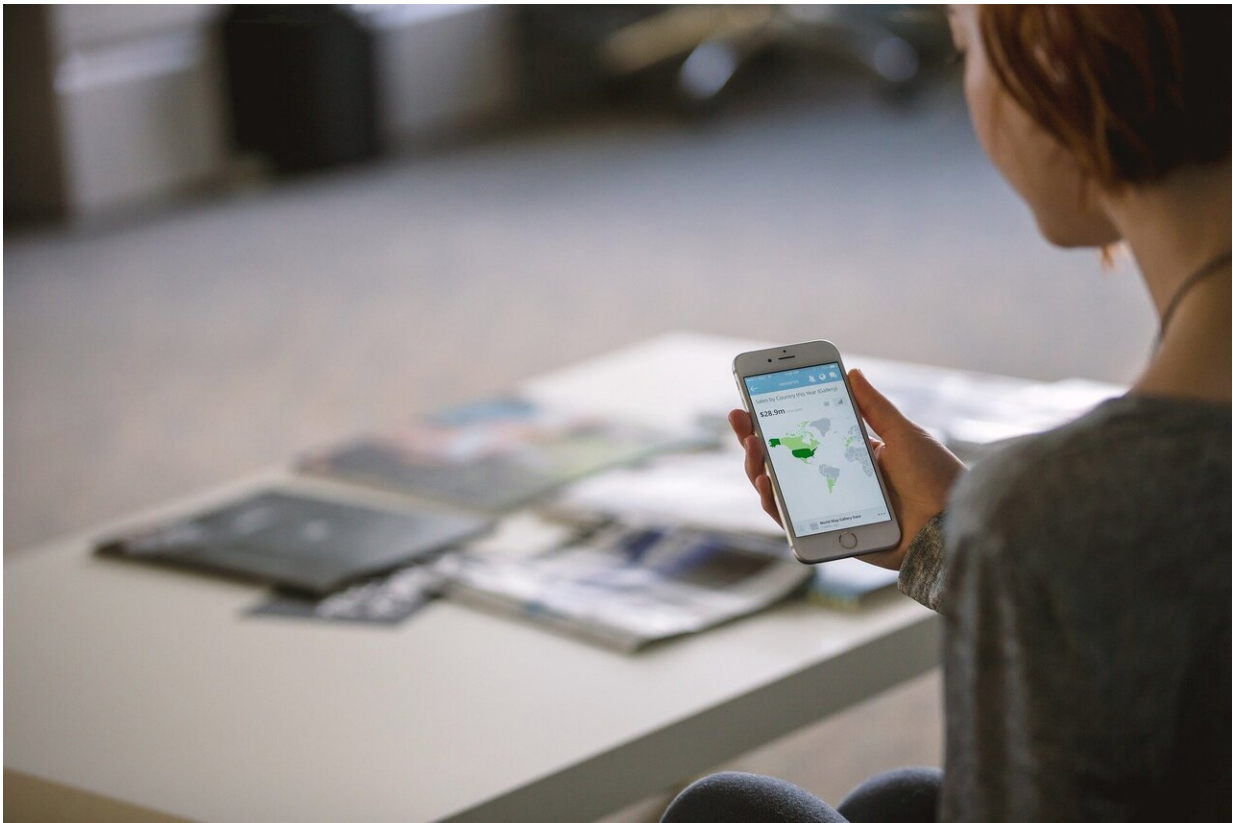


Prenatal education by text message is working, research shows

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Prenatal education isn't what it used to be.

The days of expectant parents gathering in community centers to learn

breathing techniques for labor were in decline even before [smartphone apps](#) came along to put such information at people's fingertips. Pandemic prohibitions against group gatherings accelerated the trend.

This massive shift has produced ample data for Dr. Patricia Janssen to evaluate the text-messaging prenatal education program she and her research team launched in 2017. SmartMom has delivered information and advice to 14,000 expectant British Columbians via text, with each message timed according to the stage of pregnancy. It has been reviewed and endorsed by the Society of Obstetricians and Gynaecologists of Canada.

We spoke with Dr. Janssen, a professor at UBC's school of population and [public health](#), about what they have learned.

When and why did the trend away from in-person prenatal classes begin?

The first pan-Canadian study of pregnancy experiences in 2009 revealed that less than 30 percent of Canadian women were attending prenatal classes. Today, many [health authorities](#) have stopped offering classes, and private instructors may charge up to \$300 for a series of classes. Across Canada [remote location](#), [bad weather](#) and poor road conditions are barriers to attending classes. Exhaustion among working parents and a perception of stigma among some equity-deserving groups are other reasons for not attending. COVID-19 really put the nail in the coffin because people just couldn't attend.

What sources of information are parents-to-be using these days?

Google has been a big one. Facebook groups with other parents. And

just talking to friends and family. Most pregnant people are subscribed to three or four apps, but these are mostly developed by parenting or for-profit groups and are not necessarily evidence-based. The vast majority come from the U.S.

Those sources must have some advantages. What are they?

It's very convenient. However, working with apps means that parents must scroll through pages to find information and must know what they should be looking for. The big difference with text messages is that they don't have to look for anything—it just arrives on their phone. Parents feel reassured that they haven't missed anything. And getting information at the time they need it motivates behavior change.

How can you tell that the program is working?

We've seen that people attend more of their routine prenatal care visits. We've documented statistically significant improvements in general knowledge about pregnancy. We've seen lower scores on standardized measures of depression and fear of childbirth, lower rates of gestational diabetes in pregnancy, fewer babies born too small. These findings are from an observational study comparing outcomes among people enrolled in SmartMom and people who are not.

What else have you learned?

One thing that's shocking to me is that more than half the people said at least half the material was new. That supports what has been published in Canada over the last 10 years, which is that people have significant deficits in their knowledge of how to care for themselves during pregnancy.

We've also learned some things that we didn't really appreciate before, such as the need to address diversity. We have developed an evidence-based, generic program for healthy women, and now people are saying, "Well, we want something for [adoptive parents](#), for single parents, for the array of gender identities that are experiencing pregnancy."

When will this be available outside of B.C.?

We're almost finished the work of replacing all the B.C.-based links in our messages with links to [online resources](#) from provinces across Canada and federal sources of information. That will make it easy to transplant the program to other provinces and territories in Canada. We will be ready to open discussions with jurisdictions outside of B.C. in the summer of this year.

Provided by University of British Columbia

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