

## TABLE

## Barriers to implementation of traditional group prenatal care models and Moms2B's approach

GPNC barriers	Moms2B CGM response to barriers
Accepts only women with low-risk pregnancies	All low-income pregnant women are welcome, including those with high-risk pregnancies
Requires adequate space for group sessions in clinics	Community based and can be easily implemented in churches and other public meeting spaces
Children of pregnant women are not allowed at the prenatal group sessions	Provides developmentally stimulating childcare for children of all ages
Appointments must be scheduled in groups based on women's gestational age	Sessions are held at the same time every week in the same setting. Women of all gestational ages attend together. Once delivered, women are encouraged to continue to attend with their children until their newborn's first birthday.
It is difficult to recruit and retain women at the same gestational age to maintain a cohesive group experience	Referrals come from multiple sources: prenatal clinics, WIC clinics, and community outreach. Women are excited to attend and often develop close relationships with other mothers in the community.

CGM, community group model; GPNC, group prenatal care; Moms2B, CGM model; WIC, Women, Infants, and Children.

Gabbe. The case for Moms2B. *Am J Obstet Gynecol* 2018.

other sites and details regarding the program are available from the authors. ■

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## REPLY



We are excited to learn of other programs working to improve the quality of prenatal care for women in the United States. We appreciate the authors' comments. ■

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## 3D transvaginal sonography in obstetrics and gynecology



TO THE EDITORS: We certainly agree with the authors, Lee and Yoon,<sup>1</sup> in that 3-dimensional transvaginal ultrasonography (3D TVS) clearly offers additional clinical value as a

diagnostic imaging tool, well beyond 2D TVS. The identification of a ureteral calculus within the ureter provides a good example of this value; such use should be encouraged and