CenteringPregnancy, A Group Model for Obstetric Care

**TARGET POPULATION AND ISSUE**

**Pregnant women and their infants**

Centering is appropriate for all pregnant women, but is of particular benefit to women of ethnic and racial minority groups who experience disparities in birth outcomes. CenteringPregnancy is in all types of practice settings including academic medical centers, community health clinics, military hospitals, birth centers, and Federally Qualified Health Centers.

**The Issue**

The U.S. ranks 30th in the world for maternal death, preterm births and infant deaths.

- Leading causes of infant death are preterm birth and low birth weight.
- Those that survive have a higher rate of neurologic problems, mental retardation, respiratory conditions and neurologic problems, mental retardation, low birth weight increases the risk of chronic disease into adulthood.
- Low birth weight increases the risk of chronic disease into adulthood.
- Preterm birth costs the U.S. more than $26 billion a year.
- While there have been recent improvements, the gap in disparities is widening at an alarming rate.

**INTERVENTION**

**CenteringPregnancy**

Centering brings women together in a group setting for two hours with their healthcare provider for three components of care.

1. **Health Assessment**
   - Women participate in goal setting, take their weight and blood pressure and have a private visit with their provider. Greater involvement leads to increased confidence and better self-care.

2. **Interactive Learning**
   - Group members participate in activities and facilitated discussion that reinforce key health topics. Women feel more engaged and knowledgeable. Providers gain an understanding of the cultural beliefs and values that impact women’s decisions and actions.

3. **Community Building**
   - Women in Centering appreciate the learning, sharing and connecting that happens with others who are due at the same time. Attendance at prenatal care visits and patient satisfaction scores are significantly higher.

**POPULATION HEALTH BEGINS WITH PREGNANCY AND BIRTH.**

CenteringPregnancy addresses all areas:

2. Improves quality and safety of care, access to healthcare services and helps to prevent and manage chronic diseases.
3. Addresses socio-economic and cultural factors that impact health outcomes.
4. CenteringCounts data system provides real time data for rapid improvement.

**CenteringHealthcare INSTITUTE**

- Building partnerships between community agencies, providers, public and private agencies including, March of Dimes NC, CCNC Pregnancy Medical Home, and Northwest Community Care Network (NCCN)
- Promoting and increasing awareness and supporting growth of the model across the state
- Offering networking opportunities, shared learning, support for current Centering sites and those interested in learning more about the model
- Providing communication forum for community, public and private stakeholders to share current events, research, techniques, ideas and questions related to Centering

**The North Carolina Centering Consortium**

- CHI is the accrediting body for Centering practices providing:
  - Implementation support to assist with Centering startup
  - Facilitation training and certification for clinical providers
  - Curriculum materials and supplies that support the providers and their patients
  - Practice management and Quality Assurance tools to ensure fidelity to the model
  - Accreditation for Sites that meet our quality standards

- www.CenteringHealthcare.org

**NORTH CAROLINA IMPACT**

- **Preterm Birth**
  - **North Carolina Impact**
    - **Patient Satisfaction**
      - CHI-NC: 8.9%
      - US: 9.6%
    - **Preterm Birth**
      - CHI-NC: 9.7%
      - US: 8.5%
    - **Low Birth Weight**
      - CHI-NC: 5.6%
      - US: 8%
    - **Breast Feeding**
      - CHI-NC: 87%
      - US: 77%

**SELECTED STUDIES ON CENTERING PREGNANCY OUTCOMES:**

1. **Group Prenatal Care and Rates of Birth-Weight and Preterm Birth**
   - CHI-NC rate was 8% and reduced to 5%.

2. **Group Prenatal Care and Perinatal Outcomes**
   - CHI-NC rate was 8% and reduced to 5%.

3. **Effects of CenteringPregnancy group prenatal care on birth in women of lower income, urban minority populations**

4. **CHI-NC rate**
   - CHI-NC. 9.6% for African American women

**20 Centering practice sites serve ~2,400 North Carolina women yearly**

- Alamance County Health Department: Burlington, Approved
- Catawba Valley Nurse Midwives: Hickory, Approved
- Downtown Health Plaza: Winston-Salem, Approved
- Durham County Health Department - Maternity Clinic: Durham, Approved
- Guilford County Department of Public Health: Greensboro, Approved
- Guilford County Department of Public Health, High Point: High Point, Approved
- MAHEC OB/GYN Specialists (Mountain Area Health Education Center): Asheville, Approved
- Womack Army Medical Center, Fort Bragg: Fort Bragg, Approved
- Camp Lejeune Naval Hospital: Camp Lejeune
- Celo Health Center: Burnsville
- Comprehensive Fetal Care Clinic: Winston-Salem
- Duke Family Medicine: Durham
- Laurel Park Women’s Health: Lenoir
- New Hanover Regional Medical Center: Wilmington
- University of North Carolina Obstetrics & Gynecology (UNC): Chapel Hill
- Western North Carolina Community Health Center: Asheville
- Westside OB/GYN Center: Burlington
- Women’s Health Alliance, Chapel Hill OB/GYN: Chapel Hill
- Cabaniss Health Alliance: Kannapolis
- Women’s Health Alliance, Durham: Durham

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