parental competence in small studies were observed [7].

Until now, the affirmations of success and necessity seem not to be based on scientific reports, but on the strong beliefs of the future parents and, perhaps even more, of the health workers [1].

On the contrary, other researchers have shown in their studies how peer learning is facilitated in the setting of childbirth training courses, they point out that these prenatal group consultations can support learning since individuals participate positively both in their own acquisition of knowledge as in that of others. Calling that kind of peer-to-peer learning [8].

Another aspect that should be considered is the person who mediates the teaching in these programs that have a very important role in the success of the same, be part of the suitability and skills of the facilitators involved in this process, their experience, and knowledge.

In 2010, a study was carried out in Ireland that explored the attitudes of first-time mothers towards prenatal education, the authors point out that there are many strengths, weaknesses, opportunities, and barriers to prenatal education; one of these strengths includes the facilitator of the classes, the information and the preparation that the participants receive. In the same way, the distancing of adequate didactic teaching methods was considered in the study as a very important barrier [4].

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In Costa Rica, prenatal care includes offering the preparation course for childbirth in the various health care centers, which is governed by the Technical Standards of Maternal and Perinatal Care of the Costa Rican Social Security Fund and the Ministry of Health [9]. These courses must be taught by the obstetric nursing staff; However, not all establishments are responsible for obstetric nurses, since it depends on the institution and the rules that govern them can be taught by other types of personnel.

Other classes of childbirth preparation are developed by private entities aimed primarily at first-time parents, but without any record of their effectiveness, although in their informative pages they point out that they are based on the Lamaze technique and the Bradley method [10,11].

In Costa Rica, there are no data that demonstrate the effectiveness of the programs or courses of prenatal education that are taught. What the researchers have observed in their professional practice is that the parturient women do not show an introjection of the course they have done, given that their attitude and performance in certain cases do not favor their health and that of their baby.

There is a lack of research on prenatal education programs that help to strengthen the various pedagogical and didactic aspects for a true empowerment of the pregnant family and the necessary tools to face the different periods of the birth process and the care of the newborn.

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