Centering Pregnancy model of care

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Centering Pregnancy Model

- Evidence based redesign of health care delivery incorporating all components of prenatal care by exchanging the “individual” exam room for a “group” setting

- Three elements – physical assessment, education, social/peer support

- Critical components – private, dedicated space, minimum of 1.5 – 2 hrs. for education sessions
Three Major Components

- **Physical Assessment** - Self-monitoring: women take own BP, check own weight, and record findings in their notebooks

- **Education topic** - facilitative style
  - interactive, patient centered

- **Social/Peer Support** - the 1st 30-
  - 45 min, moms have informal conversation/snacks
13 Essential Elements

1. Assessment occurs within same space (fundal height, fetal heart)
2. All moms involved in their self care monitoring activities (weight, blood pressure)
3. Facilitative not didactic style
4. Overall plan for each session
5. Stability of group leadership
6. Honor contribution of each member
7. Group is in a circle
8. Group size optimal to promote the process
9. Composition is stable but not rigid
10. Family support optional
11. Opportunity to socialize
12. Ongoing evaluation of outcomes
13. Private, dedicated space
Group Formation

- Patients enter group after initial prenatal visit
- Specific range of age (15-21, 22-32, 33-40)
- Ideal is 8 to 10 women with similar due dates
- All low risk pregnancies
- Ideal to start of program at 12-1 wks gestation
- Through end of pregnancy (10 sessions)
- Meet Q4 weeks at gestation weeks of 16, 20, 24, 28
- Meet Q2 weeks at gestation weeks of 30, 32, 34, 36, 38, 40
- Seen in traditional clinic during weeks: 37, 39
- Return 6 to 8 wks postpartum with infant
- Goal is to acquire 1 group/month
Recruitment

- ALL staff promotes program
- Posters in Women’s Center
- Recruitment DVD English/Spanish
- Pamphlets English/Spanish
- Emphasize unique aspects:
  - No wait time for app’t
  - Start and end on time
  - Private time with provider
  - Healthy snacks
  - Support people are welcomed
  - All prenatals are given at 1st session
  - Education is a huge component
Recruitment cont…

- Opportunity to socialize
- For ALL moms (not only primaps)
- See same provider/nurse/medical assistant
- Baby Shower/Labor/Delivery and PP tour
- Reminder call for upcoming appt’s and follow up calls if miss (seen in clinic same week)
Support Services/Materials

- 2 Day facilitation workshop training by Centering Healthcare Institute
- Monthly steering committee meetings for ongoing evaluation
- Facilitator’s notebook
- Mother’s notebook
- Centering handbook
- Patient brochures
- Teaching Aids: Av/Posters/Brochures/handouts
Evidence Based Outcomes

- Improves patient satisfaction
- Increases compliance
- Decreases preterm birth
- Improves neonatal outcomes
- Increases patient’s pregnancy knowledge
- Higher initiation of breastfeeding
- Better involvement in patient’s own care
Challenges

- Child Care
- Recruitment of patients
- Group Space
- Drop Outs
- Low Risk may transition to High Risk
- Dedicated Provider resource
Solutions

- Concessions for children; prep with activities; improptu sibling class to engage child
- CP Coordinator to oversee recruitment of patients; “Welcome” mom to upcoming group
- Space can be shared with other depts./areas
- If drop outs due to time conflicts; consider evening sessions
- High risk may alternate appt’s and remain in CP
Projections

- Increase Breastfeeding initiation rate by 20%
- Increase patient satisfaction rate by 20%
- Decrease rate of postpartum depression by 20%
Implementation in a Hospital Setting

- 2 to 3 months start of 1st group after “System Redesign Workshop”

- Centering Steering Committee: brainstorm potential challenges; include management
  - (space, coordinator/educator, child care, patient recruitment, etc…)

- Meet q 2 week until 1st group (evaluate ongoing issues/solutions)

- Promote program to all staff - clerical, clinicians, etc (All must be briefed for any patient questions)
  - Consider creating own promotional brochures, posters, videos (less costly)
  - Display in key areas with contact information
Coordinator creates a “recruitment script/dialogue”
Budget to include educational supplies
Consider visiting an existing successful CP program: NUMC
Assign the following roles/responsibilities
✦ MD to oversee all high risk decisions
✦ Providers to conduct patient care
✦ Coordinator to oversee logistics of entire program
✴ Program promotion
✴ MOD Data collection/reporting
✴ Patient recruitment
✴ Formation of groups
✴ Conduct educational sessions
Implementation Cont.

- Communication with CP consultant
- Provider Coverage
- Assist with patient care activities
- Maintenance of patient supplies
  - Ordering of patient notebooks
  - Healthy snacks
  - Raffle item (used an incentive for promptness)
- Scheduling of patients in traditional clinic for missed appt’s
- Communication with pts. for reminder calls
- Plan Steering Committee meetings
- Future Strategic Planning
What our Centering Moms are Saying:

“I would not change a thing!” Maria

“The way I was treated made me feel really good”, Jazmin

“I learn from other mothers to be!” Jenny

“I can easily share my feelings”, Blanca
Our happy Centering moms!
This group chose prayer to open/close group

2nd time mom shared her expertise

Practicing Comfort techniques
Summary Highlights

1. Buy in is critical from Dept. of Ob/Gyn
   ✓ Dedicated and consistent providers
   ✓ Budget

2. Dedicated Coordinator

3. Steering Committee