Evaluation of a Pilot Project: Preparenthood and Pregrandparenthood Education

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Abstract

A pilot project in expanding perinatal education is presented in this article. The author has experimented with a series of group sessions on the introduction to the transition to parenthood for couples who are either engaged or recently married. Such couples, if introduced to the changes associated with the transition to parenthood at a point of development in the commitment process, may increase their chances of weathering the turbulence that is often a part of the transition. The potential grandparents are part of the process since they are usually an important source of social support. Preparenthood and pregrandparenthood education is a useful extension of perinatal education for the beginning of this century.

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Introduction

In the previous issue of *The Journal of Perinatal Education*, the author introduces “The Polomeno Family Intervention Framework for Perinatal Education” to prepare couples for the transition to parenthood (Polomeno, 2000). In that article, she considers why many couples, though they appear to be in love and function well early in their marriages, are no longer together once they become parents. She also wonders whether the stresses of pregnancy and the first year with their child—or even after several children—may or may not contribute to a couple’s wish to separate and divorce. She then describes how perinatal education may be expanded in scope so

that it contributes to the health maintenance of these couples' relationships. In this article, the author further explores these issues and increases her focus to ask if perinatal education can also assist grandparents to be a vital source of social support for the middle and younger generations. She also considers the possibilities of this education beginning in the preparenthood and pregrandparenthood phases of families.

Related Literature

A dearth of supportive literature exists on preparent or pregrandparent education. In order to provide justification for preparenthood and pregrandparenthood training, the existing literature is summarized below. It is categorized as (a) new-paradigm relationships, (b) intimacy and sexuality in marriage, (c) transitions to parenthood and grandparenthood, and (d) preconceptual health promotion.

New-Paradigm Relationships

Several authors allude to new-paradigm relationships, in which men and women will experience partnership instead of old-paradigm relationships based on patriarchy (Aburdene & Naisbitt, 1992; Carlson, Sperry, & Dinkmeyer, 1992; Gray, 1996). Partnership is characterized by equality in the relationship. Steil (1997) defines relationship equality as "a matter of attitudes and behaviors and process. Relationship equality involves equal participation in the responsibilities of the home, equal commitment to the responsibility to provide, equal voice in establishing priorities, and equal commitment to and investment in the work of relationships" (p. 71). Couples who become skilled in the communication patterns of both men and women are more likely to be satisfied with their relationships (Frazier, 1994).

Ferguson (1987) defines the new-paradigm relationship as a transformative relationship, which "is a whole that is more than the sum of its parts" (p. 392)—synergistic, holistic, and characterized by trust. The transformative relationship is a shared journey towards meaning. "Each partner is awake to the other. The relationship is always new, an experiment, free to become whatever it will. It rests on the security that comes from giving up absolute certainty" (p. 395). Couples who are committed to this type of relationship sharing may be

open to education that will assist their relationship during the transition to parenthood.

Intimacy and Sexuality in Marriage

Though more than half of marriages end in divorce, adults are still choosing to marry (Frazier, 1994). If the institution of marriage is to survive, concepts in addition to monogamy must be associated with marriage, such as openness, trust, and honesty (Ornish, 1998). Ornish quotes two sociologists, Rustom and Della Roy, who explain that younger people are trying to devise and invent a form of marriage appropriate to a new era, which this author calls "new-wave marriage".

Ferguson (1987) stipulates that, in new-paradigm relationships, the emphasis is not so much on sexuality as intimacy. "Intimacy is prized for its shared psychic intensity and transformative possibilities, of which sex is only a part—often a latent part at that" (p. 397). Indeed, emotional intimacy and psychological intimacy are the most difficult of intimacies to attain, yet they are amongst the most satisfying (Carlson, Speery, & Dinkmeyer, 1992). Ornish says that, while science helps us to gain greater understanding of the world we live in, it has its limitations. "What is most meaningful often cannot be measured" (p. 4). Though concepts such as love, intimacy, and meaning are powerful, they are the least understood part of Ornish's work. There is a certain mystery about intimacy that we do not understand; consequently, the concept is difficult to evaluate and research. However, more and more people seem to acknowledge that they have a need to feel connected to others and to concentrate on their spiritual growth (Adrienne, 1998; Moody, 1997; Ornish, 1998; Patenaude, 1998; Sinetar, 1991; Zukav, 1989).

Two authors challenge the traditional view of marriage. Moore (1994) believes that marriage is more than commitment to the relationship between two individuals and that there is a part of marriage that is not rational.

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Zukav (1989) defines the meaning of marriage as being more than just the old archetype based on physical survival. The new archetype is a spiritual partnership in which each partner assists the other in his or her spiritual growth in the sense of expressing the need to feel connected in their relationship. It follows, then, that a need exists for them to feel connected before and during pregnancy, throughout labor and delivery, and afterwards (Polomeno, 1999a, 1998, 1997).

The most interesting aspect about the emerging trend and emphasis on spirituality is its diverse associations, particularly that of *soul* in marriage, as presented by Thomas Moore (1994). Moore writes that “[m]arriage has less to do with conscious intention and will than deeper levels of soul” (p. 46). He continues: “. . . [I]f we see that it also has to do with family, neighborhood, and the greater community, and with our own work and personal cultivation, then we begin to glimpse the mystery that is marriage . . . [It is] an opening to the potential life that lies hidden from view until evoked by the *particular thoughts and feelings of marriage*” (pp. 48-49, author’s emphasis). These words offer perinatal educators the hidden view of the couple’s relationship—namely, the couple’s perceptions of what they are experiencing and feeling.

Pregnancy is often characterized as a period of physical and psychological upheavals for both partners, creating confusion and emotional distance (Polomeno, 1999d). Moore (1994) explains that the couple should not resist such moments of confusion; rather, they should speak from the heart, expressing their feelings. Happiness and satisfaction with marriage are unique to each couple. Gottman (1998) differentiates *happy couples* from *unhappy couples*: Happy couples explore each other’s feelings, find common ground, appeal to basic philosophy and expectations in the marriage, are kind towards each other, interested in their partner’s world,

and express spontaneous admiration and affection for each other.

One challenge for couples is keeping the excitement of sex and passion alive in a long-term committed relationship (Winstead, Derlaga, & Rose, 1997). Frazier (1994) reveals that, currently, there is a movement from procreative to psychological sexuality, more openness exists about sex and eroticism, and women are more willing to discuss erotic matters. Several authors (Gray, 1995; Hooper, 1992; Pearsall, 1987) have written excellent books on how to keep the passion and sex alive in a long-term relationship like marriage. A couple should be encouraged to talk about their sexuality and to nurture it just as they nurture other relevant aspects in their relationship.

Moore (1994) describes *soul* in sex: The whole sphere of sex—including emotion, body, fantasy, and relationship—falls within the domain of soul. According to Moore, couples express their feelings better through sex than through language, because people unveil themselves in ways not possible outside of sex. Uncluttered by ego and manipulation, “sex can bring magic into a relationship and anchor it in a way that no amount of talking or doing things together can” (p. 162). In the conclusion to his chapter, Moore states that “the soul of sex has the power to evoke relationship, to sustain it, and to make it worthwhile” (p. 187). Perinatal educators can help couples find soul in their marriage and in sex since in reality the conjugal partners are in a sexual relationship all day long, every day. What happens in the bedroom cannot be separated from what happens in the rest of their relationship (Moore, 1994).

Transitions to Parenthood and Grandparenthood

“[P]arenthood is both intense and emotionally demanding. . . . Most mothers and fathers are unprepared for the extremes of affect that they inevitably experience at various points during parenthood” (Antonucci & Mikus, 1988, p. 66). There are many worries and struggles associated with the parental role, which only “heightens the salience of the role rather than diminishes its significance” (p. 64). Turner (1978) explains that experiencing the process of role salience involves investing in that role by undergoing and coping with role strain so that, in the end, it becomes difficult to discard it. In coping with the normal role strain if parent-

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ing does not go well, partners may begin to lose the feeling of being a team and may experience distance in their relationship (Cowan & Cowan, 1988). "The highs and lows of couples' relationships often lie in the realm of sharing feelings. . . . [They] look to their partner for validation . . . [however, their] partner may be having a different experience" (Cowan & Cowan, 1988, p. 140). Though mother's experience may differ from father's, couples should be encouraged to open lines of communication and share their feelings. The sharing of feelings is more important than having the experience, per se. As Cowan and Cowan state: ". . . when there is a supportive context for appraising the structural changes of a transition period, parents' understanding of change can act as a moderator of distress with the overall couple relationship" (p. 143).

In many new families, grandparents can be a part of this supportive context. The grandparents undergo their own transition as they learn to adopt the grandparental role. However, clashes between the upper and the middle generations may occur, especially in the case of first-time parenthood and first-time grandparenthood. A great potential for family strain exists, since the family unit and its members are coping with two simultaneous transitions in the family life cycle. Perinatal educators can provide education for both generations, offering each group its own respective class in which to discuss the changes inherent in each stage of the life cycle. Then, a context can be created where the members of both generations communicate their thoughts and feelings (Polomeno, 1999b, 1999c). For example: One task that should not be taken for granted is asking the grandparents how they would like to be addressed by their grandchildren. Opening a conversation on this sensitive topic between grandparents and parents can promote needed discussion and prevent hurt feelings. Expectant young couples can benefit from their parents' support as they buffer the stresses intrinsic to the transition to parenthood. The parenting couple and the grandparenting couple have much in common. Perinatal educators can be pivotal in encouraging each generations's health promotion while simultaneously promoting intergenerational harmony and support.

Preconceptual Health Promotion

Various authors offer different views on preconceptual health promotion. Levitt (1993) believes the purpose of

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preconceptual health promotion is to reduce pregnancy morbidity and poor outcomes, thereby improving the rates of infant morbidity and mortality. "It is desirable that women of childbearing age are made aware of what actions, activities, abstentions, and services maximize their chances to have a healthy baby" (p. 537). Similarly, Moos (1989) explains that preconceptual care is aimed at preventing spontaneous abortions, congenital anomalies, and some causes of low birthweight.

However, other authors believe that emotional, psychological, and social components of preconceptual health promotion must be addressed along with the physical component. This involves factors that will influence couples' decisions to become parents and the timing of pregnancy. Gottlieb and Pancer (1988) reveal the following: "A couple's decision to have a first child is influenced by their appraisal of the status of their marital relationship, their personal development, their anticipation of the impact of parenthood on both of these domains, and their present and past exposure to the primary social network's norms and behaviors" (p. 244). The same authors continue: "Given that issues of security and stability weigh heavily in a couple's decision about whether and when to have a first child, their perceptions of the support available to them are bound to play a central part in their appraisal of their ability to maintain equilibrium during the transition's course" (p. 246). Indeed, the assessment of the state of the couple's relationship, as well as the appraisal of their social support from the primary network, are important factors in the couple's decision-making process to become parents.

Formal groups assisting couples with these decisions in prepregnancy have become available. Duncan and Markman (1988) describe how perinatal programs that consist of classes for labor and delivery have expanded to include classes that address "decision-making concerning the desirability and timing of parenthood and to the period of transition adults experience during preg-

nancy and the early years of childrearing" (p. 270). Such programs are patterned after the foundation of marriage preparation courses, which involve the enhancement of couples' communication, problem-solving skills, and relationship satisfaction, as well as the maintenance of a high level of relationship satisfaction, a decrease in conflict, and the improvement of parent-child communication and child functioning (Duncan & Markman, 1988).

Preparenthood and Pregrandparenthood Classes

The following five themes emerge from the above literature review and, thus, are proposed here as the foundation for preparenthood and pregrandparenthood education: (a) expanding the horizons of perinatal education, (b) placing emphasis on the marital relationship, (c) creating a supportive social context within the classes, (d) redefining the role of the perinatal educator, and (e) creating an effective approach within the group encounters.

Expanding the Horizons of Perinatal Education

The mission of comprehensive perinatal education is to prepare couples not only for childbirth but also for the transition to parenthood and all that it entails. This requires spending a certain amount of time on the couple's relationship by helping them to reconnect where needed, be more in tune with each other, increase their sense of intimacy, improve conjugal support and communication, and enhance their sexual relationship (Polomeno, 1997).

Emphasis on the Marital Relationship

"The transition to parenthood . . . is potentially an optimal time for people to make changes in important areas of their lives, including their marital relationship" (Duncan & Markman, 1988, p. 302).

Creating a Supportive Social Context Within the Classes

"[W]hen couples participate in interventions together, [the activity] often has a positive impact on the couples' feelings of closeness and affection. . . . [There are] several possible reasons. . . . [C]ouples share an experience and develop a common language system to talk

about their experience . . . [and they] engage in the activity together, fostering a sense of couple identity and shared mastery or efficacy over the aspect of the transition they are experiencing and with which they are coping" (Duncan & Markman, 1988, p. 302-303).

Role of the Perinatal Educator

"An appropriately timed supportive intervention can reduce the likelihood of future marital difficulties" (Martin & Starling, 1989, p. 12). Pregnancy and birth are important life transitions that lend themselves to educational intervention.

Approach Within the Group Sessions

An effective approach involves creating a common ground through encouraging the couples' comparisons of their perceptions and helping them determine what is similar between them. "Similarity on a particular topic obviously increases understanding or the ability to comprehend and communicate with others quite directly in relation to that particular topic. . . . [It] also provides a good foundation for the two persons to accommodate to each other, using that particular similarity as a framework for negotiating—hence negotiators and intermediaries usually start by looking for the common ground" (Duck, 1994, p. 99).

Similarly, when educators intervene, they "must be careful to pay attention to how each partner evaluates the state of affairs and to how the combination of their evaluations affects both partners' satisfaction with the overall marriage" (Cowan & Cowan, 1988, p. 148). Thus, one would expect the educator to work with small groups when engaging in relationship building.

Report on a Pilot Programme for Preparenthood and Pregrandparenthood Training

The above themes have piloted an application to a programme for preparenthood and pregrandparenthood. The first part of preparenthood and pregrandparenthood education focused on refining the intervention involving recruitment, content, group dynamics, teaching aides, audiovisual support, and creation of the social context away from the group sessions.

Group Recruitment and Characteristics

Two groups of expectant parents participated in the intervention: The first group took place in the autumn and winter of 1996-1997, while the second one occurred in the winter and spring of 1998-1999. The first group contained 10 couples who all knew each other already because they had participated together in marriage preparation courses provided through a Catholic community. The second group contained 9 couples. In this group, the author mentioned that she had taught grandparenting prenatal classes. The group's instantaneous reaction and enthusiasm were overwhelming. The author, then, organized a class for the second group's parents, resulting in 8 grandparents (4 couples).

Programme Organization

Each preparenting group member was met either directly or through telephone contact before the beginning of these pilot groups. Personalizing the contact at the beginning—especially when developing new programmes—is important for three reasons: (a) the couples get to know the educator and she gets to know them; (b) the educator can determine the group members' characteristics, including their reaction to the project (men and women), their needs, and their concerns; and (c) the couples' anticipation increases with the educator's explanation of the project and what it entails. Each couple was asked to complete a short questionnaire to determine their learning needs and their fears and concerns regarding the transition to parenthood. There were two versions of the questionnaire: one for the woman and the other for the man. See Table 1 for the content of the questionnaire. The couples returned the completed questionnaires through regular mail, fax, or the Internet. Content analysis was conducted and these data were used as the foundation for each of the group sessions.

The group sessions were given in the basement of a church located in the East End of Montréal, Canada. Each of the 4 sessions lasted 3 hours, with a break scheduled halfway through. During the break, juice, coffee, and cookies were served, and the couples often broke up into smaller groups for informal conversation. Chairs were arranged in a circle. A table was placed nearby and contained printed materials and written handouts for the couples. Books were also available for consultation. Providing the couples with this type of information is

Table 1 Preseries Questionnaire for Preparenting Couples

The following questions were distributed to the preparenting group before the start of the group sessions. There were two versions of the questionnaire: one for the man and the other for the woman. Each partner completed the questionnaire, separately. The completed questionnaires were then returned by mail, fax, or the Internet. The couple could compare their answers after they had completed the questionnaires. This was actually therapeutic for the partners because they were opening up the conversation regarding the transition to parenthood and starting the feeling that they were in this experience together. Responses to the questions were used as content for the group sessions in order to meet the needs of that particular group. At the beginning of the first group session, the results were shared with the group to begin creating a group feeling and social context. This was an important aspect in the group dynamics approach as explained in the article.

Questionnaire:

1. What questions would you like to ask me about pregnancy?
 2. Do you have any fears or concerns about pregnancy? If so, what are they?
 3. What questions would you like to ask me about parenthood?
 4. Do you have any fears or concerns about the role of being a parent? If so, what are they?
 5. Would you like to consider other topics in relation to the transition to parenthood?
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important because it is a form of continuing education in which the couples can integrate what was learned and discussed within the group session. A television and video apparatus were available in the room for viewing films. A blackboard, an overhead projector, and an easel containing large, white sheets of paper were also present.

At the beginning of each group session, a sheet containing the day's program was distributed and explained. At the end, an informal evaluation was conducted, soliciting the couples' comments on the session's content and activities. The date and time of the next group session was proposed and confirmed by the group. Each couple went home with suggested readings and/or a homework assignment; content was integrated and certain parts of the content were targeted so that each couple would reflect upon and compare their answers. These actions foster continuation of the conversation between the group sessions so that each couple works further to develop feelings of togetherness and closeness (emotional support) and the common ground (cognitive component).

The group sessions were given at 1-month intervals

on Sunday afternoons so that the couples would not feel overloaded; yet, time was available for content integration and homework assignments. The weather was another consideration; participants were willing to attend in winter, only if the group sessions were not too close to each other. Many couples had to travel considerable distances. They were already taxed during the week since they had to leave their homes at least 30 minutes earlier in the morning—compared to their departure time in the summer—due to road and environmental conditions (snow and ice).

For the pregrandparenting group, the couples sent a letter to the prospective participants. The letter explained the purpose of a single group session and its potential content, including providing up-to-date information on baby care and obstetrical and parenting practices, as well as an examination of the meaning of the grandparental role. The grandparents (usually the grandmother) or the couples called the author to reserve a space in the group. Sunday afternoon was also found to be a convenient time for the grandparenting couples since several of them had to travel considerable distances. This group session occurred 1 week before the preparent couples' last group session to enable the grandparents to share their class experience with the parents prior to their last class. The content of the preparent couples' last class focused on life with baby and the importance of network support, especially that of the grandparents. All of the organizational components of the grandparents' session was similar to those of the couples' session: room setting, written and printed materials, homework assignments, health break, and audiovisual equipment.

Teaching Goals and Objectives

The following teaching goals and objectives were developed for both parts of the programme involving preparenthood and pregrandparenthood:

Goals:

1. to prepare couples (parenting and grandparenting) for their respective transitions through role identification;
2. to harmonize the relationship between the upper and middle generations through awareness and exchange; and
3. to create an interdependent, family environment

in order to promote family health and family well-being.

Class Objectives:

1. to promote preconceptual health for preparenting couples;
2. to explain the physical and psychological changes of pregnancy and their impact on the couple's intimacy and sexuality;
3. to describe the stages of the birthing process and their impact on the couple's relationship;
4. to explain the physical and psychological changes in the postpartum in order to promote the couple's functioning abilities in the first year of life with baby;
5. to increase the grandparents' knowledge-base regarding obstetrical and parenting practices;
6. to enhance the couple's skills in communication, emotional support, and conflict resolution during each stage of the transitions to parenthood and to grandparenthood;
7. to assist the couple in the development of the common ground or team feeling as they cope with these intrinsic changes; and
8. to increase each family's awareness regarding its responsibilities toward the well-being of the unborn.

Theoretical Framework Guiding the Group Dynamics Approach

The group dynamics approach used in these group sessions was based on Steve Duck's *A General Model of the Serial Construction of Meaning* (1994). In this model, a collective perception is developed through shared meaning in 4 stages. In the first stage of *commonality*, the partners or other family members have the same attitude about a certain topic but they are not aware of this. In the second stage of *mutuality*, they come to realize that they share the same feelings about the topic. In the third stage of *evaluation*, the family members interpret the feelings about the common topic and realize to what extent they share the same feelings. In the last stage of *shared meaning*, a collective perception is created leading to a core of shared meaning or the common ground.

Every time the family unit experiences a new event or situation, new meaning is attributed to it and must be integrated into the core of conjugal and family shared meaning . . .

When partners and family members experience the common ground, they feel that they are part of a team or a group, translated into feelings of emotional closeness and “belongingness.” Every time the family unit experiences a new event or situation, new meaning is attributed to it and must be integrated into the core of conjugal and family shared meaning (Monsour, 1994).

Duck’s theoretical model is transformed in the group dynamics through the use of perceptions. A *perception* is the assessment or evaluation that a person gives to a situation or problem that will influence his or her reactions to the situation (Boss, 1988). When one person’s perception is congruent with another’s, a collective perception can be created. The perception that a person has of the situation is called a “self-perception,” while a person’s perception of the other’s perception is called a “metaperception” (Allen & Thompson, 1984). When a person’s self-perception is congruent with the other person’s metaperception, then perceived similarity exists between them. Understanding is obtained when one person’s metaperception is congruent with the other person’s self-perception (Acitelli, Douvan, & Veroff, 1993).

Perceptions were interwoven throughout the parenting and grandparenting group sessions in several ways. First, each partner was given a questionnaire to complete and then encouraged to compare answers on each question. A plenary session usually followed, trying to elicit commonalities in the responses so that the partners felt that others were also experiencing the same feelings or thoughts. This was beneficial for both the men and women in the groups because it created gender “belongingness,” which has the potential of spilling over into the couple’s relationship. The partners felt validated in their perceptions and their reactions were normalized. If differences arose, they were explained. Furthermore, the couple could agree to disagree, which was also acceptable. In another strategy, the group was broken down into subgroups, either into couples or along the

lines of the genders (men vs. women), and given questions written on large sheets of paper or on questionnaires to complete. A plenary session followed the exercise with discussion, exchange, and explanations. Homework assignments were always given at the end of the group session, with the objective of continuing reflections while away from the formal group setting. This applied to both the parenting and the grandparenting couples. Conjugal and intergenerational family intimacy was enhanced through this latter strategy.

Content of Group Sessions

Table 2 presents the content of the preparenting group sessions. The content of the pregrandparenting group sessions is described in previous issues of this journal (Polomeno 1999b, 1999c). Details of the preparenting group sessions are provided on group activities, films, and homework assignments. A film or part of a film was presented in each group session, with the objective of introducing the content of the next group session. Connections from one group session to another were created this way.

Preliminary Results of This Program

The age of the participants ranged from the 20s to the 30s, most were either employed full-time or studying, the majority were collegiate or university-trained, and all of the couples were either married or engaged. In the first group of 10 couples, 4 couples were either pregnant or had a baby and had chosen either midwives or family physicians as birth attendants. Two couples became pregnant within a few months of terminating their series of group sessions. In the second group of 9 couples, 3 couples were pregnant before the start of the group sessions, while 2 others became pregnant during the series. Three couples had chosen midwives as birth attendants, while two others chose medical specialists. One couple advanced their baby plans by 2 years since they were able to find solutions to the obstacles preventing them from becoming parents.

The majority of the couples expressed high satisfaction with the series and shared the information with other couples in their social networks, resulting in other couples requesting a new series. Two couples noted they

Table 2 Content of Preparenting Group Sessions

Group Session #1:

1. Welcome
2. Results of preseries questionnaires
3. Ice breaker: At the beginning, each couple receives written materials in a folder. Inside the pocket of the folder is a sticker. Two couples find corresponding stickers. For example, the couples having the two violin stickers will match up and regroup themselves. They present themselves, mention where they live and what they do in life, and why they have decided to come to these group sessions. In the plenary session, one couple presents the other. This continues until all of the couples have been presented.
4. Couple activity: This activity is called "Preparing for Parenthood." The questionnaire contains 7 questions. Two versions are available, one for each partner. Each partner must fill in the questionnaire separately and then compare answers. Soft music is played in the background. The couples are encouraged to seek their own space within the room setting so that intimacy may be maintained. Here are the 7 questions:
 - a. Do you want to have children? Yes _____ No _____
 - b. If yes, why? If no, why not?
 - c. When you do want to become a parent?
 - d. Which factors will influence your decision to become a parent?
 - e. How will you know that you are ready to become a parent and plan a pregnancy?
 - f. How many children do you want?
 - g. Other comments?
5. Class content – Preconceptual Health: The importance of . . .
 - a. Physical checkup, including urine and blood tests
 - b. Lifestyle considerations: smoking, nutrition, exercise, medications, alcohol, drugs
 - c. Immunization boosters
 - d. Dental and eye checkups
 - e. Genetic counseling
 - f. Contraception: the pill, Billing's method
 - g. Ovulation, sexual positions
 - h. Meaning of lovemaking for baby making
 - i. Choice of birth attendant and place of birth
 - j. Stress management and its impact on fertility
 - k. Environmental hazards and impact on fertility
6. Introducing content of next class – Films on pregnancy (20 minutes) and breastfeeding (15 minutes), followed by plenary session on films
7. Homework assignment:
 - a. Emotional support – Questionnaire containing 10 questions on preferences for mutual support
 - b. Readings contained in folder

Group Session #2:

1. Welcome
2. Questions from readings and comments on emotional support questionnaire
3. Brief review of preconceptual health
4. Class content – Family transitions during pregnancy
 - a. Confirmation of pregnancy
 - b. Physical and psychological changes of pregnancy: three trimesters

- c. Psychological changes of expectant father: couvade syndrome
- d. Fetal development and fetal touch program
- e. Intimacy and sexuality changes during pregnancy: changing the sexual repertoire
- f. How to express sexual needs and sexual anxieties
- g. High-risk pregnancy, reactions, antenatal hospitalization, home care management
- h. Premature baby and neonatal intensive care
5. Group activity: Divide the group into 2 subgroups, representing the men and the women. Provide each subgroup with a large sheet of paper and a felt-tip marker. Each sheet presents two questions: (1) What image of father (or mother) is contained within you that represents the image of the type of father (or mother) that you would like to be? (2) What are your fears and concerns regarding pregnancy? the couple and pregnancy? sexuality and pregnancy? This activity lasts 15 minutes. A plenary session follows to compare the responses of each subgroup.
6. Teaching massages for pregnancy comfort
7. Introducing content of next class – Film on vaginal birth, followed by class discussion on film
8. Homework assignment:
 - a. Readings
 - b. Couple activity: Two versions (male and female) of a questionnaire are distributed to each couple to be answered separately. They can compare their answers after completion of the questionnaires. Questions:
 - i. How do you define the term "good mother"?
 - ii. How do you define the term "good father"?
 - iii. How would you describe the influence of your parents on this decision (to become parents/have children)? the influence of your friends who are already parents?
 - iv. Oftentimes, we have an image of our life partner as a parent. What image do you have of her (or him) in this role?
 - v. What are your fears and concerns in regard to this role?
 - c. Invite parenting couples to speak with their own parents for the pregrandparenting group session (distribution of letter of invitation)

Group Session #3:

1. Welcome
2. Questions from readings, comments on questionnaires
3. Reactions to pregrandparenting letter of invitation
4. Brief review of family transitions and pregnancy
5. Class content – An overview of childbirth:
 - a. Consumer rights and informed consent
 - b. Labor and delivery: explanations
 - c. Contractions
 - d. Pain control: natural and medical
 - e. Interventions: why, alternatives
 - f. Cesarean birth, vbac
 - g. Epidural anesthesia
 - h. Breathing techniques, comfort positions for labor and birth
 - i. Massages for comfort
 - j. The couple as a team during labor and birth
 - k. The immediate postpartum

(continued on next page)

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l. Initiating breastfeeding m. The wonder of the newborn, baby care	j. Support from the network k. Return to work by mother, daycare, feelings of guilt
6. Posters and other supporting teaching aids	l. Laughter, no blaming each other, be responsible for one's self
7. Introducing content of next class – Film on midwifery, followed by plenary session on film	m. Childrearing, parenting philosophy
8. Homework assignment:	6. Homework assignment:
a. Readings	a. Readings
b. Birth plan (Polomeno, 1998, p. 17-18)	b. Questionnaire A: Think of couples that you know who are now parents.
c. Questionnaire: The Couple during Labor and Birth (Polomeno, 1998, pp. 18-19)	i. Do you find that they have changed since the birth of their baby? If yes, how? In a positive way? In a negative way?
Group Session #4:	ii. What do they miss the most and what can help them?
1. Welcome	iii. How do you think a child will change your relationship with each other?
2. Questions from readings, comments from birth plan and questionnaires	iv. How do you think you will be similar or different from your friends?
3. Brief review of labor and birth	v. What are the dangers that you could lose sight of each other after the birth of your baby?
4. Films on fatherhood and motherhood, followed by open plenary sessions to address issues and concerns that emerge from the films, along with possible solutions	vi. How do you usually react when you are tired, nervous, or stressed?
5. Class content – Early parenthood	c. Questionnaire B: Here is the distribution of the family's needs: <i>Individual Time</i> (time to take care of one's self: mother, father, baby), <i>Diffused Time</i> (for household chores: all of the family), <i>Relationship Time</i> (to satisfy affection and intellectual needs: mother, father, baby, couple).
a. Physical and psychological changes of the new mother	i. How are you going to balance all of these needs: mother, father, baby, parent-child relationship, couple?
b. Psychological changes of new father	ii. Consider the first week with baby
c. Baby's influence	iii. Consider the first 6 months with baby
d. The return home	iv. Consider the first year with baby
e. Coping with fatigue	v. What kind of support are you hoping for from the grandparents?
f. Recovery from a difficult birth (vaginal vs. cesarean)	
g. Breastfeeding	
h. Sharing of household chores and baby care	
i. The couple:	
i. Resumption of sexual relationship	
ii. Libido: woman, man	
iii. Romance and its importance	
iv. Communication	
v. Maintenance behaviors	
vi. Outings: when, how, etc . . .	

anticipated a more “classroom” approach to learning rather than an interactive and participative style.

In the pregrandparenting class, there were 4 couples. One couple's daughter was pregnant, while the other 3 couples' children were discussing the timing of pregnancy. Two of the expectant grandparent couples were related—their children were married to each other. The wife of one couple (a second marriage for each of the partners) was already a grandmother with grandchildren ranging in ages from 4 to 25 years. She became very important in the pregrandparenting group, openly sharing her experience and knowledge. All 8 grandparents from the second group had expressed high satisfaction with their group sessions because a group atmosphere had been created favoring discussion and exchange, all questions and comments were encouraged, and the non-

judgmental attitude fostered had been appreciated. Both the preparenting and pregrandparenting groups manifested a strong desire to continue contact; thus, names, addresses, and telephone numbers were exchanged. The preparenting groups often went to a restaurant after class for socialization purposes.

In both preparenting groups, the content and approach were modified as deemed appropriate to individualize the course in order to better meet the needs of the groups. All of the participants expressed a high degree of satisfaction with the group sessions. However, their satisfaction depended on which phase they found themselves in part of the transition to parenthood. Couples who were not yet pregnant were the most receptive to all of the information, while the ones who were either pregnant or already parents were more selective in their

For many couples, the transition to parenthood is often the first time in their relationship that they must deal with so many changes simultaneously.

interests. The ideal group would be one whose members are not pregnant, with prenatal classes to follow when the members did become pregnant. The requests to form a follow-up group were interpreted as evidence that these classes met a felt need of the participants. For the follow-up group, control over group characteristics was to be considered; only those couples who were not pregnant were to be included. Recently, some couples who did become pregnant while attending the group sessions were more in favor of a mixed group containing pregnant and nonpregnant couples. They explained that the presence of the pregnant couples exposed them to the upheavals associated with the transition to parenthood while simultaneously reassuring them about the upheavals and the survival of the couple's relationship. A research project comparing the two approaches is warranted: the mixed group containing pregnant and nonpregnant couples versus the other containing only nonpregnant couples.

Conclusion

Cowan and Cowan (1988) state the following: "The understanding of families in transition requires a synthesis of individual, dyadic, triadic, three-generational, and societal perspectives to provide a differentiated portrait of families' adaptation to life change" (p. 148). Although this specific program demonstrates an expanded scope of perinatal education, perinatal educators in general should become knowledgeable about the transitions to parenthood and grandparenthood. The thoughts and

Perinatal education is only beginning to become aware of its expanded potential to contribute to the growth and development of the family unit and its members.

feelings of each partner in the conjugal dyad in regard to the transition should be explored, including the impact on the couple's relationship.

For many couples, the transition to parenthood is often the first time in their relationship that they must deal with so many changes simultaneously. The transition to parenthood tests each of the partners and their relationship. How the couple handles these elements will set the precedent for coping in future difficult and challenging situations. Their coping has the potential of becoming a model for the children when they become parents, and for the parents when they become grandparents. Perinatal education is only beginning to become aware of its expanded potential to contribute to the growth and development of the family unit and its members.

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