

**Adaptation of the *Positive Discipline in Everyday Parenting* (PDEP) Program
for Expectant Parents: A Pilot Study**

Alyson Rodewald

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Abstract

In many parts of the world prenatal education classes are a common practice that primarily focus on pregnancy and childbirth yet only minimally on preparation for parenthood and child development. Although pregnancy and childbirth are a relatively small proportion of the parenthood journey compared to the years spent parenting, there are currently no wide-spread prenatal parent education programs. Parents who do not understand expected child development or the harmful effects of punishment might respond to their children in ways that could have negative outcomes. Based on the United Nations Convention on the Rights of the Child (United Nations, 1990), the *Positive Discipline in Everyday Parenting* (PDEP) program (Durrant, 2013) aims to reduce the incidence of physical punishment and promote positive parent-child relationships and healthy child development. PDEP was originally designed to be delivered to parents and caregivers of children from birth to 18 years of age. The purpose of this pilot study was to examine the feasibility of delivering a modified version of the PDEP program to expectant parents, focusing on the first year of life. The modified program was named *Positive Foundations for Everyday Parenting* (PFEP), and Ajzen's Theory of Planned Behaviour (1991) provided the theoretical foundation for this research. Participants' knowledge of child development, preparedness for parenting and attitudes towards physical punishment were measured via a 10-item pretest and posttest, along with open-ended questions on the program itself. Findings showed that participants enjoyed the program and found the content to be helpful. All participants agreed they felt more confident about becoming a parent since taking PFEP and what they learned will help them better understand their baby and build a strong relationship with their baby. There was a trend noted in participants' feeling better prepared for parenthood compared to pre-program. Findings from this pilot study provide support for larger scale

intervention and research, and as a resource for nurses who care for families and expectant parents.

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Chapter One: Introduction

Background and Context

The transition to parenthood is a challenging life experience (Koushede et al., 2017; Pinquart & Teubert, 2010) and impacts not only the parents, but the parent-child relationship and child development (Deave et al., 2008). The effects of parenting are significant and influence a child's long-term developmental outcomes into adulthood (Aquilino & Supple, 2001; Deane et al., 2019; Sandler et al., 2015). Along with healthcare provider visits in pregnancy, prenatal education is a common aspect of routine prenatal care for expectant parents in the developed world (Ahlden et al., 2012; Barimani et al., 2018; Jaddoe, 2009; Koushede et al., 2017). It is typically offered by public health and healthcare providers to women and their partners before the baby arrives (Kovala et al., 2016).

Prenatal education varies considerably from program to program (Koushede et al., 2017) and different descriptions of program content are present in the literature including childbirth preparation, parenthood preparation, or a combined curriculum. Historically, prenatal education has included in-depth information on childbirth and little information on newborn care and safety (Ateah, 2013). The emphasis on childbirth in prenatal education is based on the longstanding assumption that for expectant parents, this information ranks superior to parenting and caregiving information (Ahlden et al., 2012). It can be argued that this mirrors the obstetrical care model which places emphasis on pregnancy, labor and delivery and minimal emphasis on the postpartum period (Corwin, 1998). Corwin (1998) represented this imbalance by stating that childbirth education prepares individuals for an event that lasts 16-24 hours whereas parenting education prepares individuals for 157,680 parenting hours from birth to 18 years of age.

The Problem

Research shows that parents do not feel adequately prepared for parenthood and express the desire for prenatal education programs to increase the content on parenting (Ahlden et al., 2012; Ateah, 2013; Berlin et al., 2016). Prenatal appointments with health care practitioners do not allow for enough time for both care provision and effective teaching and brief hospital stays after having the baby makes this period less desirable for education (Ateah, 2013). When it comes to health and education and care of parents and the impact on the baby, interventions after the baby is born are considered early, when this is often too late (Sher, 2023). Prenatal education has the potential to deliver important information before the baby arrives on parenting practices that promotes positive parent-child relationships, healthy child development and decreases the use of physical punishment.

This issue is significant to the nursing profession in relation to child health, and nurses who have contact with families in hospital and community settings can offer such programs as a resource to those who would benefit from them (Mckee et al., 2018). This pilot study provides support for implementing a modified version of the *Positive Discipline in Everyday Parenting Program* (PDEP) program (Durrant, 2013) delivered to expectant parents. PDEP is based on the United Nations Convention on the Rights of the Child (United Nations, 1990) and delivers content to parents and caregivers of children ages 0-18 years (Positive Discipline in Everyday Life, 2020) using a blend of education and problem-solving exercises to reduce the incidence of physical punishment and promote positive parent child-relationships and healthy child development (Durrant et al., 2013; Durrant et al., 2014). Positive Foundations in Everyday Parenting (PFEP) is a revised version of PDEP that focuses on infants aged 0 – 1 year and

includes additional caregiving content relevant to the first year of life. See Appendix A for the content organization of PDEP and PFEP.

Purpose of the Study

The purpose of this study was to examine the feasibility of offering a modified version of the PDEP program with prenatal parents and its effect on participants' knowledge of child development, parental preparedness and attitudes towards physical punishment. This study addressed gaps in knowledge on prenatal parenting education and provides beneficial findings to advocate for future research and for a modified version of the PDEP program to be offered prenatally.

Research Questions

The research questions guiding the study were: 1) Is it feasible to deliver a prenatal version of the PDEP program to expectant parents?; 2) Will participants' knowledge of child development and preparedness for parenting be increased; and 3) Will support of physical punishment with children be decreased following the program?

Research Design

The pilot study was conducted to examine the feasibility and effect of a prenatal version of the PDEP program (independent variable) on expectant parents' knowledge of child development, preparedness for parenting and attitudes towards physical punishment of children (dependent variables) and to collect valuable information for future program development and research. A pilot study is a smaller version of a full trial and serves to assess feasibility including research methods and design to increase the likelihood of a methodologically sound full trial

(Polit & Beck, 2017). Given that a modified PDEP program has never been specifically delivered to the prenatal population, it is desirable to assess the program with a small sample first.

A one-group pretest-posttest design was used, which involved measuring the dependent variables (knowledge of child development, preparedness for parenting and attitudes towards physical punishment) following the intervention delivered to one group (Polit & Beck, 2017). This design has been used for pilot studies, where a larger future study may or may not be conducted (Knapp, 2016). In this quasi-experimental design, participants were not randomly assigned as there was only one treatment group (Polit & Beck, 2017). This was a quantitative study and also included content analysis of the open-ended questions from the post-program questionnaire.

According to Polit and Beck (2017), qualitative data are essential in pilot studies to identify modifications required for future research. Qualitative data were obtained through open-ended questions in the posttest following completion of the intervention (modified program). The questions were designed to elicit feedback on the modified program including delivery method, timing of the program, perceived importance of the content, and learnings. Informal reflections in the form of diary entries by the researcher on elements such as recruitment, retention and protocol adherence (Polit & Beck, 2017) were collected throughout the study to determine important considerations for future research and practice. An important outcome of pilot studies is the feedback on the intervention and lessons learned (Polit & Beck, 2017).

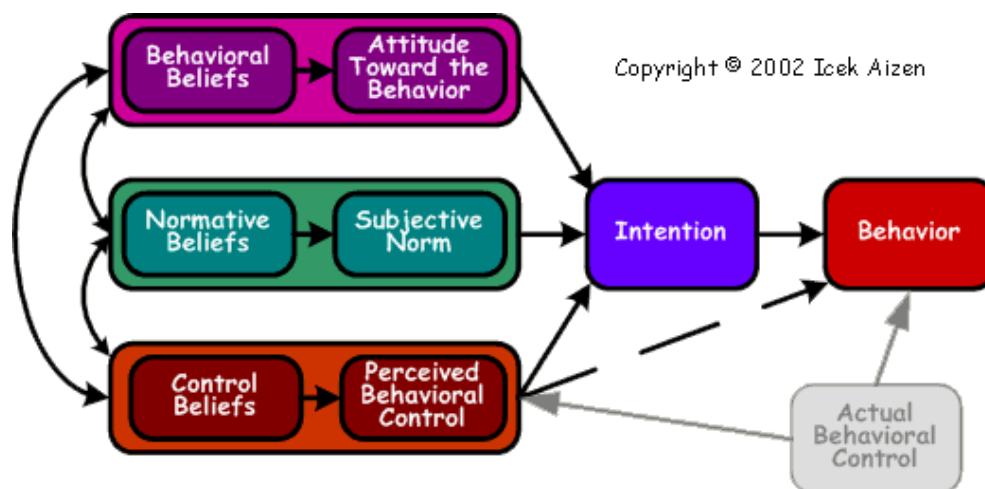
Theoretical Framework

A systematic review by Iwata et al. (2021) on prenatal parenting education programs for first-time expectant women in Asia concluded that these programs ought to have a theoretical

basis. Mckee et al. (2018) highlight the importance of prenatal parenting programs having a theoretical basis to ensure consistent design and measurability of outcomes. PDEP is based on the Theory of Planned Behaviour (Ajzen, 2002) which was also the theoretical foundation for this research. The Theory of Planned Behaviour is derived from the Theory of Reasoned Action (Fishbein & Ashbein, 1975) which states that an individual's behaviours and actions are directly related to their intentions (Ajzen, 2002). Ajzen (2002) argues that human behaviour is the result of three attributes that guide intention and action: behavioural beliefs, normative beliefs and control beliefs (See Figure A). Behavioural beliefs refer to the beliefs about the outcome or attitude of the behaviour, normative beliefs are beliefs about the societal norm of a behaviour and control beliefs include promoting or hindering factors that relate to a behaviour (Ajzen, 2002). The theory proposes that attitudes about a behaviour influences the individual's intention which then guides their actions. "As a general rule, the stronger the intention to engage in a behaviour, the more likely should be its performance" (Ajzen, 1991, p. 181).

Figure A

Ajzen's Theory of Planned Behaviour (2002)



While it was not feasible to measure the punishment behaviours of the parents following the PDEP prenatal class, the program aimed to influence the parents' beliefs and their intentions which was assessed by measuring their attitude towards physical punishment. Assessing knowledge of expected child development included parents' understanding of what to expect based on their child's developmental stage. It was expected that empathy would be increased and acting out of frustration would be decreased. This notion is supported by Durrant et al. (2014) who state, "the more they perceive parent-child conflict as child misbehaviour, attribute misbehaviour to the child's characteristics, and believe that misbehaviour requires punishment, the stronger will be their intent to punish and the more likely they will be to respond angrily and punitively" (p. 114). According to Durrant et al. (2014), the aim of PDEP is to shift parents' approval of physical punishment by educating them on the effects of physical punishment and focusing on understanding how children think and feel at different ages and stages of development. PDEP incorporates the Theory of Planned Behaviour into the program objectives which are to shift the parents' approval of physical punishment, establish normal expectations of conflict between parents and their children and to improve parents' self-efficacy related to peaceful conflict resolution (Durrant et al., 2014).

As noted previously, this study aimed to examine the effects of a prenatal parenting program on expectant parents' knowledge of child development, preparedness for parenting and attitudes towards physical punishment and also to determine the feasibility of the intervention, the independent variable. The independent variable was the modified version of the PDEP program which was given the name Positive Foundations for Everyday Parenting (PFEP) and the dependent variables measured were knowledge of child development, preparedness for parenting and attitudes towards physical punishment of participants before and after the pilot offering of

PDEP. Knowledge and attitudes were assessed through a modified questionnaire used in previous research by Durrant et al. (2014). Knowledge was defined as the knowledge of expected behaviour based on developmental stage, attachment, and the physical and emotional impact of physical punishment on a child, and the role of child development in effective conflict resolution. Attachment was included in the PFEP program and knowledge assessment given its impact on child development including emotional and self-regulation and social skills (Sanders & Turner, 2018; van Bakel & Hall, 2018). Attitudes were defined as the parents' endorsement of physical punishment. The goal was to increase knowledge of child development and preparedness for parenting and decrease support for physical punishment indicated by increased knowledge and decreased approval of the behaviour by the parents. Drawing from the Theory of Planned Behaviour, the intention of the parents is comprised of the dependent variables which includes their knowledge and attitudes.

Significance

There are currently no wide-spread prenatal parenting programs available in Canada despite the important role that new parents are undertaking following the birth of their child(ren). This pilot study was the first to examine the feasibility of a modified version of the PDEP program for prenatal parent education. Data from this research provides justification for future, larger scale research and the implementation of the PDEP prenatal program as a resource for expectant parents.

Chapter Two: Literature Review

The literature on parenting and prenatal education appears to be evolving as there is increasing inclusion on the impact of parenting and the importance of parent-child relationships on child development. The literature supports the foundation of this pilot study which is to incorporate essential parenting content into prenatal education. The following section provides an overview of the current state of the science including a review of the literature on parenting, the PDEP program, prenatal parenting education, and gaps in the literature.

Parenting

“Being parented’ is the cornerstone upon which our lived experiences accumulate and are constructed” (Sher, 2023, p. 3). Bergeson (2018) describes parenting as “the ongoing process of providing for; and promoting the physical, cognitive, and social/emotional development of children” (p. 9). Functions of a parent include providing physical and emotional care of their child with the goal of wellbeing (Sanders & Turner, 2018). The literature includes varying descriptions of the point in time that one becomes a parent ranging from conception to when a child reaches toddlerhood. According to Riedmann (2008), parenthood begins when one decides to become pregnant or finds out they are pregnant. This definition is favourable for children, parents, program developers, and policy makers as parenting interventions should align with the time at which the child begins to be impacted by parenting practices.

As the groundwork for our own parenting practices begins from how we were parented, Sher (2023) argues that ‘parent education’ does not begin with our first child, but at the beginning of our own journey being parented. Parents learn to parent through informal and formal sources. Informally, knowledge and attitudes towards parenting are gained through parents’ own experiences being parented or observing family and friends and through established

parenting norms in their community (Breiner et al., 2016). Regardless of the source of information, discerning what information or advice is “good” is a notable challenge for parents and professionals according to Hodkinson et al. (2023).

The literature focuses primarily on formalized parenting education, but this is not the only method of obtaining information to prepare parents for parenthood. In fact, a study conducted by Cronin (2003) revealed that most information is sought from friends and family, and some do not find structured classes beneficial. A recent study examining preferred sources for pregnancy and early parenting information found that most expectant parents and their partners accessed the internet for pregnancy information but preferred one to one information from a trusted care provider (Hay et al., 2022). The authors primarily discuss pregnancy information and did not differentiate between sources for pregnancy and early parenting information. However, as most expectant parents will see a provider during pregnancy and for the first six weeks postpartum, the findings highlight the concern of short visits with providers to provide such information.

Given that this research involved delivering parenting information formally, this was the primary focus of the literature review. It is imperative, however, for both facilitators and recipients of parenting education to consider how all sources of parenting information and attitudes towards parenting may shape their experience. Views on parenting and parenting practices may differ greatly from one person to the next including knowledge of child development, what it means to be an effective parent and their own self-efficacy as parents (Sanders & Turner, 2018). Differences in parenting practices combined with variations in child temperament creates diversity amongst parent-child relationships (van Bakel & Hall, 2018). While infants have the same basic needs such as warmth and food, there are a broad range of

temperaments from less crying and easier to soothe, to more crying and more difficult to soothe, or somewhere in between (Tominey et al., 2023). This is important to consider as an infant's temperament can affect how the parent responds to the infant (Tominey et al., 2023).

Various parenting styles have been identified including authoritarian or unresponsive, permissive or undemanding, authoritative or responsive, or neglectful (Sanders & Turner, 2018). Hodkinson et al. (2023) describe the authoritative parenting style as being most prevalent amongst a range of theoretical perspectives, a style believed to be advantageous given that the building blocks are warmth and structure with consistent boundaries. While parenting styles differ, Ansari and Gershoff (2016) claim that warm relationships or ones that do not involve harsh punishment or control are most associated with healthy child development. Further, parents that adjust their parenting style based on their infant's temperament fosters trust in the parent-infant relationship (Tominey et al., 2023). The concept of good or effective parenting is present in the literature and is defined as the presence of a nurturing parent-child relationship, using positive discipline, fostering resiliency to environmental stressors and ensuring healthy child development (Sandler et al., 2015). The term positive parenting is used frequently in the literature without clear definition or used in parenting programs, often without reference. Seay et al. (2014) conducted a concept analysis and defined positive parenting as "the continual relationship of a parent(s) and a child or children that includes caring, teaching, leading, communicating, and providing for the needs of a child consistently and unconditionally" (p. 207). The Council of Europe (2006) defines positive parenting as parenting behaviours that comply with the Convention on the Rights of the Child (United Nations, 1990). Positive parenting is not permissive, but rather guides and empowers children through nurture and respect, all without physical punishment (Council of Europe, 2006).

Effect of Parenting on Child Development

Parents are the most important people to their child and their parenting behaviours have direct effects on the child's development across cognitive, social and health domains (Breiner et al., 2016; Moniz et al., 2016, Riedmann, 2008). For the sake of this research, the term parent(s) includes the primary caregiver(s) of a child, whether biological or non-biological. Parents foster healthy child development through adequate care of the child's physical and emotional wellbeing and provision of a supportive environment including stimulation and interaction (Sanders & Turner, 2018). Parents foster children's physical development by creating an environment that is safe and stimulating and through the provision of proper nutrition and physical care (Sanders & Turner, 2018). Physical development is less prevalent in current research than other child development domains.

Cognitive or brain development is at the forefront of child development literature and research. Parenting, particularly in the first year of life, is linked to children's cognitive development (Kansin et al., 2018). This is in part due to the important influence of parents on children's environment and experiences during this time (Breiner et al., 2016). Parents are often the most consistent presence in a child's life, and this alone highlights the impact they may have on the child's experiences and development. In fact, a child's developing brain is directly influenced by their parents even before they are born (Posner & Rothbart, 2018). This finding highlights the need to begin parenting interventions early in parenthood and before the baby arrives.

Parents play a large role in their child's social and emotional development including language and learning, emotional regulation and executive function. A child's language and learning are directly linked to parenting practices (Carta, 2018). Similar to physical development,

these noticeable indicators may be less impactful than effects on social and emotional development. In the literature, emotional regulation and executive functioning dominate this domain of child development as they are not only essential components of development but are directly linked to parenting. Compared to language and learning, these concepts may be less known to parents and practitioners. Parents are described as the most important factor in a child's development of emotional regulation, an essential life skill for the child's relationships with others, mental wellbeing and academic success (Deater-Deckard & Panneton, 2017; Morris et al., 2017). The correlation between executive functioning and parenting is also well supported in child development literature and refers to complex cognitive processes that serve to control more complex behaviours such as inhibition and multi-tasking (Deater-Deckard and Panneton, 2017).

The subtle or less obvious aspects of child development may in fact be the most important when it comes to developing into a well-adjusted and functioning adult and this is supported by their increasing presence in child development research. This notion parallels the prenatal care model evolving from the primary focus on clinical or physical outcomes to a more holistic approach including psychosocial assessment and care. Parenting education is also shifting from physical or cognitive content to include emphasis on emotional development, self-regulation and attachment (Wall, 2018). With parenting affecting all aspects of child development as described, parenting programs can be viewed as an essential public health initiative applicable to all families (Sandler et al., 2015). Trillingsgaard et al. (2021) concur stating that "supporting parents is an important public health task across the globe" (p. 1).

Attachment

Attachment is part of human nature, especially between the mother [or other primary caregiver] and the child (Lancaster, 1987). In fact, child maltreatment is not understood by most

because it strays from this basic human instinct (Lancaster, 1987). According to John Bowlby's Attachment Theory (1969), attachment stems from an innate behavioural system that incites physical closeness between the child and caregiver (Fletcher & Gallichan, 2016). Attachment is defined as the emotional connection between a parent and child that allows the child to feel safe and secure (van Bakel & Hall, 2018). Sanders and Turner (2018) expand this definition stating "secure attachment (e.g., a sense of closeness, interdependence, predictability, and confidence in support seeking) is fostered when parents respond to children in a consistent, caring, and timely way" (p. 12). Regardless of the nature of the parent-child relationship, all children are attached to their parents, but the development of secure attachment relies on consistent and appropriate parent responsiveness to their children (Breiner et al., 2016).

From infancy, attachment stems from positive interactions between the parent and child and affects future development (Ranson & Urichuk, 2008). Attachment is arguably an essential foundation for optimal child development, influencing emotional and self-regulation and social skills (Sanders & Turner, 2018; van Bakel & Hall, 2018). Tomine et al. (2023) describe a secure parent-child attachment relationship a key building block in the development of emotional regulation. Without a feeling of safety or security, sensitive areas of development may be hindered. In fact, Nolan (2017) argues that a nurturing relationship is a key aspect of the parent-child relationship that prevents strain on the resources in a child's community later in life through prevention of poor health outcomes.

Attachment also affects areas related to stress response including the neurological, cardiovascular and endocrine systems (Sanders & Turner, 2018). Stress may be viewed as the opposite end of the attachment continuum in that in the absence of secure attachment, the child would likely experience stress or increased stress responses to various life experiences. This is

described by van Bakel and Hall (2018) who state that during the critical period of development in the first years of life, children that are insecurely attached may produce an exaggerated or inappropriate response to stress. Therefore, attachment is not only a foundation for child development, but a protective mechanism.

Wall (2018) describes the inclusion of attachment content in a parenting program called *Start Early: Your Role as a Parent* stating “parents are taught first of all how to empathize with, or be sensitively attuned to, their children. This involves paying close attention to how their babies are behaving and feeling, and learning to read their cues” (p. 402). According to Wall (2018), there is increasing inclusion of attachment in parenting education curricula due to the rising interest in a child’s emotional development. An example of its use in prenatal parenting education is the *Preparation for Parenting* program where parents are taught how to respond to and understand their babies’ cues in order to develop attachment relationships with their child to support healthy child development (Nolan, 2017). Further, there may be merit in promoting prenatal attachment for expectant parents to foster postnatal attachment, or attachment between the parents and the baby once born. Yuen et al. (2022) conducted a systematic review on the effectiveness of psychosocial interventions on prenatal attachment and found a positive effect on maternal fetal attachment and potential for paternal fetal attachment. The authors of the systematic review offered examples of prenatal psychosocial interventions to incorporate into prenatal education including talking to the fetus, visualizing the fetus, teaching the concept of prenatal attachment, coping skills for challenges in pregnancy, and more (Yuen et al., 2022).

Parents should be well informed of expected behaviours based on where the child is developmentally, such as infant crying (Ateah, 2013). For example, according to Bowlby’s Attachment Theory (1969), infant crying is an attachment-seeking behaviour that prompts

physical closeness with their caregiver for the purpose of survival (Fletcher & Gallichan, 2016). Parents should understand reasons why the infant is crying and how to respond in ways that promote healthy child development (Ateah, 2013). The HUG Your Baby parent education program in Japan aids in parents understanding of their infant's behaviour and how to respond appropriately (Shimpuku et al., 2022). Shimpuku et al. (2022) examined the effect of a prenatal version of the HUG Your Baby program and found a positive effect on postpartum depression rates and parental confidence. Without adjustment to the changes that parenthood brings such as managing infant cues or behaviours, negative outcomes for the child and the parents are likely to result (Mihelic et al., 2018). Therefore, educating parents on attachment and the importance of interactions that foster attachment before the baby arrives can contribute to healthy child development. Supporting the parent-child attachment from the start, provides the tools for the way the child will parent their future children, making this an essential component of prenatal parenting education (Sher, 2023).

Punishment

Punishment, either physical or psychological, relies on external measures in attempt to change behaviour or coerce compliance. While physical punishment will be the focus of discussion, it is important to note that forms of psychological punishment such as humiliation or manipulation are also detrimental to child development (Grujicic et. al, 2023). Physical punishment is referred to as physical discipline or corporal punishment in the literature and essentially encompasses the same meaning. The term physical punishment will be used throughout this paper for consistency, and to distinguish the terms punishment and discipline. Physical punishment is the most common form of child violence by caregivers in the home and includes slapping, hitting or shaking the child to cause pain or discomfort (UNICEF, 2017). The

intention is not typically to harm the child but rather it is an act that results from frustration with the intention of stopping an unwanted behaviour without the knowledge of the harms associated with it (Durrant & Ensom, 2012; UNICEF, 2017). Although parents or other caregivers may use physical punishment as part of their parenting practices while still incorporating some aspects of positive parenting, there are consistent negative outcomes associated with physical punishment as clearly presented in the literature.

In 2008, Statistics Canada disclosed that 25% of parents reported using physical punishment with their child (cited in Perron et al., 2014). More recently, Statistics Canada's 2018 Survey of Safety in Public and Private Spaces revealed that 23.3% of respondents reported experiencing both non-physical and physical punishment while only 4.1% reported experiencing only physical maltreatment (Statistics Canada, 2023). This finding indicates similar rates of physical punishment may be ongoing and non-physical and physical maltreatment are likely to occur simultaneously. Children can experience many negative effects resulting from physical punishment. Not only are young children unable to understand why the physical punishment is occurring, physical and psychological damage can occur to them as a result (UNICEF, 2017). In a study examining physical punishment in low and middle-income countries, Cuartas (2021) found that physical punishment had a negative affect on child development, primarily in the social-emotional domain. Gershoff and Grogan-Kaylor (2016) conducted a meta-analysis that focused on spanking as the form of physical punishment and concluded that spanking is not associated with improved behaviour in children despite this common misconception. Rather, it is associated with negative child outcomes including "more aggression, more antisocial behaviour, more externalizing problems, more mental health problems, and more negative relationships with parents. Spanking was also significantly associated with lower moral internalization, lower

cognitive ability, and lower self-esteem” (Gershoff & Grogan-Kaylor, 2016, p. 11). Grujicic et. al (2023) argued that not only does physical punishment not resolve academic, developmental and psychological-emotional dysfunctions as intended, but may contribute to or increase them. It is known that parenting impacts a child’s development into adulthood and the same is true of the effects of spanking including mental wellbeing and supporting physical punishment (Gershoff & Grogan-Kaylor, 2016). This is particularly significant as without intervention, the act of spanking may initiate a cycle of physical punishment that could last for generations. Further, Cuartas (2021) found that the harsher the form of punishment, the greater the consequence to the child’s development. Fortunately, there is now an increasing emphasis on positive discipline and resolving situations without violence (Durrant & Ensom, 2012). Results from a study examining parent attitudes and practices towards physical punishment and parent-reported child dysfunction advocates for system-wide efforts to include positive parenting and appropriate discipline in parent education as the priority for prevention of child maltreatment (Grujicic et. al, 2023). As research has linked having a positive attitude toward physical punishment with its use with children (Ateah & Durrant, 2005), education efforts that focus on changing these attitudes show promise in decreasing the use of physical punishment.

Positive Discipline in Everyday Parenting (PDEP)

The PDEP program was created by child developmental psychologist Dr. Joan Durrant and is based on the Convention of the Rights of the Child (United Nations, 1990) to decrease the incidence of physical punishment with children by using a collaborative process of education and problem-solving exercises with parents (Durrant et al., 2014). “PDEP is delivered to parents by a global network of program facilitators. They are community-based educators working in agencies serving children and families” (Positive Discipline in Everyday Life, 2020, para. 1).

PDEP can be useful for any family to “learn how to teach children effectively, while respecting their rights” (Positive Discipline in Everyday Life, 2020, para. 2), and the program does not include punishments of any kind. The program content pertains to children ages 0-18 years and is delivered through eight 90-minute sessions plus a 90-minute follow-up session (Positive Discipline in Everyday Life, 2020). Group size consists of 10 to 17 parents and the focus of the sessions is on creating normalcy around conflicts between parents and their children (Durrant et al., 2014). The program is delivered in person through a blend of informational and interactive exercises.

A key part of the program is its nonprescriptive format designed to prepare parents to use conflict resolution without external control strategies such as physical or psychological punishment (Durrant et al., 2014). The program serves to provide parents with an understanding of their child’s development and the role it plays in their interactions (Durrant et al., 2020). Durrant et al. (2014) propose that by educating parents on the risks of physical punishment and its effects on child development, they will reduce their acceptance of the practice. When parents are equipped with evidence-based parenting knowledge, they are more likely to raise their children in a way that promotes healthy development than those without this knowledge (Breiner et al., 2016).

A study by Durrant et al. (2014) examined the effect of the PDEP program on attitudes towards physical punishment, parental self-efficacy and subjective norms of parent-child conflict. Findings showed parents were less likely to ascribe conflict with their child to their child’s deliberate misbehaviour and had increased self-efficacy in effective conflict resolution (Durrant et al., 2014). A study examining the impact of the program in Australia, Japan and the Philippines revealed similar results including decreased approval of physical punishment, less

attribution of conflict towards their child's deliberate misbehaviour and increased self-efficacy in managing conflict with their children (Durrant et al., 2020). It is important to note that the impact of the program on approval of physical punishment may be more significant in countries or cultural contexts where approval of physical punishment is common. A recent study examining the effect of the PDEP program on Bangladeshi parents from marginalized populations found statistically significant changes in the support of punishment (including physical punishment), parental self-efficacy, understanding of positive discipline and parent-child conflict, and response to feelings of frustration (Ateah et al., 2023).

Prenatal and Parenting Education

The terms prenatal education and antenatal education are used synonymously in the literature with the same meaning, both pertaining to education provided during the pregnancy period before the baby arrives. For the purpose of the literature review, the term prenatal education will be used for consistency. Prenatal education has received some criticism on its effectiveness in increasing parents' knowledge in some areas (Jaddoe, 2009). In a study on the effect of prenatal education on fear of childbirth, childbirth related maternal self-efficacy and parental attachment, there was found to be positive impact on fear of childbirth and childbirth related maternal self-efficacy, but no impact on parental attachment (Sercekus & Baskale, 2016). The impact on parental attachment may have been minimal, however, given the focus on childbirth (Sercekus & Baskale, 2016). A review of prenatal education in Sweden revealed that attending these classes did not affect childbirth experience and knowledge of parenting in primiparous mothers (Ahlden et al., 2012). Consideration must be given to the potential misalignment of prenatal learning goals with the program attended. Parents may attend a prenatal class with learning goals that do not fit the program content, thus making the program appear

ineffective. Alternatively, where parents attend a class that aligns with their current views or knowledge base the program may appear effective. For example, prenatal education with the aim of decreasing the use of physical punishment may appear effective as parents taking the class may already have less acceptance of physical punishment as they are seeking alternative disciplinary strategies (Ateah, 2013). This is an important factor in educational research as the participants may be attending the class with intentions that fit the goal of the program. Further, existing knowledge may impact the effect of the intervention, particularly when parents attend a program with a good understanding of the content (Pinquart & Teubert, 2010). Determining whether knowledge was obtained as part of the program can be more difficult if only a posttest evaluation is obtained rather than a pretest/posttest comparison.

The expectations of the parents need to be considered and critique of a “one size fits all” prenatal education program appeared consistently in the literature. This is highlighted by a literature review conducted by Gilmer et al. (2016) who concluded that the broad variety of parental needs are unlikely to be met by a standardized prenatal education program. The perspective argued here is that prenatal education ought to emphasize parenting content, yet it is unknown whether parents prefer the traditional model of prenatal education that focuses on pregnancy and childbirth. Studies have found that expectant parents are not interested in issues after childbirth (Entsieh et al., 2016) and take prenatal education with the main purpose of becoming more prepared for childbirth (Ahlden et al., 2012). However, Kovala et al. (2016) found that topics on childbirth and newborn safety were ranked as priority amongst first-time parents followed by breastfeeding and attachment.

Whether or not the parents are first-time parents may also influence their learning goals. An important discovery from the study by Kovala et al. (2016) was that first-time parents might

be focused on labor and delivery and less on what happens next. A survey of first-time expectant parents in Australia who attended a range of prenatal education revealed that the main reason for attending to be preparation for birth and increasing confidence in newborn care and found them more useful in preparation for birth and less so for parenting preparation (Lewis-Jones et al., 2023). It could be speculated that the participants were more interested in the birth preparation content than parenting content at the time, as they were focussed on impending childbirth. A review of prenatal education classes offered in Switzerland revealed that participants desired more realistic preparation for childbirth and an increase in content to prepare for the postpartum period, also noting the benefits of the group setting to share and meet other expectant parents (Avignon et al., 2023).

Despite unclear findings on the efficacy of prenatal education on knowledge outcomes and learning desires of parents, the literature review supports the practice of prenatal education both explicitly and through inconsistencies in the discussions. Jaddoe (2009) emphasized a general lack of effectiveness of prenatal education but did find parental knowledge, confidence and competence were positively impacted in smaller studies. The purpose of prenatal education was a key consideration in that study as it primarily focused on clinical outcomes as a measure of success which mimics the historical image of prenatal care and education. This highlights the danger of discrediting prenatal education based on what outcomes were measured.

Godin et al. (2015) found that prenatal programs in Ontario did successfully educate the attendees on traditional prenatal content. While most classes focus on pregnancy and childbirth, the efficacy and practicality rests heavily on the target audience and evaluation outcomes. Berlin et al. (2016) found that the goal of childbirth preparedness was achieved by means of receiving practical information on the labor and delivery process. Therefore, the goal of childbirth

preparation was met. The literature does not entirely support nor discredit prenatal education but rather encourages critique of the multitude of factors affecting its perceived success. In fact, the reader is unlikely to reach a conclusion on its efficacy given the wide range of content, learning goals and measured outcomes.

Parenting education is subject to similar conceptual ambiguity in the literature as prenatal education. Parenting education is described as preparing parents for parenthood either before or after birth with a wide range of information and education goals delivered by various care providers (Moniz et al., 2016; Talebi et al., 2023). A study conducted by Berlin et al. (2016) found a large variation in content and content delivery of parenting education. Most programs are offered through public health agencies and are not focused on providing the education at a designated time in the parenting cycle. A critique of parenting education is the inability to affect parenting outcomes and eliminate socioeconomic factors impacting parenting and the child. However, effective parenting appears to have the ability to buffer negative experiences and to place all children on a more level playing field when it comes to developmental outcomes. Whittle et al. (2017) found that children with high levels of disadvantage who experience positive parenting demonstrated brain development similar to those with low levels of disadvantage. This is an empowering discovery for parents in difficult situations in which they may feel unequipped to foster healthy child development as well as practitioners seeking resources to assist families.

Prenatal Parenting Education

Prenatal parenting education is presented as a strategy to address the concerns revealed in the literature and it can be argued that the significant time span between pregnancy and childbirth and the importance of parenthood justifies its growing research and support. Prenatal

parenting education is defined as the provision of skills and knowledge to expectant parents to best prepare them for parenthood (Mckee et al., 2018; Palsson et al., 2019). The goal of prenatal parenting education programs is to increase the self-efficacy of parents through the provision of information on parenting and child development (Berlin et al., 2016).

The benefits are significant when it comes to parent and child outcomes. A meta-analysis conducted by Pinquart and Teubert (2010) revealed that prenatal parenting education programs positively influence parenting outcomes, parent stress levels and wellbeing, child development across all domains, wellbeing of parent dyads, and decrease the incidence of child abuse. A pilot study examined the effect the Transition to Parenthood program, a two-session module for prenatal and postpartum parents that supports perinatal and infant mental health (Baldwin et al., 2022). Results were positive, with a decrease in depression, anxiety and stress and an increase in self-confidence and authors advocate for group-based prenatal and parenting education to include perinatal and infant mental health (Baldwin et al., 2022). With an increasing emphasis on mental health, including perinatal mood disorders, these findings support the inclusion of these topics.

A randomized controlled trial examined the effect of the Family Start Up Programme (FSP), a large scale prenatal and postnatal parenting support group, on first-time expectant parents' stress, competence and depression and included a broad range of topics such as finances, breastfeeding, partner communication and infant care (Trillingsgaard et al., 2021). The intervention began prenatally and was completed postpartum and measured competence using the Parental Sense of Competence Scale along with other evaluation measures (Trillingsgaard et al., 2021). Results showed that parental competence was not improved and did not find evidence to support universal offering of a program such as the FSP to increase parental competence,

reduce stress and reduce postpartum depression, and instead advocates for further consideration into targeted approaches versus universal programs (Trillingsgaard et al., 2021). While the efficacy of universal prenatal education has been critiqued, Pinquart and Teubert (2010) recognize that parental circumstance influences the success of the intervention where low risk parents are less likely to benefit to the same degree from the education than the high-risk population. This idea serves to clarify some of the findings in the literature and support the focus on high-risk groups, a strategy not new to practitioners working with families.

Parenting is full of challenges and addressing key challenges prior to the baby's arrival aids in preparing the parents to handle them effectively (Palsson et al., 2018) and eases parents through this major life transition (Pinquart & Teubert, 2010). Hospital discharge teaching following childbirth aims to meet this need but is inadequate as time is limited (Weiss & Lokken, 2009). Preparing for parenthood reduces the incidence of negative outcomes for the child and parents and improves child developmental outcomes across all domains (Bergeson, 2018). In this regard, prenatal parenting education is considered a health promotion strategy (Palsson et al., 2018) and supports the idea that education is directly related to health (Fernandez-Arroyo et al., 2014). The better the child outcomes, the less impact on the child and family, and the community's physical and mental health resources later in life (Sandler et al., 2015).

Prenatal parenting education gives parents the chance to consider parenting responses before the baby arrives (Kovala et al., 2016). Being prepared encompasses the awareness of what is to come and being equipped with the resources to handle situations when they do (Palsson et al., 2018). Barimani et al. (2018) concurred and found that parents require information to prepare them for expected challenges after the baby is born. This is not applicable to first-time parents only; both new and repeat parents recognize the benefits of prenatal parenting education and

desire to be better prepared for parenting (Moniz et al., 2016 & Xuereb et al., 2012). A systematic review and meta-analysis by Talebi et al. (2023) on the effect of prenatal parenting programs on maternal role competency recognized the uncertainty of effect in the literature, but concluded that these programs could in fact benefit competency and advocate for increasing inclusion of this concept into programming and services for first-time mothers.

Besides preparation for the baby's arrival, the prenatal period is desirable for parenting education as it fosters a supportive environment, reduces stigma and produces benefits such as reduced parental stress and improved parental wellbeing (Koushede et al., 2017). Sharing of worries and experiences is beneficial amongst a group of expectant parents about to embark on a significant life transition and it can be speculated that this support may carry forward into parenthood. A study by Berlin et al. (2016) found that attending prenatal parenting education promoted relationships amongst parents and the creation of social networks, an effect deemed to be as important, if not more important than the information received (Berlin et al., 2016). Not all education produces these effects when it comes to creating networks amongst parents as the more parenting information provided, the more likely these networks are created (Barimani et al., 2018). While the rationale was not included in the study, it can be argued that embarking on the parenting journey creates a desire for a support system and at the very least, the ability to share worries and fears.

The literature contains a considerable amount of information on the *Family Foundations Program*, a parenting program offered to expectant parents in the United States. Feinberg et al. (2008) described the program as an interactive, skills-based series of eight classes. This is similar to the modified version of the PDEP program for the proposed study as the *Family Foundations Program* is offered to expectant parents although it does not have a focus on reducing the use of

physical punishment. Parent outcomes were not the focus of research examining the *Family Foundations Program*. A randomized controlled trial was conducted by Feinberg et al. (2008) which revealed a statistically significant relationship between program attendance and levels of functional interaction amongst parents compared to the control group. This study primarily examined relations between parents and found that the level of difficulty in parent-child relationships decreased (Feinberg et al., 2008). Jones et al. (2014) analyzed this program for efficiency and found it to be relatively inexpensive with positive results. A different study noted similar effects of the *Family Foundations Program* and looked at predicting engagement (Brown et al., 2012), an important consideration in future research.

Gaps in Knowledge and State of the Science

The literature clearly shows a correlation between parenting and child outcomes as described in the literature review. Ateah (2013) noted that there were no prenatal parent education programs available to parents in North America at that time and found that the parents' information sources were mostly from previous experience, books or family and friends. Despite the evidence supporting prenatal parenting education programs, the *Family Foundations Program* in the United States was the only available program in North America found by the researcher. Ateah and Durrant (2005) found that parental education programs can increase the likelihood of problem-solving challenges without violence. The literature is scarce on the impact of prenatal parenting education programs on child development knowledge and attitudes towards physical punishment.

Prior to this pilot study, PDEP had never been offered prenatally and there is limited research on prenatal information related to physical punishment and child development. While attachment is included in the original PDEP program, inclusion of supplemental information on

attachment as well as common parenting challenges fulfilled the recommendations as found in the literature and the topics most identified on parenting websites including Alberta Health Services. Including content on postpartum mental health, breastfeeding and infant care introduces expecting parents to these common parenting challenges as well as how to navigate them as needed. Facing unanticipated challenges for which they are not prepared could lead to decreased self-worth and self-efficacy. Inclusion of these topics in PFEP meets the definition and goal of prenatal parenting education, to prepare parents and increase self-efficacy.

A consideration highlighted by Kovala et al. (2016) is that parents' preference of delivery method for prenatal education is not well understood. There appears to be an increase in the number of app-based or text messaging programs delivering prenatal and/or parenting information. SmartParent is a free text messaging program in Canada, delivering information to expectant parents based on the expectant parent's gestational age, or age/developmental stage of the baby once it is born (SmartParent, n.d.). The messages are evidence-based and tailored to the specific stage of pregnancy or child development and offer an online forum to connect with other parents (SmartParent, n.d.). SmartParent is currently only available to British Columbia and Nova Scotia residents (SmartParent, n.d.). There is a vast amount of research on the value and expectations of parents attending prenatal education programs covering a wide variety of topics, but little is known about the effect of prenatal education programs on child development, use of physical punishment, or positive parenting.

Chapter 3: Methods

Sample and Setting

The research was carried out in Winnipeg, Manitoba. Participants were first-time expectant parents or those planning to become parents. Participants were recruited from a variety of settings where expectant parents visit including the Women's Hospital ambulatory care prenatal clinic and Ode'immin Birth Centre utilizing research posters instructing interested participants to contact the researcher. An invitation to participate was also distributed by email by the College of Nursing at the University of Manitoba to the student body to potentially reach those of childbearing age. For the purpose of this research, expectant parents included expectant individuals and/or their partner as well as those planning to become parents (self-identified) and/or their partner and each person who participated was considered one participant. A power analysis was not conducted as the main purpose of a pilot study is not to test hypotheses (Polit & Beck, 2017). Although the sample size of pilot studies is typically small and contain 30-40 participants according to Hetzog (2008, as cited in Polit & Beck, 2017), this number was not feasible for the current study. Typically, prenatal class sizes and parenting classes are relatively small in number to allow for interaction. Therefore, the goal was to obtain a sample size of approximately 10-12 participants. Consecutive sampling was used to recruit participants. Consecutive sampling involves recruiting every individual (and their partner) that meets the inclusion criteria for a specified period or until the sample size has been reached (Polit & Beck, 2017). Recruitment was challenged by sporadic participant interest and interested expectant parents that did not meet the inclusion criteria (e.g., not expecting their first child or too close to their due date). Subsequently, an amendment to the study protocol was approved by the University of Manitoba's Research Ethics Board and recruitment was concluded once a sample size of six

was reached. Of the six participants in the pilot study, there were three dyads: two were expecting their first baby, and one was planning to become parents but were not yet expecting.

Inclusion criteria. Included were first-time expectant parents (an expectant person and/or their partner) or those planning to become parents (one person and/or their partner) who were experiencing a healthy pregnancy (self-disclosed and if applicable) and whose gestational age was equal to or less than 20 weeks (if applicable). The rationale for the selected gestational age was to minimize attrition due to birth of the baby before the program ended. Greater gestational age was considered depending on the due date and anticipated program start date. The literature provides varying recommendations on the ideal time in pregnancy for prenatal parenting education. Deave et al. (2008) state that the late antenatal period is noted as the most effective time, specifically starting in the second trimester (Barimani et al., 2018). Palsson et al. (2019) propose that beginning early in pregnancy has its advantages as it allows for thoughtful consideration of the parenting content and allows for reflection amongst the parents. Feedback from participants provided further insight into the impact of the gestational age at which they participated in the intervention.

Only primiparous parents or those planning to become parents were included in this study. It was anticipated that first-time parents would be more likely to be interested in a prenatal parenting program, have less experience with infants and subsequently be potentially more comfortable with each other for the purposes of discussions. Participants were to be 18 years of age or over and able to read and write in English. Prior to beginning the research study and following site permission, staff were briefed on the study details and posters were placed throughout the sites. For email solicitation through the College of Nursing, communication was drafted and approved, and included an electronic version of the recruitment poster. Gift cards to

a grocery store were used to promote recruitment and as a gesture of appreciation. A \$25 gift card was given following consent by participants and an additional \$25 gift card was given at the end of the last session.

Measurement

Expectant parents' knowledge of child development, preparedness for parenting and attitudes towards physical punishment were measured using a pretest and posttest. Given that the PDEP program is typically offered to parents and participants in this study were not yet parents, their perceived preparedness to parent their infant was measured rather than their perceived self-efficacy as parents, which is considered in the standard PDEP program. The purpose of the pretest and posttest was to observe changes in the scores before and after the intervention. The current pretest and posttest for the standard PDEP program were modified with permission of Positive Discipline in Everyday Life (PDEL) Inc. for the purpose of this research. The tests were modified to only include items pertaining to children aged 0 -1 year and excluded items about children aged 2-18 years as PFEP focussed on infants up to 1 year of age. Self-efficacy questions were revised to reflect preparedness for parenting and additional questions pertaining to attachment were added.

The pretest and posttest consisted of 10 items to elicit responses about each of the statements related to the research questions (Appendix B). Preparedness for parenting was measured by the statements: *I feel prepared for parenthood. I have the knowledge I need to be a good parent*; and *Most parents are better parents than I will be* (#1, #5, #7 on the pretest and #1, #6, #8 on the posttest, respectively). Preparedness for parenthood was also measured in the posttest only by the statements: *Since taking PFEP, I feel more confident about becoming a*

parent (#3); What I learned in PFEP will help me to better understand my baby (#10); and What I learned in PFEP will help me to better understand my baby (#12).

Attitudes towards physical punishment was measured by the statements: *Sometimes a spank is the best way to get a toddler to listen;* and *It's okay to spank a toddler's bottom if they do something like touch something hot* (#4, #9 on the pretest and #5, #11 on the posttest, respectively). Knowledge of child development (including attachment) was measured by the statements: *Babies should learn to self-soothe by crying themselves to sleep. Often babies cry to manipulate their parents. The best way to deal with crying is to let them cry it out. When parents hold their babies a lot, they can get spoiled;* and *It's better to feed a newborn baby on a schedule than to feed them whenever they show signs of hunger* (#2, #3, #6, #8, #10 on the pretest and #2, #4, #7, #9, #13 on the posttest, respectively). The test used a 6-point Likert scale to capture how the parents feel about each item: 1=strongly disagree, 2=mostly disagree, 3=somewhat disagree, 4=somewhat agree, 5=mostly agree and 6=strongly agree. See Appendix B. Although there has been some work to develop sub-scales of the original PDEP Questionnaire (Durrant et al., 2014; Durrant et al., 2020), each item in the version of the questionnaire used in the proposed study was analysed individually and findings are discussed with the other items in that category.

Basic demographic information was collected from participants including their age and highest level of education. As noted, the posttest included the same 10 items as the pretest in addition to three additional questions to elicit responses about the program's effect on preparedness for parenting and open-ended questions about the program and their experience: *How many sessions did you attend? What parts of PFEP did you find most helpful? Was there any information in PFEP that was not helpful? Is there other information that should be included in PFEP? In your opinion, when is the best time during pregnancy to take PFEP?;* and

Please share anything else you would like use to know about your experience taking PFEP.

Questions contained prompts to encourage the participant to provide a full response versus a yes or no answer (e.g., *Please tell us why*). See Appendix B. The original PDEP parent program pretest and posttest were tested for content validity prior to research conducted by Durrant et al. (2014) which included input from facilitators, experts in language, reading level assessment using Microsoft Word (Flesch reading ease score of 66.3 and Flesch Kincaid grade level of 8.4). The internal consistency reliability for the approval of physical punishment using this original measure was good with $\alpha=0.80$ at pretest and $\alpha=0.82$ at posttest (Durrant et al., 2014). The internal consistency and coefficient alpha were not evaluated for this pilot study.

Procedures

Program Content. The PDEP standard parent program delivers content on healthy child development and effective conflict resolution, without the use of any forms of punishment, through a blend of instruction and interactive exercises in eight 90-minute sessions. The program was originally designed to cover developmental stages from ages 0-18 years of age. PFEP covered content from birth to one year of age, included additional content on attachment, postpartum health, breastfeeding and infant care, and was delivered in five 2-hour sessions, once weekly. See Appendix A. Education was supplemented with activities such as self-regulation techniques, developmental stories, demonstrations (e.g., hand-model of the brain), creating a safety plan, creating a crying plan, problem-solving activities, suggested activities to try at home, and a combination of self-reflection, partner and group discussion.

Participants were encouraged to take the full PDEP parent program following the birth of their baby. The PDEL Inc. Program Development Team provided input and approval to the final modified program content of PFEP. The PDEL Inc. program development team consists of the

PDEP Master Trainers and program developers. PDEP facilitator training was completed by the researcher which aided in understanding the program as well as creating a relationship with the PDEL program development team.

The program was delivered in person and support for transportation was offered to encourage attendance. The program was facilitated by a certified PDEP facilitator for each session. PDEP facilitators receive facilitator training by Master Trainers for certification. The PDEP facilitator who delivered PFEP was provided with a training session to review the modified content and ensure the condensed program would be delivered as planned and approved. The researcher also delivered some of the content, including the additional content on postpartum depression, breastfeeding and related supports. The pretest was administered at the beginning of the first session and the posttest was administered at the end of the last session. Participants were encouraged to attend all five sessions.

Ethical Considerations

Ethics approval was obtained from the University of Manitoba's Research Ethics Board. As previously described, amendments to the study protocol regarding recruitment were approved by the Research Ethics Board. Informed consent was obtained from the participants following recruitment, prior to the start of the program. Informed consent included disclosure of the study details including goals, procedures, time commitment, potential risks, confidentiality, and the right to withdraw at any time (Polit & Beck, 2017). At the beginning of the first session, the researcher ensured that the participants did not identify themselves on the test and instead choose a code word to write on the test. Although this pilot involved human participants, there were no foreseeable risks. However, given that the topic of physical punishment is included in the content and discussion, participants were made aware that this may cause psychosocial discomfort. This

information was distributed in writing to the participants and reviewed verbally at the beginning of the first session of the pilot study. See Appendix C.

Data Analysis

The pretest and posttest consisted of 10 items to elicit responses about each of the statements related to preparedness for parenting, physical punishment, and child development (including attachment). As the questions were assigned different numbers on the pretest and posttest to include the three additional items on the posttest only, standardized numbering of questions was assigned for the purpose of data analysis.

Based on the reviewed literature, the anticipated outcome was decreased approval of physical punishment and increased understanding of child development and preparedness for parenting. Data were analyzed using SPSS software. Descriptive statistics were used to show the distribution of test scores. As the sample size was small and histograms for the mean difference of each question revealed a very skewed distribution, a non-parametric statistical hypothesis test (Wilcoxon signed-rank test) was utilized. Non-parametric tests may be utilized for two-group tests where “the dependent variable is on an ordinal scale or the distribution is markedly non-normal” (Polit & Beck, 2017, p. 387). A 0.05 level of significance was used for all tests. Range, mean and median were calculated for the difference in test scores. The mean of the pretest and posttest scores were calculated for each individual question within each category of preparedness for parenthood, child development/attachment and physical punishment. Data analysis plans and results were reviewed with a Manitoba Centre for Nursing and Health Research Statistician.

Qualitative data obtained from the open-ended questions were reviewed line by line and descriptive labels of meaning, or codes, as described by the participants were documented in the

margins (Morse and Field, 1995). Graneheim and Lundman's (2003) process for content analysis was utilized for individual questions. Graneheim and Lundman (2003) describe meaning units as "words, sentences or paragraphs containing aspects related to each other through their content and context" (p. 106) and progress to condensed meaning units, codes, sub-categories, categories, and themes. Extrapolation beyond condensed meaning units was not feasible for all questions due to the quantity of data obtained. Where appropriate, codes were grouped into categories after reviewing the codes extensively for connections and similarities.

Chapter Four: Findings

This chapter presents a description of the study sample, and the quantitative and qualitative data obtained from the pretest and posttest. The research questions guiding the study were: 1) Is it feasible to deliver a prenatal version of the PDEP program to expectant parents?; 2) Will participants' knowledge of child development and preparedness for parenting be increased?; and 3) Will support of physical punishment with children be decreased following the program? The study sample will be described, followed by findings in relation to the research questions and informal reflections noted by the researcher.

Study Sample

Demographics were collected as part of the pre-program questionnaire including age, preferred pronoun, highest level of education, participation in other programs for expectant parents, and number of PFEP sessions attended. All participants were aged between 20-39 years, with the majority between 30-39 years. Half of the participants identified as female, and half identified as male. All participants were college or university graduates, with two participants having completed post-graduate university courses. The majority of participants had not participated in any other programs for expectant parents. One participant identified that they had participated in a prenatal fitness program. The majority of participants attended all five sessions. One participant missed two sessions and attended one catch-up session provided by the facilitator. One participant missed one session and attended one catch-up session provided by the facilitator. See Table 1.

Table 1*Demographics N=6*

Characteristic	<i>n</i>	%
Age		
20-29	1	17
30-39	5	83
Pronoun		
She	3	50
He	3	50
Highest Level of Education		
College/University Graduate	4	67
Completion of post-graduate courses	2	33
Participation in other programs		
Yes	1	17
No	5	83
Number of sessions attended		
Five	4	67
Four	1	17
Three	1	17

Research Question 1: Is it feasible to deliver a prenatal version of the PDEP program to expectant parents?

As described in Chapter Three, qualitative data were obtained through open-ended questions in the posttest. The questions were designed to elicit feedback on the intervention including delivery method, timing of intervention, perceived importance of content, and learnings. The open-ended questions yielded a minimal quantity of information, as most participants provided two- or three-word responses versus full sentences. Graneheim and Lundman's (2003) process for content analysis was utilized. Progression beyond condensed meaning units was not feasible for all questions due to the level of data obtained. Data are presented below for each individual open-ended question. Condensed meaning units and categories (where applicable) are presented in table format with a summary of findings provided beneath. Where categories were identified, key quotes are provided.

What parts of PFEP did you find most helpful?

Overall, participants responded that they found the PFEP content to be helpful. It was noted by one participant that the PFEP content builds with each session and another participant stated that every week new and helpful information was obtained. There was a wide range of responses for information thought to be most helpful. Identified categories included infant development and care, the PFEP program and resources. Components that were noted as helpful included providing warmth and structure, thinking about long-term goals, emotional regulation, dealing with difficult situations under stress, creating a safety plan, learning about baby temperaments, and information on breastfeeding. See Table 2.

Table 2*Most Helpful Parts of PFEP*

Condensed Meaning Units	Categories and Key Quotes
All helpful, build on each other	Infant Development and Care
Learned to see from baby's perspective to regulate own emotions	"I learned how to see from my baby's perspective and this will help me regulate my own emotions and actions"
Long-term goals	
Helpful resources for the parents	PFEP Program
Understanding how to deal with difficult situations under stress	"Understanding how to handle stressful situations under stress"
Providing warmth and structure	
Learning about community resources	Resources
Baby temperaments	"Learning about community resources"
Breastfeeding information	
Every week I obtained new/helpful information	
Writing down safety plan, long term goals	

Was there any information in PFEP that was not helpful? If so, please tell us what it was.

Most participants found all information in PFEP to be helpful and no participant identified information that was not helpful. Due to the level of data obtained, further analysis and progression to categories was not possible for this individual question. See Table 3.

Table 3*Least Helpful Parts of PFEP*

Condensed Meaning Units
Everything was helpful
All was helpful
Most info was helpful
No

Is there other information that should be included in PFEP? If so, please tell us what we should include.

While many participants felt the PFEP program was thorough, other information identified that should be incorporated included more practical examples, guidance from birth to teenagerhood, providing a “day in the life” of new parents to help visualization, and infant sleep including safe sleep. Categories identified included preparation through practical examples, information on infant sleep and program structure. One participant noted that the information prompts participants to learn over time and provides the tools required but is up to the parent to develop parenting skills with their children. See Table 4.

Table 4*Additional Information to Include in PFEP*

Condensed Meaning Unit	Categories and Key Quotes
Program is thorough	Preparation Through Practical Examples
Prompts to learn more over time. Provides tools, but up to us to develop parenting skills with our children	“Maybe a day in the life of new parents. Examples. They can help me visualize my life in a few months time.”
Practical examples	Information on Infant Sleep
Guidance from newborn-teenage years	“More on baby sleep”
Day in the life of new parents to help visualize my life soon	Program Structure
Baby sleep	“I think the program is thorough and prompts to learn more on own time. I feel this program gives us the tools, but is up to us to develop our parenting skills with our children.”
N/A	
Safe sleep	

Please share anything else you would like us to know about your experience taking PFEP.

Overall, participants enjoyed PFEP and found it useful. Participants reported feeling more confident in their ability to handle parenthood and appreciated the advice, tips and tricks, stories, and skills provided by the facilitators. One participant commented on the interactive nature of the in-person program stating “I enjoyed this opportunity. It was really nice to have other participants sharing their view”. The facilitators were mentioned by many participants as a positive component of the PFEP program. Identified categories included general feedback, activities and facilitator guidance. See Table 5.

Table 5*Additional Comments about Experience*

Condensed Meaning Units	Categories and Key Quotes
Nice to hear other participants' views and questions	General Feedback
Enjoyed this opportunity	“I am definitely walking out of PFEP more confident in my ability to handle parenthood.”
More confident in ability to handle parenthood	Activities
Very useful	“Very useful. I enjoy the worksheet/activities and the way we reflect upon ourselves and how to help the newborn.”
Enjoyed worksheets, activities, reflecting on ourselves and how to help the newborn	Facilitator Guidance
Appreciate the advice, tips and tricks, stories and skills from facilitators	“Great instructors, very helpful and kind. Thank you so much for your time.”
Great facilitation, snacks, content was good	
Great instructors, very helpful and kind	
Great course, very enjoyable	
Liked the exercises	

Best time during pregnancy to take the program.

Participants provided a wide variety of responses, consistent with the literature review findings. Where a specific time was provided, comments included feeling a connection to baby, timing to prepare to become a parent and level of fatigue. Due to the minimal amount of data obtained, further analysis and progression to categories was not possible for this individual question. See Table 6.

Table 6*Best Time During Pregnancy to Take PFEP*

Condensed Meaning Units
Depends person to person
From second trimester due to feeling more connected with the baby, gives time to prepare to become a parent
Anytime prior to delivery
25-30 weeks: not too tired, but close enough to due date
Week 22 onwards
3 rd trimester or while pregnant
Any time is a good time

Research Question 2: Will participants' knowledge of child development and preparedness for parenting be increased?

Child Development

Although there were no statistically significant changes in the questionnaire items related to knowledge of child development, there was change in the anticipated direction. Of particular note, there was a trend observed for Question 10 toward a decrease in agreement regarding the statement "It's better to feed a newborn baby on a schedule than to feed them whenever they show signs of hunger". See Table 7.

Table 7*Knowledge of Child Development N=6*

	<i>Mean</i>	<i>Mean - SD</i>	<i>Mean + SD</i>	<i>Median Quartile</i>	<i>Non- Parametric P Value</i>
Babies should self-soothe (Q2)					
Pretest	2.3	0.8	3.8	2	0.10
Posttest	1.5	0.7	2.3	1	0.10
Babies cry to manipulate (Q3)					
Pretest	1.8	0.2	3.4	1	0.18
Posttest	1.0	1.0	1.0	1	0.18
Let them cry it out (Q6)					
Pretest	1.8	0.2	3.4	1	0.32
Posttest	1.3	0.8	1.8	1	0.32
Babies can get spoiled (Q8)					
Pretest	2.0	0.5	3.5	1.5	0.18
Posttest	1.2	0.8	1.6	1	0.18
Feed on a schedule (Q10)					
Pretest	2.7	1.3	4.0	2.5	0.07
Posttest	1.3	0.5	2.1	1	0.07

Preparedness for Parenthood

While not statistically significant, a positive trend was noted for Question 1 (I feel prepared for parenthood) and Question 5 (I have the knowledge I need to be a good parent). Note that the directionality of Question 7 (Most parents will be better parents that I will be) where a decrease in agreement was the desired response. Question 1 (I feel prepared for parenthood) and Question 5 (I have the knowledge I need to be a good parent) have opposite directionality, where an increase was the desired response. See Table 8.

Table 8

Preparedness for Parenting (N=6)

	<i>Mean</i>	<i>Mean – SD</i>	<i>Mean + SD</i>	<i>Median Quartile</i>	<i>Non- Parametric P Value</i>
<i>I feel prepared for parenthood (Q1)</i>					
Pretest	3.7	2.6	4.7	4	0.06
Posttest	5.3	4.5	6.1	5.5	0.06
<i>Knowledge to be a good parent (Q5)</i>					
Pretest	4.7	3.6	5.7	5	0.07
Posttest	5.8	5.4	6.2	6	0.07
<i>Others better parents that I will be (Q7)</i>					
Pretest	2.3	1.5	3.1	2.5	0.32

	<i>Mean</i>	<i>Mean - SD</i>	<i>Mean + SD</i>	<i>Median Quartile</i>	<i>Non- Parametric P Value</i>
Posttest	2.0	1.1	2.9	2	0.32

Preparedness for parenthood was also measured in the posttest only by the statements: *Since taking PFEP, I feel more confident about becoming a parent (#3); What I learned in PFEP will help me to better understand my baby (#10); and What I learned in PFEP will help me to better understand my baby (#12)*. All participants strongly agreed that what they learned in PFEP will help them better understand their baby. All participants mostly or strongly agreed that what they learned in PFEP will help them build a stronger relationship with their baby, and all participants agreed that they feel more confident about becoming a parent since taking PFEP.

See Table 9.

Table 9

Preparedness for Parenting - Posttest Only Questions N=6

	<i>n</i>	<i>%</i>
Better understand my baby (Q3)		
Strongly agree	6	100
Mostly agree		
Somewhat agree		
Stronger relationship with my baby (Q10)		
Strongly Agree	5	83

	<i>n</i>	<i>%</i>
Mostly agree	1	17
Somewhat agree		
More confident about becoming a parent (Q12)		
Strongly agree	4	67
Mostly agree	1	17
Somewhat agree	1	17

Research Question 3: Will support of physical punishment with children be decreased following the program?

Physical Punishment

Support of physical punishment was low prior to the intervention and there was not a significant decrease posttest. See Table 10.

Table 10

Support of the Use of Physical Punishment N=6

	<i>Mean</i>	<i>Mean – SD</i>	<i>Mean + SD</i>	<i>Median Quartile</i>	<i>Non- Parametric P Value</i>
Spank to get toddler to listen (Q4)					
Pretest	1.3	0.8	1.8	1	0.32

	<i>Mean</i>	<i>Mean – SD</i>	<i>Mean + SD</i>	<i>Median Quartile</i>	<i>Non- Parametric P Value</i>
Posttest	1.2	0.8	1.6	1	0.32
Okay to spank if toddler does something dangerous (Q9)					
Pretest	2.3	0.8	3.8	2	0.18
Posttest	1.7	0.5	2.9	1	0.18

Informal Reflections

As described in Chapter One, informal reflections were recorded by the researcher including recruitment, protocol adherence and retention as well as researcher observations, an important component of pilot studies (Polit & Beck, 2017). The main themes of observations included participant interaction and program participation. Participants were observed to interact with each other, and this appeared to increase with each session. Participants talked amongst each other before and after each session, often discussing the contents of the previous session or sharing updates related to their pregnancy journey. At the last session, participants wished each other well on their parenting journeys and appeared to share joy and excitement for one another.

As the program includes interactive exercises, participant engagement and interest in the activities can be challenging, especially with a small group size. All participants expressed interest in both the information presented and the interactive activities, filling out their workbooks when asked and discussing amongst each other when group discussion was

encouraged. All participants engaged equally in answering questions posed by the facilitator and asked questions to both the facilitator and the researcher on both program content and personal experience. Participants arrived on time for each session, and many stayed afterwards to talk to each other, or have further discussion on program content. After the final session, four participants stayed afterwards to further discuss nurse-related content such as breastfeeding and local resources available following the birth of the baby, including the role of the Public Health Nurse.

Chapter Five: Discussion and Conclusion

The literature indicates that parents do not feel prepared for parenthood and desire additional parenting content in prenatal education programs (Ahlden et al., 2012; Ateah, 2013; Berlin et al., 2016). Despite face-to-face information delivered by a trusted care provider being the preferred source of prenatal and parenting information by expectant parents (Hay et al., 2022), short prenatal appointments and brief hospital stays following the birth of the baby make this a less-than-ideal opportunity for education (Ateah, 2013). Parenting education in the prenatal period can deliver important information before the baby arrives on parenting practices that promote preparedness for parenthood, positive parent-child relationships, healthy child development and preventing the use of physical punishment.

The purpose of this pilot study was to explore the feasibility of offering a modified version of the PDEP program to expectant parents and its effect on participants' knowledge of child development, preparedness for parenthood and attitudes towards physical punishment. The research questions guiding the study were 1) Is it feasible to deliver a prenatal version of the PDEP program to expectant parents?; 2) Will participants' knowledge of child development and preparedness for parenting be increased; and 3) Will support of physical punishment with children be decreased following the program? A summary of findings will be presented, followed by discussion related to each individual research question.

Summary of Findings

Pilot studies are essential in preparing for future large-scale research, however, assessing the efficacy of the intervention and interpreting results are cautioned due to the lack of hypothesis testing with small sample sizes (Polit & Beck, 2017). Given the sample size of six for

this pilot study, statistically significant differences from the pre and post tests were not expected. As a result, findings are discussed as changes or trends, where observed.

PDEP is based on the Theory of Planned Behaviour (Ajzen, 1991) and this theory was used as the theoretical foundation for this pilot study. As previously described, the theory proposes that attitudes about a behaviour influences the individual's intention which then guides their actions. PFEP aimed to influence the parents' beliefs about physical punishment and their intentions of using it, which was assessed by measuring their attitude towards physical punishment. Assessing knowledge of expected child development included parents' understanding of what to expect based on their child's developmental stage. It was anticipated that empathy would increase, and acting out of frustration would be decreased following the PFEP program. Prenatal parenting parent programs benefit from a theoretical basis (Iwata et al., 2021; McKee et al., 2018) and incorporating the Theory of Planned Behaviour (Ajzen, 1991) into program objectives should remain, with adjustments made to future research from the pilot results.

Participants responded that they enjoyed the program and found the content to be helpful. All participants agreed they feel more confident about becoming a parent since taking PFEP and what they learned will help them better understand their baby and build a stronger relationship with their baby. While not statistically significant, there was a positive trend observed in perception of feeling prepared for parenthood following PFEP. Although as noted the changes were not significant, there was change in knowledge toward improved understanding of infant behaviour. In addition, there was low support for the use of physical punishment at pretest which was maintained or decreased. According to Ajzen's theory, it can be anticipated that the attitudes and knowledge will influence participants' behaviour. Despite challenges with recruitment, this

pilot study revealed that it is feasible to deliver a prenatal version of the PDEP program to expectant parents.

When discussing the findings, it is important to note that all participants had graduated from university or college, and some had taken post-graduate university courses. It is possible that some participants may have education related to child development, although this information was not captured. It is unlikely that participants had previous knowledge from other prenatal education programs, as the one person who had indicated “yes”, had participated in a prenatal fitness program. While two participants missed the same two sessions (with one catch up session), it is possible that missed content could have affected these findings. Participants may have attended the PFEP prenatal program as it aligned with their intentions and impacted the results as discussed. Pinquart and Teubert (2010) caution that existing knowledge may impact the perceived effect of the program. However, given that there was a pretest posttest comparison, findings indicated that participants began the program with existing knowledge and attitudes that align with the PFEP prenatal program, particularly related to child development (including attachment) and the use of physical punishment with children.

Research Question 1: Is it feasible to deliver a prenatal version of the PDEP program to expectant parents?

Polit and Beck (2017) describe pilot studies as a smaller version of a full trial with the purpose of assessing feasibility including research methods and design, to increase the likelihood of a methodologically sound full trial. Despite recruitment challenges as previously described and considerations for future research to be discussed, it can be determined that it is feasible to deliver a prenatal version of the PDEP program to expectant parents.

An important outcome of this pilot study was participant feedback on the intervention (Polit & Beck, 2017). Overall, participants indicated that they enjoyed PFEP and found the content and facilitators to be helpful. Despite findings by Kovala et al. (2016) that first-time expectant parents may be more interested in labor and delivery and less on what happens next, participants did not express the desire for content on labor and delivery. However, this can likely be attributed to the fact that the program was advertised specifically as a parent education program. Research on prenatal education containing both childbirth and parenting content may compare the perceived benefits of each. For example, a survey of first-time expectant parents in Australia who attended a broad range of prenatal education found birth preparation to be more useful than preparing for parenthood (Lewis-Jones et al., 2023). As PFEP does not provide prenatal or childbirth education, it is not possible to say that participants found the parenting content more or less helpful.

Participants identified a desire for more infant sleep and breastfeeding content. This is consistent with findings by Lewis-Jones et al. (2023) who examined antenatal education attended by nulliparous women in Australia. A systematic review by Oggero et al. (2024) found that prenatal breastfeeding education may be effective but only when psychological components are integrated such as methods to increase coping skills for expected challenges. While the amount of breastfeeding content in PFEP was considered insufficient for some participants, the inclusion of problem solving and coping skills within the program may have increased the efficacy of the breastfeeding content.

Similar to findings by Avignon et al. (2023), Barimani et al. (2018), Berlin et al. (2016), and Koushede et al. (2016), the group learning component of PFEP was identified as a positive aspect of the program. Participant interaction was noted by the researcher throughout the

program, both as part of group activities and casual conversation before and after each session. Participants provided a wide variety of responses for the best time during pregnancy to take the program, a finding that is consistent with literature review findings. Where a specific time was provided, rationale provided included connection to baby, timing to prepare to become a parent and level of fatigue.

The facilitators were mentioned by many participants as a positive component of the PFEP program, including the advice, tips and tricks, stories, and skills provided. There was a desire for more practical examples, including guidance from birth to teenagerhood and providing a “day in the life” of new parents to help visualization. This consistent with a study by Hay et al., (2022) who found that expectant parents and their partners prefer information from a trusted care provider in a face-to-face format. While the facilitators do not meet the definition of a care provider, it can be assumed that the facilitators were regarded as a trusted source of information. Participants were encouraged to take the full PDEP parent program following the birth of their baby.

Research Question 2: Will participants’ knowledge of child development and preparedness for parenting be increased?

A significant increase in knowledge of child development was not observed following the program, although there was change noted in the anticipated direction for all related questions. It is important to note that findings showed that most participants had existing knowledge consistent with the PFEP content on child development e.g., *When parents hold their babies a lot, their babies can get spoiled*. Participants may have had existing knowledge and interest on child development and wanted to learn more. All participants agreed that since taking PFEP they felt more confident about becoming a parent. As supported by the literature, preparation for

parenthood cannot be undervalued. Preparation for parenthood reduces the incidence of negative outcomes for the child and improves child developmental outcomes across all domains (Bergeson, 2018). In fact, Berlin et al. (2016) describes the goal of prenatal parenting education as increasing the self-efficacy of parents. Although participants may have begun the program with existing knowledge and attitudes consistent with PFEP, they felt more prepared for parenthood following the intervention. Interventions such as PFEP may appear less effective for expectant parents with higher levels of education, and while the focus should be on at-risk populations, preparedness for parenthood may be something that can be affected universally.

Research Question 3: Will support of physical punishment with children be decreased following the program?

A decrease in support of physical punishment of children was not found. As previously discussed, participants may in fact have attended the program as the content aligned with their current attitudes towards physical punishment. This is consistent with findings by Ateah (2003), who found that prenatal education with the aim of decreasing the use of physical punishment may appear ineffective as parents taking the class may already be less accepting of physical punishment as they are seeking alternative disciplinary strategies. Given that there was a pretest-posttest comparison, it is evident that participants began the program not supporting physical punishment in children, and attitudes either stayed the same (e.g., strongly disagreed with spanking a toddler), or changed only slightly towards further disapproval of physical punishment.

Practice Implications and Future Research

Future program content should be modified based on participant feedback and supporting literature. As discussed previously, increased content on infants and sleep should be considered

based on participant feedback. Including prenatal attachment interventions will be considered given its effect on postnatal attachment as found by Yuen et al. (2022). The portion of the program containing attachment may be enhanced to incorporate the concept of prenatal attachment and include talking to the baby, counting fetal movements, visualizing the baby, pregnancy related knowledge, role changes during pregnancy, and coping skills specific to pregnancy (Yuen et al., 2022). Although credible resources were used and shared with participants, the literature supports prenatal education providers being familiar with and providing recommendations for high quality online information where expectant parents can access trusted information (Hay et al., 2022). Although resources were provided to participants, consideration could be given to include additional sources of credible websites and other sources of information in the resource packages for participants.

Funding and availability of high-quality prenatal parenting education depend largely on sound research. Future research should involve an experimental design, the gold standard in research that involves manipulation, control and randomization to produce reliable results that describe the relationship between the independent and dependent variables (Polit & Beck, 2017). A power analysis was not conducted as the main purpose of a pilot study is not to test hypotheses (Polit & Beck, 2017). Future research should include a power analysis to determine the appropriate sample size for a randomized controlled trial to obtain significant evidence or estimated difference. The original questionnaires modified for this pilot study were not validated but should be done for any future research. In order to obtain higher quality qualitative data, the use of a structured interview guide would be advantageous in addition to a larger sample size. Focus group interviews could also be considered, which might provide more sharing of experiences and thoughts. Additional research could determine factors that predict engagement

and uptake of the program and factors that make the program more effective based on the variables measured in the pretest and posttest as well as longitudinal research of the impact on child development outcomes.

Recruitment considerations are essential in any future research. Although it was the belief of the researcher that first-time parents may be more interested in learning about parenting, expressed interest from existing parents to participate in the study and the difficulty recruiting first-time expectant parents likely warrants expansion to all expectant parents. A pretest and posttest comparison would be advantageous to determine if knowledge and attitudes were changed as the result of the program, versus pre-existing parenting knowledge and practices. While eligibility criteria were expanded to those planning to become parents due to recruitment challenges in this pilot study, the literature may support inclusion of this population from the outset. Sher (2023) argues that our own parenting journey begins when we are parented and encourages that the preconception period be considered true early intervention (versus when the child is born). This is supported by Riedmann (2008) who states that parenthood begins when one decides to become pregnant or finds out they are pregnant.

Future directions and knowledge translation include submission for journal publication focusing on lessons learned from the pilot study and working with stakeholders and decision-makers within Manitoba, in consultation with PDEL Inc., to implement the PFEP program as a resource for expectant parents. Historically, prenatal education has attracted those that may not benefit from the intervention as much as those experiencing socioeconomic disadvantage. If the PFEP program becomes available for expectant parents in Manitoba, it would be ideal to charge parents minimally, if at all, so that families of all socioeconomic groups would be able to access the program as it has been noted that high risk groups may get particular benefit from such an

intervention (Pinquart & Teubert, 2010), although PDEP is considered a universal program for all parents of all backgrounds. This approach is not new to practitioners or policy makers working with families. Additionally, it is important to consider maintaining the inclusion of program incentives and methods to decrease barriers to attendance, a strategy supported by Lewis et al. (2023).

Limitations

Pilot studies are valuable in preparation for a large-scale trial, however, assessing the efficacy of the intervention and interpreting results are cautioned, according to Polit and Beck (2017). “Given their small number of participants, hypothesis tests are invariably underpowered” (Polit & Beck, 2017, p. 625). The small sample size does not provide enough information for reliable inferences about the entire population. However, without pilot studies, there is a decreased likelihood of receiving funding for a larger scale study (Polit & Beck, 2017). A notable limitation of this pilot study is the small sample size and the lack of randomization. According to Gilmer et al. (2016), a control group is necessary to produce reliable results for the efficacy of prenatal parenting education.

The duration of the intervention may be a limiting factor. A meta-analysis by Pinquart and Teubert (2010) recommend a program lasting three to six months for optimal acquisition of parenting behaviours and child development. This program’s duration was only five weeks with a total of five sessions. Pinquart and Teubert (2010) found that the greater the number of sessions, the greater the effect size. Given the limitation of a small-scale pilot study, desire to minimize attrition and adherence to recommendations of administering the intervention during late pregnancy, this criterion was met. In addition, the recommendations by Pinquart and Teubert (2010) may be impractical to achieve as participants may be interested in beginning the program

too late in pregnancy or withdraw early due to complications or delivery. Liyana Amin et al. (2018) conducted a systematic review and meta-analysis of universal parent education interventions and parental self-efficacy and found that longer duration (greater than 10 weeks) resulted in greater effect on parental self-efficacy. While this review was not focussed on parenting education in the prenatal period only, this is a similar recommendation as put forward by Pinquart and Teubert (2010) to encourage a longer duration program for maximum effect. This will be considered for future research where possible with prenatal participants.

A recognized limitation is the potential threats to internal validity due to testing effects as participants may have recalled the test questions, particularly given the relatively short time period for program delivery. Any parent dyads that participated may have also shared information between themselves that influenced their responses on the pretest and posttest. To mitigate this risk, individuals were instructed to complete the questionnaires privately and without consultation with each other. Social desirability bias and demand characteristics are considerations as physical punishment is socially undesirable and participants may have anticipated the researcher's desired response and answered accordingly despite anonymity and confidentiality being ensured. There was the potential for loss of participants due to attrition from delivering the baby, pregnancy complications or maternal illness. Excluding participants close to their due date and those with high-risk pregnancies decreased the chance of attrition due to these reasons.

Conclusion

Findings from this pilot study showed that participants enjoyed the PFEP program and found the content to be helpful. All participants agreed that they felt more confident about becoming a parent and that what they learned will help them better understand their baby and

build a stronger relationship with their baby. There was an upward trend observed in feeling prepared for parenthood, and while not significant, there was a change in knowledge toward improved understanding of infant behaviour. Participants began the program with low support for the use of physical punishment in children and this was either maintained or decreased following the program. Despite challenges with recruitment and the small sample size, this pilot study revealed that it is feasible to deliver a prenatal version of the PDEP program to expectant parents. Pilot studies serve to identify adjustments for future research and a key outcome is feedback and lessons learned (Polit & Beck, 2017). Future research will incorporate the valuable feedback provided by participants and informal reflections by the researcher.

Given the impact of parenting on all aspects of child development, supporting parents by way of parenting programs such as PFEP should be considered as a cornerstone intervention for policy makers, Public Health agencies and practitioners working with families. Parenting education delivered in the prenatal period can deliver important information before the baby arrives on parenting practices that promotes preparedness for parenthood, positive parent-child relationships, healthy child development and preventing the use of physical punishment. This study addressed gaps in knowledge on prenatal parenting education and provides beneficial findings to advocate for future research and for PFEP, a modified version of the PDEP program, to be offered prenatally.

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Appendix A

Positive Discipline in Everyday Parenting and Positive Foundations for Everyday Parenting

Content Organization

Positive Discipline in Everyday Parenting	Positive Foundations for Everyday Parenting
<p>Session 1</p> <ol style="list-style-type: none"> 1. Arrival and Introduction 2. Administer the Pre-Program Questionnaire 3. Making a Group Agreement 4. Introduce the program 5. Talk about the experience of parenting 6. How we learned to parent 7. Introduce the PDEP approach 8. Introduce the United Nations Convention on the Rights of the Child 9. Talk about physical and emotional punishment 10. Explain what PDEP is and what is not 11. Introduce the PDEP model 12. Explain how the program is organized 	<p>Session 1</p> <ol style="list-style-type: none"> 1. Arrival and Introduction 2. Administer the Pre-Program Questionnaire 3. Hand out activity booklet and parent resources 4. Group Agreement and review “Safe Place for Learning” 5. Introduce the program 6. Feelings about becoming a parent 7. How we learn to parent 8. Introduce the <i>Positive Discipline</i> approach 9. Introduce the United Nations Convention on the Rights of the Child 10. Talk about physical and emotional punishment 11. Explain what Positive Discipline is and is not 12. Introduce the Positive Discipline model 13. Explain how the program is organized
<p>Session 2</p> <ol style="list-style-type: none"> 1. Understanding short-term goals 2. Describing the stress response 3. Understanding the stress response 4. How the stress response affects children 5. Identifying parents’ stress triggers 6. Understanding Long-Term Goals 7. The slow route or the fast route? 	<p>Session 2</p> <ol style="list-style-type: none"> 1. Understanding long-term goals 2. Understanding short-term goals 3. Describing the stress response 4. Understanding the stress response 5. How the stress response affects children 6. Identifying parents’ stress triggers 7. Make a safety plan
<p>Session 3</p> <ol style="list-style-type: none"> 1. The importance of Warmth 2. What is Warmth? 3. Providing Warmth 4. The importance of Structure 5. What is Structure? 6. Structure as “scaffolding” 7. Providing Structure 	<p>Session 3</p> <ol style="list-style-type: none"> 1. The importance of Warmth 2. What is Warmth? 3. Providing Warmth 4. The importance of Structure
<p>Session 4</p> <ol style="list-style-type: none"> 1. Story: Land of the giants 	

<ol style="list-style-type: none"> 2. Development in the first six months of life 3. Trying to communicate 4. Development between six and twelve months 5. Story: The joy of independence 6. Development between one and two years 	<ol style="list-style-type: none"> 5. What is Structure? 6. Structure as scaffolding 7. Providing Structure 8. Understanding how your babies think and feel 9. Story: Land of the giants 10. Development in the first six months of life
<p>Session 5</p> <ol style="list-style-type: none"> 1. Story: Fear in the night 2. Development between two and three years 3. Story: A new job 4. Development between three and five years 	<ol style="list-style-type: none"> 11. Physical 12. Cognitive 13. Psychosocial 14. Common Challenges 15. Discuss infant crying 16. Creating a crying plan 17. Attachment 18. Providing warmth and structure in the first six months
<p>Session 6</p> <ol style="list-style-type: none"> 1. Story: Reading together 2. Seven dimensions of temperament 3. Understanding your temperament 4. Advantages and challenges of your temperament 5. Understanding your child's temperament 6. Advantages and challenges of your child's temperament 7. The match 8. Development between five and nine years 	<p>Session 4</p> <ol style="list-style-type: none"> 1. Common Challenges <ul style="list-style-type: none"> ○ Discuss breastfeeding ○ Discuss postpartum emotions and postpartum depression 2. My Support Network activity 3. Story: Trying to communicate 4. Development between six and twelve months <ul style="list-style-type: none"> ○ Physical ○ Cognitive ○ Psychosocial 5. Providing warmth and structure for 6-12 month-olds 6. Babyproofing
<p>Session 7</p> <ol style="list-style-type: none"> 1. Story: Nowhere to turn 2. Development between ten and thirteen years 3. Understanding family conflict in this stage 4. Building a safety net with warmth 5. Encouraging independence through structure 6. Remembering adolescence 7. Development between fifteen and eighteen years 8. Supporting adolescents' development by providing warmth and structure 	<p>Session 5</p> <ol style="list-style-type: none"> 1. Temperament 2. Problem solving (infant examples) 3. Reinforce common new parenting challenges 4. Administer Post-Program Questionnaire 5. Wrap-up and invite to take full PDEP program <p>Adapted from Durrant et al. (2013)</p>

Session 8

1. Being a problem solver
2. Shifting the focus from children's behaviour to its underlying reasons
3. Remembering our long-term goals
4. Providing warmth
5. Providing structure
6. Working through the exercises
7. Problem solving for parents' unique challenges
8. Ending this phase of the program

Durrant et al. (2013)

Appendix B

Pretest and Posttest



Your code word _____

Positive Foundations for Everyday Parenting

Pre-Program Questionnaire for Parents

Today's date	
Your preferred pronoun	<input type="checkbox"/> She <input type="checkbox"/> He <input type="checkbox"/> They <input type="checkbox"/> Prefer not to say
Your age	
What is your highest level of education? (please check one)	<input type="checkbox"/> I have not completed high school <input type="checkbox"/> I have graduated from high school <input type="checkbox"/> I have taken college or university courses <input type="checkbox"/> I have graduated from college or university <input type="checkbox"/> I have taken post-graduate university courses <input type="checkbox"/> I have completed a post-graduate degree (Master's or Doctorate)
When is your baby due? (if applicable)	
Have you participated in any other programs for expectant parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please tell us the name(s) of the program(s) you have taken.

Please read each of the following statements, then check the box that best describes how you feel about it.

	I Strongly disagree (NO!)	I Mostly disagree (No)	I Somewhat disagree (no)	I Somewhat agree (yes)	I Mostly agree (Yes)	I Strongly agree (YES!)
1. I feel prepared for parenthood.						
2. Babies should learn to self-soothe by crying themselves to sleep.						
3. Often babies cry to manipulate their parents.						
4. Sometimes a spank is the best way to get a toddler to listen.						
5. I have the knowledge I need to be a good parent.						
6. The best way to deal with babies' crying is to leave them alone and let them cry it out.						
7. Most parents are better parents than I will be.						
8. When parents hold their babies a lot, their babies can get spoiled.						
9. It's okay to spank a toddler's bottom if they do something dangerous, like touching something hot.						
10. It's better to feed a newborn baby on a schedule than to feed them whenever they show signs of being hungry.						



Your code word _____

Positive Foundations for Everyday Parenting
Post-Program Questionnaire for Participants

Please read each of the following statements, then check the box that best describes how you feel about it.

	I Strongly disagree (NO!)	I Mostly disagree (No)	I Somewhat disagree (no)	I Somewhat agree (yes)	I Mostly agree (Yes)	I Strongly agree (YES!)
1. I feel prepared for parenthood.						
2. Babies should learn to self-soothe by crying themselves to sleep.						
3. Since taking PFEP, I feel more confident about becoming a parent.						
4. Often babies cry to manipulate their parents.						
5. Sometimes a spank is the best way to get a toddler to listen.						
6. I have the knowledge I need to be a good parent.						
7. The best way to deal with babies' crying is to leave them alone and let them cry it out.						

8. Most parents are better parents than I will be.						
9. When parents hold their babies a lot, their babies can get spoiled.						
10. What I learned in PFEP will help me to better understand my baby.						
11. It's okay to spank a toddler's bottom if they do something dangerous, like touching something hot.						
12. What I learned in PFEP will help me to build a stronger relationship with my baby.						
13. It's better to feed a newborn baby on a schedule than to feed them whenever they show signs of being hungry.						

The following questions are about the program. There are no right or wrong answers. Any feedback is helpful.

1. How many sessions did you attend?	
2. What parts of PFEP did you find most helpful?	
3. Was there any information in PFEP that was not helpful? If so, please tell us what that was.	

<p>4. Is there other information that should be included in PFEP? If so, please tell us what we should include.</p>	
<p>5. In your opinion, when is the best time during pregnancy to take PFEP? Please tell us why.</p>	
<p>6. Please share anything else you would like us to know about your experience taking PFEP.</p>	

Appendix C
Participant Consent



**University
of Manitoba** | Rady Faculty of
Health Sciences

Consent Form

Adaptation of the *Positive Discipline in Everyday Parenting (PDEP) Program* for Expectant Parents:
A Pilot Study

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Background:

1. I am doing a study of the Positive Foundations for Everyday Parenting program to see if it is helpful to expectant parents.
2. I invite you to join this study.
3. Joining the study is up to you. Even if you join, you can choose not to answer certain questions. Or you can join now and quit later.
4. You can say yes or no and it will not affect any services you might be receiving now or in the future.

What you will be asked to do:

1. If you say yes, we will ask you to attend five 2-hour sessions at the Mosaic Newcomer Family Resource Network.
2. We will ask that you fill out 2 sets of questions – one at the beginning and one at the end of the program.
3. Each set of questions will take about 15 minutes to fill out.
4. Your answers will give information about your background, your thoughts about discipline, and your thoughts about the program.

Criteria to participate:

1. You must be 18 years of age or older.
2. You must be able to read and write in English.
3. You must be expecting your first child or planning to become a parent.

Your privacy:

4. Your name will not be on your answer sheet. You will use the same code word of your choosing on each answer sheet, so we can link them at the end and not be able to tell which answers are yours.
5. Your answers will be completely private. They will only be seen by members of the research team.
6. Your name will not be on your answer sheets so no one will know what you wrote.
7. If we write a report about what we find out from this study, it will have everyone's answers together.
8. The report will not provide any participants' names.

Your rights:

1. If you join the study, all your legal rights will be respected.
2. The researchers will not provide any participants' names.

Study results:

The results will be shared to spread awareness of this study, to add to the information known on this topic and to promote future research. Results may be shared with or submitted for:

1. The Positive Discipline in Everyday Life program development team
2. The Winnipeg Regional Health Authority
3. College of Nursing poster presentation and seminar series
4. Journal publication

Risks and benefits:

1. There are no risks to participating in this study beyond what you would experience in everyday life.
2. If you say yes to participating, you will benefit from learning about parenting and child development before your baby arrives.
3. By participating, you will help in the development of the program for other parents to benefit from it.

Compensation:

1. As a gesture of appreciation for participating, you will be given a gift card to a grocery store.
2. A \$25 gift card will be given after this form is signed and an additional \$25 gift card will be given at the end of the last session.
3. You can keep the gift card(s) even if you choose to withdraw from the study later on.

Withdrawing from the study:

1. If you choose to withdraw from the study, please contact Alyson Rodewald at [REDACTED] or [REDACTED].
2. If you choose to withdraw from the study after both answer sheets have been submitted but before the data has been analyzed, please provide your code word so that your answers can be removed.
3. It is not possible to withdraw from the study if you are unable to provide your code word or once both answer sheets have been submitted and the data has been analyzed, approximately April, 2024.

Who to contact:

If you have questions at any time during the study, you should feel free to ask. You can contact the researcher Alyson Rodewald or her supervisor Dr. Christine Ateah.

Giving your consent:

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the Research Ethics Board at the University of Manitoba, Fort Garry campus. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Officer at 204-474-7122 or

HumanEthics@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

- If you agree to take part in the study, and if you understand what you will be asked to do, please check this box:

I agree to take part in the study

Participant's Signature

Date

Researcher's Signature

Date

Summary of study results:

If you would like to receive a brief summary of the study results after the study is completed, please provide your email address or mailing address below. You can expect the summary by September, 2024. This information will not be linked to your completed answer sheets.

Email address: _____

Mailing address: _____