Prenatal Education & Support Standards

Prenatal Education & Support Standards For Public Health Services

Written by the Prenatal Education and Support Working Group

Final Report, April 2005

Prenatal Education & Support Working Group Membership

Cathy Chenhall (co-chair)
Healthy Eating Coordinator
Department of Health Promotion
and Protection

Kathy Inkpen (co-chair)
NCDIP Core Program Coordinator
Department of Health Promotion
and Protection

Mary-Anne Finlayson
Evaluation Coordinator
Department of Health Promotion
and Protection

Johanna Dinnessen-McLeod
Public Health Services
South Shore, South West Nova &
Annapolis Valley Health Authorities

Barb O'Brien
Public Health Services
Colchester/East Hants, Cumberland
& Pictou County Health Authorities

Bonnie Maxwell
Public Health Services
Guysborough/Antigonish/Strait
& Cape Breton Health Authorities

Valarie Campbell
Public Health Services
Capital District Health Authority

Morgane Cameron
Public Health Services
Capital District Health Authority

Sophie Pitre Arseneault
Canada Prenatal Nutrition Program
Public Health Agency of Canada

Dr. Megan Aston
Dalhousie University, School of Nursing

Judy Cormier
St. Francis Xavier University,
School of Nursing

Ronda Smith
Reproductive Care Program of Nova Scotia

Fran Topple
IWK Health Centre

Darla MacPherson
NCDIP Core Committee Representative

Corresponding members
Dr. Heather Scott
Doctors Nova Scotia

Karen Blanchard
Manager - Public Health Services
South Shore, South West Nova &
Annapolis Valley Health Authorities

Becky Attenborough
Reproductive Care Program of Nova Scotia

Janet Rathbun
Director of Income Assistance
Department of Community Services

ISBN 1-55457-108-1

Some of the photos contained within this document are printed with permission from the Public Health Agency of Canada's Canada Prenatal Nutrition Program and Community Action Program for Children.

Introduction

Public Health Services in Nova Scotia, with partners, provides prenatal education and support to pregnant women, their partners and families. The new prenatal education and support framework, informed by evidence and best practice, will support the implementation of Public Health Services prenatal education and support programs. The prenatal education & support standards as presented in this document support a broad population health approach to education and support for pregnancy, birth and early parenting. The standards were developed by a working group comprised of Department of Health Promotion & Protection, Public Health Services and key partners such as Reproductive Care Program, Canada Prenatal Nutrition Program, IWK Health Centre, Dalhousie University and St. Francis Xavier University. Implementation of the new standards is underway in many District Health Authorities, however, there is recognition that the standards will be phased in over time.

Background and Context

Public Health Services in Nova Scotia has been providing prenatal education and support for pregnant women and their families for many years. Programs such as *The Healthy Baby Program* (a partnership program between Department of Community Services and the Department of Health) and *A New Life: Prenatal Education Program* were developed in the early 1990s and since their inception, neither of these programs has been comprehensively reviewed.

In September 2001, a recommendation was made by the Non Communicable Disease Prevention Core Committee and Public Health Services managers to form an ad hoc Working Group to:

Best practices, experience, knowledge, expertise

Make recommendations to public health management related to the development of a comprehensive public health prenatal education and support program framework for Public Health Services. (Appendix 1 – Terms of Reference)

The 'new' Public Health prenatal education and support framework was informed by evidence and best practices, as well as experience, knowledge and expertise of:

- Committee members
- Public Health Services staff and management
- Community partners
- External reviewers:
  - Cathie Royle, Program Consultant Prenatal & Early Childhood, Newfoundland & Labrador, Department of Health & Community Services & Janet Murphy Goodridge, Coordinator, Childbirth Education Review Project, Newfoundland and Labrador Provincial Perinatal Program
  - Barbara Selwood, British Columbia Reproductive Care Program, British Columbia
  - Kathy Crowe, Reproductive Health, Ottawa, Ontario

- Stakeholder Presentations made to the working group (Appendix 2 — Stakeholder Presentations)

While the Public Health Prenatal Education & Support Program Framework builds upon *The Healthy Baby Program* and *A New Life: Prenatal Education*, the standards allow for much greater innovation, flexibility and focus in prenatal education and support programs and services for expectant families.

Next steps will focus on addressing key provincial actions that will support implementation of the prenatal education and support standards. This includes, but is not limited to, development of:

Greater innovation, flexibility and focus in prenatal education and support programs.

- key prenatal messages and supporting resources for consumers and professionals, supported by professional development
- a provincial prenatal education & support evaluation framework
- a provincial prenatal education & support social marketing strategy.

PHS Prenatal Education and Support — Program Goals

Beginning in the preconception period and continuing through pregnancy, postpartum and early childhood, the goals of Healthy Beginnings are to:

- Enable pregnant women, their partners and their families to achieve a healthy pregnancy, optimal birth outcome, and positive adaptation to parenting
- Promote the optimal level of physical, cognitive, emotional and social development of all children in Nova Scotia
- Enhance the capacity of parents to support healthy child development
- Enhance the capacity of communities to support healthy child development
- Contribute to a coordinated, effective system of prenatal, postpartum and early childhood programs and supports for women, children and their families throughout the childbearing years.

Healthy pregnancy and positive adaptation to parenting.

PHS Prenatal Education and Support – Values, Beliefs & Philosophy

Prenatal education promotes wellness and the prevention of illness by providing information and support to pregnant women, their partners and families to enhance capacity, facilitate informed decision-making and maintain or enhance their own and their baby's physical and emotional health.

Values, Beliefs & Philosophy:

Family-centred supports for expectant women, their partners and families.

Public Health Services aims to improve the population's health by:

- working in partnership with communities, families, and individuals to identify health needs and health potential; and
- by supporting collective and individual action to prevent illness, protect and promote health, and achieve well being.

Consistent with this overall mission, Public Health Services prenatal education and support is based on the following values, beliefs & philosophy:

- The experience of prenatal education is only one of several factors that contribute toward a healthy pregnancy, birth outcome and healthy child development.

- The perinatal period is a unique and important developmental stage in the life of a woman, her partner and their family.

- Programs, services and supports are family-centred. Expectant women, their partners and families are active, informed participants in all decisions related to pregnancy and childbirth.

- The expectant woman's main support person throughout the perinatal period provides unique support different from other care providers. This support person may be the woman's partner, friend, family member, etc.

- Expectant women are active participants in the learning process. All women and their partners are unique and have different and varied learning needs and learning styles arising from the anticipation or expansion of parenthood.

- All women have unique values, beliefs, experiences and expectations that reflect their life circumstances, for example, cultural, racial, spiritual, social, educational, and family factors.

- Capacity-building related to parenting knowledge, skill and ability to develop secure attachments needs to start in the prenatal period and continue to be reinforced throughout the birth and postpartum experience.

- Education and support are based on available evidence and best practices.

Respect for unique values, beliefs, experiences, and expectations of women and their partners.

References:

Nova Scotia Department of Health. (1992). *A New Life: Prenatal Education. Prenatal Facilitators Guide.*

Children's and Women's Health Centre of British Columbia. (2001). *Growing Babies…Growing Parents: An Evidence-Based Perinatal Education Resource.*

Health Canada. (2000). *Family-Centred Maternity and Newborn Care: National Guidelines.* Minister of Public Works and Government Services Canada.

Nova Scotia Department of Health. (2003). *Healthy Babies, Healthy Families: Postpartum & Postnatal Guidelines.*

PHS Prenatal Education and Support Provincial Standard Statements

1. Public Health Services, with partners, provides leadership for a coordinated, community approach to prenatal education and support.

Baby Friendly Initiative

2. Public Health Services, with partners, reflects the principles of the Baby Friendly Initiative throughout prenatal education and support services.

3. Public Health Services, with partners, ensures awareness of the benefits of prenatal education and support services for pregnant women, as early as possible in their pregnancy.

Equitable access

4. Public Health Services, with partners, facilitates equitable access to prenatal education and support for all pregnant women.

5. Public Health Services, with partners, ensures the early identification of pregnant women, who are at risk of not achieving healthy pregnancy outcomes.

Responsive to diverse needs

6. Public Health Services, with partners, provides services that are responsive to the diverse needs of pregnant women, whose life circumstances may place them at risk of not achieving healthy pregnancy outcomes.

7. Public Health Services, with partners, offers prenatal education and support through a variety of approaches to address the learning needs of pregnant women and their families

8. Public Health Services, with partners, enhances women's capacity and self-efficacy in the prenatal period.

9. Public Health Services, with partners, delivers consistent key messages to the perinatal population.

Capacity building

10. Public Health Services, with partners, supports and maintains competencies to achieve the expected outcomes for prenatal education and support services.

11. Public Health Services, with partners, implements and utilizes data collection processes to improve and/or support prenatal education and support services

12. Public Health Services, with partners, improves prenatal education and support services, based on provincial program evaluations.

Data collection and evaluation to improve prenatal education.

13. Public Health Services, with partners, encourages realistic, positive and accurate representation of birth, breastfeeding and parenting in local and provincial media.

Refer to Appendix 3 – Evidence to Support Prenatal Education & Support Standards

Appendix 1: Terms of Reference

Public Health Services Prenatal Education and Support Program Review Working Group

Background:

Public Health Services in Nova Scotia has been providing prenatal education for pregnant women and their families throughout the province for many years. Currently, the provincial programs offered by Public Health Services are the *Healthy Baby* Program – a partnership program between the Department of Community Services and Health, and *A New Life: Prenatal Education Program*, both of which were developed in the early 1990s. Since their inception, neither of these programs frameworks (i.e. policy, goals, objectives, etc.) have been comprehensively reviewed, provincially or locally. To meet the needs of local populations, individual clients, and the capacity of Public Health Services locally, these programs have evolved and are implemented in innovative and varying ways across the province. To address this variation and facilitate provincial consistency in terms of policies, goals, objectives, targets and standards, related to prenatal education and support, an Ad Hoc Working Group of the Non-Communicable Disease and Injury Prevention Core Committee is being struck.

The formation of this ad hoc Working Group is to further recommendations made by the NCDIP Core Service Committee and Public Health Services managers in September 2001 that *"the Healthy Baby Program be revised within the context of a comprehensive Public Health Prenatal Education Program"*. A comprehensive Public Health prenatal education program will incorporate and coordinate universal (i.e. A New Life) and targeted (i.e. Healthy Baby) prenatal education and support programs.

The first step in the program review process has already been completed; a literature review related to the effectiveness of prenatal education. The Ad Hoc Working Group will guide and facilitate the remaining aspects of the program review.

The provincial Healthy Beginnings: Enhanced Home Visiting Initiative program description makes reference to the provision of prenatal education and support to 'at risk' families and the development of a prenatal component for "Healthy Beginnings". The Healthy Beginnings: Enhanced Home Visiting Initiative is an enhancement to current Public Health Services perinatal programs and services which, through universal screening and further in-depth family assessment, will help Public Health Services identify families facing challenges and offer these families home visiting support for up to three years and/or referral and linkage to other health and community resources. The term "Healthy Beginnings" refers to all Public Health Services prenatal, postpartum/postnatal and early childhood development programs and services. One of the goals of the Prenatal Education and Support Program Review Process is to develop a provincial program framework, which will foster a continuum of services and supports to families beginning in the preconception and prenatal period and continuing postpartum.

Communication between the Provincial Enhanced Home Visiting Steering Committee and the Prenatal Education and Support Working Group will occur on an ongoing basis throughout the Prenatal Education and Support program review process to facilitate coordination and consistency.

Outcome:
Building on the strengths of existing initiatives and models, the Prenatal Program Review Working Group will recommend for Public Health Working Group approval, a new comprehensive prenatal program and evaluation framework which includes goals, 'expanded' standards and targets (based on literature, consultation and issues identified), key messages for communication to the public, and a plan for ongoing

professional development to support quality prenatal education and support.

Principle for Ad Hoc Working Group:

Those participating in the Working Group will participate and be in a position to develop recommendations for Public Health Services prenatal education and support by incorporating the blend of knowledge from literature (evidence), shared experiences and other mechanisms.

Outputs:

For a detailed list of outputs, please refer to the Work plan January – May 2004 for the Prenatal Education and Support Program Review Working Group.

The Prenatal Education and Support Program Review Working Group will distribute quarterly updates to identified stakeholders as part of a planned communication process.

The Prenatal Education and Support Program Review will result in the development of a new, comprehensive prenatal education and support program and evaluation framework/ description which will include a program's goals, targets, and standards.

Additional outputs will be contingent on the final program and evaluation framework.

Process Actions:

- Develop a work plan including budgetary requirements.
- Develop a summary document from the Working Group process outlining recommendations for a comprehensive PHS prenatal program framework.

Membership:

- One representative per Public Health Services shared service area (staff or management having responsibility related to prenatal education).
- One representative from the provincial NCDIP Core Service Committee

- NCDIP Core Program Coordinator/Chair of NCDIP Committee (Department of Health)
- Reproductive Care Program of Nova Scotia representative
- Dalhousie School of Nursing representative
- St. F.X. University School of Nursing representative
- IWK Health Centre representative
- Project Manager, Healthy Beginnings (Department of Health)
- CPNP/CAPC Health Canada Program Consultant
- Department of Community Services, Income Assistance representative
- Members/affiliate to advise and assist on an ad hoc basis

Term:
Completion recommended comprehensive prenatal education and support program and evaluation framework. Working Group has identified an initial term of one year (December 2002-2003). Decision to extend the Working Group term to Spring 2004 made November 2003.

Reporting:
To the NCDIP Committee on an ongoing basis and for final draft of the new program and evaluation framework. Recommendations for the program will be presented to the Public Health Working Group for final approval.

Funding:
As per Core Committee Terms of Reference.

Meeting Frequency:
Meetings may be face to face or through tele-conferencing, depending on the discussions and work being done. Sub group meetings may occur depending on work identified through process of developing critical path.

Meeting times will be from 9:30 a.m. – 3:30 p.m. on dates identified.

Approval Date: January 13, 2003
Revised Approval Date: March 12, 2004

Appendix 2: Stakeholder Presentations

Shirley Russell, Colchester Regional Hospital, presentation of master's thesis – *Learning Needs of Multiparous Women*

Hilary Marentette, The Doula Program, Single Parent Centre, Halifax

Marika Lathem, Family Services of Support (Family SOS), Halifax

Maura Donovan, *Diversity & Strategies for Supporting All Expectant Families*

Joyce Beaudry & Michelle Dey, Memory Lane Family Place, Healthy Child Development Initiative – Prenatal/Postpartum Research Report

Ann Marie Murdock, Perinatal Women's Wellness Clinic, Aberdeen Hospital, New Glasgow

Joanne Morrison, Perinatal Support Nurse, Valley Regional Hospital, Kentville

Susanne Rushton, Perinatal Clinic Nurse, Colchester Hospital, Truro

Dr. Hudec, Nina Nauss, Debbie Salyzyn, IWK Reproductive Mental Health Service

Sue-Ann Morrow, Prepared Childbirth Association of Nova Scotia (PCANS)

Appendix 3: Evidence to Support Prenatal Education and Support Standards

Standard #1

Research identifying the benefits of a coordinated community approach to prenatal education and support

Novello, A.C., DeGraw, C. & Kleinman, D.V. (1992). Healthy Children Ready to Learn: An Essential Collaboration Between Health and Education. *Public Health Reports 107(1), 3-14*

Skovholt, C., Lia-Hoagberg, B., Mullett, S. & Siiteri, R.K. (1994). The Minnesota prenatal care coordination project: successes and obstacles. *Public Health Reports. Hyattsville: Nov. 1994, 109 (6), 774-781. ISSN 00333549*

Standard #2

Research identifying: the importance of the awareness of prenatal education and support by pregnant women which leads to maternal and child healthy outcomes

So far, None found

Standard #3

Research identifying: the importance of early identification and referral of pregnant women that leads to healthy outcomes

Research identifying: the importance of identifying pregnant women who may be 'at risk'.

Rogers, C. &Schiff, M. (1996). Early versus late prental care in New Mexico: barriers and motivators. *Birth, 23(1), 26-30.*

Positive effects of PHN visits:
Clement, S. (1995). 'Listening visits' in pregnancy: a strategy for preventing postnatal depression? *Midwifery, 11, 75-80*

Prenatal susceptibility to depression:
DaSilva, V.A., Moraes-Santos, M.S., Carvalho, M.S.,Martins, M.L.P. & Teixeira, N.A. (1998). Prenatal and postnatal depression among low income Brazilian women. *Brazilian Journal of Medical and Biological Research, 31(6), 799-804*

Women experience stress prenatally:
Sable, M.R. & Schild Wilkinson, D. (1999). The role of perceived stress on prenatal care utilization: Implications for social work practice. *Health & Social Work, 24(2), 138-146.*

Review of effects of prenatal education:
Smith, S. & Carey, B. (1999). Prenatal education: quality materials empower patients to improve outcomes. *Inside Case Management, 6(4), 2-7.*

Teens and depression in the prenatal period:
Zuckerman, B.S., Amaro, H., & Beardslee, W. (1987). Mental health of adolescent mothers: the implications of depression and drug use. *Journal of Developmental and Behavioral Pediatrics, 8, 111-116*

Standard #4

Research identifying: the importance and benefits of addressing diverse needs of pregnant women

Mayberry, L., Affonso, D., Shibuya, J. & Clemmens, D. (1999). Integrating cultural values, beliefs, and customs in to pregnancy and postpartum care: lessons learned from a Hawaiian public health nursing project. *The Journal of Perinatal & Neonatal Nursing. 13(1), 15-26.*

Maloni, J., Cheng, C., Liebl, C.P. & Maier, J. S. (1996). Transforming prenatal care: reflections on the past and present with implications for the future. *Journal of Obstetric, Gynecologic, & Neonatal Nursing. 25(1) 17-23.*

Koniak-Griffin, D. Mathenge, C. Anderson, N. & Verzemnieks, I. (1999). An early intervention program for adolescent mothers: a nursing demonstration project. *Journal of Obstetric, Gynecologic, & Neonatal Nursing. 28(1), 51-59.*

The next set of articles address the issue of accessibility for diverse groups of women

Reasons why women do not access prenatal care
Bedics, B.C. (1994). Nonuse of prenatal care: implications for social work involvement. *Health & Social Work, 19(2), 84-95*

Barriers to prenatal care:
Gazmaranian, J.A., Arrington, T.L., Bailey, C.M. Schwarz, K.S., & Koplan, J.P. (1999). Prenatal care for low-income women enrolled in a managed-care organization. *Obstetrics & Gynecology, 94(2), 177-184*

Low-socioeconomic status and prenatal care Johnston-Robledo, I. (1998). Beyond Lamaze: socioeconomic status and women's experiences with childbirth preparation. *Journal of Gender, Culture, and Health, 3(3), 159-169.*

Barriers for low-income women:
Sword, W. (2000). Influences on the use of prenatal care and support services among women of low income. *National Academies of Practice Forum, 2(2), 125-33.*

Sword, W. (1999). A socio-ecological approach to understanding barriers to prenatal care for women of low income. *Journal of Advanced Nursing, 29(5), 1170-77.*

Sword, W. (1997). Enabling health promotion for low-income single mothers: an integrated perspective. *Clinical Excellence for Nurse Practitioners, 1(5), 324-32.*

Lia-Hoagberg, B. Rode, P. Shovholt, C.J., Oberg, C.N., Berg, C., Mullet, S. & Choi, T. (1990). Barriers and motivators to prenatal care among low-income women. *Social Science and Medicine, 30(4), 487-495*

Mikhail, B.I. (1999). Perceived impediments to prenatal care among low-income women. *Western Journal of Nursing Research, 21(3), 335-355.*

Access barriers for low-income women:
Loveland Cook, C.A., Selig, K.L., Wedge, B.J., Gohn-Baube, E.A. (1999). Access barriers and the use of prenatal care by low-income, inner-city women. *Social Work, 44(2), 129-13.*

Cultural issues for immigrant Punjabi women in B.C.
Bhagat, R.B., Johnson, J., Grewal, S., Pandher, P., Quong, E., & Triolet, K. (2002). Mobilizing the community to address the prenatal health needs of immigrant Punjabi women. *Public Health Nursing, 19(3), 209-214.*

Adolescents:
Loos, C. & Morton, A.M. (1996). Addressing the needs of pregnant adolescents: conceptualizing prenatal education in the context of research and practice. *The Journal of Perinatal Education, 15(1), 31-37.*

Zuckerman, B.S., Amaro, H., & Beardslee, W. (1987). Mental Health of adolescent mothers: the implications of depression and drug use. *Journal of Developmental and Behavioral Pediatrics, 8, 111-116.*

Aboriginal women:
Loos, C. & Morton, A.M. (1999). The value of using a prenatal education planning model: application to an aboriginal community. *The Journal of Perinatal Education, 8(1), 1-9*

Women experiencing abuse:
Martin, S.L., Kilgallen, M.S., Dee, D.L., Dawson, S. & Campbell, J. (1998). Women in a prenatal care/ substance abuse treatment program: links between domestic violence and mental health. *Maternal and Child Health Journal, 2(2), 85-94*

Mexican women:
Sherrard Sherraden, M. & Barrera, R.E. ( ). Culturally-protective health practices: everyday pregnancy care among Mexican immigrants. *Journal of Multicultural Social Work, 6(1/2), 93-115.*

Women living in rural areas:
Omar, M.A., Schiffman, R.F. & Bauer, P. (1998). Recipient and provider perspectives of barriers to rural prenatal care. *Journal of Community Health Nursing, 15(4), 237-249.*

Personal perspectives of African American women:
York, R. Grant, C., Tulman, R.H., Chalk, L. & Perlman, D. (1999). The impact of personal problems on accessing prenatal care in low-income urban African American women. *Journal of Perinatology, 19(1), 53-60.*

Standard #5

Research identifying: the importance of offering a variety of learning venues and styles

Andersen, F., Damus, K. & Merkatz, I.R. (1993). What pregnant women want to know: a comparison of client provider perceptions. *JOGNN, 22(3), 237-244.*

Benn, C., Budge, R.C. & White, G. E. (1999). Women planning and experiencing pregnancy and childbirth: information needs and sources. *Nursing Praxis in New Zealand, 14(3), 4-15.*

Handfield, B. & Bell, R. (1995). Do childbirth classes influence decision making about labor and postpartum issues? *Birth, 22(1), 153-160.*

Mackey, M.C. (1990). Women's preparation for the childbirth experience. *Materna-Child Nursing Journal, 19(2), 143-173.*

Monto, M. (1996). Lamaze and Bradley childbirth classes: contrasting perspectives toward the medical model of birth. *Birth, 23(4), 193-201.*
Proctor, S. (1998). What determines quality in maternity care? Comparing the perceptions of childbearing women and midwives. *Birth, 25(2), 85-93.*

Shearer, E.L. (1996). Commentary randomized trials needed to settle question of impact of childbirth classes. *Birth, 23(4), 206-208.*

Curriculum focus:
Berger, D. & Beaman, M.L. (1996). Childbirth education curriculum: an analysis of parent and education choices. *The Journal of Perinatal Education, 5(4), 29-35.*

Fathers learning style:
Diemer, G.A. (1997). Expectant fathers: influence of perinatal education on stress, coping, and spousal relations. *Research in Nursing and Health, 20, 281-293.*

Inconclusive literature review of educational methods:
Koehn, M. (2002). Childbirth education outcomes: an integrative review of the literature. *The Journal of Perinatal Education, 11(3), 10-19.*

Why women attend prenatal classes:
Lee, H., & Shorten, A. (1998). Childbirth education. Do classes meet consumer expectations? *Birth Issues, 7(4), 137-142*

Women's perspectives of learning needs:
Sullivan, P. (1993). Felt learning needs of pregnant women. *The Canadian Nurse, (Jan), 42-45*

Standard #6

Research identifying: the importance of a health promotion model that addresses women's self efficacy

Research identifying: the importance of women's self efficacy and healthy birth outcomes

Blyth, R., Creedy, D.K., Dennis, C., Moyle, W. Pratt, J. & DeVries, S.M. (2002). Effect of maternal confidence on breastfeeding duration: an application of breastfeeding self efficacy theory. *Birth, 29(4), 278-284.*

Hoyer, P.J., Jacobson, M. Ford, K. & Walsh, E. (1994). Pregnancy care for the adolescent. Letter to the Editor. *Nurse Practitioner, 19(4), 27-32.*

James, D.C. (1997). Prenatal fetal attachment, prenatal maternal confidence, postbirth maternal confidence, and depressive symptoms: A correlational study of adolescent mothers. *PhD Dissertation St. Louise University ISBN 0-591-53562—9*

Standard #7

Research identifying: the importance of key competencies for the provision of prenatal education and support

Community Health Nurses Association of Canada (2003). Canadian Community Health Nursing Standards of Practice. www.communityhealthnursescanada.org.

Standard #8

Research identifying: the importance of key prenatal messages

So far, none found

Standard #9

Research identifying: the importance of data collection and monitoring of prenatal education and support

Bretschneider, J.U. (1995). An evaluation of a program to promote breast-feeding among low-income African-american women. *PhD Dissertation, Temple University.*

White, C., Simon, M. & Bryan, A. (2002). Using evidence to educate birthing center nursing staff about infant states, cues, and behaviors. *MCN, 27(5), 294-298.*

Koehn, M. (2002). Childbirth education outcomes: an integrative review of the literature. *The Journal of Perinatal Education, 11(3), 10-19.*

Standard #10

Research identifying: the importance of program evaluation

So far, none found

Public Health Services

NOVA SCOTIA
Health Promotion
and Protection

www.gov.ns.ca/hpp

08097/07