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Group Antenatal Care (gANC) for Somali-speaking women in Sweden – a process evaluation

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Background:
Language supported group antenatal care (gANC) for Somali-born women was implemented in a Swedish public antenatal care clinic. Seven 60-minute sessions were offered, facilitated by midwives and starting with a presentation of a selected topic, with an additional 15-minute individual appointment before or after. The aim was to assess the feasibility for participants and midwives of implementing language supported gANC, including implementation, mechanisms of impact and contextual factors.

Methods:
The Medical Research Council guidelines for evaluating complex interventions was used as a framework. Both qualitative and quantitative data sources including observations, in-depth and key-informant interviews (women n = 6, midwives n = 4, interpreters and research assistants n = 3) and questionnaire data (women n = 44; midwives n = 8) were used.

Results:
gANC provided more comprehensive ANC and addressed knowledge gaps related to pregnancy, birth and the Swedish health care system. The majority of women thought listening to other pregnant women was valuable (91%), felt comfortable in the group (98%) and supported by the other women (79%), and they said that gANC suited them (79%). The intervention seemed to enhance cultural understanding among midwives, thus contributing to more women-centred care, but was not successful in involving partners.

Conclusions:
Language-supported gANC was acceptable to participants and midwives, but did not lead to greater partner inclusion. Main mechanisms of impact were more comprehensive ANC and enhanced mutual cultural understanding. The position of women was strengthened, and the way in which the midwives expanded their understanding of the participants and their narratives was promising. To be feasible at a large scale, gANC might require further adaptations and the “othering” of women in risk groups should be avoided.

Key messages:
• Group antenatal care seemed to enhance knowledge and cultural understanding among midwives, thus contributing to more women-centred care.
• The “othering” of women in risk groups should be avoided.