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Antenatal practitioners' experiences and opinions on online antenatal education

AIMS Journal, 2026, Vol 38, No 1



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Introduction

For my bachelor's research, I explored antenatal practitioners' experiences and opinions on online antenatal education. The study focused on infant feeding classes, as that is my background, but it is likely that the findings are applicable to antenatal courses as a whole. The practitioners that participated started online practice during the pandemic, using video conferencing and sending supplemental information via e-mail.

I sought practitioners' views during my study because I believe their knowledge and experience should be the foundation of best practice guidelines.

Parent feedback is important and featured prominently in my literature review, but practitioners have the benefit of working with parents over years, comparing techniques and seeing what works and what does not. Antenatal practitioners as a collective have a diverse range of career backgrounds and existing skills; bringing them together to tap into their skills and knowledge can develop individual practice and

the field of antenatal education as a whole.

Online antenatal education can be useful for those with alternative needs, such as parents who are unable to access in person classes, those working away from home, and those who find social groups difficult. But parents, and the practitioners that work with them, do not want to feel like they are receiving the "back up" option, a lower standard of education, which I feel is the outcome when we try to 'copy and paste' in-person classes. I found that practitioners who expressed more positive experiences facilitating online were more likely to have made more adjustments to their classes to make it more suitable for the digital format. This finding underpins what I wish to explore here - taking what I've learned from parents and practitioners to gently challenge the format of traditional antenatal courses, to improve online learning and to explore other ways that digital tools may benefit parents and practitioners alike. I will be discussing the delivery of education in two main formats: live sessions with a facilitator; and independent learning.

Earlier Education

Sharing information is becoming increasingly interactive with the use of social media and supportive online communities can be extremely valuable to otherwise isolated parents. However, the monetisation of 'content' and popularity of personable 'influencers' threatens authenticity and accuracy. Time with an antenatal practitioner earlier in pregnancy could be beneficial to help combat commercialised misinformation, increase preparedness for the birth and parenting, and improve rapport building.

In the current antenatal provision, by the time parents attend their antenatal course, it may be too late for meaningful changes to their birth plans. My NHS antenatal sessions taught me about active birthing - after I had been told that I would be giving birth in the labour ward with no access to pools, balls, or anything much more than a bed. Conflicting information was my primary complaint with my first child, and when the antenatal teacher that I met in my third trimester contradicted my community midwife, I disregarded almost everything she said. Live sessions in the early to mid stages of pregnancy could provide opportunities for more in-depth layered learning and discussions that promote deeper understanding. Perhaps more importantly, discussions around self-advocacy, patients' rights and how to support the birthing parent may be more effective if delivered sooner.

Antenatal education is an intervention that often comes too late with potentially harmful outcomes - in the words of one of my tutors, an antenatal practitioner: "You're teaching more for the second birth". However, I do not suggest that a traditional antenatal course should start in early pregnancy; it is much harder to maintain a consistent group due to late signups, pregnancy loss, and logistical barriers to availability. Practitioners could run classes for each stage of the perinatal period that cover a range of topics in rotation that allow flexible attendance and an informal group structure. The course could be designed so that each topic runs more than once during the span of each 'stage', with earlier stages remaining open to those further along. I would love to see this format extended postnatally, too, with educational but informal drop-ins providing a continuation of community and support. Online infrastructure could be used to launch and experiment with this format for a lower cost and continue

alongside in-person provision for locations where demand is low.

Curriculum Variety

Another format that could be tested and run online is optional, additional classes covering a range of specialised topics. Taught by either the antenatal teacher or a relevant qualified professional, these sessions would allow parents to customise their course according to their needs. Many practitioners are fantastic at adapting to accommodate parents' varying circumstances, but I strongly believe that inclusion is far superior to adaptation. For example, as a wheelchair user I much prefer buildings with step free access over finding someone to provide a ramp. I believe that parents belonging to minority groups would prefer that their needs are catered for as standard rather than having to ask.

Parents would benefit from finding communities of parents who are also, for example: expecting multiples, birthing with a disability, LGBTQ+, preparing for a stay in NICU (the neonatal intensive care unit), or having a baby after a previous loss. Specialised classes would naturally have lower attendance, so online facilitation could ensure availability outside of densely populated areas. Alternatively, these topics can be covered via independent learning, with discussion boards[1] to facilitate parents finding their peers. Anecdotally, I have heard disappointment and concern from practitioners who are no longer able to cover certain topics due to time constraints. The loss of 'mothers only' sessions is also lamented by practitioners who felt they offered a safe and intimate space for deeper discussion and connection. If willing practitioners provide their own additional sessions, they will be able to determine if demand is sufficient, how best to facilitate the subject matter, and review feedback on its effectiveness. Additional sessions need not be limited to the format of a traditional antenatal 'class', but could also include speakers from local maternity services, breastfeeding supporters, postnatal practitioners, practitioners with a specialist interest such as home birth, as well as providing a chance to meet and learn from new parents with their babies.

Maintaining Human Connections

In theory, it would be easier and cheaper to create a digital textbook of everything a new parent needs to know and allow them to explore it at their leisure, and whilst this approach may work for some learners, they would be in the minority. Mothers generally seek human connections during the perinatal period.[2] Women value qualified professionals,[3] the experiences of those who have already had children, and social opportunities.[4] In my experience, though I prefer independent study, I know that I gain more depth of knowledge when participating in discussion - interacting with other learners transforms the learning from passive to active. Highly skilled facilitators are able to create opportunities for transformational learning, provided that they are given the opportunity to do so.

Although there is overlap in the facilitation skills required for in-person and online services, there are enough differences that practitioners would benefit from format specific training. For example, I never taught in-person, so I did not require training on personal safety at venues; conversely, knowing how to run and troubleshoot the video conferencing software was essential for me, but useless for exclusively in-person practitioners. Facilitating in person requires more focus on body language, whereas an online

facilitator is often simultaneously paying attention to those speaking and those using text chat. The participants of my study were asked what would assist with their online facilitation, and the vast majority of answers were for hardware and software that are widely available; they were restricted either by lack of awareness or limits of the existing infrastructure. I was saddened to read that one practitioner, who saw a lot of potential in the format, felt that her practice was not supported. The majority of participants shared a strong preference for facilitating in person, predominantly citing difficulties with building relationships online and lack of engagement from parents. I believe this can be explained by:

- the development of their online practice - initially an emergency measure during the pandemic
- the lack of online specific training for facilitation
- the format of their classes - many felt that online sessions should be shorter than the equivalent 3-hour in-person session

Although these and other issues can be addressed, many parents and practitioners would still prefer to meet in person. In order to expand and improve online provision - and by doing so, reach and support the parents who are looking for online education or lack other provision - practitioners with the passion and motivation to teach online need to be identified, supported and encouraged to develop their practice.

Digital Platform

Finally, I wish to discuss the practical implementation of a dedicated digital platform to support both online and in-person teaching. Some studies have found that parents value the convenience of accessing educational materials online and working through them at their own pace,[5,6] though Whitworth et al found that a cohesive structure was important for parents.[7] These parents wanted not only to navigate the materials easily, but to keep track of what they had "completed".

Several practitioners in my study expressed a desire for a singular digital platform from which they could teach. During my practice, there was a course website for parents to review information, but we also shared our own resources and locally relevant information, so parents were directed to various websites with no way of tracking what they had read.

Many educational institutions use digital platforms that are capable of hosting: educational content, discussion forums, video conferencing, private messaging, reading lists, and announcements. Many can be accessed via browser or an app. Students can engage with course materials in a range of formats, mark topics as completed or not relevant, make notes, bookmarks, share links, download resources and make use of accessibility features such as text to speech.

Practitioners could upload their own resources and locally relevant information within this space (the digital platform) to keep the user experience streamlined. Although its creation would require the expertise of programmers and instructional designers, I believe that experienced practitioners should be

at the heart of the project, creating and curating the educational content and presenting it in ways that they know that parents respond to, making the most of interactive capabilities and audiovisual tools. A physical reference book could be produced for the shrinking number of parents unable to access the digital platform, which would be more restricted, but would still give parents the benefit of being able to refer to information rather than remember it or take notes.

Having a central digital space with a robust bank of information should be time saving for many, if the appropriate training and support is provided. On reflection, my best classes were the ones that ran short of time because the group was engaged with discussion, though I would worry about covering everything. My classes were organised such that the topics covered towards the end were more easily replaced with supplemental materials if I had to cut them. However, if parents could easily refer to their course materials on demand, practitioners would worry less about checking all the boxes and focus more on working with their group to create meaningful learning.

There will always be the risk that parents will not engage with independent learning; I know from experience and from the practitioners in my study that they often do not. There is also an - admittedly lower - risk that they will not engage in live learning sessions either. All we can do as practitioners is provide the material in the most user-friendly and engaging way, and trust that our learners will take what they need from it.



Conclusions

Antenatal education is an intervention designed to supplement the general lack of knowledge of birth and early parenting in our society. Broadly, I have advocated for more antenatal education - starting earlier, with more classes taught in a variety of specialised topics, and a digital platform for teaching with centralised resources for parents and practitioners to refer to.

I want to end this piece by focusing on those that inspired my original study - practitioners. Their time and expertise is incredibly valuable but unfortunately limited. As discussed, digital tools could be a time-saving and effective approach to education. However, educational technology has not led to significant time-saving for traditional teaching staff,[8] potentially due to increased expectations and additional time invested in running the said technologies. Therefore, I believe that any changes made to how practitioners work needs significant input from them.

Throughout this piece, my focus has been on the potential benefits to practitioners and their clients, based on what I have learned about both parents' and practitioners' expressed desires. If our focus with technology is only to streamline, to increase efficiency and productivity as a business, we risk losing the transformational qualities of good antenatal education. I hope I have demonstrated here a desire to be

creative with technology - to facilitate opportunities for practitioners to experiment and learn, to create provision in areas that are lacking, and to support the practitioners that are motivated in this area.

Author Bio: Terri is a former infant feeding supporter and educator who is currently pursuing her passion for alternative education through a master's degree in Digital Pedagogy at the University of Aberdeen. She is home educating her two children and aims to pursue a career in academia in the future.

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1 Editor's footnote: Independent learning can be facilitated in an online course by signposting parents to other sources of information, setting them 'research' tasks, inviting them to bring their learning to the next session to discuss with others. Discussion boards are online communication tools that let parents take part in discussion and collaborative learning.

2 Brady, V. & Lalor, J. (2017) 'Space for human connection in antenatal education: Uncovering women's hopes using Participatory Action Research'. *Midwifery*. 55. Pp.7-14. DOI: http://dx.doi.org/10.1016/j.midw.2017.08.006

3 Hay, S., McLachlan, H., Newton, M., Forster, D. & Shafiei, T. (2022) 'Sources of information during pregnancy and the early parenting period: Exploring the views of women and their partners'. *Midwifery*. 105. DOI: https://doi.org/10.1016/j.midw.2021.103236

4 Wright, A., Elcombe, E. & Burns, E. (2020) '"Paper, face-to-face and on my mobile please": A survey of women's preferred methods of receiving antenatal education'. *Women and Birth*. 34. Pp.547-556. DOI: http://dx.doi.org/10.1016/j.wombi.2020.10.014

5 Levett, K., Sutcliffe, K., Keedle, H. & Dahlen, H. (2023) 'Women's experiences of changes to childbirth and parenting education in Australia during the COVID-19 pandemic: The birth in the time of COVID-19 (BITTOC) study'. *Sexual & Reproductive Healthcare*. 38. DOI: https://doi.org/10.1016/j.srhc.2023.100904

6 Wallace, H., Bayes, S., Davenport, C. & Grant, M. (2023) 'How should online antenatal and parenting education be structured according to parents? *Qualitative findings from a mixed-methods retrospective study*'. *Women's Health*. 19. DOI: 10.1177/17455057221155009 8

7 Whitworth, K., Donnellan-Fernandez, R. & Fleet, J. (2023) 'Digital transformation of antenatal education: A descriptive exploratory study of women's experiences of online antenatal education'. *Women and Birth*. DOI: https://doi.org/10.1016/j.wombi.2023.08.008

8 Keri Facer and Neil Selwyn (2021) Digital technology and the futures of Education towards 'non-stupid'

optimism.

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