

Perinatal Education: Community Need for Social Development

Shikha Singh*

The stern figures of the global burden of pregnancy-related deaths are now so well known. Every year, approximately eight million women suffer pregnancy-related complications 289 000 women die due to complications in pregnancy and childbirth, and 6.6 million children below 5 years of age die of complications in the newborn period and of common childhood diseases. Worldwide, the majority of maternal and new-born deaths occur around the time of birth, typically within the first 24 hours after childbirth. In developing countries, one woman in 16 may die due to pregnancy-related complications compared to one in 2800 in developed countries. Many of these maternal and neonatal deaths more than 80% of could be prevented or avoided through actions that are proven to be effective affordable and by providing optimal care at health facilities, even in the poorer countries of the world. For example, surveys conducted in Egypt and elsewhere have shown that the quality perinatal care provided to the women is a key determinant in maternal outcome and that simple change in practice can save many lives.

Despite progress made in reducing maternal and child morbidity and mortality, coverage alone – without quality Perinatal Education– will not be enough to achieve the global targets for women and children’s health. Poor quality at the point of care in health facilities now increasingly contributes directly and indirectly to maternal, newborn and child deaths. Additionally, poor quality of care is inefficient, wasting valuable resources on care that may be ineffective

With millions of women and children are still at risk of dying of preventable causes, maternal, newborn and child survival must remain at the heart of the post 2015 global development agenda. The world cannot abandon its promise to women and children.

Women need not die in childbirth. We must give a young woman the information and support she needs to recognize her reproductive health needs, help her through a pregnancy, and care for her and her newborn well into childhood. Every woman has the right of quality perinatal education irrespective in which part of the world she is living. It is important to take into consideration the needs of women concerning perinatal education in order to reach the aim of perinatal education.

On 25 September 2015, the United Nations (UN) General Assembly adopted the new development agenda “Transforming our world: the 2030 agenda for sustainable development”. The new agenda is of unprecedented scope and ambition, and applicable to all countries. The 17 goals and 169 targets, including one specific goal for health with 13 targets, have many linkages and cross-cutting elements, reflecting the integrated approach that underpins the SDGs. Health is linked to many of the non-health goals, reflecting the fact that health affects, and is in turn affected

* Assistant Professor, University of Lucknow e-mail – shikha.singh0509@gmail.com

by, many economic, social and environmental determinants. Progress in health is dependent on economic, social and environmental progress.

Committing to Child and Mother Survival: A Promise Renewed is a global movement to end preventable child deaths by stimulating progress on maternal, newborn and child survival.

A Promise Renewed promotes two goals. The first is to keep the covenant of Millennium Development Goal (MDG) 4 — to reduce the under-five mortality rate by two thirds, between 1990 and 2015 — which also involves promoting maternal survival, addressed in MDG 5.

The second goal is to keep moving forward, beyond 2015, until no child or mother dies from preventable causes. A modelling exercise presented at the Child Survival Call to Action in June 2012 demonstrated that countries can lower their national under-five mortality rates to 20 or fewer deaths per 1,000 live births by 2035. Achieving '20 by 2035' represents an important milestone towards the ultimate goal of preventing infant and maternal mortality. Reaching this goal is both desirable and probable. The world has the knowledge, the strategies, and the resources. Furthermore, it is recognized that the availability of quality services will not produce the desired health outcomes where there is no possibility to be healthy, to make healthy decisions, and to be able to act on those healthy decisions.

Educating women and community is crucial for reducing neonatal & maternal mortality. Neonatal mortality rates of babies born to mothers with no education are nearly twice as high as those of babies born to mothers with Perinatal education.

Quality perinatal education promotes a healthy woman, pregnancy and baby outcome that lead to a healthy family and community. It should aim to share knowledge with all expecting mother and their support partners with the purpose to enable them to make informed choices, within the limits of their education, understanding and context of their everyday living.

PERINATAL EDUCATION

Perinatal education comprises teaching of pregnancy, birth, baby care, as well as parenthood and family planning. It address to the cognitive and prominent needs of the mother and her family and aims to promote health promotional behavior to reduce mental tension and alleviates the complication during, birth and post partum period. A small part of the world's population has access to quality medical services, while the rest lives under the poor socio-economic conditions with limited access to any health care services. Developing countries are characterized by a high incidence of maternal and perinatal mortality and low birth weight babies. A large part of the population in these countries also has limited access to health services, is characterized by a low socio-economic status.

The perinatal education plays an important role in addressing prominent developmental needs of the pregnant women requiring attention. The quality of the

information given and the approach of the mother, her baby and her family can play a imperative role in the health of the community.

Expecting mothers have access to a great variety of information and guidance, such as friends, family members, specialized literature, women's magazines, television and radio programs, counseling classes, their general practitioners and other categories of health care workers. Mothers persistently referred to the provision of quality information as of major importance. The education style should adapt according to the women's' socio-economic and marriage status. Literature and perinatal education classes are the biggest source of information.

1. Needs concerning the attributes of perinatal educator's

Experience in the field of perinatal health, Skills, Availability and professionalism are important attributes of a perinatal educator. Perinatal Educator's plays an important role in imparting quality information regarding the psychological and social health of the mother and her baby.

The women had some specific needs regarding the personal attribute of the perinatal educator's. Women expect that perinatal educator will be a experienced and professional person, trustworthy, expert in communication, available at any point of time when they need them. Behavioral Status is also an important determinant of attributes of perinatal educator's. Women expect that perinatal educator may aware them with knowledge, emphatic, become personally involved, act like a psychologist when need of talk,

2. Needs concerning the educational activities and interventions

Effective perinatal education can only take place if the education style or method considers the women's choice. Perinatal women's needs focused on educational activities and interventions. They preferred practical examples, practical training, video recordings, limited reading material, handouts with specific guidelines, personal contacts; direct communication with the educator, involvement of the father is important and support groups until 6 months post partum. They express it as follows: "...someone who does something practical", "it helps if the husband can come and they know as well", "...seeing someone else doing it. So, definitely the practical, but the videos are quite nice", "we would like to have discussions group with our babies together", "every month is an issue, so I would say the first 6 months, once a month a class or a thing to get information", "...hear it first hand from somebody, it is actually that little extra touch".

3. The content of the perinatal education

The women's needs of the content of the classes focused on bodily changes during the pregnancy, shopping options – safety of baby equipment ("Also shopping options. What is the best monitor to buy?"), early pregnancy symptoms ("Is it normal to have those illnesses like morning sickness?"), use of medicine during pregnancy ("will they use aspirin during the pregnancy?"), dietary plan during the pregnancy, pain relief, the

whole process of giving birth (“different stages that you go through during labour”), baby care, exercise options, emergencies during birth (“biggest worry is the umbilical cord. If it goes around the baby’s neck, it suffocate your baby?”), induction of labour, sterilization procedure, breastfeeding (“breastfeed with flat nipples”), and sexuality during pregnancy (“limitations on sexual intercourse?”).

IMPLICATIONS FOR PRACTICE

- Every contact with women in the perinatal period should be used as an opportunity for education.
- Adapt and tailor perinatal education according to the educational, socio economic and cultural background and age of the women recipients.
- Involve the partner, father of the baby or significant other part of the perinatal education process.
- Create an environment that makes the women and her significant other more comfortable to ask questions.
- Recognize those women that are more vulnerable for low health literacy.
- Single pregnant teenagers are a special group. Accept them as human beings in their own right. Allow them to participate in decision making concerning their pregnancy and health.

CONCLUSION

Ending preventable maternal mortality remains one of the world’s most critical challenges despite significant progress over the past decade. There will be roughly 303 000 maternal deaths in 2015, largely from preventable causes before, during and after the time of giving birth. Globally among women of reproductive age, maternal mortality is the second leading cause of death, and women currently face a 1 in 180 chance of dying from maternal causes.

The needs of the women concerning perinatal education are important if you want to reach your goals with this teaching. The purpose of perinatal education is to identify the women’s needs and apply the appropriate theory and methods. It is essential to understand the emotional context in which learning occurs. The perinatal educator must develop a partnership with the learner; in this case the women in the perinatal period. The real aim of perinatal education should be to take into consideration the needs of women concerning their learning and support of their partners. They should be informed within the limit of their education and extent of their daily lives to such an extent that they are able to make decisions and choices if they wish to.

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