

Group Care

Alternative models of care delivery to increase women's access, engagement, and satisfaction

Research has shown that women often do not attend antenatal care (ANC) because they see pregnancy and childbirth as healthy life events that bear no risk to their health or well-being, because they lack the financial resources to access ANC, or because they are disappointed with the care provided and/or the resources available at health care facilities.¹

This case study will discuss group care models that are used during and after pregnancy, showing the innovative elements of these approaches and how they can be implemented widely to improve maternal and newborn health.

GROUP CARE MODELS

Participatory women's groups (PWGs) are a basic yet effective means of discussing many health and non-health related topics with occasional presence of a health care provider. In India, PWGs have successfully delivered education and information and empowered communities to improve local pregnancy outcomes.² The groups were organized and facilitated by community women who had received a two-week training in participatory processes, using a strategy of problem identification, community planning and implementation and evaluation of strategies to tackle the problems. Group facilitators provided information on clean delivery practices and health-seeking behaviours. PWG members identified and prioritized maternal and newborn health

problems in the community, collectively selected relevant strategies to address these problems, implemented the strategies, and assessed the results.

Group antenatal care (ANC) has been successfully used in a variety of settings. It is generally provided by one or more health care professionals from various cadres. Group ANC combines physical examinations with discussion on topics such as the physiological stages of pregnancy, healthy behaviours, birth preparedness, and parenting education. One group model in Sweden,³ for example, consists of six to nine two-hour sessions in which information is shared and discussed during the first hour and individual examinations are conducted during the second hour. Studies conducted on that model in four clinics showed that the method appeared to meet parents' needs for physical assessment and screening.³ Parents identified that the groups helped them prepare for birth, created a forum for sharing experiences and helped participants to normalize their pregnancy symptoms. However, the review showed that the midwife's role in facilitating group-based antenatal care requires her to learn more about

pedagogical strategies and approaches in order to be effective.

CenteringPregnancy™ (CP) is a formalized and structured way of providing group ANC. The CP model of care puts the pregnancy at the centre of service provision and gives pregnant women the chance to meet others in similar stages of pregnancy, normalizing the pregnancy process and giving women a sense of community.

The CP model includes ten group antenatal sessions that take place over the last two trimesters of pregnancy. Groups of 8–12 women of similar gestational age are managed through facilitative leadership and have a standardized structure.⁴ The order of the sessions, the specific role and capacity of the facilitator and the hands-on involvement of women in their care play a specific role. Each session has two main parts: during the first part, women have brief individual assessments with the care provider, conduct self-assessment (weight and blood pressure), and are able to hold informal discussions amongst themselves. In the second part, the care provider facilitates group discussion based on the group's needs, experiences, and interests.⁵

MONITORING, EVALUATION, AND RESULTS

Evaluations of participatory women's groups have shown positive outcomes. Even though no health interventions were included in the curriculum, the results of a three-year project in India showed a 32% reduction in the neonatal mortality rate and a 57% decrease of moderate depression in the third year. Secondary positive outcomes included a reduction in the number of stillbirths and maternal and perinatal deaths, a better uptake of antenatal and delivery services, positive home-care practices during and after delivery, and health-care-seeking behaviours, such as seeking care from qualified providers in the antenatal, delivery, and postnatal period, for check-ups and problems.²

The pilot study for CP included 13 groups totalling 111 women. The women in the pilot groups had comparable pregnancy outcomes to women in the general clinic population, including caesarean section rates (12.6% and 13.5%, respectively) and Apgar scores less than 7 (1% and 2%, respectively). The vast majority (94%) of women in the pilot program felt that they were learning a lot about prenatal care, and 98% enjoyed being in a group with other pregnant women.⁶

CP has also shown positive results for women's health outcomes after pregnancy. A recent study⁷ compared family planning uptake among women who had received CP with those having received individual ANC. Postpartum family planning uptake was higher in women

having received CP, demonstrating that it also has the potential to improve the utilization rate of preventive services. In this study, uptake was highest among non-Hispanic black women, which supported evidence of the impact of group care on reducing health disparities. A 2009 Cochrane review of group care found that it was positively viewed by women with no adverse outcomes for themselves or their babies.⁸

INSIGHTS FROM GROUP CARE PROGRAMMES

- **Greater involvement leads to greater satisfaction.** Women who receive group care appreciate being more involved with their own health and learning from each other. Similarly, providers are more satisfied with the deeper relationships they develop with women through group care.
- **Group care has good results.** Group antenatal care results in good health outcomes and greater satisfaction with care for mothers, fathers and newborn infants.
- **Strong community networks are vital for childbearing women.** These can be developed and strengthened through group antenatal care programmes.
- **Group care is a gateway to the health system.** Group ANC models can improve the utilization rate of preventive services and reduce health disparities.

For more information, visit <http://hsph.me/GroupANC>.

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