Group Prenatal Care

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No Disclosures

Objectives

- Define group prenatal care
- Describe how it differs from the traditional individual based care
- Present data and evidence on the impact in obstetric populations
- Discuss the benefits of group prenatal care
- Discuss implementation into practice and challenges

Why Group Prenatal Care?

Group prenatal care- historical context

- 1980s- Teen Club
  - First reports of group prenatal care program, described by Fullar, Lum, Sprik, and Cooper in 1988
  - Rochester Adolescent Maternity Program (RAMP) at the University of Rochester Medical Center
  - Group prenatal care for adolescent mothers based on support group and self-care group models
- 1990s- Centering
  - Founded by CNM Sharon Rising
  - Conceptualized in the 1970s at Childbearing Childrearing Center (CCC) at the University of Minnesota
  - Most widely used group prenatal care model

Goal of model development for Centering

- Premise that group care is an efficient and effective means of providing prenatal care
- Centering Health Care Institute
  - Advancing high-quality evidence-based group care
  - Creating an environment that inspires relationships of collective power in the health system
  - Disrupting the structures and systems that drive poor health to co-create communities where everyone has an equitable opportunity to thrive

CenteringPregnancy "Essential Elements"

1. Health assessment occurs within the group space
2. Patient involvement in self-care activities
3. Facilitative leadership style is used
4. Each session has an overall plan
5. Attention is given to the core content, but emphasis can vary
6. Stability of group leadership
7. Group conduct honors the contribution of each member
8. Ongoing evaluation of outcomes
9. Group is conducted in a circle
10. Composition is stable, but not rigid
11. Size is optimal to promote the process
12. Involvement of support people is optional
13. Opportunity for socializing within the group is provided

Components of Centering Healthcare

Group care programs

- Adaptations of CenteringPregnancy
- CenteringPregnancy- Centering Healthcare Institute
- Supportive Pregnancy Care- March of Dimes
- Expect with Me
- Pregnancy and Parenting Partners
- EleVATE program

Traditional individual care model

- Standard of practice in the US
- One-on-one care with the obstetric provider
- 8-14 visits during the pregnancy
- Time of visit may vary (10-20 min)

Group prenatal care model

- Assembled in the second trimester
- Similar gestational age
- Groups of 8-10 women
- Similar gestational age
- Obstetric provider- facilitator
- Co-facilitator

- Meet every 2-4 weeks
- Series of 10 visits
- 90-120 minutes
- Scheduled over a 6-month period
- Support persons welcome

Visit flow

Vitals by MA or patient

Brief one-on-one session with Obstetric provider

- Individual assessments and concerns

Socializing activities, ice breakers, snacks

Facilitated group discussion on topic

- Facilitate peer-to-peer learning
- Participation of patients and partners
- Avoid didactic learning

Example topics

- Environmental exposures
- Nutrition and exercise
- Discomforts of pregnancy
- Preterm labor and labor
- Breastfeeding
- Contraception
- Newborn care and child preparation
- Postpartum expectations
- Stressors and stress management

Traditional care model concerns

- Healthcare provider availability
- Dissatisfaction with wait times
- Decreased opportunity for education
- Decreased opportunity for support

Group prenatal care- patient benefits

- Improves prenatal knowledge and learning opportunities
- More prepared for labor and delivery
- More satisfied with care in group prenatal
- Initiates breastfeeding more often
- Facilitates social support
- Ease of long-term scheduling

Provider benefits

- Alternative care model
- Improves patient education
- Improved efficiency
- Reduces repetition
- Maintains risk screening and physical assessments of individual care model
- Billed the same as individual care model

- Disparities exist in prevalence of preterm birth and infant mortality
- Can help address these disparities, especially among black women
- Low-risk patient and high-risk patients can be included
- Nulliparous and multiparous

Mixed results of evidence - positive from some studies

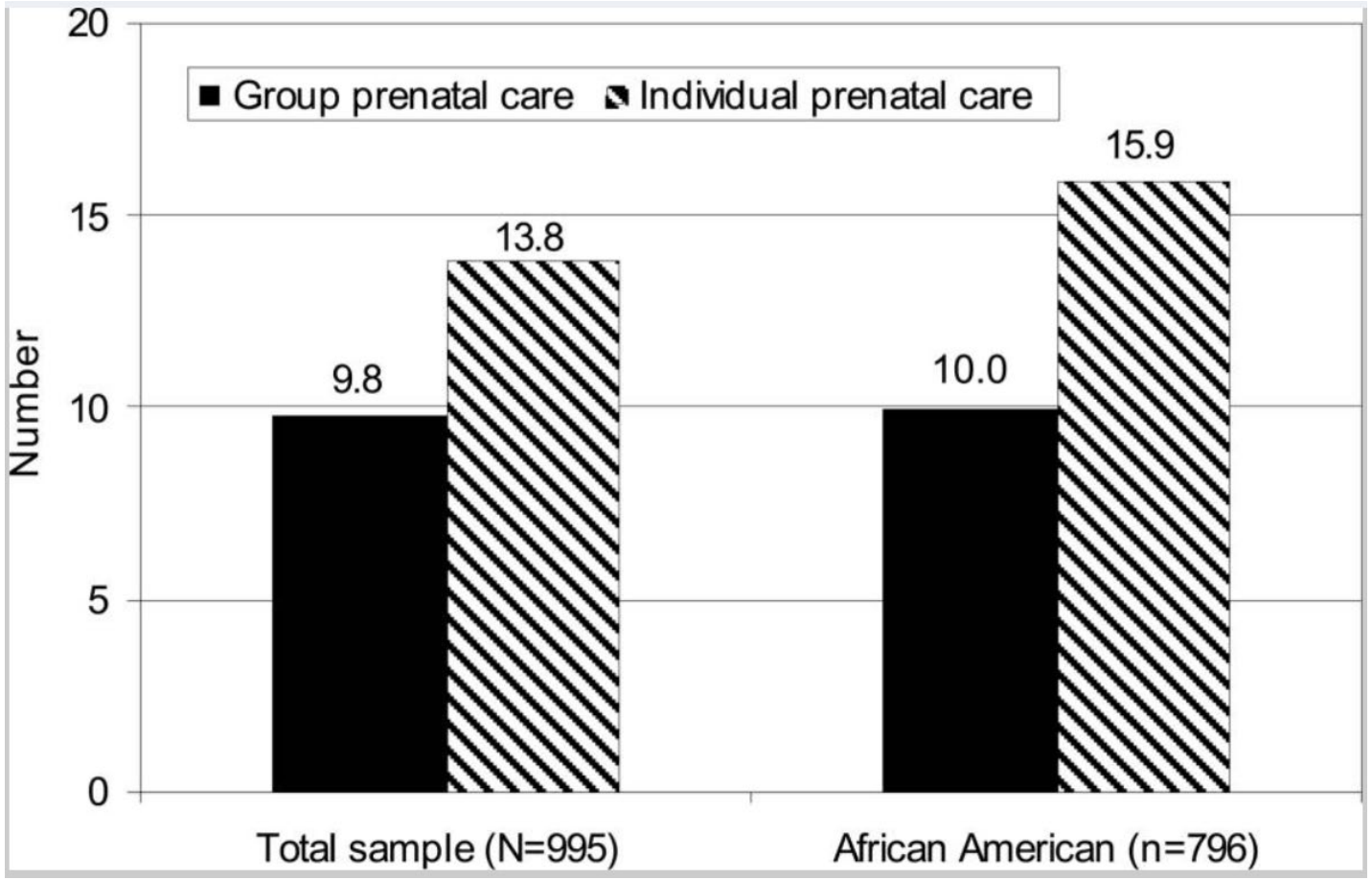
- Decreased emergency room visits
- Decreased preterm birth rates- largest reduction for low-income black women
- Decreased NICU admissions
- Increase in patient presenting in active labor
- Increased birth weight for term and preterm
- Increased patient and provider satisfaction

Group care vs individual care

- Group versus traditional prenatal care for improving racial equity in preterm birth and low birthweight: the Cradle randomized clinical trial study. Crocket, et al. 2022.
  - No significant difference is overall preterm and low birthweight between group and individual care
  - Observed lower rates of preterm birth and low birthweight among Black participants

- Group prenatal care and preterm birth weight: results from a matched cohort study at public clinics. Ickovics, et al. 2003
  - Predominantly black and Hispanic women of low socioeconomic status
  - Higher birthweight, especially for preterm infants

Birth outcomes- preterm births



Group Prenatal Care and Perinatal Outcomes. A randomized control trial. Ickovics, et al. 2007

- Group Prenatal Care Compared With Traditional Prenatal Care: A Systematic Review and Meta-analysis. Carter, et al. 2016.
  - Group care associated with decreased rate of low birth weight

- The Impact of CenteringPregnancy Group Prenatal Care on Birth Outcomes in Medicaid Eligible Women. Abshire, et al. 2019.
  - Lower risk of preterm birth, low birth weight, and NICU admission

- Group prenatal care and improved birth outcomes: Results from a type 1 hybrid effectiveness-implementation study. Lewis, et al. 2021
  - Compared to individual care, patients who received Expect With Me group prenatal care had lower risk of infant born preterm, low birthweight, and NICU admission

- The comparative effects of group prenatal care on psychosocial outcomes. Heberlein, et al. 2016.
  - Women who were at greater psychosocial risk benefitted from participation in group prenatal care

Challenges

- Available facilitators and co-facilitators
- Training for providers- funding and support
- Dedicated meeting space- large enough for both group meeting and private one-on-one encounters
- Costs- Implementation and maintenance
- Recruitment and retention of participants
- Scheduling system different from individual template
- Site certification
- Offering group in non-English languages-fluent provider and/or interpretation services
- Data collection

ACOG Recommendations and conclusions

- Group prenatal care models are designed to improve patient education
- GPC model include opportunities for social support
- GPC maintains the risk screening and physical assessment of individual prenatal care
- Studies appear to demonstrate
  - high levels of patient satisfaction
  - obstetric outcomes equally efficacious as individual prenatal care,
  - improved outcomes for some populations.
- Group prenatal care should be provided as an alternative option to traditional prenatal care and not mandated
- Individual and group care models warrant additional study with a goal of demonstrating differences in outcomes and identifying populations that benefit most from specific care models


Participation
Prenatal Care
Healthy
Snacks
Fun
Healthy Moms
Friendship
Supportive
Educational
Pre-Scheduled visits for the entire Pregnancy
One-on-one Time with Provider
Support
Fun
Prenatal Care
Friendship
Educational
Support
Healthy Babies
Healthy Snacks
Fun
Educational
Support
Friendship
Educational
Participation

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Thank you!

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