

Background

Centering-Based Group Care (CBGC) is an evidence-based perinatal care model including three core components: health assessment, interactive learning, and community building [1]. Greater patient and provider satisfaction, higher attendance rates, and neutral to better outcomes on prematurity and birth weight are known advantages of CBGC compared to individual perinatal care [2-9]. Despite increasing interest in CBGC worldwide, its implementation is proving challenging. Adaptations to the model and its delivery, context, and/or implementation strategies seem necessary to obtain sustainable implementation.

Aim(s)

The aim of this paper is identifying the common anticipated challenges categories requiring actions regarding the model and its delivery, context, and implementation strategies. In addition, this study aims to incorporate the identified challenges into a supporting framework that can enhance the implementation of CBGC. This study is embedded in the larger 'Group Care for the first 1000 days' implementation research, a Horizon2020 research with grant agreement number 848147.

Methods

The method of a Rapid Qualitative Inquiry to conduct context analysis is applied in 26 participating sites spread over seven countries (Belgium, Ghana, Kosovo, South Africa, Suriname, The Netherlands, and United Kingdom). Data triangulation and investigator triangulation are applied. Different data collection sources are included, such as semi-structured interviews, focus group discussions, and site visits, amongst others. The results of the collected data are iteratively incorporated into the evolving framework, and are discussed among and within the involved research teams, leading to the final framework.

Results

The Rapid Qualitative Inquiries generated 330 semi-structured interviews with service users and key stakeholders such as health care providers and managers. 10 focus group discussions with service users and 56 review meetings with the research teams were included. In addition, perinatal guidelines were analysed, and site visits were conducted. We identified six surface structure anticipated challenges categories (content, materials, timing, location, group composition, facilitators), and five deep structure anticipated challenges categories (self-assessment/medical check-up, scheduling CBGC into regular care, enrolment, (possible) partner organisations, financials) where actions are required to obtain sustainable implementation of CBGC.

Discussion

This research revealed the common anticipated challenges in the pre-implementation phase when implementing CBGC. Taking into account the diversity of the countries and the characteristics of the sites, the framework is widely applicable in a variety of health contexts. Despite the limiting factor that all sites are in the pre-implementation phase, and there may be different challenges in further phases of implementation, the framework still offers great added value. Use of the framework in practice can contribute to early detection of challenges that need to be addressed, and therefore might support adjusting implementation strategies and, if necessary, modifying the distribution of resources to achieve sustainable implementation of CBGC.

Implications and future perspectives

Application of the framework may offer important insights to health systems administrators and other key stakeholders before implementing CBGC. In the medium- and long-term, insights gained may lead to greater possibilities for sustainability and to the most cost-effective approaches for implementing CBGC.

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