Preparing for birth and parenthood
Report on first-time mothers and fathers attending NCT antenatal courses
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Executive Summary

In 2009 a longitudinal study was carried out to explore the experiences, feelings and views of parents attending NCT antenatal courses across the United Kingdom (UK). The aim was to evaluate NCT courses as a model of preparation for birth, breastfeeding and becoming a parent. We wanted to explore how well parents’ needs were met. The study also provided an opportunity to learn about parents’ experiences of birth, the maternity services and life with a new baby. Eligible women and men were asked to complete an online questionnaire at the end of their antenatal course (mean 38 weeks of pregnancy) and a follow-up questionnaire when their baby was around three months old. The questionnaires included structured questions and questions respondents could answer in their own words.

- Approximately 4,200 individuals, pregnant women and their partners, were booked onto NCT antenatal courses ending in May 2009. Of these 75% were eligible for inclusion in a survey, having consented to future contact.
- NCT contacted 1,584 women, inviting them and their partner, or other birth companion who had attended the course, to participate. Altogether, 47% of pregnant women (738/1584) and 12% of male partners (190/1560) responded. All course attendees except three couples whose baby had died were contacted again when their baby was around three months old. Post-birth, 24% of mothers (380/1581) and 4% of fathers (65/1557) responded. There were linked data for 213 mothers and 20 fathers. Over 95% of parents were expecting their first baby. The findings reported are for first-time mothers and first-time fathers.
- Antenatal courses provided up to 12-20 hours of teacher/breastfeeding counsellor contact time.

The summary findings are presented here in five main sections: reasons for booking an NCT course; findings about NCT courses; plans and preferences for labour and birth; women’s experiences of labour, birth and maternity care; men’s experiences of birth; experiences of the early weeks of parenthood; and experiences of breastfeeding. These are followed by a summary of recommendations.

Reasons for booking an NCT course

- The most common reasons women gave for booking an NCT course were to meet other parents (97%) and to prepare for becoming a parent (96%).
- Nine out of ten came to NCT to get ‘evidence-based information from a reliable source’ (91%), to find out about different methods of pain relief (87%) and prepare for breastfeeding (92%).
- Two thirds of first-time mothers said that they wanted ‘a great deal’ of information about pregnancy and birth (68%).
- First-time mothers’ attitudes towards and preferences for birth preparation were varied:
Around half indicated that they wanted to prepare for a 'natural' birth and to find out about hospital procedures (51%).

A third (34%) wanted to find out about hospital procedures and did not want to prepare for a 'natural' birth.

6% wanted to prepare for a 'natural' birth and did not want to find out about hospital procedures.

8% indicated that they came to NCT neither to find out about hospital procedures nor to prepare for a 'natural' birth.

Findings about NCT courses

Meeting other new parents

• Virtually all expectant parents (women 97%; men 100%) said their NCT course provided a useful opportunity to meet other parents.

Information

• After the course, 80% of first-time mothers and 91% of first-time fathers felt that their NCT course provided evidence-based information from a reliable source.

• Men valued having information about the birth process, a structured process to help them think through decision making, preparation for supporting their partner, and the opportunity to be part of a participative group with other expectant parents.

Confidence about birth

• The confidence of first-time mothers and fathers about birth rose significantly after attending the course (women: before the course 3%, after the course 48%; men: before the course 1%, after the course 55%).

• First-time mothers who had attended a full-length 'standard' NCT antenatal course (16-20 hours teaching time over several weeks) reported a higher level of confidence about birth than those who had attended an 'intensive' NCT course (12-15 contact hours, often two six-hour birth preparation sessions, plus a breastfeeding preparation session).

• Reflecting after birth, three quarters of first-time mothers said that they had felt prepared for their experience of birth (51% quite prepared, 26% very prepared) and four in five felt either fairly confident (58%) or confident (19%) during birth.

• First-time mothers who strongly agreed that their midwife had supported them were more likely to feel confident, as were those who gave birth at home or in a birth centre, and those who had a spontaneous birth.

• Attending an NCT course may therefore have a positive impact on first-time mothers’ confidence during childbirth. However, as many factors influence feelings during labour and birth in order to be sure a randomised controlled trial is needed.
Reflecting after birth, four out of five first-time fathers said they had felt prepared for their experience of birth (51% quite prepared, 30% very prepared) and three quarters either fairly confident (60%) or confident (25%) when their partner was in labour and giving birth.

**Becoming parents**

- At the end of their course, six out of 10 women and around half of the men said they knew all they needed to about where to turn to for help, where to meet other parents, and how tired they might be in the early weeks with a new baby.
- Considerably fewer women and men indicated that they knew all they needed to about looking after their baby (21%; 18%), such as babies’ crying and sleeping (28%; 27%). However, in written comments some acknowledged that participating in the facilitated antenatal group had encouraged them to become a confident parent, using their own resources and believing in their own abilities.
- For men, the NCT course gave a real sense of the demands on women of having a new baby, modelled infant care as a shared activity, and addressed changes in couple relationships.
- Reflecting after birth, 83% of men said that ideas discussed on the NCT course about how to support their partner had been useful.

**Confidence about becoming a mother or father**

- Around one third of first-time mothers (36%) and nearly half of first-time fathers (48%) said they felt confident about becoming a mother or father respectively after the course, compared with a small minority (10% and 15% respectively) before the course.
- Three months after birth, there was no difference between how prepared women or men said they had felt according to the length of their antenatal course, but more women who had attended full-length courses reported feeling confident about life with their new baby compared with those who had attended intensive courses.

**Preparation for breastfeeding**

- At the end of the course, 91% of both women and men felt that their course had provided a good preparation for breastfeeding, though almost two thirds of parents (65%) wanted more information about baby feeding in general, and 57% of mothers and 49% of partners wanted more information about breastfeeding.
- Post-course, first-time mothers who had attended a full-length course more often reported feeling confident about feeding than women completing intensive courses and this difference remained at three months.
- Reflecting after birth, 80% of women and 87% of men felt the information on breastfeeding provided on the NCT course had been useful. One in five women (20%) and one in eight men felt the information had been either ‘not very useful’ or ‘not at all useful’.
• One in three first-time mothers (32%) and 15% of first-time fathers who had been on an NCT antenatal course (n=9/60) contacted an NCT breastfeeding counsellor for help and support after the birth.

Overall assessments

• 19 out of 20 first-time mothers (95%) and first-time fathers (94%) agreed or strongly agreed their class teacher ‘did a good job’, and would recommend the course to other parents.

• 97% of first-time mothers and 91% of fathers felt their needs were met by the course.

Plans and preferences for labour and birth

• 53% of first-time mothers planned to have their baby in a hospital labour ward; 36% planned to go to a birth centre (28% alongside a hospital, 8% a free-standing birth centre) and 11% planned a home birth.

• 99% planned to have their partner with them to provide emotional support when giving birth, and 11% were also thinking about having a female family member with them in addition to their partner. One woman was planning to give birth without a companion and 15% were planning to have a female companion, mainly in addition to their life partner. Thirteen had employed a doula.

• Two thirds of first-time mothers (67%) said they wanted a minimum quantity of drugs to keep the pain manageable; around a quarter (23%) said they would be willing to put up with quite a lot of pain in order to have a completely drug-free labour, and 6% said that they wanted the most pain-free labour that drugs could give them.

• Over nine in 10 women said they would like to use natural ways to help cope with contractions (96%), including both movement and different positions (97%) and focused breathing (97%). Most wanted to use a birth ball (82%) and around two thirds also wanted to use a TENS machine (71%) or a birth pool (71%).

• Two thirds of women ‘strongly agreed’ that they expected midwives to fully support (66%) and fully involve (69%) them during the birth. Rather fewer expected this would be the case during their postnatal care (54% and 61% respectively).

Women’s experiences of labour, birth and maternity care

• 85% gave birth in a hospital labour ward, 9% gave birth in a birth centre, either alongside a hospital (7%) or in a free-standing unit (2%) and 6% had a home birth.

• 45% had a spontaneous vaginal birth, 24% had assistance with forceps or ventouse and 31% had a caesarean birth (25% emergency and 6% planned).

• 67% of first-time mothers who gave birth vaginally did so lying on their back (48% in stirrups), 14% were standing, squatting or kneeling, 8% were sitting or supported by pillows and 6% gave birth in a pool.
• 60% of first-time mothers who had attended an NCT course said their birth was not how they had expected it to be, including a third (33%) who felt this 'strongly'.

• More than half did not have the kind of birth they had wanted (56%).

• Although 60% of women said that their birth was not how they had expected it to be, 64% agreed with the statement ‘my birth was a positive experience’.

• Most first-time mothers used a variety of self-help approaches for coping with pain in labour: 89% used focused breathing, 81% used movement; 78% used ‘other’ low-tech, non-invasive approaches such as massage, rocking and relaxation, 57% used a birth ball and 26% used a birth pool.

• Only one third of women who would have liked to use a birth pool were able to use one during labour.

• Fewer than half were encouraged by a midwife to use a birth ball (44%) and only a quarter (23%) were encouraged to use a birth pool.

• First-time mothers who gave birth spontaneously received different levels of midwifery support for working with pain during labour depending on where they had their baby. A high level of support from midwives* was more often reported from women who gave birth at home (56%) or in a birth centre (64%) compared with a hospital labour ward (31%).

(* Indicted by encouragement to use four or more of the following non-invasive approaches: birth ball, birth pool, movement and different positions, massage, rocking, relaxation and focused breathing.)

• 21% of women were left alone during labour, birth or shortly afterwards when it worried them, including 16% who were left alone and worried at some time during labour.

• 75% of first-time mothers who had a caesarean agreed or strongly agreed that the obstetrician fully involved them during the birth. Over half (54%) said they were given options about procedures such as having the screen lowered, holding their baby skin-to-skin, or finding out their baby’s sex themselves.

• Around half of those who commented about their caesarean birth expressed positive views about the quality of care they had received. Around one in six who commented expressed negative comments from disappointment to frustration or shock.

Men’s experiences of labour and birth

• 98% of first-time fathers were present at their baby’s birth and 85% felt the birth had been a positive experience.

Preparing for life with a new baby

• Late pregnancy was a time of anticipation and uncertainty for women and for men. They anticipated that life with their new baby would involve lack of sleep, a major life change, changes for them as a couple, and changed relationships with friends and family.
Life with a new baby

- Three months after the birth, four major themes emerged from the women’s and men’s comments about how their life had changed: a complete change to a baby-focused lifestyle, feelings of joy and fulfilment, lack of time for things other than looking after the baby, and lack of sleep.

- Using a scale of 0-5, where 0 represented ‘no problem’ and 5 ‘major problems’, 11% of first-time mothers and 5% of first-time fathers indicated that feeling low or depressed was or had been a problem (score 4 or 5). Six percent of first-time mothers and 2% of first-time fathers said boredom was or had been a problem (score 4 or 5).

- None of the men talked about feeling worried, anxious or depressed themselves, though a few mentioned stress, or arguments with their partner, and financial pressures or the importance of ‘job security’. Almost half of the men (48%) had been worried about their partner’s health since their baby’s birth.

- First-time parents often find the first week particularly challenging and they need to be prepared for this.

- Some first-time mothers and fathers said they felt ‘best prepared’ for breastfeeding their baby, practical babycare and coping with the reality of their new role. However, a significant group of first-time mothers and fathers wanted better preparation for a range of issues including: the reality of breastfeeding in the early days and ways of responding to breastfeeding difficulties; using bottles and formula milk, practical babycare, and coping with the reality of motherhood or fatherhood, such as coping with their baby’s persistent crying.

- At three months, six out of ten first-time mothers and fathers described themselves as ‘confident’ (rather than ‘fairly confident’ or ‘not very confident’) about life with their new baby.

- Only 3% of first-time mothers and no first-time fathers said they felt ‘not very confident’ about life with their new baby at three months.

Baby feeding

- Almost all of the first-time mothers were intending to breastfeed in the first three months (99%): 92% said they planned to breastfeed exclusively, and 7% planned to mixed feed, combining breastfeeding with giving formula milk.

- Of those who said during pregnancy that they planned to exclusively breastfeed their baby for the first three months, two thirds (67%) said they had done so, 31% had breastfed and introduced bottle-feeding with formula milk at some stage, and 2% formula fed exclusively. There is no information available on patterns of mixed feeding.
Summary of recommendations

- Parents’ suggestions for improving NCT courses should be actively considered by NCT and other antenatal education providers, including:
  - Make more use of web-based information and offer access to it for parents while on the course.
  - Provide access to other parents’ anonymised reports about birth, feeding and the early weeks with a new baby, to get a better understanding of the range of experiences, a taste of the lived reality and ways to tackle common challenges before the baby comes.
  - Focus more on what to expect in the days after birth and the following early weeks, including more on practical babycare (how to change a nappy, bath, feed and wind a baby, possible illnesses, colic and nappy rash) and breastfeeding difficulties.

- Ensure that courses of similar format provide a similar standard of opportunity for participative parent-to-parent learning and support, e.g. invite first-time parents to attend courses with their new baby and provide a reunion session.

- Information should be available for parents prior to booking a course to let them know that longer courses tend to be associated with greater knowledge about birth and feeding, and increased confidence.

- Maternity services and children’s centres in England developing provision of antenatal education, in the light of the Department of Health Preparing for pregnancy, birth and beyond recommendations, should offer parent-centred, participative courses and factor in this dose-response relationship.

- Parents booking shorter courses should be particularly encouraged to consider participating in NCT branch activities and Early Days postnatal courses, so they can access additional opportunities for informal support and structured discussion.

Labour and birth

- NCT teachers and activists should encourage midwifery managers and their local maternity services liaison committee to actively review the use of supine positions and stirrups for birth.

- Parents should be told about local hospital practices and the advantages and disadvantages of different birth settings.

- Most women planning birth in hospital who wanted to use a birth pool were not able to do so during labour, so maternity services should review their provision to increase opportunities. Fortunately, this was not the case for women who gave birth at home or in a birth centre.

Motherhood and fatherhood

- The findings suggest that the NCT needs to review antenatal course objectives, taking account of the needs identified by parents in this report. In addition to the curriculum content and time allocated to postnatal issues,
consideration should be given to the availability of relevant written information and access to support, including breastfeeding support, in the early days after the birth.

**Baby feeding**

- Women and their partners should be able to access relevant information and support about a range of feeding approaches and to feel that support is available to them regardless of feeding method, particularly in the early weeks after birth.

**Future research**

- To increase opportunities for participation in NCT research and increase the response rate for pregnant women’s partners, NCT should develop its IT system to enable email addresses for all course attendees to be recorded, not just the person booking the course. This would make it possible for both partners to be contacted directly.

- Further research is needed to explore the finding that a high proportion of women found labour and birth different from what they had expected, with one in four feeling unprepared, and over half not having the kind of birth they wanted.

- Further research is also needed on parents’ experiences of looking after a newborn baby, particularly the first week of motherhood and fatherhood, and what kinds of preparation are helpful.