

Does Group Prenatal Care Improve Birth Outcomes and Breastfeeding Rates?

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SUMMARY OF REPORT

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While most Canadian women are satisfied with the prenatal care they receive, mothers who are young, have lower educational levels, or are living in a household at or below the low income cut-off are less likely to report that the prenatal care they received met their needs. Inadequate information about pregnancy-related topics is one of the reasons for their discontent. People's satisfaction with healthcare influences their further use of that healthcare system. As women from the above-mentioned populations are already less likely to receive regular prenatal care, finding ways for prenatal care to address their needs is a high priority.

There is a growing body of research suggesting that the health outcomes of mother and baby are affected by the way in which prenatal care is delivered. In an effort to increase effectiveness, new models of prenatal care delivery, that allow healthcare providers to provide quality service that is efficient and economical, are being implemented and evaluated. One of these models is group prenatal care (GPC). GPC was developed as an innovative alternative to one-on-one prenatal

appointments to promote peer support among mothers and allow prenatal care providers more time with their prenatal patients.

GPC is a model of group healthcare where eight to twelve women of similar gestational age meet as a group for regularly scheduled appointments of 90-120 minutes, typically starting in their second trimester and continuing throughout their pregnancy. During these appointments, each woman has a brief individual physical assessment with the healthcare provider and then participates in a group discussion led by a member of the multidisciplinary care team. The multidisciplinary team can include family physicians, midwives, childbirth educators, nurses, and other prenatal care providers. Different professionals lead different appointments, depending on their expertise and how it relates to the topics to be focused on that day. All prenatal care is provided in this group setting, combining the usual physical assessment provided in traditional prenatal care with peer support and increased time for education about healthy pregnancy.

Evidence Regarding the Impact of GPC on Breastfeeding Rates and Birth Outcomes

A review of the literature revealed four systematic reviews¹ focused on examining the association between GPC and breastfeeding rates and birth outcomes.



Systematic Review	Breastfeeding	Low Birth Weight	Preterm Birth
#1	√*		√*
#2	√		
#3	√	√	
#4			

√ - Improvements were found in mothers who received group prenatal care.

* - Meta-analysis was completed and statistical significance was found. Where there is no asterisk next to the checkmark, no meta-analysis was conducted so statistical significance was not tested.

The authors of each of the systematic reviews noted a limited amount of quality research on GPC and birth outcomes. Further research is recommended.

Saskatchewan Women that may Particularly Benefit from GPC

Young Mothers	Indigenous Mothers
 <p>Peer acceptance plays a large role in the lives of adolescents. Group programs that facilitate relationship building, a sense of belonging, and the development of individual identity can be beneficial when providing healthcare to pregnant adolescents. Compared with other women, young mothers report less favourable pregnancy experiences and are more likely to report not having enough information about pregnancy-related topics. For the reasons discussed above, GPC is theorized to be more relevant to young women, while also providing increased opportunities for healthcare providers to engage the participants in discussions on health promotion strategies and interventions to address modifiable risk factors.</p>	 <p>Canadian Indigenous people are more likely than the general Canadian population to rate the quality of healthcare received as “fair” or “poor”. Indigenous people are less likely to receive needed healthcare, with reasons including lack of availability and lack of culturally appropriate care. Common suggestions by Indigenous people to improve their health include developing culturally relevant healthcare programs and reviving Indigenous cultures and traditions. GPC provides a unique opportunity for healthcare providers to incorporate culturally appropriate care while focusing on the specific needs and risk factors of Indigenous women.</p>

¹Systematic reviews were examined, as they provide a higher level of evidence than individual studies. This higher level of evidence is due to the fact that all available quality studies on a specific topic are systematically and rigorously identified, reviewed, and consolidated during the systematic review process. For more information, visit: [Levels of Evidence: The Pyramid Model](#).

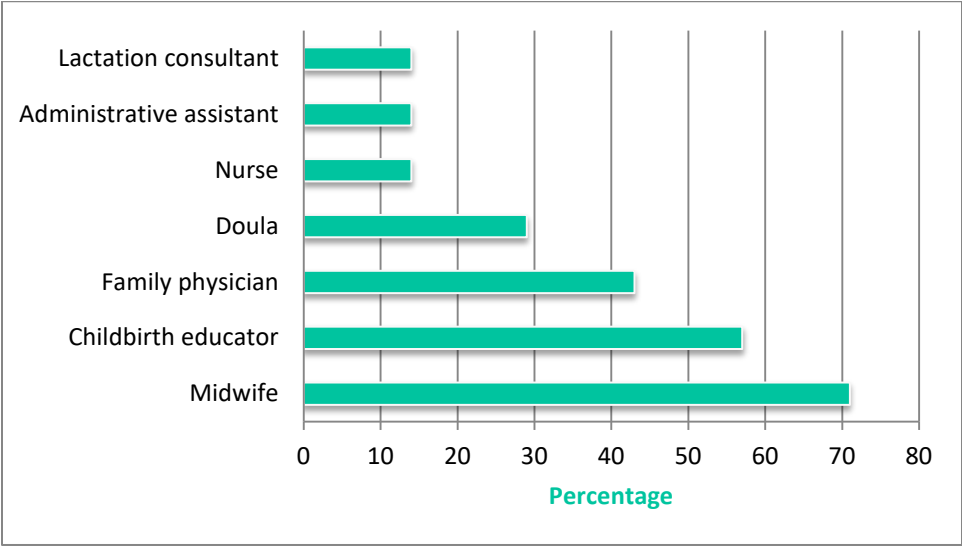
Many positive outcomes, in addition to birth outcomes and breastfeeding, were found in the systematic reviews covered in the report. These benefits include patient satisfaction, prenatal knowledge, readiness for labour and delivery as well as infant care, and increased attendance at prenatal appointments. Similar to findings related to the impact of GPC on birth outcomes and breastfeeding, these benefits were not found consistently in all reviews. As these benefits were not the focus of the literature review, they are not discussed in detail.

Preterm birth, low birth weight, and lack of breastfeeding can have lifelong impacts on the individual and pose a financial strain on the Saskatchewan healthcare system. Any prenatal intervention that shows promise to reduce preterm birth and low birth weight or improve breastfeeding rates should be further explored and considered for Saskatchewan.

GPC in Canada

To assess Canadian experiences with delivering the GPC model, the Prevention Institute surveyed healthcare providers who currently work, or have previously worked, in a Canadian healthcare setting that provides GPC. Respondents were asked to identify the health professionals that contribute to GPC at their current place of employment.

Health Professionals Contributing to GPC



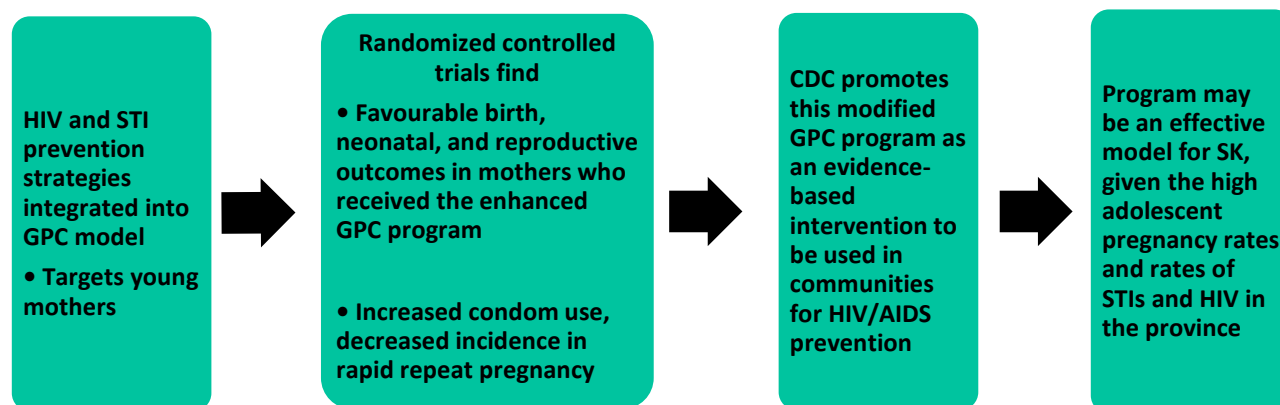
Respondents were asked which model of care they prefer based on several different variables. Coinciding with the benefits of GPC noted by researchers in the literature, healthcare providers responding to the survey indicated many positive outcomes associated with the model of care. Almost 95% of respondents preferred GPC with respect to patient knowledge and understanding of prenatal information. Further, over three-quarters of respondents preferred GPC with respect to patient satisfaction and nearly three-quarters of respondents preferred the GPC model with respect to provider satisfaction. With respect to building rapport with patients, somewhat over one-half of survey respondents preferred traditional prenatal care.

Respondents Indicated Preferences

Variable	Traditional Prenatal Care (one-on-one)	Group Prenatal Care	No Preference	Total Response
Patient knowledge and understanding of prenatal information	0	17 (94.4%)	1 (5.6%)	18
Patient satisfaction	1 (5.6%)	14 (77.8%)	3 (16.7%)	18
Provider satisfaction	3 (16.7%)	13 (72.2%)	2 (11.1%)	18
Building rapport with patients	10 (55.6%)	8 (44.4%)	0	18
Working hours	4 (22.2%)	8 (44.4%)	6 (33.3%)	18
Pay	1 (5.9%)	3 (17.6%)	13 (76.5%)	17
Workload	5 (27.8%)	7 (38.9%)	6 (33.3%)	18
Provider satisfaction	3 (16.7%)	13 (72.2%)	2 (11.1%)	18

Enhanced GPC

An enhanced GPC program has been developed to reduce the risk of HIV and other STIs, as well as improve other health outcomes in young pregnant women. The enhanced model has the same structure and time commitment as the regular GPC model, but has three, 40-minute sessions devoted to STI/HIV prevention information.



Next Steps for the Saskatchewan Prevention Institute

- Assess local healthcare providers' interest in GPC information session/presentation.
- Respond to information needs if clinics are interested in implementing GPC into their practice.

For more detailed information, including a full list of references, please refer to the Saskatchewan Prevention Institute's literature review titled *"Does Group Prenatal Care Improve Birth Outcomes and Breastfeeding Rates?"* This literature review is available at: <http://www.skprevention.ca/shop/group-prenatal-care-lit-review/>.