Reviewer’s report

Title: The effect of antenatal education in small classes on obstetric and psycho-social outcomes - a systematic review

Version: 1
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Reviewer: Ann E Sprague

Reviewer’s report:

This is a very comprehensive review of a subject that does need further research. Pregnancy is often thought of as the ‘teachable’ moment where women (and partners) are motivated to do the best for their baby. Yet, we don’t know the best strategies for imparting the information for maximum benefit, or as you point out, whether there are benefits. Intuitively it makes sense that people who have information (regardless of how they get it) should be better prepared, but whether or not that translates into improved outcomes is also a valuable question.

Major Revisions: The main issue I have with this review is that I think you might be trying to include more than is essential to the review. My understanding is that you wanted to learn more about whether small group antenatal or prenatal classes would make a difference on outcome. My sense when you started the paper was that I was going to be reading about your run-of-the-mill general classes used to educate women about the pregnancy, labour, birth and early parenting processes. Instead there are papers included with very specific content classes. So, in essence you are talking about specific breastfeeding classes, specific psycho-educational antenatal programs for women at high risk of depression, and self-hypnosis intervention classes (which are not really the mainstream type of education). In essence this review is really about whether specialized or general antenatal classes make a difference. My expertise is more on content than methods, so I will ask the editorial group to provide context on this issue.

In your conclusion you recommend updating this review regularly, but there is also the issue that education will gradually change to web-based models as well as other compressed formats and this is also something that will have to be evaluated. Perhaps it would be worthwhile to spend some time in the discussion talking about how models of education are changing over time and how this might affect a review like this in the future.

Minor Revisions:

1. Background: In the first paragraph you state that antenatal education is about providing parents with strategies for dealing with .... In fact however, there is a lot of information imparted on health promotion and risk reduction.

2. Line 10, p. 3 - you say that the type and arrangement of education is debated -
I don't know what this means. Similarly in the same line it says antenatal education has been sensitive to opinions and trends and I wasn't sure what you were getting at. In the bottom sentence of the same paragraph, you talk about outcomes relevant to health care providers. However, we should be thinking more about outcomes relevant to women and families.

3. Lin 11-17 p. 5. This clearly describes your experimental and control conditions, and supports what you have undertaken to do. I guess my issue is likely with the comparability of these groups and interventions. Education for depressed women would be inherently different than education as an intervention for another group of women without depression. Does the lack of benefit in this case reflect the issue with the small group intervention vs the underlying condition of someone?

4. I wonder if there should be some words in the discussion based on line 28 (p. 5) on whether education will really change obstetric outcomes. All the education in the world won't change a fetal heart emergency in labour that leads to c-section or the need for induction or the need for operative delivery due to a pelvic issue. While people have made these outcomes as part of the study, are they biologically plausible?

5. The whole issue of BF initiation and duration is hugely dependent on many other factors (other than education). I haven’t looked at the trials, but unless the populations were carefully selected, it isn’t surprising that the results varied. Comparing trials of mothers, fathers, and general vs specific classes isn’t really comparing a similar intervention.

6. Discussion - I thought there might be a bit more of a fullsome discussion about WHY antenatal education results are so difficult. Is there some bias in people who attend small classes vs those who choose other means of education. I’ve already mentioned that education is changing and we need to find the right outcomes to evaluate. It would be important to acknowledge this. What is feasible to measure and what is a good outcome. Is increased knowledge enough or should we be expecting major changes. Is there some other sort of clinical perspective that has similar issues that could be discussed.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests: No competing interests.