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Abstract:

This article outlines the principles and evidence behind group antenatal care and explores how developing group facilitation skills can enhance midwifery practice. The authors discuss the impact of different training models developed by the REACH Pregnancy Programme to support the implementation of 'Pregnancy Circles' as part of a randomised controlled trial of group antenatal care within an NHS context.

Introduction:

Limitations have been identified with the traditional model of antenatal care (ANC) in the UK and elsewhere, including a lack of continuity of care, under-provision of antenatal education and poor experiences for women from deprived communities (Redshaw & Henderson 2015, Henderson et al 2013, Lindquist et al 2015). In an effort to improve antenatal care, a new model of group antenatal care (gANC), was developed in the USA by Sharon Schindler Rising (CenteringPregnancy®) in the 1990s. Under this model, 8-12 women of similar gestation are cared for by the same two midwives during 2-hour group sessions, with a brief one-to-one session on a mat in a corner of the room. GANC combines conventional antenatal assessment with self-checks (women are taught to check their own blood pressure and urine), information-sharing and peer support. It is a relational model of care which relies on midwives moving from a didactic information-giving/tick-box approach to a facilitative, woman-centered approach to care which acknowledges and utilises the experiences and views of the women taking part (Rising et al 2004).

Different models of gANC have been developed and successfully implemented internationally. Research has shown that women and midwives enjoy this model of care and there is some evidence that it may reduce low birthweight and pre-term birth (Catling et al 2015, Ickovics et al 2007, Jafari et al 2010). To date only one feasibility study of gANC has been undertaken in the UK (Gaudion et al 2011) and a systematic review identified that more high-quality evidence is needed (Catling et al 2015, Ruiz-Mirazo et al 2015).

A research team based at Barts Health NHS Trust, the University of East London, City, University of London and the Institute of Education, University College London, received funding from the National Institute of Health Research (NIHR) to undertake the first randomised controlled trial (RCT) of gANC in the UK, as part of the Research for Equitable Antenatal Care and Health (REACH) Pregnancy Programme. This multi-site RCT aims to examine whether a bespoke model of gANC, Pregnancy Circles, can improve health outcomes and women's attendance and experience of antenatal care, whether it will work in areas of high deprivation and diversity, and what the cost implications are of implementing this model within the NHS. The trial will begin in 2018 and will involve recruiting over 1,500 women and running 60-80 Pregnancy Circles across up to ten NHS maternity services. Findings are due to be reported in 2020.

In preparation for the RCT, REACH has been working within Barts Health NHS Trust in East London, an area of high socio-economic, ethnic, cultural and linguistic diversity, to develop and test Pregnancy Circles to answer the specific needs of the pregnant women who use their services. A feasibility study including four 'test' Pregnancy Circles was run across the three maternity services at Barts and found that the model was acceptable to both women and maternity staff. Each Pregnancy Circle included both multiples and primips, as well as high- and low-risk women. Sessions followed the NICE (2008) guidelines for scheduling of antenatal appointments with one additional postnatal reunion and additional scans or appointments for obstetric and other services as required. A pilot trial of three further Pregnancy Circles, testing randomisation procedures, is currently under way.

Pregnancy Circle facilitating midwives used a variety of techniques to encourage group ownership and participation. In this article we reflect on the challenges and rewards faced by midwives within the NHS working in this novel way, drawing on data gathered as part of the ongoing evaluation of the early Pregnancy Circles, the experience of developing training to support the facilitating midwives, and feedback from the midwives themselves. We have also invited some of those involved to reflect on their personal experiences.

Challenges for practitioners facilitating group antenatal care

A key component of Pregnancy Circles is that the midwives 'facilitate' information-sharing rather than 'teach'. Facilitators provide resources rather than direction, enabling self-directed, active learning which has been shown to promote critical thinking (Price 2010). The Nursing & Midwifery Council (NMC)'s 'essential skills cluster' for communication requires that every student midwife '*participates in group sessions to share information*' (NMC 2009, p36). Nevertheless, few students receive training in group facilitation and many find that, in practice, time constraints promote didactic information-giving rather than facilitative partnership working.

Many qualified midwives are reluctant to work with groups, perceiving even parent education classes as something to dread (Barlow et al 2009). Fear of facilitating groups was identified as a potential barrier to midwives getting involved in Pregnancy Circles. This perception was reinforced when some of the midwives who volunteered to facilitate Pregnancy Circles said that they found the prospect of 'all eyes being on you' was 'absolutely petrifying'. Managers and commissioners interviewed before the Circles started also expressed concern about whether midwives would have the skills, confidence or flexibility to facilitate groups:

The majority of midwives are not comfortable talking to more than a couple at a time. (Manager)

It's quite likely to be something that [midwives] will really enjoy but are they, are they empowered to do it? Do they have enough confidence to take a group?... skills in group management are not everybody's cup of tea. (Commissioner)

... sometimes in midwifery it can be a very paternalistic approach to care, can't it, with 'I'm telling you all this so I've told you and I've ticked all my boxes'.... I think we are not great at truly working partnership. (Manager)

However, they also recognised that acquiring group facilitation skills could enhance midwives' practice, feed into their professional development and leadership skills and contribute to staff retention.

One of the big issues is morale and sustainability and if this is going to make midwives' job more fulfilling that would be a very positive thing. (Commissioner)

I think the midwives would love it, time factor actually... two- or three-hour session, lots of questions, discussion, and then just do the checks, that would be brilliant, they will love it actually. Yeah, I think they will actually love it. (Manager)

Developing training

The REACH team worked with academics and specialists in group antenatal care and group dynamics to develop bespoke training for midwives. Adult learners bring a store of knowledge and experience with them and are self-motivated, responsible and purposeful (Rogers 1996). However, they also come with different learning styles, diverse motivations and low confidence levels (Honey & Mumford 2011). In response to these challenges, three models of training were developed:

FACILITATOR TRAINING WORKSHOPS – These are short one- and two-day workshops which have a strong focus on experiential learning. As part of a group themselves, the midwives develop group facilitation skills by practising leading group activities. They also acquire 'body knowledge' of how it feels to undertake a brief one-to-one session for a routine

antenatal abdominal examination on a mat on the floor near to where the group continues to chat. A planning session and a practical handbook encourage participants to consider the practical steps needed to implement these skills in their work area.

The importance of good preparation for health practitioners who facilitate group antenatal care cannot be over-emphasised. With this in mind, the aim of the Facilitator Training Workshops for midwives and others interested in being involved in Pregnancy Circles was two-fold:

- *To provide participants with information and evidence about group antenatal care in a variety of settings and identify how this relates to Pregnancy Circles and the REACH project*
- *To explore and practise group facilitation skills through interactive activities that mirror those which might occur in Pregnancy Circles*

As the facilitator of the early workshops, my aim was to create a learning environment with similar features to some of those that pregnant women might experience in Pregnancy Circles. This would mean the opportunity to share ideas, learn from each other, develop new friendships with ongoing support for each other and to have a lot of fun together. Evaluations of the workshops suggest that participants enjoyed this style of interactive learning. For those new to the principles and practicalities of group facilitation, the workshops gave them a basic understanding of how this approach differs from didactic antenatal education, as one of them wrote: ‘the power of facilitation rather than information giving for both women and midwives.’

Professor Nicky Leap, workshop leader

POSTGRADUATE MODULE – A postgraduate (Level 7) module called ‘Innovations in Maternity: Facilitating Group Antenatal Care’ was developed by the REACH team in collaboration with City, University of London. The module is aimed at post-registration midwives and Masters students who want to deepen their understanding and practice of gANC, integrating theory and practice. Visiting lecturers provide expertise in the principles and practice of group antenatal care, examining the evidence, managing group dynamics and provide opportunities for group facilitation.

The postgraduate module at City is open to both Continuing Professional Development (CPD) and Masters students. Assessment is 50% practical (facilitating a group session) and 50% reflective essay and this presented some challenges - the Masters students really enjoyed doing a participatory, skills-based module, but sometimes felt left out of discussions about practical implementation of Pregnancy Circles. On the other hand, many CPD students were anxious about the academic essay as many had been out of education for many years or had only studied to diploma level. In response to this, an additional academic skills session and an 'attendance only' option for CPD students was developed, and where possible Masters students were facilitated to observe Pregnancy Circles in practice. Feedback was universally positive, and midwives especially enjoyed the experiential learning sessions as few had received any formal training in group facilitation before starting the module. Midwives spoke about how it was not until they practiced being a pregnant woman on the mat that they had the 'penny dropping moment' and were able to understand how private it could feel. The module facilitators, who were experts in group work, employed a 'hands-off' approach in their teaching and participants reported being struck by how different this was from usual midwifery practice.

Octavia Wiseman, City University co-module leader

TRAIN-THE-TRAINER WORKSHOPS – Most maternity services have some skilled midwives who are already facilitating groups. In order to capitalise on this rich resource, a 'Train the Trainer' workshop was developed to teach these skilled practitioners the Pregnancy Circles model, ensuring that expert trainers are on the ground in every Trust taking part in the RCT.

Once the midwives began rolling out Pregnancy Circles in practice, they found it challenging given the demands of a busy and stressful maternity service. Once up and running however, the midwives reported finding facilitating Pregnancy Circles to be a very positive experience. The Circles were seen as a supportive environment in which to try out something new, and the midwives found that working in this way enabled them to be more truly 'with woman' and provide personalised care. Even aspects of the package that some midwives were initially sceptical about, such as carrying out a routine antenatal abdominal examination on the floor in a group setting, were found to work well:

'Mat time' - was new to me, and I wasn't sure how it would work or whether it would be accepted by the women. However, to my amazement and pleasure the women said it was okay, and seemed to enjoy receiving care in this way (Pregnancy Circles Midwife)

I feel Pregnancy Circles normalise pregnancy – ours is held in a nice big room at a library, but we have to make sure we have the key to the toilet! The women can get there easily and go shopping afterwards. I had thought that the women would support each other by listening respectfully and offering their experience. What surprised me was the rapid fire of completely opposing experiences and opinions – the women get a much broader picture of the diversity of childbearing experience and what constitutes good care. They share personal information and it is possible to have confidentiality in a group. There was a session in which a woman who had previously developed postnatal depression talked about feeling trapped by breastfeeding, but at the next circle she was more settled. Different situations require different management – sometimes the other midwife who has more experience facilitating refocuses the discussion.

Nancy Mackeith, Pregnancy Circles midwife

The 20 minutes allocated to a traditional antenatal appointment is insufficient to address routine clinical practices as well as some of the issues and discussions that women want - women may go away feeling their questions were not answered. The Pregnancy Circles model of care is moving away from traditional care, enabling women to have a positive experience during their antenatal care. It empowers them to take ownership in their antenatal care, enabling them to ask searching and relevant questions. As a practicing midwife and the REACH research midwife I undertook the training and have been very involved in all the Circles and have helped deliver some sessions. I have felt empowered by gaining knowledge and facilitation skills. The model offers continuity of care - I love being 'with woman' and enjoy seeing their smiles and expressions when they are interacting with each other and with me in the Pregnancy Circles.

Helliner Robinson, REACH research midwife

Next steps

Early experiences of facilitating Pregnancy Circles by the enterprising Barts Health midwives suggests that, with appropriate training and support, both midwives and women enjoy this model of care. If the randomised controlled trial shows that it also leads to improved outcomes, especially amongst vulnerable populations, this could be an exciting, new and effective way of delivering antenatal care and many of the targets required by Better Births.

PRACTICE CHALLENGE:

- **How often do you use the phrase ‘what do you think?’ or ‘what makes you ask about that?’ when women ask you a question.**
- **Reflect on what ‘woman-centred’ means in the context of a booking.**
- **Notice how much time you spend making eye contact with the women you care for, compared to the time you spend looking at your computer/notes.**

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REFERENCES

Barlow J, Coe C, Redshaw M, Underdown A (2009) Birth and Beyond: Stakeholder Perceptions of Current Antenatal Education Provision in England. London, Department of Health

Catling, C.J, Medley, N, Foureur, M, Ryan, C, Leap, N, Teate, A, & Homer, C.S.E. (2015). Group versus conventional antenatal care for women. Issue 2. Art. No.: CD007622. *Cochrane Database of Systematic Reviews*. doi:10.1002/14651858.CD007622.pub3.

Gaudion A, Menka Y, Demilew J, Walton C, Yiannouzis K, Robbins J, & Bick D. (2011) Findings from a UK feasibility study of the CenteringPregnancy® model. *British Journal of Midwifery*, 19(12), 796-802.

Henderson, J, Gao, H, & Redshaw, M. (2013). Experiencing maternity care: the care received and perceptions of women from different ethnic groups. *BMC Pregnancy & Childbirth*, 13, 196.
<http://www.biomedcentral.com/1471-2393/1413/1196>

Honey P & Mumford A (2011). What kind of learner are you? Available: <http://www.campaign-for-learning.org.uk/cfl/yourlearning/whatlearner.asp> [accessed 3.6.2011].

Ickovics, J, Kershaw, T, Westdahl, C, Magriples, U, Massey, Z, Reynolds, H, & Rising, S. (2007). Group prenatal care and perinatal outcomes: a randomized controlled trial. *Obstetrics and Gynaecology*, 110(2 Pt 1), 330-339. doi:10.1097/01.AOG.0000275284.24298.23

Jafari, F, Eftekhari, H, Fotouhi, A, Mohammad, K, & Hantoushzadeh, S. (2010). Comparison of Maternal and Neonatal Outcomes of Group Versus Individual Prenatal Care: A New Experience in Iran. *Health Care For Women International*, 31(7), 571-584. doi:10.1080/07399331003646323

Lindquist A, Kurinczuk J, Redshaw M, Knight M. (2015) Experiences, utilisation and outcomes of maternity care in England among women from different socio-economic groups: findings from the 2010 National Maternity Survey. *BJOG An Int J Obstet Gynaecol* 122(12):1610-1617. doi:10.1111/1471-0528.13059.

NICE (2008) 1.2.5 Frequency of antenatal appointments. Antenatal care for uncomplicated pregnancies. Clinical Guidance [CG62]. National Institute for Health and Care Excellence. Accessed online 15/8/2017: <https://www.nice.org.uk/guidance/cg62/chapter/1-Guidance#provision-and-organisation-of-care>

NMC (2009) Standards for pre-registration midwifery education. London, NMC

Price B (2010). Disseminating best practice through teaching. *Nursing Standard* 24(27) p35-41.

Redshaw M & Henderson J (2015) Safely Delivered: a national survey of women's experiences of maternity care 2014. Oxford, National Perinatal Epidemiology Unit (NPEU).

Rising, S, Kennedy, H, & Klima, C. (2004). Redesigning prenatal care through CenteringPregnancy. *Journal of Midwifery & Women's Health*, 49(5), 398-404..

Rogers A (1996). Teaching Adults (2nd ed). Buckingham, Oxford University Press.

Ruiz-Mirazo, E, Lopez-Yarto, M, & McDonald, S.D. (2012). Group Prenatal Care Versus Individual Prenatal Care: A Systematic Review and Meta-Analyses. *Journal of Obstetrics and Gynaecology Canada*, 34(3), 223-229.