

From Fact to Fun: Interactive Ideas to Keep Prenatal Education Participants Engaged



CANADIAN INSTITUTE
OF CHILDBIRTH EDUCATORS

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Teaching FUN classes is easy when you use variation. Today's adult learners want information presented in a way that is dynamic and enjoyable. Today we'll share 10 new ways to bring life to your classes. We encourage you to utilize a variety of teaching methods including:

- Lecture
- Story telling
- Demo
- Return demo
- Role play
- Show and share
- Brainstorming
- Discussion
- True/false – Q&A
- Teach backs
- Small group activities
- Tests/quizzes

1. Parking Lot

Time: 2 minutes

Teaching Method: Large Group Activity

Purpose: Done in your introduction and housekeeping section, this activity helps to show that all questions are valued but there are times when it's not appropriate to get into a full discussion

Materials: Laminated 'Parking Lot' sheet, sticky notes

Instructions:

Explain that all questions are valued and all will get answered throughout the series, but there may be times when the answer is too large to answer in the moment, or times when people prefer to ask a question anonymously. The parking lot will be used for both of these instances and will be up on the wall the entire series.

*Adapted from The Lamaze Toolkit

2. “This class will be success for me if...”

Time: 5 minutes

Teaching Method: Individual anonymous activity

Purpose: Used to set expectations for the facilitator and as a quick needs assessment

Materials: Laminated ‘Parking Lot’ sheet, sticky notes

Instructions:

Ask participants to finish the sentence “this class will be a success for me if...” on a sticky note and get up and stick on the chart on the wall. It allows people to be anonymous in their needs (which is great for an early class, class 1 specifically) and helps the educator to identify the group’s priorities.

3. Variations in Labour: A Dice Game

Time: 10 Minutes

Teaching Method: Small Group Activity, Games, Review. Can be done with pairs or for larger groups divided into 3 mini groups

Purpose: To review information on stages of labour. Assist participants to think about typical variations in the range of labour length. Opportunity to review comfort measures & preferences.

Materials: Each Team receives one marker, four dice, 1 coin and a handout that accompanies this activity.

Before you begin instruct each team to come up with an imaginary birthing person’s name.

Game Action	Group Discussion	Instructor Could Add
Labour Begins: Each team rolls 2 dice and add them together to find out what time labour begins. Then flip the coin to decide if it’s AM or PM.	Have each small group discuss where the pregnant person might be at the time of day, where the partner might be and how that person could respond to labour beginning at that time (ie call partner, try to rest if it’s nighttime, be active if it’s morning etc.)	A review of the onset of labour
Length of Early Labour: Roll all 4 dice to figure out the total length of early labour (from 4-24 hours) N.B. Multips roll just 2 dice	Teams discuss how they might cope with early labour, how to provide self care, what partners might do to help.	Reinforce early coping, resting, eating, etc.

Shift to Active Labour: Do the math if labour started at X time, add the length of early labour to figure out what time of day it would be when you shift into active labour and go to birth location.		
Length of Active Labour: Roll 2 dice to figure out how long active labour AND transition are (combined) NB Multips roll 1 die	Discuss coping skills for active labour and transition. Review signs/symptoms of each phase of labour.	
Pushing Begins: Do the math. If active labour started at X time, then add the length of time active & transition. What time is it?		
Length of Pushing: Roll one die, divide the number in half to get the total number of hours of pushing. NB Multips use one die and divide by 3		Optional: If someone rolls a one, tell them their preferred Doctor wasn't there and another Care Provider attended. If they roll a 6 (3hours) Doctor recommends forceps or vacuum.
Time of Birth Do the math.	Where are friends/family members? Who will you call?	Instructor could add a discussion on the importance of skin to skin with baby and first hours.
Total Length of Labour: Do the math. Add up each phase of labour and record total labour time.	Discuss How would that be for you?	Point out that it likely didn't HURT the WHOLE time, but built up gradually as contractions got longer, stronger and closer together.

Processing afterwards:

Groups can post up their results and everyone can review for comparison sake. Can provide more feedback on what the emotional and physical experiences might be for people who experienced this sort of labour.

Adapted from Jannelle Durham Transition to Parenthood



Variations in Labour Dice Game & Review

Labour Begins at _____ AM/PM

List Signs/Symptoms of Early Labour:

-
-
-
-

Total length of Early Labour : _____ hours

List strategies to cope with Early Labour:

-
-
-
-

Shift to active labor, go to hospital at _____AM/PM

Total length of Active Labour and Transition: _____ hours

Discuss and record some comfort measures you might like to use:

-
-
-
-
-

Pushing begins at _____AM/PM

Length of 2nd Stage Pushing: _____ hours

Baby is Born at _____AM/PM

Total Length of Labour: _____ hours

4. Cesarean Role Play

Time: 20-30 minutes

Teaching Strategy: Role Play

Purpose: To explain what takes place in a cesarean birth to reduce fear and anxiety. To introduce the various roles and purposes to each person that attends a cesarean birth. Role plays can help them practice unfamiliar skills in a safe environment, or to experience a play-like setting to help desensitize them in case the real thing occurs to them, like an unplanned cesarean.

Materials: Name Tags with various Roles (Facilitator is always the OB Surgeon), Fabric Materials to represent the layers of skin, muscles tissues, baby & uterus, masks (optional), additional materials can be added as desired.

Ask for volunteers to play the various roles. DON'T have a pregnant woman play the pregnant woman. As each volunteer comes forward, give him or her a sign to hold (and maybe a hat and mask) to wear. Include:

- Pregnant woman
- OB (surgeon)
- Assisting OB (assistant surgeon)
- Midwife
- Anesthesiologist
- Scrub nurse
- Circulating nurse
- Baby Nurse
- Labour partner
- Doula

You can also use students to represent major pieces of equipment. It is more fun if you create “equipment” from everyday objects. Examples:

- IV pole (hold an air pillow (used for packaging) or small inflated balloon for an IV bag)
- Fetal monitor belts (use ace bandages or wide elastic with ribbon)
- Blood pressure cuff (use a band of fabric with velcro)
- Cardiac monitor/oxygen saturation monitor (use tubing, ribbon, or pressure bandage around finger)
- Have the person playing the pregnant woman lie comfortably on the floor, or on a table if you have one. Place the other volunteers appropriately around the “pregnant woman.”

Go through the usual steps of a cesarean:

- Sign off on any paperwork/consent forms
- Ingestion of the liquid antacid to reduce stomach acids
- Epidural or spinal anesthesia placed
- Foley catheter inserted
- Abdomen scrubbed
- Sterile sheets draped over body
- Anesthesia screen put in place

Incisions made through skin, fat, fascia, abdominal muscles (moved, not cut), peritoneum, uterus, and finally amniotic sac, (You can show different colors and textures of fabric for each layer; use transparent fabric for amniotic sac.)

- Baby removed
- Placenta removed
- Uterus repaired (uterus may be removed from abdominal cavity for repair)
- Other layers repaired (staples may be used for skin)

Be sure to discuss what the pregnant woman may be experiencing with all her senses:

- Hearing the clinking of instruments, beeping of monitors, sounds of suction and cautery
- Conversations of staff, and hopefully voices with explanations and encouragement
- Smelling the burning odors of cautery sealing blood vessels, amniotic fluid
- Feeling pressure and tugging sensations as the baby and placenta are removed
- Seeing the baby as he or she is born

Emphasize the ways in which bonding can be promoted. As long as the baby is stable, he or she can be given to the partner as soon as possible. The partner can hold the baby next to the mother. The baby can go to the recovery room with the mother and labour partner for cuddling and nursing. Celebrate the birth of the baby!

After the role play is completed it is very important to spend time processing the exercise. Ask your students to share what they learned, how they felt, and what more they wanted. Also consult the observers as to what they saw and heard. Always wrap up with how they will use the information gained from their experience.

5. Ice Breaker

Time: 5-7 Minutes

Teaching Method: Large group activity

Purpose: This activity helps people get to know each other in a simple and non-threatening way

Materials: none

Instructions:

Facilitator asks people to gather into groups by: shoe/sock colour, due date month, place where they're delivering or any other topic that is relevant for the population. The people introduce themselves quickly to their group and then a new 'grouping' is given and they reform a new group and introduce themselves again by name to the new group

6. Ideal Birth Activity

Time: 15 minutes

Teaching method: individual/couple activity and/or review activity

Purpose: This activity helps families identify personal priorities in labour & birth. A values clarification exercise.

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

Instructions:

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

The instructor discusses how “labour can be unpredictable and we need to be flexible in our views about how things unfold, that labour isn’t always very predictable or plan-able.” Participants are asked to look at their options and consider 5 things that they’d be ok if it went a different way. They will flip 5 cards over, and are now getting the opposite of their preference. Observe how the groups prioritize their decisions. What really matters to them? Remind them that some cards go together (cascade of interventions) and how in an uncomplicated labour for example research says we don’t need an IV, but if they have the epidural card facing up that they MUST also have the IV card facing up. That if they have an epidural they will also be labouring in bed. Ask about any questions people may have about what “goes together” and ask how they felt about flipping the cards and now getting something different from their initial preference. The educator then discusses how “sometimes labour REALLY doesn’t go how you expected”. Learners are asked to flip 5 MORE cards. They will have only 5 of their original preferences face up. The educator should walk around the room and help people identify what interventions might lead to another if they aren’t sure. Then process the second flip with the class. Acknowledge how the 5 cards left must be meaningful to them and invite them to role play with the 5 cards they have left. How would they negotiate their wishes? What questions would they ask? If you’ve covered Informed Decision Making in another class invite them to pull out their question cards if they’re feeling stuck.

We’ve included the link to the labels [here to share with you](#). Print it on labels that are 5160/8160 size.

7. ABC’s of Comfort Measures

Time: 10 Minutes

Teaching method: Small Group activity, group brainstorming, games, content review

Purpose: This is a quick and fun review of comfort measures and allows your participants to have a little fun challenging the other group in a 'race'.

Materials: Flip chart, markers, tape

Instruction:

Divide the class into two groups: pregnant people, and partners. Give each group a newsprint pad and several markers. The newsprint pad has the letters of the alphabet written on the pad. Ask each group to come up with a comfort measure that corresponds to each letter of the alphabet, encourage them to be creative with their spelling. Often the partner group finish first, reassuring the pregnant people that the partners do indeed know many different comfort measures. If the group is struggling with ideas for comfort measures expand the content by inviting them to remember symptoms of labour, stages of labour & hormones.

Adapted from the Lamaze ToolKit 2015

8. Breathing Awareness: 3 Part Breathing and The Water Pitcher

Time: 5-10 minutes

Teaching method: Large group activity

Purpose: To practice relaxation breathing techniques and breathing awareness. The water pitcher is also a very simple visualization exercise.

Materials: None. Script for facilitator

Instruction:

Participants are invited to sit in a comfortable position and to adjust their bodies as needed throughout the exercise.

The purpose of the exercise is to bring a conscious awareness to our breathing patterns. As practice continues individuals will have better control over the nervous system to decrease anxiety and improve relaxation. Three-part breathing helps people create an awareness to how their breath moves. The water pitcher exercise increases breathing awareness which helps to utilize breathing to increase a sense of well-being.

Begin by inviting the couples to sit back to back (if desired). To begin with 3-part breathing invite participants to sit in a comfortable position and place their hands on their chest. As they breathe ask them to pay attention to their chest rising and falling. Most people spend a lot of time doing chest breathing,

which means they don't get as much oxygen. Our goal is to learn to breathe more deeply, activating the diaphragm. Take 2-5 breaths in this manner.

Next, invite them to place their hands on their ribcage. Imagine breathing more deeply and allow the ribs to expand to all sides, front and back. Repeat for 2-5 breaths.

Finally, invite them to place one hand on their ribcage and one hand on their lower belly. Notice how the breath expands out from the rib cage, but also down in to their lower belly. Continue to imagine the breath filling the lower belly.

As you inhale, imagine filling the pitcher from the bottom up. As you exhale, empty your lungs like a water pitcher, emptying from the top down.

When you inhale, you should notice your abdomen expanding first, then the rib cage from all sides, and then in to your chest. When you exhale, the chest will fall first, then the ribs will close/contract and then the belly will pull in.

As you continue to breathe this way you will notice that the more empty your lungs become, the deeper you will inhale. Continue for 5 cycles of breath and then sit quietly and notice how you feel after you are done.

The Water Pitcher (Three-Part Breathing) "Motherwell Maternity Fitness Plan" Bonnie Berk page 52 (2005, Human Kinetics)

9. What Should I do? Early Labour Game

Time: 10 Minutes

Teaching method: Small Group activity. Group Brainstorming.

Purpose: To build confidence in how they will respond to early labour by identifying comfort measures.

Materials: Flip chart, markers, tape

Instruction:

Hang four flip charts around the room. Each flip chart will have a heading:

- 1) Relaxing: List activities or environmental influences that help you feel mellow & safe
- 2) Get Moving: Things that motivate you to get up and moving
- 3) Distractions: Things you do for fun, especially those that help you forget your worries
- 4) Fun with Baby: Things you look forward to about parenting

Divide learners into small groups. Each group will spend 2-4 minutes brainstorming their assigned heading. Each group will then share their ideas and as a large group discuss how the activity will be

helpful in early labour. Facilitator addresses comfort measures for early labour pointing out that the group already instinctively knows what to do.

*Developed by Janelle Durham Transition To Parenthood

10. Check-in

Time: 3 Minutes

Teaching method: Individual, large group activity

Purpose: This activity helps facilitators to check-in with how people are feeling

Materials: Pens, sticky notes

Instruction:

This activity helps the educator to check-in quickly when they're not sure the group is enjoying the session or if they seem to be 'off'. Each person is asked to write one word about how they're feeling at the moment. The facilitator collects them and reads them out loud.