

Group Antenatal Care and the Evolving Role of Midwife

Jing Zhang*

PhD in Midwifery, Nursing School, Hangzhou Normal University, China

*Corresponding Author: Jing Zhang, PhD in Midwifery, Nursing School, Hangzhou Normal University, China.

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Introduction

As a primary care provider, midwife plays an integral part in antenatal care and the role of midwife is deeply associated with one-to-one care with woman. In the past two decades, group antenatal care has evolved with its efficiency, effectiveness and relationship-centeredness [1,2]. In the meanwhile, the newly developed group model endows midwives with an evolving role and subsequent requirements for skills of facilitating and collaborating knowledge exchange within a group setting [3], which they have not been expected to perform before.

Discussion

Antenatal care is one of the recommended healthcare interventions during the period of pregnancy, with the aim of reducing maternal mortality and morbidity and promoting health and well-being of mother and baby [4]. Conventionally, antenatal care involves individual care visit with different healthcare professionals and separate childbirth education classes. Studies have found that the traditional way of antenatal care delivery is largely system-centered rather than women-centered, while the content and healthcare providers are fragmented [5]. Therefore, the traditional model cannot meet complex psychosocial needs of today's women and their family as well as their concerns for physical safety [6]. In this regard, group antenatal care model has emerged.

Group antenatal care encourages women as active participants in their care [2]. It aims at empowering women to develop their self-care capabilities through knowledge and experience sharing with, and support from family, peers and healthcare professionals [3]. The most well-known model of group antenatal care is Centering Pregnancy, which was developed in 1990s and is currently implemented in over 300 settings in the United States, Canada and European countries [7]. The model is comprised with three components: assessment, education and support. Antenatal assessment and education are provided within a small group of 8 - 12 women facilitated by a midwife or other trained maternity care professional [8]. Compared with individual model, group antenatal care has been reported to be associated with infant outcomes, breastfeeding outcomes and women's satisfactions with care [2,9].

In group antenatal care, midwives play an integral role [5,10], which in turn provides them the opportunity to develop relationships and gain connectivity with women in a group setting [11]. However, opportunities and challenges coexist. In group antenatal care, the role of midwife has been shifted from a knowledge provider for the pregnant woman to a knowledge collaborator with women, in order to help women balance and sort knowledge they have already hold [3]. However, recent studies indicate that, in face with their new role, midwives are still lack of skills of facilitating group activities and knowledge exchange. Rather, they tend to exhibit a didactic approach acting as an expert and leading the group sessions [3].

Conclusion

When providing group-based antenatal care, the role of midwife has changed from a knowledge provider to a knowledge collaborator. In order to provide best quality care to women and their family through a group antenatal care model, more studies are needed to investigate the expecting parents' experiences about the role of midwife, the learning potential of group antenatal care for midwives, and the methods to enhance midwives' skills of facilitating knowledge exchange with expecting parents and collaboration with other healthcare professionals in group settings.

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