Perinatal Education and Grandparenting: Creating an Interdependent Family Environment. Part I: Documenting the Need

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Abstract

This is the first of two articles on the development, implementation, and evaluation of a grandparenting perinatal education program. In part one, a review of the literature is presented, along with the planned content and objectives for the program.

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Grandparents are an important source of support as expectant couples experience the transition to parenthood, especially first-time parenthood. Grandparents appear to buffer some of the stress and anxiety associated with this transition, which is considered a major event in the family life cycle. However, they may become a source of stress to the expectant couples who may experience conflict between the advice and information provided by the grandparents and that which is offered by health care professionals, such as perinatal educators, family physicians, nurses and/or midwives.

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Quality perinatal care includes access to the latest information based on sound knowledge and research. This information contributes to the expectant couple's decision-making process involving health practices, the choice of birth attendant and birthplace, preparation for infant care and infant feeding, and postpartum adjustment. A perinatal education approach involving all members of the family, especially grandparents, would facilitate the expectant couple's transition to parenthood and the grandparents' transition to grandparenthood, promote open communication among the generations, enhance the health of the family unit, and establish a model of respectful cooperation for the next generation.

Historical Overview of Grandparenting Prenatal Classes

Members of the extended family, especially female relatives and the pregnant woman's own mother, have traditionally been important sources of support during the childbearing and childrearing experiences. Some of this support was lost as birth was transferred from the home to the hospital at the beginning of the 20th century. Consequently, the status of family members diminished while that of the health care professionals gained in importance, especially as birth became more medicalized. The situation began to change in the 1960s with the women's movement, which incited women to regain control over their bodies and the birthing process, demand changes in obstetric care with fewer routine interventions during labor and delivery, and implement a family-centered approach in the hospital setting. Eventually, various members of the family, such as partners, older children, and grandparents, were invited to be involved in the delivery of care to the childbearing woman and her newborn in the hospital.

Perinatal educators adjusted to these changes by offering information to older siblings and grandparents. Articles on grandparenting classes appeared in the nursing literature in the mid-1980s, while professionals in fields such as psychology, family studies, and sociology were exploring the impact of grandparents on the family system. The abundance of books and articles in the 1990s reflects contemporary opinion regarding the importance of grandparents, especially in light of social trends, such as separation, divorce, and remarriage, and their effects on children. Grandparents are being recognized as im-

portant sources of support and stability in the face of these major family upheavals. Perinatal education itself is undergoing some changes, one of which involves its relationship with various members of the family such as grandparents.

An examination of the objectives and content of grandparenting classes was conducted by the author of this article. (See Table 1.) In the first group published in the late 1980s—Bobak, Jensen & Zalar, 1989; Horn & Manion, 1985; and Maloni, McIndoe & Rubenstein, 1987—the emphasis was on the exchange of information. Grandparents were bombarded with information regarding birthing and parenting practices and how to help the new family in the postpartum period. Preparation for their roles was minimal, and the transfer of information appeared to be unidirectional from the grandparents to the younger generations. The essence of these articles for childbirth educators emphasized the “how to” aspects of setting up a grandparenting class: recruitment, content, teaching activities, and organization.

The content of the second group of articles—Biasella, 1993; Starn, 1993; and Stevens, 1993—is more comprehensive, including topics such as safety, breastfeeding, and the sick newborn. One major but significant change involved the role of the grandparents who were being prepared to cope with the transition itself. Role-playing was being incorporated into the classes to permit the grandparents to practice their roles, and discussions were being held on managing relationships with the younger generations. The exchange of information was still prevalent, but there was a shift to the practice of communication skills and coping strategies. Classes were usually offered as one session with no follow-up. No theoretical frameworks accompanied the articles. Only one article (Maloni, McIndoe & Rubenstein, 1987) presented results from an opinion survey conducted with the grandparents to determine their satisfaction with the content of the prenatal class and its impact on their knowledge base.

In order to answer the question “Why are grandparents so important in the transition to parenthood?” a comprehensive review of the literature was undertaken. Three subsets of information are outlined and focus on the transition to parenthood and the significance of social support, the impact of this transition on grandparents and grandparenthood, and its developmental tasks and various meanings.

Table 1 Content of Grandparenting Classes in the Literature

Author(s)	Content
Horn & Manion (1985)	<ul style="list-style-type: none"> —birthing and parenting practices —helpful hints for being a welcome parent —labor support person —infant feedings —feelings of grandparents
Maloni, McIndoe & Rubenstein (1987)	<ul style="list-style-type: none"> —family-centered approach —infant care and their differences —infant feeding —safety —medication
Bobak, Jensen & Zalar (1989)	<ul style="list-style-type: none"> —presents content of class from Women's Hospital of Texas —grandparental roles —grandparent anxieties, concerns, and relationships with expectant parents —tour and class —policies and procedures of labor and delivery, nursery, and family-centered unit
Biasella (1993)	<ul style="list-style-type: none"> —circumcision and cord care —total care of family unit at hospital —historical perspective on obstetrics —current management of pregnancy and childbirth —tour of maternity unit —birth film —current child rearing practices —roles of grandparents
Stevens (1993)	<ul style="list-style-type: none"> —current birth alternatives and practices —current advice about newborn care —relationship among grandparents, parents, and grandchildren
Starn (1993)	<ul style="list-style-type: none"> —childbearing alternatives and coping strategies —infant behavior, care, and ways to support the new family's transition —specifics: breastfeeding, care of older siblings —postpartum routines with early ambulation and mild exercise

Transition to Parenthood and Social Support

The family life cycle has been conceptualized as a series of stages in which the family accomplishes developmental tasks so family members and the unit itself successfully progress from one stage to another. The periods between each of the family life stages are called *transitions* and

may be fraught with anxiety, stress, and vulnerability (Carter & McGoldrick, 1989; Lothian, 1993). These reactions appear to be normal as both family members and the family unit itself attempt to cope with changes involving roles, communication patterns, and daily living activities (Roth, 1989b; Wandersman & Wandersman, 1980; Williamson & Bray, 1988). "Well developed social networks and the support that they bring to the family system reduce stress and ease the transition. . . . Supportive sharing may be a necessary condition in life" (Lothian, 1993, p. 23). Family and kinship systems, including grandparents, can be particularly supportive during life transitions (Bradt, 1989; Caplan, 1974; Tinsley & Parke, 1984). Grandparents are a potential source of support for expectant families and can strengthen the family system by widening the circle of support and nurturance (Barranti, 1985) and by sustaining the sense of membership and belonging (Bradt, 1989).

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Any change in family membership causes stress. This is especially true with the addition of a new family member. Parenthood as a transition implies change in status that affects the family members and requires considerable role alternation (Polomeno 1999; Roth, 1989b). The pregnant woman, her partner, and their relationship must cope with multiple physical and psychological changes associated with pregnancy (Polomeno, 1997). Once the baby has arrived, the couple must not only respond to the needs of the child but must also try to find the time and energy to respond to their individual and marital needs. Consequently, the couple's relationship may be adversely affected. Even the most functional couple may be affected by these changes, and a temporary period of disorganization may ensue during the transition to parenthood (Lothian, 1993; Vehviläinen-Julkunen, 1995).

The arrival of the first child most affects fathers and mothers in their transition to parenthood (Roth, 1989b). The change from dyad to triad is so abrupt that many may not be prepared for their new roles (Lewis, 1988;

Saunders & Robins, 1987; Wallace & Gotlib, 1990). However, the birth of the first child is usually an occasion for celebration and congratulations. For the parents, there is relief from worries about the health of the baby and from anxieties about potential complications in labor and delivery (Gottlieb & Pancer, 1988). For the close social network, the birth is a new opportunity to show solidarity, affection, and pride in their relationship with the new parents (Gottlieb & Pancer, 1988). One set of grandparents may have previously had difficulty accepting the other set. Sharing interest in the new grandchild can ease this (Bradt, 1989).

The social support of extended family members such as grandparents can have a significant impact on new parents (Tinsley & Parke, 1984) as the family members help mediate the stress associated with this transition (Roth, 1989a, 1989b; Wandersman & Wandersman, 1980). Family members usually do not expect reciprocity for their help during this time (Gottlieb & Pancer, 1988). Grandparents may provide tangible aid or cognitive guidance, such as offering new parents respite so they can rest and spend time with one another as a couple. However, even when new parents are not physically isolated from their social group, its members may not be young parents and therefore too dissimilar in present experience and attitudes to alleviate the uncertainty of the new parent (Wandersman & Wandersman, 1980). Also, counsel from the couple's parents and in-laws may not always be welcome even if it is highly influential. The couple's own parents may be less relevant models, while contemporaries may gain in importance. The social network's counsel can be fallible as well as supportive (Gottlieb & Pancer, 1988). It appears that the social network has a greater impact on new mothers than on new fathers (Wandersman & Wandersman, 1980) and that the new mother's own parents are typically the strongest source of influence (Gottlieb & Pancer, 1988).

Transition to Parenthood and Its Impact on Grandparents

The first relatives to be told about a pregnancy are usually the grandparents (Ladewig, London & Olds, 1990). Their reactions to the pregnancy may vary from happiness and joy to ambivalence and resentment (Ladewig, London & Olds, 1990; Norris & Tindale, 1994). The

pregnancy "reawakens feelings of their own youth, the excitement of giving birth, and their delight in the behavior of the parents-to-be when they were infants. They set up a memory store of first smiles, first words, and first steps, which can be used later for claiming the newborn as a member of the family" (Bobak, Jensen & Zalar, 1989, p. 229). On the other hand, they may be resentful since they have no control over an event that presents them with a new role and new responsibilities (Norris & Tindale, 1994).

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Grandparents' response to the pregnancy will depend on several factors: (a) the age at which they become grandparents, (b) their ability to deal with the loss of the capacity to reproduce, (c) their advancing age, sometimes confusing aging with impending grandparenthood, (d) their responsibilities for parenting certain children while becoming grandparents, (e) the care and responsibility for their own parents, (f) socioeconomic status, (g) financial circumstances, (h) cultural and ethnic expectations, values and beliefs, (i) their own experiences being grandchildren, (j) past relationships with their own parents and children, (k) their comfort with their sexuality, and (l) their mastery of their own developmental tasks (Grubb-Phillips, 1990; Kivnick, 1982; Kornhaber, 1996).

For certain grandparents, this transition is especially gratifying as it can help them in their reconciliation with this later stage of the life cycle (Bradt, 1989). They can see this stage in terms of its significant value (Hader, 1965) by contributing to the emotional support of the new parents and new grandchild and by allaying any fears and anxieties about becoming a new parent (Tinsley & Parke, 1984). Indeed, it may give them a new lease on life by fulfilling their wish to see their family survive and by providing new possibilities and opportunities for meaningful interactions within the family system. "Satisfaction comes with the realization that

continuity between past and present is guaranteed” (Bobak, Jensen & Zalar, 1989, p. 229).

According to Norris and Tindale (1994), this transition can be a smooth and positive experience for the grandparents as they extend their attachment to the new generation. Adult offspring may rediscover and appreciate their parents when they have children of their own. However, although grandparents may become increasingly supportive of the couple and the pregnancy, it is still a difficult and sensitive time for them since they do not know how deeply to become involved in the childrearing process (Ladewig, London & Olds, 1990).

The new parents also experience this confusion and uncertainty. Moreover, new parents may experience some dissonance as the information from the grandparents can be limited or contradictory and the loving suggestions given by motivated grandparents may be perceived as criticism and interference (Maloni, McIndoe & Rubenstein, 1987). New parents may react defensively to such a communication gap, and grandparents may counterreact by feeling a loss of status.

“Concerns about interference are felt acutely by older couples. To a great extent, they follow the lead of their children. Grandparents do not want to be seen as meddling, and they do not want to be considered a regular part of the everyday support system by their adult children. Regardless of their cultural background, older couples seem aware that part of their role is to provide help, even when they might not want to do so. Nevertheless, contradictions between what children say they want (i.e., tangible help) and what they actually want (i.e., no interference) can place grandparents in a no-win situation” (Norris & Tindale, 1994, p. 15).

Grandparenthood

With the advent of smaller families, parenthood and grandparenthood have become more distinct life phases both as individual life experiences and as two categories of family status (Hagestad, 1985). For families in the stage of life that begins with the launching of children and continues until retirement, there are particular developmental issues, transitions, and developmental tasks to be accomplished (McCullough & Rutenberg, 1989). The most significant emotional aspect of this stage is that it is marked by the greatest number of exits and entries of family members. Older couples must deal with the

change in their own status as they make room for the next generation and prepare to move up to grandparental positions (Carter & McGoldrick, 1989). Broadly, these transitions and tasks relate to the following events: (a) the changing function of marriage, (b) the development of adult-to-adult relationships between grown children and their parents, (c) the expansion of family relationships to include in-laws and grandchildren, and (d) the opportunity to resolve relationships with aging parents (McCullough & Rutenberg, 1989). (See Table 2.)

Table 2 Planning a Grandparent Prenatal Class

When planning a prenatal class for grandparents, the perinatal educator should consider the following:

1. *During prenatal classes*

- a) keep a diary containing comments made by participants regarding their parents’ reactions, thoughts, and feelings about baby care, birthing practices, the expectant parents, the experience of grandparenthood, and other subjects;
- b) analyze these comments by determining the most frequently recurring tendencies; thus, subgroups of concerns will emerge; and
- c) bring these tendencies back to the group in a very subtle, gentle manner saying, for example, “I have noticed that a few of you have been saying ‘Comment X’ about your parents. How can you explain this? Why are your parents saying this? How do you feel about it? What would you like to do about it?”

2. *During postnatal classes for new parents*

- apply the Step C process presented above in the prenatal class session.

3. *Intermediate Analysis*

- Once the data have been gathered from both prenatal and postnatal classes, determine the major concerns that have been expressed by expectant and new parents.

4. *Consulting Grandparents*

- a) informal consultation
 - On a one-to-one basis between educator and grandparent, seek the latter’s experience with his or her role and concerns relating to being involved with the new family.
 - The educator can verify with this grandparent how other adults in the same situation are coping—their concerns and fears about grandparenting and relationships with the expectant/new parents (same-generation experience).
 - The number to consultations will depend on access to these grandparents and the educator’s availability.
 - suggested number—5 to 10 grandparents
 - b) formal consultation
 - Conduct a survey by distributing via the expectant or new parents a questionnaire addressed to grandparents.
 - Conduct focus groups with grandparents.
 - Gather and analyze the data, and determine the general tendencies.
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Grandparenting Development Tasks. Several tasks have been identified as parts of the developmental phase of grandparenthood: (a) self-esteem adaptation, deriving a sense of self as a bridge between generations and as a source of security and knowledge, (b) reworking of previously unresolved conflicts, particularly those concerning separation-individuation from their own parents, their response to their own pregnancies and the birth of their children, and separation from their own children, (c) identifying with their own child as a parent and their parents as grandparents, (d) resolving the symbolism of grandparenthood such as the view of grandparenthood as a part of aging and eventual death of self, and (e) reworking grandparent-grandchild bonds with the birth of each new grandchild (Severino, Teusink & Bernstein, 1986).

Meaning. What meaning has been given to grandparenthood? This question can be answered in several ways. First, Kivnick (1982) examined the four dimensions of grandparenthood definitions: (a) its *societal role* or the way the grandparent behaves and thinks about himself/herself and the way other people regard the role, (b) its *family relationship* in which the role becomes one of several in the family system since the grandparent's relations with the children and the grandchildren are very important, (c) its *real relationship* viewed in terms of the grandparent's behaviors and activities with the grandchildren, and (d) its *symbolic meaning* seen in terms of historical connectedness and symbolic immortality.

Qualities of the Grandparental Role. The qualities of the grandparental role can be considered. These include the following: (a) how older people can have the gift of being able to teach the most important lessons in life without preaching (Lefebvre, 1994); (b) how older family members become a bridge of understanding between the generations (Lefebvre, 1994) so they become safety valves and outlets for conflict (Walsh, 1989) and soften the intensity of modern life, offering the other two generations a place to go (Hagestad, 1985); (c) how grandparents have not forgotten what it is like to be a child, whereas some parents of young adults make their children seem irrelevant, and this transition becomes a time of rediscovery and a return to the fold for new parents as the middle generation (Lefebvre, 1994); and

(d) how interested, caring, thoughtful, and mature persons who are directly involved in the family have a positive potential of significance and a degree of objectivity, distance, wisdom, and emotional stability that create warm and balanced family relationships (Hader, 1965).

Role Ambiguity. The grandparent role is ambiguous since the expectations often are not clear (Norris & Tindale, 1994) and grandparents are unsure of their identity and confused about how to be grandparents (Kornhaber, 1996). Tinsley and Parke (1994) state, "It should be stressed that there is no average grandparent. Grandparental roles are characterized by a great deal of variation and diversity" (p. 189). Kornhaber (1996) and McCullough and Rutenber (1989) have attempted to identify the roles grandparents play in the family system (e.g., living ancestor, historian, mentor, role model, nurturer, playmate, soul mate, wizard, hero, and model for aging). Roles can shift and change with the specific needs and age of the grandchildren. Kornhaber (1996) proposes the idea of "a continuum of possible grandparental roles that might be called for at different times and under different circumstances" (p. 39).

Identity Changes. Grandparents must face both internal and external challenges that may entail a crisis of identity. Thus, instead of considering roles, Kornhaber (1996) emphasizes the development of grandparent identity. Grandparent identity is divided into two parts: (a) *latent grandparent identity*, which is established early in childhood, is an accumulation of learned impressions of what grandparenting is all about, is stored in the psyche, and is constantly forming both consciously and unconsciously; and (b) *functional grandparent identity*, which is inspired internally by the grandparenting drive and externally by the successful coping with family issues and social systems that may affect grandparenthood. Kornhaber (1996) explains that the grandparent drive is organically founded and is similar to the parenting drive. It activates the latent grandparent identity into a

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functional grandparent identity. "When a grandchild is born, the grandparent relives some of the same sensations he or she experienced upon becoming a parent along with a whole new range of emotions . . . get more of the joy and less of the hassle than parents . . . don't view the grandchild as a burden" (pp. 72–73).

Grandparent Styles. The meaning of grandparenthood may be considered in terms of grandparenting styles. Cherlin and Furstenberg (1985) have identified three grandparenting styles: (a) detached or remote (physically and emotionally), (b) passive, in which the grandparent has some contact but keeps his or her distance from the children and grandchildren, and (c) active, in which the grandparent has frequent contact and visiting. The active grandparenting style has been further subdivided into supportive, authoritative, and influential. Cherlin and Furstenberg (1985) explain that "it may not be necessary for grandparents to have equally intense ties to all grandchildren to feel good about being a grandparent" (p. 113).

In summary, the meaning of grandparenthood can be considered from the five different perspectives outlined above. However, grandparents also have the potential to affect how parents and grandchildren function and develop. Grandparents influence the middle and younger generations directly by the nature of their face-to-face contact and indirectly through abstract concepts of kinship and family lineage (Tinsley & Parke, 1984). According to Hagestad (1985), "in some cases, effects of grandparents can be felt simply from their presence, not their actions" (p. 44). Indeed, Hagestad adds that it is difficult to pinpoint exactly what grandparents do. Perhaps knowing that grandparents exist and are available is reassuring to the younger generations.

Recommendations

Based on the above literature review, the following four recommendations can be considered:

1. Families have a general need to build their own bridges between the old and the young and find a common ground (Hagestad, 1985) that can be developed through family interaction. Such common ground "has to accommodate different stages of life, generational positions, and strikingly different historical experiences represented by family

members" (Hagestad, p. 37–38). Perinatal education is the ideal setting for family members from different generations to discover and develop this common ground.

2. The establishment of this common ground can occur only in a balanced interdependent family environment (Hader, 1965), meaning that the individuals and the family unit must be conceptualized holistically as an interacting, interdependent system (Grubb-Phillips, 1990). This suggests that family communication and influence go both ways between members.
3. A multi-generational or inter-generational approach to families provides a useful and rich theoretical viewpoint for understanding individual and family development (Williamson & Bray, 1988). Tinsley and Parke (1984) argue that "there remain many ways in which grandparents influence both parents and grandchildren . . . there still exists a great deal of inter-generational contact" (p. 169). Hagestad (1985) relates how inter-generational continuity is an ongoing process of negotiation and careful interaction management by the family and shows great inter-family variability.
4. Although noninterference is quite common in families, those families functioning in a harmonious manner, meaning that they are caring and cooperative, have replaced noninterference with respectful cooperation. Kornhaber (1996) has characterized respectful cooperation as "mutual assistance, advice, and support" (p. 38). He continues by stating the following: "I believe that, while grandparents should not be intrusive, they should be forthcoming in identifying critical issues and willing to help in difficult times" (p. 38).

A Curriculum for Grandparents

Based on the above review of the literature and experiences as a childbirth educator, the author proposes a one-session curriculum for grandparents. The major topics are (a) introduction, (b) an infant care update including breastfeeding, colic, crying and soothing, bathing and skin care, and diaper choices, (c) new family support, and (d) grandparenting. Details are outlined further in Box 1. Evaluation was planned in the form of a question-

Content of the Grandparenting Perinatal Education Program

The content of the grandparenting perinatal education program was as follows:

1. Introduction:

- participants introduce themselves
- reasons for coming to the group session
- how and why of the program; goals and applications of the program
- its organization

2. Up-date of the Following Topics:

- breastfeeding—Ask the participants who had breastfed their babies and why, memories of the experience, why their daughter(in-law) wants to breastfeed, the three types of milk, diet, advantages for mother and baby, how to support the breastfeeding mother with encouragement, their feelings toward this mode of feeding, and changing diapers.
- bottles—sterilization; breast and formula milk (how the mother can express her milk for bottle feeding)
- introduction of solid foods—when and why, their feelings about the topic; information on the development of the human brain and the importance of milk for the first 6 months; film on the topic
- colic—what it is and how to soothe it
- crying—why babies cry; how to soothe a crying baby; a form of communication; their memories of what to do (explain that babies cry considerably in the first 6 weeks but that this changes as the baby smiles and coos)
- infant bathing—In the Montréal area, babies are put directly into the water from the first day; importance of drying the cord and disinfecting it
- skin care—general products; no baby powder; no cornstarch
- diapers—cloth versus disposable ones
- sick infants—fever and what to do; teething; colds; diarrhea; emergency services and resources; protecting the baby's skin from the sun; vomiting; gastroenteritis
- based on the needs of the groups, other topics such as pacifiers and discipline strategies are added.

3. Supporting the New Family

- recovery from a Cesarean birth or a difficult vaginal birth
- fatigue of the new mother and father (sleep deprivation)
- how to support the new family—take care of the baby; offer to send the couple for a meal outside and/or to the cinema; do some cooking, housework, and grocery shopping; take care of siblings; skills for active listening
- if the baby is sick—the neonatal intensive care; the hospitalized grandchild and their visitation rights; the premature baby; depending on the group's experience, other situations such as a handicapped grandchild, death of a grandchild, miscarriage
- child safety—car seats; baby-proofing their home; keeping their medications out of the way; dangerous houseplants; safety; sleeping positions for baby
- how to play with the grandchild—suggestions for outings; film on infant massage; reference list
- demonstration and practice of baby cardiopulmonary resuscitation. (Grandparents thoroughly enjoy this activity.)

(Continued next page)

Box 1 (Continued from previous page)

4. Grandparenthood:
 - film on the role of the grandparent
 - their experience of being a grandchild and seeing their own parents becoming grandparents
 - meaning, roles, developmental tools, and expectations of being a “good” grandparent versus the aging process
 - grandparental instinct versus parental instinct
 - their thoughts, feelings, fears, and concerns about the role
 - how to manage the interference versus noninterference issue
 - relationships with the middle and younger generations
 - beliefs and values to be transmitted
 - how to say “no” to their children
 - role-playing
5. Evaluation:
 - verbal discussion about their experiences in the class
 - a questionnaire distributed for anonymous comments
 - homework assignment
6. Conclusion:
 - Closing remarks were made regarding the evening, thanks were given to each grandparent for his or her participation, and an invitation was extended to the grandparents to attend a follow-up to the group encounter in which other issues and concerns could be discussed.

naire distributed for anonymous comments and a verbal discussion of class members’ experiences in the class. The program was to be concluded with a thank-you and an invitation to a follow-up group encounter to discuss any other concerns or issues related to grandparenting and/or the expected birth.

Conclusion

The successful integration of these four recommendations will depend on an educational approach that utilizes open and effective communication (Blechman, 1991), promotes family cohesiveness through strong bonds of family attachment, clarifies family roles and the expectations associated with them, helps the grandparents develop a sense of their own special contributions to the younger generations, and promotes mutual exchanges on parenthood and grandparenthood and the comparison of these experiences (Horn & Manion, 1985; Ladewig, London & Olds, 1990; Lothian, 1993;

Maloni, McIndoe & Rubenstein, 1987; Norris & Tindale, 1994; Starn, 1993).

The content needs for a grandparent class can be expected to vary from region to region or from culture to culture. Perhaps the best source of information about appropriate content can be obtained from the expectant parents and from consulting grandparents in the educator’s classes and community.

Refined Goals and Objectives of the Program

Before offering the course to a general population of expectant grandparents, the proposed course was piloted. The grandparenting perinatal education program was determined to be adequate; however, the author revised and formalized several aspects of the program including its goals and objectives. (See Table 3.)

In Part II of this series, the author will describe the implementation and evaluation of two series of grandparenting classes.

Table 3 Refined Goals and Objectives of the Program

Goals

1. to prepare grandparents for the transition to grandparenthood
2. to prepare grandparents to adopt the grandparental role
3. to promote family intergenerational relationships through the grandparents
4. to promote intergenerational family health and family well-being

Objectives

At the end of the session, the grandparents will be able to

1. discuss up-to-date information on infant care and infant feeding
2. describe child-proofing the home, discuss the care of the sick grandchild, and be able to practice cardiopulmonary resuscitation
3. identify the care of the hospitalized baby in the neonatal intensive care and care of the premature baby
4. describe community resources such as emergency services
5. discuss infant development, playing with the grandchild, and using infant massage
6. plan how to support the new family in the postpartum period, especially recovery from Cesarean birth and new father's fatigue
7. identify changes in parenthood and all that it entails
8. express their thoughts, feelings, and fears and ask relevant questions
9. discuss grandparenthood, its psychology, its developmental tasks, its various roles, and the transmission of values to the next generation
10. develop coping strategies to deal with potential family situations, especially on learning to say "no" to their children
11. describe strategies to manage relationships among the generations: grandparent ↔ parent, grandparent ↔ grandchild, parent ↔ grandchild
12. define social support, its importance in the family system, and its different forms

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