



# POSITION STATEMENT

## Models of Group Prenatal Care

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

- Group prenatal care offers an evidence-based model of care that improves health outcomes for childbearing women and their infants.
- Group parenting care offers a parent-centered approach to care with a focus on the parent-child relationship in the context of family, culture and community.
- Models of group prenatal and parenting care include health assessment, and interactive education that are congruent with the philosophy of ACNM and promote an optimal relationship between health care providers, and women and their newborns.
- Models of group prenatal care and parent-centered care include assessment, education, and social support maximizing women's potential for self-empowerment, growth and lifestyle changes, all of which result in improved perinatal and infant outcomes.
- As opportunities present themselves, educational programs for health professionals should provide students with clinical experience in using models of group prenatal care and group parenting 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 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 consistent with the Ten Rules for Redesign of Health Care, published by the Institute of Medicine (now the National Academy of Medicine).<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, cost effective<sup>4</sup> and, more importantly, to provide clinical benefits to patients.<sup>5,6,7</sup> In a randomized clinical trial, participants in the CenteringPregnancy model of group prenatal care were less likely to give birth prematurely<sup>5,8</sup> and had higher breastfeeding

initiation and duration rates compared to women receiving a model of care consisting of individual prenatal visits.<sup>5</sup> 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>4,9</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>10</sup> Additionally, in the CenteringPregnancy model, the healthcare provider and co-facilitator lead the group in a facilitative rather than didactic style that focuses on issues of importance to women in the group rather than to a prepared content outline.<sup>11</sup> In this atmosphere women share in culturally appropriate ways, responding to issues raised with creative solutions Group members have the opportunity to involve family members in their care. Models of group prenatal care are woman-centered and demonstrate improved health outcomes for childbearing women.<sup>5,6,10,12,13</sup>

The CenteringPregnancy model has been extended to provide interconception/well-baby care through the first two years. This model, CenteringParenting, is a dyad care model with attention to the needs of the both the mother and baby, utilizing the Centering essential elements and three components.<sup>14</sup> ACNM supports expansion of the use and research of evidence-based models of group prenatal care and well baby care as a potential mechanism for improving maternal and infant health outcomes.

## 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. Rowley, R, Phillips, L, O'Dell, L, Hussein, R., Carpino, S., Hartman, S. (2016). Group Prenatal Care: A financial perspective. *Maternal Child Health Journal.* 20:1-10.
5. 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.
6. Baldwin K. Comparison of selected outcomes of CenteringPregnancy versus traditional prenatal care. *J Midwifery Womens Health.* 2006;51(4):266-272.
7. 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.
8. Picklesimer, A., Blackhurst, D., Covington-Kolb, S., Hale, N., Billings, D. The impact of CenteringPregnancy group prenatal care on preterm birth in a low-income population. *American Journal of Obstetrics & Gynecology.* 2012; 206: 415.e.1-415.e.7.

9. Andersson, E., Christensson, K., Hildingsson, I. Mothers' satisfaction with group antenatal care versus individual antenatal care—a clinical trial. *Sexual and Reproductive Healthcare*. 2013;4 (3): 113-120.
10. Carlson NS, Lowe N. CenteringPregnancy: A new approach in prenatal care. *MCN Am J Matern Child Nursing*. 2006; 31(4):218-23.
11. Rising SS, Senterfitt C. Repairing health care: Building relationships through groups. *Creat Nursing*. 2009; 15(4):178-183.
12. Zielinski, R., Deibel, M., Stork, L, Kothari, C. Searing, K. Improving infant and maternal health through CenteringPregnancy: A comparison of maternal health indicators and infant outcomes between women receiving group vs traditional prenatal care. *OJOG*, 2014; 497-505.
13. 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
14. Bloomfield J, Rising SS. CenteringParenting: An innovative dyad model for group mother-infant care. *J Midwifery Womens Health*. 2013; 56(6): 683-689.

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