



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

Ewa Andersson, Midwife, PhD

Ewa Andersson 1



Antenatal care in the world

- WHO recommendations
- Different organizational systems

9 June 2013 Ewa Andersson 2



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

Ewa Andersson 3



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

Ewa Andersson 4



Parental Classes

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

9 June 2013 Ewa Andersson 5



Models of Group Care

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

Ewa Andersson Ewa Andersson 6

Centering Pregnancy[®]

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

9 June 2013 Ewa Andersson 7

Centering Pregnancy[®]

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

8

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

Ewa Andersson 9



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

Ewa Andersson 13



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

Ewa Andersson 14



Results from Quantitative Studies in Sweden

LESS SATISFIED:
Information about pregnancy
Medical aspects

Ewa Andersson 15



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

Ewa Andersson 16



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

9 June 2013 Ewa Andersson 17



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.

Ewa Andersson 18

Conclusion

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

9 June 2013 Ewa Andersson 19

Thank you



Ewa Andersson 20
