CENTERING: a model for group health care

- Health Assessment
- Education
- Support
Centering

Centering (group visits) is an evidence-based redesign of health care delivery that helps to promote:
- safety,
- efficiency,
- effectiveness,
- timeliness,
- culturally appropriate patient-centered care, and
- more equitable care.
Sharon Schindler Rising, CNM, MSN, piloted the CenteringPregnancy model in 1993-94.

- Included 13 prenatal groups, 3 of them teen groups.
- Professional training workshops to expand the program began in 1998.
- Currently over 200 sites throughout the US.
CenteringPregnancy® Design

- Initial intake to system before entry into a group
  - History, physical assessment/lab work
- Groups of 8-12 women, same month EDD invited to group
  - Begin between 12-16 weeks gestational age
### The Design...

<table>
<thead>
<tr>
<th>Four sessions every 4 weeks</th>
<th>16, 20, 24, 28 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Six sessions every 2 weeks</td>
<td>30, 32, 34, 36, 38, 40 weeks</td>
</tr>
<tr>
<td>Plan for a reunion</td>
<td>Between 1-2 months postpartum</td>
</tr>
</tbody>
</table>

Additional visits as needed to address medical or specific psychosocial issues
The design for each session includes:

- 30-40 minutes for the check-in and assessment with the provider
- 60-75 minutes for the formal “circle-up” or facilitated discussion time
- Informal time for socializing
- Closing and follow-up as needed
Education

- 10 two-hour sessions facilitated by group leader, usually the health care provider
EDUCATION

- Comfort issues/stress reduction
- Exercise / relaxation
- Nutrition and infant feeding
- Oral health
- Birth preparation and recovery
- Sexuality/contraception
EDUCATION (cont’d)

- Communication / self esteem
- Issues of abuse
- Baby care/safety
- Infant development
- Parenting
Support

- Refreshments
- Time for sharing
- Group stability
- Exchange of contact information
- Consistency of leadership
TRADITIONAL CARE

- ORAL HEALTH
- IMMUNIZATIONS
- LAB TESTS
- NUTRITION WIC
- ROUTINE PHYSICAL ASSESSMENT
- LABOR/PARENTING PREPARATION
- SOCIAL WORK
- INSURANCE
- SMOKING CESSATION
- MENTAL HEALTH
- LACTATION CONSULT AND SUPPORT
CENTERING PREGNANCY BUNDLED CARE

- Physical Assessment
- Lab Tests
- Immunizations
- Nutrition/WIC
- Social Work
- Mental Health
- Smoking Cessation
- Insurance
- Labor/Parenting Preparation
- Lactation Consult
- Oral Health

- Information
- Improved Learning
- Enhanced Insight
- Cohesion
- $$$ Cost Neutral

- Time 10x

- Social Support: In/Formal
- Culturally Appropriate
- Skills Building
- Resources
Overall Evaluation

- 96-97% of all women polled state they prefer receiving their prenatal care in group

“We came at the same time and left at the same time and something happened the whole time we were there.”
CENTERING Group Health Care

Essential Elements

- Health assessment occurs within the group space
- Participants are involved in self-care activities
- A facilitative leadership style is used
- Each session has an overall plan
- Attention given to general content outline; emphasis may vary
- There is stability of group leadership
- Group conduct honors the contribution of each member
- The group is conducted in a circle
- Opportunity for socializing is provided
- The composition of the group is stable but not rigid
- Group size is optimal to promote the process
- Involvement of family support people is optional
- There is on-going evaluation of outcomes
CENTERING PREGNANCY®
Research Studies

- **YALE UNIVERSITY RESEARCH - Effects of Group Prenatal Care on Perinatal Outcomes: Results from a Two-Site Matched Cohort Study**
  - Preterm infants of group patients were significantly larger than those in individual care
    - 2397.8 vs 1989.9 Gms (F+5.74, p<.01)
  - Group patients maintained their preterm pregnancies two weeks longer than individual care patients
    - 34.8 wks vs 32.6 wks (p<.001)

- **National Institute of Mental Health - Effects of Group Prenatal Care: Randomized Control Trial**
  - Group patients were significantly less likely to deliver pre-term - 33% decrease in pre-term births (13.9% in individual care vs. 9.8% in group care)
  - Increased breast feeding initiation (67% vs. 55%)
  - Decreased insufficient prenatal care (26% vs. 33%)
  - Increased satisfaction with care
  - Increased prenatal knowledge; readiness for labor & delivery; readiness for baby care
April 2011 CHI Research Symposium
- Evaluation of Palm Beach Centering - Group prenatal care patients:
  - More likely to be satisfied with their prenatal care
  - Completed a larger percentage of expected prenatal care visits
  - More likely to have longer gestation periods and less likely to have a premature delivery
  - More likely to have established a medical home for their child and completed a postpartum checkup by six weeks after delivery.

- South Carolina Comparison Study - 200 low-risk women in CP were matched to 200 low-risk control (44.5% white, 43.0% black, 11% Hispanic). Risk factors for preterm birth were similar in CP vs. control

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Patients</th>
<th>Pre-term Birth Rate (&lt;37wks)</th>
<th>Pre-term Birth Rate (&lt;32wks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Care</td>
<td>200</td>
<td>8.0%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Individual Care</td>
<td>200</td>
<td>14.0%</td>
<td>2.5%</td>
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Sanford Experience

- Began pilot January 2010 with three CNMs
- Currently have 10 facilitators (CNMs and Physicians)
- Every patient is offered Centering
- Retention rate in Centering is above 80%
- Decreased no-show rate
- High Patient satisfaction
Native American

- Indian Health Services New Mexico - Navajo Area
  - Healthy Babies group pregnancy patients
    - Significant improvement in levels of prenatal care
    - Reduced levels of preterms,
    - Decreased low birth rate
CENTERING GROUPS ARE ACTIVE ACROSS THE UNITED STATES

Centering groups are established in community health centers, hospital and public health clinics, and private practice settings.
CHI
558 Maple Avenue
Cheshire, CT 06410
203-271-3632
info@centeringhealthcare.org
www.centeringhealthcare.org