

The following are supplementary prenatal education activities developed for in-person prenatal education classes. They have been integrated to the *Prenatal Education Program Modules* developed by the Best Start Resource Centre. “Prenatal Education Module Location” refers to those modules, available at www.beststart.org. This supplement has been developed for service provider training purposes.

Prenatal Education Module Location: Program Overview

Title: What I need to know! A 5 minute Needs Assessment Activity.

Time: 5 minutes

Teaching Method: Large group activity.

Purpose: Needs assessment to help identify what information is most important to cover over the course of your weekend or weekly series. It can also be helpful to determine content for a specific topic, i.e. breastfeeding or baby care. Helps to prioritize the learning needs of the group.

Materials: White board or chart paper, markers.

Instructions:

On a whiteboard or chart paper, the prenatal educator draws three large circles (make them big enough so the prenatal educator can record what the group says INSIDE of the circles). Label the Circles:

- Need to Know
- Should Know
- Nice to Know

The prenatal educator then asks the group “What are some things that you absolutely need to come away with following your prenatal education classes? (or specific topic). I want you to share with me any topics or content needs you have coming into the course. What are the things you absolutely NEED to know, like ‘I can’t have this baby unless I know....’. Then I want you to think about things/topics you think you SHOULD know and what might be some topics or areas of knowledge that would be NICE to know if we have the time to cover them.”

The prenatal educator records the information under the appropriate heading as participants share their thoughts in free form.

This activity can be used as an Ice Breaker to identify learning outcomes for the series overall OR can be used to identify important content information for specific topics such as breastfeeding or newborn care.

Source: Adapted from Teri Shilling Idea Box for the Creative and Interactive Childbirth Educator by the Institute of Childbirth Educators.

Prenatal Education Module Location: Module 1 – Prenatal Care

Title: Media Watch

Time: 5 minutes to assign, 5-15 minutes to discuss at the next class.

Teaching Method: Homework and large group discussion.

Purpose: To encourage participants to watch the media for current scientific studies and develop the ability to analyse the information.

Materials: Sample magazines, if available.

Instructions:

- Ask participants where they get their prenatal information in the media (magazines, websites, television, etc.).
- Provide examples of information that could be misleading or incomplete (single studies, opinions, commercial source, etc.).
- Encourage participants to look at magazines and newsfeeds related to pregnancy or birth with a critical eye and bring in samples to the next class.
- At the next class, discuss the sources, content and implications.

Source: Adapted from Teri Shilling Idea Box for the Creative and Interactive Childbirth Educator.

Prenatal Education Module Location: Module 1 – Prenatal Care

Title: Ms. Wellbeing vs New Mom

Time: 10-15 minutes

Teaching Method: Small group discussion, role play.

Purpose: To brainstorm how to deal with advice from others.

Materials: Flipchart paper and markers, if available, otherwise, paper and pens.

Instructions:

1. Divide the group into two.
2. One group brainstorms typical advice from “Mrs. Wellbeing”. The other half brainstorms strategies for how to deal with wrong, unsolicited, overwhelming advice. If a flipchart is available, make notes on it or write on paper.
3. Role play the situations with volunteers from the groups.

Notes:

The prenatal educator should be ready to counter the wrong information with accurate information. Examples of wrong advice from the participants may include: “You should stop exercising or you’ll lose the baby.”, “You should not go out in cold weather.”, “You shouldn’t eat peanuts during pregnancy or it could make your baby allergic to peanuts.”, “Don’t have baths or you could risk a miscarriage.”

Use the Prenatal Education Key Messages for Ontario (www.ontarioprenataleducation.ca) to verify the correct information.

Source: Adapted from Teri Shilling Idea Box for the Creative and Interactive Childbirth Educator.

Prenatal Education Module Location: Module 2 – Changes in Pregnancy

Title: Picasso Pregnancy

Time: 20 minutes

Teaching Method: Small group and large group activity.

Purpose: To help participants identify common pregnancy discomforts and to encourage the learners to generate solutions to those discomforts while building group rapport. This activity helps to increase their confidence and builds on their existing and collective knowledge. This is a fun activity to cover anatomy and physical adaptations to pregnancy and can also be used as a group building activity.

Materials: Flipchart paper and markers.

Instructions:

The prenatal educator divides the participants into two larger groups (or more for very large groups). Each group is provided with chart paper and markers. The prenatal educator instructs the groups to use their art skills to draw the silhouette of a pregnant person. Once they have done that, the group is instructed to mark any areas of discomforts they have been experiencing throughout their pregnancy with an X. The prenatal educator will give each group 5 minutes to complete this task.

Once the time is up, the prenatal educator asks each group to present one or two of their ideas. The prenatal educator will ask the large group “What do you think contributes to this discomfort?” and follows up with asking for suggestions on ways to cope.

For example: Group A identifies low back pain as a common pregnancy discomfort. The prenatal educator asks what might cause low back pain in pregnancy. Participant answers “weight gain”. The prenatal educator clarifies 80% of pregnant people experience back pain and explains that the hormone relaxin, as well as postural changes, can contribute to those changes. The prenatal educator asks for some suggestions on coping and participant replies “massage”. The prenatal educator agrees and then teaches the group how to do a pelvic tilt and reviews proper postural alignment.

The prenatal educator needs to be prepared to address some other common pregnancy discomforts that participants may not be as comfortable sharing like haemorrhoids, constipation and breast changes.

Source: Adapted with permission from the Institute of Childbirth Educators.

Prenatal Education Module Location: Module 2 – Changes in Pregnancy

Title: Empathy Belly

Time: 10 minutes

Teaching Method: Large group, demonstration and hands-on experience.

Purpose: To demonstrate how it feels to carry the extra weight due to the pregnancy.

Materials: Backpack and 25 lbs of free weights (approximately 11.5 kg).

Note: Some organizations may have an off-the-shelf “empathy belly” and can use that instead.

Instructions:

1. Wrap the weights in a towel and place them in the backpack.
2. Demonstrate how to put the pack on backwards, so it is at the front.
3. Have the partners take turns putting on the pack and do simple tasks such as picking up things on the floor, doing dishes, preparing food on a counter, getting up from a supine position, etc.
4. Discuss how the body adjusts and what makes up that 25 lbs. besides the baby.

Alternative:

Consider replacing the weights with a watermelon (or two). Follow up with a nutrition activity where you cut up the watermelon and enjoy a nutritious snack at the break.

Source: Adapted from Teri Shilling Idea Box for the Creative and Interactive Childbirth Educator.

Prenatal Education Module Location: Module 3 – Healthy Eating

Title: Spotting the Trends: Building a healthy pregnancy through nutrition

Time: 5 minutes

Teaching Method: Lecture/discussion and home work.

Purpose: To help learners identify and chart their food intake over the course of a week and to identify any gaps.

Materials: Handouts provided by the prenatal educator (use whatever materials you have for nutrition and a chart similar to the one below).

Instructions:

Following the discussion on healthy eating the prenatal educator invites the participants to chart their intake of vegetables and fruit, grain products, etc., over the course of a week. This activity helps people understand the concept of balance and how nutrition overall can impact a pregnancy in a positive way. Charting for a period of time (for example over 7 days) helps people see their intake patterns in a more holistic way and can make adjustments if necessary and make note of where they might need to increase food items.

Day of the week	Water	Vegetables and Fruit	Grain Products	Milk and Alternatives	Meat and Alternatives	Other

Other ways to add to the activity:

- Give examples of serving sizes (size of your fist, palm thickness without the fingers, etc.).
- Suggest alternatives for people who are vegan or vegetarian.
- Give cautions for any possible health conditions such as high blood pressure, gestational diabetes, etc.

Source: Adapted with permission from the Institute of Childbirth Educators.

Prenatal Education Module Location: Module 5 – Environmental Exposures

Title: Fact or Fiction – Environmental Exposures

Time: 10 minutes

Teaching Method: True or False activity in large group with brief lecture.

Purpose: To review common environmental exposures and clarify any myths or misconceptions.

Materials: Paper plates with the words “Fact” written on one side and “Fiction” written on the other. May attach a handle if desired (popsicle stick, etc.)

Instructions:

The prenatal educator asks the following questions to review common environmental exposures and learners decide if they think it is fact or fiction. The prenatal educator can then clarify further research and info for any questions some participants didn't guess accurately.

1. Your health BEFORE pregnancy can affect your baby. (True)
2. If there are renovations done in the home to welcome baby, pregnant people should avoid the dust from these renovations. (True)
3. Commercially available cleaning products have passed approvals and aren't that harmful. (False)
4. The time of greatest sensitivity to environmental contaminants is likely in the womb. (True)
5. My job doesn't really impact my unborn baby. (False)
6. My doctor said that it is more harmful to stop smoking suddenly than to continue while pregnant. (False)
7. If a product was bad for me, the government wouldn't allow it to be sold. (False)
8. We know that many chemicals are found in common household cleaners and products that seem to affect unborn babies, but we're unclear as to the exact effects as there are many other factors that may come into play. (True)
9. I can make one small change each month for a year and will have made 12 new lifestyle changes to improve mine and my family's health after one year. (True)

Source: Adapted with permission from the Institute of Childbirth Educators.

Prenatal Education Module Location: Module 6 – Labour & Birth

Title: Should I Stay or Should I Go?

Time: 15 minutes

Teaching Method: Large group activity.

Purpose: Large group activity to review labour symptoms and scenarios, to help increase confidence about when a participant might choose to labour at home or head to the birthing location. Warning signs and pregnancy complications can also be addressed in this activity without increasing fear or decreasing confidence.

Materials: Deck of playing cards or index cards affixed with symptoms and short scenarios. Stereo, iPhone or laptop that can play music. We like to use the song “Should I Stay or Should I Go?” by The Clash (<https://www.youtube.com/watch?v=BN1WwnEDWAM>). However, another song can be used in its place.

Instructions:

The prenatal educator passes a deck of cards that have some short scenarios or descriptions of symptoms of labour, including warning signs and explains the game. Educator plays the Clash song “Should I Stay or Should I Go” and while the song plays, the first couple will read the card aloud and decide based on what they read on the card if they would “stay at home” or “go to birth location”. Each couple reads the cards out loud and continues to flip the cards over until they decide that they would transfer to hospital. If they decide to transfer, then the remaining deck of cards is passed onto the next couple who repeats until they too have ‘moved’ to the birth location.

Alternative: This can also be done as a large group activity where everyone participates. The prenatal educator will read the cards out loud and each person will decide if they would “stay” or “go” - moving from one side of the room “stay” to the other side of the room “go”. This is a great way to get everyone moving and to inject some movement breaks into the class while still covering important content.

Note: The reality is that many couples would likely be calling someone to get advice about staying or going. This could be discussed but for the sake of the game, indicate it is up to them or they can’t reach their provider.

56 Cards have been developed here. You can use as few, or as many as you would like.

Adapted from Sharon Muza, BABE (Brilliant Activities for Birth Educators) Science & Sensibility by the Institute of Childbirth Educators.

Frequent, soft bowel movements.	Rectal pressure with or without the urge to push.
Abdominal cramping that is mild to moderate in discomfort.	Sweaty, difficulty focusing during contractions.
Backache that comes and goes at regular intervals.	Vomiting.
It's "Show" Time. Noticing bloody tinged mucus.	Menstrual like cramps.
Instinct says "It's Time".	Contractions are 15 minutes apart and 40 seconds long. They are manageable when lying down, but feel more intense when you are standing or walking.
Feeling shaky.	Persistent, severe headache with flashing aura.
Contractions every 20 minutes lasting 40 seconds.	Contractions are 4 minutes apart, 1 minute long and feel more intense. They require more of your attention and you need to breathe through them for comfort. They are also less painful when you are swaying on a stability ball.

<p>Contractions every 6 minutes lasting 45 seconds. Manageable when standing, leaning forward and when partner is rubbing back.</p>	<p>Delivery of the placenta.</p>
<p>“Ouch” with contractions.</p>	<p>“I feel like I have to poop!”</p>
<p>Contractions are 2 minutes apart and lasting 90 seconds.</p>	<p>Intense, prickly heat on the perineum. “Ring of Fire”</p>
<p>Feeling the urge to push.</p>	<p>Energized, renewed spirit better able to focus on bearing down efforts.</p>
<p>Feeling sick.</p>	<p>Moaning & vocalizing during contractions.</p>
<p>Bleeding.</p>	<p>Experiencing strong “after pains” when baby is breastfeeding.</p>
<p>Gush of water.</p>	<p>“Rub my legs.”</p>

<p>Baby is placed skin to skin with mother and has uninterrupted opportunity to breastfeed.</p>	<p>Experiencing hot flashes.</p>
<p>Trembling/shaky after baby is born.</p>	<p>Feeling chilled.</p>
<p>Unusual burst of energy resulting in great activity.</p>	<p>Afraid of being left alone.</p>
<p>Contractions are almost a minute long. They are strong and seem to occur every 6-8 minutes lasting up to 3 hours, then they seem to stop. This has been happening in the later evening for the past 2 nights.</p>	<p>Membranes release prior to 37 weeks</p>
<p>Unpredictable, non-rhythmic contractions. They have been noticeable for the past hour or so. They seem to have subsided with walking and some water.</p>	<p>Mom is upset/crying and says "I can't do this anymore".</p>
<p>Belching/burping, feeling nauseated and/or passing gas.</p>	<p>Feeling something small protruding inside your vagina.</p>
<p>"Don't touch me."</p>	<p>Water releases and you notice that there is some color/staining.</p>

<p>“Push harder on my back.”</p>	<p>Chatty, easily distracted. Excited about meeting baby.</p>
<p>Falling asleep in between contractions.</p>	<p>Contractions are 90 seconds long and happen every 2 minutes. You find yourself forgetting to breathe and are having a hard time focusing. It’s helpful when your partner is face to face with you and helps you focus on breathing and you are swaying and rocking. You are often vocalizing/moaning at the peak of the sensation.</p>
<p>“Hot Compress, Hot Compress.”</p>	<p>Contractions that are frequent and regular (every 15 minutes or more than 4 in 1 hour) prior to 37 weeks.</p>
<p>Internally focused. Loses ability to focus when people are talking. Likes having lights dimmed. Favorite position is standing, while leaning forward. Contractions are strong and regular.</p>	<p>Can no longer walk or talk through contractions. Frequent position changes.</p>
<p>Strong, reflexive urge to push. Can’t hold back.</p>	<p>“The Baby’s coming.”</p>
<p>During contractions you want your partner to rub your back/leg in time with your breathing.</p>	<p>Feeling overwhelmed and anxious.</p>
<p>Cutting the cord.</p>	<p>Hooray! You’re 10 cm dilated, but you don’t feel the urge to push yet. You just want to lie down on the bed.</p>

Prenatal Education Module Location: Module 6 – Labour & Birth

Title: First Stage of Labour Activity

Time: 15 minutes

Teaching Method: Small group activity.

Purpose: To learn about the first stage of labour.

Materials: *(see following page)*

1. Three heading cards.
2. 29 indication cards.

Instructions:

1. Split group members into pairs.
2. Place the three headings Early, Active and Transition on the table or floor or on a table. You may want to repeat what the first stage of labour is and explain that this game describes it in very general terms.
3. Shuffle and deal the indication cards randomly to group members and ask them to decide whether the information on the card reflects the early, active or transition stage of labour.
4. Ask the pairs to place their indication card under the heading card that they choose.
5. Encourage the group to discuss choices made.
6. When all the indication cards have been placed under the heading cards, read them out, encourage discussion and answer any questions.

Source: Special Delivery Club Kit - Kingston Community Health Centres

First Stage of Labour Activity

EARLY	ACTIVE	TRANSITION
Cervix opens 0 to 3 cm	Cervix opens 3 to 7 cm	Cervix opens 7 to 10 cm
Contractions are 5 to 10 minutes apart	Contractions are 3 to 5 minutes apart	Contractions are 2 to 3 minutes apart
Lasts 7 to 8 hours	Lasts 3 to 5 hours	Lasts ½ to 1 hour
Feel excited!	Feel more anxious!	Feel exhausted!
<i>To Do (Mom)</i> Keep busy	<i>To Do (Mom)</i> Have a shower or bath	<i>To Do (Mom)</i> Try not to push yet
<i>To Do (Mom)</i> Try to rest between contractions	<i>To Do (Mom)</i> Walk	<i>To Do (Mom)</i> Try to stay in control or in focus
<i>To Do (Mom)</i> Pee often	<i>To Do (Mom)</i> Try to find a comfortable position	
<i>To Do (Mom)</i> Finish packing bag for hospital		
<i>To Do (Labour Companion)</i> Time and record contractions	<i>To Do (Labour Companion)</i> Give a massage or back rub	<i>To Do (Labour Companion)</i> Remind Mom it will be over soon
<i>To Do (Labour Companion)</i> Keep busy with Mom	<i>To Do (Labour Companion)</i> Remind Mom to pee often	<i>To Do (Labour Companion)</i> Offer support and encouragement
<i>To Do (Labour Companion)</i> Call a ride when ready		<i>To Do (Labour Companion)</i> Duck if Mom swings and be understanding!

Source: Special Delivery Club Kit - Kingston Community Health Centres

Prenatal Education Module Location: Module 6 – Labour & Birth

Title: Labour and Delivery Situations Activity

Time: 20 minutes

Teaching Method: Small and large group activity.

Purpose: To learn about the various situations that may arise during labour and delivery and discuss ways to deal with them.

Materials:

1. Eight situation cards (*see next page*).
2. Flip chart (optional).
3. Masking tape, markers (optional).

Instructions:

1. Split participants into pairs. Have at least one “pair” of support companions.
2. Give each pair a situation card (or cards) and a piece of flip chart paper (optional).
3. Ask pairs to plan the “best course of action” for each situation. They should write out the plan if flip chart paper is available.
4. Ask each pair to share with the group their situation and plan.
5. Encourage the group to add to the plans and discuss alternative actions.

Note:

You can use the Key Messages and Supporting Evidence of the Prenatal Education – Key Messages for Ontario (www.ontarioprenataleducation.ca) to provide additional information to the participants.

Relevant Topics include:

- Labour Progress: www.ontarioprenataleducation.ca/labour-progress
- Labour Support: www.ontarioprenataleducation.ca/labour-support
- Interventions in Labour: www.ontarioprenataleducation.ca/interventions

Source: Special Delivery Club Kit - Kingston Community Health Centres. Adapted from Elspeth Christie, Childbirth Educator, Kingston Childbirth Education Association.

Labour and Delivery Situations Activity

- Amanda is beginning to feel contractions on a more regular basis. She was trying to remember the various positions she could use. What position(s) should Amanda avoid and why?
- Kirsty is feeling strong pain that is in her back. What should she do to know if it is true labour or not?
- Jessica wakes up in the middle of the night and goes to the bathroom. She feels a big gush of fluid and it is not pee. She is not feeling any pain and she has had no contractions. What should she do?
- Charlene is at the hairdressers getting her hair cut when she starts feeling contractions that start in her back and move to her belly. The contractions have a regular pattern and start coming rather quickly. What should she do, since only half of her hair is cut?
- Tamoca is 8 days overdue and is very stressed out. Her doctor was talking about inducing her. Does she have any options?
- Yen-Sue wakes up with very, very strong contractions. They are two minutes apart with strong rectal pressure (a feeling like you have to poo really badly). What should Yen-Sue do?
- Tammy has just begun her ninth month of pregnancy and was talking with Mark, her support person. He was asking her how she would know when to call the doctor or midwife if something was wrong. Mark wanted to know what kinds of things could go wrong and what were the signs to call the doctor/midwife for Tammy. What should Tammy be telling Mark?
- Justin's girlfriend is in active labour. What are three things he could do to help her relax during a contraction?

Source: Special Delivery Club Kit - Kingston Community Health Centres. Adapted from Elspeth Christie, Childbirth Educator, Kingston Childbirth Education Association.

Prenatal Education Module Location: Module 8 – Medical Interventions & Caesarean Birth

Title: Ideal Birth Game

Time: 15 minutes

Teaching Method: Individual/couple activity and/or review activity.

Purpose: This activity helps families identify personal priorities in labour and birth. It is a values clarification exercise.

Materials: One set of cards per couple. Each set of cards requires 15 index cards and 30 labels.

Instructions:

Each couple is provided with a set of index cards. Each card is labeled with different opposing preferences. For example a card might read “Hospital” on one side and “Home” on the opposite side. Couples are instructed to select their preference and discuss with each other why they have made that choice. By the time they are done they will have 15 cards face up with their preferences. They need about 5-7 minutes for this stage of the activity.

The prenatal educator discusses how “labour can be unpredictable and we need to be flexible in our views about how things unfold, that labour isn’t always very predictable or plan-able.” Participants are asked to look at their options and consider 5 things that they’d be ok if it went a different way. They will flip 5 cards over, and are now getting the opposite of their preference. Observe how the groups prioritize their decisions. What really matters to them? Remind them that some cards go together (cascade of interventions) and how, in an uncomplicated labour for example, research says we don’t need an IV, but if they have the epidural card facing up that they MUST also have the IV card facing up. That if they have an epidural they will also be labouring in bed.

Ask about any questions people may have about what “goes together” and ask how they felt about flipping the cards and now getting something different from their initial preference. The prenatal educator then discusses how “sometimes labour REALLY doesn’t go how you expected”. Learners are asked to flip 5 MORE cards. They will have only 5 of their original preferences face up. The prenatal educator should walk around the room and helps people identify what interventions might lead to another if they aren’t sure. The prenatal educator then processes the second flip with the class. Acknowledge how the 5 cards left must be meaningful to them and invite them to role play with the 5 cards they have left. How would they negotiate their wishes? What questions would they ask? If you’ve covered Informed Decision Making in another class, invite them to pull out their question cards if they’re feeling stuck.

We’ve included the link to the labels [here to share with you](#) (also see next page for labels).

Source: Adapted with permission from the Institute of Childbirth Educators.

Bag of waters releases on its own	Doula, family or friend support	Your preferred caregiver
Amniotomy <i>(artificial rupture of membranes)</i>	Limited labour support	Another provider
Shower or bath in labour	Episiotomy	Walk & move freely in labour
No shower or bath	No episiotomy	Labour in bed
Eat & drink as desired	Pain medication	Intermittent fetal monitoring
IV and/or restricted fluids	Non-medicated comfort measures	Continuous fetal monitoring
Home or birth centre	Healthy baby	Vaginal birth
Hospital	Healthy baby	Cesarean section
Baby to warmer	Pitocin induction	Epidural
Baby to mom's chest at birth	Labour starts on its own	No epidural

Prenatal Education Module Location: Module 8 – Medical Interventions & Caesarean Birth

Title: Medical Options and Practices Activity

Time: 15 minutes

Teaching Method: Large group activity

Purpose: To learn about the pros and cons of different medical options and practices and the possible alternatives to them.

Materials:

1. Flipchart paper.
2. Markers.
3. Masking tape.

Instructions:

1. Tape several pieces of flipchart paper on the walls.
2. Split group members into pairs.
3. Label each paper with different medical practices, e.g., episiotomy, epidural, electronic fetal monitoring, medications, augmentation/induction by Pitocin, forceps/vacuum extraction, etc.
4. Under each heading, write “pros”, “cons” and “alternatives”, leaving space between each.
5. Give each pair a marker and ask them to choose a different heading and write what they know about the pros, cons, and alternatives of that medical practice. Suggest that they think about the pros and cons to the baby, mother and the labour companion.
6. Rotate pairs from one poster to the next, so that each pair is given a chance to work on 3 to 4 topics. Give this about 3 to 4 minutes.
7. Circulate among the pairs and offer suggestions where necessary.
8. When all pairs are finished, ask each to report back to the larger group.
9. Provide additional handouts as necessary.

Source: Special Delivery Club Kit - Kingston Community Health Centres.

Prenatal Education Module Location: Module 10 – Postpartum Changes

Title: Welcoming Baby – Time Share

Time: 10 minutes

Teaching Method: Lecture/intro and couple activity.

Purpose: To present a realistic view of the first month with baby in terms of time commitment.

Materials: Handout Welcoming Baby – Time Share (*see next page*)

Instructions:

The prenatal educator introduces a discussion of what parents might expect the first month with baby and how roles may change or may need to change to accommodate the demands of a new baby. The prenatal educator provides the handout and asks learners to think about their current day-to-day life in its current state and to fill the spaces in the circles which represent a 24-hour clock. How much time do they spend sleeping? Working? Walking the dog? Cooking? Cleaning? Doing errands? Etc. There is a circle for the birthing parent and one for the non-birthing parent. The prenatal educator gives them 2 minutes to complete this portion.

The prenatal educator then discusses the demands of a new baby and that feeding can take up to 12 hours of each day (regardless of feeding method). If the birthing parent is planning to breastfeed they should colour-in half of their second circle (below the first one) for feeding. The next most important aspect is to make sure they get enough sleep, so the prenatal educator discusses colouring that portion next. The couple is encouraged to compare the circles above with the amount of time left over to see how things may be required to shift. Will the birthing parent be able to continue to do everything they did before? Will the partner need to take on more duties? Is there an opportunity to accept support and help from friends and relatives? Do they have a budget to hire additional support such as a postpartum doula, meal service, cleaning service?

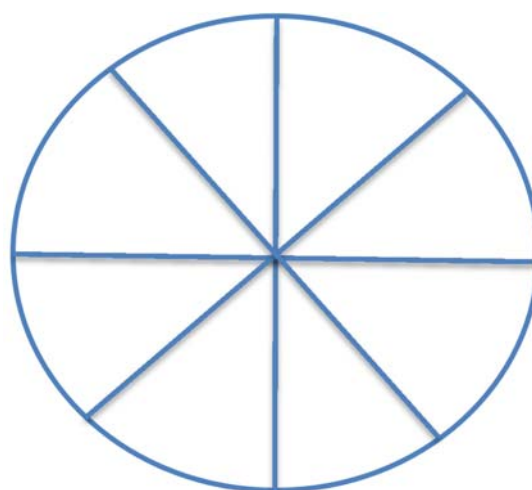
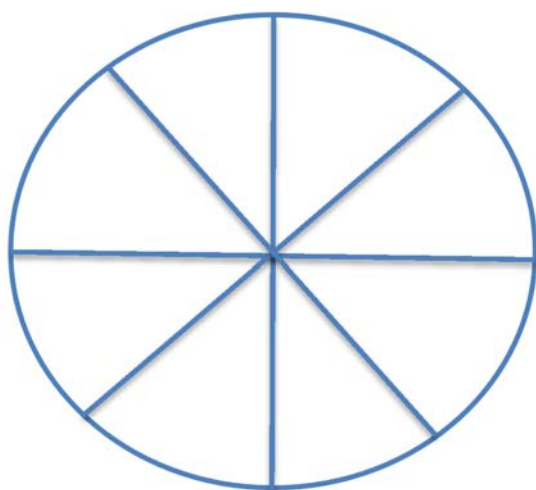
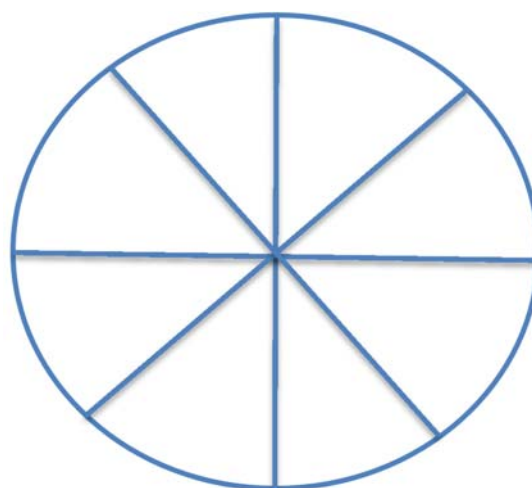
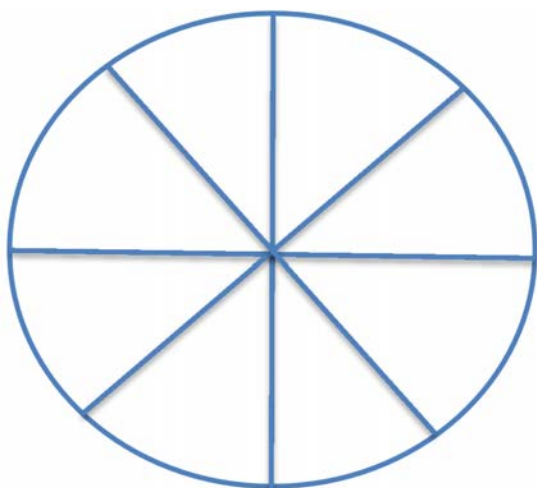
The learners are encouraged to continue to discuss this after class before baby arrives to have a good plan in place BEFORE baby's arrival.

Source: Adapted with permission from the Institute of Childbirth Educators.

Welcoming Baby – Time Share

Birthing Parent

Partner or other support person



Source: Adapted from the Lamaze® Toolkit by the Institute of Childbirth Educators.

Prenatal Education Module Location: Module 11 – Newborn Care & Safety

Title: Baby Olympics

Time: 30 minutes

Teaching Method: Game/activity with stations, group activity and couple/individual activity.

Purpose: To review common baby care tasks like diaper changes, bathing and soothing.

Materials:

- Diapering station (wipes, diapers, bum cream).
- Bathing station (infant bath tub, wash cloths, towel, baby soap).
- Soothing station (rocking, shushing, holding close).
- 3 baby dolls.

Instructions:

Participants are divided into teams between the 3 stations. It's ok if the teams have uneven numbers (for example: Group 1 has two couples and starts at Station 1. Group 2 has three couples at Station 2 and Group 3 has two couples at station 3. Each group begins at one station (1-diaper changing, 2-bathing, 3-soothing) and one couple from each group are provided with a baby doll. The couples must complete their "task" at their starting station and once complete, pass their baby doll on to the next couple from their group. The group will proceed to the next station and the couple who has the baby doll will complete that task. The process is repeated for the third station.

Prior to starting the race, the prenatal educator should review "best practices" for each activity. For example when bathing a baby, you should always clean the eyes with warm water and wipe from the inside corner to the outside corner. Use a different end of a clean cloth, or a separate cloth to prevent any bacteria from transferring to the eyes. Have all items ready prior to bath and never leave your baby unattended, etc.

Source: Adapted with permission from the Institute of Childbirth Educators.