**QUALITY IMPROVEMENT**

**Obstetrician-led shared care was not better than care from general practitioners and community midwives in low-risk pregnant women**

**Tucker JS, Hall MH, Howie PW, et al.**


**Objective**
To compare routine antenatal care from a general practitioner (GP) and a midwife with conventional shared care that includes an obstetrician for women initially at low risk for antenatal complications.

**Design**
Randomised controlled trial.

**Setting**
51 general practices in Scotland (224 GPs and 45 midwives).

**Patients**
1765 pregnant women (mean age 26 y, ≤ 18 weeks gestation) with no history of antenatal complications or caesarean section, serious medical conditions, or assessment by an obstetrician before enrollment. Follow-up was 95%.

**Intervention**
Detailed care plans for pregnancy complications were developed in conjunction with local obstetricians, GPs, and midwives. 834 women were allocated to care from a GP and midwife (GP-midwife group), and 840 women were allocated to shared obstetrician-led care.

**Main outcome measures**
Health care use, indicators of quality of care, and satisfaction with care.

**Main results**
For health care use, women in the GP-midwife group had fewer care givers (median of 5 vs 7 providers, \( P < 0.001 \)); fewer mean routine clinical visits (10.9 vs 11.7, \( P < 0.001 \)); more referrals (49% vs 36% with ≥1 referral, \( P < 0.001 \)); fewer admissions (27% vs 32% with ≥1 admission, \( P = 0.03 \)); fewer daycare episodes (12% vs 17%, \( P = 0.01 \)); and fewer missed appointments (7% vs 11%, \( P < 0.01 \)).

Women in the GP-midwife group also had fewer failures to treat anaemia (0% vs 0.7%, \( P = 0.04 \)) and more failures to check Rhesus-negative women for antibodies at 35 weeks' gestation (2.5% vs 0.4%, \( P < 0.001 \)).

**Conclusion**
Women at low risk for antenatal complications received little or no benefit from obstetrician-led shared care when compared with routine care from a general practitioner and midwife.

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