



# National Standards for Antenatal Education in Ireland

2020

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# Foreword

On behalf of the Women and Infants Health Programme, I am pleased to introduce these 'National Standards for Antenatal Education'. We know that the early years lay the foundation for future health and that preparation for parenthood during the antenatal period presents a valuable opportunity to support parents in this journey. The impetus for these Standards came from a number of sources, beginning with consultation carried out with parents and practitioners as part of the early planning for the scope and content of the Nurture Programme - Infant Health and Wellbeing. This is a four year integrated programme of work designed to improve child health information and supports from pregnancy to the child's 3rd birthday. The National Maternity Strategy 2016 subsequently identified the need for improvements in antenatal education in Ireland. This need was endorsed in consultation carried out in development of HIQA's National Standards for Safer Better Maternity Services 2016. Further support for this work came from Directors of Midwifery, Directors of Public Health Nursing and practitioners in antenatal education who recognised the importance of the early information and supports provided to expectant women and their partners.

The development of these Standards has involved extensive consultation, evidence review and consideration of current approaches to delivery of antenatal education in both an Irish and international context. I would like to thank the members of the Nurture Programme – Antenatal to Postnatal Implementation Team who led the development of these Standards as part of a wider initiative to improve antenatal information, specifically the My Pregnancy book and antenatal information on the mychild.ie website. I would also like to thank all of the practitioners who contributed to this work and will continue to support its implementation under the leadership of the Women and Infants Health Programme. Finally, I would like to acknowledge the generous funding from The Atlantic Philanthropies which has supported this work through the Nurture Programme as part of the range of initiatives undertaken to improve outcomes for children in Ireland.



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- Members of the Nurture Programme Antenatal to Postnatal Implementation Team, who led on the development of the Standards. A list of the members of the Team is provided below.
- The Office of the Nursing and Midwifery Services Director (ONMSD)
- The National Women and Infants Health Programme
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- The many parents, health professionals, and voluntary organisations who informed the development of the Standards through consultation and stakeholder engagement
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# Introduction

Antenatal education aims to equip pregnant women and their partners with the knowledge and skills to negotiate their journey through pregnancy and to prepare them for childbirth and parenthood (1). Comprehensive antenatal education programmes with an explicit parent-led focus are recommended. While efforts to standardise antenatal education have been made in the UK, there remains a lack of uniformity in the provision of such education in Ireland (2–4).

The National Standards for Antenatal Education aim to enhance the current provision of antenatal education services in Ireland through the identification of key components that should be included in all antenatal education programmes, as well as ensuring the delivery of consistent messages to pregnant women and their partners. These Standards are based on HIQA's framework National Standards for Safer Better Healthcare and draw on eight themes that focus on providing a high quality, safe and accountable service that is evidence-informed, resource-efficient and provided by a workforce with the necessary education, skills and competencies (5).

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## Context and background

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The valuable contribution that early childhood health makes to lifelong health and wellbeing is becoming increasingly recognised (6). Early childhood policies and programmes can potentially play important roles in laying the foundations for good health and wellbeing, the benefits of which may be reaped throughout the life course (6–8).

The aim of antenatal education is to support improvements in the health and wellbeing of babies, pregnant women and their partners throughout the antenatal and postnatal periods (3). Antenatal education has a range of objectives including: to identify and meet the learning needs of pregnant women and their partners in preparing them for birth and early parenthood; to build a woman's confidence to give birth; to promote breastfeeding; to facilitate the building of social networks; to influence health behaviours; to promote and protect physiological birth; and to contribute to a reduction in perinatal morbidity and mortality (1,4,9,10). The literature in support of antenatal education classes is varied and is somewhat limited due to difficulties in designing robust interventional studies (9,11). Anecdotally, the widespread appetite for antenatal education programmes is evident and parent-led antenatal education programmes remain central in preparing parents for birth and parenthood (4,9,11–14).

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## Policy context

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At present there is a lack of uniformity in the education and training of antenatal education providers, in the antenatal education curricula offered, in the supporting information provided to pregnant women and their partners and in the format and delivery of antenatal education in Ireland (4). The National Maternity Strategy 2016-2026 identified the need for a standardised programme of antenatal education in Ireland and this need was seconded by HIQA's National Standards for Safer Better Maternity Services (14,15). These calls for standardised antenatal education occur against the backdrop of the Irish national framework for health and wellbeing, Healthy Ireland (16). Healthy Ireland aims to improve the health and wellbeing of the Irish population

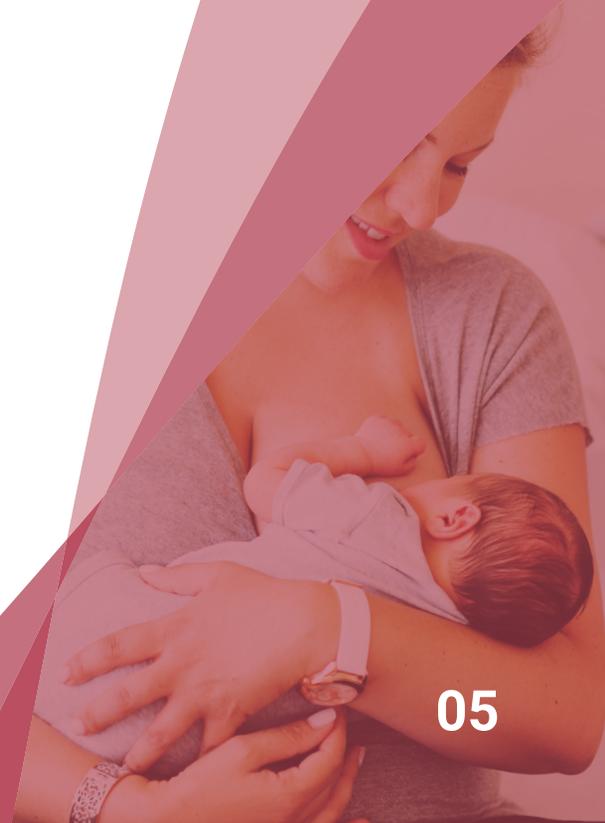
through cross-sectoral collaboration, empowering people and communities, and a universally accessible health service that emphasises preventative healthcare (16). It recommends that these measures be underpinned by legislation that addresses the broader determinants of health and be supported by robust evidence and systematic monitoring and evaluation of outcomes to ensure the judicious use of resources (16). Making Every Contact Count has been rolled out as part of the Healthy Ireland implementation plan (17). Making Every Contact Count is aimed at enabling all healthcare professionals to empower their patients to make healthier lifestyle choices during each encounter with the healthcare service, and is in line with the National Maternity Strategy 2016-2026 (17). The National Maternity Strategy supports a health and wellbeing approach with the aim of empowering pregnant women and their partners to improve their own health and wellbeing and that of their children (14). It highlights the importance of providing interactive and participative antenatal education in small groups within the community setting and recognises that particular sub-sections of the population may need targeted antenatal education e.g. pregnant teenagers, pregnant women with disabilities, women who have had a previous caesarean birth and pregnant women and their partners from disadvantaged areas (14).

The importance of early childhood intervention for lifelong physical and mental health is emphasised in the Faculty of Public Health Medicine's paper, 'The impact of early childhood on future health', as well as Ireland's national policy framework for children and young people 'Better Outcomes Brighter Futures' and in the National Healthy Childhood Programme (18–20). The need to prioritise the time period spanning from the antenatal period to two years of age is acknowledged within all of these documents (18,19). The Nurture Programme - Infant Health and Wellbeing, as part of the National Healthy Childhood Programme, aims to support parents and healthcare professionals in giving children the best start in life (21). The need for universal access to high quality antenatal education is therefore firmly on the health policy agenda.

A national approach to antenatal education is now required in order to deliver on key policy recommendations, to meet the learning needs of pregnant women and their partners and to improve population health through working towards reducing health inequalities and giving all children growing up in Ireland the best start in life.

# Components of a high quality antenatal education service

The content and mode of delivery of antenatal education has changed dramatically over time with these changes often based on subjective opinions and economic considerations, as opposed to evidence from high quality interventional trials (22). The evidence base supporting optimal content and format of antenatal education remains limited due to an over-reliance on observational studies and the notable challenges in conducting interventional trials and thus, the recommendations for some aspects of antenatal education remain uncertain (9,11). However, as more findings from large prospective longitudinal cohort studies are published, the cloud of uncertainty over the evidence base will diminish over time. The value of the lived experience of both service users and service providers comes to the fore here and accounts of their experience have been used in partnership with the evidence base in the writing of these Standards.



## Who is antenatal education for?

In keeping with the Healthy Ireland goal of reducing health inequalities, antenatal education services in Ireland should be universally available to all pregnant women and their partners (16). While much of the quantitative evidence regarding the impact of antenatal education on pregnancy-related outcomes remains inconclusive, the qualitative evidence presents antenatal education as an opportunity to learn about pregnancy and the transition to parenthood in a group forum, to build social networks and to develop skills which can ultimately act as protective factors against health inequalities going forward (3,23). However, Irish evidence indicates that attendance of potentially vulnerable women, such as those from socially disadvantaged backgrounds, is poor and that more could be done to make the maternity services in Ireland more accessible (24–26). These findings are reflected in the international literature (27,28). Universal antenatal education should be presented in a way that makes it accessible to all pregnant women and their partners (3). Marmot posits that a universal service should provide a gradient of support for populations with varying needs (8).

Non-attendance of partners at antenatal education classes can act as a barrier to pregnant women also attending these classes (29). The evidence base indicates that partners in both heterosexual and same-sex couples can feel excluded during antenatal education classes (30). It is important that the attendance of partners is encouraged and supported. This can be achieved by identifying and addressing the learning needs of partners at the outset of the antenatal education course and by taking an inclusive approach towards partners in every aspect of the course (30,31). Gender-specific topics and gender-neutral language should be considered and the content should be flexible enough to meet the needs of both heterosexual and same-sex couples (30). A focus

on the relationship between partners and on developing a positive parent-infant bond are antenatal education topics associated with high satisfaction by both pregnant women and their partners alike (3,32). Adolescent fathers can benefit from male-only preparation for fatherhood classes that begin in the antenatal period and extend into the postnatal period (32). Flexibility in class times has also been shown to be a supportive factor in increasing partner attendance (30,33).

Awareness of cultural context and sensitivity in the delivery of antenatal education also requires consideration (32). For example, a study in Turkey identified the need for separate groups for men and women in order to encourage male participation as attendance at antenatal education is traditionally perceived as being for women only (32). Greene highlights the importance of having a ‘culturally competent’ antenatal educator who can “promote, support, and protect normal birth for women of all cultures through education and advocacy that is adapted to meet a cultural group’s specific needs and expectations” (34). Green suggests that an examination of the sociodemographic trends of the local area is prudent in the first instance in an effort to increase understanding of the population that the antenatal education provider intends to work with (34).

## Optimal content of antenatal education programmes

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The evidence base indicates that pregnant women and their partners attend antenatal education classes to gain knowledge about the social, emotional and psychological aspects of parenthood, to improve their knowledge of labour and childbirth, to alleviate anxiety, to improve the maternal sense of control by enabling her to actively participate in the decision-making process during labour and birth, to learn how to care for their new baby, to obtain information on breastfeeding and to widen their social support circles (9,22).

While the content of antenatal education classes appears to vary greatly, there is a growing consensus that the transition to parenthood is an essential element of antenatal education curricula, in addition to information on labour and birth, pain relief and breastfeeding (14,32). However, the evidence base indicates that pregnant women and their partners want antenatal education that is also participative and responsive to their needs (31). The use of a parent-led approach to setting the learning agenda appears to be a recurring theme within the literature (4,12,31,35). A non-participatory approach to deciding the learning outcomes for antenatal education often leads to parents having their educational needs overlooked (36). Taking greater responsibility for one's own health has gained greater traction in the more recent academic and policy literature and in keeping with this literature, Ahlden et al. suggest that expectant parents' questions should be the starting point in setting the learning agenda (16,35,37–39).

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### Mode of delivery of antenatal education

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The mode of delivery of antenatal education is also much debated with the consensus that the passive transfer of information alone is not sufficient to prepare pregnant women and their partners for birth and parenthood (35,36,40). The use of adult learning theories, group facilitation and experiential learning methods are recommended (4,12). Adopting a facilitative approach to antenatal education enables women to discuss concerns regarding the birthing process and the transition to parenthood (41). In addition, problem-solving activities have also been shown to improve the retention of knowledge and skills, at least in the short-term (12,42). By-products of problem-based learning when performed as a small group activity include higher levels of self-directed learning, stimulation of discussion within the group and relation of theory to practice (43).

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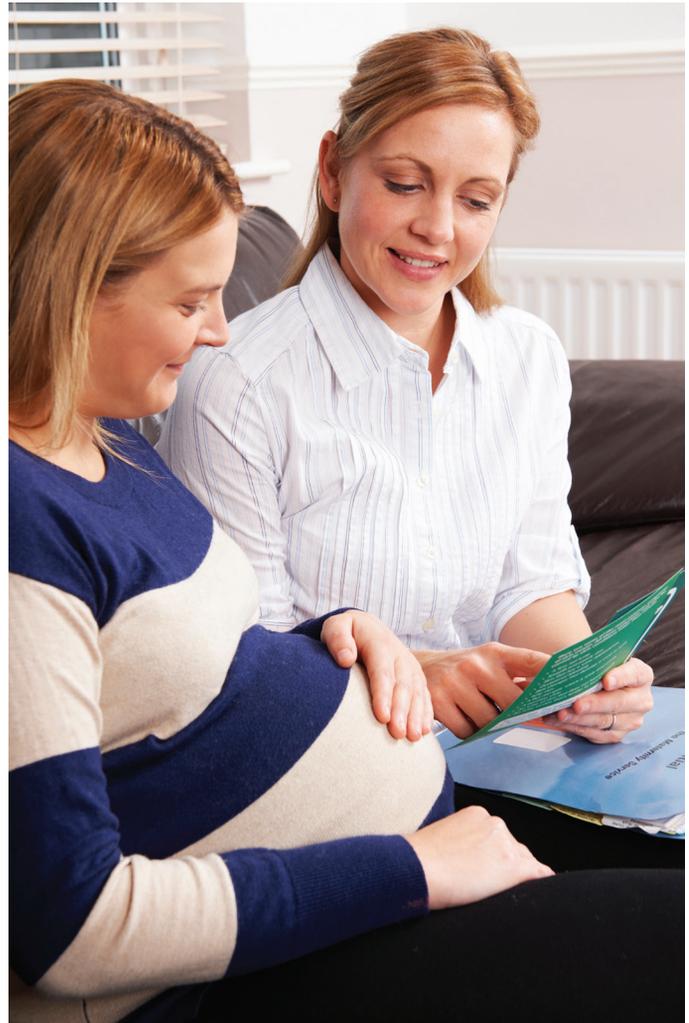
### Training and resources for antenatal education

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In Ireland, antenatal education may be provided by midwives, public health nurses and physiotherapists in the public sector (4). Within the private sector, a professional qualification is not mandatory for antenatal education providers, although some choose to undertake training in the area (44). While midwives receive training to deliver antenatal education as part of their undergraduate degree, Barlow et al.'s survey of stakeholders suggests that this training inadequately prepares midwives for the role of antenatal educator (31). The value of formal educational preparation for antenatal education providers is becoming increasingly recognised within the literature (4,12,32,35). Such educational preparation should include education on the principles of adult learning, experiential learning methods and group facilitation skills, in order to place the emphasis of antenatal education firmly on the learner (4,45). The importance of engaging in continuing professional development in the area of antenatal education has also been acknowledged and this should be supported by management at every level within the health service (4).

## Optimal class size

The consensus on the optimal group size for antenatal education classes remains uncertain, with class descriptions ranging from those provided at the individual level to those provided within small groups to much larger auditorium-based groups described within the literature (9,11,22,31). Large group sizes lend themselves better to a didactic form of teaching whilst smaller groups appear to better facilitate learning (4,12,31). A group of approximately 8-10 participants encourages interaction amongst group members and between group members and the facilitator and facilitates the sharing of information and supports the formation of support networks that may endure beyond childbirth (32). Aside from the evidence that small groups facilitate the implementation of adult learning principles, qualitative research indicates that women want the opportunity to ask questions, to be able to clarify the information received and to be able to relate the information received to their own personal circumstances and that these objectives are better achieved within small groups (22,23). Furthermore, a recent randomised-controlled trial which examined the delivery of antenatal education in small classes versus large auditorium-based classes found that small classes appear to impact positively on a woman's feeling of self-efficacy in coping with childbirth through exposure to vicarious experience and encouragement from other participants within the group (22). Increased feelings of self-efficacy in childbirth may in turn reduce the likelihood of early admission, the use of analgesia during labour and the use of obstetric interventions (22).



## Pregnant women and their partners who have additional educational needs

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### Vaginal birth after caesarean birth

A woman who has had one caesarean birth is much more likely to have a second caesarean birth if she decides to have another baby (46). This trend is discordant with much of the recent literature which indicates that vaginal birth after caesarean birth (VBAC) is the preferred option for many pregnant women and has been demonstrated to be a safe alternative to a repeat caesarean birth in many instances (46–48). The use of decision-aids, written information tailored to the needs of the woman and 'VBAC Checklists' which summarise such information can help reduce decisional-conflict, increase knowledge, improve satisfaction and ultimately aid informed decision-making (48–50). Fraser et al. found that an antenatal education programme had no significant effect on the proportion of women choosing VBAC when compared to women in the control group who simply received written information alone (51). While the evidence base from the perspective of women on factors supportive of VBAC is lacking, what is published is contrary to Fraser et al.'s findings. Women indicate that achieving VBAC is made more likely through the provision of specific antenatal classes for women who have a past history of caesarean birth, in conjunction with providing women with the opportunity to meet other women who have personal experience of VBAC, empowering women to take part in the decision-making process, encouraging women to write a birth plan and providing an environment in which all healthcare professionals are supportive towards VBAC (49,52–54). The OptiBIRTH project was a 4-year project conducted in 8 EU member states including Ireland, and saw the introduction of an innovative, evidence-based intervention that aimed to improve the rate of VBAC, with a particular focus on low VBAC countries such as Ireland, Italy and Germany (55). A statistically significant increase in VBAC rates (from 8-22%) was observed in preliminary results from only one of the intervention sites. The intervention was found to be safe and feasible, and antenatal education was a major component. The researchers concluded that "any intervention that is feasible and safe and that may lead to a decrease of repeat CS should be promoted" (56). The current evidence base suggests that pregnant women who have had one caesarean birth require tailored information and the opportunity to meet other women who have experience of VBAC, and that consideration of specific antenatal classes for this cohort of women may support a parent-centred approach to antenatal education.

### Antenatal education for pregnant women and their partners who have experienced pregnancy loss

Pregnant women and their partners who are experiencing pregnancy following previous perinatal loss have specific needs and concerns which are often not adequately met within standard antenatal education classes (57,58). A metasynthesis of the expectations regarding antenatal care of pregnant women and their partners following perinatal loss revealed that some women avoided discussing their past experiences or avoided antenatal class altogether (57). This avoidance was secondary to concerns of potentially reliving the trauma of the loss through disclosing it in the antenatal classes and also because they were concerned about the effects that disclosing such information might have on other women within the group who may have never experienced adverse pregnancy outcomes (57). Pregnant women and their partners who have experienced a perinatal loss in the past are often driven to seek information and reassurance from their healthcare professional out of fear and anxiety and that their concerns and needs differ from those experiencing their first pregnancy (59). It is therefore important to consider antenatal education courses specifically tailored to meet the needs of parents who have experienced a bereavement (58,60). O'Leary et al. suggest that the curriculum content and the timing of its delivery should be flexible in order to allow women and their partners the opportunity to share their experiences and emotions as they experience a subsequent pregnancy after pregnancy loss (60). Providing expectant parents with the opportunity to meet other individuals who have had similar experiences has been shown to be beneficial (57,58). Furthermore, having a class facilitator who listens and acknowledges the participants' past experiences and concerns without judgement appears to be an essential component of such classes (57,58,60).

## Perinatal mental health care

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The National Maternity Strategy 2016-2026 states that all healthcare professionals involved in antenatal and postnatal care should receive education and training to identify women who are experiencing perinatal mental health problems (14). Perinatal mental health is the term used to describe the mental health of a woman throughout her pregnancy and up to one year postpartum. Perinatal mental health problems can affect up to 20% of women, but early detection can lead to improved outcomes for the mother, infant and other family members (61,62).

In response to this identified need within the National Maternity Strategy 2016-2026, the HSE developed, and is now implementing, the Specialist Perinatal Mental Health Model of Care. An important component of this is to ensure women with milder mental health problems also receive a service. Underpinning the Model of Care is a comprehensive educational component delivered to multidisciplinary staff involved in service provision. This has been augmented by the recent development of two educational Apps: one for staff in Specialist teams and one for the wider healthcare community. In addition to these educational resources, best practice principles have been developed for public health nurses, midwives and practice nurses to support the provision of evidence-based perinatal mental health care (63). One of the principles within this resource identifies the need for standardised evidence-based information in both verbal and written forms to be offered to pregnant women and their partners (63). Higgins et al. advise that this information should address the full spectrum of potential perinatal mental health problems and should be incorporated into all programmes offered to pregnant women (64). Furthermore, to facilitate pregnant women and their partners accessing information, services and supports in a timely manner, health services should adequately signpost these resources (63). Education in screening and perinatal mental health care for all healthcare professionals, including antenatal education providers, has been identified as an important learning need (63).

## Conclusion

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Antenatal education presents a valuable opportunity to prepare pregnant women and their partners both physically and mentally for birth and parenthood. The promotion of empowering, evidence-based and nationally consistent messages is an important component of delivering a high quality, equitable antenatal education service. In addition, an antenatal education service that is participatory and responsive to local need needs to be supported. Antenatal education should be parent-led, and the questions of prospective parents should be the starting point when setting the learning agenda for each individual antenatal education course. This approach should be supported by classes that are delivered in small groups, which are interactive and inclusive, and which apply the knowledge of adult learning principles, experiential learning methods and group facilitation. Antenatal education providers need to be supported to develop and implement these skills, as well as to employ strategies that promote physiological birth (65). In addition, consideration should be given to the specific learning needs of sub-groups within the population and how such learning needs may be addressed.

# Vision for a safe, high quality antenatal education service for Ireland

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## Antenatal education services in Ireland: a national statement of purpose

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The purpose of antenatal education services in Ireland is to provide a parent-centred, evidence-informed, nationally consistent and equitable service to all pregnant women and their partners living in Ireland in order to prepare them for birth and the transition to parenthood.

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## Aim and objectives of the Standards for Antenatal Education in Ireland

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The aim of these Standards is to enhance the current provision of antenatal education services in Ireland through the identification of key components that should be included, as well as ensuring the delivery of consistent messages to pregnant women and their partners.

### **The specific objectives of these Standards for Antenatal Education are:**

- to enumerate the components of a high quality antenatal education service;
- to help inform the expectations of pregnant women and their partners, service providers and the general public;
- to create a solid foundation for antenatal education services in Ireland upon which improvements can be made in line with best available evidence;
- to promote practice that is effective, up to date and consistent.

Standards act as drivers to improve healthcare services, inform the public and service providers about the level of service expected, and guide service providers in their endeavours to provide a high quality and safe service (15). The HIQA National Standards for Safer Better Healthcare have been used as a framework for these Standards for Antenatal Education as they provide an endorsed template for delivering standards within the healthcare services (5). It is intended that these Standards will act as a first step towards standardising the provision of antenatal education in Ireland.

## Scope of the Standards for Antenatal Education

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The National Standards apply to the provision of antenatal education services within the public sector in Ireland. While it is acknowledged that not all of the Standards are relevant to the antenatal education services within the private sector, it is hoped that they will serve as a resource for the enhancement of these services also.

The Standards for Antenatal Education do not describe the detail of clinical practice, nor do they describe the optimal content of the proposed standardised antenatal education curriculum, as these areas lie outside the scope of this project.

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## Process of developing the Standards

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The Antenatal to Postnatal Implementation Team was established under the auspices of the Nurture Programme: Infant Health and Wellbeing during the latter half of 2016. The team was charged with developing Standards for Antenatal Education and developing resources to support their delivery. The main deliverables of the team were to develop a book to support pregnant women and their partners on their pregnancy journey and into early parenthood, *My Pregnancy*, and a set of national standards on antenatal education, both of which would be supported by the provision of supplementary material on the national parenting and child health website, [www.mychild.ie](http://www.mychild.ie).

### The process of developing the Standards for Antenatal Education has been as follows:

- A review of the literature pertaining to best practice in the provision of antenatal education with particular attention paid to identifying evidence-based recommendations for the content, format and mode of delivery of antenatal education.
- Masterclass from Marie Kehoe-O'Sullivan, Director of Standards & Quality Improvement in HIQA, on her experience of developing the 'National Standards for Safer Better Maternity Services'.
- A review of the content and structure of other healthcare standards, both within the Irish and international literature.
- Interviews and online surveys with a wide range of stakeholders involved in antenatal education through maternity hospitals, Community Healthcare Organisation (CHO) areas, and private practice, to scope current practices and perspectives on antenatal education.
- An online survey consultation with parents and parents-to-be.
- Expert input from members of the Implementation Team on the perceived strengths and weaknesses of current antenatal education services in Ireland, which was fed into the development process of the Standards.
- Drafting the Standards for Antenatal Education in Ireland using the HIQA guidance "National Standards for Safer Better Healthcare" as a template.
- A national consultation day with over 100 antenatal education stakeholders to share and seek feedback on draft Standards, after which recommendations for their improvement were actioned.
- Review by, and feedback from, a range of key stakeholders and experts.

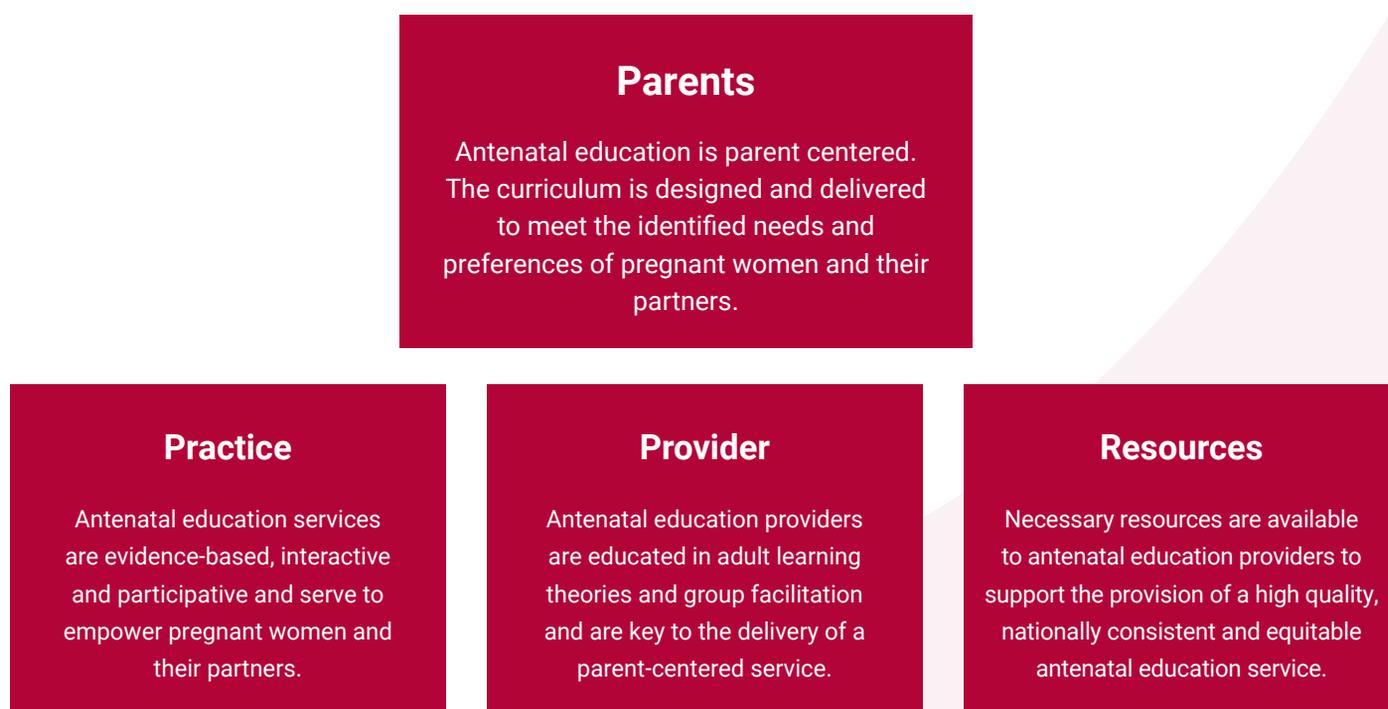
## Implementation of the Standards for Antenatal Education

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The Implementation of the Standards will be led by the Women's and Infants Health Programme, collaborating with other key stakeholders as required. A range of supports for antenatal educators will be put in place, including a training programme for antenatal educators and a self-audit tool.

# Structure of the Standards

There are four essential components to consider in providing an effective, evidence-based, nationally consistent and equitable antenatal education service (Figure 1).



**Figure 1.** Four essential components considered in the creation of the Standards for Antenatal Education in Ireland

HIQA's National Standards for Safer Better Healthcare is divided under eight separate themes, four of which relate to the quality and safety of the service, with the other four relating to the capacity and capability of the service (5). These themes have been used to guide the development of the Standards for Antenatal Education under each of the four main components. For more information, see the Appendix.

## Each standard is broken down into three parts:

- Standard – describes the overarching outcome required to contribute to the quality of the antenatal education service.
- Features – these are objectives and describe the steps towards achieving the standard.
- What this means for those using maternity services – this section provides guidance for pregnant women and their partners on what they can expect from their chosen antenatal education service.

# Standards for Antenatal Education in Ireland

## Summary of Standards for Antenatal Education

### Theme 1: Person-centred care and Support

- Standard 1.1** The planning and facilitation of antenatal education is informed by the identified needs and preferences of pregnant women and their partners.
- Standard 1.2** Pregnant women and their partners have equitable access to antenatal education based on their assessed needs (e.g. antenatal, physical, transport and language needs) and their preferences (e.g. format and timing of classes).
- Standard 1.3** Pregnant women and their partners experience antenatal education which respects their diverse health and wellbeing needs and choices.
- Standard 1.4** Pregnant women and their partners are empowered to make informed decisions about their care.
- Standard 1.5** The dignity, privacy and autonomy (i.e. independence in one's thoughts or actions) of each pregnant woman and her partner is respected and promoted.
- Standard 1.6** Antenatal education providers promote a culture of compassion, care, commitment and respect.
- Standard 1.7** There is an evaluation process in place for all antenatal education programmes.

## Theme 2: Effective Care and Support

- Standard 2.1** Antenatal education reflects the best available evidence of what is essential to achieve a positive birth experience and high quality outcomes for pregnant women and their babies.
- Standard 2.2** Antenatal education is provided in a physical environment which supports the delivery of a safe, high quality service and which protects the health and wellbeing of those delivering and receiving antenatal education.

## Theme 3: Safe Care and Support

- Standard 3.1** Antenatal education providers empower pregnant women and their partners through the appropriate design and delivery of antenatal education.
- Standard 3.2** Antenatal education providers ensure that they are aware of their role in responding to suspected or confirmed domestic or child protection/welfare concerns.

## Theme 4: Better Health and Wellbeing

- Standard 4.1** Antenatal education providers support pregnant women and their partners to promote, protect and improve their health and wellbeing and that of their baby.

## Theme 5: Leadership, Governance and Management

- Standard 5.1** Antenatal education providers have governance arrangements in place in order to ensure the delivery of high quality antenatal education.
- Standard 5.2** Antenatal education providers maintain a statement of purpose that accurately describes the service provided to pregnant women and their partners. This statement includes information on where such services are provided and how they can be accessed.
- Standard 5.3** The identified learning needs of pregnant women and their partners are central to setting the learning agenda for antenatal education classes. Antenatal education providers, in partnership with pregnant women and their partners, set clear objectives and create a clear plan for how these learning needs will be met.
- Standard 5.4** Antenatal education providers at all levels promote and strengthen a culture of consistency and quality throughout the antenatal education service.
- Standard 5.5** Antenatal education services are compliant with relevant legislation.

## Theme 6: Workforce

- Standard 6.1** Antenatal education providers will have the required competencies to provide high quality, parent-centred antenatal education.
- Standard 6.2** Managers of antenatal education providers ensure their workforce has the competencies and training required to facilitate and deliver high quality antenatal education.
- Standard 6.3** Managers of antenatal education providers support their workforce in delivering high quality, safe antenatal education.

## Theme 7: Use of Resources

- Standard 7.1** Antenatal education providers plan and manage the use of available resources to provide high quality antenatal education efficiently and sustainably.

## Theme 8: Use of Information

- Standard 8.1** Antenatal education providers use information as a resource in planning, delivering, managing and improving the quality of antenatal education.
- Standard 8.2** Antenatal education providers have effective arrangements for information governance.

## Theme 1: Person-centred care and support

- Standard 1.1** The planning and facilitation of antenatal education is informed by the identified needs and preferences of pregnant women and their partners.
- Antenatal education is parent-led and includes a partnership approach when setting the learning agenda.
  - A skilled antenatal education provider is a central component of an antenatal education programme. This enables pregnant women and their partners to share their hopes, fears, expectations and experiences and to be respectfully listened to.
  - Antenatal education providers are flexible in the format and timing of the antenatal classes they provide in order to meet the varied needs of pregnant women and their partners.

## Theme 1: Person-centred care and support

### **Standard 1.1** What this means for you as a pregnant woman and for your partner:

- You and your partner, whilst being mindful of the needs of other pregnant women and their partners in the class, will have a say in the topics to be covered in the antenatal education classes.
- You and your partner will be encouraged to ask questions and to discuss your hopes and concerns about your journey to parenthood during the antenatal education classes.
- A variety of options in terms of format, timing and location of antenatal education classes will be offered to you and your partner.

### **Standard 1.2** Pregnant women and their partners have equitable access to antenatal education based on their assessed needs (e.g. antenatal, physical, transport and language needs) and their preferences (e.g. format and timing of classes).

- Antenatal education providers ensure that there is a variety of routes and mechanisms for pregnant women and their partners to access antenatal education in a timely manner.
- Pregnant women and their partners are made aware of the variety of antenatal education options available to them in their area and how they can access such antenatal education. This information is readily available through local maternity hospitals and online.
- Antenatal education providers offer specific encouragement and support to partners to be involved throughout the birth experience and in preparing themselves for parenthood.
- Antenatal education providers have systems in place to ensure that there is outreach to population groups who are at risk of social exclusion.

### **What this means for you as a pregnant woman and for your partner:**

- You and your partner will be offered antenatal education in a format that you can understand, and which best suits your needs.
- Information about antenatal education classes and how you can access them is available through your local maternity hospital and online.
- Your partner is welcomed and encouraged to attend antenatal education classes.
- Through attending antenatal education classes, you and your partner will receive the information that you both need to help prepare you for birth and for becoming parents.

## Theme 1: Person-centred care and support

**Standard 1.3** Pregnant women and their partners experience antenatal education which respects their diverse health and wellbeing needs and choices.

- Antenatal education providers provide information in a respectful, non-judgemental and professional manner and in line with national guidelines.
- Antenatal education providers consider the cultural, language and literacy needs of pregnant women and their partners in planning and delivering their services.
- Consideration is given as to how the learning needs of groups who have specific learning needs may be adequately met (e.g. pregnant teenagers, multiple pregnancy, pregnant women who have a disability, VBAC, pregnant women and their partners who have experienced perinatal loss) and that the delivery of information is evidence-informed.

**What this means for you as a pregnant woman and for your partner:**

- You and your partner will receive antenatal education that is respectful of your values and beliefs.
- Your antenatal education provider will tailor the information you receive based on your past pregnancy experiences. For example, if you have had a caesarean birth in the past, you may receive information regarding the possibility of preparing for a vaginal birth if it is a suitable option for you. If you have experienced a pregnancy loss or the loss of a baby, there will be specific antenatal education available to meet your needs and those of your partner.

**Standard 1.4** Pregnant women and their partners are empowered to make informed decisions about their care.

- Antenatal education providers ensure that all information provided is standardised, evidence-based and easily accessible in a variety of formats and languages, where possible, and that it adequately meets the needs of pregnant women and their partners.
- This standardised evidence-based material is comprehensive and covers all available birth choices.

**What this means for you as a pregnant woman and for your partner:**

- You and your partner will receive antenatal education in a language and format that you can understand, and which helps you to make informed decisions about labour, birth and early parenthood.

## Theme 1: Person-centred care and support

**Standard 1.5** The dignity, privacy and autonomy (e.g. independence in one's thoughts or actions) of each pregnant woman and her partner is respected and promoted.

- Antenatal education providers respect the dignity and privacy of pregnant women and their partners at all times.
- Any information that a pregnant woman or her partner discloses to the antenatal education provider can only be discussed with other healthcare professionals with permission.
- Antenatal education providers will discuss 'ground rules' with each group at the outset to ensure that the disclosure of confidential or sensitive information within the group setting is protected.
- Antenatal education providers respect each individual's values and beliefs, their cultural practices and their ethnicity.
- Antenatal education should support pregnant women and their partners to plan for their pregnancy and birth and to ask for their needs to be met from service providers.
- Where birth options are available, women will be empowered to make an informed choice.

### **What this means for you as a pregnant woman and for your partner:**

- Your personal information will be protected, and your antenatal education provider may only discuss your personal information with other healthcare professionals who are involved in your care with your permission.
- Your antenatal education provider will encourage you and other members of the class to talk about your hopes, anxieties and expectations in preparing for birth and parenthood. Sometimes sensitive or very personal information may be shared within the group setting and all efforts will be made to ensure that this private information is not shared outside of the group.
- Your values and beliefs are respected by your antenatal education provider.

**Standard 1.6** Antenatal education providers promote a culture of compassion, care, commitment and respect.

- In line with a parent-led approach to the provision of antenatal education, the concerns of pregnant women and their partners are listened to and addressed by antenatal education providers.
- Antenatal education providers strive to create a culture of inclusivity and respect within the group where every pregnant woman and partner is recognised as an autonomous individual and is listened to with compassion.

## Theme 1: Person-centred care and support

### **Standard 1.6** What this means for you as a pregnant woman and for your partner:

- You are treated with respect by your antenatal education provider.
- Your antenatal education provider is focused on creating a compassionate, supportive environment that is considerate of the many different needs and experiences of the pregnant women and partners attending the class.

### **Standard 1.7** There is an evaluation process in place for all antenatal education programmes.

- Antenatal services have processes in place to evaluate all programmes and learn from the evaluations.
- Antenatal education providers have a written complaints policy in place which allows for complaints to be dealt with in a transparent manner.
- Antenatal education providers ensure that there is a formal evaluation process in place for incorporating feedback to progress continuous improvement of the antenatal education service.
- The organisation's evaluation of antenatal education is factored into the service plans.

### **What this means for you as a pregnant woman and for your partner:**

- Your views and suggestions will be listened to and responded to by your antenatal education provider in a timely manner.
- Antenatal education providers have a process in place by which evaluations and suggestions for improvement will be reviewed and acted upon in order to improve the quality of the antenatal education service provided.

## Theme 2: Effective care and support

**Standard 2.1** Antenatal education reflects the best available evidence of what is essential to achieve a positive birth experience and high quality outcomes for pregnant women and their babies.

- Antenatal education providers ensure that the most current evidence is imparted using the most up to date resources and evidence-based information.
- Antenatal education providers are supported to provide the most up to date materials through access to evidence-based information sources (e.g. academic journals, HSE library resources).
- Antenatal education providers must ensure that they practise in line with national and international clinical guidelines.
- Antenatal education providers have accountability for engaging in continuous professional development in order to develop skills in group facilitation and in order to gain a deeper understanding of the importance of evidence-based practice, of adult learning theories and of experiential learning methods.
- Antenatal education providers are supported with protected time and opportunities to fulfil such responsibilities.

### **What this means for you as a pregnant woman and for your partner:**

- Your antenatal education provider has a responsibility to ensure that the information you receive in your antenatal education classes is the most accurate and up to date information available.
- Your antenatal education provider has a responsibility to engage in regular education update/development sessions throughout their career in order to provide you and your partner with high quality antenatal education.

**Standard 2.2** Antenatal education is provided in a physical environment which supports the delivery of a safe, high-quality service and which protects the health and wellbeing of those delivering and receiving antenatal education.

- The physical environment is an appropriate, safe, clean and pleasant learning environment for pregnant women and their partners.
- The physical environment is fit for purpose and enables antenatal education providers to hold classes that are interactive, participative and which meet the learning needs of pregnant women and their partners.
- The environment in which antenatal education is delivered respects the dignity and privacy of pregnant women and their partners.
- The space in which antenatal education is delivered is adequate and flexible and meets the needs of pregnant women, their partners or family members who may have a physical disability.
- Staff have a safe working environment that is fit for purpose and in compliance with health and safety legislation.
- Antenatal education, supporting materials and equipment used during classes are safe, fit for purpose and in line with legislation, national policy and best available evidence.

## Theme 2: Effective care and support

**Standard 2.2** **What this means for you as a pregnant woman and for your partner:**

- The setting in which your antenatal education takes place is an easily accessible, suitable, comfortable and safe learning environment.
- All of the equipment used during your antenatal classes is safe and fit for use.
- All birth options will be discussed so you can think about your birth.

## Theme 3: Safe care and support

**Standard 3.1** Antenatal education providers empower pregnant women and their partners through the appropriate design and delivery of antenatal education.

- Comprehensive and standardised antenatal information is available to pregnant women and their partners throughout pregnancy with the aim of promoting and preparing them for a physiological birth, while also preparing them for interventions that may happen during the birthing process when nature needs a hand.

**What this means for you as a pregnant woman and for your partner:**

- Your antenatal education provider will explain how you can prepare for a normal birth and the possible interventions that sometimes need to take place during childbirth to help protect you and/or your baby during the birthing period. You will be encouraged to practice all skills that you learn throughout your antenatal education programme (e.g. labour and birth positions, breathing through labour and birth) in order to promote and protect physiological birth.
- All birth options will be discussed so you can think about your birth preferences whilst understanding that plans may change.

**Standard 3.2** Antenatal education providers ensure that they are aware of their role in responding to suspected or confirmed domestic or child protection/welfare concerns.

- Antenatal education providers are familiar with relevant legislation, policies and guidelines and engage in ongoing education to support their ability to identify, respond to and seek appropriate help for pregnant women, their partners or children in abusive situations.

## Theme 3: Safe care and support

- Standard 3.2**
- Antenatal education providers ensure that information about, and signposting toward, support services is easily available in order to enable women or their partners who are at risk of, or who are experiencing, abuse to access appropriate services.
  - Antenatal services should have a pathway in place to support antenatal educators when disclosure is required

### What this means for you as a pregnant woman and for your partner:

- If your antenatal education provider is worried about domestic violence and/or child abuse, then they have to tell their manager and social services about their worries.
- Your antenatal education provider has received specific training so that they can support you if child protection/welfare concerns arise.
- Your antenatal education provider can provide you with the support and information to gain access to the right services for you.

## Theme 4: Better health and wellbeing

- Standard 4.1** Antenatal education providers support pregnant women and their partners to promote, protect and improve their health and wellbeing and that of their baby.
- Antenatal education providers offer information on the importance of optimising health and wellbeing during the pregnancy and following the birth in order to maximise positive outcomes for mother and baby.
  - Comprehensive, evidence-based information that discusses perinatal mental health issues is made available to all pregnant women and their partners. Antenatal education providers offer this information in both written and verbal formats.
  - Antenatal education providers offer information on the importance of a healthy and active lifestyle for partners and other family members.
  - Antenatal education providers provide information on developing health and wellbeing in babies such as breastfeeding and infant mental health.

## Theme 4: Better health and wellbeing

### **Standard 4.1** What this means for you as a pregnant woman and for your partner:

- Your antenatal education provider offers information in order to empower you and your partner to make positive and healthy choices during and after your current pregnancy and possibly in preparing your body for another pregnancy, if that is what you choose.
- Information on how to care for your mental health during and after pregnancy and where to access information and services to support your mental health is available from your antenatal education provider.
- You will get information on becoming a parent and the early childhood choices you can make to improve your baby's health and to form a strong relationship with your baby.

## Theme 5: Leadership, governance and management

### **Standard 5.1** Antenatal education providers have governance arrangements in place in order to ensure the delivery of high quality antenatal education.

- Those governing the antenatal education service regularly review information on the quality of the service, which may be gained through service provider or parent feedback and through audit, in order to ensure that antenatal education is delivered in line with national standards, guidelines and policies.

### **What this means for you as a pregnant woman and for your partner:**

- The people in charge of providing the antenatal education services in your area regularly review national policies, standards and guidelines, as well as the feedback of parents and the providers of antenatal education, to ensure that the antenatal education service provided to you is up to date and of a high quality.

### **Standard 5.2** Antenatal education providers maintain a statement of purpose that accurately describes the service provided to pregnant women and their partners. This statement includes information on where such services are provided and how they can be accessed.

- This statement of purpose should be easily accessible to all stakeholders.
- Governance arrangements are in place to check that the antenatal education service is being delivered within the scope of the statement of purpose.

## Theme 5: Leadership, governance and management

### **Standard 5.2** What this means for you as a pregnant woman and for your partner:

- Your antenatal education provider offers information about the antenatal education classes provided and where they can be accessed.
- Your antenatal education provider regularly reviews their service to ensure it is of a high quality and in line with national standards.

### **Standard 5.3** The identified learning needs of pregnant women and their partners are central to setting the learning agenda for antenatal education classes. Antenatal education providers, in partnership with pregnant women and their partners, set clear objectives and create a clear plan for how these learning needs will be met.

- A core syllabus, which ensures the delivery of consistent evidence-based messages, is used in conjunction with the identified learning needs of pregnant women and their partners, to guide the learning agenda for antenatal classes at the local level.
- Pregnant women and their partners are given the opportunity to discuss their learning needs and to set the learning agenda in partnership with their antenatal education provider.
- Antenatal education providers describe clear aims, anticipated learning outcomes and a plan for facilitating the session at the outset of each antenatal education class.

### **What this means for you as a pregnant woman and for your partner:**

- A core programme of antenatal education topics will be delivered throughout the country so that no matter where you live, you will receive similar information from an appropriately educated provider.
- The information that you and your partner receive will be influenced by your learning needs and those of other members of the group.
- Your antenatal education provider will work together with you, your partner and with other members of the group in order to agree the content of your antenatal education classes. At the beginning of each antenatal education session, your antenatal education provider will ask you what you want to learn and clearly describe what they are going to teach and what they hope you will learn from the session.

### **Standard 5.4** Antenatal education providers at all levels promote and strengthen a culture of consistency and quality throughout the antenatal education service.

- Antenatal education providers and their managers actively promote and work to strengthen a culture of consistency and quality through the mission statement, the service design, the code of governance, the use of the evidence base, and through the education and evaluation processes embedded within the antenatal education service.

### **What this means for you as a pregnant woman and for your partner:**

- Your antenatal education provider ensures that they provide a high quality service. A description of the service and how the quality of the service is maintained is easily available to you through your antenatal education provider.

## Theme 5: Leadership, governance and management

**Standard 5.5** Antenatal education services are compliant with relevant legislation.

- Antenatal education providers must ensure that they are compliant with legislation such as child protection, data protection and health and safety legislation.

**What this means for you as a pregnant woman and for your partner:**

- Antenatal education providers comply with all relevant Irish law.

## Theme 6: Workforce

**Standard 6.1** Antenatal education providers will have the required competencies to provide high-quality, parent-centred antenatal education.

- Education of antenatal education providers is evidence-informed and places a particular emphasis on developing facilitation skills.

**What this means for you as a pregnant woman and for your partner:**

- Your antenatal education provider has the necessary education and skills to support your learning.

**Standard 6.2** Managers of antenatal education providers ensure their workforce has the competencies and training required to facilitate and deliver high quality antenatal education.

- Antenatal education providers should understand adult learning theories and experiential learning and should have group facilitation skills.
- Antenatal education providers engage in continuous professional development, including supervision activities and reflective practice, to assure competence.
- There is a culture of support and continuous learning among antenatal education providers, with peer-mentoring and coaching forming central components of learning.
- All antenatal education providers are supported to maintain their professional knowledge, skills and competence in line with best practice and the needs of the population being cared for, through the provision of protected time to fulfil these requirements and adequate opportunities for further education.
- The ongoing education of antenatal education providers is formalised, planned and regularly reviewed in order to address identified deficiencies and to ensure that antenatal education providers have the competencies appropriate to their role.

## Theme 6: Workforce

**Standard 6.2** **What this means for you as a pregnant woman and for your partner:**

- Antenatal education providers are facilitated to engage in continuous professional development by their managers to keep their knowledge and skills up to date.

**Standard 6.3** Managers of antenatal education providers support their workforce in delivering high-quality, safe antenatal education.

- Antenatal education providers are supported by management to provide high quality education through the provision of up-to-date materials, visual aids, digital resources, props and equipment in order to adequately meet the learning needs of pregnant women and their partners.
- Antenatal education providers are supported by their managers to engage in CPD and regular updates on the evidence base related to the provision of high quality antenatal education, including acquiring facilitation skills.

**What this means for you as a pregnant woman and for your partner:**

- Your antenatal education provider is supported by management to provide a high quality service through the provision of suitable props and materials in order to support your learning and that of your partner.

## Theme 7: Use of resources

**Standard 7.1** Antenatal education providers plan and manage the use of available resources to provide, high-quality antenatal education efficiently and sustainably.

- Antenatal education providers are provided with the necessary equipment including labour, birth, parenting and breastfeeding teaching aids in order to adequately meet the learning needs of pregnant women and their partners.
- Hospital management include the provision of high quality, safe antenatal education in their budgeting considerations.
- Antenatal education providers maintain equipment in line with manufacturer's instructions, such that they remain fit for purpose.

## Theme 7: Use of resources

**Standard 7.1** **What this means for you as a pregnant woman and for your partner:**

- Your antenatal education provider is provided with resources including labour, birth, parenting and breastfeeding teaching aids in order to ensure the delivery of a service that will meet your learning needs and those of your partner.
- The equipment used in antenatal education classes will be adequately maintained and safe to use.

## Theme 8: Use of information

**Standard 8.1** Antenatal education providers use information as a resource in planning, delivering, managing and improving the quality of antenatal education.

- Antenatal education providers use high quality information (both quantitative and qualitative in nature) in the planning and delivery of their service in order to assess the needs of the local population and the needs of educators, and to provide a service that is parent-centred and responsive.

**What this means for you as a pregnant woman and for your partner:**

- Your antenatal education provider has access to information about the needs of the local population and uses it to provide a service that is responsive to the needs of local people and educators. However, the classes should be based around your individual needs and those of the group.

**Standard 8.2** Antenatal education providers have effective arrangements for information governance.

- Antenatal education providers ensure that there are appropriate arrangements in place for information governance so that the antenatal education service complies with data protection legislation.
- Education in information governance for antenatal education providers is in line with their level of access to personal health information and facilitates them to fulfil their roles and responsibilities for information governance.
- Information is collected, processed, used and shared (with service users' consent), while respecting the privacy and confidentiality of the pregnant women and partners to whom it relates.

## Theme 8: Use of information

**Standard 8.2** **What this means for you as a pregnant woman and for your partner:**

- Your legal rights to have your personal information kept securely and confidentially are respected.
- Your antenatal education provider has a responsibility to store any personal information in line with data protection legislation. If your antenatal education provider has access to personal information, they will undergo the necessary training to ensure that they are aware of their responsibilities in this area.
- Your personal information will not be shared for use outside of your antenatal education classes unless you give permission for this to happen.

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# Appendix: Information on the structure of the Standards

## A. Parents

1. Person-centred care and support – this theme discusses the importance of placing pregnant women and their partners at the centre of the antenatal education service. It highlights the importance of a parent-led, responsive and participatory service that provides universal access and which is respectful of individuals' diverse learning needs and cultural backgrounds.
2. Effective care and support – this theme discusses the importance of an evidence-based approach to the content and delivery of antenatal education services. The Standards describe the desirable knowledge and skills of antenatal education providers, while also identifying the need for a standardised curriculum and the need for an appropriate environment in which antenatal education can be delivered.
3. Safe care and support – this theme identifies the measures that need to be in place in order to provide a high quality service that empowers pregnant women and their partners. It describes the importance of providing the most up-to-date and evidence-based information to pregnant women and their partners in a manner that is accessible and which meets the diverse needs of this population.
4. Better health and wellbeing – this theme discusses the role of the antenatal education provider in promoting the health of pregnant women, their partners and their babies.

## B. Practice

**Note 1:** The decision was made to refer to 'pregnant women and their partners' throughout the Standards as a way of ensuring that the needs of both are considered and embedded in the antenatal education service. However, obviously, the circumstances of any pregnancy are unique to that pregnancy and the needs of all parents – including with or without partners; lesbian, gay, bisexual, transgender, or questioning (LGBTQ) or heterosexual; surrogate or adoptive – should be met by these Standards.

**Note 2:** Antenatal education services are delivered by a variety of providers in a variety of settings. These Standards do not seek to reduce the choice of provider that pregnant women and their partners have. They provide a framework for benchmarking and planning for improvement. The Standards in themes six and seven are not fully relevant to private providers as they are written, but it is suggested that they consider the governance, management and resourcing of the service they deliver in the context of the overall Standards to assure themselves that these providers are providing a safe, well-managed and resourced service for their clients.

5. Leadership, governance and management – this theme describes the need for transparent accountability arrangements within the services that provide antenatal education. The Standards discuss the importance of providing an accurate description of each antenatal education service, as well as ensuring that quality assurance methods are in place to ensure the provision of a high quality service that operates within national standards, guidelines and policies.

## C. Providers

6. Workforce – this theme highlights the importance of having a workforce of antenatal education providers who have the necessary knowledge and skills to deliver antenatal education in line with best practice.

## D. Resources

7. Use of resources – this theme discusses the effective and efficient use of resources that support the provision of a high quality antenatal education service.
8. Use of information – this theme discusses the active use of data to support the provision of a parent-led, responsive antenatal education service. It also outlines the need for formal training and arrangements to ensure that antenatal education providers fulfil their statutory role in information governance.

