

Women do just as well with fewer medical visits during pregnancy

In 1981, Robert S. Mendelsohn, M.D., wrote his now famous book, "MAlEPrACTICE." In it, he tried to alert women to the dangers of the medical profession. Speaking of pregnancy, he stated: "They (doctors) will do their utmost to make the experience as unpleasant as possible. They do it by persuading prospective mothers that a normal physiological process is really a life-threatening nine-month disease... Doctors know they can't afford to allow their patients to perceive childbirth as the normal, typically uncomplicated process that it really is. If they did, most women wouldn't need obstetricians."

Now, more than two decades later, a new study by the World Health Organization (WHO) once more confirms what Dr. Mendelsohn knew and warned about all along: most pregnant women do fine without so many trips to their medical doctors.

The WHO "Antenatal Care Randomised Controlled Trial," published in *The Lancet*, offers a new model for the provision of prenatal care, one that involves fewer doctors visits and potentially reduced health care costs.

Pre-natal care (also known as antenatal care) is one of the most common medical practices, although it has undergone little scientific evaluation. Furthermore, its use in less-developed countries is largely based on antenatal-care models of more-developed settings.

José Villar and colleagues from WHO undertook a multicenter randomized controlled trial that compared the standard model of antenatal care with a new model that emphasizes actions known to be effective in improving maternal or neonatal outcomes and has fewer clinic visits.

Clinics in Argentina, Cuba, Saudi Arabia, and Thailand were randomly allocated to provide either the new model of fewer visits, or the standard model currently in use.

All women coming to these clinics for prenatal care over an average of 18 months were enrolled. Those women who were judged to be "low risk" pregnancies were enrolled in the "fewer visit" program.

The doctors were looking for possible problems such as low birthweight, pre-eclampsia/eclampsia, severe anaemia after birth and urinary-tract infection. They also looked at the cost factor involved.

More than 12,500 women attending clinics assigned the new model had an average of five visits compared with eight visits for around 12,000 women in clinics assigned the standard model.

The study results showed that going to the doctor more often didn't improve the pregnancy outcome. Both groups had substantially the same percent of problems. Women in the new model group were no more likely to give birth to a low birth weight baby, have anemia during pregnancy, or spend longer in the hospital than women who had more prenatal visits. The only noticeable difference was that, for some of the women, the fewer visits meant less cost.

The WHO researchers went one step further and reviewed the records of more than 57,000 women who had participated in previous trials. Again, there was no real difference in the outcomes, although the cost of the new model was equal to or less than that of the standard model.

Interestingly, some of the "new model" participants -- indoctrinated into believing they require constant medical monitoring and intervention -- expressed concern about the reduced number of visits.

In an accompanying "Commentary," Marion Hall from Aberdeen Maternity Hospital, UK, noted: "For normal women, many of the routine visits now being performed are unnecessary. If problems arise, extra visits can be arranged... "The remaining question is whether the dissatisfaction of a minority of women (especially in developed countries) with numbers of visits is sufficient justification for retaining programmes with more routine visits than are clinically or economically justified. Women's views may change if they can be reassured about safety, but change may be difficult after decades of exhortation for compliance with traditional care."

SOURCE: "WHO antenatal care randomised trial for the evaluation of a new model of routine antenatal care," *The Lancet*, Volume 357, Number 9268, May 19, 2001.

