



## Prenatal Education: Enduring and Essential

Patient education has long been considered a cornerstone of prenatal care. Indeed, the World Health Organization<sup>1</sup> identifies guidance and education as key components of prenatal care. Traditionally, prenatal education has occurred as a one-on-one interaction between a clinician and individual woman or at a formal childbirth education class. More recently, a group model of prenatal care, CenteringPregnancy, has been developed. Regardless of the setting or format, health education, including preparation for birth, has an enduring presence in prenatal care.

Education is equally as pervasive in this issue of the Journal, our second in a series of two issues focusing on prenatal care—and rightfully so. From dietary and lifestyle changes for the woman with nausea and vomiting of pregnancy<sup>2</sup> to advice on exercise that will help women achieve recommended prenatal weight gain targets,<sup>3</sup> every article in this issue addresses patient education in some form.

Unfortunately, research on the effectiveness of prenatal education is lacking,<sup>4</sup> yet women clearly indicate that education is a priority to them during prenatal care. In Novick's<sup>5</sup> review of the literature on women's experiences of prenatal care, receipt of information was a key theme. Three of the studies she reviewed showed a relationship between satisfaction with prenatal care and the amount, range, and adequacy of the information received.<sup>6–8</sup>

Although clinicians recognize the need to provide information to pregnant women, the practicalities of doing so can be daunting in clinical practice, because the lengthy list of tasks to accomplish during prenatal care keeps growing without a concomitant increase, and sometimes a decrease, in the time allowed for patient visits. In this issue, the overview of education and counseling topics by Hanson et al.<sup>9</sup>—arranged by suggested timing for introducing and reinforcing information—is an excellent resource to assist clinicians with the challenge of meeting women's education needs during pregnancy. This issue also includes a review of current childbirth education models, which can help clinicians in recommending the best options for each woman.<sup>10</sup>

The Journal provides another ongoing resource to assist clinicians with patient education, both during pregnancy and across the scope of providing women's health care. The *Share With Women* column is published in each issue, and the handouts can also be downloaded from [www.midwife.org/share\\_with\\_women.cfm](http://www.midwife.org/share_with_women.cfm) or purchased as a collection on a CD available from [www.shopacnm.com/shwiwoedco.html](http://www.shopacnm.com/shwiwoedco.html). There are now more than 40 handouts

available, all of which are copyright-free so they can be reproduced and “shared with women.”

In this issue, we are delighted to present our first set of *Share With Women* handouts in Spanish. There have had numerous requests for the translation of these handouts. We are working to make more topics available in Spanish.

As changes to the health care system continue to evolve and new models of prenatal care are developed, patient education must remain an essential consideration. Rigorous research is needed to identify the best strategies for prenatal education. Both art and science are required in providing women with the information they want and need during pregnancy.

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### REFERENCES

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