


Group-Based Antenatal Care versus Standard Care: Results from qualitative and quantitative studies in Sweden

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Antenatal care in the world

- WHO recommendations
- Different organizational systems


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Swedish Antenatal Care and History

- Developed in 1930
- Goal: Prevent preeclampsia
- From medical to psychosocial focus
- 1970: Include parental classes
- 1940: 15.6% women registered
- 2014: 99.9% women registered


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Today's Antenatal Care in Sweden

- Midwife as the primary caregiver
- National guidelines
 - Health information
 - Medical assessment
 - Parent education
- Partner encouraged to participate
- 9 visits for primiparas


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Parental Classes

- Since 1970
- Involve both parents
- All over the world
- Preparation for birth and parenthood

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Models of Group Care

- Centering Pregnancy®
- Group-based antenatal care (GBAC)
- Europe, Australia, Canada, US

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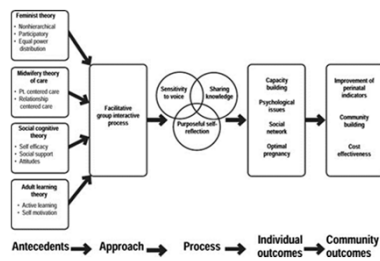
Centering Pregnancy®

- Started in 1990 in the US
- Trademark
- Developed by midwife Sharon Schindler Rising
- Women's health self-assessment

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Centering Pregnancy®



Theory background in Centering Pregnancy (Reproduced from Manantio Dodgson 2011) by kind permission of John Wiley and sons, Journal of Midwifery and Women's health.


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Group-Based Antenatal Care (GBAC) in Sweden

- Introduced in 2000
- Couples meet in a group from midpregnancy
- 2-hour sessions in each visit
- 10-minute individual health assessment
- 6 couples in each group
- National guidelines followed

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Two Models in Sweden


Content and time	Group model	Standard model
Individual first booking visit (gestational week 10-12)	Yes, 90 minutes	Yes, 90 minutes
Settings	Group	Individual
Participants	Six couples and one midwife	One couple and one midwife
Preparation for birth and parenthood	Incorporated into every visit	Offered for first-time parents, two to three sessions
Approach from midwives	Facilitator	Not specified
Manual	Manual for content	Not in parental classes
Time schedule	Two hours every visit from 20th gestational age	20-30 minutes every visit
National guidelines followed	Yes	Yes
Medical assessment	Individual 10 minutes	Individual 20-30 minutes
Postpartum	Group, 2.5-hour health assessment	Individual, 30-minute health assessment

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Manual for GBAC


Gestational age	Content
Weeks 5-10	Conversation and information about health issues, group or individual.
Weeks 10-12	Individual booking visit and sample
Week 16	Extra individual visit (if needed)
Week 20	Presentation of group members and content of care.
First group session	Topics: Breastfeeding, fetal development, ultrasound and physical and emotional changes. Suggested reading: fetus and child
Week 25	Topic: The baby's capacity and life inside and outside uterus, parental leave and relaxation practice. Suggested reading: breastfeeding 10 minutes antenatal assessment
Week 28	Topic: Changes in third trimester, marital relationship, breastfeeding Suggested reading: Changes and transitions to parenthood 10-minute antenatal assessment
Week 31	Topic: Physical and mental preparation for childbirth and parenthood. Practical exercises: breathing, relaxation and mental training. Film. Suggested reading: labor and birth 10-minute antenatal assessment
Week 33	Topic: Normal birth, nonpharmacological pain relief, demonstration of massage. Initial breastfeeding and role models. Ten-minute antenatal assessment
Week 35	Topic: Further reflection on the birth and pharmacological pain relief methods. Interventions/complications. Talk about expectations for giving birth. Partner's/relatives' role at birth. Suggested reading: postpartum and what follows first-time birth. 10-minute antenatal assessment
Week 37	Topic: Changes in the body/soul after birth. Partner's/relatives' reactions. The child's first days, weeks. Group contact after birth. Suggested reading: Transition to parenthood. 10-minute antenatal assessment
Week 39	Topic: Continue childbirth discussion, preparation for parenthood. Child health and child care. Practical exercises: Relaxation.
Week 41	Individual visits including antenatal assessment and contact with birth clinic.
8-12 weeks after birth	Topic: Birth experiences. Contraception. Talk about sex life/sexuality. 30-minute health assessment.



Previous Research: Various Models of Group Antenatal Care

- ▶ Mainly US studies
- ▶ At-risk groups
- ▶ Infant outcomes (Grady et al. 2004, Isokovics et al. 2007, Teate et al 2009.)
- ▶ Satisfaction with care (Rising et al., 2004; Klima et al. 2009, Robertsson, 2009)


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Results from Qualitative Studies in Sweden

- The care: Combining individual medical needs with preparation for birth
- The group: Forum for sharing experiences
- The midwife: Regulating professional and gender ignorance

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Results from Quantitative Studies in Sweden

In total, 8/16 variables in GBAC versus 9/16 in individual care were reported with deficiencies.*

* ≥ 20 of the women reported care with deficiencies

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Results from Quantitative Studies in Sweden

LESS SATISFIED:
Information about pregnancy
Medical aspects

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Results from Quantitative Studies in Sweden

MORE SATISFIED:

- Information about labor and birth
- Information about breastfeeding
- Information about the time following birth
- Midwife encouraged contact with other parents
- Midwife's engagement
- Midwife took participants seriously
- Planning the birth

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Results from Studies in Sweden

Midwives' perceptions about GBAC:

- Time-saving
- Enhanced contact between parents
- Compare the flow of information
- Not able to identify psychosocial problems
- Hindrances for GBAC organization
- Not suitable for certain women
- Less individual care
- Staff obstacles


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Conclusions of the studies

- Sharing experiences helped parents transition into parenthood and normalized pregnancy symptoms.
- Group-based antenatal care can be implemented without changing women's satisfaction with care.
- The results indicate that standard care offered in Sweden is not sufficient when it comes to women's satisfaction with care.

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Conclusion

- Parents appreciate the group model
- Midwives seems unprepared to begin with group-based antenatal care in Sweden

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Thank you



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