*Response to the Innovative Perinatal Education Management Service Article,
“Developing a Family-Centered, Hospital-Based Perinatal Education
Program”*

Even a “Princess of a Program” May Face Challenges

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Abstract

Commentators discuss the merits of the article “Developing a Family Centered, Hospital-Based Perinatal Education Program” [*Journal of Perinatal Education*, 9(4), 28–39]. They also point out the challenges of developing, implementing, and maintaining a comprehensive, family-centered perinatal education program in urban and rural hospitals.

Journal of Perinatal Education, 9(4), 40–43; birth centers, hospital birthing centers, childbirth education.

Regular readers of *The Journal of Perinatal Education* (JPE) will recognize this column as an ongoing forum for commentary on examples of exemplary practice. Since 1996, JPE has featured examples of perinatal service that portrays some exemplary attributes worthy of replication. Along with each “exemplary service article” is a commentary from a panel of perinatal managers. The members of the review panel each receive a copy of the article describing the innovative or exemplary program. They are each asked to discuss how realistic this service would be to implement on a larger scale. The perinatal managers are asked to ponder the following questions: What potential does a service like this have? Is there anything like this practice in place at your setting? If not, how feasible would this practice be in your setting? What blocks or barriers would need to be overcome in order to implement a program like this? What are the supports needed?

This column provides commentary on “Developing a Family-Centered, Hospital-Based Perinatal Education Program” (pages 28–39). In this article, Marcia West-

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moreland and Elaine Zwelling describe in detail the development of a truly exemplary, family-centered, comprehensive, perinatal education program for a large, urban hospital system. The authors relate perinatal education to the principles of family-centered maternity care, outline the criteria for a quality educational program, give rationale for this type of program development, and offer practical suggestions for starting or enhancing a perinatal education program within a hospital system.

The members of the perinatal review panel shared the opinion that the program described in this article was truly exemplary. All members of the review panel expressed a sense of envy at the resources available to establish the program at Kennestone Hospital in Atlanta. One member of the perinatal review panel—who is also from Georgia and quite familiar with this particular program—commented, “This is a princess of a program. They obviously did their homework and started off with a big bang. If you could see their setup, you would have drool running down your chin! They were lucky to have hit the gold mine before all the hospitals started crunching. I think every hospital should have that sort of program, but unfortunately with health care dollars being cut left and right, teachers and educational programs are often the first to go.” This reviewer also reflected, “With blessings come headaches. A program like this is a mammoth operation to run. It is possible that some of the instructors are like kids in a candy store. Because they didn’t have to work for all that wonderful equipment, perhaps they may not be taking adequate care of it.”

A reviewer from a large perinatal center in northern New Jersey—one that also offers a large, comprehensive educational program—remarked that reading the article, “Developing a Family-Centered, Hospital-Based Perinatal Education Program,” was like reading a synopsis of her own department’s development plan. She noted that her medical center alone has over 7,000 births. She, too,

acknowledged that the authors did a great job developing and implementing a well thought-out plan. She also confessed that she was jealous when the authors described their space availability. She reported, “Space restrictions remain my biggest obstacle. We offer four separate prepared childbirth classes every weeknight, plus additional classes on Saturdays and some Sundays. Our class-size remains 7 to 10 couples, but classrooms are shared with other departments so we cannot leave birthing beds and other equipment in place as Kennestone Hospital does.”

A reviewer from rural Wyoming stated, “Every time I read an article with great ideas that have been successfully implemented, I really want to race to urban America and work in a large birthing center like the one described in the article. But, alas, I am out here in the middle of Wyoming, where our entire state delivers fewer babies than the one hospital described in the article.” In the rural setting, perinatal education that is family-centered and spreads out from preconception through the first years is perceived as extraordinarily awesome. This reviewer did acknowledge, however, that some parts of the program described in the article could be implemented in a rural setting. In fact, a skeleton model of the program described is in place even in rural Wyoming, but it directly depends upon the individuals who are doing the teaching. She described a situation in a small town in Wyoming where she worked as a public health nurse. She developed a comprehensive prenatal education course that included three classes for expectant parents: early pregnancy, titled “Baby and Me”; mid-pregnancy, titled “Partner and Me”; and late pregnancy, titled “Labor and Me.” She reported that, unfortunately, when she left public health nursing, the entire program collapsed. She stated, “Even though I took time to train the new nurse, sadly, all the written materials were laid aside, including a 44-page education book that I wrote in poetic text so the parents could have fun while learning. This complete change tends to be consistent with the rural mindset.”

Another difficulty in rural Wyoming is attempting to get people to come for the early gestation classes. Trying

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to break the barrier that all prenatal classes *must* be about labor and delivery is amazing. In terms of conducting a needs assessment, this reviewer noted that, in many of the rural states, the March of Dimes has completed a rather extensive needs assessment that can be used. Most public health offices in rural areas also have completed needs assessments.

Experiencing difficulty in finding and maintaining a pool of qualified educators was a common theme identified by the members of the perinatal review panel. One reviewer remarked, “Some educators only want to teach when it suits their schedule. Some people are more dependable than others.” When so much is invested to establish a comprehensive program, the accountability is high for the leader of the program. Unlike the program described in the article, a nurse manager from another large perinatal center in Georgia stated that all of the instructors at her hospital were not certified by Lamaze International. She believed that having all Lamaze Certified Childbirth Educators was one of the highlights of the program described in the article. Finding the money and commitment of hospitals to finance certification continues to be a problem.

The director of a large center in northern New Jersey remarked, “Our pool of educators has had its ups and downs over the years. I have found that many qualified and certified educators are working ‘day-jobs’ and are only interested in teaching one or possibly two evening classes. With a huge OB population to serve, we are always on the lookout for qualified educators. I do require all educators teaching childbirth preparation to be certified.”

In a rural setting, the luxury of having a pool of certified childbirth educators is even more problematic. A reviewer providing the rural perspective stated, “I am not sure how you get a struggling hospital in a rural setting to pay for the childbirth educators to become certified. I have not been able to persuade any administrators to see the benefits of childbirth education and

how the maternal experience may impact the mother’s decision to bring back family members for care in the future. I could never imagine a room solely designed for teaching stations, especially one with a labor bed—that is but an urban dream come true.”

Other members of the review panel also expressed financial concerns. One reviewer suggested the need to look for creative ways to finance programs, perhaps with grants. There is also the need for research studies to document and support the benefits of quality childbirth education. She suggested, “We need to help people see that good childbirth education for couples can save money. All hospitals spend too much money on unnecessary interventions. As suggested in the article, if we can document the cost-saving benefits of childbirth education, perhaps health care systems will buy into it.”

Another reviewer remarked, “Although our hospital is very supportive of our education program and regards the department as an important component of the maternity team, financial support, in these budget-conscious times, is met through departmental revenues only. We house an electric breast pump rental station in our office, which helps subsidize the educational programs. I have found that educational programs in general are not revenue producing when you look at the total picture—administrative costs, supplies, secretarial help, etc.”

The reviewers also acknowledged the need for cultural sensitivity in childbirth classes. Commenting on cultural sensitivity in rural Wyoming, one reviewer noted, “There are three distinct cultures in Wyoming: middle white America, Hispanic, and Native American. The Wind River Reservation has recently accepted a ‘Babies and Me’ program developed by the March of Dimes that is specific to their culture. It is taught by lay women—trained, of course—because of their higher acceptance of the course. This is the first by March of Dimes of designing and implementing a program strictly for Arapahoe and Shoshone Indians. As for culturally sensitive to the Hispanic culture . . . In the three facilities in Wyoming I have worked at, nothing has been done.” A member of the review panel from northern New Jersey observed that the population in her setting did not warrant classes in languages other than English; however, the headset device that the authors mentioned would be interesting to explore for possible future needs.

All of the reviewers expressed how much they enjoyed reading the manuscript and agreed that the program

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described is truly an exemplary service worthy of being emulated. As one reviewer eloquently commented, “I’m always glad to hear that, across the United States, quality childbirth education programs continue to grow and serve our new and expectant families in a very important and professional way.”

Acknowledgments

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- Susan Weinstein, RN, BS, FACCE—Director of Women’s Health Education at Saint Barnabas Medical Center in Livingston, New Jersey.

Invitation

We welcome other perinatal managers to join the review panel and provide feedback on future exemplary service articles. If you are interested, please contact Wendy Budin at College of Nursing, Seton Hall University, South Orange, NJ 07079; telephone, (973) 761-9299; e-mail, budinwen@shu.edu.