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Behavioural and Implementation
Science Interventions
Yong Loo Lin School of Medicine



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#122 - Context is the key: Barriers and enabler to preventive care within routine antenatal care

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Objectives/aims

The primary aim of this systematic review was to synthesis the qualitative and quantitative evidence that describe the barriers and facilitators reported by health professionals in the delivery of antenatal care that aims to address smoking, alcohol consumption, gestational weight gain, nutrition and physical activity. The presentation highlights the importance of examining the context as a key determinant when conducting implementation research.

Methods

Seven electronic databases were searched from 2001 to December 2022 for eligible peer reviewed literature. Titles and abstracts, then full text articles were independently screened by two reviewers. A third reviewer was consulted to resolve discrepancies. Data extraction and quality assessment using standardised forms was completed by one reviewer and independently checked by a second reviewer. Two reviewers independently coded the extracted barriers and enablers to the



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Theoretical Domains Framework. Three reviewers met to discuss and agree on the coding.

Main findings

The search strategy identified 3549 papers and 48 papers included in the review. Included studies were conducted across 13 countries, predominately in the United States (13), Australia (12), and the United Kingdom (7). There were 25 studies that used qualitative designs, 21 studies that used a cross sectional survey, two mixed method designs. Study samples included midwives (21), multidisciplinary groups (12), Obstetrician/Gynaecologists (5), General Practitioners (GPs) (5), mixed/unspecified medical practitioners (5). There were 22 studies that reported barriers/facilitators to antenatal care addressing smoking, eight alcohol consumption and 18 gestational weight gain/physical activity/healthy eating.

The predominant domain identified for all health risks was 'Environmental context and resources', with time and structural restrictions on antenatal appointments being a major contributor. 'Belief about consequences' was the second most predominant domain coded, with many studies reporting clinician concerns about the negative impact addressing these health risks would have on their clients as well as their belief that these health risks were not as important to address compared to other antenatal care priorities. 'Optimism' (including pessimism) was also a key domain for studies that focused on care related to smoking in pregnancy, with a number reporting that clinicians believed their clients were unlikely to modify their smoking behaviours. 'Skills' and 'knowledge' were also domains that were more likely to be linked to studies of care addressing alcohol consumption in pregnancy, this was often in reference to a lack of understanding and training in how to support people consuming alcohol or where to refer them for support.

The development of implementation strategies to address these and other identified barriers to care should be undertaken using theoretical frameworks and in collaboration with clinicians so that strategy content is appropriately tailored to service context and resources. Importantly this review highlights areas where utilisation and evaluation of implementation strategies has not been rigorously evaluated. Indicating potential opportunity to focus on strategies that address health professional's barriers to the delivery of preventive care within routine antenatal care to with significant impacts.

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