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It takes two to tango: the recruiter's role in accepting or refusing to participate in group antenatal care among pregnant women—an exploration through in-depth interviews

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ABSTRACT

Objective The purpose of this study was to explore how women are recruited for group antenatal care (GANC) in primary care organisations (PCOs), what elements influence the behaviour of the recruiter, and what strategies recruiters use to encourage women to participate.

Method Using a qualitative research design, we conducted 10 in-depth interviews with GANC facilitators working in PCOs. Selected constructs of the domains of the Consolidated Framework for Implementation Research and the Theoretical Domains Framework helped to develop interview questions and raise awareness of important elements during interviews and thematic analyses. GANC facilitators working in multidisciplinary PCOs located in Brussels and Flanders (Belgium) were invited to participate in an interview. We purposively selected participants because of their role as GANC facilitators and recruiters. We recruited GANC facilitators up until data saturation and no new elements emerged.

Result We identified that the recruitment process consists of four phases or actions: identification of needs and potential obstacles for participation; selection of potential participants; recruitment for GANC and reaction to response. Depending on the phase, determinants at the level of the woman, recruiter, organisation or environment have an influence on the recruitment behaviour.

Conclusion Our study concludes that it takes two to tango for successful recruitment for GANC. Potential participants' needs and wishes are of importance, but the care providers' behaviour should not be underestimated. Therefore, successful recruitment may be improved when introducing a multidisciplinary recruitment plan consisting of specific strategies, as we suggest.

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ Although the group antenatal care (GANC) model has been widely accepted by participants, organisations perceive the recruitment of participants as a challenge. This is partly related to women's preferences, although attendance also depends on those that recruit. To fill the current research gap, this study explores the recruitment process of women in primary care organisations.

WHAT THIS STUDY ADDS

⇒ Unlike other studies that focus on the role of potential participants, this study examines the role of recruiters in the enrolment of women into GANC. Recruitment involves more than merely asking for participation and consists of multiple stages.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ Successful recruitment is crucial for the implementation and sustainment of GANC. The present study proposes a recruitment plan consisting of specific strategies.

INTRODUCTION

Group antenatal care (GANC), a model of antenatal care, is based on the Centering Pregnancy model and consists of three key components: health assessment, social support and interactive learning.[1 2] These components are integrated into a series of ten 2-hour group sessions (nine during and one after pregnancy). To create a psychologically safe support group, each session consists of the same providers (eg, a midwife, general practitioner or obstetrician) and 8–12 pregnant women with similar expected days of delivery, along with their significant others, if desired. Before the discussions, a woman receives a short individual physical assessment with one provider. This is done within the group room but shielded to ensure privacy. Meanwhile, other group members measure their weight and blood pressure. During the discussions, healthcare providers act as GANC facilitators. They use interactive methods to encourage participants to share information and experiences on pregnancy-related topics (eg, breast

feeding, psychological well-being and family planning). Compared with conventional individual antenatal care, GANC results show comparable or better maternal and neonatal outcomes.[3–5] On the other hand, research shows that women who received GANC are more satisfied[3 6] and report "getting more than they realised they needed'.[7]

In Belgium, the awareness and interest in GANC are increasing. Currently, it is implemented in 10 organisations, both hospitals and primary care organisations (PCOs). The latter include independent midwife practices and community health centres. In general, PCOs have fewer patients. The majority of pregnant women chooses a follow-up in hospitals with an obstetrician as their primary caregiver.[8] Midwives do play an important role in GANC in Belgium, as currently every pair of GANC facilitator consists of at least one midwife.

Although the GANC model is widely accepted and associated with positive effects on pregnancy outcomes, the implementation and sustainment of GANC remains challenging. Besides practical issues, such as scheduling and staffing, recruiting participants appears to be the main implementation challenge depending on the context.[9 10] Recruiting women for GANC is time-consuming and deviates attention from what is supposed to be the main concern: the actual delivery of care.[11]

Inadequate recruitment results in insufficient enrolment (ie, getting women into the groups).[9] As a result, there are not enough participants to form a group and organisations are forced to cancel the sessions or to run non-cost-effective groups. Hence, to achieve cost-effectiveness[12] and effective group dynamics and cohesion,[1] the groups need to be large enough (estimated 8–12 women). In the longer term, low group attendance discourages staff and administrators from continuing due to financial or motivational reasons.[9 11 13] Therefore, successful recruitment is important for the sustainability of GANC. This is even more so for Belgian PCOs.

In previous research, the participants' rates of attendance varies from 20% to 96%.[1 14 15] This may be related to women's preferences, although attendance also depends on those that recruit. Variation in participation between practices indicates that elements at the organisational and professional level, such as attitudes and recruitment style of the facilitator need to be considered.[16]

Little is known about recruitment behaviour and strategies. To fill the current research gap, this study explores how women are recruited in PCOs, what elements influence the behaviour of the recruiter and what strategies recruiters use to encourage women to participate.

METHODS

Study design

We adopted a qualitative approach to explore the experience of recruiters when interacting with potential participants. This approach, and by means of in-depth interviews, allowed us to collect in-depth information about the phenomena from the perspective of respondents.

Setting and participants

Participants were recruited from eight PCOs in Brussels and Flanders. The selected settings are, to our knowledge, the only settings offering GANC in a non-hospital setting who at that time had sufficient experience (at least 1 year) in recruiting women for GANC. These organisations primarily provide GANC to psychosocially vulnerable women, as defined by Amuli *et al*,[17] as most GANC organisations in Belgium do. The participants were purposively selected because of their role as GANC facilitators and recruiters. Ten participants were approached by email and all accepted the invitation. The researchers applied an iterative approach of recruiting, data collection and data analysis. We recruited GANC facilitators until data saturation was reached and no new elements emerged.

Data collection

Data collection occurred from January 2021 to February 2022. Depending on the participant's preferences, the semi-structured interview took place in person (1/10) or online (9/10) by two researchers (FT and AVD). Prior to the interviews, the researchers provided a brief introduction of their own backgrounds, the study, the goal of the study and confidentiality. The interview questions were based on selected constructs of the Consolidated Framework for Implementation Research (CFIR)[18] and the Theoretical Domains Framework (TDF).[19] This combination allows to explore the individual-level behaviour (TDF) and a more overarching perspective (CFIR).[20] Both frameworks identify barriers and enablers during implementation of an innovation. While the CFIR operates at multiple levels (ie, intervention characteristics, outer and inner setting, characteristics of individuals and process), the TDF mainly focuses on individual-level behaviour change (ie, skills, emotions and beliefs about capabilities). To gain in-depth insights into behaviour (TDF), while maintaining the overarching perspective (CFIR), we opted to combine the frameworks. The open-ended questions posed during the interview were not directly based on the frameworks, but more general such as 'How do you experience the recruitment of pregnant women for GANC?', we explored specific domains of the frameworks depending on the participants' answers.[19 21] On the other hand, the interview guide also contained the constructs of the CFIR and TDF to explore specific topics in more detail. This flexible approach allowed an inductive examination while the frameworks draw the interviewer's attention to the domains that could have an impact. Field notes made during and after every interview were used to guide the following interviews and to assist in the analysis of the data. Examples of interview questions are shown in table 1.

Analyses

Interviews were audio recorded and transcribed ad verbatim by two team members (FT and AVD). We applied the steps recommended by Braun and Clarke[22] to conduct thematic analysis. To become familiar with the data, the researchers (re)read the transcripts while noting emerging codes. Initially, open codes (ie, emerging

Table 1 Examples of interview questions

Question	Based on	Domain
What is your role within GANC or its implementation?	TDF	Social/professional role and identity (characteristics of individuals)
What is your impression about GANC?	CFIR	Intervention characteristics
How do you experience the recruitment of pregnant women for GANC?	Open-ended	
What elements facilitate recruiting for GANC? And why? Probe: Organisation characteristics, patient population, environment (neighbourhood, city/village), GANC-model,…	Open-ended CFIR	Intervention characteristics, outer setting, inner setting, characteristics of individuals and process
What elements inhibit recruiting for GANC? And why? Probe: Organisation characteristics, patient population, environment (neighbourhood, city/village), GANC-model,…	Open-ended CFIR	Intervention characteristics, outer setting, inner setting, characteristics of individuals and process
What skills do you think a care provider needs to possess to recruit successfully for GANC?	TDF	Skills (characteristics of individuals)
To what extent are you convinced that you succeed in recruiting women for GANC?	TDF CFIR	Beliefs about capabilities (characteristics of individuals) Self-efficacy (characteristics of individuals)

CFIR, Consolidated Framework for Implementation Research; GANC, group antenatal care; TDF, Theoretical Domains Framework.

from the data, rather than being predetermined) were assigned. The researchers compared their codes from the first round of interviews (ie, two per researcher) and agreed which codes to merge. The codes were combined to form themes and compared with the constructs of the frameworks TDF[19] and CFIR.[18] The research team (FT, AVD and KB) decided to use the larger domains of the CFIR to subdivide the themes. The domains and constructs of TDF[19] and CFIR[18] allowed a structure, but enough flexibility to identify emerging themes. The team defined, refined and renamed the themes before finalising. An advisory committee reviewed the results during meetings. The researcher triangulation avoids single researcher bias[23] and increases the trustworthiness of the findings.[24] In addition, FT presented the findings at a meeting with five of the respondents and a workshop at a conference with GANC facilitators from the Netherlands and Belgium. The participants confirmed the findings. NVivo was used to support the analysis process.[25]

The respondents provided verbal informed consent for recording and use of anonymised quotations. The deidentified recordings, transcripts and coded data were stored on a password-protected and encrypted computer. Our study was reported according the consolidated criteria for reporting qualitative studies (online supplemental appendix 1).

RESULTS

Length of the interviews ranged from 31 to 70 min. The participants (table 2) differ in terms of professional occupation, level of experience as a GANC facilitator and working region (ie, five in Flanders and five in Brussels).

Figure 1 includes the main constructs resulting from the analysis. We identified that the recruitment process consists

Table 2 Characteristics of respondents (n=10)

Abbreviation	Type of organisation	Experience as a GANC facilitator	Occupation
P1	Community health centre	>2 years	Midwife
P2	Independent midwifery practice	>2 years	Midwife
P3	Independent midwifery practice	>2 years	Midwife
P4	Other PCOs	<2 years	Midwife
P5	Community health centre	>2 years	Midwife
P6	Community health centre	>2 years	Midwife
P7	Other PCOs	<2 years	Social worker
P8	Other PCOs	<2 years	Midwife
P9	Other PCOs	<2 years	Pedagogical staff
P10	Other PCOs	<2 years	Midwife

GANC, group antenatal care; PCOs, primary care organisations.

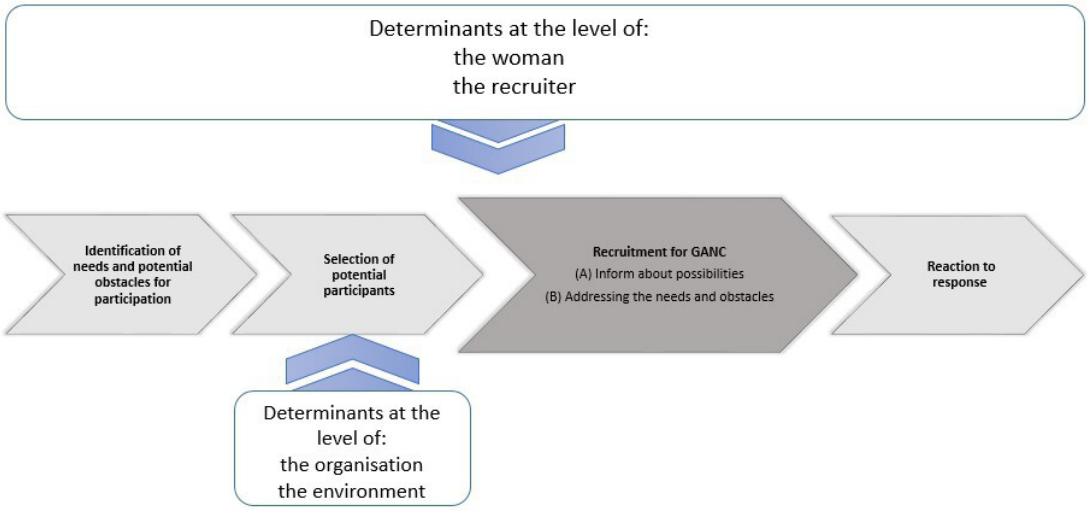

Figure 1 Recruitment process workflow. GANC, group antenatal care.

of four phases or actions (arrows in figure 1). Depending on the phase in the process, different determinants may influence: level of the woman (individuals domain from the CFIR), level of the recruiter (individuals domain from the CFIR and domains of TDF), elements at the organisational level (inner setting domain from the CFIR) and environmental level (outer setting domain from the CFIR).

Phase 1: identification of needs and potential obstacles for participation

During this phase, the woman's characteristics primarily guide the recruiter's behaviour. When the recruiter meets the woman for the first time, her needs, wishes and expectations are identified. This concerns the follow-up preference and psychosocial and medical needs (quote 1, table 3).

One respondent indicated to use a tool during this conversation (quote 2, table 3). The recruiter is also mindful of barriers (such as the presence of other children) and facilitating factors (such as the need for pregnancy information) that influence participation in GANC. The recruiter detects information that will help to introduce GANC.

Phase 2: selection of potential participants

During this phase, the recruiter decides whether or not to propose GANC based on detected needs and obstacles in the previous phase. In addition, elements beyond those related to women influence recruiters' behaviour: elements at the level of the organisation, environmental level and level of the recruiter.

Table 3 Quotes phase 1

Quote no (respondent)	Quote
1 (P1)	So, then um, you start the conversation. What do you need? What do you like and care about in your follow-up? What do you want to pay attention to?
2 (P2)	I always start with 'What are your needs and desires?' and then I have a sheet on which they can mark (…) what they find very important and what they don't find important. And often I let the partner fill it in as well.

Determinants at the organisational level

How GANC is organised within the organisation influences the selection of participants. Respondents indicated they consider the imposed terms and conditions. This is related to the funding (eg, projects) or the organisation's functioning (eg, community health centres focusing on a specific neighbourhood). As a result, some organisations only offer GANC to a specific target audience (quote 3, table 4).

The selection of people also depends on whether groups are continuously organised. In some cases, groups are scheduled regularly, resulting in continuous recruitment. They are assigned to a group, depending on characteristics, such as gestational age or language. Alternatively recruiters adopt a pragmatic approach and recruit for a specific group. They select women with characteristics, of which gestational age is the main one, until enough women form the group (quote 4, table 4).

Determinants at the environmental level

The COVID-19 pandemic is a major barrier to recruit in most cases. This led to the suspension of groups. One respondent argued that the pandemic was advantageous to GANC, as they were obliged to recruit smaller groups (quote 5, table 4).

Determinants at the level of the recruiter

Most respondents expressed a positive attitude towards GANC and emphasised the added value for women. One respondent was not convinced that GANC was an added value compared with individual follow-up (quote 6, table 4). Respondents did not mention that their view of GANC (either positive or neutral) impacted the selection of potential participants. However, the trade-off between the interest of the group and the benefit for an individual woman, did. Respondents indicated that the inclusion of

Table 4 Quotes phase 2

Quote no (respondent)	Quote
3 (P3)	So we only admit people from disadvantaged groups, because (…) the project is aimed on them and the budget applies to them.
4 (P4)	Depending on the gestational terms. (…) And so, we propose them all at the next consultation where they come in private. (…) But it's not too hard to recruit. We see the moms, determine the term that suits us, if they have similar terms, we offer them.
5 (P4)	It is biased by the fact that our groups are groups of 4. And these 4, we know how to find them inside (the organisation). The day we will have the ambition and the possibility to form groups of 8, maybe we will have problems to recruit enough people.
6 (P8)	I also notice the doubt (about GANC) for myself. So if I wasn't involved in this project, I don't know if I would send people (to GANC), who I know would receive good individual follow-up.
7 (P1)	I notice that I want to put everyone in a group. Really everybody (laughs). And that my colleague is a bit more careful. Maybe also more pragmatic, I don't know. (…) I think, 'yes, this woman can be in a group.' Ok, it's not really the date or the language or this or that. And it may not be ideal, but better in a group than not in a group, so to speak. My colleague, would more likely suggest an individual follow-up. Or might push less for the group.
8 (P4)	But in fact, we almost create the group ourselves. So we decide 'okay, this is too big of a language barrier. It's not going to work.' Or, there are four different languages. Well, no, we'll take similar languages, moms of more or less the same term.

each individual may impact the group. Especially when a woman has specific needs, such as intensive psychosocial support or the presence of a child in the group due to no childcare, this may affect the group dynamics.

Another aspect of this relation between group versus individual interest is the bandwidth of variety in gestational age between the women. In case of a large spread, the needs within the group differ. In addition, some will give birth earlier and the group will fall apart prematurely, which again impacts the group dynamics and cohesion.

Finally, it is also possible that the group has already been formed, the group dynamics and cohesion is established, and new participant may not be accepted by other members. For some, the interests of the group outweigh an individual. Consequently, they do not propose GANC. Others do not make a selection and suggest it to everyone, regardless of the perceived impact on the group (quote 7, table 4).

Others look at recruitment from the point of view of feasibility. They assess whether it is feasible, as GANC facilitators, to guide the groups when including a new member (quote 8, table 4).

Phase 3: recruitment for GANC

During this phase, the actual recruitment takes place. It consists of informing about GANC and responding to needs and obstacles. These subphases run simultaneously and are not always distinguishable. The actual recruitment is mainly characterised by the interaction between the recruiter and the woman, for which the determinants cannot be described separately. Thus, in this section, we included the determinants when describing the recruiter's behaviour, which varies in what, when and how they inform.

What: information content

Regarding the content of information about GANC, the emphasis is usually placed on the social aspect and sharing experiences among peers (quotes 9 and 10, table 5).

Respondents indicate that there is no standard explanation but that the arguments are adapted to the woman's needs. They focus on the elements of GANC that respond best to the women's needs (quote 11, table 5). A recruiter will emphasise sharing experiences and information to a primipara with little experience. For others, the social aspect of GANC will be emphasised. For multiparae, who indicate to possess enough prenatal information and experience, her presence for the group is highlighted.

In addition, recruiters anticipate on potential obstacles to participate when informing (quote 12, table 5). Experienced recruiters know which factors can form a barrier, for example, time and respond to it immediately (quote 13, table 5).

How: communication style

In terms of communication style, the motivation regarding the GANC model is key and is reflected in the way they present GANC. Potential participants are more easily convinced when the recruiter is enthusiastic about GANC (quotes 14 and 15, table 5). Some indicate that, although they have always been convinced about GANC, positive experiences with GANC help to strengthen the attitude and drive (quote 16, table 5).

Another aspect is to inform about GANC in a calm, self-confident and non-intrusive way. The topic 'GANC' is incorporated into the conversation by presenting it as an equal possibility to receive the pregnancy follow-up. It helps to indicate that it is a standard way of pregnancy follow-up in this organisation (quote 17, table 5) and not as a project or a new offer (quote 18, table 5).

We observed a variation among recruiters in terms of self-confidence. When asked to what extent they believed they succeed in recruiting women, most are positive about this (quotes 19 and 20, table 5), but some have less self-confidence (quote 21, table 5).

According to several respondents, the level of experience as a GANC facilitator impacts the style of recruitment and the way GANC is presented. Experienced GANC facilitators have more confidence in their recruitment abilities compared with when they started GANC or compared with less experienced recruiters. Experience helps to convey in a calm and self-confident manner (quotes 22 and 23, table 5).

It is important that women know and feel they still have a choice to opt-out and continue in a traditional individual care path (quote 24, table 5).

Table 5 Quotes phase 3

Quote no (respondent)	Quote
9 (P2)	To share (their) pregnancy with people, with peers.
10 (P4)	It's a place to take care. (…) It's just a place where we're going to have the time to really have the time, to take the time on this pregnancy properly. (…) to ask their questions. (…) And I don't have to argue much.
11 (P5)	If a woman is really isolated or has just came here (in the neighbourhood), then I propose in such a way, for example, 'look, you just arrived in this neighbourhood, wouldn't it help to participate in group sessions during pregnancy? (…) Because then you get to know other people in your neighbourhood.'
12 (P6)	I think listening carefully to what the barriers are that might be in people's minds (…) I think trying to fulfil those preconditions can certainly help.
13 (P4)	I say 'Well now (prior to the individual consultation), you had to wait for an hour (…) (During Group Care) It's a time for you and not an hour in the waiting room.'
14 (P6)	What I most certainly believe is that the person who facilitates the group, if they do the recruitment, that it's certainly a barrier that is avoided and thus helps people to come (…) That way it's nice to come to the group, they will see a face they know. It gives them a certain push to go to the first session.
15 (P4)	In general, they say yes because we propose it in a positive way by saying that it is nice, that it is another way to discover things.
16 (P3)	Sometimes you have a whole trajectory with someone. An Afghan woman for instance, who sat in your groups 7 times, didn't say a word. (…) And who then at the end is so grateful or you see her in maternity ward doing things you think 'hey, she remembers this or that.'
17 (P6)	I say, 'you know groups are kind of the standard here. Everyone here does pregnancy follow-up in group, that's just how it works.'
18 (P6)	But really discuss it (GANC) as an item in your consultation. Because then it doesn't feel like you just want to sell it.
19 (P5)	I think I manage it pretty well.
20 (P4)	It's quite simple.
21 (P7)	Uhm, I always find it exciting because I don't know these women either. I also don't always know in what language I'm going to have to address them (laughs). And whether they are going to understand me.
22 (P5)	At the beginning with your first groups, you're just starting. (…) You can only sell it (GANC) when you really do it and with passion I think. And now, you are so convinced of it (GANC). You also talk about it as something normal I think.
23 (P6)	The more you do groups yourself, the more you become a good recruiter, I think. (…) Probably because you do it in a calmer way and bring it more like a normality.
24 (P4)	We invite them to at least try it once (…) And we always tell them that if they don't like it they can try it again in (individual)… But in fact, they come.
25 (P2)	I do notice, for example, placing flyers or leaflets actually has very little effect. You have to, you really have to explain it, yeah.
26 (P4)	It was the first time that I saw her (…) I felt that she was a rather introverted person (…). And it was too soon, I think. And so she said no. Out of shyness yes, or out of fear of the unknown.
27 (P6)	They hear it from the doctor, they hear it from the midwife, they hear it from…. The fact that they hear this from different people, it helps.
28 (P1)	But it does help if they've heard of it (GANC) before. Even without really a lot of explanation.

Finally, a minority uses tools (eg, flyer or scheme) to recruit. However, most indicate that tools do not increase the participation and are only helpful on top of the verbal explanation of GANC (quote 25, table 5).

When: timing

The timing of introducing GANC is another crucial aspect. Respondents indicate that it is a matter of feeling whether the woman is receptive. According to one participant, proposing GANC too early causes women to reject (quote 26, table 5).

Thus, the degree of receptiveness is influenced by an existing bond of trust between the woman and the recruiter. The recruiter must first strive to establish the bond before proceeding to the recruitment. If a woman is referred, there is usually no pre-existing relationship between the woman and the recruiter. Development of the trusting relationship is even more important in this case. It is favourable when the referrer emphasises their trust in the recruiter's expertise and to inform women about GANC through different caregivers and at different moments in time (quotes 27 and 28, table 5).

Phase 4: reaction to response

During this phase, we mainly identified elements at the level of the woman and the recruiter that determine how the recruiter will act.

After the presentation of GANC by the recruiter, the woman will either accept, doubt or refuse to participate. The women who accept immediately often do so because GANC provides more information and time. Some accept without any particular reason or intrinsic motivation, but to meet expectations of the care provider (quote 29, table 6).

Women report different reasons for refusing or doubting participation in GANC. The first group concerns logistical factors, such as no transport or absence of childcare. A second group of motives is rather intrinsic; it includes fear of the unknown (eg, new people or place

Table 6 Quotes phase 2

Quote no (respondent)	Quote
29 (P1)	I think the initial reason for getting in is never the reason they like it afterwards, so to speak. But some want as much information as possible. (…) I also think they want to meet the standard that we impose. (…) Simply meeting the expectations (…).
30 (P2)	The notion that they should talk about these things. Hey, because pregnancy is something intimate after all. And then having to share that in a group. That scares off some women.
31 (P4)	If she refuses after my invitation, it's true that I don't talk about it anymore. I just leave it. (…) Unless… It's a feeling. If I see that I've talked about it too soon. (…) I will talk about it again. But otherwise if they say no, it's no.

and a different way of follow-up) and no interest in GANC (eg, sharing information and experiences) (quote 30, table 6).

Recruiters show a variation in the degree of persuasion. When the woman refuses, some recruiters indicate to persuade the woman to a lesser or greater extent. Others will leave it as it is (quote 31, table 6).

This response is determined by the extent to which the recruiter anticipates the degree of drop out (eg, due to the absence of childcare) and, therefore negatively affect the group cohesion. As a result, some recruiters will persuade less when they estimate that the woman might drop out. Others will make an extra effort for women they deem GANC to be important for. However, all respondents were unanimous in the view that persisting has to be avoided, as it is counterproductive. A better strategy is to leave the possibility open to participate.

DISCUSSION

When recruitment falls short, implementation of GANC can fail.[9 10] Recruitment often comes on top of other tasks related to the organisation of GANC, and its complexity is often underestimated.

The current research indicates that regarding enrolment in GANC, not only does the potential participant plays a role; the recruiter also affects this process. The process involves four phases: identification of needs and potential obstacles for participation, selection of potential participants, recruitment for GANC and reaction to response. It is influenced by determinants at the level of the woman, recruiter, organisation and environment. Although the environment has an impact on specific components and the overall implementation of GANC, this is less applicable for recruitment. Thus, to maximise recruitment success, the GANC organisation should deploy strategies to influence the level of the remaining determinants.

Strategies to influence determinants at the level of the organisation

The results demonstrate that some recruiters are obliged to select potential participants based on terms and conditions imposed by the organisation (eg, adolescents), making the group of potential participants scarcer. In addition, depending on the organisation, groups are not continuously organised. In Belgium, this is due to a small patient volume in PCOs. Organisations counter this by employing strategies such as rolling groups (ie, no consistent groups) or composing groups with a larger variation in gestational age.[26] However, these strategies can jeopardise the fidelity of GANC, and therefore, affect the model components. In contrast, a high patient volume facilitates enrolment and the start of groups on a regular basis.[9] This is an argument to cluster women from different (GANC) organisations. In this regard, it is necessary to engage other care providers to refer. Talrich *et al*[27] state that the team should reflect on and execute an action plan to ensure a successful referral.

Internationally, organisations choose an opt-out method, meaning that women receive GANC unless it is impossible for them or state they prefer individual care.[28] However, women need to make an informed choice and this method might force them toward GANC. Nonetheless, currently individual care is often offered as the sole option. Thus, the right balance is to present both possibilities.

Strategies to influence determinants at the level of the recruiter

Primarily, the recruiting team must be informed and motivated—the proper knowledge and motivation influence recruitment at different levels. As Novick *et al*[28] put it: 'An ideal recruiter would understand the intricacies of group care, enabling them to address patient concerns.' This quote and current results suggest a training, comprising informing and motivating recruiters, stressing out the importance of basic skills as a care provider and teaching the 'problem-solution' technique (ie, linking the benefits of GANC to women's needs or desires). To inform and motivate recruiters, targeted information includes a presentation of the model and research evidence (eg, outcomes and satisfaction of women), invitation to observe a GANC session and conduct the training using GANC activities.

Next, the training should emphasise how important basic skills as a care provider are during the recruitment, such as conducting an anamnesis to find out the needs and wishes, forming a trusting relationship, knowing when a person is receptive for information and inform in a understandable yet comprehensive manner, adapted to the individual.[16] However, these skills are necessary for any type of care and are not specific to GANC.

Finally, current results show that the 'problem-solution' technique commonly motivates women to participate.

Vonderheid *et al*[29] encourage a similar technique, the 3-step communication strategy, in which the caregiver

(1) asks an open-ended question to identify the impression or concerns (eg, 'What are your thoughts about GANC?'), (2) affirms this expressed concern using verbal or non-verbal communication and (3) responds to these concerns using targeted information. Recruiters, especially new ones, can benefit from a document that lists the most common concerns and barriers and the appropriately targeted information. Recruiters can also learn these skills through role-playing to become more self-confident, which is an important feature when recruiting according to the results. Given the existing challenges regarding recruitment, it may be useful to address this topic more extensively during the current GANC-facilitator training in Belgium and other countries.

Finally, recruiters should be encouraged to propose GANC to all women and not to make a selection based on assumptions they have about women's likelihood of participation. These assumptions are misleading and do not predict whether a woman will participate. Regardless of their background or characteristics, all women can benefit from or be interested in GANC. An additional argument is that when recruitment is limited to a specific target group, GANC facilitators might encounter difficulties facilitating the group. Due to their challenges, the individuals in the group are less able to offer support themselves and force a facilitator to take up this role. A group with diverse characteristics and backgrounds is enriching and supportive for everyone. The group and not just the facilitators provide the support.

Strategies to influence determinants at the level of the woman

Respondents in the current study described the most common obstacles that discourage women from coming to GANC. Some are logistical barriers, others rather intrinsic. The latter included fear of the unknown and no interest in GANC. These barriers are similar to those demonstrated in previous research.[16 30 31] The GANC organisation can introduce measures to overcome the first type of barriers, such as providing childcare, bus tokens and adapting hours to the preferences of the women. The second type of barriers can be remedied by increasing the visibility and normalisation of GANC. Advertisement using brochures, posters and video matrices placed in strategic locations (such as the waiting room) help raise awareness of the existence of GANC.[29] Preconception care can reach couples even before pregnancy and inform them about all follow-up options during pregnancy, including GANC. An additional strategy is to offer all women who have positive pregnancy tests a joint initial group consultation instead of a one-to-one consultation.[32] The group receives an introduction according to the principles of GANC in the room where GANC is offered. It is also an opportunity to provide testimonials of women who previously received GANC. By offering GANC and an individual assessment as standard approach at the beginning of pregnancy women get the opportunity to make a more informed choice.

Limitations and strengths

The researchers focused on recruitment within PCOs. In Belgium, these organisations face the most difficulties in assembling sufficiently large groups, due to a smaller patient population compared with hospitals. In addition, the number of respondents is relatively low. However, data saturation was reached; therefore, the researchers assessed to have sufficient amount of data. Moreover, the number of organisations offering Group Care in Belgium is currently limited, and as a result, we covered most of the PCOs.

This study is limited to the recruitment behaviour of a GANC facilitator. Still, to ensure successful recruitment, it is crucial to be aware of blind spots before and after the recruitment. Referral is an important aspect that has been examined by Talrich *et al*.[27] Next, avoiding drop out remains a challenge, as in one-to-one care, and is even more pronounced in psychosocially vulnerable groups.[33] The role of this aspect in the recruitment process remains to be analysed in future research.

Finally, the results have to be interpreted within the specific Belgian context, including its healthcare and financing system, on the one hand. On the other hand, the target group to whom GANC is mainly offered in Belgium are women with an increased risk of vulnerability. This may hamper the transferability of results. However, we believe that lessons learnt and proposed strategies are applicable to new start-up innovations or programmes in other fields of healthcare. The strengths of this study are the triangulation with the research team, participants and study population (GANC facilitators). Additionally, our research identifies determinants at different levels and provide specific strategies which GANC organisations can apply relatively easily.

CONCLUSION

We conclude that it takes two to tango for successful recruitment for GANC, since this is not only dependent on women's needs and wishes, but maybe more so on the recruiters' behaviour. This in turn is influenced by elements at the level of the woman, recruiter, organisation and environment. Thus, recruitment and the likelihood of successful implementation can be enhanced when introducing a multidisciplinary recruitment plan consisting of specific strategies, as we suggest. Thorough reflection, planning and preparation before the launch of GANC are crucial.

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Appendix 1: The consolidated criteria for reporting qualitative studies (COREQ)

Topic	Guide questions/description	Remarks
Domain 1: Research team and reflexivity		
a) Personal Characteristics		
1. Interviewer/ facilitator	Which author/s conducted the interview or focus group?	FT and AVD conducted the interviews.
2. Credentials	What were the researcher's credentials? E.g. PhD, MD	The researchers' credentials are as follows: FT: PhD candidate AVD: PhD candidate HB: PhD JB: PhD MR: PhD KB: PhD
3. Occupation	What was their occupation at the time of the study?	The researchers' occupations are as follows: FT: PhD candidate AVD: PhD candidate HB: academic/ general practitioner JB: academic/Professor MR: academic/consultant KB: academic/Professor
4. Gender	Was the researcher male or female?	The researchers' gender are as follows: FT: female AVD: female HB: female JB: male MR: female KB: female
5. Experience and training	What experience or training did the researcher have?	FT and AVD attended courses and workshop on qualitative research (how to conduct, analyse, report, …) and NVivo software. Both are junior researchers and had prior interviewing experience. HB, JB, MR and KB are experienced researchers in both quantitative and qualitative studies and have published numerous research articles.
b) Relationship with participants		
6. Relationship established	Was a relationship established prior to study commencement?	Most of the participants knew the researchers who conducted the interviews (FT and AVD) professionally.

7. Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	Prior to the interviews, the researchers provided a brief introduction of their own backgrounds (both midwife and PhD candidate), the study, and the goal of the study.
8. Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	No specific bias or assumptions to declare for any of the interviewers.
Domain 2: study design		
a) Theoretical framework		
9. Methodological orientation and Theory	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis etc	Thematic analysis was applied.
b) Participant selection		
10. Sampling	How were participants selected? e.g. purposive, convenience, consecutive, snowball	The participants were purposively selected.
11. Method of approach	How were participants approached? e.g. face-to-face, telephone, mail, email	Potential participants were approached by email.
12. Sample size	How many participants were in the study?	10 GANC facilitators were recruited.
13. Non-participation	How many people refused to participate or dropped out? Reasons?	None of the participants refused to participate or dropped out.
c) Setting		
14. Setting of data collection	Where was the data collected? e.g. home, clinic, workplace	The interviews took place in person at the participants' workplace or online.
15. Presence of non-participants	Was anyone else present besides the participants and researchers?	No-one else was present besides the participants and researchers.
16. Description of sample	What are the important characteristics of the sample? e.g. demographic data, date	The important characteristics of the samples were their experience as a GANC facilitator, occupation and the type of organization in which they are employed.
d) Data collection		
17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Examples of interview questions are shown in table 1. The guide was not pilot tested.
18. Repeat interviews	Were repeat interviews carried out? If yes, how many?	No repeat interviews were carried out.
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	We used audio recording to collect the data.
20. Field notes	Were field notes made during and/or after the interview or focus group?	Field notes were made during and after every interview. These field notes were used to guide the following interviews and to assist in the analysis of the data.
21. Duration	What was the duration of the interviews or focus group?	The duration of the in-depth interviews ranged from 31 to 70 min.

22. Data saturation	Was data saturation discussed?	Data saturation is discussed in the methodology section.
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	The transcripts were not returned to participants for comment or correction.
Domain 3: analysis and findings		
a) Data analysis		
24. Number of data coders	How many data coders coded the data?	Two team members (FT and AVD) coded the data and reviewed on a regular basis with KB.
25. Description of the coding tree	Did authors provide a description of the coding tree?	The coding tree can be seen in Figure 1.
26. Derivation of themes	Were themes identified in advance or derived from the data	The themes were mainly derived from the data while analysing. However, constructs of the CFIR and TDF helped draw the interviewer's attention to the domains that could have an impact.
27. Software	What software, if applicable, was used to manage the data?	NVivo was used to support the analysis process.
28. Participant checking	Did participants provide feedback on the findings?	We had the opportunity to present the findings at a meeting (with 5 of the respondents) and a workshop at a conference (with GANC facilitators from the Netherlands and Belgium). The findings were confirmed during the meetings and the conference.
b) Reporting		
29. Quotations presented	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. participant number	Quotations of participants are presented and identified by the participant number.
30. Data and findings consistent	Was there consistency between the data presented and the findings?	Yes, there was consistency between the data presented and the findings We can conclude this by the separate coding of 2 researchers and by feedback received from respondents.
31. Clarity of major themes	Were major themes clearly presented in the findings?	Yes, major themes are clearly presented in the findings and accompanied by a figure (figure 1).
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	Yes, there is a descriptions of the diverse cases or discussion of minor themes.