

## **Empowering birthing people – lessons from group antenatal care**

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### **Summary**

Empowerment is a key aspect of relational, partnership-based care, and has been highlighted as a key outcome of group antenatal care (gANC). In order to explore how gANC facilitates empowerment, a systematic search and framework analysis of evaluations of gANC was undertaken. Findings from retrieved papers were mapped onto Zimmerman's theory of empowerment. This suggested that gANC facilitates empowerment through helping others, knowledge about resources, self-efficacy and perceived control. However, situational awareness, decision making and problem solving were less apparent, indicating that birthing people might be further empowered if these mechanisms were incorporated into their care.

### **Introduction**

Pregnancy is a key milestone in a person's life and is often heralded as a golden opportunity for health promotion due to the sustained contact with healthcare professionals and people becoming more inclined to make health changes as they focus on nurturing their unborn babies. Conventional antenatal care in the United Kingdom (UK) consists of routine individual consultations with a particular focus on pregnancy health, containing a clinical assessment and information sharing appropriate to the current stage in pregnancy<sup>1</sup>. It is often criticised for being fragmented and unsatisfactory<sup>2,3</sup>. Moreover, hurried, individualised care can lead to a more directed approach, which can be perceived as authoritative and potentially disempower women<sup>4</sup>. Recent UK policy initiatives have attempted to improve maternity care through continuity of carer pathways and an emphasis on providing care in partnership with birthing people<sup>3</sup>. However, this can be challenging in an overstretched service, and within the current set up of individual appointments, indicating that more flexible and creative approaches are perhaps required. Partnership working particularly necessitates a care culture that devolves power and control to service users.

Group antenatal care is an approach that has been shown to facilitate the empowerment of childbearing individuals and communities<sup>4,5,6</sup>. Empowerment is a key factor if childbearing people are to be active contributors to their care, as mandated by the NMC Future Midwife Standards<sup>7</sup>. GANC was first developed in the United States to provide women-centred care by incorporating education, peer support and assessment of pregnancy health in one package. Women are allocated into small groups, usually consisting of 8-12 women, based on similar gestational ages and frequently meet throughout their pregnancies for antenatal care<sup>2,8,9</sup>. Self-

checks (urinalysis, blood pressure, weight) happen upon arrival, and pregnancy assessments (abdominal palpations, foetal heart auscultation) are performed by midwives either in a corner of the room privately or in the group setting followed by group discussion<sup>10</sup>. Typically, sessions are conducted over two hours, and hosted by the same one-two healthcare professionals, thus enabling increased contact time and continuity of carer which has its own documented and researched benefits<sup>2,9,11,12</sup>. Current research suggests gANC can result in enhanced social support and 'normalisation' of pregnancy symptoms<sup>13,14</sup>. Plentiful research has examined other benefits of gANC including larger birthweights, higher APGAR scores, reduced risk of premature birth, increased rate of spontaneous vaginal delivery and improvement in health behaviours<sup>8,11,15,16,17,18</sup>.

Heightened empowerment yields many benefits to health and can increase life expectancy among women<sup>19,20</sup>. Additionally, empowerment within pregnant women has been associated with reduced risk of perinatal depression and premature births, as well as the potential for higher birthweights<sup>21</sup>. The question then arises as to how gANC facilitates empowerment. Understanding mechanisms of empowerment within this model of care may enable empowering approaches to be further expanded and built upon or used within other care systems. Numerous mechanisms of empowerment within gANC have been proposed: sessions are facilitated rather than directed by a midwife, reducing perceptions of midwives acting in authority. This promotes group discussion and learning among women, instead of solely relying on health professionals to gain information and advice<sup>9</sup>. Facilitated learning encourages participation and the opportunity to learn skills by performing self-checks, enabling women to take greater control of their own health. Due to lengthier sessions, women are provided with the opportunity to expand on topics they wish to discuss and establish a rapport with the facilitating health professional and the rest of the group. gANC has a particular emphasis on the social aspect of care, providing women access to a support network that would not be achievable within individualised care.

## **Methods**

In order to investigate these mechanisms further, we conducted a systematic review of evaluations of gANC. Our inclusion criteria were qualitative primary research papers published in any country between 2015-2020 (when the search was undertaken), including pregnant or postnatal women of any age or parity who had had exposure to this model of care. We were only able to include English language papers. Data were analysed by a framework approach, using Zimmerman's<sup>22</sup> theory of empowerment to map the known benefits of gANC. Zimmerman defined empowerment as '*a process by which individuals gain mastery and control over their lives, and a critical understanding of their environment*'<sup>22</sup>. He proposed three interlinked domains of empowerment (intrapersonal, interactional, and behavioural) that incorporate situational awareness, problem solving, helping others, knowledge about resources, informed decision making, perceived control and self-efficacy.

A systematic search of three databases (CINAHL, MEDLINE and PubMed) yielded 11,308 papers. These were exported into the reference manager Mendeley for duplication screening. As outlined in the PRISMA flowchart below, following de-duplication, 5,884 papers were eligible for abstract review, and 85 for full text review. Overall, five papers published between 2016 and 2019 in Australia, Bangladesh, India, United Kingdom and United States were eligible for review<sup>2,23,24,25,26</sup>. The five papers included 170 participants, 98 of whom were women, with the remainder consisting of partners and health professionals whose views were explored alongside.

Included studies were appraised using the Critical Appraisal Skills Programme (CASP)<sup>27</sup> tool and the Standard Quality Assessment Criteria (SQAC) checklist for evaluating primary research papers as introduced by Kmet<sup>28</sup>.

The reviewed studies all established empowerment and its facilitating mechanisms in pregnant women attending gANC despite being conducted in different geographical locations, thus increasing the dependability of the findings due to lack of cultural bias. Furthermore, results may be considered more transferable as mechanisms of empowerment were identified in all five studies despite differing healthcare systems and protocols.

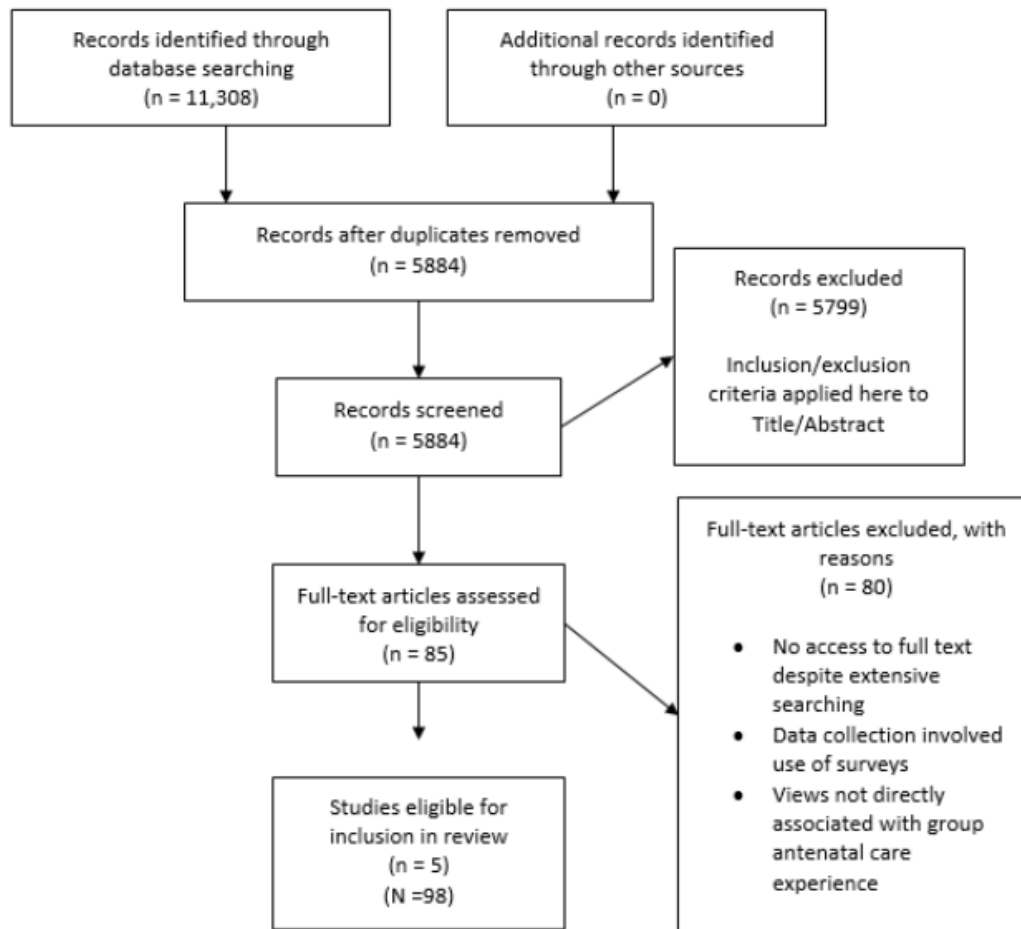


Figure 1: Prisma flow diagram illustrating study selection process (Moher, 2009)

## **Findings and discussion**

Our findings show that certain mechanisms of empowerment identified by Zimmerman featured across studies: helping others, knowledge about resources, self-efficacy and perceived control. Conversely, situational awareness, decision making and problem solving were the least common aspects, appearing in a minority of the studies.

All five studies reported participants helping each other, for example translating discussions into a more readily understood language or assisting with filling in forms<sup>2,25</sup>. This mechanism may have been commonly identified due to the facilitative structure of gANC promoting discussion among women to share information and advice<sup>9</sup>. Additionally, lengthier sessions enable women to establish a rapport with each other which may result in women being more likely to help others when they know them better<sup>4,9</sup>.

An increase in participant knowledge was also evident across all five studies and was commonly associated with learning from other group members' questions and experiences. This may be explained by the group educational approach as opposed

to focusing solely on the physical aspects of pregnancy, and increased opportunities to ask women for advice<sup>4,29</sup>

*“In the sessions, the information they provided on pregnancy care was so effective that I believe I will not face any problems in the future”<sup>26</sup>*

A systematic review by Byerley and Haas<sup>15</sup> found that increased knowledge extended to women deemed as ‘high risk’.

Self-efficacy and perceived control each featured in four of the reviewed studies and are perhaps a result of gANC’s strong emphasis on social support<sup>30</sup>.

*“Sometimes I feel like I’m not going to be strong enough or able. Then I see other girls and I think, ‘Well, if they can do it, I can certainly do it’”<sup>24</sup>*

Risisky and colleagues<sup>5</sup> discovered women were more likely to advocate for themselves due to the additional knowledge acquired from group discussions.

Situational awareness – an understanding of causal agents and power structures, and a critical awareness of one’s environment – was less evident in the studies reviewed, although some were clearly aware of political and professional influences:

*“I have said stuff that I know [the midwife] could never say, but I can get away with saying it because I am not an employee following a guideline”<sup>2</sup>*

Perhaps surprisingly in view of the reported increased knowledge, informed decision making and problem solving did not feature strongly, appearing in only two each of the studies reviewed. This suggests that empowerment through gANC might be strengthened if discussions included the wider political and organisational landscape of maternity care, and participants were enabled to develop the requisite skills to negotiate this successfully. An element of reflection might also help participants to develop problem solving skills. Interestingly, earlier research that fell outside the timeframe for this review did identify women who participated in gANC were making informed decisions regarding their care<sup>4,14</sup> perhaps indicating that informed decision making has become less prominent in care over the years.

The papers used in this review were not designed to highlight mechanisms of empowerment, and the authors acknowledge this as a limitation. Primary research is perhaps needed to understand mechanisms of empowerment and how they operate within maternity care, in order to facilitate the devolvement of power to birthing people and true partnership working.

## **Conclusion**

Zimmerman's theory of empowerment provides a useful tool to identify mechanisms of empowerment within gANC and suggest ways that the model could be enhanced in order to further promote empowerment and partnership working. There is a need to create and implement models of care that are pragmatic and feasible, and that truly empower and enable birthing people, and gANC offers one such option.

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