

**Patterns of routine antenatal care for low-risk pregnancy**  
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## **Summary**

### **Patterns of routine antenatal care for low-risk pregnancy**

Lowering the number of routine prenatal visits does not jeopardise health outcomes for pregnancy women or their babies, but may reduce women's satisfaction with care.

A routine number of pregnancy visits (antenatal or prenatal care) has developed, without evidence of how much care is necessary or helpful. These visits can include tests, education and other health checks. They are provided by midwives, general practitioners (family doctors) or specialist doctors (obstetricians or gynaecologists). The review of trials found that each of these professional groups provide equally effective antenatal care to healthy low-risk pregnant women. Women are slightly more likely to be happy with midwifery or general practitioner care. Good health outcomes can still be achieved with fewer visits, but this might reduce women's satisfaction with their care.

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## **Abstract**

### **Background**

It has been suggested that reduced antenatal care packages or prenatal care managed by providers other than obstetricians for low risk women can be as effective as standard models of antenatal care.

### **Objectives**

The objective of this review was to assess the effects of antenatal care programmes for low-risk women.

### **Search strategy**

We searched the Cochrane Pregnancy and Childbirth Group trials register, reference lists of articles and we also contacted researchers in the field. Date of last search: May 2001.

### **Selection criteria**

Randomised trials comparing programmes of antenatal care with varied frequency and timing of the visits and different types of care providers.

**Data collection and analysis**

Trial quality was assessed and data were extracted by two reviewers independently. Study authors were contacted for additional information and they were provided with the final version of the review.

**Main results**

Ten trials involving over 60,000 women were included. Seven trials evaluated the number of antenatal clinic visits, and three trials evaluated the type of care provider. Most trials were of acceptable quality. A reduction in the number of antenatal visits was not associated with an increase in any of the negative maternal and perinatal outcomes reviewed. However, trials from developed countries suggest that women can be less satisfied with the reduced number of visits and feel that their expectations with care are not fulfilled. Antenatal care provided by a midwife/general practitioner was associated with improved perception of care by women. Clinical effectiveness of midwife/general practitioner managed care was similar to that of obstetrician/gynaecologist led shared care.

**Authors' conclusions**

A reduction in the number of antenatal care visits with or without an increased emphasis on the content of the visits could be implemented without any increase in adverse biological maternal and perinatal outcomes. Women can be less satisfied with reduced visits. Lower costs for the mothers and providers could be achieved. While clinical effectiveness seemed similar, women appeared to be slightly more satisfied with midwife/general practitioner managed care compared with obstetrician/gynaecologist led shared care.