

COMMUNITY MIDWIVES PLUS PROJECT IN SINDH

Introducing Group Antenatal Care (GANC) at the Community Level Through Community Midwives

Group Antenatal Care (GANC) model at community level was introduced for the first time in Pakistan, as part of the project “Strengthening Community-based Health Care System through Community Midwives Plus Project in Sindh”, designed and implemented by the Population Council. (2023-24)

The findings presented in this brief highlight the outcomes of the GANC model tested at the community level.

For details of this project, refer to our supplementary brief and report describing the whole project.



Background

Antenatal care (ANC) is essential for detecting high-risk pregnancies, preventing complications, and reducing maternal and infant deaths. Long travel distances to health facilities, endless waiting periods, and poor quality of services are among the reasons for the poor uptake of ANC (Majrooh et al., 2014).

To tackle these issues, GANC sessions were introduced in the United States in the late 1990s. The idea was to bring together women of similar gestational ages around 8 to 10 times during their pregnancy, giving them the opportunity to receive antenatal care from a doctor or midwife as a group. It is pertinent to note that even within a group setting, privacy was maintained during physical examinations (Catling et al., 2015).

GANC has been adopted in many countries and shows promising results, especially in low and middle-income (LMI) countries such as Bangladesh, Iran, Kenya, and Egypt. Compared to individual antenatal care, group antenatal care has shown to increase clinical attendance and patient satisfaction. This unique model builds a cohesive community of women who provide support to one other. To that end, interactive

sessions are organized to allow participants to engage with others in similar situations, thereby creating a bond of trust between service providers and recipients (Sharma et al., 2018).

Introduction of GANC Model in Pakistan

Population Council introduced GANC model at community level for the first time in Pakistan. The model was implemented with a particular focus on promoting PFP counseling.

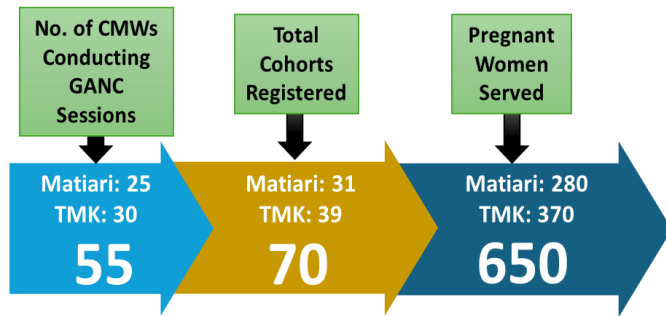
This project was made possible in collaboration with the RMNCH Program, Department of Health Sindh, Population Welfare Department, Sindh and Population Council.

Findings presented in this brief are based on a survey, focus group discussions (FGDs), and in-depth interviews (IDIs) conducted with CMWs and women from their communities, and data extracted from the project’s digital management information system (MIS).



Findings

As the GANC model was organized and tested for the first time in Pakistan, it was a new experience for CMWs. Fifty-five CMWs conducted GANC sessions, registering a total of 70 cohorts serving 650 women.

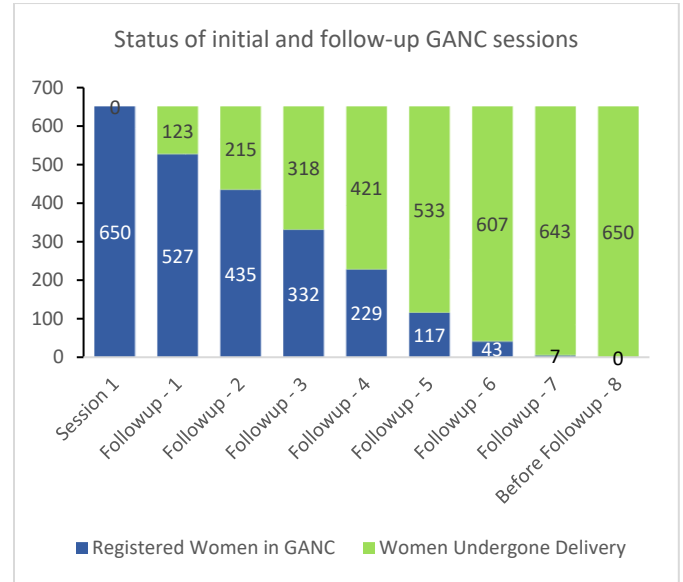


Initially CMWs faced difficulty in explaining the benefits of GANC sessions to community women and convincing them to spare some time to attend the sessions. CMWs explained to community members how the sessions had been organized for their welfare.

“Initially it was difficult to convince the women to spare some time from their chores to attend the session. To evade, some women used to say that they will attend but wouldn't. I would have to explain in detail how these sessions would be beneficial for the women. Now that I have done their counseling, they easily come for the sessions.” (CMW-IDI-Urban-Matiari)

After the initial GANC sessions held in August 2023, the number of attendees started decreasing gradually, reaching the outcome stage, which can include deliveries, miscarriages, or abortion. In each cohort, there were pregnant women of different gestational ages; therefore, women who underwent childbirth graduated first.

The figure below shows that from the second follow-up sessions, entire cohorts started graduating.



Source: GANC MIS data, 2023.

Protocols and Services

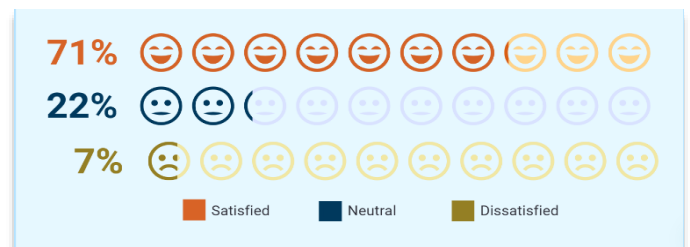
GANC sessions have to be organized while giving due consideration to certain protocols and services. Health services and education needs to be included in these sessions. All recommended protocols, services, and topics regarding health education were followed by CMWs during the sessions.

Views of CMWs and GANC Cohort Members

Since GANC sessions were newly introduced, it was important to gauge the feedback of the organizers and the participating pregnant women. During IDIs, CMWs stated that along with being favorable for the community women, GANC sessions proved to be beneficial for them too.

“Due to these sessions, my level of respect has increased. My relationship with the community people and trust level has increased. My clients have also increased.” (CMW-IDI-Rural-Matiari)

Satisfaction of GANC Cohort Members with Sessions, as reported by CMWs



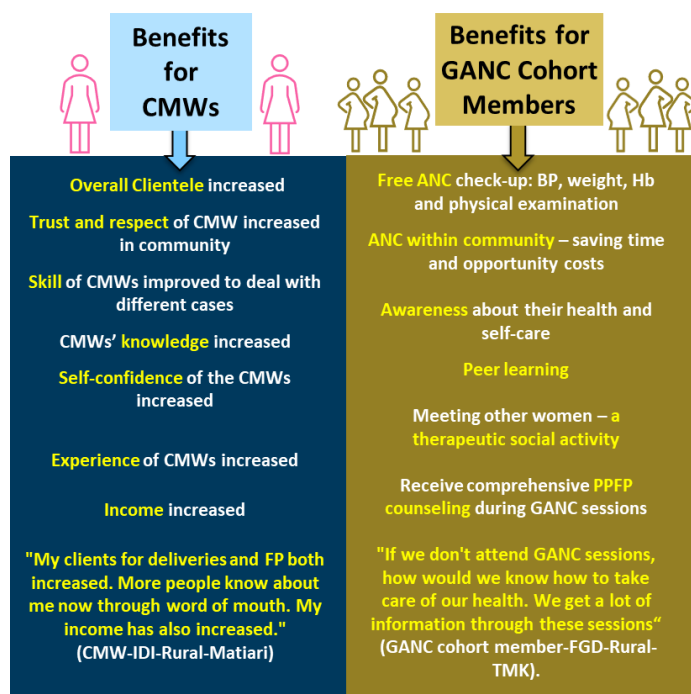
Source: Survey-CMWs plus project, 2023.

During the FGDs, women expressed the opinion that such sessions should continue to be organized as they proved to be quite helpful for them.

“We are eager to attend these sessions as CMW provides information about women's health and family planning. If we want to consult on anything with the CMW, we can easily do so in these sessions.” (GANC cohort member-FGD-Rural-Matiari)

Benefits of GANC Sessions

According to both the CMWs and GANC cohort members, there are numerous benefits of the sessions. GANC cohort members reported feeling grateful for having received free antenatal health facilities in their own community. The participants also shared that as a result of the sessions, they have become more aware of their health-related issues and are better equipped to take care of themselves. Additionally, more women appear to be interested in opting for family planning after their pregnancy.



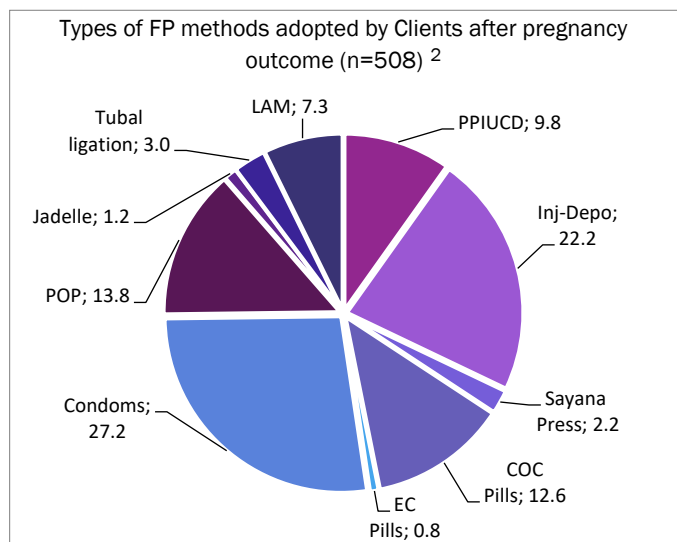
CMWs are pleased to have become an essential part of the community healthcare system and underscore that their knowledge, income, and experience has increased along with the number of clients they support.

¹ One CMW with 10 GANC cohort members was not available to provide information on PFP for her clients.

Outcomes of the GANC Model

This model of GANC emphasized PFP by providing counseling on PFP during sessions. **Out of the total 640 GANC cohort members,¹ 508 opted for contraceptive methods after their deliveries.** This is a result of consistent PFP counseling during GANC sessions.

The figure presents the methods used by the cohort members after their deliveries: condoms (27%), injection Depo-Provera (22%), and progesterone-only pills (13%). An encouraging 9.8% women opted for PPIUCD, mainly provided by the CMWs.



Source: GANC MIS data, 2024.

CONCLUSION

The findings of this intervention conclude that the GANC model is a workable approach, and if used for the promotion of post pregnancy family planning (PFP), it can bring forth system-changing results, especially for women in rural areas.

RECOMMENDATIONS

- ➔ Replicate the GANC model across Pakistan, especially in rural areas where pregnant women face access issues.
- ➔ Promote long-acting reversible contraceptives (LARCs) like postpartum intrauterine contraceptive devices (PPIUCDs) through this approach.
- ➔ Conduct randomized controlled trials (RCTs) to test the feasibility of the GANC model.

² Combined oral contraceptive (COC) pills were only given to women who had not given live birth, had abortion or miscarriage, or were at least 6 months postpartum.

References

Catling, C., Medley, N., Foureur, M., Ryan, C., Leap, N., Teate, A., & Homer, C. (2015). Group versus conventional antenatal care for women. *Cochrane Database of Systematic Reviews*, 2017(1). <https://doi.org/10.1002/14651858.cd007622.pub3>

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Recommended citation

Population Council, Pakistan. 2024. "Community Midwives Plus Project in Sindh: Introducing Group Antenatal Care at the Community Level Through Community Midwives." Research Brief. Islamabad: Population Council.

Also see: "Community Midwives Plus Project in Sindh: Strengthening the Community-Based Healthcare System," Research Brief, 2024.

