



# POSITION STATEMENT

## Models of Group Prenatal Care

The American College of Nurse-Midwives (ACNM) maintains the following:

- Group prenatal care offers an evidence-based model of prenatal care that can improve health outcomes for childbearing women and their infants.
- Models of group prenatal care are congruent with the philosophy of ACNM and promote an optimal relationship between health care providers and women seeking prenatal care.
- Models of group prenatal care that include assessment, education, and social support maximize women's potential for self-empowerment, growth and lifestyle changes, all of which result in improved perinatal outcomes.
- All educational programs for health professionals should provide students with clinical experience in using models of group prenatal care.

Midwives of ACNM are encouraged to:

- Implement evidence based models of group prenatal care to improve women's experiences and satisfaction with prenatal care and to improve pregnancy outcomes.
- Advocate for enhanced third party reimbursement for the provision of group prenatal care visits.
- Continue to lead and/or participate in research investigations exploring the implementation of effective models of group prenatal care that can enhance the quality of maternity care services and improve health outcomes for mothers and infants.

### Background

Scant evidence exists to document the value of most models of care used within maternity care systems, including the use of individual prenatal care visits.<sup>1</sup> Increased pressure for healthcare providers to include more information and services in less time during prenatal care visits leads to unrewarding experiences for both women seeking prenatal care services and for their healthcare providers.<sup>2</sup> In the context of individual prenatal visits, time constraints also limit the opportunity to tailor the content of the visits to social, cultural and/or individual circumstances, yet more evidence is available indicating these factors contribute to health disparities in maternal and infant outcomes.

Models of group prenatal care are an evidence-based approach to providing prenatal care that is consistent with the Institute of Medicine's "Ten Rules for Redesign of Health Care."<sup>3</sup> Since prenatal care and the need for education are similar for women at similar stages of pregnancy, group visits have been shown to be efficient and, more importantly, to improve perinatal outcomes.<sup>4,5,6</sup> In a recent randomized clinical trial, participants in the CenteringPregnancy model of group prenatal care were less likely to give birth prematurely and had higher breastfeeding initiation and duration rates compared to women receiving a model of care consisting of individual prenatal visits. Women in CenteringPregnancy group care also demonstrated better prenatal knowledge, greater readiness for labor and delivery, and higher satisfaction with their prenatal care services.<sup>4</sup>

Essential components of evidence based group prenatal care visits include health assessment by the midwife or other healthcare provider in the group meeting space, involvement of women in collecting and recording their own health data, group discussion, education and social interaction aimed at community building among the participants.<sup>7</sup> Additionally, in the CenteringPregnancy model, the healthcare provider and co-facilitator lead the group in a facilitative rather than didactic style that encourages participants to contribute to the discussions and participate in problem solving, rather than focus on a prepared content outline.<sup>8</sup> Group members also have the opportunity to involve family members in their care.

Models of group prenatal care such as CenteringPregnancy are woman centered and demonstrate improved health outcomes for childbearing women.<sup>4,5,9</sup> Expansion of the use of evidence-based models of group prenatal care could reduce maternal and infant mortality rates that have not decreased significantly in response to other models of prenatal care.

## REFERENCES

1. Alexander, GR, Kotelchuck, M. Assessing the role and effectiveness of prenatal care: History, challenges, and directions for future research. *Public Health Rep.* 2001;16:306-316.
2. Novick, G. Women's experience of prenatal care: An integrative review. *J Midwifery Womens Health.* 2009;54(3):226-237.
3. Institute for Alternative Futures. *Patient Centered Care 2015: Scenarios, Vision, Goals and Next Steps.* Camden, ME: The Picker Institute; 2004.
4. Ickovics J, Kershaw T, Westdahl C, et al. Group prenatal care and perinatal outcomes: A randomized controlled trial. *Obstet Gynecol.* 2007;110(2, pt 1):330-339.
5. Baldwin K. Comparison of selected outcomes of Centering Pregnancy versus traditional prenatal care. *J Midwifery Womens Health.* 2006;51(4):266-272.
6. Hackley B, Applebaum J, Wilcox W, et al. Impact of two scheduling systems on early enrollment in a group prenatal care program. *J Midwifery Womens Health.* 2009;54(3): 168-175.
7. Carlson NS, Lowe N. (2006) Centering Pregnancy: A new approach in prenatal care. *MCN Am J Matern Child Nurs.* 2006;31(4):218-23.
8. Rising SS, Senterfitt C. Repairing health care: Building relationships through groups. *Creat Nurs.* 2009;15(4):178-183.
9. Kennedy HP, Farrell T, Paden R, et al. "I wasn't alone"—a study of group prenatal care in the military. *J Midwifery Womens Health.* 2009;54(3):176-183

## ADDITIONAL RESOURCES

DeFrancesco M, Rising SS. A new way to be "patient-centered" and help your practice. *Female Patient.* 2010;35:46-48.

Gaudion A, Menka Y. (2010) No decision about me without me: centering pregnancy. *Pract Midwife.* (2010);13(10):15-18.

Grady MA, Bloom K. Pregnancy outcomes of adolescents enrolled in a CenteringPregnancy program. *J Midwifery Womens Health.* 2004;49(5):412-420.

Ickovics JR. "Bundling" HIV prevention: integrating services to promote synergistic gain. *Prev Med.* 2008;46:222-225.

Ickovics J, Kershaw T, Westdahl C, et al. Group prenatal care and preterm birth weight: results from a matched cohort study at public clinics. *Obstet Gynecol.* 2003;102 (5, pt 1):1051-1057.

Kershaw TS, Magriples U, Westdahl C, et al. Pregnancy as a window of opportunity for HIV prevention: effects of an HIV intervention delivered within prenatal care. *Am J Public Health.* 2009;99(11):2079-2086

## **MODELS OF GROUP PRENATAL CARE**

Klima C. CenteringPregnancy: a model for pregnant adolescents. *J Midwifery Womens Health.* 2003;48(3):220-225.

Klima C, Norr K, Vonderheid S, et al. Introduction of CenteringPregnancy in a public health clinic. *J Midwifery Womens Health.* 2009;54(1):27-34.

Magriples U, Kershaw TS, Rising SS, et al. Prenatal health care beyond the obstetrics service: Utilization and predictors of unscheduled care. *Am J Obstet Gynecol.* 2008;198(1):75.e1-7.

Massey Z, Rising SS, Ickovics J. CenteringPregnancy group prenatal care: promoting relationship-centered care. *J Obstet Gynecol Neonatal Nurs.* 2006;35(2):286-294.

Reid J. CenteringPregnancy: a model for group prenatal care. *Nurs Womens Health.* 2007;11(4): 384-388.

Rising SS, Jolivet R. Circles of community: the CenteringPregnancy group prenatal care model. In: Davis-Floyd R, Barclay L, Daviss BA, Tritten J, eds. *Birth Models that Work.* Berkeley and London: University of California Press; 2009:365-384.

Rising SS, Kennedy HP, Klima C. (2004) Redesigning prenatal care through CenteringPregnancy. *J Midwifery Womens Health.* 2004;49(5):398-404.

Skelton J, Mullins R, Langston LT, et al. CenteringPregnancySmiles: Implementation of a small group prenatal care model with oral health. *J Health Care Poor Underserved.* 2009;20: 545-553.

Stemig C. CenteringPregnancy: group prenatal care. *Creat Nurs.*2008;14(4):182-83.

Teate A, Leap N, Rising SS, et al. Women's experiences of group antenatal care in Australia—the CenteringPregnancy pilot study. *Midwifery.* 2009;27(2):138-145.

---

Source: Division of Standards and Practice

Approved: ACNM Board of Directors, December 2010

Reviewed: August, 2011