



A Paradigm Shift in Prenatal Care: Implementing CenteringPregnancy® in a Large Multi-site Federally-Qualified Health Center



*Presented by Peg Dublin, RN, MPH
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About ACCESS



- More than 50 health centers in Chicago, suburban Cook and DuPage counties
- Primary and specialty care regardless of ability to pay
- 200,000 patients
- 91% are African-American and Hispanic
- 64% female patients
- 75 % live under the federal poverty level
- 70,000 are uninsured

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ACCESS MCH Model

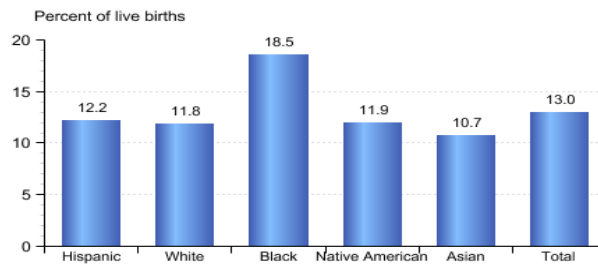


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- 55 OB-Gyns
- 22 Midwives
- Prenatal Care
 - Traditional Model
 - Centering Model
- Total number of Prenatal Patients in 2010: 9,732
- Ancillary services include: Care Management, Doula Services, Behavioral Health Consultation, and Breastfeeding Education and Support

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Preterm Births in Illinois by Race/Ethnicity in 2006-2008 Average



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CenteringPregnancy®: An Evidence-Based* Model for Group Health Care



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- **Goal:**
 - Improve quality of prenatal care and birth outcomes
- **Group prenatal visit model provides:**
 - Collaborative patient-provider relationship
 - Health promotion education
 - Group peer support
 - Self-management training and activities

*Ickovics et al. (2007) *Obstetrics & Gynecology*. 110(2): 3230-39; Ickovics et al. (2003) *Obstetrics & Gynecology*. 102(5): 1051-7

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Centering Design



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- Initial intake into system before entry into group
 - History, physical assessment, lab work completed
- Groups of 8-10 women grouped according to due dates
- 10 scheduled sessions begin between 12-16 weeks based on standard prenatal schedule of appointments
- Each woman receives an individual assessment and check-up with her provider within group space and participates in group-facilitated discussions on pregnancy-related topics

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CenteringPregnancy® at ACCESS: 2008-Present



- 46 staff trained
- Centering Project Manager position created
- Diverse funding stream:
 - Federal Healthy Start, Illinois Chapter of March of Dimes, local foundations, Medicaid HMO Harmony, organizational budget
- 3 ACCESS sites provide Centering, 1 health center site provides CenteringPregnancy® and CenteringParenting®

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CenteringPregnancy® at ACCESS: 2008-Present cont.



- Organizational commitment for expansion to each of 9 organizational regions over next 3 years
- Centering database established
- CHI site approval process: October
- Steering Committee
- Internal/External Marketing

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CenteringPregnancy® Bilingual Patient Brochure

CenteringPregnancy®
Cuidado Prenatal en Grupo



En un principio, los grupos se reúnen una vez al mes y después cada dos semanas, para un total de 10 sesiones durante su embarazo. El grupo siempre se reúne a la misma hora y al mismo día de la semana para que usted pueda planear todas sus visitas.

En cada sesión, usted se reunirá en privado con su proveedor (enfermera obstetra o doctor) y tendrá la oportunidad de hablar sobre su embarazo y cómo cuidar de su bebé. Una sesión incluye una visita guiada por la unidad de parto.

¿Qué es un grupo de cuidado prenatal?

Un grupo de cuidado prenatal es una forma maravillosa de atender a las mujeres durante su embarazo. Usted formará parte de un grupo de 10 a 12 mujeres que tendrán a sus bebés alrededor de las mismas fechas que usted. Los grupos son una excelente oportunidad para escuchar a otras mujeres que atraviesan por las mismas situaciones que usted.



Beneficios

- Le permite pasar más tiempo con su proveedor (Enfermera obstetra o Doctor).
- (Si se separa) El grupo comenzará y terminará a tiempo.
- Le permite conocer a otras mujeres embarazadas y hacer nuevas amistades.
- No necesita hacer visitas por separado a su proveedor; usted recibirá cuidado prenatal completo durante su grupo.
- Le permite tener un cuidado prenatal más activo.
- Habrá refrigerios en cada sesión de grupo.



¿Cuándo?

El grupo de cuidado prenatal comienza cuando usted tiene 16-20 semanas de embarazo y continúa durante su embarazo.

¿Quién?

El grupo de cuidado prenatal es para cualquier mujer embarazada que quiera conocer más sobre su embarazo.

¿Cómo?

Usted estará invitada a unirse a un grupo con otras mujeres que están programadas para dar a luz durante el mismo periodo. Los grupos se hacen rápido, así que envíenos lo antes posible si está interesada.

“Tener atención prenatal en grupo es lo mejor!”

“Formar parte de este grupo me hace sentir lista para el parto y el nacimiento.”

“Es una excelente forma para aprender sobre tu cuerpo y tu bebé.”

Para recibir mayor información o para unirse a un grupo, por favor llame al: 1.866.882.2237.

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Centering Performance Measures

	2009	2010	2011 (6 mo.)
Percent del. < 37 weeks	30% (n=11)	11.1% (n=10)	8.5% (n=4)
Percent del. >= 37 weeks	70% (n=21)	88.9% (n=80)	91.5% (n=43)
Percent LBW deliveries	13.3% (n=4)	7.3% (n=6)	22.5% (n=11)
Percent high risk users	47.4% (n=37)	67% (n=59)	80.6% (n=51)
Percent of mothers initiating breastfeeding	62.5% (n=10)	58.6% (n=51)	64.5% (n=27)

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Strategies



- Finding Centering champions
- Creating institutional support:
 - Senior leadership
 - Health center staff
 - Planning and Development staff
 - OB providers
- Funding for start-up costs
- Getting started

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Strategies cont.

- Evaluation and reporting back
- Frequent monitoring, communication, support, and problem-solving
- Internal marketing via e-newsletter(below)



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Challenges, Creative Solutions, Valuable Lessons and Recommendations



- Provider productivity
- Space
- Competing demands
- Swimming upstream
- Assessing readiness
- Ongoing funding
- Training for new staff
- Utilizing CHI resources
 - Model Implementation Plan
 - Training

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Provider Productivity

- Aligned with provider schedule template
- Scheduling:
 - Opt-out method for recruitment
 - Ideal group size 8-12 women
 - Overbook
 - Reminder phone calls for first 4 sessions
- Individual patient appointments are scheduled before and after group

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What Our Patients and Staff Say About Centering

- *“Great way to learn about your body and your baby.”*
- *“I felt ready for labor and delivery by going through this group.”*
- *“Groups are the best way to get prenatal care!”*
- *“The patients develop a positive attitude to breastfeeding and the pregnancy as a whole. They are much more knowledgeable.”*

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