

Implementation of Group Antenatal Care in low-resource settings: Experience from the Mlinde mama project in Geita.

Presenter: Alen Kinyina

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In Tanzania, Implementation of Group antenatal care (G-ANC) model contributed to improving maternal and child health outcomes for over 5,000 pregnant women. This approach transforms the traditional one-on-one ANC visits into group sessions, where expectant mothers with similar gestational age (GA) come together under the guidance of healthcare providers and receives health education, individual assessments, and peer support, fostering a sense of engagement among pregnant women.

GANC has potential to address the significant challenges faced by healthcare systems in resource-constrained settings by consolidating ANC visits into group sessions and optimizes the use of limited healthcare resources, such as staffing and facilities, while ensuring that essential antenatal care services are delivered effectively. This efficiency is crucial for improving access to care, especially in rural or underserved areas where healthcare infrastructure may be lacking.

Group antenatal care holds great promise for improving maternal and child health outcomes in LMICs through leveraging the advantages of peer support, health education, and efficient resource utilization. This innovative model has the potential to enhance access to quality ANC services, empower women, and contribute to healthier pregnancies and childbirth experiences. However, further research and implementation efforts are needed to scale up group ANC initiatives and integrate them into routine maternal healthcare delivery in LMIC settings.