

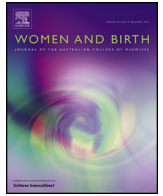


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Original Research – Qualitative

'Expecting and Connecting' Group Pregnancy Care: Evaluation of a collaborative clinic

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ABSTRACT

Problem: Establishment of a service to increase clinical placement opportunities for midwifery students in a regional area of Queensland, Australia with unknown impact on all service stakeholders.

Background: Group antenatal care (known as Expecting and Connecting) was provided at the university campus, instigated collaboratively between the health service and university in response to population growth and student needs in a health service jurisdiction not otherwise serviced for public pregnancy care.

Question, hypothesis or aim: This study evaluated the 'Expecting and Connecting' Group Pregnancy Care service from the perspective of attending women, midwifery students and midwives.

Methods: Qualitative findings were obtained from mothers, midwives and midwifery students. The study was guided by Donabedian's conceptual framework to assess quality within a health service. Thematic analysis was used to identify themes and concepts from the data within the areas of structure, process and outcome.

Findings: Expecting and Connecting provided benefits to participants including an environment for students and pregnant women to build relationships to meet Continuity of Care requirements for students. Mothers reported high levels of satisfaction with antenatal care including the ability to develop peer support.

Discussion: The collaborative facilitation of group antenatal care by university and health service midwives provided a catalyst to the development of peer support networks within the local community and enhance opportunity for midwifery student requirements.

Conclusion: The 'Expecting and Connecting' group antenatal care service was highly regarded by participant mothers, midwives and midwifery students and provided an additional source of midwifery student placement.

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Summary of relevance

Problem or issue

Clinical placements for midwifery students are limited. Opportunities for recruiting women for Continuity of Care requirements can be a challenge. Innovative midwifery care programmes may enhance women's antenatal care while

providing student opportunity to build relationship and experience quality clinical care experiences.

What is already known

Group antenatal care is widely accepted by both women and midwives. Successful collaborative models between universities and health services enhance inter-professional learning.

What this paper adds

High satisfaction levels reported in the provision of a group antenatal care service within a university campus enabling the building of support networks in communities otherwise not serviced for antenatal care and education.

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1. Introduction

In early 2013, a regional public health service in Queensland, Australia established a midwifery-led antenatal service on the local university campus. A key feature of this service was the 'Expecting and Connecting' Group Pregnancy Care service (hereon referred to as Expecting and Connecting), modelled on the CenteringPregnancy group prenatal care philosophy.¹ Expecting and Connecting was instigated in response to population growth and a need to expand clinical placement opportunities for the university's midwifery students. Expecting and Connecting was staffed by midwives from the local health service alongside midwife academics from the university. Midwifery students were able to practice skills with women accessing the service, and recruit women to follow through their pregnancy journey for the Continuity of Care Experience, a mandatory requirement and important aspect of midwifery students' learning experience.

Antenatal care and education provided to women in Australia is aimed at improving knowledge and support for pregnancy, birth and infant care.² Traditionally offered as individual consultations, antenatal assessment at defined intervals monitors for potential complications in foetal development, and a strong relationship has been demonstrated between regular antenatal care and positive infant and child health outcomes.³ Recent national data suggest that antenatal attendance rates are high, with 95% of non-indigenous women and 85% of indigenous women attending at least five antenatal appointments during their pregnancy.^{3,4}

One of the most widely recognised group antenatal care programmes internationally is CenteringPregnancy devised and piloted in 1994 by Sharon Rising in the United States of America.¹ Replacing individual antenatal care, CenteringPregnancy care is focused around peer support, self-management, childbirth education and health promotion.⁵ Reported outcomes of the CenteringPregnancy model are healthier pregnancies and improved prenatal care attendance amongst disadvantaged groups,^{5,6} improved breastfeeding rates,⁵ and high levels of maternal satisfaction.⁷ Research literature has not demonstrated behaviour change or an improvement in knowledge or birth outcomes (maternal and neonatal) as a result in being cared for through CenteringPregnancy.⁶

Internationally, research has reported maternal and provider satisfaction with midwifery group models of care.^{5,8,9} Group antenatal care is also reported as appealing to some women currently having traditional care.¹⁰ A systematic review of group antenatal care approaches demonstrated high levels of maternal satisfaction, with no increase in risk of adverse birth outcomes for women or their infants.¹¹ In contrast, Allen et al.¹² examined group antenatal care within a caseload midwifery model of care with a group of young women. They report that women allocated to group care experienced a lack of privacy, a desire for some personal time with the midwife and appreciated a familiar face in labour yet did not develop close relationships with a particular midwife, or friendships with other women.¹² This is supported by other international research where women who declined group antenatal care said they preferred one on one care or experienced barriers to participation.¹³

Group antenatal care was instigated in this regional area to improve access for midwifery students to pregnant women to fulfil Continuity of Care requirements for their education, and provide an alternative to standard care within the health service. Successful collaborative models between universities and health services have been reported in the literature to fulfil rural nurse recruitment needs,¹⁴ identify clinical research needs¹⁵ and enhance inter-professional learning.¹⁶ A systematic review of student-led clinics involving nursing, medical and allied health students has shown these experiences improve educational

outcomes for students.¹⁷ However, no identified research has investigated group antenatal care in the context of a truly collaborative delivery model between a tertiary education facility and public health service provider, and how this is experienced from the perspective of midwifery students, midwives and expectant mothers. The objective of this study was to evaluate this group antenatal care model, Expecting and Connecting, from the perspectives of the midwives, students and women experiencing this model.

2. Participants, ethics and methods

Evaluation of the Expecting and Connecting group pregnancy service was conceptually guided by the Donobedian framework,¹⁸ which has been successfully used to evaluate other health care services within the Australian context.¹⁹ A qualitative exploration was undertaken to elicit experiences and perceptions from attending mothers, students and the midwifery staff working in and facilitating Expecting and Connecting. The research design followed the structure, process, outcome framework¹⁸ in relation to development of interview questions. Firstly, thematic analysis¹⁹ of the qualitative data was undertaken with a secondary analysis done coding emergent themes pertaining to structure, process and outcomes¹⁸ of the service. Quantitative outcomes were measured and are reported elsewhere. This study was conducted with full ethical approval, from the health service (HREC/14/QRBW/305) and university (A/14/619). The principles of confidentiality and informed consent were upheld and all components of the study conducted consistent with the human ethical research standards within Australia.

Expecting and Connecting replaced traditional 15 min routine individual appointments and optional, separate childbirth education classes, although these remained at other health service locations of this region. Expecting and Connecting involved group cohorts of 8–12 women and their partners or support person, with babies due in the same month, coming together for combined antenatal care, education and support. Each group session lasted two hours and included a midwife antenatal health care assessment, facilitated group-education and discussion session, as well as provision of support and networking opportunity for the women. All appointment dates and times were provided prior to commencement, with a choice of a morning or evening group time. Two midwifery students were allocated to each group. Expecting and Connecting operates similarly to the CenteringPregnancy model, consistently encouraging a woman centred approach with flexibility in the curriculum based on the concerns of the group at each session.¹ The main differences lie with antenatal assessments occurring in a private room during the group session with the presence of midwifery students.

Participants were purposively recruited from the three groups participating in the Expecting and Connecting service: midwives (university and hospital), student midwives, and mothers. All midwives working in Expecting and Connecting were invited to participate through a written invitation and information sheet provided by the researchers. Follow-up by phone was made by the second author. Interested midwives provided informed consent and participated in one-on-one interviews at a time and place convenient to them. Not all midwives who had worked in Expecting and Connecting wished to be part of the research. The reason provided by midwives was that due to the low numbers of possible midwifery participants, it was felt that there was a potential for identification via quotations. This was addressed in this paper by grouping identification of any quotes from midwives, regardless of being from the university or health service.

Midwifery students were provided information and reminders about the research via online learning platforms within the

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