

Group Prenatal Care Models, Experiences, and Outcomes: An Integrative Review

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Background:

The United States (US) has the highest maternal and infant mortality rates among developed countries. Indiana has the third highest maternal mortality rate in the US. Group Prenatal Care (GPC) was piloted in the early 1990s to improve perinatal experiences and outcomes through enhanced social support and education. Further research is needed as GPC is increasingly implemented in diverse contexts. This study critically synthesized current evidence on GPC models, experiences, and perinatal outcomes in the US to inform a Community Based Participatory Research Partnership between Indiana University School of Medicine-Northwest and Community HealthNet.

Methods:

This integrative review utilized PRISMA guidelines to conduct a systematic search in Embase, CINAHL, and PubMed. Two researchers screened articles for inclusion criteria and quality. Studies were included if they were empirical research or meta-analyses conducted in the US and published in English between January 2013 and June 2023. Data synthesis utilized a qualitative analytical approach that sorted findings thematically.

Results:

We retained 98 articles, including 8 meta-analyses, 4 randomized trials, 3 cluster randomized trials, 3 quasi-experimental studies, 4 prospective cohort studies, 12 observational studies, 19 qualitative studies, and 46 retrospective cohort studies. There were several GPC models adapted to high-risk groups such as persons living with HIV, gestational diabetes, pre-existing or pregnancy-induced hypertension, and substance use disorders. GPC was associated with decreased preterm births among low income and minority women, with more significant reductions when attending 5 or more GPC sessions. GPC improved psychosocial outcomes including satisfaction with care, empowerment, and social connectedness. It was also associated with increased breastfeeding rates in adolescents and African Americans, and increased contraception use among adolescents.

Conclusions:

Engaging in GPC may have benefits for high-risk pregnancies, adolescents, low-income, and minority populations. More studies are needed to evaluate GPC's impacts on perinatal experiences and outcomes among high-risk women.