DESIGN AND EVALUATION of *The Parenting Partnership*

-- a parent education program for new parents

PART I: Development of the Model

PART II: Process Evaluation Learnings

April 2011

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FOREWORD

The purpose of this report is to help program planners comprehend the underpinnings of The Parenting Partnership, a parent education program for new parents. Because Invest in Kids undertook multi-tiered design and evaluation activities, spread over a development phase and three pretests, the Design Team developed an overall wealth of learning about what parents want and need, as well as a 'real world' picture of the operational realities of implementing this program.

The value of this initiative's extensive process evaluation has paid big dividends. Along the way the Design Team confirmed some of their original ideas and identified the need for various changes. The team was able to address some of the big questions about what is required to deliver a parent education program in an optimal manner.

The report is divided into two sections.

- Part I is for readers who want to know the background research and planning that went into designing and developing the original program model for The Parenting Partnership.

- Part II documents what was learned from the evaluation when the model was implemented. This section covers the 'real world' picture of how the original model was, and continues to be, optimized through addressing the operational realities of executing The Parenting Partnership in a wide variety of settings and communities. For the highlights of this part, go directly to The Executive Summary on page 19.

DESIGN AND EVALUATION of *The Parenting Partnership* -- a parent education program for new parents

Part I: Development of the Model

A. Rationale

The publication in 2002 of two national surveys provided the imperative for Invest in Kids to create a program to prepare and educate first-time parents for their critical role – raising a child:

First, it became clear that an unacceptably high proportion of children have cognitive or behavioural problems. Dr. J. Douglas Willms published findings from Canada's National Longitudinal Survey of Children and Youth showing nearly 30 percent of Canada's infants and young children have cognitive or behavioural problems serious enough to require interventions or these children will be prone to experiencing problems throughout their child and adulthood.[i,ii] In discussing the causal factors, he wrote, "These findings, based on a large representative sample of Canadian families, show that positive parenting practices have important effects on childhood outcomes, but that both positive and negative parenting practices are found in rich and poor families alike. Thus, good parenting is a concern for all parents."[iii] The majority of parents with problematic parenting and the majority of children with cognitive and behavioural problems are found outside the lowest socio-economic quartile. He concluded, " … the benefits of good parenting skills, a cohesive family unit and parents with good mental health far outweigh the negative effects associated with poverty."[iv]

Secondly, Invest in Kids' National Survey of Parents of Young Children showed the large majority of parents know little about how children grow and develop. Although over 90 percent of parents strongly agreed that parenting is the most important thing they do,[v] and despite wanting to and trying to learn how to parent,[vi] parents evidenced very low knowledge about how children grow and develop,[vii] in terms of how development unfolds and the importance of the early social environment for later development. Parents feel most unprepared to guide their children's social and emotional development, the two areas where they feel they have the most influence. Thus, parents feel acutely unprepared for what they see as the most important thing they do, which leads to low confidence in their ability to parent.[viii] Similar to Willms' findings, this lack of knowledge and confidence was evident in the majority of parents throughout society, and was not confined to parents with low income and education.[ix] Importantly, the results also showed parenting does not improve with experience. Just the opposite was indicated -- parenting skills deteriorated as children grew older or there were more children in the family.

Compellingly, both surveys indicated that parenting skills need considerable improvement. Willms found that only 1/3 of parents use the authoritative parenting style, that is most strongly associated with positive outcomes for most groups of children in North

America.[x] Invest in Kids found that 1/3 of parents could increase their positive parenting practices, 1/3 could improve their effective parenting practices and fully 2/3 could decrease their punitive punishment. Invest in Kids' survey showed that 50 percent of parents of young children reported using physical punishment (at least "rarely"), and 40 percent of parents of children under age 1 reported using physical punishment.

Together, these surveys presented a strong case for a universal intervention designed to increase parenting knowledge, skills and confidence, before Canada can expect an improvement in social, emotional and intellectual outcomes for children.

Invest in Kids' challenge was to design a program for today's parents that would improve parenting. To enhance their prospects for success, the program designers examined major topics covered in clinical and population health research to understand critical aspects of today's new parents. This research revealed:

1. **Many pregnancies are unplanned.** Even in the 21st century about 30 - 50 percent are unplanned, depending on the survey.

2. **Some pregnant parents are mentally and emotionally unprepared to become parents.** The clinical literature shows that even with planned pregnancies, some individuals know they are not ready to become a parent, but go ahead with the pregnancy and/or their partner's desire to start a family. They may hope their doubts, misgivings and resentments will go away, but in far too many cases they do not.[xi]

3. **Increasingly Canadian couples are separating when their children are young.** About 25 percent of children these days experience their parents separating from each other before their children reach their sixth birthday.[xii] Such separations nearly always are accompanied by great emotional disturbance in the family – frequently by parents putting their own needs ahead of those of their young children.

4. **Many couples experience a substantial increase in conflicts and disagreements with the birth of their first baby, a decrease in marital satisfaction and an increase in irritability, fighting and a lack of intimacy.**[xiii] Marital/couple problems are of real concern, because they are related to poor parenting[xiv] as well as cognitive and behavioural problems in children.[xv]

5. **Not surprisingly, the rates of depressive symptoms are very high among parents of young children.** Recent demographics show that beginning prenatally, and continuing through the preschool years of their children, mothers and fathers have higher rates of mood disorders, most notably depression, than the general population. This goes beyond the typical postpartum depression. This tendency is pronounced in new parents throughout the perinatal period, but seems to linger through the preschool years.[xvi] These issues interfere with parents' ability to provide the sensitive, responsive parenting so critical to nurturing infants and young children.

From the above findings it is clear that having a baby is a time of stress for many parents in Canada. Invest in Kids had an abiding interest in how Canada supports parents of young children. Invest in Kids conducted over 30 focus groups and three national surveys that have asked parents how they inform, educate and find support for themselves about parenting and child development.

Based on that foundation, gathered prior to 2006, Invest in Kids concluded:

1. **There are almost no programs to prepare and educate new parents *in a meaningful way* for their most important role.** Parents seek parenting and child development information and support from doctors, friends, grandparents, high school courses, community parenting programs, television, the internet, books and magazines and other community resources. The result is a patchwork of efforts which provide only superficial information, are largely unevaluated (so we know little about who the programs reach and whether they are effective[xvii,xviii]) and are limited in important ways:
   - Prenatal classes: too many simply cover childbirth preparation and do not cover parenting, hence there is no preparing of parents in advance.
   - Postnatal programs: such as "home from the hospital" and "newborn care" cover primarily medical subject matter (e.g., umbilical cord care, jaundice, breastfeeding) and rarely last beyond the first month of life.
   - Most are problem-based (crying, sleeping, misbehaviour), and do not cover the fundamentals of establishing a good parent-child relationship.
   - Most are short-term, 1 hour of weekly meetings lasting 6 – 8 weeks -- not enough to really learn about parenting and child development
   - Many are provided only to low SES parents, leaving no access to the equally uninformed larger group of working/middle/upper class parents.
   - Nearly all are primarily for mothers only, occasionally for fathers only, but not both, although 90 percent of 1st time parents parent as a couple.
   - Few deal with the negative impact of a new baby on parents' relationship, leaving couples to struggle alone with these issues.

   These limitations leave little reason to expect parents' knowledge and parenting behaviour will improve in any meaningful way.

2. **Parents feel a pervasive lack of support in their role.** In both Invest in Kids 1999 and new 2006 national surveys only 55 percent of parents strongly agreed they received enough practical and emotional support after the birth of their first child,[xix] and at the larger societal level, only 42 percent of parents of young children feel that Canada values its young children.[xx] This percent has not changed over the intervening years, despite a significant effort on the part of policymakers and professionals to reach and provide supports to parents of young children. The 2006 survey of parents of young children also found only 43 percent of those parents think Canada values the role of mothers of young children, and only 28 percent think Canada values the role of fathers of young children.

Invest in Kids considered that while Canada can be proud of its record in reducing infant mortality and morbidity and teen pregnancy, compared to twenty years ago and in relation to many other developed countries, it had a long way to go to achieve an equal level of success in ensuring children's social, emotional and intellectual development.

The supposition from this background research is straightforward: Across the board, parents need help - - all parents. Too many parents fail to use the positive parenting practices which promote healthy social, emotional and intellectual development. Too many parents lack knowledge about child development and confidence in the parenting role; they are often emotionally worn-out and stressed; and they are not receiving sufficient support.

Today's parents are truly in a quandary. They want to do the right thing; yet too many do not know what to do. In a society that purports to value the role of parents, we provide woefully few opportunities for parents to become really educated about parenting and child development.

Even worse, we have not created an environment that is conducive to enhancing parenting skills.

Thus, it became clear that imaginative and thoughtful efforts are greatly needed:

- To reach out to all parents,
- To educate all parents about child development and parenting in meaningful and useful ways,
- To recognize the emotional experiences and stresses inherent in modern parenting, and
- To support on all levels, the important responsibilities parents of young children have undertaken -- to raise healthy and well-adjusted children, who will grow to be the next generation of healthy and fully capable adults and parents.

On this basis, Invest in Kids then examined the scientific literature to determine whether there were evidence-based programs that could be copied.

- Invest in Kids commissioned Drs. Hendricks Brown and Patricia Mrazek, two scientists who have devoted their careers to establishing standards of rigor in testing and disseminating prevention programs, to conduct a review of all the prevention and early intervention programs, ranking them on the basis of their scientific rigor.[xxi]
- The Cochrane Collaboration and the Campbell Collaboration libraries of rigorous evidence-based reviews were searched specifically regarding parent education programs.

Both efforts failed to produce programs with high levels of rigor that were created for the general population of parents (the studies either focused on high risk parents or parents with specific problems with their children), covering both the prenatal and postnatal periods of life and focusing simultaneously on child development, parenting and the couple relationship.

Invest in Kids turned its focus to ascertaining the content that should be included in a broad-based parenting program. The results of that research effort were published in a report: *Parent Education: What is Required to Build the Skills Parents Need to Raise Healthy Children?* This report:

- Synthesized what research shows parents need to do to promote language, social and emotional development, attachment, compliance and internalization and an understanding of temperament.
- Summarized the latest research about mothers, fathers, marital relationships, parental depression, knowledge, beliefs, attitudes, attributions and parenting style that would be necessary grounding for a good parenting program.

The report closed by proposing key parameters for a parent education program that reflect the needs of today's mainstream parents. Such a program include the following parameters:

Parents:

- **Targets first-time parents,** because the program would have the greatest impact, and it's the point in life when parents are most eager to learn.
- **Designed for both fathers and mothers,** because both mothers and fathers play important roles in children's social, emotional and intellectual development.

Parent Educators:

- **Affords parents access to educators who can:**
  - Connect parents with the latest information on parenting and child development.
  - Address both the physical/medical concerns and the psychosocial/couple communications issues, because these are closely connected to parenting and child development.

- **Supplies expert up-to-date educators who have time to develop relationships with their classes, because:**
  - The field is changing rapidly and parents want expert advice. The educators must be alert to changes and additions from the science as they occur.
  - Parents need experts who have the time and ability to really understand the particular circumstances each couple faces.

Program Design:

- **Presents an easy-to-understand overarching framework of child development and parenting,** concentrating on Comfort, Play & Teach as the approach to build the relationship with their child. (More fully explained on page 8 of this document.)
- **Emphasizes how to apply the approach to the specifics of each parent-child combination and home situation, because every family and every child is unique.**
- **Includes very practical parenting strategies** that apply to typical challenges such as sleeping through the night, going to daycare, stranger anxiety.
- **Teaches parents the basics of maturational development, infant cues and signals and how to respond appropriately, the basics of temperament and what is typical, and the fundamentals of balancing parental warmth or supportiveness with control.**
- **Demonstrates the fun and playful side of parenting children, without being artificial,** because many new parents put themselves under incredible pressure to archive unreachable standards of parenting.

Timing and Content:

- **Begins during the "teachable moment," that starts mid-pregnancy**, because
  - **This is the time when the reality of "becoming a parent" becomes very salient,** as the baby's first movements in the womb can be detected by both parents, and the mother first begins to "show."
  - **This is also the beginning of high affiliation-seeking for first-time parents,** as they begin to try to reach out to other couples, who will go through this transformation with them.
  - **This is when parents first try to educate themselves.** There is content of interest to parents, which if covered in advance of the baby's arrival, helps parents through the demanding adjustment period right after birth.

- **Before the baby is born,** assists the expectant couple to:
  - **Together, think through the kind of parents they want to become.** And to deal with any worries about the impending changes and responsibilities.
  - **Articulate expectations, and make joint plans in advance** for childcare, housework, leisure, personal time, couple time and social relations away from the baby. This reduces the chance for a crash of unmet expectations after the baby is born.
  - **Expand their network of friends who are also pregnant,** because many first-time parents have none. They feel a need to find others who are experiencing this same transition for support and to help them gain a broader experience base.

- **Learn about pregnancy and infant development** because many parents become pregnant with little or no prior experience with babies or young children. Hands-on experience in advance of their baby's arrival increases parents' self-confidence and competence.
- **Learn about pregnancy and infant development as they experience it.** And to begin to examine their attitudes, beliefs and attributions about their baby, as they are just beginning to be formed.

· **Continues through the baby's first year of life,** because:
- **This is the time when the reality of the practicalities of parenting (feeding, sleeping, and soothing) become central,** and they need caring experts to guide and reassure them.
- **The pace of change in a baby is so rapid** throughout the first year (feeding, sleeping through the night, teething, stranger anxiety, talking, crawling, standing and walking) that the parents are constantly being faced with new challenges.
- **This is when parents establish a secure parent-child attachment,** laying down the basics of warm, sensitive, knowledgeable responses to their infant's cues and signals.
- **Parents need support as they ease themselves back into employment,** because securing good childcare and leaving the infant or toddler for long periods of time is very stressful for the entire family.
- **Parents will benefit from hands-on interactive sessions with infants present,** because most parents have not had prior experience to learn hands-on parent-child interaction skills, such as massage, rhythm, music and touch.

· **Continues through the baby's second year,** because:
- **This is the period when baby becomes mobile, and the fundamentals of a child's compliance and willingness to go along with the parents' agenda becomes crucial** – a time of great uncertainty for most parents.
- **The fit or the misfit of the toddler's personality with each parent becomes more obvious** and they need strategies to deal with this three-way relationship.
- **The toddler learns even more about regulating his/her emotions and the development of his/her first real relationships outside the immediate family.**

B. The Original Model

Based on the findings above, the original program model of The Parenting Partnership was originally designed as:

▪ **PROGRAM:** a comprehensive multi-media education program which begins during the last six months of pregnancy and continues through to the child's second birthday. The program was to feature a "just-in-time" curriculum based on parents' interests and needs. It was to be delivered by:
- Face-to-face classroom sessions.
- E-learning, individual instruction and on-line resources.
- Face-to-face and internet opportunities to connect with other new parents.
- Face-to-face and internet access to educators.

▪ **PARTICIPANTS:** for couples pregnant with their first baby, who live together, have home access to the internet and could participate in group sessions.

- **PARENT EDUCATORS:** to be delivered by 2-person parent educator teams -- a nurse and a social worker/counselor; one male and one female, frequently featuring guest experts.

- **LOCATION:** located in urban/suburban communities in southern Ontario through organizations (such as hospitals or family service agencies) with access to pregnant couples, and which were prepared to champion the model.

- **RESEARCH:** the program was expected to be thoroughly evaluated by a combination of consumer and clinical research methods through two pretests and an extensive pilot. A longitudinal follow-up of the pilot parents and children was planned.

C. The Model Today

True to the original plans, The Parenting Partnership remains a program for first-time parents that begins when they register, sometime between the 4th and 7th month of pregnancy, and ends when their child is about 14 months of age. The program is unique in that it blends both online and in-class sessions. Parents are recruited in groups of 5 to 10 couples, all expecting their babies within the same 5 week period and all able to meet for their in-class sessions in the same location.

The groups are led by a team of seasoned Parent Educators, providing both online and in-class facilitation. A Health Educator is responsible for the prenatal and early postnatal sessions; a Counsellor is responsible for the last half of the program, with a bit of overlap between the two during transition from one parent educator to the other.

The online content consists of 1244 articles, activities and resources created for 73 sessions. The articles and activities consist of 425, designated as “Essential,” which amount to about 20 minutes of material each week of the program, and another 197, labeled “Recommended,” which cover the broad range of interests and subject matter associated with the transition to parenthood. Additionally there are 622 links to other approved “Related Resources” which complete online curriculum.

The in-class content is covered in 20 classes. Prenatally there are 7 consecutive weekly sessions of 2.5 hours each. After the babies are born the parents meet monthly for 2 hours. Postnatally there are 2 sessions for Dads Only and 2 sessions for Moms Only. These occur right after the babies are born, and again when the babies are about 6 months old. The remaining postnatal classes include a balance of Family classes (for Mom, Dad and Baby).

D. How the Model was Developed

Invest in Kids assembled a Design and Evaluation Team with broad and deep credentials to build the program content and delivery system.

- Research and Content Leader: Carol Crill Russell has Masters’ degrees and doctorates in both sociology and social work, with specialized graduate training in child development and social policy. She is one of Canada’s leading experts in parenting during the early years.

- Evaluation Directors: Liane Comeau has a doctorate in language development, as well as research expertise; Palmina Ioannone has Master’s degree in child study and a doctorate in human development and applied psychology, and program evaluation expertise.

- Project Director and Curriculum Leader: Karon Foster is a registered nurse with a Master's degree in adult education, and decades of experience teaching peri-natal baby and parenting programs and experience in curriculum development, online courses and teaching in the university setting.

- Director, Curriculum and Sites: Greg Lubimiv has over 3 decades of executive leadership in children's mental health, with special emphasis on building strong parenting teams, couple relationship programs and is one of Canada's leading specialists in play therapy and supporting families where a parent is in the Armed Forces serving in Afghanistan. He has an M.S.W.

- Lead Parent Educator: Krisanne Langille, as a registered nurse brought decades of pre- and postnatal baby and parenting teaching experience to the curriculum.

- Parent Activities Developer: Angelique Davies, a seasoned early childhood educator with a master's degree in education, is an expert in parent/child activities.

- Project Management Leader: Christine Thompson, M.B.A., brought decades of senior management expertise to bear in managing this timelines, budgets and human issues of this complex initiative.

- Website and Project Manager: Nora Chan, Dip. - BusAdm/Marketing, solved the myriad of website issues, registering and interfacing with parents and readying materials for meetings.

- Marketing Specialist: Lisa McKeen used her expertise to create a strong marketing video about The Parenting Partnership.

- President & CEO: Nancy Birnbaum, M.B.A., contributed to the development of the original model and its many interations, and monitored fund development and agreements

Invest in Kids engaged a group of Expert Advisors to the Project Team. This is an inter-disciplinary group of leading academic, research, policy and parenting experts formed to provide strategic advice and counsel, public support for the project and to keep the Project Team informed about developments in their spheres of knowledge and influence which have relevance to the initiative. Invest in Kids benefited enormously from their advice and direction throughout this initiative.

The original group of advisors, selected primarily for their research and content expertise included:

- **Dr. Jean Clinton,** Child Psychiatrist, Chedoke - McMaster Hospital
- **Dr. Kerry Daly,** Professor, Department of Family Relations, University of Guelph
- **Dr. Sarah Landy,** infant mental health specialist and researcher, The Hincks-Dellcrest Institute.

As Invest in Kids moved toward broad dissemination of the program these advisors departed and were replaced by three advisors with extensive connections to and experience in the world of service delivery:

- **Ms. Jane Bertrand,** is a researcher and contributor to Early Years Studies 1 and 2, Charles Pascal's Report *With Our Best Future in Mind* and Toronto First Duty Project; she is a member of School of Early Childhood faculty at George Brown College.

- **Dr. Robin Williams,** is the Chief Medical Officer, Niagara Region, Ontario; a pediatrician and Clinical Professor, Department of Pediatrics, McMaster University; and a Founding Member and and Chair of the Council for Early Child Development.
- **Mr. David Young,** Executive Director of Sources BC serving Surrey and Whiterock, British Columbia; former Assistant Deputy Minister with the BC Ministry of Children and Families, and former Executive Director of the Canadian Association of Family Resource Programs

Three advisors maintained continuity throughout the design, development and dissemination of the program. They include:

- **Ms. Ann Douglas**, is an on-line parent advisor and blogger for Toronto STAR and Yahoo! Canada; an award winning journalist and popular media commentator; and the author of *"The Mother of All* ® books series for parents and parents-to-be
- **Dr. Robert Glossop,** was the Executive Director of the Vanier Institute of the Family for 30 years; he is a member of The Order of Canada
- **Dr. Carol Matusicky,** is the past Executive Director, British Columbia Council for Families, and Fellow of the Council of Early Child Development.

To begin assembling the program, the Design Team created a list of 22 Topics and Categories, which were further divided into subject matter, based on a family's progression through the cycle of the transition to parenthood.

The team hired 15 graduate researchers to gather the current evidence base for each subject. Each researcher was trained in how to conduct their search, and each staff member provided the researchers with a starting list of foundational documents and authors, as well as directions on where current information was likely to be located. The literature reviews, as well as the journal articles and book chapters, were evaluated by the team members, and re-directed, if necessary. The final literature reviews and associated materials (the evidence base) are filed as back-up for each related article/activity on a session by session basis for the entire program.

A number of external experts, primarily from the University of Toronto, Hospital for Sick Children and Toronto Department of Public Health, were consulted when the Design Team needed additional expertise on a particular subject. These experts also reviewed the final material prepared for the parents. Examples for such subjects include post-partum depression, maternal sleep issues, home environmental hazards and nutrition. The communications and reviews provided by these experts are also filed along with the other back-up for each related article/activity.

The Design Team adopted a set of foundational beliefs, principles and position statements that are the underpinnings of The Parenting Partnership:

- **Foundational Beliefs**: the team clarified for themselves the critical importance of the couple relationship, the significance of both mothers and fathers in parenting, and the value of building a community of parents who experience and share parenthood together. These beliefs appear in Appendix A.

- **Principles**: the staff team incorporated a number of principles to guide their translation of research and best practices into the curriculum and its delivery. (See Appendix B.)

- **Position Statements**: the team created positions on 11 issues that many parents of young children typically face. The issues include: baby/parent skin-to-skin contact, bed-sharing, breastfeeding, Caesarean births, vaginal birth after Caesarean birth, immunization, physical

punishment, procedures related to labour (such as amniotomy and episiotomy), routine newborn circumcision, separation of baby from parents immediately following birth, and birth settings (e.g., home births, obstetrical units, etc.). The team positions on these issues appear in Appendix C to this document.

The Design Team also established the Comfort, Play, Teach approach to positive parenting as their science-informed, parent-friendly way of bringing child development and parenting to life for program participants. See Appendix D for a description of the science behind this approach.

The Design Team hired a top flight online instructional design team – Provinent. They transformed the subject matter, prepared by Invest in Kids' experts, and generated online articles and activities with a parent-friendly approach that was aimed at a Grade 8 literacy level.

The Design Team created a series of working documents to support curriculum development:

- The *Content Status Report* is a spreadsheet summarizing all the content in the program, both online and in-class. A short version has been created to inform interested parties of the comprehensive content that appears in the program. See Appendix E, *The Parenting Partnership Content.*

- The *Online Session Guides*: there is a Session Guide for each of the 70 online sessions. Each guide contains the Session Goals and Objectives, as well as the Knowledge, Skill and Confidence Objectives for each topic. See Appendix F for examples.

- The *In-Class Facilitation Guides*: there is a Facilitation Guide provided to each Parent Educator for each of the 20 in-class sessions. Each Facilitation Guide provides an Agenda with approximate timing for each part of the session, detailed instructions on how to facilitate each step of the session, copies of handouts that accompany the sessions and importantly, a Resources Section for each session which provides Parent Educators with additional background information on each topic in the content of each class to prepare them to answer parents' questions. See Appendix F for examples.

E. Parent Educators for the Program

Parent Educators are critical to the success of this program. The Design Team made significant efforts to assemble and support an experienced company of Parent Educators. The parent evaluations of the in-class sessions, as well as the qualitative interviews conducted by an external (non-team) evaluator, both showed the Parent Educators were greatly valued by the parents.

- **Selection Process**: job descriptions were created for the Health Educator and Counsellor Parent Educator positions. A minimum of 2 years experience in perinatal or parent education is requested. All applicants are interviewed, and at least 2 references are checked for each applicant prior to hiring.

- **Initial Training**: Parent Educators go through 2 days of initial training, which prepares them for the program, their role and expectations and the prenatal module. They are provided with an Initial Training Manual that includes crucial information about the program, policies, position statements and evaluations of the program. Central staff Master Trainers train together to insure that the same training is provided to all Parent Educators.

- **Web Facilitation training**: there is a half day of initial online facilitation training, to help Parent Educators acquire this new skill. Each Parent Educator also undergoes a web facilitation skill assessment, to assist the Master Trainers in identifying specific skills that need attention. Each Parent Educator also receives a Web Facilitation Guide, which clarifies their role, responsibilities and provides activities to engage parents in the Blog.

- **Follow-up Training**: Parent Educators subsequently receive an additional day's training for post-natal portion of the program and counseling portion of the program.

- **One-on-one support**: central staff provide this type of support to any Parent Educator who wishes it, or if they see that a Parent Educator is not providing the caliber of online or in-class leadership the team has come to expect.

- **In-class Observations**: Each Parent Educator is observed at least twice during the program by the central staff.

- **In-class Parent Evaluations**: 5 minutes is set aside at the end of every in-class session for parents to complete a brief session evaluation. These evaluations provide some insight as to how the Parent Educators are performing.

- **Monthly Conference Call De-briefings**: The Project Director conducts monthly teleconference debriefings with the Parent Educators to hear how their groups are progressing, discuss any issues related to implementing the curriculum as designed and provide feedback to them about the program and what additional supports they might need. Sometimes the Research Director uses these calls to gather specific feedback on an evaluation issue of interest. Occasionally these calls are used to train the Parent Educators in leading their groups through a short session of Guided Discussion on an evaluation topic.

- **Performance Evaluation**: The Design Team developed a Performance Evaluation system, for the professional development of the Parent Educators regarding the execution of their role in the program.

F. Testing the Model

The evaluation design for this program included three phases: development testing, process evaluation and impact evaluation.

- **Development Testing** was conducted via a panel of 20+ parents, who completed the various types of online activities, to ensure their functionality and attractiveness to parents.

- **Process Evaluation:** The purpose of the process evaluation was to allow Invest in Kids to test and refine the content and delivery of the program, to be able to enter a rigorous pilot with the most optimized program in place to examine its impact on parenting and child development. The program has undergone 3 pretests.

- **Preparing the model for a comprehensive impact evaluation has been the ultimate goal of the extensive evaluations to date.** An impact evaluation would test whether a large diverse population of couples who participate in The Parenting Partnership shows clear positive differences in knowledge, confidence and parenting skills, compared to an equivalent group of couples who do not participate in the program, but who educate

themselves in the more informal way that typifies parents' preparation for parenting today. The Design Team is working with faculty from York University to develop and implement an impact evaluation.

ENDNOTES for Part I

[i] P. 54, J. Douglas Willms, Ch. 3, "The Prevalence of Vulnerable Children" in *Vulnerable Children*, J. Douglas Willms (Ed.), University of Alberta Press: 2002. The percentages for the various age groups are 27.76 percent of infants, 26.06 percent of babies, 30.98 percent of toddlers and 29.54 percent of preschoolers. These problems include social, emotional, language and intellectual problems, but exclude physical or mental handicaps, learning disabilities or health problems.

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[iii] p. 165. Ruth K. Chao & J. Douglas Willms, Ch. 8, "The Effects of Parenting Practices on Children's Outcomes" in *Vulnerable Children*, J. Douglas Willms (Ed.), University of Alberta Press: 2002.

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[xiii] P. 878, D. H. Demo & M. J. Cox, "Families with Young Children: A Review of Research in the 1990s," *Journal of Marriage and the Family, 62(4),* 1995; J. Belsky & Rovine, 1990; C. P. Cowan & P. A. Cowan, "Interventions to ease the Transition to Parenthood: Why They are Needed and What They Can Do," *Family Relations, 44(4),* 1995;

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[xv] Michael Lamb, "The Development of Father-Infant Relationships," in Michael E. Lamb (Ed.), *The Role of the Father in Child Development*, Toronto: John Wiley and Sons, Inc.: 1997; M. E. Cummings & A. W. Watson O'Reilly, "Fathers in Family Context: Effects of Marital Quality on Child Adjustment," in Michael E. Lamb (Ed.), *The Role of the Father in Child Development*, Toronto: John Wiley and Sons, Inc.: 1997, P. R. Amato, "More than Money? Men's Contributions to their Children's Lives," in A. Booth & A. C. Crouter (Eds.), *Men in Families: When do they get Involved? What Difference Does it Make?* Mahwah, NJ: Lawrence Erlbaum Associates Publishers, 1998; J. Barlow & J. Parsons, "Group-based Parent-Training Programmes for Improving Emotional and Behavioural Adjustment in 0 – 3 Year Old Children (Cochrane Review), in *The Cochrane Library,* Issue 2, 2002. Oxford: Update Software.

[xvi] Example #1:Gaynes BN, Gavin N, Meltzer-Brody S, Lohr KN, Swinson T, Gartlehner G, Brody S, Miller WC. Perinatal Depression: Prevalence, Screening Accuracy, and Screening Outcomes. Evidence Report/Technology Assessment No. 119. (Prepared by the RTI-University of North Carolina Evidence-based Practice Center, under Contract No. 290-02-0016.) AHRQ Publication No. 05-E006-2. Rockville, MD: Agency for Healthcare Research and Quality. February 2005. They conclude: For major and minor depression, our final combined estimates of point prevalence ranged from 8.5 percent to 11.0 percent at different times during pregnancy and between 6.5 percent and 12.9 percent at different times during the first year postpartum. This nearly 2-fold higher rate suggests that approximately half of the women experience a major depressive episode and half a minor depressive episode at any given time. Confidence intervals surrounding all these estimates remain wide, suggesting that a fair amount of uncertainty remains in the combined estimates. Example #2: Paul Ramchandani, Alan Stein, Jonathan Evans, Thomas G O'Connor, and the ALSPAC study team, Paternal depression in the postnatal period and child Development: a prospective population study, www.thelancet.com, Vol. 365 June 25, 2005. Their study of Information was available for 8431 fathers, 11 833 mothers, and 10 024 children. Depression in fathers during the postnatal period was associated with adverse emotional and behavioural outcomes in children aged 3·5 years (adjusted odds ratio 2·09, 95 percent CI 1·42–3·08), and an increased risk of conduct problems in boys (2·66, 1·67–4·25). These effects remained even after controlling for maternal postnatal depression and later paternal depression.

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[xviii] P. 51, Carol Crill Russell, *Parent Education: What is Required to Build the Skills Parents Need to Raise Healthy Children?* Invest in Kids, 2003.

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[xxi] Carol Crill Russell (Ed.), *The State of Knowledge about Prevention/Early Intervention,* Toronto, Ontario: Invest in Kids, 2002. Included the Final Report by Drs. Patricia Mrazek and Hendricks Brown, "An Evidence-Based Literature Review Regarding the Psychosocial Prevention and Early Intervention in Young Children," and Summary of over 400 Key Research Studies, listing all of the outcomes and effect sizes for 165 studies which were found to have at least a comparison group.

DESIGN AND EVALUATION of *The Parenting Partnership* -- a parent education program for new parents

PART II: Interim PROCESS EVALUATION LEARNINGS

EXECUTIVE SUMMARY

The Parenting Partnership™ is a comprehensive program to prepare and educate parents for their most important role – raising a child. A far-reaching process evaluation, consisting of a lengthy development phase and three iterative pretests, was undertaken to address three questions – is this a program:

- Parents are attracted to, find useful and beneficial and are willing to complete?
- Parent Educators are comfortable with and confident in teaching?
- Consistently deliverable to the same quality across a range of sites and Parent Educators?

Compared to any other program in Canada, The Parenting Partnership program is innovative: lasting longer (17 months from beginning to end), providing more in-depth education (73 weekly online sessions containing 1244 online articles, activities and resources, plus 20 classroom sessions) and providing two Parent Educators with both health and counseling expertise to support parents during their transition to parenthood. It begins prenatally and lasts until the baby is 14 months old.

The process evaluation, through a myriad of methods and techniques, showed the program to be greatly appreciated by parents and Parent Educators alike. Parents reported that The Parenting Partnership helped them anticipate and enrich their baby's development, enhanced their couple relationship, helped them become a strong parenting team, linked to community resources, and very importantly to them -- opened the door to friendships with other parents.

Parents also vote with their feet. This totally voluntary program had the majority of couples stay with the program from start to finish. The program's 1/3 rate of attrition is similar to rates in much shorter prenatal and parenting programs of 4 to 8 weeks in length. Most of the drop-outs from The Parenting Partnership were due to moves and job changes, rather than parents rejecting the content or approach of the program.

The Parent Educators also said they think the program is excellent, bringing a depth of science-backed expertise and support to parents that has the potential to transform the field of parent education. The sites and sponsoring agencies likewise applauded the program, demonstrating their interest and support by providing space at no charge and where they could, seconding their own staff to be trained as Parent Educators.

The challenges to the original model and its implementation were numerous, providing important learnings which helped in re-designing the original model to the current optimized model:

PARENT RECRUITMENT: once parents hear about the program, many are keen to participate. However, there was no easy low cost way to locate expectant parents. Reaching them required a myriad of outreach strategies by the central staff, sites, Parent Educators and previous program participants.

LENGTH OF PROGRAM: the Design Team realized they could provide the key content from their original plan by the time the babies reached 14 months of age, instead of 24 months of age as was originally anticipated. Shortening the program significantly increased the appeal of the program for broad dissemination -- for parents, Parent Educators and site partners alike.

CLASS SIZE: over the course of three pretests it became clear that groups of between 5 and 10 couples were the most satisfactory for both parents and Parent Educators.

CONTENT: there is a real need for parent friendly content supported by science. The Design Team discovered that what was available was frequently too academic, paternalistic, un-engaging, old-fashioned, not evidence-based, too low or high literacy level and frequently it was not father-friendly. The Team had to develop far more original content than initially planned.

IN-CLASS DELIVERY: parents found the classroom sessions particularly gratifying. They value the support and access to knowledgeable Parent Educators, and they feel closely tied to the other parents in their group. The Design Team learned that parents are willing to spend about 2.5 hours per class in the 7 weekly face-to-face prenatal classes before their baby is born, and about 2 hours per class monthly after their baby arrives.

ON-LINE DELIVERY: some parents really liked the online portion of the program, while others did not. The median amount of time couples spent on on-line content was 9.5 hours, and the median amount of time couples spent on the website was 16.5 hours. One couple in 10 spent more than 52 hours on-line, and another 2 in 10 spent 25 – 52 hours on-line. These are noteworthy amounts of time. This level of participation indicates that a significant group of parents found the online delivery appealing and worth a considerable amount of their effort.

FATHERS' ENGAGEMENT: this is a program fully intended for couples. Fathers stayed with the program as much as mothers, although fathers substantially reduced their online participation after their baby was born. Having a male Parent Educator was not critical to fathers. Fathers and mothers alike appreciated content geared to fathers' interests and "Dads Only" time for fathers to discuss their issues and experiences without their spouses present.

PARENT EDUCATORS: the process evaluation identified the need to develop and deliver in-depth training to Parent Educators in three areas: their online leadership; their comfort with demonstration materials; and their handling of couple relationship issues. Expanding Parent Educators expertise in these areas, plus the in-depth curriculum, fed the Parent Educators' pride in their profession and their commitment to The Parenting Partnership.

CREATING A COMMUNITY OF SUPPORT: the most gratifying outcome of The Parenting Partnership is that many couples came to feel they had a supportive community of other couples and Parent Educators accompanying them on their vitally important journey – that of becoming a parent.

PART II: PROCESS EVALUATION LEARNINGS

A. Purpose of Reporting the Learnings

Due to the extensive multi-tiered design and evaluation activities in examining the 3 pretests of The Parenting Partnership program, the Design Team amassed important learnings from which other program planners may benefit. Since this program is such an innovative undertaking, in many parts of this chapter the Design Team provides an account of their original assumptions as well as their learnings. This is done because the Design Team's initial assumptions seemed so reasonable at the time, that planners implementing the program now may also be tempted to repeat such misjudgments, with the expectation that they could lead to greater efficiency or effectiveness. Hindsight has proven otherwise.

B. Background

1. Goals and Objectives

Every evaluation, and indeed every curriculum, depends on clear purpose, goals and objectives, against which success can be measured. The Design Team's purpose in undertaking this initiative was to create, test and disseminate a new benchmark parent education program (The Parenting Partnership) for couples expecting their first baby. The broad overall intention of this program is to improve children's social, emotional and intellectual development in the early years. To achieve this, the following objectives were established for The Parenting Partnership program:

- To increase parents' knowledge, skills and confidence about pregnancy and birth.
- To increase parents' knowledge, skills and confidence in parenting and child development.
  - Increase parents' knowledge about how their child is growing and developing.
  - Increase parents' skills in parenting their child.
  - Increase parents' confidence in their own parenting.
  - Increase parents' confidence in their spouse's parenting.
- To promote sensitive, responsive and warm parent/child and parent/parent relationships.
- To foster parents' sense of support for their role.
  - Support the parents' couple relationship.
  - Build parents' network of other parents with children.
  - Provide access to caring educators.

A future impact evaluation is planned to objectively measure whether these objectives have been met. A thorough process evaluation has allowed the Design Team to optimize The Parenting Partnership to the point where the Team feels confident it is ready for the time and expense involved in a rigorous trial, comparing groups of parents who do and do not complete the program.

The project of creating, launching and evaluating the program was been organic and complex. The Design Team made a strenuous effort to obtain high quality evaluative feedback from parents, Parent Educators, site partners and the central staff team to learn how to optimize the program. The purpose in undertaking a thorough process evaluation was to address three questions: is this a program:

- Parents like, find useful, are willing to complete?
- Parent Educators are comfortable with and confident in teaching?
- Deliverable consistently to the same quality across a range of sites and Parent Educators?

The Parenting Partnership program was conceptualized to contain three modules – the Prenatal Module (lasting 15 weeks), the Postnatal Module (26 weeks) and the Late Infancy Module (32 weeks). To maintain a clear focus throughout the program, goals were set for each module which were more specific than the overall goals for the program, but remained in line with them.

Goals for the Prenatal Module:

For Parent Educators

1. To give parents the best preparation possible to face childbirth.
2. To introduce parents to key parenting and child development concepts before baby is born.
3. To engage parents so they stay with the program.

For Parents

4. To understand the impact of changes that becoming parents will have on their relationship as a couple.
5. To learn strategies/techniques/tools to enhance their relationship.

Goals for the Postnatal Module:

For Parent Educators

1. To introduce parents to key parenting and child development concepts from birth to 6 months of age.
2. To engage parents so they stay with the program.
3. To foster bonding and attachment between parents and their baby.
4. To promote positive parenting through parents' understanding and use of Comfort, Play, Teach.
5. To continue to nurture the couple relationship.
6. To facilitate the transition from being a couple to being parents and to being a family.

For Parents

7. To feel confident about being parents.
8. To be able to identify and resolve couple/parenting/family issues that arise.
9. To derive fulfillment from being a family.
10. To be able to give and receive support from their group.
11. To know where to go for support in their community.

Goals for the Late Infancy Module:

For Parent Educators

1. To help the couple continue to have a successful transition to parenthood.
2. To engage parents so they will stay with the program.
3. To help parents understand and nurture all child development areas.
4. To help couples find balance for their lives in areas such as self care, work, parenthood, and being a couple.

For Parents

5. To experience and practice positive parenting.
6. To experience and practice Comfort, Play, Teach™.
7. To know how to care for a baby from 7-12 months of age.

Additionally, Objectives were established for each of the 73 online and 20 classroom sessions, and specific Knowledge, Skills and Confidence learning outcomes were established for each of the 622 online articles and activitues. (See Appendix F, Examples of Objectives Established for Classes, Online Sessions, Articles and Activities.)

2. Process Evaluation Structure

The overall process evaluation involved an initial period of Development Testing followed by three iterative pretests of The Parenting Partnership program, with each succeeding pretest building on the Lessons Learned from the previous pretest. The Design Team originally planned to conduct only two pretests. However, in part of Pretest 1 and 2 the central staff had to cope with technical issues related to the software and servers that were slow in operating; at one point there was a complete shutdown of the website. The issues were eventually resolved with more careful screening and testing of software programs before these are applied to the website and the hosting of the website on virtual servers that have more built-in protections. The website has been stable and functioning for over 2.5 years now. However, a third pretest was required to gather much needed information about parents' use of the online portion of the program.

Specifically, the process evaluation unfolded as follows:

DEVELOPMENT Phase: the purpose of this phase was to create the program

Evaluation Goal: to optimize the development of the program.

Evaluation activities and methods:

- 2 literature reviews of Canadian parents and parent education program gaps and priorities: Carol Crill Russell, *Parenting in the Beginnings Years: Priorities for Investment*, Invest in Kids, 2003; Carol Crill Russell, *Parent Education: What is Required to Build the Skills Parents Need to Raise Healthy Children?* Invest in Kids, 2003.
- Focus groups of expectant and new parents. *1 group of first time expectant mothers, 1 group of first-time expectant couples, 1 group of new mothers and 1 group of couples who were new parents. Another 8 groups of mothers and fathers with infants and young children.*
- 2 focus groups of seasoned leaders in parent education. *14 parent educators.*
- A segmentation analysis of Invest in Kids' 1999 National Survey of parents of young children. *Sample: 1643*
- An internet survey of expectant and new parents. *Sample: 1305*
- Key informant interviews with perinatal expert advisors from across Canada. *20 experts.*
- Background research on program evaluation.
- Engaging research advisors.
- Engaging a panel of 20+ parents to examine key program material prior to launch of program.

From the research activities conducted during the Development Phase, the Design Team was able to optimize The Parenting Partnership in preparation for the Pretests. The central team:

- Established a vivid portrait of imminent/new parents' frames of mind, and the key challenges and rewards they anticipate and/or encounter as they enter parenthood.

- Scoped the existing sources of information and support being harnessed by expectant and new parents to ameliorate their key challenges.

- Gauged reactions to a high level description of the program, identifying broad scale relevance, strengths and weaknesses of the program concept.

- Identified potential barriers to participation - including a probe into the 2.5-year commitment - and hypothesized ways to overcome the same.

- Explored parents' reaction to an assortment of positioning approaches (names of the program and taglines) with parents, both quantitatively through a large award-winning internet survey of 1305 expectant and new parents, as well as a total of 20 focus groups, fielded at various times to provide in depth follow-up on questions.

- Identified a wish list of benefits parents hoped would be realized through participation in a program such as The Parenting Partnership.

- A panel of 20+ parents, not participating in the program, was actively engaged to provide feedback on key program material prior to its use in the program.

- Through key informant interviews, focus groups and quantitative analyses the team also examined not only parents, but their "teachers" (well-respected parent educators currently active in the field) views of what content is wanted by parents, compared to what experts think parents "need," what delivery works best and the logistics in running programs, as well as gaining insights into aspects of parents' daily lives and personal values, which would make the program more effective.

- To ensure the content of the program, its delivery and evaluation would be "state-of-the-art," key informants and experts in prenatal/parental education, evaluation, marketing, web design and e-learning were called upon to provide guidance over the course of the development of this program and to work together to help the Design Team develop, market/recruit for and evaluate the program.

On the basis of the results of the Development Phase, the name and tagline of the program was selected: *The Parenting Partnership: New Parents Learning Together.* The foundations were laid for the development of the curriculum and its online and classroom delivery.

The Design Team identified a dozen key factors to assess The Parenting Partnership from the parents' point of view. Do the parents:
- Find the program **worthy of trust/credible**?
- Feel the program is **relevant**?
- Feel the program is **valuable**?
- Find the program is **enjoyable** (e.g. whether they find it fun, novel, boring, formal)?
- Feel **empowered** by the program?
- Perceive the program as **beneficial** (to themselves as parents, providing them with knowledge, skills and confidence, and to their relationships with their partner and child)?
- Feel satisfied with the **Parent Educators** (the extent to which they are credible, competent and available)?
- Feel satisfied with the **formats** used to deliver content.
- Like the **structure** of the program (e.g. the organization of the website, handouts and other material, its level of difficulty)?
- Have a positive view of their experience with the **website** (e.g. loading speed, ease of connecting to site and ease of navigating through the site, the look of the site)?
- Experience positive **group dynamics** (e.g. their connection to other participants)?
- Find the **physical environment/facilities** of the classes to be satisfactory (e.g. cleanliness, size, etc)?
- Have a positive impression of the **program overall?**

Parent Educators' opinions are also critical to the success of any parenting program. If the Parent Educators are not pleased they can defeat the intentions of a program. Therefore, the Design Team also made many efforts to ascertain the Parent Educators' perspective of the above factors. In addition, the central team made every effort to determine if they were providing Parent Educators with the support they needed to deliver the program as effectively as

possible, and if they felt they were benefiting professionally from their involvement with The Parenting Partnership.

The Design Team employed multiple methods of inquiry and monitoring to provide many opportunities for feedback and assessment during the Pretests. To test the online portion of the program, the following methods were utilized:

As work progressed, ultimately three pretests were completed.
Pretest 1: the purpose was to deliver the program to 8 groups of parents, evaluate and then make revisions to the content and delivery of the program for Pretest 2.
Implementation Goal: to optimize content and delivery of the program.
Evaluation activities and methods:

- A dozen screening questions and registration baseline data.
- Follow-up protocol for gathering information about absences and drop-outs.

Monitoring of parents' utilization of online material.

- 3 evaluation questions, derived from the 12 Key Factors, were attached to the end of each of the 62 essential and recommended articles and activities. *(See Appendix G, Examples of Evaluation Questions Attached to Online Articles and Activities.)*
- Each of the 73 weekly sessions came with a set of questions about the session overall. *(See also, Appendix C.)*
- Parent Educators led open-ended guided discussions of topics of special interest.
- Online surveys gathered data on subjects of special interest.

To carefully examine the classroom component, the Design Team utilized:

- Parent evaluations, completed at the end of every class.
- Parent Educator evaluations completed at the end of every class.
- Monthly de-briefings of the Parent Educators.
- Central staff observations of a classroom session of each group about once per module.
- Regular individual and group supervision sessions with the Parent Educators by Design Team.

To assess the overall program, the Design Team:

- Hired an external evaluator to conduct qualitative interviews with a sample of 16 parents stratified to include equal numbers of fathers and mothers, and those who were active or not active in the online portion of the program.
- Conducted telephone interviews and online surveys in-house on topics of special interest.

Pretest 2: the purpose was to deliver the program to 6 groups of parents, to evaluate, and prepare final adjustments to the program in preparation for the anticipated Impact Evaluation.
Implementation Goals: to ascertain whether operational and content refinements increased the implementability and value of the program to parents, Parent Educators and sites. In particular the Design Team was interested in: Parent Educators' interest and ability to deliver the program, issues of scaling up the program to more sites and establishing quality control standards across the Parent Educator teams and locations.
Evaluation activities and methods:
Regarding the on-line component:

- Continued monitoring of parents' feedback of responses to 3 evaluation questions attached to every article and activity.
- Unobtrusive monitoring captured parents' time spent on and use of content and various parts of the website.
- 36 parents participated in an in-depth evaluation of on-line articles and activities for 8 weeks.

Regarding the classroom component:

- Continued the evaluation activities, identical to Pretest 1.

Pretest 3: due to the technical difficulties encountered with the website in Pretest 2, the purpose of this pretest was the same as for Pretest 2: to evaluate and prepare final adjustments to the program for the Impact Evaluation.
Implementation Goal: to assess parent engagement with the online portion of the program and measure overall program retention.
Evaluation activities and methods:
Online component:
- Discontinued evaluation of individual items and activities. Continued with open-ended invitations at the end of individual items and activities to provide feedback.
- Intensive unobtrusive monitoring of parents' time spent and items completed of online material.

Classroom component:
- Parent qualitative and quantitative evaluations and feedback at the end of each session.
- Parent Educator qualitative and quantitative evaluations of each class, and monthly de-briefings with guided evaluation questions.
- Regular individual and group supervision sessions with the Parent Educators.
- Observations and evaluations of classes by the Design Team.

Overall program:
- Quantitative survey of parent "satisfaction." *38 parents*
- Quantitative analysis of births and newborn baby data across all 3 pretests.
- Qualitative interviews with parents at end of program. *13 parents, stratified for mothers/fathers and engaged/not engaged online.*
- 4 quantitative surveys of parents' views of Comfort/Play/Teach approach to parenting as it appears in The Parenting Partnership. *Surveys occurred at end of Prenatal respondents (12 mothers and 9 fathers), Postnatal (22 mothers and18 fathers) and Late Infancy modules 19 parent respondents (10 mothers and 9 fathers, plus another survey 1 month after the program ended (13 parent respondents (8 mothers and 5 fathers).*
- 2 quantitative surveys of the Parent Educators' views of Comfort/Play/Teach approach to parenting. *Surveys occurred immediately after initial training of Parent Educators (all 13 parent educators completed the survey), before they began teaching The Parenting Partnership, and at the end of the postnatal module (4 parent educator respondents), late infancy modules (4 parent educator respondents), and 1 month after the program ended (4 parent educator respondents).*

A total of 254 parents/127 couples registered for the program across the three pretests.
Pretest 1: started in August 2006 with 8 groups of 110 parents (55 couples)
Pretest 2: started in January 2007 with 6 groups of 72 parents (36 couples)
Pretest 3: started in September 2008 with 5 groups with 72 parents (36 couples) and was completed in mid-May 2010.

No single pretest was large and program/research participation was not compulsory. Within the overall program parents were free to choose their level of participation. For example, parents could select which of the weekly online items to do – or not, or they could skip the session entirely; not all parents attended every class; completion of evaluations was voluntary, not mandatory. This meant most feedback was based on small subgroups of parents. While the Design Team thoroughly examined every report, ***ultimately they searched for meta-findings and themes that appeared across multiple data collection methods and pretests***.

In addition to the Development Phase and the 3 Pretests, the Design Team is continuing to learn about the curriculum and the program's implementability from their current dissemination efforts. All of these efforts together under gird this chapter's Lessons Learned.

C. Demographics of Parents

The demographic attributes of the parents across the three pretests were varied enough to be relevant to the broad group of typical (non-high risk) parents for whom the program was created.

1. Age

	Parents	
AGE	**%**	**N**
20-24 yrs	20	48
25-35 yrs	54	127
36 plus	26	60
TOTAL	**100**	**235**†

† Parents were not required to provide demographic information. Therefore, the total number of parents supplying information does not match the total number of parents registered for the program. In every instance, less than 10 percent of the parents did not respond.

While the majority of parents who registered were between the ages of 25 to 35 years of age, the program attracted both younger and older parents.

2. Income

	Parents	
FAMILY INCOME	**%**	**N**
$39,999 or less	11	26
$40,000 - $74,999	27	64
$75,000 - $99,999	19	45
$100,000 or more	43	103
TOTAL	**100**	**238**†

† Parents were not required to provide demographic information. Therefore, the total number of parents supplying information does not match the total number of parents registered for the program. In every instance, less than 10 percent of parents did not respond.

Because of The Parenting Partnership's requirement that registrants must have home access to high-speed internet, some program planners fear that parents with low income will not be able to participate.[1,2] While such a requirement would be a deterrent to some low income parents, the table above shows a wide distribution of household incomes among the parents who registered for the program.

Household income is the joint income for the couple – the income reported for two people. Twelve percent of the pretest parents reported a joint income of $39,999 or less, which is low by any standard. Another 27 percent reported joint incomes between $40,000 and $74,999, which is a very modest family income. Therefore, the Design Team concluded that the program is attractive to parents with low to modest incomes, as well as to those with more means.

[1] Prevalence of home computers when the program was first developed was 55 percent (2003) this number has increased. Current Statistics Canada figures indicate that 73 percent of Canadians over 16 used the internet and 68 percent with home internet went on daily (2007)

[2] We had this requirement for testing. However, if this becomes a community program, many libraries and some family centres have a high-speed computer available for public use.

3. Education

EDUCATION	Parents %	N
HS or less	7	16
Some College/University	10	26
Completed College/University	63	155
Post-graduate Degree	20	49
Total	**100**	**246**†

† Parents were not required to provide demographic information. Therefore, the total number of parents supplying information does not match the total number of parents registered for the program.

Because the online portion of The Parenting Partnership program is text-based, there have been some doubts as to whether parents with less education would be attracted to the program. It should be noted that nearly all materials created for the program were at a grade 8 reading level, the level used by most newspapers.

The figures in the above table show that parents from varying levels of education are attracted to The Parenting Partnership program. Sixteen parents who reported having only High School diploma or less as their highest level of completed education registered for The Parenting Partnership. Another 24 parents (12 couples) who reported having attended some college or university level courses as their highest level of education also registered for the program. It should be noted that 13 of the sites were in cities that had both colleges and universities, which may have resulted in a greater number of college and university educated parents.

4. Ethnicity

ETHNICITY	Parents %	*N*
Aboriginal	1	2
White/Caucasian	70	169
Visible Minority	29	69
Total	**100**	**240**†

† Parents were not required to provide demographic information. Therefore, the total number of parents supplying information does not match the total number of parents registered for the program.

Since many communities in which The Parenting Partnership will be implemented are quite culturally diverse, some program planners have inquired about the ethnic diversity of the pretest parents. Twenty-nine percent of parents (n = 65) who registered for the program self-identified as a person who is a “visible minority.” Therefore, while the majority of parents registered self-identified as white/Caucasian, there is also a sizeable proportion of visible minority parents who took the course.

D. Curriculum

Based on the advice received from both parents and Parent Educators, the breadth and depth of content required to really prepare and educate parents for their parenting role is prodigious. To provide a flavour of the broad array of topics covered, here are some examples:

- **Fetal and Infant Development**: week x week prenatally; month x month postnatally and beyond.
- **Lifestyle**: nutrition, exercise, home & workplace hazards, stress, sleep, hot tubs & cat litter
- **Labour & Delivery**: preterm labour, medical/ surgical procedures, stages of labour, methods to cope with pain.
- **Couple Relationship**: pre/postnatal sexuality, quality couple time, expectations and roles, conflict resolution, family violence.
- **Mental Health**: common worries, mood disorders.
- **Parenting**: positive parenting, becoming a mother/father, routines, myths of.

To meet the Design Team's goals of providing parents with the information they need, without overwhelming them, here are some lessons learned along the way.

1. Sourcing and Updating content

Initial scoping for this initiative led the Design Team to believe that considerable engaging low-cost content was available from trusted sources, such as Health Canada, Public Health Departments, Children's Mental Health Centres and childcare programs, and these would be available for use in The Parenting Partnership program. In fact, when central staff started collecting content they found that what was available was, in far too many cases:

- Not appealing (e.g., too wordy, dense, patronizing, academic or a high literacy level)
- Out of date (too old-fashioned for today's parents, or not evidence-based)
- Not father friendly (even when the material was supposedly made for couples, the tone, manner and voice was nearly always aimed solely to mothers)
- Too expensive

In the end, the Design Team had to create almost all the content.

The size and scope of the program means it will never be 'done'. It can only benefit from continuous evaluation, updating and refreshing, to ensure its ongoing quality and vitality.

2. "Just in Time" Content

Research on parenting indicates parents' interest in content follows the developmental path of their child. E.g., pregnant parents are interested in fetal development and preparing for childbirth, not parenting; parents of newborns are interested in crying, not discipline. The Design Team was also concerned that if all material was available to parents at the beginning of the program, they might not complete the online sessions. Therefore, the team originally created online session material to unfold chronologically with advancing stages of pregnancy and infancy, session by session. The majority of material would only be available to parents after it had appeared in a session.

The Design Team learned that while "just-in-time" content is largely applicable for parents as a group, in contrast the Team found that for individual parents and couples, their "just-in-time" needs vary considerably. E.g., some parents want to prepare themselves in advance for specific upcoming challenges, while others find this intimidating; some parents' children are developmentally advanced, so waiting for the more typical unfolding of development did not serve their needs; others were just curious about what's ahead, and wanted to peruse material at their leisure.

Not all parents want a structured approach to learning. Taking these learnings into consideration the program now 1) provides parents with access to all content for the entire program from the moment they register for the program, and 2) provides a search function that allows parents to access any of the content by keyword search.

3. Psycho-social Content Timing

The Design Team originally conjectured that the onset of challenging behaviour that appears around a child's second birthday would require the program to last until that point to adequately prepare and educate parents for this phase of their child's development. However, once the Design Team started writing the curriculum they found it necessary, early in the infancy modules, to pay considerable attention to:

- Infant temperament, which depending on the "goodness of fit" with the parents' temperaments can be challenging long before the child nears age two,
- How to appropriately handle the ways in which infants can become upset (e.g., fear of strangers, vacations, starting child care, teething), all of which start much earlier than the Terrible Twos.
- Psycho-social topics originally planned to be the mainstays of the year between one and two, such as parental attributions, reframing, guided perspective taking, empathy and "emotion coaching," all required coverage from much earlier in the postnatal and late infancy stage.

In sum, parents need information on handling challenging behaviour long before their child nears age two. The critical foundation for parenting these behaviours is laid in the first year of life.

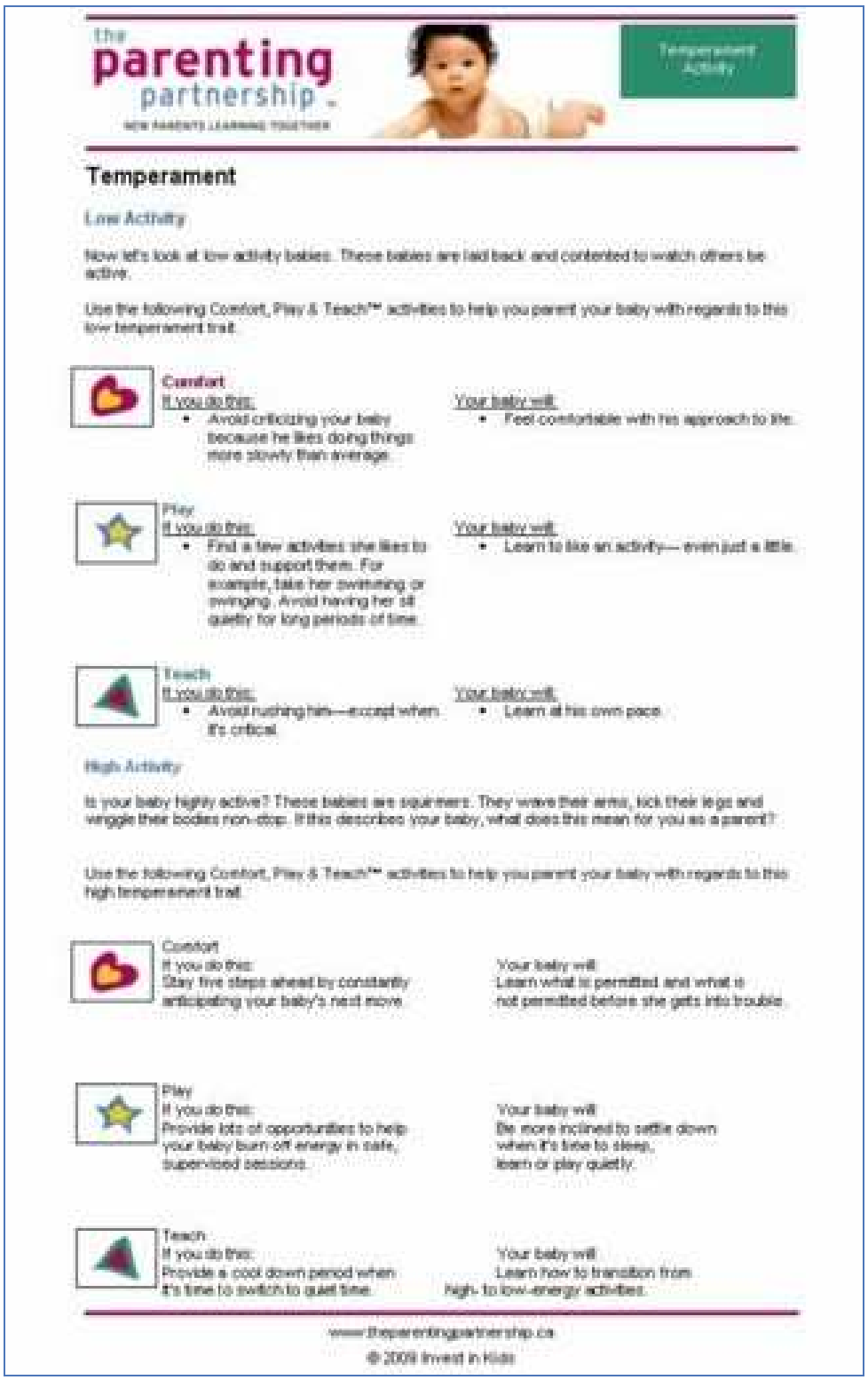
4. Comfort Play & Teach™ Content

Comfort, Play & Teach: A Positive Approach to Parenting™ was developed by Invest in Kids as a way to communicate what developmental science tells us about key strategies in parenting, in words that parents can easily understand. Compelling research evidence consistently emphasizes that when parents comfort, play with and teach their children in a positive manner it enhances children's development.

Comfort, Play & Teach was built into both the online and classroom sessions of The Parenting Partnership:

Online

Online articles and activities on many topics were prepared with Comfort, Play, Teach strategies built into them. Here is an example:



the parenting partnership

NEW PARENTS LEARNING TOGETHER

Temperament Activity

Temperament

Low Activity

Now let's look at low activity babies. These babies are laid back and contented to watch others be active.

Use the following Comfort, Play & Teach™ activities to help you parent your baby with regards to this low temperament trait.

Comfort

If you do this:
- Avoid criticizing your baby because he likes doing things more slowly than average.

Your baby will:
- Feel comfortable with his approach to life.

Play

If you do this:
- Find a few activities she likes to do and support them. For example, take her swimming or swinging. Avoid having her sit quietly for long periods of time.

Your baby will:
- Learn to like an activity— even just a little.

Teach

If you do this:
- Avoid rushing him—except when it's critical.

Your baby will:
- Learn at his own pace.

High Activity

Is your baby highly active? These babies are squirmers. They wave their arms, kick their legs and wriggle their bodies non-stop. If this describes your baby, what does this mean for you as a parent?

Use the following Comfort, Play & Teach™ activities to help you parent your baby with regards to this high temperament trait.

Comfort

If you do this:
Stay five steps ahead by constantly anticipating your baby's next move.

Your baby will:
Learn what is permitted and what is not permitted before she gets into trouble.

Play

If you do this:
Provide lots of opportunities to help your baby burn off energy in safe, supervised sessions.

Your baby will:
Be more inclined to settle down when it's time to sleep, learn or play quietly.

Teach

If you do this:
Provide a cool down period when it's time to switch to quiet time.

Your baby will:
Learn how to transition from high- to low-energy activities.

www.theparentingpartnership.ca

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The Family Time portion of each week's online session provided parents with an activity to promote their baby's social, emotional, intellectual or physical development through Comfort, Play, Teach strategies. Here is an example:

the parenting partnership™
NEW PARENTS LEARNING TOGETHER

Family Time:
Finger Paint Fun

Finger Paint Fun

Family Time Activity

Putting paint into sandwich bags is a great way to encourage your baby to explore and learn about colours. It's also a great way to begin expressing creativity until she's ready for smearing paint with her hands! Try this simple activity to introduce her to creative art experiences.

You will need:

- Press-and-seal plastic lunch bags
- Non-toxic children's liquid art paint such as Tempra paints (primary colours, black and white).
- Packing tape

⚠ Some art paints may contain chemicals that may be harmful to young children. Always ask for non-toxic children's paint.

What to do:

- Place a few teaspoons of paint into a bag. Adding two different colours (for example, red and white or blue and yellow) will make the activity more interesting.
- Press the bag shut. Seal it with tape if you are concerned about leaking.
- Your baby can now pat, poke and squeeze the bag, causing the paints to combine.
- Describe how your baby is handling the bag. Talk about how the bag feels and how the colours inside are changing.

Comfort

- As you prepare the materials, seat your baby so he can watch. Talk about what you are doing (for example, "Daddy's putting some blue paint in the bag!"). As you look at your baby and speak to him, he will feel like he is participating in an important conversation with you.

Play

- Imitate how your baby plays with the bags. Make patterns in the paint with your finger (for example, shapes, a flower, a happy face). Show your baby and talk about these, as well. She will enjoy spending time with you and sharing in a simple activity.

Teach

- Provide two bags for your baby to handle. Give him one that has been in the refrigerator and another that has been warming in the sun for a moment. He can then notice the different temperatures as he touches and plays with the bags.

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Classroom

During the year after the babies are born, each of the family classes, when Mom, Dad and baby are present, centres on Circle Time when the Parent Educator demonstrates an activity for parents to do with their babies that promotes child development and uses the Comfort, Play & Teach™ approach. Parents then practice this activity with their babies. Circle Time provides an opportunity for parents to see the reaction of the other babies to the activity and for Parent Educators to point out child development and cues to enhance the parent/child interaction. The activities presented in Circle Time are based on the Family Time activities available on the website.

Comfort, Play & Teach™ is also pulled into the discussion of Positive Parenting. A DVD on Comfort, Play & Teach™ is shown to the parents and then they are given parenting scenarios to discuss concept of Positive Parenting.

Parents consistently reported the Comfort, Play, Teach portions of the program very favourably. They prized the Comfort Play Teach (Comfort, Play & Teach™) Family Time activities on the website. These were the most popular part of the weekly web sessions. Parents strongly endorsed the explanations of why the Comfort, Play & Teach™ actions were beneficial to their child's development. Parents really like knowing what their baby is gaining from each activity. Their main suggestion for improvement was to bring more novelty to the activities; they sometimes appear too old-fashioned. The real magic in the approach is that is helped parents easily connect with their children.

5. Parents' Evaluation of Content

It was critically important that parents find the information in the curriculum to be personally beneficial, useful, empowering, trustworthy and "new." The Design Team evaluated parents' evaluations in three ways:

- For Pretest 1 and for much of Pretest 2 the central team included 3 evaluation questions at the end of every online article and activity, and monitored parents' responses. (See Appendix G for details of questions.)
- In Pretest 1, 36 parents responded to an in-depth evaluation of 5 sessions worth of articles and activities.
- In Pretests 1 and 2 at the end of every classroom session, parents completed an evaluation of the handouts and other materials used.
- In Pretest 3, 35 parents responded to an online survey of their opinions of the content.
- In Pretest 3, 13 parents participated in 30 minute telephone interviews (7 fathers, 6 mothers; 6 "engaged" online, 7 "not engaged" online)

In general, parents are not disposed to be critical of the content. Their responses largely tended to score towards the positive side of scales, with many articles and activities garnering ratings of moderate and strong agreement (7 to 10 on a 10 point scale); and they personally inserted positive statements about the interest, relevance, and usefulness of the content. Most of the time parents reported they were learning new things and increasing their parenting skills.

Childbirth preparation: parents seemed to find the childbirth preparation material reassuring -- both mothers and fathers reported feeling prepared for the labour experience. Ultimately many used the labour coping strategies taught in class with 70 percent using the breathing strategies for labour, 33 percent using different comfort positions and walking, 22 percent using baths or showers, 17 percent using the birthing ball and other comfort measures.

Couple relationship: regarding articles and activities designed to benefit the couple relationship, there was a wider range of responses. Some parents liked them a lot and felt they benefited from them; other parents were less enthusiastic.

E. Program Length and Content Coverage

With a constant eye toward making the program and its delivery easily replicable, the Design Team focused much of the process evaluation on developing an ever clearer picture of the optimal length and amount of content for the program. Over the course of several years central staff learned about and acted on a number of fronts.

The Design Team confirmed by the end of Pretest 1 that the length of the original model program, planned to be delivered from mid-pregnancy to the babies' second birthday, was too long for operational reasons. Otherwise excellent sites, which operate on shorter planning cycles, could not commit themselves so far in advance. The Design Team also found that the program length was a serious impediment to recruiting the number of high quality Parent Educators needed -- too many could not commit themselves to 2.5 years of evening and/or weekend work. Furthermore, while some parents would have liked to have their Parent Educators as a permanent part of their lives, others struggled to fit the classroom sessions into their newly frantic lives during the year after the arrival of their babies.

This led the Design Team to undertake a complete review: of the curriculum goals and objectives; of what had been created for the prenatal, postnatal and late infancy modules, as well as what they had concluded to be important for parents of babies in their second year of life. *This exhaustive topic by topic review revealed that the program could end significantly earlier, while comprehensively providing the key information parents want and need to have.*

- **There was less subject matter slated to be introduced.** The Design Team's original estimates of topics to be covered during the babies' second year of life, in anticipation that parents would have less time available for the program (when children were toddlers and most Moms would either be returning to work or having a second baby), were already only half the number of those topics slated for the first year of life.

- **A significant portion of the 2nd year of life topics had already been covered earlier,** either prenatally or during the first year of the babies' lives, because they had discovered through on-going feedback mechanisms that parents needed some of the information much earlier than originally anticipated. As a result, the prenatal and postnatal modules were already 20 percent more extensive than initially planned, and the late infancy module had more than doubled in content.

- **The same was true regarding helping parents guard their couple relationship and become a good parenting team.** By the end of the more than 70 sessions of Modules 1 to 3, the curriculum had covered most of the strategies that help parents deal with conflict and maintain a positive attitude toward each other and their parenting. The evaluation clearly showed that parents have a strong dislike for repeating material. It was unnecessary and undesirable to re-address topics more times during the second year of their baby's life.

- **By extending the late infancy module by just an additional six weeks the staff was able to cover the remaining portions of the content not addressed previously.**

- **Plus, this action ensured the program ends on a high note for parents, with a combined 'graduation and first birthday celebration' during the last face-to-face session.** This was a hit with the parents and Parent Educators. The Parent Educators believe this is beneficial to the parents' valuing of the program, and their recommending it to others as a wonderful addition to their lives.

The Sessions Calendar for The Parenting Partnership appears in Appendix H, The Parenting Partnership: Sample Sessions Calendar.

F. Registration and Group Size

To increase parents' attachment to The Parenting Partnership, the program is designed for groups of parents all having their babies born more or less at the same time, to share their experiences as they go through this life-altering transition.

1. Timing of births

The Design Team originally planned to recruit parents who would all have their babies being born in the same month (4 week period). Because recruitment of parents proved to be such a challenge, in an effort to increase success in recruiting parents, central staff extended the anticipated birth dates to cover a 6 week period, lengthening the eligibility for the program one week earlier and one week longer than the anticipated start of the classes. This proved to be a very workable solution. The births were still close enough together for parents to easily identify with other couples in their group.

2. Eligibility for the Program

Couples are accepted into the program if they are anticipated to be no further along than the 7th month of their pregnancy when the 1st class session begins. The online sessions begin during the 5th month of pregnancy, or as soon thereafter as parents register.

3. Maximum/minimum Group Size

Based on Invest in Kids' experience in training large groups of people, it was originally thought that two Parent Educators could successfully handle 12 - 15 couples per group. The Design Team encountered two obstacles to this assumption. Central staff could not locate enough sites with space available to comfortably accommodate that many couples (requiring a room large enough to have capacity for activities for 24 parents plus their babies). Equally importantly, Parent Educators felt certain that 12 couples in a group would be detrimental to group dynamics, and lead to an increased dropout rate, as well as dissatisfied trainers.

On the other end, the Parent Educators found that having 4 couples in a group was just too small. Given that nearly every group experiences at least one couple that moves, another that drops out, and then the uneven ability to attend sessions, 4 couples is too small a group to build the cohesiveness and maintain the positive dynamic necessary to the success of a group.

Therefore the minimum group size for The Parenting Partnership is now 5 couples and the maximum group size is 10 couples.

4. Parents Joining Later

A suggestion was made that perhaps it would be beneficial for very small groups, as a way to maintain a larger group size over time, to re-start the recruiting at the end of the prenatal module, accepting new couples with newborns who had not been through the prenatal module into the postnatal portion of the program. The staff and Parent Educators discussed this option several times, while the program was being developed and the first two pretests were underway. In the end, this alteration to the model was not approved because it would change the original, very positive group dynamics underway.

5. Scheduling Classes

Almost every program for parents debates the advantages and disadvantages of holding meetings on weeknights or Saturdays. The Parenting Partnership was no different. Over the 3 pretests the Design Team fielded 2 Saturday morning groups. Central staff did not find it was any easier to recruit parents or Parent Educators to this time slot, and did not notice any difference in retaining parents in the program in these two groups, compared to parents and Parent Educators in classes that ran during weeknights. Until more groups are run, the Design Team's view is that some parents and some Parent Educators prefer a Saturday time slot, but this preference does not appear to be any more attractive to parents than groups run during weeknights.

6. Timing the Hiring of the Parent Educators

The prenatal face-to-face classes do not start until parents are in their 7th month of pregnancy – after as many as 8 weeks of online sessions for the early registrants. To optimize parents' experience and engagement with the program from the time that they register, it is critical to have the Parent Educators hired and through preliminary training and ready to greet the early registrants before the site starts to recruit parents. The Design Team found that it was beneficial for parent engagement in the program if Parent Educators reached out to parents and welcomed them with a phone call or an email as soon as a parent's registration was completed, which for many couples was weeks before the face-to-face classes began.

G. Classroom Delivery

1. Group Rapport

The Design Team was very pleased to note there were almost no negative comments related to rapport in the groups. The following quotes capture the major positive sentiments expressed by parents about their group dynamics:

"Our group is open and entertaining. Talking with members of the group is usually a learning experience. Everyone is willing to share." (Father)

"Open, sharing experiences, friendly - my wife now has new friends from the group and they spend time outside of the class." (Father)

"Close-knit, honest, good listeners, friendly, fully invested in the well-being of their child." (Mother)

2. Number of Classes, Length and Format

Number of Classes: the Design Team's original plans called for 8 prenatal classes and then classes every 3 weeks, beginning postnatally. This proved to be too costly for the budget and too strenuous for parents, so the Design Team reduced the frequency of both. There is good evidence that the current schedule of 7 consecutive weekly prenatal classes, followed by 13 monthly classes postnatally and during late infancy satisfactorily meets parents' needs for a comprehensive program balanced against the heavy demands on their time with the advent of their baby.

Length of classes: Unlike shorter prenatal classes in many communities, the prenatal classes with the Parenting Partnership last 2.5 hours. This length was needed to: include parenting and couple relationship content, as well as childbirth and child development content; a break to allow parents to socialize and develop relationships with others in the group; and for the class evaluation to be done. Originally, the Design Team had planned to have the postnatal and late infancy classes be only 60 minutes in length, as it was felt that parents would not have the time to spend 120 minutes with their baby in a class setting. In Pretest 1, central staff quickly learned that parents were staying for 2 hours or more anyway, and Parent Educators were responding to parents' questions for 60-90 minutes after the 60 minutes of planned content had been delivered. As a result the length of classes for the postnatal and late infancy classes was increased to 2 hours.

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Format of classes: Where the format of the classes is concerned, the Design Team was pleased to note -- after a number of trials of various options for balancing structured activities and unstructured time for parents to bring forward their personal concerns, as well as purely social time – they had achieved the right sense of equilibrium in the classroom sessions by opening with unstructured time focused on what has happened in parents' lives since the last session, limiting the structured activities to topics that are seen as vital to parents and Parent Educators, and providing one break that is purely social.

3. Standardization of Delivery

Throughout the pretests, the Design Team strived to achieve a balance between a purely emergent curriculum based solely on what parents want to learn and a structured curriculum based on what experts think parents need to know.

To achieve this balance, based on feedback and input from parents and Parent Educators, the Parent Educators are now instructed as to what are "essential" topics to be covered in the classes, and those additional topics that could be shortened, if parents need more time for their own topics. Flexibility was also built into the class agendas, by providing some options on how to present a topic dependent on parents' interest and group size on a particular evening and/or when time constraints occur. For example, the Parent Educator instructions on classroom games are provided with modifications on how it could be played if there is a large group or a smaller number of parents present.

The Design Team also learned how to provide enriched hands-on Comfort, Play & Teach™ activities with the babies**.** Parents indicated that some of the activities such as songs and rhymes are too familiar – they knew them already. Parent Educators now provide additional new songs, rhymes or finger activities for parents to use. The Parent Educators are also encouraged to have parents share songs, rhymes or finger activities that parents remember or have learned elsewhere to enhance the circle time activity. The acts of parents-learning-from-other-parents contributes to the supportive element of the group and parents' skill

4. Couples/Moms Only/Dads Only/Family Classes

The Prenatal Module is attended by couples. At the beginning of the postnatal module, right after the babies are born, there is a Dads Only class, followed the next month by a Moms Only class.

The Dads Only class is held first for several reasons: some of the Mothers may still be recovering from birth or following a culturally accepted laying-in period after delivery; this is also a time when some fathers feel pushed aside with all the attention flowing to the mother and newborn, while other fathers want to share their experience with other men.

Interestingly, although the Design Team had thought mothers would welcome a longer post-delivery period with no class demands, most mothers are anxious to meet again with the other new mothers. In many groups the mothers spontaneously arrange their own meeting during the postnatal Dads Only class period, because they feel good and want to share their new babies with the other mothers.

Moms Only and Dads Only classes are also incorporated into the late infancy module. The same topics are discussed in both sessions (i.e., The Parent I Am and Want To Be; and Reading Your Baby's Cues). Based on parent and Parent Educator feedback, both Moms and Dads enjoyed these topics and the opportunity to have a class that did not include the spouses.

The Family classes were also enjoyed by parents as it allows them an opportunity to see how the babies are developing, exchange and learn new information and connect with other parents. Initially in Pretest 1 these sessions were only slated to last 60 minutes; it was assumed that parents would not want to stay for a session that lasted 2 hours. Parents actually stayed past the 60 minutes and continued to ask Parent Educators questions. The length of the Family sessions was increased to 120 minutes in Pretest 2 to better reflect the amount of time that the parents were staying.

5. Materials

Initial scoping led the Design Team to believe classroom educational and demonstration materials used by the Parent Educators would cost about $500 per group. In fact, the $500 was a severe under-estimation. The real cost is $4,000. The amount of supplies and their quality is extensive, and includes: posters related to labour and birth, emotional changes, sleep; flip charts related to newborns, breastfeeding, and birth; models such as breast, pelvic and baby models; an assortment of DVDs and games and a sample labour comfort kit.

Feedback from the end-of-classroom evaluations leads the Design Team to believe these materials, and the demonstrations that are based on them, play an important role in keeping the parents interested in and making the effort to attend the classes.

In addition, the Design Team learned to allow some flexibility related to the teaching strategies or teaching aids (posters, models, etc) scheduled for each class. For example, some classrooms may not have available wall space for all the posters, and it may be necessary for the Parent Educator to show or hand them around the group. Another example would be when the Parent Educator knows is a better way to answer a parent's question in a manner that is more likely to fit to that parent's learning style (e.g., by using a different teaching aid).

H. Online Delivery

1. Tech support & parent capability

Originally the Design Team expected parents to be much more internet savvy than in fact they were. Although all parents registered for the program have access to high-speed internet at home, many of them were not as familiar with navigating websites, printing and downloading materials as the Design Team had expected them to be.

Therefore, central staff developed a web tutorial for parents to explain the site and how to navigate within it. Parents are strongly encouraged to complete this before they access the website. During the Parent Educators "welcome contact" with parents the Parent Educators also encourage parents to complete the tutorial. Additionally, parents can e-mail a tech support person provided by central staff.

2. Literacy Level and Difficulty

The Instructional Designers, who turned the content into parent-friendly articles and activities, kept the literacy level at Grade 8, which is the level of most newspapers. The Design Team also created an online glossary that automatically appears when parents scroll over any word that is deemed to be medical, technical or academic, and yet must be used in an article or activity.

In several evaluations, the Design Team asked parents about the literacy level and difficulty of items. Most often the material hits the mark, with some exceptions. Some original material was too simple and basic, others were too complex or advanced. Any material that was problematic has been revised, except in the few instances when Invest in Kids did not have permission from an author to alter it, and staff considered it important to include.

3. Formats

The online content is delivered to parents in a variety of formats to appeal to different learning styles; this includes games (such as Tic Tac Toe), self-quizzes, read only articles, Click (a topic or question) and Reveal (the information or answer), Sharing Time discussion topics for the parents to discuss with each other and Comfort, Play, Teach activities for parents and their baby. Since online learning is the most innovative aspect of the program, the Design Team queried parents many times in many different ways about the articles and activities in this portion of the program.

In general, parents do not tend to be critical of the content and delivery. Their responses largely tended to score towards the positive side of scales, with many articles and activities garnering ratings of moderate and strong agreement (7 to 10 on a 10 point scale) with positive statements

about the interest, relevance, and usefulness of the content. There was also a consensus that the tone and level of difficulty were right.

Here is a summary of some specifics of what the Design Team learned about providing online parent education:

- **Parents encouraged the Design Team to insert as many pictures as possible.** They were greatly appreciated.

- **Parents requested an answer sheet to all games** (e.g., Tic Tac Toe) so if they won early on, they would not miss any of the other material in the game. The Team now includes pdf copies of the answers to all quizzes, games and crossword puzzles for all parents who either do not wish to complete them online, or who want to know the answers to all points raised in the game.

- **They prized the Comfort Play Teach (Comfort, Play & Teach™) activities, and nearly all used them with their babies regularly.** This is the most popular part of the weekly web sessions. Parents strongly endorsed the explanations of why the Comfort, Play & Teach™ strategies were beneficial to their child's development. Parents really like knowing what their baby is gaining from each activity.

- **The interactive learning is seen as engaging, as long as it is not used too frequently in each session.** Here are two examples of parents comments:
  "It does challenge you with interactive stuff."
  "The tools and games are helpful."

- **Each page of an article or activity has the ability to keep users focused.** The following are examples of the feedback parents provided:
  "It works, it "bread crumbs" *us along."*
  "It keeps you from jumping around."

- **There is a high appreciation for content directed to Dads, Comfort, Play & Teach™, and tools such as checklists**.

- **There is a broader range of responses to quizzes and games,** which were rated somewhat less positively. A range of online activities was developed to appeal to different styles of learning. The Design Team anticipated that these activities would appeal more to some parents than to others, and have retained them for that purpose.

4. Number of Sessions, Length and Set-up

Originally the program was slated to begin 18 weeks before the babies were expected to be born. However, even before Pretest 1 started, the Design Team reduced the online prenatal sessions to 15 to reach parents at their peak period of interest and motivation.

The Design Team was originally unable to identify any similar weekly online program for parents. The preliminary focus groups and survey of pre-/post-natal parents indicated that some 1st time parents want a huge amount of content; others want only what they need to know to get by, and can be threatened by too much material.

The Design Team thought that parents would automatically visit the website at least weekly, once they registered for the program.

The Team also began by letting subject matter determine the number of articles and activities they would include in any session. Dense and broad subject matter dictated more information in a session, while other sessions with less involved subjects would be shorter.

Through the course of the process evaluation the Design Team found:

- **Parents who use the webs sessions have about 20 minutes a week for it.** Anything longer will either inhibit parents from starting it, or the session will not be completed.

- **Parents want their involvement to take about 20 minutes of time, without much variation.** They do not welcome longer or even shorter sessions. Predictability is important to parents.

- **They want to know what is "essential" to learn in each session, and appreciate having a menu of additional articles/activities if they have the time or interest to do more.** Parents are pressed for time, juggling the care of a baby along with the other activities of daily living.

- **Parents want to be informed up front, at the beginning of each session, what will be covered, and how long each article/activity can be expected to take.**

- **Lastly, some parents requested a weekly e-mail reminder of each new session, which would link them directly to the site.** This was deemed better than relying on themselves to remember each week to go to the website to see the new material.

To address these findings the Team re-aligned the material to respond to the parents' preferences without omitting any material the Team considered to be important:

- The weekly amount of Essential material was paired down to less than 20 minutes, usually consisting of 2 – 4 activities/articles. The Essential material cover subjects that have been designated as such by the content experts to contain the minimum content that they think is critical for new parents to know.

- In addition to the session content parents are provided with an Introduction to the session, a Family Time Comfort, Play, Teach activity and a Sharing Time couple relationship activity.

- Each session includes a substantial number of Recommended articles/ activities, prepared exactly like the Essential activities, but which cover a much broader range of topics and contain key supplemental material that would be helpful to most parents.

- Each session also includes many Related Resources, including references to other websites and books that are relevant the week's content.

Here is an example of what the Introduction page of a weekly session now looks like for parents:

Here is the current breakdown of Essential and Recommended content and the Related Resources for each module in the program:

Prenatal module: 15 sessions:

88	Essential articles/activities
78	Recommended articles/activities
134	Related resources
298	TOTAL

Postnatal module: 26 sessions:

126	Essential articles/activities
72	Recommended articles/activities
426	Related resources
624	TOTAL

Late Infancy module: 32 sessions:

211	Essential articles/activities
47	Recommended articles/activities
122	Related resources
378	TOTAL
1244	GRAND TOTAL

Parents responded very favourably to these changes. When asked, "*Is separating the Essentials and the Recommended helpful? Does it matter?* 79 percent of parents in one survey indicated moderate to high agreement that separating the Essentials and the Recommended is helpful.

5. Blog and Discussion Forum

Every parent in the program belongs to a Blog consisting only of the other parents in their group. Blogs are facilitated by the Parent Educators assigned to each group. The Parent Educators contribute a number of consistent postings such as a Welcome, an Explanation of the Purpose of the blog, Do's and Don'ts, Questions and Comments about the week's online and classroom topics, local community resources and events of interest to new parents, and one weekly online activity to encourage the parents to interact with each other online.

The Discussion Forum is open to all parents/couples and Parent Educators registered in any group in the Pretest (i.e., across all groups). The Discussion Forum is moderated centrally by the Lead Parent Educator. Postings to this area include updates about The Parenting Partnership, comments on news items of interest to new parents, and product recalls related to pregnancy, toy safety and health.

Parents' use of the Blog and Discussion Forum are presented in Section N of this chapter.

I. Website

Websites, such as the one that supports the online portion of The Parenting Partnership, use software called a Learning Management System, and referred to as an LMS. Here are some lessons the Design Team learned about building this type of online e-learning program:

- **LMS's are not automatically compatible with all browsers.** Therefore, it is important to choose an LMS that is compatible with your chosen preferred browser(s). Even if an LMS is compatible with one browser, such as Internet Explorer, it may not be compatible with other browsers, such as Foxfire. Updates will be needed to ensure compatibility as new browsers gain market share.

- **Authoring tools, used to create the online activities, are updated about every 18 months.** Obtaining the new versions is a cost, and upgrading existing online materials is time consuming, and therefore also costly.

- **Websites will always have functionality issues.** Achieving a perfect, never changing website is an impossibility. It is an ongoing task to keep solving functionality issues, and requires hiring technical expertise. Therefore, it is costly to maintain an online learning website.

- **The selected LMS must be able to quickly and easily block outdated material and allow for editing** because the science of child development, parenting and the couple relationship shifts and changes frequently. The more time-consuming the editing and blocking aspects of the website, the more costly to operate.

J. Babies and Births

High quality preparation for childbirth is a critical motivator for parents to register for The Parenting Partnership. Helping parents feel prepared to navigate this event, and then having them feel afterward that they were well prepared, are key goals for the prenatal and postnatal modules. The Parent Educators must be knowledgeable about birth, and parents' accompanying anxieties. This includes knowing about labour, the evidence-based comfort measures that can be used to good effect during labour, the types of medical interventions available and their side effects, as well as the types of complications that can arise.

The efforts to track parents' and babies' birth experiences across the three pretests resulted in data on 76 births and 77 babies (including one set of twins). There is missing data on 48 of the babies.

1. Labour and Births

To our knowledge, none of the babies had serious birth anomalies. Two sets of parents, initially registered for the program, had very early miscarriages. The central staff and Parent Educators have protocols for handling such events, which were much appreciated by the parents involved.

Length of labour for first time mothers is usually in the range of 12- 15 hours.[xxii] Only about 1/3 of mothers in The Parenting Partnership for whom there is data had longer labours.

LENGTH OF LABOUR	# mothers	%
< 5 hours	9	12
5-10 hours	15	20
11 -15 hours	21	28
16-20 hours	9	12
21-25 hours	6	8
26-30 hours	5	7
>30 hours	9	12
TOTAL for whom there is data	**74**	**99**

Mothers used multiples of strategies covered in The Parenting Partnership for coping with labour. The most commonly used strategies were breathing, walking and positioning, and using the bath/shower.

COMFORT MEASURES USED	# mothers	%
Breathing	54	71
Position/walking	25	33
Water bath/shower	17	22
Birth Ball	14	18
Massage	7	9
Counter pressure	4	5
I-Pod/Music	4	5
Visualization/Focusing	3	4
Hypnosis	2	3
Birth Stool	1	1
Birth Pool	1	1
Candies	1	1
Ice Chips	1	1
Ice Pack	1	1
Relaxation Exercise	1	1
TENS	1	1

Many labouring mothers turn to medical measures to manage their pain during labour. Occasionally women use more than one of these methods to get through their labour. Epidurals are the most common method used by women in both Canada and the United States. It was also the most common method used by mothers in The Parenting Partnership – about 2/3 or mothers used epidurals. It is interesting to note that about 1 mother in 5 did not use any medical method of pain management and had a delivery without medical intervention.

PAIN MANAGEMENT	# mothers
No medical pain management	16
Epidural	51
Epidural + other	7
Narcotics	8
Nitrous Oxide	6
Spinal	1

Canada's Caesarean (C/S) birth rate was 25.6 per 100 deliveries in 2004/5.[xxiii] There were 20 Caesarean births out of the total of 76 births in The Parenting Partnership for a rate of 26 percent. The majority of the Caesareans were a result of complications that arose during labour. About 32% of the moms in TPP were 35 years of older which may accounted for some of the c-sections. (Mothers who are 35 years or older may have an increased rate of C/S, twice the rate of a younger woman in her twenties.[xxiv])

TYPE OF BIRTH	# mothers	TPP %	Canada %
Vaginal Birth	56	74.0	
Caesarean Birth	20	26.3	25.6%
TOTAL	**76**	**100.0**	

A little over half of the mothers in The Parenting Partnership had no complications during the labour or birth of their baby. A little less than half had issues arise with their labour.

MOTHERS' BIRTH COMPLICATIONS	#	%
None	42	55
Slow to dilate	3	4
Stitches/ Tears	2	3
No dilation/stalled	2	3
Bleeding PN	2	3
Cascade of Interventions	1	1
Incision close to bladder	1	1
Elevated BP	1	1
Epidural stopped contractions	1	1
Epidural didn't work	1	1
Episiotomy	1	1
Placenta Previa	1	1
Placenta-manual extract	1	1
Post Epidural low BP	1	1
Swelling of cervix	1	1
Abd Rectus Muscle Tetany	1	1
UTI	1	1
TOTAL for whom there is data	**63**	

2. Baby's Arrival Data

A preterm birth occurs on or before 37 weeks of pregnancy. Preterm births occurred in all three pretests. Five of The Parenting Partnership babies, or 6.58 percent, were born preterm which compares to the Canadian preterm rate of 7.8% and Ontario rate of 7.9%.[xxv]

	# Babies	*TPP %*	*Canada %*	*Ontario %*
EARLY ARRIVAL				
37 weeks or less	5	6.58	7.8	7.9

Statistics Canada data shows the mean birth weight of Canada's babies is 3372 grams or 7.3 pounds and the Ontario mean is 3360 grams or 7.4 pounds when both sexes are included in the calculations. [xxvi] The Parenting Partnership babies form an almost perfect Bell curve of birth weights.

	# Babies	TPP %	Canada mean	Ontario mean
BIRTH WEIGHT				
<5 lbs	1	1		
5-6 lbs	6	8		
6-7 lbs	18	24		
7-8 lbs	32	41	7.3 lbs	7.4 lbs
8-9 lbs	18	23		
9-10 lbs	2	3		
>10 lbs	0	0		
TOTAL for whom there is data	**78**	**100**		

K. Parents

A total of 254 parents/127 couples registered for the program across the three pretests.

1. Program Benefits to Parents

In a number of evaluations across all three pretests, the Team is pleased to report especially positive feedback from parents about the program.

- The Parenting Partnership is highly valued by parents throughout the course. The large majority of parents would recommend the program to other expectant parents. Parents in Pretest 1 or 2 actually recommended parents who ultimately registered for Pretest 3.

- Parents who register for The Parenting Partnership are attracted to it because it is comprehensive – they like that it includes both prenatal, couple relationship and parenting components and it includes both in-class and online sessions.

The program: with regard to what the whole program meant to parents, here are a few comments made by them:

"The program took me though the whole arc of what to expect."

"I felt prepared – I was conscious of what is possible."

"It helped me to deal with my spouse and the changes we were going through."

Childbirth preparation: Parents take the program because they want to prepare themselves for childbirth and to learn about parenting.

"*We started another prenatal class at our hospital but we stopped going to that one, The Parenting Partnership Program was better and had more information."*

Their couple relationship: with regard to the emphasis on building the couple relationship during the transition to parenthood, the following remark is typical of many parents' views:

"The topics addressed in the sessions spark great discussions between Wayne and me after the class ends, and it's great to feel that we're in this together as a couple and as well as part of a group of people going through the same thing."

Their Parent Educators: with regard to parents' evaluation of their Parent Educators, the parents made comments like:

"They have compassion & so much knowledge. They want the best for us and our child."

"The instructors have so much credibility. You trust them and their experience."

"They were awesome and I am so grateful for them. Our leaders were incredible and helped us feel secure in the life altering experience that was coming."

Group rapport: with regard to the connections parents made with other couples, parents said:

"It's easy to talk to each other. We're at the same place in life."

"Now I'm part of a group of people that are not afraid to share their experiences."

"It gave us so much comfort knowing that other parents were feeling the same way we were."

"It's more than we bargained for – we have made real friendships for ourselves and our child."

Ultimately many groups felt as if they became A COMMUNITY:

"*Our group has a strong bond. I want to stay with the other couples and watch the kids growing together."*

In at least four of the Pretests 1 and 2 groups, couples continue to meet, long past the termination of their program. In four of the five Pretest 3 groups the mothers keep connected by email and meetings.

2. Father Engagement

The research on parenting strongly endorses father involvement as important to healthy child development. Involving fathers throughout the program was anticipated to be one of The Parenting Partnership's biggest challenges. The Design Team took a number of steps to promote fathers' commitment to the program:

Content and Materials: part of the reason for rejecting much of the currently available materials from other reliable sources is the bulk of it is geared to Mothers only. The Design Team worked diligently to create materials that 1) spoke to Fathers' as much as Mothers' concerns, and 2) were delivered in a tone and manner that was father-friendly. Central staff feel they were successful because both fathers and mothers took pains to thank Parent Educators and the Design Team when father-related articles, activities, handouts and perspectives were included in the curriculum.

Dads Only class group time: the Design Team planned to devote some portion of most classes for separate father only/mother only activities/discussion. This has been well received by the parents and Parent Educators alike.

Dads Only Classes: the first post-natal class is for fathers only, and a second Dads Only session is held when the babies turn six months old. Mothers and their newborns are the centre of attention during pregnancy and birth, and fathers in the program expressed a sense of being on the sidelines.

The Dads Only class, held right after the babies are born, frequently turned into a real bonding time for fathers - sharing experiences they were disinclined to share with their partners about the glory and the terror of their childbirth experiences. These classes seemed to cement many Fathers' commitment to the program. They were very grateful to have these classes, without their partners, to share their experiences with each other. Here are a few of their comments:

"It's absolutely critical to share the experience. It was good to know I wasn't the only Dad that had difficulty during delivery. Guys won't be so open when their wives are there."

"There's things I want to talk about, but I don't want to hurt my wife's feelings."

"The session let us compare notes and have our <u>own</u> opinions."

Male Parent Educators: to help fathers feel more comfortable in the classroom setting, and to help validate men's perspective on pregnancy, childbirth, infancy and parenting, the Design Team originally planned to have every Parent Educator team consist of one male and one female. When central staff tried to recruit male Parent Educators they found there are simply too few males in the counseling and nursing professions, and even fewer who work in infancy and early child development. Central staff were unable to recruit enough male Parent Educators.

Dr. Kerry Daly, Executive Director of the Father Involvement Research Alliance, and Mr. Tim Pacquette, Director of Father Involvement Ontario, both suggested it would be helpful to fathers' ease in small groups if the same female Parent Educator was the facilitator each time. Additionally central staff was able to recruit enough male Parent Educators to run 4 groups with the ideal of a male/female team. The evaluations did not surface any differences in favourability toward the Parent Educators between groups with male/female educators and those facilitated by female/female Parent Educators.

Although originally hiring male Parent Educators was an important part of the Design Team's strategy for father inclusion, in the end central staff determined it was not necessary for fathers' long-term involvement in the program.

3. <u>Recruitment</u>

True to what the Development Phase surveys of expectant and new parents reported, the Design Team found that once parents became aware of The Parenting Partnership program they were very interested in registering for it. It was creating that original awareness which was challenging and required a broad range of approaches.

Relying on community organizations: initial scoping of how easy or difficult recruiting parents would be, led the Design Team to believe that organizations agreeing to be sites, and their community partners would be very helpful in recruiting pregnant couples to the program.

In fact, the Design Team discovered: community organizations are very inexperienced in recruiting parents to programs before the parents have a child. Even when the community agencies and Public Health Units wanted to run The Parenting Partnership program, few had additional resources to put toward recruiting parents. Their typical practices consisted of placing brochures in what they considered to be key locations, and some minor word-of-mouth announcements.

Invest in Kids used a combination of: central staff, Parent Educators and limited site partner help (posters, brochures and direct mail):

- Posters and brochures:
  - Invest in Kids hired a creative firm to take the key messages and create posters and brochures. The appeal of these was tested and confirmed with focus groups of parents. *(See Appendix I: The Parenting Partnership Poster and Brochure.)*

- Health Professionals:
  - Obstetricians, Gynecologists and Family Practitioners – only a few were interested in placing brochures in their offices; and understandably they were not willing to personally recommend a program unknown to them.
  - Public Health offices were usually interested in placing posters and brochures in locations where they typically promote their usual prenatal classes.
  - Doulas and midwives would promote the program, however it was difficult to identify them locally.
  - Hospitals, as mentioned earlier, were not open to posting posters and brochures for this program because they often run their own programs.

- Retail establishments, such as maternity shops, baby clothing shops, baby furniture shops, bookstores (pregnancy section) would sometimes be open to posters and brochures, and sometimes not. And it was time-consuming to canvas them one at a time around each site.

- Faith communities, such as bulletins in churches/synagogues/temples, were very time consuming to contact, because they were often open only part-time, and identifying the right person within was challenging.

- Broader Community Organizations, such as Libraries and Recreation Centres were amenable to posters and brochures.

In addition, central staff used:

- Unpaid media, such as community newspapers and local cable TV, were generally willing to highlight the program, its times and locations. Again, it was very time-consuming to track down the opportunities and provide folks to be interviewed.

- Paid media on a very small scale.

A post-analysis of recruits confirmed that public relations-type media coverage i.e. paid advertising and/or interviews in TV/radio/print reached the most parents. This is costly in terms of buying space and providing experts for interviews.

L. Parent Educators

The Parent Educators are the heartbeat of the program -- viewed by parents and central staff alike as key resources, valued for their knowledge and compassion.

1. Program Benefits to Parent Educators

A total of 33 Parent Educators taught the program across the 3 Pretests, and five Parent educators taught more than one group or pretest.

The biggest factor in the success in the relationships between parents and Parent Educators, as well as Parent Educators and central staff, is the pride the Parent Educators have in their role in The Parenting Partnership. Some of the prenatal/parent educators who became Parent Educators in The Parenting Partnership felt that the overall quality of programs in their field has been in decline, even though they can see parents want and need more comprehensive education and support for the transition to parenthood than many programs currently provide. The Parenting Partnership is seen by many Parent Educators as being on the leading edge of where prenatal and parent education need to go.

Here are two comments, representative of the feedback provided by many Parent Educators:

"I had no idea what a wonderful experience that this would be—not just for the parents but for myself as well. I have taught many parenting groups over the years but this one is unique"

"The support and training provided by Invest in Kids was an important part of the success I enjoyed as an educator. Through their organization of monthly meetings, feedback session, continuing education and evaluations, I personally was able to step outside my comfort zone and grow as an educator and as a parent"

2. Recruitment

The Design Team originally assumed they could recruit Parent Educators for the initial concept of a 2½ year program. Central staff thought many Parent Educators would even welcome the steady employment.

Staff discovered this was not the case. Most Parent Educators are employed at a fulltime job during the week days, and they are part-time Parent Educators in their evenings or weekends. Most Parent Educators teach programs that are shorter in length that allow for some breaks between one group finishing and another starting. Committing to a weeknight or Saturday for 2½ years, with almost no breaks, was too big a commitment for some of the Parent Educators.

These findings had an important bearing on the Design Team's decision to reduce the length of the original program from 30 months to 17 months.

3. Training

In their original plan the Design Team assumed that training of Parent Educators via web-conferencing and teleconferencing would be effective. This did not prove to be the case. The content is so extensive, the demonstrations so specific and no profession is equipped to handle the broad range of subject matter covered in The Parenting Partnership nor the expectations for online leadership. Therefore, Parent Educators need to be trained in person by a Master Trainer.

Based on evaluations completed by Parent Educators at the end of every training session, the training sessions for the classroom sessions now include more demonstrations of and opportunities for Parent Educators to test out specific teaching strategies (e.g., how to use the birth ball). More training was provided on how to introduce topics where couples may be in conflict (e.g., on Expectations and Role Change after the Baby is Born; or Developing a Joint Parenting Plan).

4. Teams and Qualifications

The breadth and depth of content convinced the Design Team early on that two Parent Educators were required to adequately deliver the program: one from a nursing/health background, and the other from a social work/counseling background.

Qualifications: Central staff originally thought they could recruit enough nursing and social works professionals to supply the program's needs for Parent Educators. Staff found simply too few nurses who have expertise in childbirth education, pregnancy, infancy and early childhood, and even fewer social workers have worked in counselling parents in this life stage. Furthermore central staff learned there are a number of other professionals with credentials in childbirth education, lactation and counseling who have the expertise and knowledge that were essential.

Therefore, the current program guidelines recommend continuing to recruit nurses and social workers, but only those with relevant experience or who have achieved additional germane credentials or life experience. It is also acceptable to hire health practitioners and counselors with credentials from Childbirth Education and counseling.

Teams: the Design Team ran two pretests with two Parent Educator teams who stayed with each group from start to finish. In Pretest 3 it was planned to have two Parent Educators for the prenatal and postnatal module and then to decrease to one Parent Educator for the late infancy classes. However, central staff ran into concerns from the Parent Educators who, based on their previous experience with the program, were unwilling to accept this change. This is something that will need further trials.

As Invest in Kids started to disseminate the program it met considerable resistance from agencies to the hiring of two Parent Educators (a Parent Educator team) per group – there is a long tradition of hiring only 1 Parent Educator per group. This is their perspective and their budget. After careful examination of the assumptions and how the curriculum has been built, the Design Team concluded it is possible for agencies to run the program with a Health Educator leading the Prenatal and early Postnatal modules; have some overlap with a Counsellor, and then have the Counsellor Educator facilitate for the latter half of the postnatal module and the late infancy module. This will require further trials to assess whether it can be successful in the real world.

5. Online leadership

Since much of the recruitment of Parent Educators was carried out via e-mail and they indicated they were comfortable with internet use, the Design Team expected Parent Educators would be:

- Familiar with opening and using e-mail, attachments, pdf documents, etc.
- Able to easily assume an online leadership role, creating an online community among parents and themselves, even before the first face-to-face classes were held.

In fact, Parent Educators, while highly skilled at creating community through classroom delivery, lacked the expertise in developing online facilitation as the Design Team had envisioned for them. The Team commissioned a literature review and key informant interviews with experts to learn more about building online communities. Based on those findings the Design Team:

- **Developed a Web Facilitation Guide** for Parent Educators to use in their role of online facilitators.

- **Devoted a substantial portion of the initial training to prepare the Parent Educators for their role as online group facilitators**. This included a thorough orientation to the website and its various components, how to navigate the website and practice in using the skills needed for online group facilitation.

- **Provided Parent Educators with an index of <u>all</u> the web session as well as classroom materials for the entire program.** This will allow the Parent Educators to refer parents to specific online articles, activities, worksheets, etc., when the parents are most ready for this information.

See Section M of this report for information on Parent Educators' time spent on the website.

6. <u>Remuneration</u>

Invest in Kids originally budgeted remuneration for Parent Educators at $1600 per module. Central staff were unable to recruit the quality and number of Parent Educators required at that level. Central staff now budget Parent Educators at $2000 - $2400 per module per Parent Educator. Prenatally this includes 3.5 hours per class for the 7 classes and 1 hour per week for the 15 online sessions; postnatally and for the late infancy module this includes 3 hours per class for the 13 classes and 1 hour per week for the 58 online sessions.

7. <u>Support</u>

The support Parent Educators require was anticipated and has not changed from the beginning to the end of the program thus far. Central office staff worked hard to create a collegial relationship with each Parent Educator. The Parent Educators participate in a monthly teleconference where they share their challenges and successes with one other. The Central Office Staff conduct in-class observations of each Parent Educator team at least once during each module, and are available for one-on-one consultation if needed.

The support runs two ways. On the monthly teleconferences, the Parent Educators provided feedback on how the curriculum could be improved or about issues that arise. The Research Director and Curriculum Director frequently relied on the Parent Educators to lead Guided Discussions with their groups of parents on topics of special interest.

M. Sites/Sponsors

19 groups of parents were convened across Ontario in a broad range of municipalities, including Thunder Bay, Kenora, Ottawa, Peterborough, Hamilton, Niagara, London, Burlington, Brampton and Toronto.

1. Length of program and requirements

The Design Team originally assumed that agencies would be open to scheduling a program for 2.5 years. In reality, central staff found that agencies:

- Do not plan that far in advance.
- Do not want to tie up their space for that long.

The reluctance of sites to host the program was one of the reasons the Design Team reduced the length of the program from 30 months to 17 months. Central staff were simply unable to obtain enough locations willing to house a 30 month long program.

Program length was not the only challenge for finding suitable sites. For some sites, the space requirements were the challenge. Each group of parents required one room to accommodate up to 22 adults (20 parents, 2 Parent Educators) and 10 babies, plus a breakout room 11 adults and 5 babies.

2. Free space

The Design Team assumed they would be able to obtain space to hold the classes at no cost. This was accomplished, but not easily. It relied on a part-time staff person with the ability to sell the importance of the program, which encouraged organizations to provide free space to run The Parenting Partnership.

3. Set up

Across the three pretests central staff pieced together the requirements that a site and Invest in Kids must provide each other for the program to run smoothly.

What the Site was required to provide to Invest in Kids:

- Space, at no cost, for the delivery of The Parenting Partnership classes at the agreed times and number of hours per month as per an attached schedule. The space required includes:
  - A room to seat 22 people with additional space to move around in activities
  - A break-out room to hold at least 11 people adults plus babies
  - Bathroom and baby changing facilities
  - Access to sink and/or kitchen facilities to serve refreshments.

- Also provide the following at no cost:
  - Photocopier (for emergency use only)
  - Access to a telephone (for emergency use)
  - Secure storage for teaching materials and equipment
  - Flip chart and paper for use during classes

- To assist Invest in Kids to recruit parents to register in The Parenting Partnership program. The level of assistance was negotiated with the Partner prior to recruitment beginning.

- Maintain general insurance coverage in force for the duration of the program in a form and with limits and insurers satisfactory to Invest in Kids, including but not limited to comprehensive general liability insurance with a limit of at least $5,000,000 in respect of any

one occurrence. The Partner shall provide evidence of this insurance coverage satisfactory to Invest in Kids upon execution of this Memorandum of Understanding and upon Invest in Kids' written request from time to time thereafter.

In return, Invest in Kids agreed to:

- Implement the The Parenting Partnership program as described in a preamble.
- Provide training at the Partner's site to the Parent Educators selected to lead the groups.
- Provide all teaching materials required to offer the program.
- Provide on going support to the parent educators as required.
- Provide acknowledgement of the Site's role in appropriate The Parenting Partnership materials and Invest in Kids' corporate materials.
- Ensure common ethical standards such as those adopted by research ethics boards in universities and other institutional settings are being met and abide by appropriate privacy policy.
- Maintain an Errors & Omissions liability insurance covering the program as described above and to ensure that Invest in Kids has appropriate insurance coverage.
- To provide any recruitment material required for the program such as brochures and posters.
- To be responsible for the recruitment and registration of parents for the The Parenting Partnership program.
- To provide the Partner with a summary of research findings related to the program.

4. Types of Locations

Originally the Design Team envisioned running The Parenting Partnership in many types of locations – hospitals, libraries, schools, large manufacturing facilities and community agencies. Here is what was discovered:

- Of all the locations approached, community agencies, such as Early Years Centres, children's mental health, family support and Public Health agencies were the most welcoming to running The Parenting Partnership under their auspices, offering free space and lining up other community partners to co-sponsor the program.
- Urban libraries frequently charge for use of their space, which eliminates them.
- Hospitals are generally not a good location for the program. Some hospitals run their own childbirth preparation programs, and do not wish The Parenting Partnership to compete with it. Some hospitals require research evidence before they can approve a program's use of their facility. Others charge for space to run programs that are not run by their own staff.
- A number of schools and school boards are being pressured by communities to provide free space, but in general they do not consider this an essential service and are often overly bureaucratic. In some school boards, cuts in their funding require that they charge outside agencies to use the space.

- While in theory large manufacturing facilities with thousands of young employees would seemingly be a good place to offer The Parenting Partnership, the part-time staff central staff were only able to put minimal effort into assessing this type of location.

N. Attendance, Engagement and Retention

The Parenting Partnership has a model of delivery that blends classroom and online learning. The Design Team conjectured that parents' preferences for one or the other would play a part in determining how much they would participate in either type of delivery. Some parents really like the opportunity to make new friends, personally consult with the Parent Educators and watch other children develop – these interests are addressed in the classroom portion of the program. Other parents find it difficult to make time in their schedules for classes, may really prefer to learn quietly on their own or may like to peruse broader topics than are covered in the classroom. Such parents might be more drawn to the online delivery. Accordingly, it would theoretically be possible for some parents to participate solely in-class or solely online and still be "engaged in the program."

Assessing classroom attendance, online engagement and program retention was challenging. In Pretest 1 central staff was not clear about what information they wanted to collect and how they tracked class attendance data, which caused confusion among the Parent Educators who were the data collectors. Additionally, the online monitoring software was not yet developed. In Pretest 2, central staff found classroom attendance records were still incomplete during the early weeks of the program, so while the records ultimately provided a fairly good estimate of attendance, staff wanted another opportunity for more precision. The online monitoring software was also flawed in the second pretest, and staff could not ascertain whether parents who were no longer attending class were, in fact, continuing the program online. **Therefore, the most accurate classroom attendance, online engagement and program retention results rest on the findings from Pretest 3, with 72 registered parents (36 couples).** ***The remainder of this chapter rests on the results of Pretest 3.***

The Parenting Partnership was designed for mothers and fathers – both individually and as couples. It was not clear whether fathers might drop out before mothers, or whether if only one parent participated that the other partner was, or was not, receiving any benefit. To help illuminate these ambiguities the analyses of attendance, engagement and retention were done for both individual parents and couples. The details appear in Appendices J, K and L.

1. Classroom attendance (See Appendix J for details of session by session attendance.)

Total number of classes attended by parents and couples

# of Sessions	Parents		Couples	
	%	N	%	N
0	0	0	0	0
1 to 9	16	8	8	2
10 to 17	81	39	58	14
*all 18 (parents)	2	1	21	5
*19 (couples)			8	2
*all 20 (couples			4	1
TOTAL	**99**	**48**	**99**	**24**

* NOTE: because of the Mother Only and Father Only sessions, it was possible for parents, as a couple, to attend more sessions than parents as individuals

Overall, classes were well attended by parents. In every type of evaluation method used – surveys, qualitative interviews, spontaneous feedback, and end of classes forms -- parents consistently reported they appreciated the classes – the content, the opportunity to meet and share with other parents having a first baby, and parents valued the Parent Educators for their support and expertise.

Attendance dropped over time. In terms of parents who attended half or more of classes, the attendance was:

- Prenatally - 81 percent of parents and 84 percent of couples
- Postnatally - 69 percent of parents and 74 percent of couples
- Late Infancy - 62 percent for parents and 68 percent for couples.

For moms-only and for dads-only face-to-face classes in the postnatal and late infancy modules, mothers were more likely than dads to attend these sessions. Nonetheless, as noted earlier, nearly all the fathers who attended such sessions felt very fulfilled by them. Overall, fathers kept attending classes with the mothers throughout the program in both Pretests 2 and 3. They did not stop attending classes at a greater rate than mothers..

2. Online Engagement

There are four parts of the online portion of the program: Weekly Sessions, the Blog, the Discussion Forum and the Search.

In Pretests 1 and 2 central staff received many complaints from parents about the program's limited Search function. Staff thought this might be critical to parents' use of the website, so considerable time and effort were spent to enhance its capability. However, in Pretest 3 only 5 parents used the search function. The search function in Pretest 3 provides a more "google-like" function. However, the website software was unable to track parents' use of the Search function, and it is therefore excluded from further analysis.

The Design Team had added a Blog and Discussion Forum to the website prior to Pretest 3 to see if these types of online interactivity would increase parents' engagement with the online portion of the program.

The Blog was facilitated by each group's Parent Educators and was accessed only by those parents in their local group. Central staff found the Parent Educators to be highly involved with the Blog, so there was no issue regarding their fulfilling their role.

- **Training:** all Parent Educators participated in an in depth training session regarding their role in establishing an on-line community for their group of parents.

- **Access:** all Parent Educators accessed the Blog at least once. The average Parent Educator accessed the Blog an average of 87 times.

- **Posts:** all Parent Educators, except one (who resisted all attempts to support her on-line participation), posted entries. The Parent Educators posted an average of 31 entries each (range of posts: 16 to 52 entries).

- **Time Spent:** the average time Parent Educators spent on the Blog was just under 3 hours (range: 25 minutes to 7 hours).

The Discussion Forum was facilitated centrally by the Lead Parent Educator. While the majority (88 percent) of Parent Educators accessed the Discussion Forum at least once (average = 13 times; range: 1 to 28 times), the average time spent on the discussion forum was considerably less than the Blog with about 8 minutes per Parent Educator (range: 7 seconds to 9 minutes). Parent Educators did not post any comments on the discussion forum.

The Design Team thought perhaps some parents would like the sharing of their experiences with others in their group more than the straight information gathering provided via the web sessions. However, despite additional Parent Educator training to boost their online leadership and substantial efforts on the part of Parent Educators to engage parents in the Blog and Discussion Forum, few parents posted comments either on the Blog (22 percent or 13 parents; 23 percent or 7 couples) or the Discussion Forum (less than 10 percent; 6 parents or 3 couples).

Many parents appeared to be "lurking" on the Blog (signing on, but contributing little). In a limited survey, responded to by half the parents in Pretest 3, about two thirds of parents moderately to highly agreed that the Blog was useful. When asked, 'What do you like about the blog?" Parents mainly reported they liked to hear from other parents, even though they did not personally post comments.

The Design Team measured online parents' engagement in several ways:

- **Website Access,** as measured by the:
  - Number of parents logging on to the four areas mentioned above.
  - Number of parents logging into the 73 weekly online sessions

- **Website Use,** as measured by the:
  - Number of parents completing the "essential" and "recommended" articles and activities.
  - Amount of time spent on the website – including web sessions, blog, and discussion forum.

CAVEATS:

1. **Underestimates:** it should be noted that since parents were able to register and begin the on-line sessions anywhere between their 5th and 7th month of pregnancy when the classroom sessions began, parents could have missed as many as 8 weekly online sessions, if they did not register until the first week of face-to-face classes. Thus, all the Prenatal results are likely to be *underestimates.* This is because a good portion of parents did not register during the first week that online sessions were available, and while those who registered at any point during the first 8 sessions were encouraged to make up those early sessions, not all of parents did so. Especially those who had registered in their 7th month of pregnancy, just before the classes began.

2. **Sheer volume:** although the essential items were limited to those which would not exceed 20 minutes per weekly session, there is the sheer volume of both weekly sessions as well as the sheer volume of the essential and recommended material to take into account.

TOTAL Items Per Module

Type of Items	Prenatal Module	Postnatal Module	Late Infancy Module	TOTAL
	15 Sessions	26 Sessions	32 Sessions	73
Essential	88	126	211	**425**
Recommended	78	72	47	**197**
Essential + Recommended	**166**	**198**	**258**	**622**

Over the course of the 19 month program, parents were provided with 73 weekly sessions. It would be expecting a lot for parents to be so diligent as to complete all of the 622 essential and recommended material provided to them, uninterrupted, over 73 weeks.

With 425 essential items and nearly 200 recommended items, the Design Team chose to concentrate on parents who completed ¼ of them *or more.*

1/4 of ITEMS Per Module

Type of Items	Prenatal Module	Postnatal Module	Late Infancy Module	TOTAL
	15 Sessions	**26 Sessions**	**32 Sessions**	**73 sessions**
Essential	22	32	53	**106**
Recommended	20	18	12	**49**
Essential + Recommended	**42**	**50**	**65**	**156**

Parents or couples who completed ¼ or more would have completed a minimum of 106 essential items and close to 50 recommended items, or 156 items overall. That is a significant amount of exposure to important information on parenting, child development and the couple relationship.

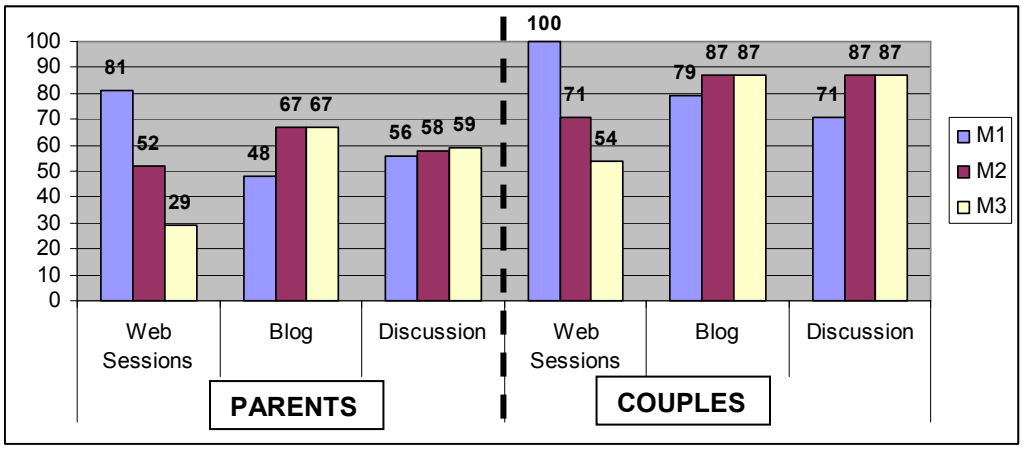
3. **Essential versus Recommended Content:** As noted earlier, the online sessions are divided into "essential" and "recommended" items. Essential content is what experts thought was the bare minimum of what parents "need to know" and could be completed by most parents within 20 minutes of online activity per week. Recommended content is also important, however it is considered by experts to be supplemental in nature to the Essential content.

   The Design Team recognized that what experts think is important may not be viewed as important by parents. Or parents may feel they already know the essential content, and therefore they might skip it or be more drawn to the recommended content, which they might not know. Therefore, separate analyses were conducted of the essential content, recommended content and both types of content together.

4. **Counting Parents vs Counting Couples:** all analyses were run for both parents and couples. In many of the following instances in this chapter, the information is provided only for couples. This is because the program content is arriving in the family – either by one or both parents. Focusing solely on the parents provides an under-estimate of information reaching the family. Nonetheless, for readers who are interested the detailed tables in Appendices J, K and L are provided for both the parents and the couples.

Access – logging on to the website

% of parents and couples who accessed web areas



NOTE: M1 is the abbreviation for the prenatal module; M2 is the abbreviation for the postnatal module and M3 is the abbreviation for the late infancy module.

Overall, the vast majority of couples accessed the web sessions, blog and discussions forum at least once. Over time participation in the blog and the discussion forum increased somewhat and accessing the web sessions decreased substantially.

Access – logging into the 73 weekly web sessions.

Total number of web sessions accessed by parents and couples

	Parents		Couples	
	%	N	%	N
0	19	9	0	0
1 to 18	55	26	54	13
19 to 36	11	5	17	4
37 to 44	8	4	13	3
45 to 72	6	3	13	3
All 73	2	1	4	1
TOTAL	**101**	**47**	**101**	**24**

Although there were nine parents who never accessed any of the web sessions, there was always one partner in every couple who accessed at least one of the web sessions. Therefore, none of the couples engaged in the program completely avoided the web sessions.

Twenty-seven percent of parents and 47 percent of couples accessed 19 *or more* of the 73 weekly web sessions (which is ¼ or more of the weekly web sessions).

Parents' Completion of Session Content (Please refer to Appendix K: Essential and Recommended Online Items Completed by Module, for details underlying this topic.)

% of Couples Who Completed 1/4 *or more* of Items Per Module

Type of Items	Prenatal Module	Postnatal Module	Late Infancy Module
	15 Sessions	26 Sessions	32 Sessions
Essentials	80	38	17
Recommendeds	84	50	8
Essentials + Recommendeds	84	46	17

One observation taken from the tables above is that parents do not favour the essential over the recommended content in the program. After the baby was born, in the Postnatal module, more parents completed the recommended items than completed the essential items, and even in the Prenatal module, a few more parents completed the recommended content than the essential content. *It appears that parents pick and choose the content that interests them,* which is consistent with adult learning theory and priniciples..

The tables above also clearly show that couples completed much more of the online material before their baby was born than afterward. Over 80 percent of couples completed ¼ *or more* of the material for the Prenatal module. Once the baby arrived, however, the percentage of parents completing items dropped precipitously. In the Late Infancy module only 1/6 of parents completed ¼ *or more* of the material.

The tables in Appendix K also show large differences in the percentages of parents versus couples who completed the content. There was nearly always one person in each couple who participated in the online sessions, although at ever decreasing raters through the program. In nearly all cases, it was the fathers who reduced their online participation, not the mothers.

Nonetheless, over the course of the program, 50 percent of couples had completed 148 *or more* of the combined essential and recommended items – a sizeable amount of information.

This level of participation indicates that for a significant group of parents, the online delivery was appealing and worth a considerable amount of their effort to access and complete.

Parents' Time Spent on the Website

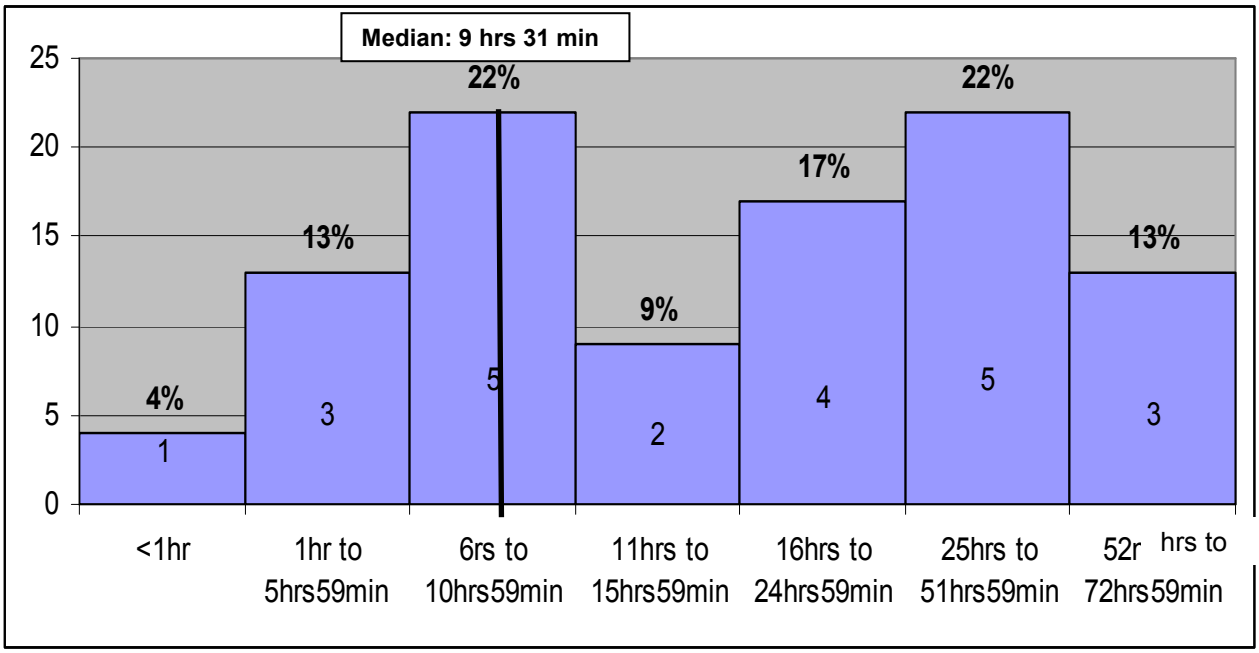
The Design Team was able to unobtrusively track how much time each parent and couple spent on the website. The information on couples appears below; the details on individual parents is provided in Appendix K.

The median is a good indicator of the amount of time the couples spent on the website, because it is the midpoint above and below which half of the couples are located on the continuum of all times recorded for all couples.

Median Time Couples Spent on Website

		Median	Range
	N	*hr/min:sec*	*hr/min:sec*
Time spent on Essentials	23	4:03:00	0:01:30 to 45:23:08
Time spent on Recommended	23	2:32:08	0:00:11 to 23:46:00
Time spent on Essentials and Recommended	23	9:31:35	0:02:45 to 69:09:08
Time spent on Blog	22	1:42:46	0:04:00 to 17:38:59
Time spent on Discussion Forum	21	0:04:27	0:01:08 to 3:00:43
TOTAL time spent on all areas	**23**	**16:35:33**	**0:01:45 to 72:28:30**

Distribution of Time Spent on Combined Essential & Recommended Content by Couples



Note: Distribution includes only couples who accessed the web areas.

Couples spent most of their time on the web sessions, much less time on the Blog and very little time on the Discussion Forum. Half the couples spent 9.5 hours *or more* on the session content and half the couples spent 16.5 hours or more on all parts of the website.

It is impressive to note that a little over 1 couple in 10 spent more than 52 hours on the content, and another 2 couples in 10 spent between 25 and 52 hours on the content. This is one more indication that some parents were very engaged in the on-line portion, while others were not.

3. Program retention

No other prenatal/parenting program is as comprehensive nor lasts as long as The Parenting Partnership. Most programs last for only 4 to 8 weeks from beginning to end. During the development phase then central staff queried many seasoned Parent Educators about the attrition rates for these shorter programs. The scan showed attrition rates for these to be in the 25 percent to 50 percent range. A benchmark of 33 percent attrition was set for The Parenting Partnership, as a reasonable rate that would assure future program planners that undertaking this program would be worth the effort.

	Prenatal Module 1	**Postnatal Module 2**	**Late Infancy Module 3**
# Registered	36 couples	35 couples	27 couples
# Dropped Out	1 couple	8 couples	2 couples
Attrition Rate per Module	**3%**	**23%**	**7%**
CUMULATIVE Attrition Rate	**3%**	**25%**	**31%**

The Design Team met its benchmark in Pretest 3, with only 31 percent of parents dropping out of The Parenting Partnership before its end. This is identical to what was found in Pretest 2 (with its somewhat less reliable data). This provides additional assurance that Pretest 3 results were not a fluke.

Only one couple (out of 36) left the program during the Prenatal Module, 7 more couples left during the Postnatal Module, and 2 left during the final module. Almost all departures were for reasons related to job changes, moves, and one colicky infant, rather than the program itself. Combining these results with the less rigorous observations from Pretests 1 and 2, it becomes evident that most dropouts occur right after the baby is born. Most of the pressures on parents to stop attending at that point are due to factors outside the Parent Educators control.

To gain a better understanding of this, the Design Team conducted qualitative interviews with 13 parents and an online survey with 36 parents. Both methods contained both “engaged” and “unengaged” parents to ascertain from their reasons why there was a reduction of the percentage of parents in accessing the web sessions over time.

The parents reported two sets of barriers emerge after the baby is born. The first set arises in the early weeks after birth. At this point parents feel too tired and lack the time to use the internet, compared to before their baby was born. At that point, they have low tolerance for any technology problems (website is slow, wonky or down) or session topics that are not of immediate interest to their particular circumstances.

As parents’ babies emerge from newborn to infancy, the parents become more comfortable with their knowledge and performance as parents. Their anxiety goes down, and they do not feel as motivated to go online for information as they did during pregnancy. Interestingly, they reported that at this period, when they did venture into the online portion, they were “hooked.” They stayed on for a long time, and were glad they did.

The number one recommendation by parents to overcome their lack of motivation was the suggestion to provide some sort of incentive or combination of incentives to do so. Their specific suggestions included:

- Send parents frequent e-mail reminders to visit the website, with prompts, links and enticements to go to the website.
- Explore other forms of social networking such as Facebook or Twitter.
- Provide some form of ongoing incentive or credit for the number of sessions completed.
- Integrate more of the postnatal web and class sessions together, so parents are reminded to go online during their classes, too.
- Fathers in particular, also indicated they would appreciate an even smaller digests on topics.

To gain more insight into the characteristics of the parents who completed the program with those who dropped out, the Design Team examined some of the baseline data completed by the parents when they registered (e.g., income, marital status, etc.) and gathered some additional data on parents' self-assessed mental and physical state at the program's end.

Characteristics of Parents Who Completed the Program and Parents Who Dropped Out

	Original Sample - All Registered Participants		Completers		Dropouts	
	%	N = 72*	%	N = 48*	%	N = 24*
Age						
20 to 24 yrs	17	12	9	4	33	8
25 to 35 yrs	51	35	49	22	54	13
36 yrs plus	32	22	42	19	13	3
Family Income						
<$39,999	12	8	0	0	33	8
$40,000 to $74,999	27	18	29	12	25	6
$75,000 to $99,999	9	6	10	4	8	2
$100,000 or more	52	34	62	26	33	8
Education						
High School or less	6	4	2	1	13	3
Some College/University	17	12	17	8	17	4
Completed University	51	36	52	24	50	12
Postgraduate Degree	26	18	28	13	21	5
Ethnicity						
Aboriginal	0	0	0	0	0	0
White Caucasian	70	46	73	33	62	13
Visible Minority	30	20	27	12	38	8
Employed						
No	3	2	2	1	5	1
Yes	97	66	98	45	96	21
Employment Time						
Full Time	89	58	95	41	77	17
Part Time	8	5	2	1	18	4
Not Employed	3	2	2	1	5	1
Student						
No	91	61	96	43	82	18
Yes	9	6	4	2	18	4
Student Time						
Full Time	2	1	0	0	5	1
Part Time	8	5	4	2	14	3
Not a Student	91	61	96	43	82	18

	Original Sample - All Registered Participants		Completers		Dropouts	
Marital Status						
Common-law	36	25	35	17	36	8
Married	61	43	63	30	59	13
Other	3	2	2	1	5	1
Planned Pregnancy						
No	19	13	13	6	35	7
Yes	81	54	87	41	65	13
Timing of Birth						
1 Early	15	10	11	5	25	5
2	0	0	0	0	0	0
3 Perfect	71	47	76	35	60	12
4	12	8	11	5	15	3
5 Late	2	1	2	1	0	0
Physical State						
1 Not Good	3	2	4	2	0	0
2	17	11	13	6	25	5
3	31	20	31	14	30	6
4	5	3	4	2	5	1
5 Very Good	45	29	47	21	40	8
Emotional State						
1 Not Good	2	1	2	1	0	0
2	15	10	11	5	25	5
3	29	19	26	12	35	7
4	3	2	2	1	5	1
5 Very Good	52	34	59	27	35	7

Note: There is missing data - not all participants entered all the information requested.

Please keep in mind that only 24 of 74 parents dropped out of the program, and the results in this section rest only on Pretest 3 (not earlier pretests). This is a very small sample. Nonetheless, the data provide clues to both central staff and Parent Educators regarding particular groups of parents which could use additional support to increase their comfort with and ability to stay with the program.

There were five characteristics of parents who dropped out of the program before it ended:

- **Low income:** although 8 parents with very low income originally committed to the program, all of them dropped out.
- **Low education:** 4 parents with an education of High School or less originally committed to the program, and 3 of them dropped out.
- **Young age:** 8 of the 12 youngest parents (20 to 24 years old) dropped out of the program.
- **Unplanned pregnancy:** 7 of the 13 parents who indicated their pregnancy was unplanned dropped out of the program.
- **Premature delivery:** 5 of the 10 parents who had a premature baby dropped out of the program.

The characteristics that do not clearly differentiate between parents who completed the program and those who did not are also interesting:

- **Mental and Physical Health:** although parents with poor physical and mental states would be a cause for concern, less than half of them dropped out of the program, and more than half of them completed the program.

- **Ethnicity:** a few visible minority parents dropped out, but more than half stayed with the program.

- **Marital status:** the proportion of common-law, married and "other" partners stayed the same between the completers and the dropouts.

The characteristics (above) of parents who drop out do not closely match the reasons the parents themselves gave for dropping out – i.e., job change, moves, colicky infant. Perhaps the low income parents were the ones who experienced a job change or a move. Perhaps the colicky infant was a premature baby. It would be helpful, as the program roles out, for the termination interview, conducted by the central staff, to probe more deeply, and ascertain more detailed explanations of the parents' reasons for dropping out of the program.

In summary, the proportion of parents who completed this program is admirable. As the program rolls out, it would be beneficial to take the actions recommended above to see if the dropout rate could be reduced further. It would also be valuable to continue to gather information on the characteristics of parents who drop out of the program.

Learnings:

Parents like The Parenting Partnership program. They joined it, and an impressive percentage stayed with it to the end. Its 1/3 dropout rate is comparable to or better than much shorter programs. This is a program fully intended for couples. Fathers stayed with the program as much as mothers, although they substantially reduced their online participation. Low income parents were attracted into the program in good numbers, but in the end they dropped out. The small sample size indicates this is something that should be addressed and monitored in the future. Similarly, experiencing an unplanned pregnancy or having a premature baby appeared to be important factors in some parents' dropping out, and they require attention and mitigation as the program is disseminated further.

Parents find the classroom sessions particularly gratifying. They value the support and access to knowledgeable Parent Educators, and they feel closely tied to the other parents in their group.

The online portion of the program was completely new to the Design Team and Parent Educators alike. It is a technology that is growing at an exponential rate. Engaging parents online is challenging. Two points are clear. 1) Some parents really like the online sessions while some do not like them at all. 2) Parents spend more time on the website content before their baby is born than afterward.

It is clear that a significant group of parents are engaged with online sessions - spending time and completing sessions. More than half the couples devoted a significant amount of time to the online portion of the program -- median time spent on on-line content = 9.5 hours, and the median time on the website was 16.5 hours. These are noteworthy amounts of time.

Parents appear to go through the web sessions, completing articles and activities on what they feel is important to them. Although they seem to be somewhat guided by what is labeled as "essential," many parents select the articles and activities that interest them, regardless of whether they are labeled as "essential" or not. Overall, the levels of participation indicate that for a significant group of parents, the online delivery was appealing and worth a considerable amount of their effort.

Appendix A:
The Parenting Partnership: FOUNDATIONAL BELIEFS

APPENDIX A:

FOUNDATIONAL BELIEFS

We believe:

- Parenting is a lifelong journey in which the first two years are particularly critical and set the stage for the future.
- A healthy parental couple relationship enhances both child and family wellness.
- Parents learn best when able to connect with other parents in a similar stage of the parental journey.
- Mothers and Fathers are equally important members of the parenting team.

The Parenting Partnership builds strong, healthy families by providing parents with the knowledge, confidence and skills to be the best parents and parenting team possible, able to optimize their children's development and well being. It is based on the concept of Positive Parenting: parenting that recognizes and supports the individuality of each child, motivates the child to be all that he can be and results in a lifelong warm and respectful relationship between parent and child. Comfort, Play & Teach: A Positive Approach to Parenting provides a practical and engaging pathway to positive parenting by showing parents how to turn everyday moments into healthy parenting opportunities.

- **A healthy parental couple relationship enhances both child and family wellness.** The family is a critical influence on children's growth and development as they move through life. The foundation of the family is the relationship between the parents. Where mothers and fathers are able to work together as a parenting team, regardless of whether they are living together or singly, mutually and co-operatively sharing the decisions and responsibilities of raising their child, the outcomes for their children are positive. This is because a healthy couple relationship translates into:
  - A supportive, affirming, safe climate that fosters positive parenting
  - A positive model for the child to use in their future relationships

  The Parenting Partnership provides parents with knowledge, skills and support to build and protect their couple relationship.

- **Parents learn best when able to connect with other parents in a similar stage of the parental journey.** Walking alone in any life circumstance is more difficult than walking with someone who shares your interests, goals or even worries. New parents, in particular, feel intensely excited and yet very vulnerable, because they have so little in their background or immediate social environment to show them the way, and they are very worried they will make a critical mistake with their most precious responsibility. New parents, have a basic attraction to others in their situation, regardless of their diverse circumstances.

  Connecting people together who are on a similar journey provides a place for parents to give and receive emotional and practical support, to exchange information, and do so in a forum of understanding and acceptance which creates a dynamic community.

The Parenting Partnership centers its program design on the belief that the community of new parents to which parents belong will assist them on their special journey of becoming positive parents.

- **Mothers and Fathers are equally important members of the parenting team.** Mothers and fathers have equally important roles to play contributing to the growth and development of their infant, although the balance of the amount of time spent with a child may tip toward one parent or the other. Mothers do **not** have a more important role to play than fathers. Gender difference and the amount of time spent with a child are important, but not the most important aspects of what each parent brings to the parenting team and ultimately to their child. Rather it is the combination of the distinct aspects of each parent's gender, quality of time, personality, family background, culture, faith, beliefs and values that greatly enrich the life of their baby, both as individual parents interacting with their child and through the blending of these facets in family life. Having two loving parents, distinctive though they are, working as equally important members of the parenting team is central to healthy child development.

  In The Parenting Partnership we will be providing guidance on how to develop a strong team where both parents are equally important to their child.

Finalized Oct 26 2005

APPENDIX B:
The Parenting Partnership PRINCIPLES

APPENDIX B:

PRINCIPLES

The staff team incorporated a number of principles to guide their translation of research and best practices into the curriculum and its delivery:

- **What is known in Public Health as the "precautionary principle."** In cases where the weight of the evidence is strong but not final, the commitment to presenting the evidence to parents for their own discernment. A good example of this is the link between smoking and health-related illnesses. The population-based evidence was clear long before the biological evidence was established.

- **The Principle of Informed Consent**, the commitment to providing parents with information about possible benefits, risks and options of choices they face, so they can make a fully informed decision.

- **Where developmental milestones are concerned**, the commitment to presenting the wide variation of "typical" development to parents and indicating the role of parental and cultural preferences in how those milestones may appear in any particular family.

- **Adult education principles** of learning, related to how and when parents will learn, how learning styles have an impact the way that adults learn and the understanding that past learning experiences can positively or negatively affect parents' current learning experiences.

APPENDIX C:
The Parenting Partnership POSITION STATEMENTS

APPENDIX C:

POSITION STATEMENTS

1. **Baby/Parent Skin-to-Skin Contact**
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3. **Breastfeeding**
4. **Caesarean Section (or Caesarean Birth)**
5. **Vaginal Birth After Caesarean Section (VBAC**
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7. **Physical Punishment**
8. **Procedures Related to Labour**
9. **Routine Newborn Circumcision**
10. **Separation of Baby from Parents Following Birth**
11. **Settings for Birth**

1. Baby/Parent Skin-to-Skin Contact

The Parenting Partnership supports skin to skin contact between parents and their baby. Skin-to-skin contact between baby and Mom or between baby and Dad can begin immediately following baby's birth as long as both are healthy and able to have skin-to-skin contact.
Research shows many benefits from parents holding their baby in skin-to-skin contact throughout infancy:

- Baby's heart and breathing rates become more stable.
- Baby is warmed by parent and their temperature stabilizes better than in an incubator or warming bed.
- Baby cries less.
- Baby has increased access to the breast and breastfeeding.
- Increases bonding with parents.
- Increases baby's level of deep sleep
- Improved weight gain even for premature babies.
- For Mom: Enhances mom's let-down reflex and allows for earlier beginning of breastfeeding.
- For Mom: Helps to increase mom's supply of breast milk.[3] [4]

Parent Educators should promote skin-to-skin contact immediately following birth, during the postpartum stay and once baby is home *as long a both the baby and parents are comfortable with this.*

2. Bed-sharing:

The Parenting Partnership follows the Canadian Paediatric Society's (CPS) position on bed-sharing. CPS states the following: **"For the first 6 months**, the safest place for your [sleeping] baby is on his back, in a crib in your room. This will make night-time breastfeeding easier, and may help protect against SIDS."[5]

When delivering the curriculum, this position is the one to be conveyed to parents.
Recognizing that some parents may not openly indicate that they are bed-sharing with their infant, Parent Educators should include the following information as specified by CPS, in any discussion about sleeping with baby.

- **Adult beds are not designed with infant safety in mind. That's why they are not the safest place for babies to sleep**:[6, 7]
  - A baby can become trapped in a space between the mattress and the wall, or between the mattress and the bed frame.
  - A baby can fall off a bed.
  - An adult can roll over and suffocate a baby.
  - Soft bedding, such as comforters or duvets, can cover a baby's head and cause overheating. Babies who get their head covered during sleep are at increased risk of SIDS.

- **If either parent is a smoker, the warnings against bed-sharing are even stronger**, because research shows the risk of SIDS rises in this particular situation, even if the parent(s) never smoke in bed.

[3] Source: Kangaroo Care Skin to Skin Contact. INFACT Canada. www.infactcanada.ca
[4] Source: Erlandsson, K, Dsilina, A. Christensson, K.(2004) Skin-t-skin care with the father after cesarean birth and its effect on newborn crying and prefeeding behavioiur. Birth 34(2) 105-114
[5] *http://www.caringforkids.cps.ca/babies/SafeSleepForBaby.htm*
[6] Source: *http://www.caringforkids.cps.ca/babies/SafeSleepForBaby.htm*
[7] Source: *http://www.caringforkids.cps.ca/babies/SafeSleepForBaby.htm*

- **You should never share your bed or fall asleep with your baby in your arms if** you:
  - are extremely tired (which happens frequently to new parents),
  - have taken any prescription drugs, street or recreation drugs,
  - smoked marijuana or
  - had any alcohol to drink.

  These make you sleep more soundly, and you are more likely to have trouble waking up and responding to your baby, if he has trouble breathing or is hurt.

- **Never lie down or sleep with your baby, or let your baby sleep alone, on a couch, sofa or armchair**. A baby can become trapped down the sides or in the cushions and suffocate.

3. Breastfeeding:

Invest in Kids supports exclusive breastfeeding for the first six months of life for healthy, term infants and continued breastfeeding for up to 2 years of age or beyond, because leading Canadian medical research organizations, such as the Canadian Paediatric Society (CPS) and the Public Health Agency of Canada (PHAC), have concluded the research shows breast milk is the best for optimal growth of infants, benefits for Mom and society.[8, 9, 10]

Invest in Kids, like CPS and PHAC, also uses the definition of "exclusive breastfeeding" based on the World Health Organization (WHO) Code definition [5], which promotes the practice of feeding only breast milk (including expressed breast milk via bottle or sippy cup) and any supplemental vitamins, minerals or medicine. Water, breast milk substitutes, other liquids and solid foods are excluded from this definition of "exclusive breastfeeding."[11]

Invest in Kids, in conforming to the WHO Code, and the Breastfeeding Initiative, will provide information on breastfeeding in Face-to-Face and online sessions. Parent Educators are to provide parents with written information on formula preparation, feeding and storage only if they specifically ask for it. Parents should be told to see the PE after class, and this information should be given to the parents who requested it then.

If a parent decides, after weighing the evidence given through The Parenting Partnership, that they wish to use formula, Parent Educators are expected to support parents in their choice.

Invest in Kids expects the Parent Educators to adhere to the above positioning.

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[8] "The Canadian Paediatric Society recommends exclusive breastfeeding for the first six months of life for healthy, term infants. Breast milk is the optimal food for infants, and breastfeeding may continue for up to two years and beyond. " Source: http://www.cps.ca/English/statements/N/BreastfeedingMar05.htm

[9] Health Canada states "Exclusive breastfeeding[1] is recommended for the first six months of life for healthy term infants, as breast milk is the best food for optimal growth. Infants should be introduced to nutrient-rich, solid foods with particular attention to iron [3] at six months with continued breastfeeding for up to two years and beyond [4].

[10] World Health " As a global public health recommendation breastfeeding, infants should be breastfeed exclusively for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements infants should receive nutritional adequate safe complementary foods while.
Source: Global Strategy for Infant and Young Child Feeding. World Health (2003).
http://www.who.int/nutrition/publications/gs_infant_feeding_text_eng.pdf

[11] Taken from Exclusive Breastfeeding Duration - 2004 Health Canada Recommendation. Source:
http://www.hc-sc.gc.ca/fn-an/nutrition/child-enfant/infant-nourisson/excl_bf_dur-dur_am_excl_e.html

4. Caesarean Section (or Caesarean Birth):

Caesarean Sections can be a life-saving procedure for some babies and mothers.

Using the guiding principle of informed choice, Invest in Kids feels parents should receive information about Caesarean birth in the program. However, it is ultimately the responsibility of the parents and their care provider to decide when caesarean birth may be the best choice, based on the uniqueness of their pregnancy, labour and birth experience. Parent Educators are expected to respect and support the parents' decision.

Information about caesarean birth will be included in the Face-to-Face and online sessions. This information will include:

- Why caesareans are done.
- How the procedure is done.
- Possible implications regarding:
  - recovery from a caesarean birth generally (including surgical pain and extended healing time, increased chance of infection or bleeding).
  - impact of caesarean on post-partum (e.g., greater difficulty holding and caring for the baby and breastfeeding, etc.).
  - on future pregnancies and deliveries.

Similar to all the other medical/surgical interventions in the curriculum, Parent Educators will also educate parents on what research shows about the risks that accompany a caesarean section, and that the research shows that certain other medical/surgical interventions (e.g., cascade of interventions such as induction, fetal monitoring and epidurals) make a caesarean birth more likely. Finally, Parent Educators will provide guidance on the type of questions that parents may benefit from asking their care-provider about caesarean sections.

5. Vaginal Birth After Caesarean Section (VBAC)

The Parenting Partnership believes that expectant couples should receive information about the risks and benefits of both VBAC and C/S in order to make an informed choice.
Based on recent review, planned vaginal birth is safer overall for moms than a planned repeat caesarean section.[12]

Background
Previously, once a mother delivered a baby by Caesarean Section (C/S) all subsequent babies of this mother were delivered by Caesarean Section. In the mid 1980's due to the rising concern about the increasing C/S rate, the practice of allowing a woman to deliver vaginally after a previous Caesarean (VBAC) was promoted as being associated with fewer risks for Mom and baby than a booked repeat C/S.[13]

Recently, there is a growing trend among doctors and hospitals **not to allow** VBAC for women who have had a previous C/S. Women are not permitted an option and must accept a surgical delivery. There are several reasons for this rising trend, such as: some doctors cite research indicating there is increased risk to women who have VBAC; and physician or hospital fear of lawsuits if a problem arises during VBAC.[14], [15]

[12] Source: VBAC or Repeat C-Section. Childbirth Connection www.childbirthconnection.com
[13] Source: ACOG Practice Bulletin. Vaginal Birth After Previous Cesarean Delivery # 54. July 2004
[14] Source: Simpson, K. Cesarean Birth Without Medical Indication Session #5, International Childbirth Educators Conference, Sept 2007
[15] Source: VBAC or Repeat C-Section. Childbirth Connection www.childbirthconnection.com

Parent Educators are expected to encourage couples to discuss this topic further with their physicians.

Parent Educators can assist parents to learn more about the risks and benefits VBAC and C/S by directing them to resources that provide this type of information: www.childbirthconnection.org[16] and books such as "A Guide to Effective Care in Pregnancy and Childbirth" by M Enkin, M. Keirse, and I. Chalmers, are 2 such examples. A recent review of the literature on both VBAC and C/S was carried out by this organization indicated that: "Both VBAC and repeat C/S involve some increased risk to mothers. However, without a clear, compelling and well-supported need for c-section in the present pregnancy, planned vaginal birth is safer overall for you than a planned repeat c-section".[17]

6. Immunization:

Invest in Kids follows the recommendations of: the Public Health Agency of Canada, The National Action Committee on Immunization and the Canadian Paediatric Society that children should receive a series of infant and early childhood immunizations because these organizations have concluded the research evidence shows the benefits outweigh the risks in favour of immunization of Canadian children.[18, 19] However, the risk/benefit ratio cannot be applied to an individual child, so the curriculum will encourage parents to ask their children's doctor about the risks/benefits for their particular child.

We expect that Parent Educators will support the position that Invest in Kids has taken about immunization. If parents have concerns about the safety of immunization or particular vaccines, the Parent Educators should refer those parents to the Health Canada website and their child's physician to discuss their concerns.

[16] The following describes the mission of Childbirth Connection:
Childbirth Connection is a national not-for-profit organization that uses research, education and advocacy to improve maternity care for all women and their families. Founded in 1918 as Maternity Center Association, Childbirth Connection has grown from a small group of concerned individuals and community leaders that succeeded in reducing maternal and infant deaths in New York City, to a nationally recognized leader in maternity care quality improvement. Childbirth Connection is a voice for the needs and interests of childbearing families. Our mission is to promote safe, effective and satisfying maternity care.

[17] Source: Vaginal or Cesarean Birth? A Systematic Review to Determine What is at Stake for Mothers and Babies. Childbirth Connection. www.childbirthconnection.com

[18] From Health Canada: "Immunization is not compulsory or 'forced' in Canada, but we do have regulations that help ensure that as many people as possible are protected by vaccines from the diseases they prevent. Some provinces require certain vaccines to be given before a child can enter school, but these are not mandatory in the usual sense of the term. Rather, parents (or children, if they are old enough to give consent) are required to declare a choice as to whether or not to have their child (or themselves) immunized. If they choose not to immunize, the child may be required to stay home from school if there is an outbreak of disease."
Source: Health Canada http://www.phac-aspc.gc.ca/im/vs-sv/vs-faq_e.html#14

[19] From the Canadian Paediatric Society (CPS): "Vaccination is the best way to protect your child against many serious diseases. Children in Canada don't have to get dangerous illness like measles, mumps, or whooping cough thanks to vaccines." Source: The Canadian Paedriatic Society, Vaccination and Your Child.

7. Physical Punishment

The Parenting Partnership does not support the use of physical punishment such as hitting, biting, yanking, spanking, strapping, beating a child or in any way physically hurting a child. Studies show that physical punishment is harmful to children and it encourages aggressive behaviour in children who then hit, bite, and hurt others.

Parent Educators are expected to promote Positive Parenting with parents in classes, group space discussions, one-to-one discussions and any other interactions with parents.

8. Procedures Related to Labour:

Amniotomy: Amniotomy or the artificial rupture of the amniotic membranes during labour is used to routinely to speed up contractions and shorten the length of labour (augmentation) or to start a labour (induction).

The Parenting Partnership does not endorse routine amniotomy for the augmentation of spontaneous labours. There are concerns with the effects of amniotomy on the mother and baby such as problems with the umbilical cord, and the baby's heart rate.

Current research from the Cochrane Database has resulted in the recommendation that:
"we *cannot recommend that amniotomy should be introduced routinely as part of standard labour management and care. We do recommend that the evidence presented in this review should be made available to women offered an amniotomy and may be useful as a foundation for discussion and any resulting decisions made between women and their care givers." (Cochrane Database of Systematic Reviews 2007. Issue 4)*[20]

Expectant parents should be informed of the benefits and risks of amniotomy prior to the beginning of their labour. Parent Educators include this information in FF classes and are expected to encourage parents to speak with their midwife or doctor prior to their labour beginning.

Episiotomy: Episiotomy is the surgical incision that is made to enlarge the opening of the vagina prior to a baby's head being delivered, and was a routine practice for many years.

The Parenting Partnership does not endorse routine episiotomy.
Current research from the Cochrane Data Base does not support the routine use of episiotomies. The Society of Obstetricians and Gynaecologists currently states that episiotomies should only be done if necessary, depending on the situation at the time of birth.

Expectant parents should be informed of the benefits and risks of routine episiotomy and provided with strategies that promote delivery without the need for an episiotomy prior to their labour starting. Parent Educators are expected to encourage expectant parents to discuss the practice of episiotomy with their midwife or doctor prior to labour starting.

9. Routine Newborn Circumcision:

Invest in Kids has adopted the recommendation of the Canadian Paediatric Society (CPS) that at present there is no medical justification for routine newborn circumcision.[21]

[20] Source: Smyth, RMD. Alldred, SK. Markham, C. (2007) Amniotomy for shortening spontaneous labour. Cochrane Database of Systematic Reviews 2007 Issue 4

[21] The Canadian Paediatric Society states the following: Circumcision of baby boys is a surgical procedure to remove the layer of skin (called the foreskin or the prepuce) that covers the head (glans) of the penis and part of the shaft. It is most often done during the first few days after birth. Circumcision is a "non-therapeutic" procedure, which means it is not medically necessary. Parents who decide to circumcise

Invest in Kids feels that parents should be provided with information generated by CPS for parents to help them make an informed decision about routine circumcision. This information is provided in an online session, where parents are referred to the CPS website for the most up to date information on circumcision.

Invest in Kids recognizes that circumcision may be done for cultural and religious practices by some parents and therefore, Parent Educators are expected to support those parents, too, in their decision.

10. Separation of Baby from Parents Following Birth

The Parenting Partnership does not support routine separation of parents and after birth unless there is a medically sound reason for the separation.

Medically acceptable reasons for this separation are:

- A baby that is born prematurely and requires the specialized care that is provided in a Neonatal Intensive Care Unit.
- A baby that has a medical condition that requires specialized care in a Neonatal Intensive Care Unit or in the Newborn Nursery.
- A mother that develops complications following childbirth that require her to have specialized care provided in an Intensive Care Unit or on a specialized unit of the hospital.

The Parenting Partnership supports the practice of *Rooming In; Rooming In,* which involves keeping the mother and baby together in the same room during their stay in the hospital or birth center.

Rooming In with baby provides parents the opportunity to bond with their baby and to begin caring for their baby immediately compared to keeping the baby in a separate nursery. Parents may feel that at certain times of the day Rooming In may not be the best choice for them and their baby. At these times parents need to be supported in their decision.

11. Settings for Birth

The Parenting Partnership believes that parents should be supported in the choice of birth setting that is best for them and their baby. Parents should be provided with all the information they need to make an informed choice including the benefits and limitations to each setting. Parent Educators can refer parents to the Childbirth Connection www.childbirthconnection.org for a complete discussion of the benefits and limitations to various birth settings and to their health care providers.

Expectant parents in Ontario may have some choice as to where they give birth to their baby. The choices available include a birthing centre, an obstetrical unit in a hospital or a home birth.

The Parenting Partnership does not support or recommend unassisted home births. Unassisted home birth means that the woman is not attended by a doctor, midwife or any trained medical personnel. Unassisted home births have a higher risk of complications for both the mother and her baby and are not safe.

Birthing Centre: There are two types: those that are attached to a hospital and those that are free-standing centers not attached to a hospital. In Birthing centres, midwives and nurses provide more personalized care in a home-like environment than is generally available in a hospital setting. Doula support for

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their newborns often do so for religious, social or cultural reasons. To help make the decision about circumcision, parents should have information about risks and benefits. It is helpful to speak with your baby's doctor. After reviewing the scientific evidence for and against circumcision, the CPS does not recommend routine circumcision for newborn boys. Many paediatricians no longer perform circumcisions. Source: http://www.caringforkids.cps.ca/babies/Circumcision.htm

labouring couples is welcome. Medical interventions, such as epidurals and Caesarean Births, are not available.

Obstetrical Unit in a Hospital: Obstetrical units in hospitals use family doctors, nurses and obstetricians who provide a medical model of care. Medical interventions such as routine I.V., electronic fetal monitoring, amniotomy, epidurals and Caesarean births are available in hospital. Some interventions will be part of a hospitals routine standard of care which means that all labouring women will be given that intervention, for example: routine I.V. In hospitals where midwives have admitting and treatment privileges, they attend their clients during labour and delivery. Doula support may or may not be embraced by the hospital.

Assisted Home Birth: Care is provided in the couples home by two midwifes who stay and assist in the birth of the baby. Mom and Dad may have other support people they wish to attend the birth, such as other family members or a doula. The midwives also provide in-home follow-up to the family in the first days following birth and when necessary during the six weeks following birth.

Expectant parents need to make the decision with their midwife or doctor as to which birth setting is best for them and their baby. Should Mom or baby develop complications during the pregnancy or during labour, a hospital birth will be recommended by their care provider.

APPENDIX D:

The Science Behind
Comfort, Play & Teach: A Positive Approach to Parenting™

The Science Behind
Comfort, Play & Teach: A Positive Approach to Parenting™

Comfort, Play & Teach: A Positive Approach to Parenting was developed by Invest in Kids as a way to communicate what developmental science tells us about key strategies in parenting, in words that parents can easily understand. Compelling research evidence consistently emphasizes that when parents comfort, play with and teach their children in a positive manner it enhances children's development. This report documents the major academic research specialties that lend credence to the importance of "comfort," "play" and "teach" as a critical combination of parenting strategies.

COMFORT

Comfort: Parents provide comfort to their children through words, physical presence and touch. Comfort is more than relief from distress. When it is provided with overall warmth, responsiveness and sensitivity to children's wide-ranging interests and needs, it is strongly related to infants' forming attachments to their parents and to toddlers' willingness to accept parents' guidance and requests.[xxvii] The following areas of research demonstrate the importance of **comfort** as a key parenting strategy.

- **Research on "attachment:"** Attachment refers to the emotional bond between parents and children,[xxviii] and more specifically the extent to which parents effectively provide a "secure base" to their children from which to explore and test the world around them.[xxix] In general, much of this body of research shows that "parental sensitivity and emotional availability foster attachment security and that such security provides an important foundation for children's healthy psychological development."[xxx] Several researchers document links between components of attachment and positive outcomes. For example, a secure attachment to parents is related to the mother's ability to read her child's signals and cues, and respond to these cues appropriately;[xxxi] and parent's emotional availability and responsiveness is associated with higher levels of self-esteem in young children.[xxxii] Moreover, the positive effects of a secure attachment have been observed in many cultures.[xxxiii]

  In general, attachment studies show that parents who respond promptly, reliably and appropriately to their babies' signals of physical and emotional distress give babies a good message from the start – their parents will be there for them.[xxxiv] Overall, the research indicates parents who show prompt, sensitive and effective responses to their infant's distress are believed to modulate the infant's immediate arousal and to act as a learning experience for the infant.

- **Research on maternal depression:** A depressed or emotionally unavailable mother typically does not provide adequate attention or stimulation to her infant, and does not have the ability to provide comfort to her baby when needed. During early interactions with their newborns, depressed mothers typically look at their infants less, show fewer positive facial expressions, vocalize less, and provide less stimulation through touch and body contact than non-depressed mothers. They also exhibit fewer affectionate and contact behaviours, and they are more likely to display anger and disengagement and fewer playful behaviours with their infants."[xxxv] Over time the lack of attention

and the negative emotion expressed by depressed parents affects their children's ability to regulate their emotions and behaviour. A baby whose parent has been unresponsive is frequently angry because the parent's inaccessibility may be painful and frustrating. Further, because of uncertainty about the parent's responsiveness, the infant may be apprehensive and readily upset by stressful situations.[xxxvi] A frequent result is that infants become depressed, too. Infants of depressed mothers have been found to display more negative emotions and "zoning out" behaviours, as well as low positive emotions.[xxxvii]

- **Research on discipline and parenting style:** The research literature supports linkages between positive child outcomes and positive parenting behaviour, specifically, high levels of warmth and positive regard, low levels of punitive/angry behaviour and more effective child management techniques.[xxxviii] There is considerable support for the notion that hostile negative parental emotion, which is an extreme lack of comfort, especially if intense and directed at the child, is associated with the child's low quality of social functioning and low levels of understanding of emotion.[xxxix]

PLAY

Play is the "work of children" and parents are an essential play "partner" for their children. When parents play with their children, they learn to explore and discover the world and their role in it.

- ***Research on Language Development**:* According to linguists, playfulness is a natural part of learning to communicate, and has been identified as being "species-specific" for humans, and critical to learning how to integrate language into self and social context. From this point of view, the human vocal tract is the first naturalistic toy and musical instrument, as babies babble, shriek and experiment with all the sounds they can produce. It is important for parents to provide rhythmical games of sound, which is crucial for the onset of babbling and subsequent speech, because syllables are considered the minimal rhythmic unit of most languages of the world.[xl] Also, as part of capturing their infant's attention, parents seem to naturally adjust the pitch of their voice and the rhythm of their speech (called "parentese" or "infant-directed speech"). Babies are drawn to the special properties of this kind of speech more than ordinary adult-like speech.[xli] Research shows that parent's provision of music, rhythm and play are very important pre-speech enhancements for helping children learn to communicate. The to-and-fro of the playfulness of learning language cements the parent/child relationship in uniquely human ways.

  Once the child has the rudiments of speech underway, research shows that when parents play with their children and during this play name objects, ask questions and use a variety of words, this enhances children's language development. In addition, children whose parents respond to when they initiate communication and play reach language acquisition milestones earlier than other children.[xlii] This leads to a child's ability to interact with others which leads to enhanced social skills with playmates.

- ***Research on "Adult-mediated play":*** When parents play with children it allows them to safely experiment with emotions and behaviours that may not be appropriate to express in "real life",[xliii] and to learn about real situations without being threatened. For instance, playing peek-a-boo allows infants, who have not yet learned that parents are still present even though the baby cannot see them, to experience "separation" and "reunion" while also teaching children a sense of control over the situation being out-of-contact with his/her parents, which is threatening to infants and toddlers.[xliv]

  Parent/child play appears to be especially powerful when children are still too young to play with other children.[xlv] The exchanges that occur during parent-child play based on taking turns, engaging someone's attention and terminating a play, allows infants learn to establish and maintain contact with another person, to appreciate interpersonal communication and learn what is expected and in social interactions. These set the stage for more complex forms of interaction.[xlvi] There is also evidence that mothers' responsiveness to their infants' emotions during this kind of play predicts earlier achievement of language milestones.[xlvii]

There is also evidence that playing with adults helps children learn to persevere at a challenging task and promotes feelings of self-efficacy,[xlviii] and it is well-established that play with adults helps children do better than they would on their own.[xlix] When they play with their mothers, infants and toddlers display more complex, diverse, sophisticated, frequent and sustained play than when they play by themselves.[l]

- **Research on Maternal and Paternal play:** In absolute terms, most studies suggest that mothers play with their children more than fathers, and fathers still spend a small proportion of their time with their children in play.[li] However, it is thought that because play is prominent in father-child interaction (particularly boisterous, stimulating, emotionally arousing play), fathers' playfulness and relative novelty makes them especially salient to their children.[lii]

  In our society a reasonably consistent gender-based pattern of play has emerged: fathers are tactile and physical, and mothers tend to be verbal, didactic and toy mediated in their play.[liii] Research shows fathers who exhibit high levels of physical play with their children, and elicit high levels of pleasure form their children during the play sessions, have children who are popular with their peers. Boys, whose fathers were both highly physical during play and low in directiveness about how to play, received the highest popularity ratings. Thus, boys who interact with a physically playful father and at the same time have an opportunity to regulate the pace and tempo of the interaction themselves, as with low-directive fathers, learn how to recognize and send appropriate emotional signals during social relations.[liv]

TEACH

Teach is how parents help their children learn, both intellectually and interpersonally. When parents teach their children, they learn communicate, solve problems and how to relate to others.

- ***Research on Cognitive Development:***

  - ***Research on Speech Development*:** Speech must be learned from scratch. Parents take the lead in teaching children language. The primary parental method of teaching babies about the world is based on conversational interchange rather than on some systematic stimulation.[lv] One of the ways this is accomplished by what is called "*scaffolding"* – where an adult observes what a child knows and then shows the child the next step in complexity. Many believe this is one of the fundamental ways in which a child's higher mental functions are formed -- through mediated activities shared with a more experienced parent.[lvi] Parents' role in scaffolding is crucial in learning grammar, vocabulary, verbal expression and memory.

  - ***Research on Literacy and reading to children:*** Research shows that parents do not need to create an "academic" environment to prepare children for reading. Rather, it is the integration of rich language into every day life, through book reading, rhyme-singing, dinnertime conversations, and looking at the print in storybooks and other household items that has beneficial effects.[lvii] The more children are exposed to high-quality language and literacy by their parents during the early years, the more ready they are to learn to read when they start school.

    Specifically parental reading of books to their children and, importantly, talking with them about the book and the story, fosters a love for books and contributes to the development of children's vocabulary. Familiarizing children with print (by pointing it out in books, on signs, and by playing with alphabet blocks or magnets, etc.) also contributes to preparing children for formal reading instruction.[lviii]

    There are additional literacy benefits when parents teach their children by encouraging them to tell stories. This prepares children for reading because creating narratives helps children

learn about characters, how to organize sequences of events (what happens next?) and dialogue.

- ***Research on numeracy*** – There is evidence that when parents use the words "1, 2, 3" and talk about facts involving numbers, such as "1+1=2" with their children, such children do better on early mathematical achievement tests.[lix] Additionally, when parents play board games such as snakes and ladders, use rhymes with numbers in them and read books featuring numbers, it improves children's knowledge of number sequencing and recognition of number patterns compared to children whose parents do not provide these opportunities[lx] When parents play games that allow children to see the relationship between quantities, counting and formal symbols, such as games where preschoolers move their bodies on numbered paths, or when parents show children how to read a thermometer and how it relates to hot and cold, or what dots on the dice mean to a child's progress around the board in a game, such activities are beneficial for children's numeracy development and they perform better in math during the first years of school.[lxi]

- ***Research on Social Development:*** Through teaching, parents are a major influence on how children connect social and mental processes in general, and come to remember events and their place in them, as well as their understanding of themselves and their emotions.[lxii]

  - **Research on pro-social behaviour:** Parents play a critical role in teaching their children how to behave in pro-social ways. Authoritative parents, who are generally warm and supportive, but who also encourage and respect the child's autonomy, use constructive disciplinary techniques such as re-orientation and instruction, and set and enforce high standards of behavior are likely to rear prosocial children[lxiii] who also perform well in school.[lxiv] The combination of parental warmth and teaching, accompanied by a fundamental respect for the child is potent in shaping pro-social behaviour.

  - **Research on** "***Social Referencing"*:** Infants at about one year of age begin to deliberately search for and use expressions from parents and others (facial, vocal, gestural) to help clarify how they should respond to novel or ambiguous people and objects. This is called "social referencing." Parents may not realize it, but they are powerful teachers of their infants in this way. They teach not only actual behaviour, but young children become fairly good consumers of emotional information from their parents and learn from it how to guide themselves.[lxv]

  - **Research on a*ggression***. Children are at their <u>most</u> aggressive during toddlerhood -- they hit, bite, shove, grab, pull hair, and take things away from other children.[lxvi] This is a natural tendency, and with appropriate parental teaching, this behaviour tends to decline over time for most children. Early childhood is, therefore, coming to be viewed by many researchers as a particularly sensitive period for parents to teach their children acceptable social behaviour, how to regulate aggression,[lxvii] and set clear limits.

    For about 5-10 percent of children, aggressive behaviour does not decline after toddlerhood, and these children, without appropriate parental intervention, often continue to have problems with aggression throughout their lives. The parents of these children need to take an even larger role in teaching their children, and research shows the parents of these children benefit greatly from being taught some very specific behaviour shaping strategies to use consistently with their children to reduce the aggressive behaviour.[lxviii]

  - **Research on "compliance and internalization of parental values."** Teaching is a root component of children's learning to comply with their parent's requests and coming to internalize the social values. In several studies, the children who were more able to comply with requests and directions when parents were out of sight were more willing for their mothers to teach them, and their mothers were similarly eager to teach them.[lxix] Mothers who avoided the teaching role had children who were less likely to follow their parent's requests when their parent was not present. Such children had not adopted their parent's value as their own.

- **Research on** "***Emotion coaching:*** Most mothers talk about emotions with very young babies and toddlers. ("You're a happy baby!" "You made your sister sad.")[lxx] Parental discussion of emotions has been called "emotion coaching"[lxxi], and it is a form of parental teaching. Parents who are good emotion coaches have children who are physiologically better regulated -- they are not as likely to spin emotionally out of control. This, in turn, influences their ability to manage their social behaviour with friends. In homes where preschoolers discussed emotions with their parents, the preschoolers were rated by teachers as more cooperative, empathic and prosocial.

- **Research on emotion regulation:** Emotion regulation is emotional control and self-efficacious behaviour that is initiated from oneself, <u>not</u> in compliance with someone else's wishes. It requires a certain autonomy and self-determination, and its development is an important goal of parenting, as parents ultimately want their children to be able to comfort themselves, control their own emotions, and more generally to think for themselves and act on their own ideas.

  When children are forced to face situations and circumstances before they are ready, it creates a stress response that surpasses children's ability to handle their emotions. The teaching role of the parent is crucial, and parents must decide how active a role to play. If parents play too active a teaching role in reducing their children's mild distress, it undermines the children's ability to regulate their emotions themselves[lxxii] When parents minimize children's negative emotions or respond punitively to negative emotions in a stressful situation, children may suppress their emotions in the short-term but do not seem to learn to regulate them effectively. This leads to greater externalizing of their emotions more when they get older.[lxxiii] "Emotional self-regulation is facilitated by involved, responsive parenting but also by styles that tolerate and support emotional expression and set up situations that allow the child opportunities to regulate their emotions more autonomously."[lxxiv] Self-regulation of behaviour leads to self-confidence, confidence in others and sense of security.

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APPENDIX E:

The Parenting Partnership CONTENT LIST

APPENDIX E:

The Parenting Partnership™ Content

PRENATAL MODULE CONTENT		
CATEGORY	**TOPIC**	**TITLE**
About the Program	Introduction	***Introduction to Web Sessions 1-15***
About the Program	Introduction	***Overview of Module 1 Agenda***
About the Program	Introduction	***Overview of Module 2***
About the Program	Introduction	***Welcome to The Parenting Partnership***
Before Your Baby is Born	Fetal Growth & Development	***Baby's Fetal Development***
Before Your Baby is Born	Fetal Growth & Development	***Fetal Development Week by Week***
Before Your Baby is Born	Health in Pregnancy	***Folate in Pregnancy***
Before Your Baby is Born	Health in Pregnancy	***Foods to Avoid in Pregnancy***
Before Your Baby is Born	Health in Pregnancy	***Mom's Iron in Pregnancy***
Before Your Baby is Born	Health in Pregnancy	***Nutrition Tips During Pregnancy***
Before Your Baby is Born	Health in Pregnancy	***Safety during Travel***
Before Your Baby is Born	Labour, Delivery, Recovery	***Accelerated Breathing Level 2 demonstration***
Before Your Baby is Born	Labour, Delivery, Recovery	***All about My Hospital***
Before Your Baby is Born	Labour, Delivery, Recovery	***Caesarean section***
Before Your Baby is Born	Labour, Delivery, Recovery	***Cesarean Birth***
Before Your Baby is Born	Labour, Delivery, Recovery	***Comfort Measures During Labour***
Before Your Baby is Born	Labour, Delivery, Recovery	***Coping with Back Labour***
Before Your Baby is Born	Labour, Delivery, Recovery	***Creating a Birth Plan***
Before Your Baby is Born	Labour, Delivery, Recovery	***Creating Our Birth Plan***
Before Your Baby is Born	Labour, Delivery, Recovery	***Demonstration Level 1 Breathing practice***
Before Your Baby is Born	Labour, Delivery, Recovery	***Demonstration of Pushing Breathing***
Before Your Baby is Born	Labour, Delivery, Recovery	***Father or Companion Role in Labour***
Before Your Baby is Born	Labour, Delivery, Recovery	***Home Birth Basics***
Before Your Baby is Born	Labour, Delivery, Recovery	***Intro to Coping/Sad & Happy activity***
Before Your Baby is Born	Labour, Delivery, Recovery	***Labour & Delivery Comfort Kit***
Before Your Baby is Born	Labour, Delivery, Recovery	***Labour & Delivery Debrief***
Before Your Baby is Born	Labour, Delivery, Recovery	***Labour & Delivery video***
Before Your Baby is Born	Labour, Delivery, Recovery	***Labour Discussion***
Before Your Baby is Born	Labour, Delivery, Recovery	***Labour Game***
Before Your Baby is Born	Labour, Delivery, Recovery	***Massage***
Before Your Baby is Born	Labour, Delivery, Recovery	***Medical Interventions***
Before Your Baby is Born	Labour, Delivery, Recovery	***Mom's Care after Birth***
Before Your Baby is Born	Labour, Delivery, Recovery	***My Comfort List***
Before Your Baby is Born	Labour, Delivery, Recovery	***Paced Breathing for Labour***
Before Your Baby is Born	Labour, Delivery, Recovery	***Packing For The Hospital***
Before Your Baby is Born	Labour, Delivery, Recovery	***Pant/blow breathing - Level 3 practice***
Before Your Baby is Born	Labour, Delivery, Recovery	***Positions for Labour***
Before Your Baby is Born	Labour, Delivery, Recovery	***Postpartum Red Flags***
Before Your Baby is Born	Labour, Delivery, Recovery	***Practice birth ball and positions***
Before Your Baby is Born	*Labour, Delivery, Recovery*	***Practice Breathing***
Before Your Baby is Born	Labour, Delivery, Recovery	***Practice of breathing all levels***
Before Your Baby is Born	Labour, Delivery, Recovery	***Pregnancy Red Flags Quiz***
Before Your Baby is Born	Labour, Delivery, Recovery	***Pregnancy Red Flags: Signs of Problems***

PRENATAL MODULE CONTENT		
CATEGORY	**TOPIC**	**TITLE**
Before Your Baby is Born	Labour, Delivery, Recovery	***Preterm Labour Signs and Symptoms***
Before Your Baby is Born	Labour, Delivery, Recovery	***Slow Breathing - Level 1***
Before Your Baby is Born	Labour, Delivery, Recovery	***Stages of Delivery handout***
Before Your Baby is Born	Labour, Delivery, Recovery	***Understanding Preterm Labour***
Before Your Baby is Born	Labour, Delivery, Recovery	***Your Delivery Partner(s)***
Before Your Baby is Born	Lifestyle and Environment	***A Helpful Stress Reliever- Progressive Relaxation***
Before Your Baby is Born	Lifestyle and Environment	***Cat Litter, Hot Tubs Etc.***
Before Your Baby is Born	Lifestyle and Environment	***Check your Knowledge about Stress and Pregnancy***
Before Your Baby is Born	Lifestyle and Environment	***Exercise in Pregnancy***
Before Your Baby is Born	Lifestyle and Environment	***Exercise Now and Later***
Before Your Baby is Born	Lifestyle and Environment	***Exposures at Home***
Before Your Baby is Born	Lifestyle and Environment	***Exposures at Home and Work***
Before Your Baby is Born	Lifestyle and Environment	***Exposures at Work***
Before Your Baby is Born	Lifestyle and Environment	***Home Hazards Checklist***
Before Your Baby is Born	Lifestyle and Environment	***Nutrition in Pregnancy***
Before Your Baby is Born	Lifestyle and Environment	***Pregnancy Discomforts***
Before Your Baby is Born	Lifestyle and Environment	***Prenatal Dental Care***
Before Your Baby is Born	Lifestyle and Environment	***Prenatal Tests & Screens***
Before Your Baby is Born	Lifestyle and Environment	***Smoking, Drugs & Alcohol***
Before Your Baby is Born	Lifestyle and Environment	***Tattoos and Piercings***
Before Your Baby is Born	Lifestyle and Environment	***The Effects of Stress in Pregnancy on Mother and the Baby***
Before Your Baby is Born	Lifestyle and Environment	***Tips to Stop Smoking***
Before your Baby is Born	Pregnancy	***Dad's Pregnancy Symptoms (Couvade)***
Before Your Baby is Born	Pregnancy	***Sleep and Pregnancy***
Before Your Baby is Born	Pregnancy	***Test Your Knowledge About Depression in Pregnancy***
Before Your Baby is Born	Pregnancy	***What is a Doula?***
Before Your Baby is Born	Pregnancy	***What is a Midwife?***
Before Your Baby is Born	Preparing for Baby	***Baby Names***
Before Your Baby is Born	Preparing for Baby	***Maternity Wear***
Before Your Baby is Born	Preparing for Baby	***Naming our baby***
Behaviour	Discipline & Guiding Behaviour	***Discipline: What You Need To Know***
Getting Along with Your Child	Comfort, Play & Teach	***Comfort, Play & Teach***
Intellectual Development & Learning	Brain Development	***Brain Development FAQs***
Intellectual Development & Learning	Brain Development	***Brain Development Quiz***
Intellectual Development & Learning	Intellectual Development	***Intro to Intellectual Development***
Intellectual Development & Learning	Learning	***Infant Development***
Intellectual Development & Learning	Learning	***Very Early Language***
Parents' World	Couple Relationship	***"I" Statements***
Parents' World	Couple Relationship	***Abuse/Violence in the Home***
Parents' World	Couple Relationship	***Air Time***
Parents' World	Couple Relationship	***Couple Time Checklist***
Parents' World	Couple Relationship	***Couples' Emotional Rollercoaster***
Parents' World	Couple Relationship	***Emotional Red Flags***
Parents' World	Couple Relationship	***Expectations & Roles activity***
Parents' World	Couple Relationship	***Expectations & Roles Discussion***
Parents' World	Couple Relationship	***Expectations and Roles- Who Does What?***

PRENATAL MODULE CONTENT		
CATEGORY	**TOPIC**	**TITLE**
Parents' World	Couple Relationship	***Introduction to Managing Friction***
Parents' World	Couple Relationship	***Managing Friction disc***
Parents' World	Couple Relationship	***Mom's Emotional Rollercoaster***
Parents' World	Couple Relationship	***Parroting***
Parents' World	Couple Relationship	***Quality Couple Time***
Parents' World	Couple Relationship	***Sexuality During Pregnancy***
Parents' World	Couple Relationship	***Staying Best Friends, Keeping the Spark***
Parents' World	Couple Relationship	***Transition from Couple to Parenthood***
Parents' World	Couple Relationship	***Wheel of Change***
Parents' World	Couple Relationship	***Who Does What Checklist***
Parents' World	Finances	***Reducing Our Expenses Worksheet***
Parents' World	Finances	***Your Budget- Step # 1 Reducing Expenses***
Parents' World	General Health	***Are You Stressed? A Dad's Self Test***
Parents' World	General Health	***Black Bean Soup***
Parents' World	General Health	***Bruschetta Steak Sandwich***
Parents' World	General Health	***Bulgur-Stuffed Peppers***
Parents' World	General Health	***Chicken Stuffed Focaccia***
Parents' World	General Health	***Common Worries of New Dads***
Parents' World	General Health	***Common Worries of New Moms***
Parents' World	General Health	***Contact a Support Person***
Parents' World	General Health	***Do a Good Deed***
Parents' World	General Health	***Explore Nature***
Parents' World	General Health	***Fruity Yoghurt Granola Trifle***
Parents' World	General Health	***Homemade Granola***
Parents' World	General Health	***Hot Almond Honey***
Parents' World	General Health	***Hummus and Veggie Wrap***
Parents' World	General Health	***Informed Consent***
Parents' World	General Health	***Informed Consent Wallet Card***
Parents' World	General Health	***Laugh***
Parents' World	General Health	***Music***
Parents' World	General Health	***Play a Childhood Game***
Parents' World	General Health	***Salmon Pitas***
Parents' World	General Health	***Salsa Ham Roll Ups***
Parents' World	General Health	***Sesame Snow Pea Stir-Fry***
Parents' World	General Health	***Shopping***
Parents' World	General Health	***Spinach with Almonds***
Parents' World	General Health	***Swimming***
Parents' World	General Health	***Take a Bath***
Parents' World	General Health	***Taking a Walk***
Parents' World	General Health	***Tofu Loaf***
Parents' World	General Health	***Vegetarian Shepherd's Pie***
Parents' World	General Health	***Visualization***
Parents' World	General Health	***Your Inner Child***
Parents' World	Labour, Delivery, Recovery	***Getting Back Into Shape after Birth***
Parents' World	Labour, Delivery, Recovery	***The Three Phases of Postpartum***
Parents' World	Paperwork	***Paperwork After Baby is Born***

PRENATAL MODULE CONTENT		
CATEGORY	**TOPIC**	**TITLE**
Parents' World	Parenting	***Becoming a Father After Birth***
Parents' World	Parenting	***Becoming a Parent***
Parents' World	Parenting	***Check Out Your Motherhood Knowledge***
Parents' World	Parenting	***Check Your Fatherhood Knowledge-***
Parents' World	Parenting	***Creating a Joint Caretaking Plan***
Parents' World	Parenting	***Importance of Involved Fathers***
Parents' World	Parenting	***Importance of Involved Mothers***
Parents' World	Parenting	***Introduction to Motherhood***
Parents' World	Parenting	***Moms & Dads 1st Week Home***
Parents' World	Parenting	***Our Dreams for Baby & Fam***
Parents' World	Parenting	***Positive Parenting***
Parents' World	Parenting	***The 5 Myths of Fatherhood***
Parents' World	Parenting	***The 5 Myths of Motherhood***
Parents' World	Parenting	***The Cost of Raising a Child***
Parents' World	Parenting	***What will our baby be like? Dreams, Visions and Attributions***
Parents' World	Parenting	***Where does our time go***
Social & Emotional Development	Language Development	***Introduction to Temperament***
Social & Emotional Development	Social Development	***Early Social Development***
Social & Emotional Development	Social Development	***Social Development***
Taking Care of Baby	Baby's Health	***All About Jaundice***
Taking Care of Baby	Baby's Health	***Baby's Safe Sleep***
Taking Care of Baby	Baby's Health	***How to Cope with a Choking Baby***
Taking Care of Baby	Baby's Health	***Newborn Screening: A healthy start leads to a healthier life***
Taking Care of Baby	Baby's Health	***Soothing Strategies***
Taking Care of Baby	Baby's Health	***What About Using a Pacifier?***
Taking Care of Baby	Baby's Health	***What Happens to Baby: In Hospital***
Taking Care of Baby	Feeding	***Myths of Feeding***
Taking Care of Baby	Feeding	***Who to Consult When Help is Needed with Breastfeeding***
Your Child's Health & Well-being	Injury Prevention	***Baby Equipment List***
Your Child's Health & Well-being	Injury Prevention	***Baby Gear and Equipment Game***
Your Child's Health & Well-being	Injury Prevention	***Baby Gear Do's and Don'ts***
Your Child's Health & Well-being	Injury Prevention	***Baby Gear Product Safety***
Your Child's Health & Well-being	Injury Prevention	***Family Car Advice***
Your Child's Health & Well-being	Injury Prevention	***Introduction to Baby Gear and Equipment (lists of equipment)***
Your Child's Health & Well-being	Injury Prevention	***My Baby Necessities List***
Your Child's Health & Well-being	Injury Prevention	***Ten Medicine Chest Items***
Your New Baby	Baby's Health	***Caring for Baby: Diapering, Temperature taking***
Your New Baby	Baby's Health	***Characteristics of Newborns***
Your New Baby	Baby's Health	***Circumcision: What you need to know***
Your New Baby	Baby's Health	***Crying and soothing discussion***
Your New Baby	Baby's Health	***Crying Red Flags***
Your New Baby	Baby's Health	***Crying Tape***
Your New Baby	Baby's Health	***Newborn Appearance Discussion***
Your New Baby	Baby's Health	***Newborn Appearance Game***

PRENATAL MODULE CONTENT		
CATEGORY	**TOPIC**	**TITLE**
Your New Baby	Baby's Health	***Planning Ahead for Doctor's Visits***
Your New Baby	Baby's Health	***Routine Care of Baby - Diapering, cord care and more***
Your New Baby	Baby's Health	***Signs of a Sick Baby***
Your New Baby	Baby's Health	***The Diaper Decision***
Your New Baby	Feeding	***Breastfeeding Handout***
Your New Baby	Feeding	***Breastfeeding Video***
Your New Baby	Feeding	***How to Clean Bottles??***
Your New Baby	Feeding	***How to Prepare Formula***
Your New Baby	Feeding	***Practice different holds and burping positions***
Your New Baby	Safety	***Common Poisonous Plants***
Your New Baby	Safety	***General Indoor Safety***
Your New Baby	Safety	***Our Emergency Phone List***
Your New Baby	Safety	***Room Safety for Baby***
Your New Baby	Safety	***Safety with Pets***
Your New Baby	Safety	***Test Your Knowledge About Poisons***

POSTNATAL MODULE CONTENT		
CATEGORY	**TOPIC**	**TITLE**
About the Program	Introduction	***Introduction to Module 2***
About the Program	Introduction	***Introduction to Web Sessions 1-26***
About the Program	Introduction	***Overview of Module 3***
Before Your Baby is Born	Labour, Delivery, Recovery	***Exercise After Pregnancy***
Before Your Baby is Born	Labour, Delivery, Recovery	***Looking Back at Birth Worksheet***
Before Your Baby is Born	Labour, Delivery, Recovery	***Sharing of Mom's Birth Experience***
Before Your Baby is Born	Labour, Delivery, Recovery	***Will Mom's Shape Return?***
Getting Along with Your Child	Connecting with Your Child	***Baby Massage***
Getting Along with Your Child	Connecting with Your Child	***Circle Time***
Getting Along with Your Child	Connecting with Your Child	***CPT Overview 0-6months***
Getting Along with Your Child	Connecting with Your Child	***CPT Self Assessment***
Getting Along with Your Child	Connecting with Your Child	***Family Time 6 - Reading with Baby***
Getting Along with Your Child	Connecting with Your Child	***Family Time 7 - Diaper Dialogue and Crib Exhibit***
Getting Along with Your Child	Connecting with Your Child	***Family Time 8 - Hugging and Humming***
Getting Along with Your Child	Connecting with Your Child	***Family Time 9 - Rattle Play***
Getting Along with Your Child	Connecting with Your Child	***Family Time 10 - I Get a Kick Out of You***
Getting Along with Your Child	Connecting with Your Child	***Family Time 11 - About Face***
Getting Along with Your Child	Connecting with Your Child	***Family Time 12 - Echo Game***
Getting Along with Your Child	Connecting with Your Child	***Family Time 13 - This Little Piggy***
Getting Along with Your Child	Connecting with Your Child	***Family Time 14 - I See You***
Getting Along with Your Child	Connecting with Your Child	***Family Time 15 - Pat-a-cake***
Getting Along with Your Child	Connecting with Your Child	***Family Time 16 - Sleepy Time Stories***
Getting Along with Your Child	Connecting with Your Child	***Family Time 17 - Twinkle Twinkle Little Star***
Getting Along with your Child	Connecting with Your Child	***Family Time 18 - What Do You See***
Getting Along with Your Child	Connecting with Your Child	***Family Time 19 - Up and Down***
Getting Along with Your Child	Connecting with Your Child	***Family Time 20 - B-b-b-baby, Baby, Baby***
Getting Along with Your Child	Connecting with Your Child	***Family Time 21 - Tactile Treasures***
Getting Along with Your Child	Connecting with Your Child	***Family Time 22 - Horsy Ride***

POSTNATAL MODULE CONTENT		
CATEGORY	**TOPIC**	**TITLE**
Getting Along with Your Child	Connecting with Your Child	***Family Time 23 - Blowing Bubbles***
Getting Along with Your Child	Connecting with Your Child	***Family Time 24 - Me in the Mirror***
Getting Along with Your Child	Connecting with Your Child	***Family Time 25 - Baby Faces***
Getting Along with Your Child	Connecting with Your Child	***Family Time 26 - Peek-a-boo***
Getting Along with Your Child	Connecting with Your Child	***Baby Care Worksheet (Sharing Time Activity)***
Getting Along with Your Child	Connecting with Your Child	***Bonding and Attachment***
Getting Along with Your Child	Connecting with Your Child	***Cues and Attachment***
Getting Along with Your Child	Connecting with Your Child	***Hands On Comfort, Play and Teach***
Getting Along with Your Child	Connecting with Your Child	***Learning how to use a New Toy - Whoozit CPT***
Getting Along with Your Child	Connecting with Your Child	***Soothing a Crying Baby***
Getting Along with Your Child	Connecting with Your Child	***Trouble Relating to Your Baby***
Getting Along with Your Child	Connecting with Your Child	***What is Attachment***
Getting Along with Your Child	Connecting with Your Child	***What Toys Should I Buy?***
Getting Along with Your Child	Personality	***Goodness of Fit- Worksheet (Sharing Time Activity)***
Getting Along with Your Child	Personality	***Reading Your Baby's Cues***
Getting Along with Your Child	Personality	***What Kind of Baby do we Have?***
Getting Along with Your Child	Personality	***You and Your Baby's Temperament***
Intellectual Develop't & Learning	Intellectual Development	***Problem Solving: Birth to 3 months***
Intellectual Develop't & Learning	Intellectual Development	***Infant Amnesia***
Intellectual Develop't & Learning	Intellectual Development	***Intellectual Development: Concentration***
Intellectual Develop't & Learning	Intellectual Development	***Toys for the Older Baby***
Intellectual Develop't & Learning	Language Development	***Books for Your Baby***
Intellectual Develop't & Learning	Language Development	***Reading to Your Baby***
Parents' World	Couple Relationship	***Birth Control After Baby***
Parents' World	Couple Relationship	***Dealing with Unwanted Advice***
Parents' World	Couple Relationship	***Emergency Contraception***
Parents' World	Couple Relationship	***What we can Change***
Parents' World	Finances	***Eating on a Dime***
Parents' World	Finances	***RESPs Special Savings Plans for Education***
Parents' World	Finances	***Saving for Baby's Future***
Parents' World	General Health	***Dad's Postnatal Reactions***
Parents' World	General Health	***Finding Personal Time***
Parents' World	*General Health*	***Informal Connecting Time***
Parents' World	General Health	***Menu Planners***
Parents' World	General Health	***Mom's Postnatal Reactions***
Parents' World	General Health	***Nutrition After Pregnancy***
Parents' World	General Health	***Our Weekly Menu***
Parents' World	General Health	***The Mood Meter***
Parents' World	General Health	***20 Minute Chicken Goulash***
Parents' World	General Health	***20-Minute Chicken Chili***
Parents' World	General Health	***Artichoke & Sun Dried Tomato Linguine***
Parents' World	General Health	***Asian Tuna Noodle Casserole***
Parents' World	General Health	***Basil Roasted Vegetables***
Parents' World	General Health	***Beef Koftas with Pitas and Minted Yogurt***
Parents' World	General Health	***Caraway Cabbage Stir Fry with Cheese Perogies***
Parents' World	General Health	***Chewy Apple Berry Smoothie***
Parents' World	General Health	***Chunky Chicken in Dijon Cheddar Sauce***

POSTNATAL MODULE CONTENT		
CATEGORY	**TOPIC**	**TITLE**
Parents' World	General Health	***Company Sirloins with Grilled Vegetables***
Parents' World	General Health	***Fruity Cookie Parfaits***
Parents' World	General Health	***Herbed Pearl Couscous***
Parents' World	General Health	***Lemon Thyme Rainbow Trout***
Parents' World	General Health	***Multigrain Cereal***
Parents' World	General Health	***One-Pot Macaroni and Cheese***
Parents' World	General Health	***Pearl Couscous Risotto with Bacon and Snow Peas***
Parents' World	General Health	***Pumpkin, Orange and Raisin Muffins***
Parents' World	General Health	***Quick Broccoli Soup***
Parents' World	General Health	***Quick Ravioli Bake***
Parents' World	General Health	***Really Good Beef and Bean Chili***
Parents' World	General Health	***Rice and Greens with Shrimp***
Parents' World	General Health	***Skinny Omelette Roll-Up***
Parents' World	General Health	***Tofu & Broccoli in Peanut Sauce***
Parents' World	General Health	***Tofu Burritos***
Parents' World	General Health	***Tofu Vegetable Curry***
Parents' World	General Health	***Two Cheese and Corn Risotto Bake***
Parents' World	Parenting	***Checklist for Our Trip***
Parents' World	Parenting	***Compliance and CPT***
Parents' World	Parenting	***Coping with the Myths***
Parents' World	Parenting	***Couple Differences in Discipline***
Parents' World	Parenting	***Cribside Assistance for Dads***
Parents' World	Parenting	***Discipline 4 - 6***
Parents' World	Parenting	***Emergence of Will***
Parents' World	Parenting	***First Time Away from Baby***
Parents' World	Parenting	***Intro to Compliance***
Parents' World	Parenting	***Moms & Dads Differences***
Parents' World	Parenting	***My Parenting***
Parents' World	Parenting	***New Dreams and Visions***
Parents' World	Parenting	***No Bad Babies***
Parents' World	Parenting	***Parenting as a Team (sharing time activity)***
Parents' World	Parenting	***Parenting Myths***
Parents' World	Parenting	***Positive Parenting: 4 to 6 M***
Parents' World	Parenting	***Positive Parenting: 4-6 months***
Parents' World	Parenting	***Preparing for a Trip***
Parents' World	*Parenting*	***Sharing Time - Review Positive Parenting from S6W***
Parents' World	Parenting	***Sleep - Parents***
Parents' World	Parenting	***Sleep for Parents***
Parents' World	Couple Relationship	***Body Language***
Parents' World	Couple Relationship	***Changing priorities***
Parents' World	Couple Relationship	***Couple Time After Baby***
Parents' World	Couple Relationship	***Couple Time Strategies***
Parents' World	Couple Relationship	***Dad's First Weeks Home***
Parents' World	Couple Relationship	***Family Violence***
Parents' World	Couple relationship	***How do I Communicate?***
Parents' World	Couple Relationship	***Keeping the spark activity - what do you do to keep this (online)***

POSTNATAL MODULE CONTENT		
CATEGORY	**TOPIC**	**TITLE**
Parents' World	Couple Relationship	***Mom's First Weeks Home***
Parents' World	Couple Relationship	***Mountains and Molehills***
Parents' World	Couple Relationship	***Passion after Pregnancy***
Parents' World	Couple Relationship	***Returning to Work***
Parents' World	Couple Relationship	***The Juggling Act: Balancing Work and Home***
Parents' World	Parenting	***Differences: Boys & Girls***
Parents' World	Parenting	***Father Guilt***
Parents' World	Parenting	***First Worries of New Dads***
Parents' World	Parenting	***First Worries of New Moms***
Parents' World	Parenting	***Joint Care Taking***
Parents' World	Parenting	***Parenting Proverbs***
Parents' World	Parenting	***Parenting Style***
Parents' World	Parenting	***Parenting Styles app***
Parents' World	Parenting	***Parenting Tendencies***
Parents' World	Parenting	***Positive Parenting***
Parents' World	Parenting	***Positive Parenting FAQs***
Parents' World	Parenting	***Reflective parenting***
Parents' World	Parenting	***Returning to Work: Dilemmas and Decisions***
Parents' World	Parenting	***Sharing of Dad's Birth Experience***
Parents' World	Parenting	***Sharing of Dad's First Weeks Home with Baby incl. postnatal Mood Reactions***
Parents' World	Parenting	***Sharing of Mom's First Weeks Home with Baby incl. postnatal Mood Reactions***
Parents' World	Parenting	***Sharing Time (My Priorities)***
Parents' World	Parenting	***The Power of Positive Parenting***
Parents' World	Parenting	***Three Can Be Too Many***
Parents' World	Parenting	***Unhealthy Competition Among Couples***
Parents' World	Parenting	***Unhealthy Competition over Parenting***
Parents' World	Parenting	***Unhealthy Competition: Between Parents/grandparents***
Parents' World	Parenting	***Your Parents' Parenting***
Parents' World	Work and Family	***Dad's Return to Work***
Parents' World	Work and Family	***Family Vacations***
Parents' World	Work and Family	***Our Packing List***
Routines	Every Day Routines	***The Role of Routines***
Social & Emotional Development	Emotional Development	***Emotion Coaching***
Social & Emotional Development	Emotional Development	***Learning to be Social***
Social & Emotional Development	Emotional Development	***Self Awareness***
Social & Emotional Development	Emotional Development	***What is emotional intelligence?***
Social & Emotional Development	Social Development	***Social Referencing***
Social & Emotional Development	Social, Emotional, Intellectual	***Watch Me Grow***
Your Child's Health & Well-being	Abuse	***Child Abuse***
Your Child's Health & Well-being	Abuse	***Shaken Baby***
Your Child's Health & Well-being	Childcare Choices and Issues	***A Care Giver in Your Home***
Your Child's Health & Well-being	Childcare Choices and Issues	***Babysitters***
Your Child's Health & Wellbeing	Childcare Choices and Issues	***In Search of Mary Poppins***
Your Child's Health & Wellbeing	Childcare Choices and Issues	***Interview Questions To Ask***
Your Child's Health & Wellbeing	Childcare Choices and Issues	***Our Babysitters List***

POSTNATAL MODULE CONTENT		
CATEGORY	**TOPIC**	**TITLE**
Your Child's Health & Wellbeing	Childcare Choices and Issues	***Our Interview Questions***
Your Child's Health & Wellbeing	Childcare Choices and Issues	***Out of Home Child Care***
Your Child's Health & Wellbeing	Physical Health	***Teething: Bits and Bites***
Your New Baby	Baby's Health	***Common Infant Illnesses***
Your New Baby	Baby's Health	***Diaper Rashes***
Your New Baby	Baby's Health	***Dressing Baby***
Your New Baby	Baby's Health	***Environmental Health***
Your New Baby	Baby's Health	***Immunization***
Your New Baby	Baby's Health	***Second Hand Smoke***
Your New Baby	Baby's Health	***What to Expect at Doctor's Visit - Baby's Check Ups***
Your New Baby	Crying Birth to 6 Months	***Crying: Birth to 6 Months***
Your New Baby	Crying Birth to 6 Months	***Crying: Surviving Colic***
Your New Baby	Crying Birth to 6 Months	***Introduction to Crying***
Your New Baby	Crying Birth to 6 Months	***Introduction to Crying Log***
Your New Baby	Crying Birth to 6 Months	***Sensitivity to Crying***
Your New Baby	Crying Birth to 6 Months	***Surviving Colic***
Your New Baby	Feeding	***Baby's First Solid Food***
Your New Baby	Feeding	***Breastfeeding Keys to Success***
Your New Baby	Feeding	***Breastfeeding and Allergies***
Your New Baby	Feeding	***Breastfeeding Challenges***
Your New Baby	Feeding	***Breastfeeding in Public***
Your New Baby	Feeding	***Food Allergies***
Your New Baby	Feeding	***introduction to Solid Food***
Your New Baby	Feeding	***Make Your Own Baby Food***
Your New Baby	Feeding	***My First Cereal***
Your New Baby	Feeding	***Positive Eating***
Your New Baby	Feeding	***Breastfeeding: When Mom is Out***
Your New Baby	Safety	***Health Check for Your Home***
Your New Baby	Safety	***Put Your Home on Detox***
Your New Baby	Safety	***Safety Crossword***
Your New Baby	Safety	***Safety while driving***
Your New Baby	Sleeping	***All About SIDS and Safe Sleep***
Your New Baby	Sleeping	***Sleep - Baby***
Your New Baby	Sleeping	***Sleeping Through the Night***
Your New Baby	Sleeping	***Your Baby's Naps***
Your New Baby	Sleeping	***Your Baby's Sleep***
Your New Baby	Sleeping	***Lullaby and Goodnight***
Your New Baby	Sleeping	***Sleeping Chart***

LATE INFANCY MODULE CONTENT		
CATEGORY	**TOPIC**	**TITLE**
About the Program	Introduction	***Introduction to Module 3***
About the Program	Introduction	***Introduction to Web Sessions 1-32***
Behaviour	Discipline & Guiding Behaviour	***Evidence of Will***
Behaviour	Discipline & Guiding Behaviour	***Positive Discipline***
Behaviour	Discipline & Guiding Behaviour	***Preventing Temper Tantrums***
Behaviour	Discipline & Guiding Behaviour	***Temper Tantrums***
Behaviour	Discipline & Guiding Behaviour	***The Toddlers Creed***
Behaviour	Discipline & Guiding Behaviour	***Unacceptable Discipline***
Getting Along with Your Child	Connecting with Your Child	***Family Time 10 - Baby's Board Books***
Getting Along with Your Child	Connecting with Your Child	***Family Time 11- Pick It Up, Put It Down***
Getting Along with Your Child	Connecting with Your Child	***Family Time 12 - What Are We Wearing***
Getting Along with Your Child	Connecting with Your Child	***Family Time 13 - The Dog Went to Dover***
Getting Along with Your Child	Connecting with Your Child	***Family Time 14 - Finger Play***
Getting Along with Your Child	Connecting with Your Child	***Family Time 15 - Relaxing and Reading***
Getting Along with Your Child	Connecting with Your Child	***Family Time 16 - Merry Magnets***
Getting Along with Your Child	Connecting with Your Child	***Family Time 17 - Finger Paint Fun***
Getting Along with Your Child	Connecting with Your Child	***Family Time 18 - Baby Basketball***
Getting Along with Your Child	Connecting with Your Child	***Family Time 19 - We Wiggie, Poke Piggie***
Getting Along with Your Child	Connecting with Your Child	***Family Time 20 - Bumble Bee Bounce***
Getting Along with Your Child	Connecting with Your Child	***Family Time 21 - Mystery Box Finger Play***
Getting Along with Your Child	Connecting with Your Child	***Family Time 22 - It's a Wrap***
Getting Along with Your Child	Connecting with Your Child	***Family Time 23 - Family and Friend Photos***
Getting Along with Your Child	Connecting with Your Child	***Family Time 24 - Obstacles Everywhere***
Getting Along with Your Child	Connecting with Your Child	***Family Time 25 - Tucking in Teddy***
Getting Along with Your Child	Connecting with Your Child	***Family Time 26 - Musical Interlude***
Getting Along with Your Child	Connecting with Your Child	***Family Time 27 - Homemade Bubbles***
Getting Along with Your Child	Connecting with Your Child	***Family Time 28 - Instant Orchestra***
Getting Along with Your Child	Connecting with Your Child	***Family Time 29 - Super Streamers***
Getting Along with Your Child	Connecting with Your Child	***Family Time 30 - Funny Little Snowman***
Getting Along with Your Child	Connecting with Your Child	***Family Time 31 - Growth Chart***
Getting Along with Your Child	Connecting with Your Child	***Family Time 32 - Ring Around the Rosies***
Getting Along with Your Child	Connecting with Your Child	***Family Time 9 - Tranquil Tunes***
Getting Along with Your Child	Connecting with Your Child	***Rhymes with Actions***
Getting Along with Your Child	Connecting with Your Child	***Toys for 10 to 12 Months***
Getting Along with Your Child	Connecting with Your Child	***Vigorous Play***
Getting Along with Your Child	Connecting with Your Child	***What is Baby Saying***
Getting Along with Your Child	Personality	***Baby's Temperament***
Getting Along with Your Child	Personality	***Baby's Temperament Worksheet***
Getting Along with Your Child	Personality	***Temperament: Activity***
Getting Along with Your Child	Personality	***Temperament: Adaptability***
Getting Along with Your Child	Personality	***Temperament: Approach***
Getting Along with Your Child	Personality	***Temperament: Distractibility***
Getting Along with Your Child	Personality	***Temperament: Intensity***
Getting Along with Your Child	Personality	***Temperament: Persistence***
Getting Along with Your Child	Personality	***Temperament: Positivity***
Getting Along with Your Child	Personality	***Temperament: Regularity***

LATE INFANCY MODULE CONTENT		
CATEGORY	**TOPIC**	**TITLE**
Getting Along with Your Child	Personality	***Temperament: Sensitivity***
Intellectual Develop't & Learning	Attentional Abilities	***Deep Breathing***
Intellectual Develop't & Learning	Attentional Abilities	***Imagination Exercise***
Intellectual Develop't & Learning	Attentional Abilities	***Relaxation for Toddlers***
Intellectual Develop't & Learning	Intellectual Development	***Becoming a Tool User***
Intellectual Develop't & Learning	Intellectual Development	***Understanding Numbers***
Intellectual Develop't & Learning	Intellectual Development	***Stages of Play***
Intellectual Develop't & Learning	Language Development	***Bilingual Basics***
Intellectual Develop't & Learning	Language Development	***First Words***
Intellectual Develop't & Learning	Language Development	***Putting Words Together***
Intellectual Develop't & Learning	Language Development	***Raising a Bilingual Child***
Intellectual Develop't & Learning	Language Development	***Should I Take Sign Language Classes with my Baby?***
Intellectual Develop't & Learning	Language Development	***Signing Babies***
Intellectual Develop't & Learning	Language Development	***Words and Symbols***
Parents' World	Couple Relationship	***Asking for Help***
Parents' World	Couple Relationship	***Marital Spats***
Parents' World	Couple Relationship	***Planning Another Child***
Parents' World	Couple Relationship	***Reframing***
Parents' World	Couple Relationship	***Reframing -***
Parents' World	Couple Relationship	***Taking Stock: Who Does What?***
Parents' World	Couple Relationship	***The Next Baby - What's Best for the First Child***
Parents' World	Couple Relationship	***The Next Pregnancy***
Parents' World	Couple Relationship	***United Parent Front***
Parents' World	Couple Relationship	***United Parenting Front Worksheet***
Parents' World	Couple Relationship	***Where Does Our Time Go Worksheet***
Parents' World	Couple Relationship	***Where Does Our Time Go?***
Parents' World	Couple Relationship	***Who Does What? Revisited***
Parents' World	General Health	***Circles of Support***
Parents' World	General Health	***Stay at Home Isolation***
Parents' World	General Health	***Work and Loneliness***
Parents' World	Parenting	***A New Brother or Sister***
Parents' World	Parenting	***A Positive Self Concept***
Parents' World	Parenting	***Childcare Anxiety***
Parents' World	Parenting	***Childcare Challenges***
Parents' World	Parenting	***Developing a United Parent Front***
Parents' World	Parenting	***Labelling Your Baby***
Parents' World	Parenting	***Maxing Baby's Curiosity***
Parents' World	Parenting	***Recover from a Discipline Event***
Parents' World	Parenting	***Stay at Home Dads***
Parents' World	Parenting	***Triangulation Quiz***
Parents' World	Parenting	***What's Best for Big Brother or Sister***
Parents' World	Work and Family	***Our Values***
Parents' World	Work and Family	***Our Values Foundation***
Parents' World	Work and Family	***Teaching Children Values***
Parents' World	Work and Family	***The Parent I Want to Be pdf My Goals Worksheet***
Routines	Everyday Routines	***Dressing the Older Baby***
Routines	Everyday Routines	***Shoes or No Shoes?***

LATE INFANCY MODULE CONTENT		
CATEGORY	**TOPIC**	**TITLE**
Social & Emotional Development	Emotional Development	***"I" Statements and Your Child***
Social & Emotional Development	Emotional Development	***Coaching Your Baby's Emotions***
Social & Emotional Development	Emotional Development	***Peaks of Baby Joy***
Social & Emotional Development	Social Development	***Aggression***
Social & Emotional Development	Social Development	***Babies and Aggression***
Social & Emotional Development	Social Development	***Baby's Anxieties***
Social & Emotional Development	Social Development	***Biting***
Social & Emotional Development	Social Development	***Coping with Separation Anxiety***
Social & Emotional Development	Social Development	***Origins of Aggression***
Social & Emotional Development	Social Development	***Self Concept: Positive Strategies***
Social & Emotional Development	Social Development	***Toddlers and Aggression***
Your Child's Health & Well-being	Injury Prevention	***Escape From the Crib***
Your Child's Health & Well-being	Injury Prevention	***From Crib to Bed***
Your Child's Health & Well-being	Injury Prevention	***The Safety Game Show***
Your Child's Health & Well-being	Injury Prevention	***Toy Safety***
Your Child's Health & Well-being	Nutrition	***Eating Challenges***
Your Child's Health & Well-being	Nutrition	***Food Record***
Your Child's Health & Well-being	Nutrition	***Positive Mealtimes***
Your Child's Health & Well-being	Nutrition	***Transition to Table Food***
Your Child's Health & Well-being	Physical Health	***Baby's Check Ups 13-24 months***
Your Child's Health & Well-being	Physical Health	***Dressing Your Child: 13-24 Months***
Your Child's Health & Well-being	Sleeping	***Nightmares and Night Terrors***
Your New Baby	Baby's Health	***Baby's Check Ups 7-12 months***
Your New Baby	Feeding	***All-Purpose Meat Stew***
Your New Baby	Feeding	***Applesauce***
Your New Baby	Feeding	***Apricot Puree***
Your New Baby	Feeding	***Avocado***
Your New Baby	Feeding	***Baby Beef Stew***
Your New Baby	Feeding	***Baby Omelette***
Your New Baby	Feeding	***Baked Apple Cereal***
Your New Baby	Feeding	***Baked Sweet Potato and Apple***
Your New Baby	Feeding	***Banana***
Your New Baby	Feeding	***Banana Muffins***
Your New Baby	Feeding	***Beef or Veal Dinner***
Your New Baby	Feeding	***Beef Puree***
Your New Baby	Feeding	***Blueberry Banana Yogurt***
Your New Baby	Feeding	***Brown Rice and Lentils***
Your New Baby	Feeding	***Cinnamon Apple Slices***
Your New Baby	Feeding	***Dusted Tofu Cubes***
Your New Baby	Feeding	***Egg Yolks***
Your New Baby	Feeding	***Feeding Issues and Safety***
Your New Baby	Feeding	***Fish Puree***
Your New Baby	Feeding	***Food for Your Older Baby***
Your New Baby	Feeding	***Fruit Smoothie***
Your New Baby	Feeding	***Issues in Weaning***
Your New Baby	Feeding	***Macaroni and Cheese***
Your New Baby	Feeding	***Melons***

LATE INFANCY MODULE CONTENT		
CATEGORY	**TOPIC**	**TITLE**
Your New Baby	Feeding	***Oatie Banana Cereal***
Your New Baby	Feeding	***Pineapple Chicken***
Your New Baby	Feeding	***Pork Puree***
Your New Baby	Feeding	***Prunes***
Your New Baby	Feeding	***Pumpkin***
Your New Baby	Feeding	***Squash***
Your New Baby	Feeding	***Sweet Potato Cubes***
Your New Baby	Feeding	***Sweet Potato Puree***
Your New Baby	Feeding	***Turkey Puree***
Your New Baby	Feeding	***Veal Puree***
Your New Baby	Feeding	***Vegetable Soup***
Your New Baby	Feeding	***Weaning from Breast Milk***
Your New Baby	Safety	***Outdoor Hazards***
Your New Baby	Safety	***Outdoor Safety Tips***
Your New Baby	Sleeping	***Amount of Sleep***
Your New Baby	Sleeping	***Cry It Out Method***
Your New Baby	Sleeping	***Good Night Sleep Habits***
Your New Baby	Sleeping	***Naps: 9-12 months***
Your New Baby	Sleeping	***Night Weaning***
Your New Baby	Sleeping	***Not Sleeping Through***
Your New Baby	Sleeping	***Prepping for Cry It Out***
Your New Baby	Sleeping	***To Cry it Out or Not***

Appendix F:
Examples of Objectives Established for Classes, Online Sessions, Articles and Activities

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I. Examples from Classes:
- A. Example from Prenatal Module 105
- B. Example from Postnatal Module 108
- C. Example from Late Infancy Module 111

II. Examples from Online Sessions, Articles and Activities:
- A. Example from Prenatal Module 115
- B. Example from Postnatal Module 119
- C. Example from Late Infancy Module 123

EXAMPLE FROM **PRENATAL** CLASS:

MODULE 1 GOALS

1. To give parents the best preparation possible to face childbirth.
2. To introduce parents to key parenting and child development concepts before baby is born.
3. To engage parents so they stay with the program.
4. To understand the changes that becoming parents has on their relationship as a couple.
5. To provide the couple with strategies/techniques/tools to enhance their relationship.

Module 1 Face-to-Face: Class 13
Learning Objectives

Parents will:

1. To begin to understand the changes of becoming a parent.
2. To be able to make an informed decision on feeding baby (breastfeeding or formula feeding).
3. To understand the emotional and physical aspects of breastfeeding.
4. To develop an understanding of Dad's role in breastfeeding.
5. To practice the third level of breathing.
6. To understand and develop strategies to manage friction as couples.

***Agenda* and Class Guide**

Topic	Time
About the Program- Introduction	
• *Welcome*	**2 min**
• *Check-in*	**5 min**
• *Agenda - Display comic strip (optional)*	**3 min**
Parents' World – Parenting	
• *Becoming a Mother and a Father - Small Group Activity*	**15 min**
- Large Group Discussion	**15 min**
Your New Baby – Feeding	
• *Breastfeeding DVD (Required) –* ***'Better Breastfeeding'***	**15 min**
Your New Baby – Feeding	
• *Breastfeeding – Large Group Discussion - Use Book and Model*	**25 min**
- Include Benefits and Challenges of Breastfeeding	
BREAK	**15 min**
Your New Baby – Feeding	
• *Demonstration with Practice Holding and Burping Baby*	**10 min**
Before Your Baby is Born – Labour, Delivery and Recovery	
• *Introduce and Practice Level 3 Breathing*	**10 min**
Parents' World – Couple Relationship	
• *Managing Friction - Flipchart Activity*	**10 min**
- Looking at Both Sides	**5 min**
- Large Group Discussion	**10 min**
About the Program	
• *Evaluation*	**5 min**
• *Closing - Class 14 Agenda*	**5 min**
- Sharing Time Activity: Practice All Levels of Breathing	
Complete your Comfort Measures Checklist	
Total Time in Class	**150 min**

Parents' World:

Parenting: *Becoming a Mother and Father*

Small Group Activity -

Divide the parents into smaller groups of couples.
Have each group choose a recorder and a reporter.
Provide each group with flipchart paper and a marker, and each group discuss and record on the following.

- Think about a major change that you, as a couple, went through and how it had an impact on you.
- How did you manage this?
- How do you think the arrival of a baby will be similar or different to this experience?

Large Group Discussion –

Have each group present the highlights of their discussion.
Draw on similarities and uniqueness' of parents' responses.

PEs should refer parents to the articles found on the website on Becoming a Mother and a Father found in M1S5W.

Your New Baby:

Feeding: *Breastfeeding*

- DVD: ***Better Breastfeeding***

These notes contain points that require additions or modifications to the DVD, ***Better Breastfeeding*****,** for Parent Educators to include in class.

****Remind parents that in this DVD they will see:****

- **breasts**
- **babies breastfeeding**
- **a premature baby in an ICU**

- **Segment 1**: ***How Breastfeeding Works:***
  - Recommendations by CPS are same as those by the AAP
  - DVD recommends breastfeeding for '..12 months and beyond.' Current recommendations are for up to 2 years.

- **Segment 2: *Latching on and Positioning***
  - DVD shows Moms holding the back of babies' heads. Some babies find this uncomfortable and will be more difficult to latch. PE's can suggest Moms try holding baby's head a little lower, toward the neck if this is a problem.

Remind Moms to not pinch the breast when using the C-hold.

Large Group Discussion - Divide a piece of flipchart paper into:

- Benefits of Breastfeeding

➢ Challenges of Breastfeeding

- Ask the group for responses to these 2 categories and record their responses under the appropriate heading.
- Use the spiral book, '*Breastfeeding',* and the breast model to respond to points raised and to clarify/supplement the DVD.
- Speak to any myths or misconceptions by providing factual information; i.e. the misconception from some cultures that colostrum is bad for the baby.
- Refer parents to the BF resource handout.

PEs can refer to BF Calendar and articles in the Resources section of this guide as well as the following information as necessary to supplement this discussion.

Note for PEs:
In keeping with the WHO Code for BF: (*see* 'Resources' section for information on WHO code and for the Baby-Friendly Initiative). PE's response to any questions or concerns re formula feeding during the class that they are welcome to speak to the PE (Health Practitioner) AFTER class. Hand-outs re these topics are available only to parents who raise questions/issues and are not a general hand-out for all parents.

EXAMPLE FROM **POSTNATAL** CLASS:

MODULE 2 GOALS

1. To introduce parents to key parenting and child development concepts from birth to 6 months.
2. To engage parents so they stay with the program.
3. To foster bonding and attachment between parents and their baby.
4. To promote positive parenting through parents' understanding and use of CPT.
5. To continue to nurture the couple relationship.
6. To facilitate the transition from being a couple to being parents and to being a family.
7. To feel confident about being parents.
8. To be able to identify and resolve couple/parenting/family issues that arise.
9. To derive fulfillment from being a family.
10. To be able to give and receive support from their group.
11. To know where to go for support in the Community.

Module 2 Face-to-Face: Class 10
Learning Objectives

Parents will:

1. Know a range of soothing techniques that other parents have used to soothe their babies that they might try.
2. Know the typical sleep / wake patterns of babies and the benefit of both for their baby.
3. Understand that their tiredness is the result of many things, not the least of which are less sleep and interrupted sleep.
4. Recognize their need to adjust their own sleep patterns, such as taking naps when the baby sleeps and spelling each other in order to rest.
5. Understand the relationship between being rested and positive parenting.

***Agenda* and Class Guide**

Topic	Time
About the Program- Introduction	
• *Welcome*	**2 min**
• *Circle Time CPT – Baby Massage*	**20 min**
• *Check-in*	**30 min**
• *Agenda for this session – Display comic strip (optional)*	**3 min**
Parents' World - Parenting	
• *Positive Parenting: CPT Video Clip*	**7min**
Large Group Discussion	**10 min**
About the Program	
• *Evaluation*	**5 min**
• *Closing - Agenda for Next Session*	**5 min**
- Sharing Time Activity: Parents should:	
- Practice massaging your baby as a way of connecting with baby	
- Continue to use positive parenting	
Parents' World – General Health	
• *Informal time for mingling, discussion etc*	**30 min**
Total Time in Session	**Up to 120 min**

***Check-in*:** - Ask group if there are any questions or issues: from previous session; that have arisen in the past week; in general; etc.
- Ask parents to fill in any changes in their contact information on the back of the Attendance Record
- Have parents complete the form 'Our Baby' if not yet done

***Group Rules*:** - Post group rules from Module 1 Face-to face sessions.
- Revisit group rules with the group, since babies will be attending the sessions and may fuss.

Agenda: - Post and review the agenda for this session.

Parents' World

-Parenting: Positive Parenting: Use the following discussion Guide to elaborate on CPT and to generate discussion. This guide also found in the PE Resources section for Class 14 in the Facilitation Guide.

Discussion Guide; Positive Parenting

Scenario 1:

Brad is playing peek-a-boo with his 9-month-old son, Jordan. Jordan crawls over to a cigarette lighter that has fallen on the floor. Jordan picks it up and starts to put it in his mouth. Brad quickly moves Jordan's hand away from his mouth and shows him a teething ring. Jordan drops the lighter and takes the ring instead. He starts to suck on the ring and Brad returns the lighter to the edge of the coffee table. What behaviours did Brad show that reflects the Positive Parenting approach?

Scenario 2:

Marie and Antonio have learned that their 4-month-old baby girl, Jessie, doesn't like strange situations or loud noises. Antonio's parents are coming today from Italy to visit for a month. Marie and Antonio both know that Jessie may cry when she meets her new grandparents. The plan is for Marie to stay home with Jessie while Antonio goes to the noisy airport to pick up his parents. When they all arrive back at Antonio and Marie's house, Antonio hands Jessie to her grandmother while he gets the suitcases from the car. What Positive Parenting behaviours did Marie and Antonio use?

Scenario 3:

Angela has a 1-month-old son named Jason and she is tired. She just sat down to enjoy a cup of tea with her mother when Jason starts to cry. He is in his room. Angela's mother says, "Let him cry. He needs to exercise his lungs." Instead, Angela goes to Jason's room and returns with him in her arms. She cuddles him and he begins to settle down. Which of the following actions demonstrate Positive Parenting and are possible actions that Angela could use?

(a) Angela lets Jason cry for **20** minutes and then goes into his room to check on him.
(b) Angela goes promptly to his room and leaves him in his crib while she rubs his back until he settles
(c) Angela closes the door to Jason's room so he will not be distracted by her visit with her Mother.
(d) Angela waits for a few minutes and goes to Jason's room when he does not settle by himself. She checks to see if he is hungry, or has a wet diaper or gas.

Ask Parents:

- How have you noticed other parents using 'Positive Parenting' with their children?
- How are you using 'Positive Parenting' with your baby?

PE's should stress that:

- We may have a tendency towards one parenting style.
- As parents incorporate the characteristics of positive parenting they will develop their own unique style of parenting.

Distribute a copy of '*Introduction to Positive Parenting: Being a Positive Parent*' to each family.

NOTE TO PEs: Remind Parents of Resources web sessions on Positive Parenting:
Module 1 Web session 8 - Introduction to Positive Parenting
Module 2 Web session 14 - Power of Positive Parenting
Module 2 Web session 14 - Positive Parenting FAQs
Module 2 Web Session 14 - Introduction to Parenting Style
Module 2 Web session 15 - Positive Parenting – My Parents' Parenting
Module 2 Web session 19 - Positive Parenting 4-6 months

EXAMPLE FROM **LATE INFANCY** CLASS:

MODULE 3 GOALS

1. To help the couple continue to have a successful transition to parenthood.
2. To engage parents so they will be looking forward to continuing with the program.
3. To help parents understand and nurture all child development areas.
4. To help couples find balance for their lives in terms such as self care, work, parenthood, and being a couple.
5. To experience and practice positive parenting.
6. To experience and practice CPT.
7. To know how to care for a baby from 7-12 months.

Module 3 Face-to-Face: Class 5
Learning Objectives

Parents will:

1. Share with the group their joys, challenges and issues from the past 2 weeks.
2. Develop a plan to present a united parent front.
3. Use the CPT activity *'Puppet Play*' as a way to promote their baby's development.

Agenda and Class Guide

Topic	Time
About the Program- Introduction	
• *Welcome*	**2 min**
• *Circle Time CPT - 'Puppet Play'*	**15 min**
• *Check-in*	**30 min**
• *Agenda for this session – Display comic strip (optional)*	**3 min**
Parents' World - Parenting	
• *United Parenting Front - Large Group Discussion re Worksheet from M3S3W*	**10 min**
- Small Group Discussion	**10 min**
- Large Group Report Back	**10 min**
About the Program	
• *Evaluation*	**5 min**
• *Closing - Agenda for Next Session*	**5 min**
- Sharing Time Activity - Encourage parents to Reflect on and discuss strategies for creating a united parenting front.	
- Parents should try Puppet Play with their child at home.	
Parents' World – General Health	
Informal time to mingling, discussion etc.	**Up to 30 min**
Total Time in Session	**Up to 120 min**

Circle Time - CPT: *'Puppet Play'*

Puppet Play

Family Time Activity

Introducing puppets to your baby is a great way for you to spend some **Comfort, Play & Teach™** time together. Your baby will delight in the colours, textures and sounds as you talk to and tickle him!

You Will Need:

Hand, sock or bath puppets

Comfort

Some babies always remain a little fearful of their baths, or they may suddenly become fearful of baths even if they previously enjoyed them. If this is the case with your baby, try introducing her to a bath puppet before you go near the bath. Have the bath puppet snuggle with her (as if you were washing her face and neck), stroke her hair (as if you were washing her head), and so forth. After your baby becomes accustomed to "land play" you can use the same approach for water play in the bath. This will help your baby become comfortable with her bath. Even if your baby is not fearful of water, using a bath puppet is a great way to help your baby feel loved with a sudsy water massage. Just watch him relax as you gently scrub his shoulders, belly and head with the puppet.

Play

Give your puppet an interesting voice. It can speak high or low, sing songs or make animal sounds! Look around you and bring some props into your puppet play. Have your puppet hop from one thing to another. Have your puppet go on an adventure.

Teach

Give your puppet a name, and use it every time you play with the puppet. Start your puppet play by asking something like "Where is Sockeroo? Let's find Sockeroo. Here's Sockeroo!!!" Your baby will quickly learn that Sockeroo means fun, and will start to actively look for your puppet with you. (It's always good to reward those searching skills!)

You can use your puppet to emphasize some of your household rules. For example, if you don't want your baby to pick up keys when they are accidentally left about, place your keys just out of reach. Have your puppet start toward them, but when you (as the parent), say "No, no" you can make your puppet stop and move away. Using puppets to teach rules is a great way to lighten up this important part of parenting.

Check-in: - Ask group if there are any questions or issues: from previous session(s); that have arisen in the past weeks; in general; etc.
- Ask parents to fill in any changes in their contact information on the back of the Attendance Record

Agenda: - Post and review the agenda for this session

Parents' World:

-Parenting *- United Parenting Front***:**

Large Group Discussion - Parents should bring *'Creating a United Front' Worksheet* from M3S3W.

PEs - lead large group discussion using following question:

- **In what two-three areas of parenting are you, as parents, united?**
  Record the responses on flipchart paper.

  Small Group Discussion - Parents should remain as a couple for the small group discussion. PE's should divide couples into 2 or more groups, depending on the numbers of couples. For small groups, dividing may not be necessary.

- **In what two- three areas of parenting are you divided or struggling**?

- **What new strategies can you use to manage these areas of conflict in your united parenting front**?

Large Group Report-back – Have each group report their areas of struggle and the strategies they developed.

Main Points for Parenting: Creating a United Front

Why Parenting as a Team is Important:

- Successful parenting requires parents to mesh their goals, styles, and strategies to provide consistent and coherent expectations and consequences for their children.
- Spouses must be able to communicate, collaborate, and resolve disagreements in order to co-parent effectively.
- Greater marital satisfaction is related to higher levels of accord on issues of childrearing.
- Parents in more conflictual marriages show less cooperation and more disagreement and competitiveness in the co-parenting relationship.

Overcoming Barriers to Becoming a Team and Dealing with Differences:

- Accept that there will be parental disagreements. While some disagreements will be easy to resolve, others come down to fundamental differences in parenting styles.
- Discuss disagreements in private so as to always present a united front to the children.
- It is important not to allow any marital problems you may be experiencing to affect the quality of your parenting decisions.
- As children get older, don't let kids get away with playing one parent against the other. It is important to discuss decisions with your partner when there are discrepancies.
- Identify areas of strength and divide up parenting duties accordingly.

- If you do totally disagree with the way your partner is handling a particular issue, call a parenting timeout and discuss the issue away from the kids to avoid undercutting the authority of the other parent.
- Give your partner a break on days when he/she is having a bad day on the parenting front.
- Appreciate and trust each other's approach to discipline and parenting.
- Compliment with praise when your partner handles an especially challenging situation well.
- Keep the long-term goal in mind (i.e. raising a happy, healthy child) in the midst of day-to-day differences.
- One barrier to becoming a team is competitiveness between parents. There is a natural feeling of possessiveness, which makes parents unconsciously competitive with each other.
- Parents can deal with competitiveness by identifying with and backing up the other. Babies need a sense of commitment from each parent and a lack of tension around them. Competition can be a strong source of motivation for each parent to do his or her best with the baby.
- When there are disagreements, try to look for solutions rather than figure out who is right or wrong.

Note to PEs: Tell parents that information on the topics in this class can be found in the following web sessions:

- M3S4W – *United Parenting Front Worksheet*
- M3S4W– *Creating a United Parenting Front: Parenting as a Team*

Example from **Prenatal** Online Session:

MODULE 1 GOALS

1. To give parents the best preparation possible to face childbirth.
2. To introduce parents to key parenting and child development concepts before baby is born.
3. To engage parents so they stay with the program.
4. To understand the changes that becoming parents has on their relationship as a couple.
5. To provide the couple with strategies/techniques/tools to enhance their relationship.

LEARNING OUTCOMES FOR MODULE 1 - *Week 11*

My Comfort List

Parents will:

Knowledge:	Know what different strategies can be used to provide comfort for women during labour and birth. Know the benefits and limitations to the different strategies.
Skill:	Identifies and different strategies that Mom currently uses to manage pain and discomfort and the strategies she will try in labour.
	Shares her list of comfort strategies with Dad and or her labor support person.
Confidence:	Feel prepared to cope with the pain and discomfort of labour and birth.

Routine Care of Baby – Diapering, Cord, Care and More

Parents will:

Knowledge:	Know the basics of diapering, umbilical cord care, finger and toenails, bathing and penis care.
	Know of the basic healing that takes place with the umbilical cord and circumcised penis.
	Know where to locate this information on the TPP website when they need to refer back to it.
Skill:	N/A
Confidence:	Feel confident to start these daily activities when baby is born.

Introduction to Child Development

Parents will:

Knowledge:	Know there are 4 types of development: physical, social, emotional and intellectual.
	Know that in the early months of life parents can best enhance their baby's development through responding promptly and sensitively to their baby's needs.
Skill:	N/A
Confidence:	Feel confident that at least in the first months of life, it will be relatively easy to enhance their baby's social, emotional and intellectual development.

Introduction to Language Development	
Parents will:	
Knowledge:	Know that baby's sensitivity to language begins in the womb through the muffled voices that are heard at the end of pregnancy.
	Know they have an important role to play in language development.
Skill:	N/A
Confidence:	Feel confident they know the basics of helping their baby get off to the right start in language development.
	Are excited about the role they play in encouraging their baby's language development.

Paced Breathing for Coping with Labour	
Parents will:	
Knowledge:	Know what a cleansing breath is, and its purpose.
	Know what slow, modified and patterned paced breathing mean.
	Know what open and closed glottis pushing is.
Skill:	Have practiced a little, on their own, the types of paced breathing. (Most of this skill will come in the FF session.)
Confidence:	The veil of mystery about the breathing is beginning to lift.
	Feel a little more confident that they are getting a handle on the "breathing" that is supposed to help them through the pain of labour.

Essential Activities*:*

- **About the Program – Introduction**
  - *Introduction to Session 11* – RO (SCO 1)
- **Before Your Baby is Born- Labour Delivery and Recovery**
  - My Comfort List - Checklist (SCO 2)
- **Your New Baby- Baby's Health**
  - *Routine Care of Baby – Diapering, Cord Care and More – Tabbed Click & Reveal (SCO 3)*
- **Intellectual Development and Learning:**
  - *Infant Development - RO (SCO 4)*
- **Intellectual Development and Learning: Language**
  - *Very Early Language - RO (SCO 5)*
- **About the Program** –
  - *Class 12 Agenda - RO (SCO 6)*
  - *Sharing Time - RO (SCO 7)*

Recommended Activities:

- **Parents' World** – **General Health**
  - *Cool Recipes*
    - Spinach with Almonds –RO and PDF (SCO 8)
  - *Stress Reliever*
    - Laugh - RO (SCO 9)

Category: Prenatal (SCO 2)
Topic: Labour, Delivery and Recovery
Title: My Comfort List
Asset Type:
Type: B
• *My List of Comfort Measures*
Directions: • Use the document *Comfort Measures Checklist* to develop a checklist that parents can create their own personalized list and print. • Insert a collage of pictures of various comfort measures i.e. musical symbol, hot water bottle, bath tub, massage oil etc

Category: Taking Care of Baby (SCO 4)
Topic: Baby's Health
Title: Routine Care of Baby – Diapering, Cord Care and More
Asset Type: Knowledge Transfer / RO Tabbed Click and Reveal
Type: B
• Routine Care of Baby – Diapering, Cord Care and More • Penis Care for Your Baby
Directions: • Use the documents: *Routine Care of Baby – Diapering, Cord Care and More and Penis Care for Your Baby* to create a tabbed click and reveal. The introductory paragraph should appear at the beginning and then the tabbed headings. • Insert an image request for a Mom diapering a newborn baby and another request for a Dad giving a 1 month old baby a bath. • Their will be two pages of tabbed headings. They should include bathing, diapering, nail care, umbilical cord care, penis care and jaundice. • When describing the care of the penis be careful that there is no judgmental sentences for or against circumcision. • Provinent incorporate the link for these pictures in the read only article, in the appropriate spot. link them to Mayo Clinic website www.mayoclinic.com/health/circumcision to show picture of circumcised and uncircumcised penis.
Notes: Agile- • Place the Mayo Clinic www.mayoclinic.com/health/circumcison website link in the related resources section as this shows pictures of a circumcised and uncircumcised penis. • For a picture of a cord stump place the following website in the related resources section To see an image of what an umbilical stump looks like see www.CanadianParents.com

Category: Baby's Development (SCO 2)
Topic: Child Development
Title: Infant Development
Asset Type: Knowledge Transfer/ Read Only
Type: B
• *Infant Development*
Directions: • Use the document *Infant Development* and check if for tone and voice. • Insert images to help enhance the sections on emotional development and social development. For emotional development pictures of a baby smiling, crying, looking surprised. For social development an infant and father interacting i.e. Dad making faces at baby or baby smiling at Dad.
Notes:

Category: Baby's Development (SCO 3)
Topic: Language Development
Title: Very Early Language
Asset Type: Knowledge Transfer/ Read Only
Type: B
• *Very Early Language*
Directions: • This RO *Very Early Language* is to provide parents with an introductory understanding of language development. • Insert an image of a baby less than 6 months turning their head to a sound such as a rattle or musical toy.

Category: About the Program (SCO 5)
Topic: Agenda for next session
Title: Class 12 Agenda
Asset Type: Read Only
Type: B
• *The following revisions to the Agenda for Class 12 is: Welcome and Check-in, Medical and Surgical Interventions, Caesarean Birth, Orientation to Birth Plans, Breathing Level 2, Massage, Relaxation, Closing and Evaluation.*

Category: About the Program
Topic:
Title: Sharing Time
Asset Type:
Type: B
• *My Comfort List*
Directions: • Parents should be encouraged to think about how your parents helped with your language and intellectual development. Did they sing to you? Did they talk to you? Did they read to you? Share your stories with one another. • As soon-to-be parents yourselves, start thinking about the activities or strategies you will use to help your baby develop these areas. Maybe start a list! • Parents should be encouraged to practice the first level of breathing daily this week. • Parents should be encouraged to practice the Labour and Birth Positions from Week 11 Face-to-face 3 using the handout on positions given in class and also listed in related resources. • Parents should make a list of the strategies they use when they are in pain. This may help them when using the interactive checklist, My Comfort List. Parents should be encouraged to together add 2 new comfort measures to My Personal Comfort Measure List of strategies they use for comfort when they are in pain. Print these lists and bring them to the next class, Face-to-face 4 Session 12.

Example from **Postnatal** Online Session:

MODULE 2 GOALS

1. To introduce parents to key parenting and child development concepts from birth to 6 months.
2. To engage parents so they stay with the program.
3. To foster bonding and attachment between parents and their baby.
4. To promote positive parenting through parents' understanding and use of CPT.
5. To continue to nurture the couple relationship.
6. To facilitate the transition from being a couple to being parents and to being a family.
7. To feel confident about being parents.
8. To be able to identify and resolve couple/parenting/family issues that arise.
9. To derive fulfillment from being a family.
10. To be able to give and receive support from their group.
11. To know where to go for support in the Community.

LEARNING OUTCOMES FOR MODULE 2 - *Week 14*

Mom's Postpartum Body Shape

Parents will:

Knowledge:	Know how Mom's may react to their postpartum body shape.
	Know how dads view mom's postpartum body.
	Know strategies they can use.
Skill:	N/A
Confidence:	Have the information they need about mom's postpartum body shape.

Quality Couple Time

Parents will:

Knowledge:	Know that quality couple time is important after the baby has arrived.
Skill:	Plan together for opportunities to have time together as a couple.
	Use strategies for quality time that fit with their life.
Confidence:	Feel they will be able to make time for themselves as a couple.

Changing Priorities

Parents will:

Knowledge:	Know that priorities may change due to other factors such as career, family, our partner or extended family.
	Know that it is important to think about your priorities now that baby has arrived.
Skill:	Reflect on their priorities as an individual and a couple.
Confidence:	Feel they have the information to periodically reflect on their changing priorities.
	Feel more assured they do not have to do everything.

Parenting Style Outcomes	
Parents will:	
Knowledge:	Know 3 basic parenting styles.
	Know that the authoritative/backbone style of parenting has the best outcomes for children.
	Know that the Positive Parenting style will look and feel differently for each parent and child, depending on the child's and parent's temperament.
Skill:	N/A
Confidence:	Know that since positive parenting looks and feels differently for each parent/child dyad that there is a lot of room to be unique and still be a Positive Parent.

Positive Parenting Outcomes	
Parents will:	
Knowledge:	Know that being a positive parent means being a loving, understanding, reasonable, protective teacher and model.
	Know how each of the descriptors in the explanation is defined.
Skill:	Know how to start being a positive parent.
Confidence:	Know that being a positive parent is do-able.
	Know that being a positive parent is do-able.
	Know that Invest in Kids and The Parenting Partnership will provide excellent guidance in becoming a positive parent.

Comfort, Play & Teach™ Activities	
Parents will:	
Knowledge:	Know 2 different activities to promote their baby's social and intellectual development as a 1 month old.
Skill:	Use activities to promote their baby's social and intellectual development.
	Use these activities to foster parent/child attachment.
	Use these activities to promote positive parenting.
	Use these activities to promote family togetherness.
	Use CPT activities in every day opportunities.
Confidence:	Feel confident these activities will help their baby's development.
	Feel confident these activities will promote their skills in positive parenting.

Healthy Recipe	
Parents will:	
Knowledge:	Know of a healthy and quick recipe they can use during pregnancy and after baby is born.
Skill:	Tries a new healthy recipe.
Confidence:	Feel they have information they need to create a healthy meal.

Essential Activities:

- **About the Program – Introduction** (Aggregation)
  - *Introduction to Web 14 - SCO 1*

- **Before Your Baby is Born – Labour, Delivery and Recovery**
  - *Will Mom's Shape Return?* - SCO 2

- **Parents' World – Couple Relationship** (Aggregation)
  - *Couple Time after Baby* – SCO 3
  - Couple Time Strategies pdf worksheet attached to above sco
  - *Changing Priorities* – SCO 4
    - *My Priorities (sharing time activity)*

- **Parents' World - Parenting** (Aggregation)
  - *Parenting Style* - SCO 5
  - Power of Positive Parenting - SCO 6
  - *Positive Parenting FAQs* – SCO 7

- **Getting Along with Your Child**
  - *Family Time* - SCO 8
    - *I See You* – SCO 9

- **About the Program**
  - *Sharing Time* – SCO 10

Recommended Activities:

- **Parents' World-Parenting**
  - *Using a Parenting Style*

- **Parents' World-General Health**
  - *Quick Ravioli Bake*

Category: Before Your Baby is Born
Topic: **Labour, Delivery and Recovery**
Title: Will Mom's Shape Return? **SCO 2**
Asset Type: Click and Reveal
Type: B
• *Will Mom's Shape Return?*
Directions: • Use the document *Will Mom's Shape Return? – to create a click and reveal. The clicks should be images that show a postpartum mom with a baby, a dad and a mom breastfeeding.* • Insert an image at the beginning of this SCO of a mom looking into mirror.
Notes:

Category: Parents' World (Aggregation)
Topic: **Couple Relationship**
Title: Couple Time after Baby **SCO 3**
Asset Type: Knowledge Transfer checklist
Type: B
• *Couple Time after Baby*
Directions: • Use the paragraphs in the document *Couple Time after Baby* to create the introduction. The list of strategies should appear as a checklist that the parents could use to plan what strategies they might try. Make this a PDF document so parents are able to print it. • Insert image of a couple doing an activity together - having drinks, dancing, playing a game.
Notes:

Category: Parents' World (Aggregation)
Topic: **Couple Relationship**
Title: Changing Priorities – **SCO 4**
Asset Type: Knowledge Transfer Read Only and Worksheet
Type: B
• *Changing Priorities*
Directions: • Use the document *Changing Priorities* to create the introduction to the worksheet. • The worksheet should be placed in a pdf document that parents print and complete. • Insert an image of list with many items.
Notes:

Category: Parents' World (Aggregation)
Topic: **Parenting**
Title: Parenting Style **SCO 5**
Asset Type: Knowledge Transfer Read Only
Type: B
• *Parenting Style*
Directions: • Use the document *Parenting Style* to create a read only article. • Insert an image of 3 different hats. (Or if you have a better idea of what might work based on the content in this SCO.)
Notes:

Category: Parents' World (Aggregation)
Topic: **Parenting**
Title: Power of Positive Parenting **SCO 6**
Asset Type: Knowledge Transfer Click and Reveal Activity
Type: A
• *Power of Positive Parenting*
Directions: • Create a click and reveal using the document *Power of Positive Parenting.* • The questions in the document are the clicks. • This is a type A, please use the same type of font as the original document and colour if possible. • Insert an image of parents interacting in a positive way with a baby,
Notes:

Example from **Late Infancy** Online Session:

MODULE 3 GOALS

1. To help the couple continue to have a successful transition to parenthood.
2. To engage parents so they will be looking forward to continuing with the program.
3. To help parents understand and nurture all child development areas.
4. To help couples find balance for their lives in terms such as self care, work, parenthood, and being a couple.
5. To experience and practice positive parenting.
6. To experience and practice CPT.
7. To know how to care for a baby from 7-12 months.

LEARNING OUTCOMES FOR MODULE 3 - *Week 4*

Stages of Play

Parents will:

Knowledge:	Know their baby will progress through 3 stages of play.
	Know what the 3 stages are.
	Know that each stage is important, and their baby will keep the prior stage of play in his/her repertoire as she progresses to the next stage.
Skill:	Able to identify the type of play their baby is doing.
Confidence:	Feel confident that the early types of play, which can appear selfish, are simply due to baby's lack of development, not poor manners or innate badness.

United Parent Front moved from M3S3W

Parents will:

Knowledge:	Know the importance of maintaining a united parent front. Know some of the areas related to care of children which may create conflict for parents.
Skill:	Use the united parent front checklist to identify possible areas of conflict for them.
Confidence:	Feel they are aware of areas that may pose challenges to being a united parent team.
	Know some of the areas related to care of children which may create conflict for parents.

Stay at Home Dads

Parents will:

Knowledge:	Know that some dads do stay home to care for their baby.
	Understand some of the challenges of staying home with their baby.
	Know how to cope with the challenges.
Skill:	N/A
Confidence:	Feel they have the information they need to decide about staying home.
	Feel they are aware of the challenges of staying home.

Comfort, Play & Teach™ Activities	
Parents will:	
Knowledge:	Know 2 different activities to promote their baby's social and intellectual development as a __ month old.
Skill:	Use these activities to promote their baby's social and intellectual development.
	Use these activities to foster parent/child attachment.
	Use these activities to promote positive parenting.
	Use these activities to promote family togetherness.
	Use CPT activities in every day opportunities.
Confidence:	Feel confident these activities will help their baby's development.
	Feel confident these activities will promote their skills in positive parenting.

Baby Food Recipe NEW	
Parents will:	
Knowledge:	Know of a baby food recipe they can make to offer their baby.
Skill:	Try a new baby food recipe.
Confidence:	N/A

Essential Activities:

- **About the Program – Introduction** (Aggregation)
  - *Introduction to Web Session 4* - SCO 1

- **Intellectual Development & Learning: Intellectual Development - Play**
  - Stages of Play SCO 2

- **Parents' World – Parenting**
  - United Parent Front SCO 3 NEW
  - United Parent Front Checklist SCO 4

- **Getting Along with Your Child**
  - Family Time SCO 5
  - *Big Box Tunnels SCO 6 Moved from M3S5W*

- **About the Program**
  - Sharing Time SCO 7

Recommended Activities:

- **Feeding Your Baby**
  - *Fish Puree* SCO 8

- **Parents World – Parenting**
  - Stay at Home Dads SCO 9

Category: Intellectual Development & Learning: Intellectual Development SCO 2
Topic:– Play
Title: Stages of Play
Asset Type: B
Type: Click and Replace & Drag and Drop
• *Stages of Play*
Directions: • Use the document in e-file M3S4W Stages of Play. • For "isolated play" use picture of baby playing by self. • For "parallel play" use picture of toddlers playing side by side, but not with each other. • For "social play" use picture of 4 – 5 year olds playing together, where planning or cooperation is underway.
Notes:

Category: Parents' World SCO 3
Topic: Parenting
Title: United Parent Front Title
Asset Type: RO
Type: B
• *United Parent Front*
Directions: • Use the document M3S3W *United Parent Front* to create an article • Insert an image of the comic strip from Fisher of Mar 2009 saved on the T:/drive.
Notes: Jeny to write and Greg to review.

Category: Parents' World SCO 4
Topic: Parenting
Title: United Parent Front
Asset Type: Checklist
Type: B
• *United Parent Front*
Directions: • Use the document M3S3W *United Parent Front* to create a checklist that parents can print. • The introductory paragraphs can be placed on an information page and the actual checklist can be made as a PDF that parents can print easily. • Insert an image of two parents facing each other as if in disagreement, or an image of two blocks together to imply disagreement.
Notes:

Category: Getting Along with Your Child SCO 5
Topic: Connecting with Your Child
Title: Family Time 4
Asset Type: Knowledge Transfer
Type: B
Directions: • This should have a similar feel to the previous Family Time SCO in Module 2. • Insert an image of a family Mom, Dad and Baby less than 6 months of age who are non-Caucasian. • Encourage parents to do the following activity this week: *Big Box Tunnel* • Attach the PDF called *Big Box Tunnel* to this SCO.
Notes:

Category: Getting Along with Your Child SCO 6
Topic: **Connecting with Your Child**
Title: Big Box Tunnel
Asset Type: Knowledge Transfer
Type: A
• *Big Box Tunnel*
Directions: • Use the document *Big Box Tunnel* to create a pdf that parents can print with this activity. • Use the CPT icons as indicated in the document. • Attach this pdf to the Family Time SCO.

Appendix G:

Examples of Evaluation Questions Attached to Online Articles and Activities

TABLE 1: PARENTS

WHICH FACTORS TO BE TESTED IN WHICH EVALUATION ACTIVITIES

	PRETEST PROCESS EVALUATION FACTORS to be assessed																									
	Demo/Psych	Recruitment			online					Classroom						Overall prog	Benefits									Evaluation
EVALUATION STRATEGIES	Demo / Psych	MATERIALS	PROCESSES	PRESENTATION	CON-TENT	PRESENTATION	DELIVER	DYNAMIC	AMOUNT	CON-TENT	PRESENTATION	DELIVER	DYNAMIC	ENVI-RON	AMOUNT	OVERALL	KNOWL'G	SKILLS	CON-FID	BETTER PAR	COUPLE	BABY	INDIV NEED	EMPOWER	CONNECT	EVAL
Used with PARENTS																										
Development Phase																										
1 **Test key delivery assumptions**					1	1	1		1			1					1	1	1	1	1	1	1	1		1
At program start:																										
2 **Collect baseline data**	1																1	1	1	1	1		1		1	1
3 **Evaluate the recruitment**		1	1	1													1	1		1	1	1	1	1	1	
During program:																										
4 **Evaluate the online assets**					1	1	1		1								1	1	1	1	1	1	1	1		
5 **Evaluate the online sessions**					1	1	1	1	1								1	1	1	1	1	1	1	1	1	1
6 **Ongoing qualitative online Feedback**					1		1	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
7 **Track online use**					1			1	1																	
8 **Evaluate Classroom assets**						1				1		1			1		1	1	1	1	1	1	1	1		
9 **Evaluate Classroom sessions**						1				1		1	1	1	1		1	1	1	1	1	1	1	1	1	1
10 **Track Classroom attendance**																1										
11 **Evaluate Modules**	1															1	1	1	1	1	1	1	1	1	1	1
12 **Evaluate overall program**																1	1	1	1	1	1	1	1	1	1	1
Post-program:																										
13 **Exit interviews**	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
TOTAL Evaluation Strategies Used with Parents	**3**	**2**	**2**	**2**	**6**	**6**	**5**	**4**	**6**	**4**	**1**	**5**	**3**	**3**	**4**	**5**	**11**	**11**	**10**	**11**	**11**	**10**	**11**	**10**	**8**	**8**

TABLE 2: PARENT EDUCATORS

WHICH FACTORS TO BE TESTED IN WHICH EVALUATION ACTIVITIES

	TRIAL RUN PROCESS EVALUATION FACTORS																								
	Demo/ Psych	Web delivery channel						Face-to-face delivery channel						Overall program				Program Support & Set-up				Professional Benefits			Evaluation
EVALUATION ACTIVITIES	Demo Psych Profl	CONTENT	PRESENTATION	DELIVER	DYNAMIC	ENVI-RON	AMOUNT	CON-TENT	PRESENTATION	DELIVER	DYNAMIC	ENVI-RON	AMOUNT	BALANCE	EXPECTATION	SATISFACTION	PARAMETERS	WK - LOAD	SUP & SET-UP	TRNG, RES, SUP	CO-LEAD	KNOW SKILL, CONFID	FAME	JOB SATISFACTION	EVAL
Used with PARENT EDUCATORS																									
At start of program:																									
1 **Collect Baseline Data**	1																								
During program:																									
2 **Evaluate Online Assets**		1	1	1	1	1	1																		
3 **Evaluate Online Sessions**		1	1	1	1	1	1																		
4 **Ongoing qualitative Online feedback**		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
5 **Track Online use**		1					1																		
6 **Evaluate Classroom Assets**								1	1	1	1	1	1												
7 **Evaluate Classroom Sessions**								1	1	1	1	1	1				1								
8 **Track Classroom attendance**																		1							
9 **Track prep & delivery time**																		1							
10 **Evaluate each module**	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
11 **Evaluate overall program**				1	1	1	1	1		1	1	1	1		1	1	1	1		1	1				
Post program																									
12 **Exit Interviews**	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
TOTAL Evaluation Strategies Used with Parent Educators	**3**	**6**	**5**	**6**	**6**	**6**	**7**	**6**	**5**	**6**	**6**	**6**	**6**	**3**	**4**	**4**	**5**	**6**	**3**	**4**	**4**	**3**	**3**	**3**	**3**

PRETEST 1: EXAMPLE of Questions re Online Session Evaluation

VARIABLE	EVALUATION QUESTIONS	QUESTION TYPE
online Content: USEFUL	**I can apply the information in this session to my own life now**	10-pt: completely disagree/completely agree
online Presentation: TONE AND MANNER	**This session was enjoyable**	10-pt: completely disagree/completely agree
online Content: BENEFICIAL	**This session provides me with the kind of support that I need during my pregnancy**	10-pt: completely disagree/completely agree
online Delivery: STRUCTURE	**The information presented in this session is well-organized**	10-pt: completely disagree/completely agree
online Content: BENEFICIAL	**Which portions of this session did you find most valuable?**	Select all that apply: list of all assets within session. Should have option to also click on assets not viewed
online Delivery: STRUCTURE	**How would you rate the balance of different formats used in this session (e.g. articles, games, quizzes etc.)**	10-pt: unbalanced/balanced
online Presentation: LIT LEVEL	**In general how would you rate the level of writing in this session?**	Select one: Too easy; About the right level to help me learn the material; Too difficult
online Amount: TIME REQUIRED	**How do you feel about the amount of time it takes to go through this session**	Select one: Not enough time; Just the right amount of time; Too much time
online Amount: RESOURCE USE	**Are you looking forward to the next Web Session?**	10-pt: not at all/very much
online Overall: RECOMMEND TO OTHERS	**Would you recommend this site to other expectant parents?**	Yes/No
online Presentation: TONE AND MANNER	**Do you find that the content is equally appealing to men and women?**	Yes/No
online feedback	**Do you have any other comments:**	Field to enter text; max of ? characters

Factors and definitions to be assessed	Q #	Sample Questions	Question format and Response options	Online piece	Online overall	Class piece/ sess	Class overall	Program overall
TRUST & RELEVANCE								
RELEVANT	1	The information in this ... is useful to me.	10-pt: completely agree/completely disagree	1	1	1	1	1
RELEVANT	2	This information in this ... is something I would use:	10-pt: often/seldom use	1		1		
RELEVANT	3	I can apply the information in this ... to my own life now	Yes/No	1	1	1	1	1
VALUABLE	1	[… Visiting this site/reading this material/working through this activity…] is a valuable use of my time	10-pt: completely agree/completely disagree	1	1	1	1	1
VALUABLE	2	This ... is something that adds value to the Parenting Partnership/It is something that the Parenting Partnership should pull the plug on	10-pt: adds value/pull the plug on	1		1		
VALUABLE	3	I usually learn something valuable as a result of doing the activities in … .	10-pt: completely agree/completely disagree		1		1	
VALUABLE	4	This ... contains valuable information	10-pt: completely agree/completely disagree	1	1	1	1	1
TRUST & CREDIBILITY	1	The information presented in this ... is credible	10-pt: completely agree/completely disagree	1	1	1	1	1
TRUST & CREDIBILITY	2	Which of the following contribute to the credibility of this …	Select all that apply:	1	1	1	1	1
			It comes from sources that I trust					
			It refers to research findings					
			It features new information					
TRUST & CREDIBILITY	3	Recommendation of the Parenting Partnership by which of the following adds to its credibility?	Select all that apply:					1
			My doctor					
			A friend or relative					
			My community centre					
			Other (specify)					
TRUST & CREDIBILITY	4	This ... presents reliable/unreliable information	10-pt: reliable/unreliable	1	1	1	1	1
FUN & NOVELTY								
FUN	1	I enjoyed [reading this .../doing this activity/participating in …]	10-pt: completely agree/completely disagree	1		1		1
FUN	2	This ... was fun to [read/do/participate]	10-pt: completely agree/completely disagree	1		1		
FUN	3	This ... was: a fun way to learn/annoying	10-pt: fun/annoying way to learn	1		1		
FUN	4	This ... is interesting/boring	10-pt: interesting/boring	1		1		
NOVELTY	1	This ... taught me something I didn't know before	Yes/No	1		1	1	
NOVELTY	2	I could easily find this kind of information elsewhere	Yes/No	1	1	1	1	1
NOVELTY	3	This ... helped me learn the material	10-pt: agree/disagree	1		1		
NOVELTY	4	How would you rate the amount of new content every week?	Select one:		1		1	1
			Too little					
			Just right					
			Too much					
NOVELTY	5	The content is:	10-pt: innovative/nothing special	1	1	1	1	1

Factors and definitions to be assessed	Q #	Sample Questions	Question format and Response options	Online piece	Online overall	Class piece/ sess	Class overall	Program overall
EMPOWERING & BENEFICIAL								
KNOWLEDGE	1	This ... increases my knowledge about parenting	10-pt: agree/disagree	1	1	1	1	1
KNOWLEDGE	2	This ... increases my knowledge about child development	10-pt: agree/disagree	1	1	1	1	1
KNOWLEDGE	3	How sure do you feel that you know what signs to watch for that would indicate that a baby or young child's physical development is healthy and about right for his/her age?	Select one: Totally sure; Pretty sure; Only somewhat sure; Not sure at all					1
KNOWLEDGE	4	How sure do you feel that you know what signs to watch for that would indicate that a baby or young child's emotional development is healthy and about right for his/her age?	Select one: Totally sure; Pretty sure; Only somewhat sure; Not sure at all					1
KNOWLEDGE	5	How sure do you feel that you know what signs to watch for that would indicate that a baby or young child's social development is healthy and about right for his/her age?	Select one: Totally sure; Pretty sure; Only somewhat sure; Not sure at all					1
KNOWLEDGE	6	How sure do you feel that you know what signs to watch for that would indicate that a baby or young child's intellectual development is healthy and about right for his/her age?	Select one: Totally sure; Pretty sure; Only somewhat sure; Not sure at all					1
KNOWLEDGE	7	The information in this ... helps me:	Select all that apply:	1	1	1	1	1
			Learn strategies to deal with parenting issues					
			Learn strategies to deal with couple relationship issues					
			Be better informed about how parenting influences my child's development					
			Have a better understanding of my child's needs					
SKILLS	1	This ... increases my parenting skills		1	1	1	1	1
SKILLS	2	I feel prepared for parenthood	10 pt: Agree completely… Disagree completely					1
SKILLS	3	This … gave me at least 1 useful skill that I did not have before	Yes/No	1		1		
CONFIDENCE	1	This ... gives me confidence in my ability to parent	10 pt: Agree completely… Disagree completely	1	1	1	1	1
CONFIDENCE	2	I lack confidence in my parenting skills	10 pt: Agree completely… Disagree completely					1
CONFIDENCE	3	I feel afraid of not being a good parent						1
CONFIDENCE	4	I feel pressure from my parents/in-laws to change how I want to parent our baby						1
IMPACT ON PARENT-CHILD RELATIONSHIP	1	The information provided in this ... helps me be a better parent	10 pt: Agree completely… Disagree completely	1	1	1	1	1
IMPACT ON PARENT-CHILD RELATIONSHIP	2	The information provided in this ... helps me have a better relationship with my child	10 pt: Agree completely… Disagree completely	1	1	1	1	1
IMPACT ON COUPLE RELATIONSHIP	3	The information provided in this ... helps me be a better spouse/partner	10 pt: Agree completely… Disagree completely	1	1	1	1	1
IMPACT ON PARENT-CHILD RELATIONSHIP	1	The information provided in this ... helps me have a better relationship with my spouse/partner	10 pt: Agree completely… Disagree completely	1	1	1	1	1
IMPACT ON PARENT-CHILD RELATIONSHIP	2	The Parenting Partnership helps my spouse/partner and I agree on how to parent	10 pt: Agree completely… Disagree completely					1

Factors and definitions to be assessed	Q #	Sample Questions	Question format and Response options	Online piece	Online overall	Class piece/ sess	Class overall	Program overall
PARENT EDUCATORS								
PARENT EDUCATOR CREDIBILITY/ COMPETENCE	1	The parent educators have the necessary knowledge to teach this program.	10 pt: Agree completely… Disagree completely				1	1
PARENT EDUCATOR CREDIBILITY/ COMPETENCE	2	The parent educators have the necessary experience to teach this program.	10 pt: Agree completely… Disagree completely				1	1
PARENT EDUCATOR CREDIBILITY/ COMPETENCE	3	The parent educators have the necessary skills to teach this course (e.g. can lead discussions, explain things clearly, provide examples, etc)	10 pt: Agree completely… Disagree completely				1	1
PARENT EDUCATOR CREDIBILITY/ COMPETENCE	4	How would you rate Educator #1 in terms of:						
		I feel my input is well-accepted by this educator	10-pt: completely agree/completely disagree				1	1
		I feel comfortable participating in the group with this educator	10-pt: completely agree/completely disagree				1	1
		I feel my contributions are respected by this educator	10-pt: completely agree/completely disagree				1	1
PARENT EDUCATOR CREDIBILITY/COMPETENCE	5	How would you rate Educator #2 in terms of:						
		I feel my input is well-accepted by this educator	10-pt: completely agree/completely disagree				1	1
		I feel comfortable participating in the group with this educator	10-pt: completely agree/completely disagree				1	1
		I feel my contributions are respected by this educator	10-pt: completely agree/completely disagree				1	1
PARENT EDUCATOR CREDIBILITY/COMPETENCE	6	The parent educators:						
		are supportive	10 pt: Agree completely… Disagree completely				1	1
		are approachable	10 pt: Agree completely… Disagree completely				1	1
		have a sense of humour	10 pt: Agree completely… Disagree completely				1	1
PARENT EDUCATOR AVAILABILITY	1	Were you able to contact your educator when you needed to?	Yes/No					1
PARENT EDUCATOR AVAILABILITY	2	Did your educator respond within a reasonable amount of time?	Yes/No					1
FORMATS & STRUCTURE								
online FEATURES	1	This … came across with great/terrible use of animation	10-pt: agree/disagree	1				
online FEATURES	2	This … came across with great/terrible use of sound	10-pt: agree/disagree	1				
online FEATURES	3	This … came across with great/terrible sequence of steps	10-pt: agree/disagree	1				

Factors and definitions to be assessed	Q #	Sample Questions	Question format and Response options	Online piece	Online overall	Class piece/ sess	Class overall	Program overall
ORGANIZATION	1	The information presented in this ... is well-organized	10-pt: agree/disagree	1	1	1	1	1
ORGANIZATION	2	Sessions are well-organized	10-pt: agree/disagree			1	1	
ORGANIZATION	3	During sessions, transitions between topics are smooth	10-pt: agree/disagree				1	
ORGANIZATION	4	During sessions, the time is used efficiently	10-pt: agree/disagree				1	
ORGANIZATION	5	The Manual is well-organized	10-pt: agree/disagree					1
FORMAT	1	I'd like to see more/fewer [...materials/sessions…] presented in this format	10-pt: agree/disagree	1		1	1	
FORMAT	2	The format of this ... helped me learn the material	Yes/No	1		1	1	
FORMAT	3	Did you enjoy the format of this ...?	Yes/No	1		1		
FORMAT	4	How would you rate the balance of different formats used in this [… session/program…] - (e.g. articles, games, quizzes etc.)	10-pt: balanced/unbalanced		1		1	1
FORMAT	5	How do you feel about the variety of formats (e.g., articles, games, quizzes, activities, tutorials) used in this […session/program…]?	Select one:		1		1	1
			Just the right amount of variety					
			Not enough variety					
			Too much variety - some of the formats I could do without					
LEVEL OF DIFFICULTY	1	The level of difficulty in this ... was	Select one:	1		1		
			Too easy					
			About the right level to help me learn the material					
			Too difficult					
LEVEL OF DIFFICULTY	2	The level of complexity of this ... was	Select one:	1		1		
			Too easy					
			About the right level to help me learn the material					
			Too difficult					
LEVEL OF DIFFICULTY	3	In general how would you rate the level of writing on this site/in this program/in the paper materials in helping you to learn?	Select one:		1		1	1
			Too easy					
			About the right level to help me learn the material					
			Too difficult					
LEVEL OF DIFFICULTY	4	How would you rate the length of this ...?	Select one:	1		1		
			Too short					
			Just right					
			Too long					

Factors and definitions to be assessed	Q #	Sample Questions	Question format and Response options	Online piece	Online overall	Class piece/ sess	Class overall	Program overall
ENVIRONMENT AND CONNECTIVITY								
LOADING SPEED	1	Did the pages of the site load fast enough for you?	Yes/No		1			
LOADING SPEED	2	Why?	Select all that apply:		1			
			My computer does not have enough capacity		1			
			I don't have the right software loaded on my computer					
			don't know					
LOADING SPEED	3	Did the videos come in quickly?			1			
LOADING SPEED	4	Why?	Select all that apply:		1			
			My computer does not have enough capacity					
			I don't have the right software loaded on my computer					
			don't know					
CONNECTING TO SITE	1	Is it easy to register/log on?	Select one:		1			
			Almost always					
			3/4 of the time					
			50% of the time or less					
CONNECTING TO SITE	2	Was the site ever down when you wanted to use it?	Yes/No		1			
		If "yes," About how many times in the last 2 weeks?	Select one: 1 - 3; 4 - 6; 6+					
CONNECTING TO SITE	3	Was there ever an area that you weren't able to access?	Yes/No		1			
		If "yes," What areas?	Open-ended					
EASE OF NAVIGATION	1	Is it easy/difficult to move around the different parts of the site?	Yes/No		1			
		If "no," What seems to be the problem?	Open-ended					
EASE OF NAVIGATION	2	I find it easy/difficult to find just the information I'm looking for	10-pt: easy/difficult		1			
EASE OF NAVIGATION	3	How relevant is each of the following reasons in preventing you from participating in The Parenting Partnership:			1			
		Lack of computer skills	Select one: 1=extremely, 2=very, 3=moderately, 4=not very, 5=not at all relevant to me					
		Lack of time during the week	Select one: 1=extremely, 2=very, 3=moderately, 4=not very, 5=not at all relevant to me					
		I don't really like using the internet	Select one: 1=extremely, 2=very, 3=moderately, 4=not very, 5=not at all relevant to me					
		The way the web-based program is put together	Select one: 1=extremely, 2=very, 3=moderately, 4=not very, 5=not at all relevant to me					
		Don't understand how to use the web materials	Select one: 1=extremely, 2=very, 3=moderately, 4=not very, 5=not at all relevant to me					
		My computer system is unreliable (often down or not working properly)	Select one: 1=extremely, 2=very, 3=moderately, 4=not very, 5=not at all relevant to me					
		The Parenting Partnership's website is unreliable (often down or not working properly)	Select one: 1=extremely, 2=very, 3=moderately, 4=not very, 5=not at all relevant to me					
		Other (specify):	Open-ended					

Factors and definitions to be assessed	Q #	Sample Questions	Question format and Response options	Online piece	Online overall	Class piece/ sess	Class overall	Program overall
LOOK OF MATERIAL	1	What is your opinion about the overall "look" of The Parenting Partnership web site? (colours, pictures etc.)	10 pt: Love/hate		1			
LOOK OF MATERIAL	2	What are your reactions to the overall "look" of the website?	Open-ended		1			
LOOK OF MATERIAL	3	The Parenting Partnership manual and handouts are attractive	10-pt: agree/disagree				1	
TIME ON SITE	1	During an average sitting, how many minutes do you spend reviewing the information on the web?	Select one: 10 min or less; 11 - 20; 21 - 30; 31 - 40; 41 - 50; 51 - 60; 60 or more		1			
TIME ON SITE	2	How do you feel about the amount of time you spend reviewing web materials between Face-to-face sessions?	Select one:		1			
			I would like to spend more time					
			The amount of time I spend feels about right					
			I would like to spend less time					
GENERAL-WEBSITE	1	How do you feel about the volume of materials offered to you through the web-based component of the Parenting Partnership program	Select one:		1			
			Too much web-based material—I find it overwhelming					
			The amount of web-based material feels about right					
			Not enough web-based material—I would like to see more					
GENERAL-WEBSITE	2	What changes, if any would you make to the web-based learning?	Open-ended		1			
GENERAL-WEBSITE	3	Were there any web-based materials in particular that you liked or disliked? Please explain what it was about the materials that you liked or disliked.	Open-ended		1			
CLASS FACILITIES	1	How would you describe the facilities, in terms of:					1	
		size of rooms	10-pt: very satisfactory/not at all satisfactory					
		cleanliness	10-pt: very satisfactory/not at all satisfactory					
		temperature	10-pt: very satisfactory/not at all satisfactory					
		furniture	10-pt: very satisfactory/not at all satisfactory					
		bathrooms	10-pt: very satisfactory/not at all satisfactory					
		parking	10-pt: very satisfactory/not at all satisfactory					
		child care space	10-pt: very satisfactory/not at all satisfactory					
CLASS FACILITIES	2	The location of the Parenting Partnership is convenient	10-pt: agree/disagree				1	
CLASS FACILITIES	3	The timing of the Face-to-face sessions is:					1	
CLASS FACILITIES	4	How important is it that food is provided at Face-to-Face sessions?	10-pt: not at all important/very important				1	
CLASS FACILITIES	5	The child care staff is:					1	
		competent	10-pt: completely agree/completely disagree					
		engaging	10-pt: completely agree/completely disagree					
		friendly	10-pt: completely agree/completely disagree					

Factors and definitions to be assessed	Q #	Sample Questions	Question format and Response options	Online piece	Online overall	Class piece/ sess	Class overall	Program overall
DYNAMICS								
DYNAMICS	1	How would you rate the group/the group area on the web for all participants in terms of:			1		1	
		I feel my input is well-accepted by others	10-pt: completely agree/completely disagree					
		I feel comfortable participating in this group space	10-pt: completely agree/completely disagree					
		I feel my contributions are respected by others	10-pt: completely agree/completely disagree					
DYNAMICS	2	How would you rate the group/the group area on the web for [… mothers / fathers …] in terms of:			1		1	
		I feel my input is well-accepted by others	10-pt: completely agree/completely disagree					
		I feel comfortable participating in this group space	10-pt: completely agree/completely disagree					
		I feel my contributions are respected by others	10-pt: completely agree/completely disagree					
EVALUATION								
EVALUATION	1	How do you feel about the amount of time that you spend providing feedback on the program?	Select one:		1		1	1
			too little time					
			the amount of time seems about right					
			too much time					
EVALUATION	2	I feel that my feedback on the Parenting Partnership matters	10-pt: completely agree/completely disagree					1
GENERAL/OVERALL								
GENERAL	1	Rank the sections of the website where 1 indicates that you like that section the most. What section(s) of this website do you enjoy the most?	Rank the sections:					
			Section 1					
			Section 2					
			Section 3					
			etc.					
GENERAL	2	Would you recommend this site to other parents?	Yes/No	1		1		1
GENERAL	3	How would you rank your satisfaction with the program as a whole?	10-pt: very satisfied/very unsatisfied					1
GENERAL	4	My individual needs were addressed in this program	10-pt: completely disagree/completely agree					1
GENERAL	5	There was a good balance between Face-to-face and Web sessions	10-pt: completely disagree/completely agree					1
GENERAL	6	If I were to start over again, I would decide to join the Parenting Partnership	10-pt: I definitely would/I definitely would not					1
GENERAL	7	How would you rate the efforts of the Parenting Partnership to keep you in the loop in the following ways:						1
		e-mails from Parent Educators responding to questions about the Parenting Partnership	10-pt: very interesting/not at all interesting					
		reports on how your feedback resulted in changes to the Parenting Partnership	10-pt: very interesting/not at all interesting					
GENERAL	8	How likely is it that you will stay in the Parenting Partnership for the next six months?	10-pt: very unlikely/very likely					1

APPENDIX H:
The Parenting Partnership: Sample Sessions Calendar

THE PARENTING PARTNERSHIP™ PROGRAM

Sample Sessions Calendar Start Week of September 8, 2008

Legend: **W**=Web-based **C**=Couple Face-to-face **D**=Dads Face-to-face **M**=Moms Face-to-face **F**=Family Face-to-face
Session hours are comprised of class time plus 30 minutes pre class and 30 minutes post class
To be eligible = Births expected from December 22, 2008 to January 31, 2009

MODULE 1: Prenatal

(7 Couple face-to-face classes)
(15 web-based sessions with 7 Couple Face-to-face)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
W	W	W	W	W	W	W	W	W C	W C	W C	W C	W C	W C	W C

Sep 2008				Oct				Nov					Dec	
8	15	22	29	6	13	20	27	3	10	17	24	1	8	15

MODULE 2: 0 to 6 months

(1 Dads face-to-face class, 1 Moms face-to-face class and 5 Family face-to-face classes)
(26 web-based sessions with 1 Dads Face-to-face, 1 Moms Face-to-face and 5 Family Face-to-face)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
W	W	W	W	W	W D	W	W M	W	W F	W	W	W	W F	W	W	W	W F	W	W	W	W F	W	W	W	W F

Jan 2009					Feb				Mar					Apr					May				Jun		
22	29	5	12	19	26	2	9	16	23	2	9	16	23	30	6	13	20	27	4	11	18	25	1	8	15

MODULE 3: 7 to 14 months

(1 Dads face-to-face class, 1 Moms face-to-face class and 4 Family face-to-face classes)
(32 web-based sessions with 1 Dads Face-to-face, 1 Moms Face-to-face and 4 Family Face-to-face)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
W	W	W	W	W F	W	W	W	W	W	W	W	W M	W	W D	W	W	W	W	W F	W	W	W	W	W F	W	W	W	W	W F	W	W

Jul					Aug						Sep				Oct					Nov					Dec				Jan 2010			
22	29	6	13	20	27	3	10	17	24	31	7	14	21	28	5	12	19	26	2	9	16	23	30	7	14	21	28	4	11	18	25

Appendix I:

The Parenting Partnership: Poster and Brochure

THE JOY. THE HAPPINESS. THE PANIC.

the parenting partnership™

NEW PARENTS LEARNING TOGETHER

The onset of parenthood is full of mixed emotions. That's why the experts at Invest in Kids have created the parenting partnership - a program designed to help new moms and dads become a strong parenting team, ensuring children the best start in life.

- Practical and relevant material
- Ongoing support timed to your child's development
- Offered free of charge

TO FIND OUT IF YOU QUALIFY, VISIT **www.theparentingpartnership.ca**
OR PHONE US AT **416-977-1222** OR TOLL FREE AT **1-877-583-5437**

Created by the experts at Invest in Kids

THE ONSET OF PARENTHOOD
IS FULL OF MIXED EMOTIONS.
THAT'S WHY THE EXPERTS AT
INVEST IN KIDS HAVE CREATED

the parenting partnership™

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THE BEST START IN LIFE.

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NEW PARENTS LEARNING TOGETHER

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THE JOY. THE HAPPINESS.
THE PANIC.

the parenting partnership™
NEW PARENTS LEARNING TOGETHER

Created by the experts at Invest in Kids

INTRODUCING

The parenting partnership.™

New parents learning together.

SIGN UP NOW FOR THIS FREE COMPREHENSIVE 1½ YEAR PARENTING PROGRAM TO HELP YOU BECOME THE PARENTS YOU WANT AND NEED TO BE.

THE PARENTING PARTNERSHIP™ – THE FIRST PROGRAM OF ITS KIND!

✣ Specially created for couples.
This program will help new moms and dads become a strong parenting team, giving their baby a terrific start in life. Both moms and dads will learn what specific things they can do to help with their child's development.

✣ From the Prenatal stage, all the way to the busy Toddler stage. This comprehensive program covers everything from pregnancy to when your child is about 14 months of age, timed to your baby's development.

✣ Relevant, useful and timely. Topics timed for when you have particular interests, needs and concerns.

✣ Led by child development and parenting experts.

✣ Structured with your busy schedule in mind. Allows maximum flexibility for time-pressed parents through a combination of online and face-to-face sessions.

- Weekly web-based sessions
- Face-to-face sessions when and as you need and want them

✣ Based on the latest research on child development.

✣ Free of charge.

Did you know...
the years between 0 and 5 are the most critical in a child's development. This is the time when parents can profoundly impact their child's future well-being.

INVEST in KIDS

Created by the experts at Invest in Kids - a national not-for-profit organization dedicated to helping parents become the parents they want and need to be. Guided by our experts in child development and parenting, our research, public education and professional education initiatives are aimed at strengthening the parenting knowledge, skills and confidence of all those who touch the lives of Canada's youngest children.

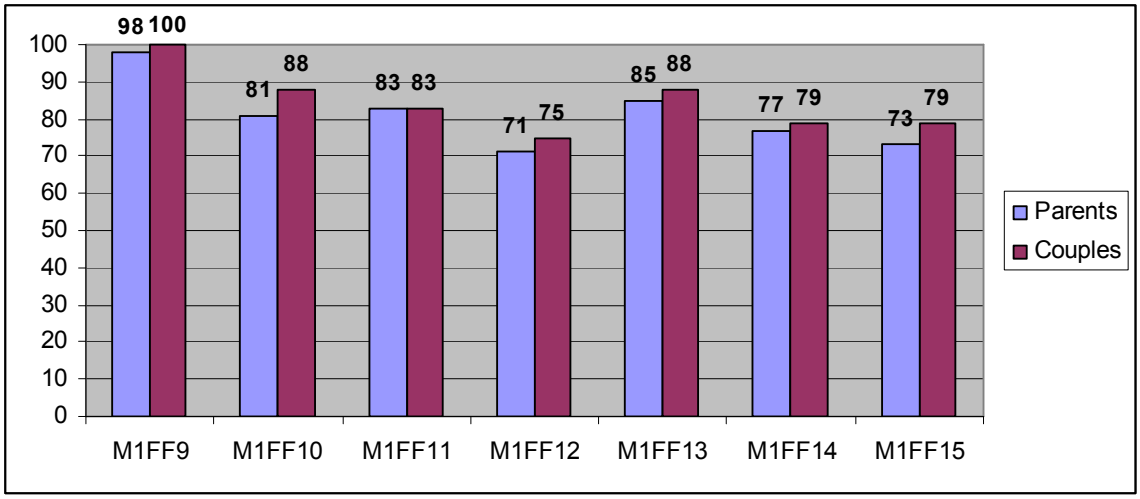
APPENDIX J:
Classroom Attendance by Module

Prenatal Module

Number of Prenatal Module sessions attended by individual parents & couples

# of Sessions	Parents		Couples	
	%	N	%	N
0	0	0	0	0
1	8	4	8	2
2	2	1	0	0
3	0	0	0	0
4	8	4	8	2
5	10	5	8	2
6	25	12	17	4
7	46	22	58	14
Total	100	48	100	24

% of parents & couples attending each classroom session in the Prenatal Module



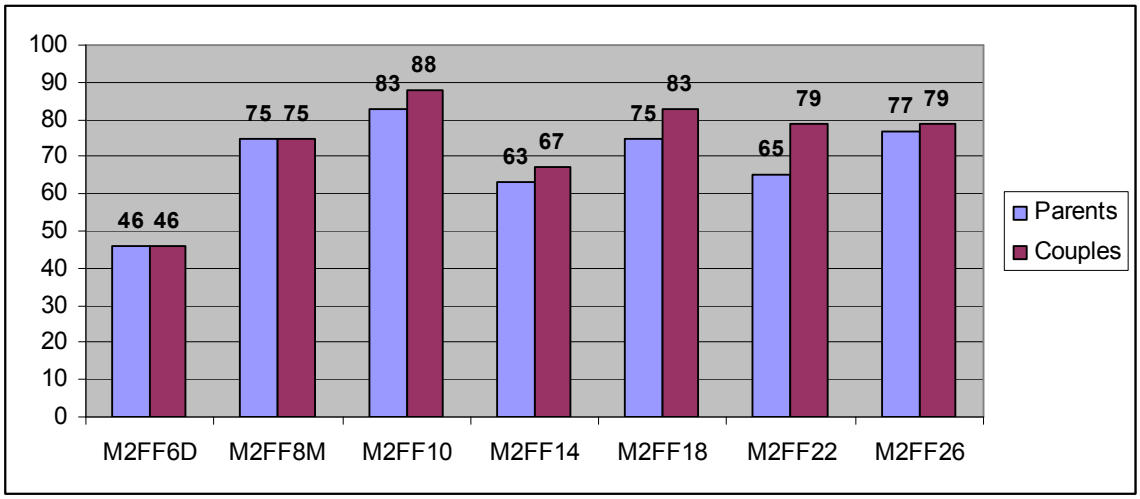
Note: Overall attendance rate for Prenatal Module = 81 percent for parents and 84 percent for couples

Postnatal Module

Number of Postnatal sessions attended by parents and couples

# of Sessions	Parents		Couples	
	%	N	%	N
0	0	0	0	0
1	4	2	0	0
2	6	3	4	1
3	17	8	8	2
4	25	12	25	6
5	31	15	13	3
*all 6 (parents)	17	8	29	7
*all 7 (couples)			21	5
Total	100	48	100	24

% of parents and couples attending each classroom session in Postnatal Module



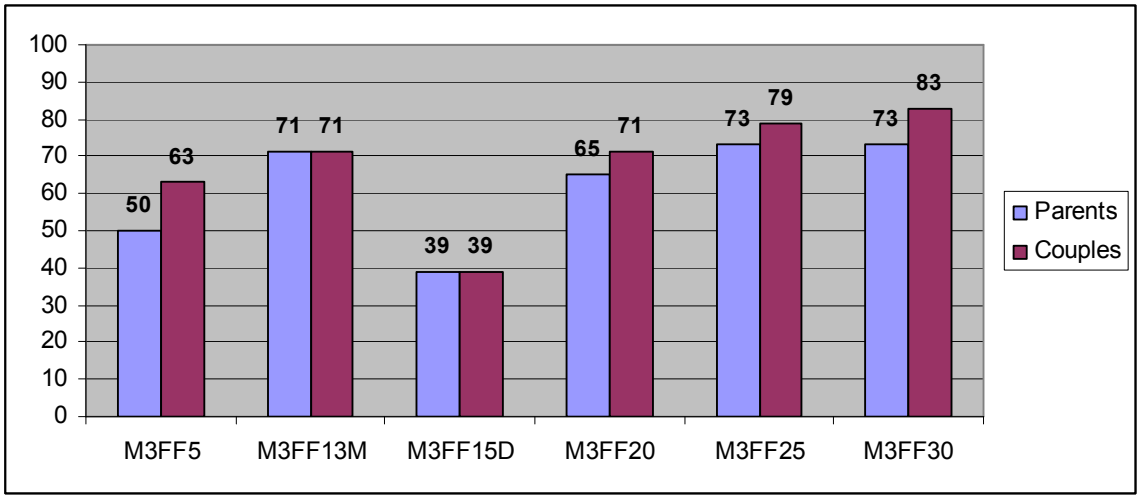
Note: Overall attendance rate for Postnatal module = 69 percent for parents and 74 percent for couples

Module 3

Number of Late Infancy module sessions attended by individual parents and couples

	Parents		Couples	
	%	N	%	N
0	10	5	0	0
1	6	3	4	1
2	15	7	13	3
3	21	10	21	5
4	23	11	13	3
*all 5 (parents)	25	12	33	8
*all 6 (couples)			17	4
Total	100	48	100	24

% of parents & couples attending each classroom session in Late Infancy Module



Note: Overall attendance rate for Late Infancy module = 62 percent for parents and 68 percent for couples

APPENDIX K:
Essential and Recommended Online Items Completed By Module

Prenatal Module

Essential Items

Essentials completed by parents & couples for Prenatal Module

	Parents		Couples	
	%	N	%	N
0	23	11	4	1
1 to 20	25	12	17	4
21 to 41	19	9	21	5
42 to 62	10	5	17	4
63 to 83	19	9	21	5
all 84	4	2	21	5

Recommended Items

Recommended completed by parents & couples for Prenatal Module

	Parents		Couples	
	%	N	%	N
0	25	12	4	1
1 to 18	21	10	13	3
19 to 37	23	11	38	9
38 to 57	15	7	8	2
58 to 75	10	5	21	5
all 76	6	3	17	4

Essential and Recommended Items

Essential & Recommended completed by parents & couples for Prenatal Module

	Parents		Couples	
	%	N	%	N
0	21	10	4	1
1 to 39	25	12	13	3
40 to 79	25	12	33	8
80 to 120	15	7	17	4
121 to 159	10	5	17	4
all 160	4	2	17	4

Postnatal Module

Essential Items

Essentials completed by parents & couples for Postnatal Module

	Parents		Couples	
	%	N	%	N
0	52	25	29	7
1 to 36	29	14	33	8
37 to 73	8	4	17	4
74 to 110	2	1	4	1
111 to 146	6	3	13	3
All 147	2	1	4	1

Recommended Items

Recommendeds completed by parents & couples for Postnatal Module

	Parents		Couples	
	%	N	%	N
0	58	28	29	7
1 to 17	17	8	21	5
18 to 35	13	6	25	6
36 to 54	2	1	4	1
55 to 71	8	4	17	4
All 72	2	1	4	1

Essential and Recommended Items

Essentials & Recommendeds completed by parents & couples For Postnatal Module

	Parents		Couples	
	%	N	%	N
0	52	25	29	7
1 to 54	25	12	25	6
55 to 108	13	6	25	6
109 to 162	2	1	4	1
163 to 218	6	3	13	3
All 219	2	1	4	1

Late Infancy Module

Essential Items

Essentials completed for Late Infancy Module

	Parents		Couples	
	%	N	%	N
0	75	36	54	13
1 to 41	19	9	29	7
42 to 82	4	2	13	3
83 to 123	0	0	0	0
124 to 164	2	1	4	1
All 165	0	0	0	0

Recommended Items

Recommendeds completed for Late Infancy Module

	Parents		Couples	
	%	N	%	N
0	77	37	58	14
1 to 11	19	9	33	8
12 to 22	2	1	4	1
23 to 33	0	0	0	0
34 to 44	2	1	4	1
All 45	0	0	0	0

Essential and Recommended Items

Essentials & Recommendeds completed for Late Infancy Module

	Parents		Couples	
	%	N	%	N
0	75	36	54	13
1 to 52	19	9	29	7
53 to 104	4	2	13	3
105 to 156	0	0	0	0
157 to 209	2	1	4	1
All 210	0	0	0	0

ALL MODULES

"Essential" items completed

	Parents		Couples	
Number of Items	%	N	%	N
0	15	7	4	1
1 to 99	67	32	63	15
100 to 197	10	5	13	3
198 to 296	6	3	17	4
297 to 395	2	1	4	1
All 396	0	0	0	0
TOTAL	100	48	100	24

"Recommended" items completed

	Parents		Couples	
Number of Items	%	N	%	N
0	17	8	4	1
1 to 48	52	25	42	10
49 to 96	21	10	25	6
97 to 145	6	3	21	5
146 to 192	4	2	8	2
All 193	0	0	0	0
TOTAL	100	40	100	24

"Essential" and "Recommended items completed

	Parents		Couples	
Number of Items	%	N	%	N
0	15	7	4	1
1 to 147	60	29	46	11
148 to 294	15	7	29	7
295 to 442	8	4	17	4
443 to 588	3	1	0	0
All 589	0	0	4	1
TOTAL	101	48	100	24

APPENDIX L:
Tables of Time Spent on Website
By Module

Prenatal Module

Time spent on web areas for Module 1

	Parents			Couples		
	N	Median	Range	N	Median	Range
		hr:min:sec	*hr:min:sec*		*hr:min:sec*	*hr:min:sec*
Time spent on Essentials	37	1:49:00	0:01:13 to 16:57:13	23	2:15:00	0:01:03 to 29:43:20
Time on Recommended	36	1:19:00	0:00:11 to 13:02:45	23	2:25:55	0:00:11 to 15:13:06
Time spent on Essentials and	37	3:22:00	0:01:45 to 4:22:37	23	5:15:48	0:1:46 to 44:56:26
Time spent on Blog	23	0:00:50	0:00:21 to 0:55:26	19	0:20:04	0:4:20 to 1:10:03
Time spent on Discussion	27	0:11:13	0:00:49 to 0:55:28	17	0:00:51	0:00:21 to 0:56:34
Total time spent on all Web Areas	42	2:49:43	0:00:34 to 28:23:45	23	11:00:26	0:01:45 to 45:59:13
Note: Time was calculated only for parents who accessed the web areas.						

Postnatal Module

Time spent on web areas for Module 2

	Parents			Couples		
	N	Median	Range	N	Median	Range
		hr:min:sec	*hr:min:sec*		*hr:min:sec*	*hr:min:sec*
Time spent on Essentials	23	1:16:49	0:00:07 to 11:15:58	17	2:25:12	0:18:14 to14:34:34
Time on Recommended	20	1:08:57	0:00:46 to 7:39:07	17	1:21:23	0:03:01 to 8:29:23
Time spent on Essentials and	23	2:17:08	0:00:07 to 17:38:22	17	3:26:41	0:27:33 to 23:03:57
Time spent on Blog	32	0:16:45	0:00:33 to 3:11:32	21	0:44:28	0:02:00 to 3:11:32
Time spent on Discussion	28	0:01:01	0:00:15 to 0:59:47	21	0:01:37	0:00:15 to 1:02:04
Total time spent on all Web Areas	35	1:37:02	0:00:21 to 17:45:00	21	3:33:45	0:12:34 to 24:12:14
Note: Time was calculated only for parents who accessed the web areas.						

Late Infancy Module

Time spent on web areas for Module 3

	Parents			Couples		
	N	Median	Range	N	Median	Range
		hr:min:sec	*hr:min:sec*		*hr:min:sec*	*hr:min:sec*
Time spent on Essentials	14	0:49:40	0:00:44 to 6:30:37	13	0:55:05	0:00:44 to 6:30:37
Time on Recommended	11	0:02:27	0:00:24 to 0:49:46	10	0:03:57	0:00:24 to 0:49:46
Time spent on Essentials and	14	0:53:12	0:00:44 to 7:20:23	13	1:00:15	0:00:44 to 7:20:23
Time spent on Blog	32	0:16:45	0:00:33 to 3:11:32	21	0:44:28	0:02:00 to 15:25:54
Time spent on Discussion	28	0:01:01	0:00:15 to 0:59:47	21	0:01:37	0:00:15 to 1:02:05
Total time spent on all Web Areas	34	0:42:46	0:00:21 to 8:10:02	21	1:13:18	0:10:56 to 17:19:52
Note: Time was calculated only for parents who accessed the web areas.						