## TARGET POPULATION AND ISSUE Pregnant women and their infants

Centering is appropriate for all pregnant women, but is of particular benefit to women of ethnic and racial minority groups who experience disparities in birth outcomes. Women in Centering express appreciation for the amount of learning, sharing and connecting that happens with other women who are due at the same time.

Healthcare providers see a greater level of engagement and knowledge in women in their Centering groups. Attendance at prenatal care visits and patient satisfaction scores are higher. Providers also say they have a much greater understanding of women's cultural beliefs and values that impact their decisions and actions.

## The Issue

The U.S. ranks 30th in the world for maternal death, preterm births and infant deaths.

- Leading causes of infant death are preterm birth and low birth weight.
- Those that survive have a higher rate of neurologic problems, mental retardation, respiratory conditions and general morbidity.
- Low birth weight increases the risk of chronic disease into adulthood.
- Preterm birth costs the U.S. more than \$26 billion a year.
- While there have been recent improvements, the gap in disparities is widening at an alarming rate.

### **Colleen Senterfitt MSN, CNM, Chief Health Officer Boston, MA**

500,000 alf a millions babies are born pre each year in the U.S.

\$51,600

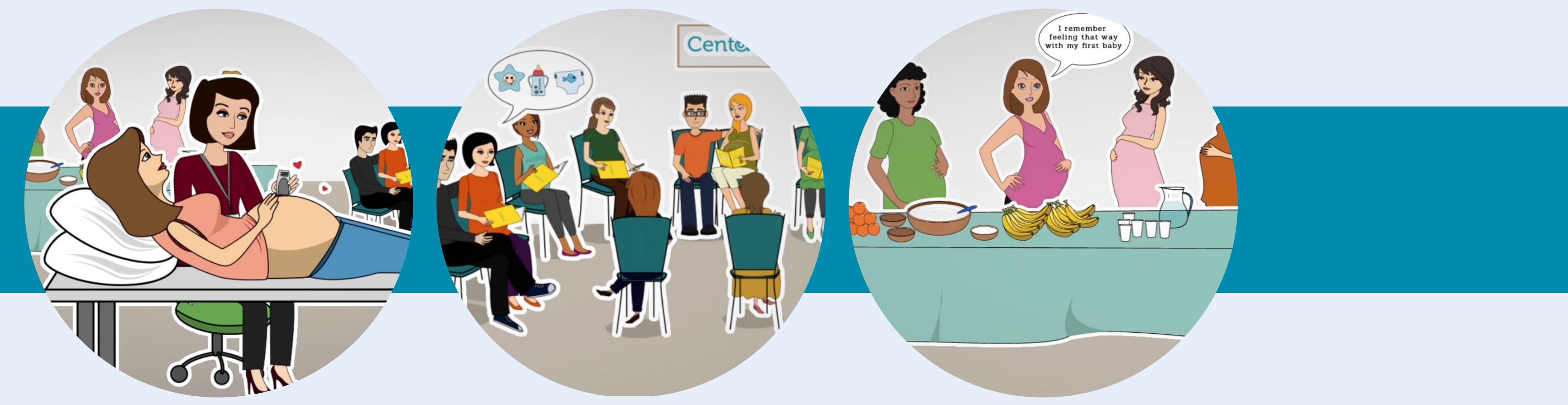
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# **Centering**<sup>®</sup>Healthcare INSTITUTE

## **Centering**Pregnancy®



(Center for Disease Contro



health assessment

## Population health begins with pregnancy and birth.

### CenteringPregnancy addresses all areas:

- **1.** Connects prevention, wellness and behavioral health with traditional health care delivery.
- 2. Improves quality and safety of care, access to healthcare services and helps to prevent and manage chronic diseases.
- **3.** Addresses socio-economic and cultural factors that impact health outcomes.
- 4. CenteringCounts data system supports health care delivery by providing real time data to allow healthcare systems to identify opportunities for rapid improvement.

### Ir Aim for CenteringPregnancy: be recognized as a standard of prenatal care available to any pregnant woman. Goal 1: Goal 3: **Goal 2:**

### Improve maternal child health outcomes by transforming maternity care through:

- High quality tools, training and consulting to help clinical practice sites implement the Centering group care model.
- A skilled workforce to help clinical sites implement and sustain Centering.
- Target most at-risk populations for Centering expansion.
- Cost effective and efficient sustainability options for practice sites.
- Large system implementation strategy to help multi-site practices spread the innovation internally.

### Demonstrate the impact of Centering on health outcomes by:

- Measuring and reporting data on model fidelity, sustainability, and health outcomes through the CenteringCounts data tool.
- Encouraging and supporting ongoing research.
- Dissemination of outcomes data to demonstrate the impact of Centering more widely.

### **National Partners and Supporters**

- American College of Nurse Midwives
- United States Breastfeeding Committee

## INTERVENTION

interactive learning

community building

Collaborate with key stakeholders to promote the scale and spread of Centering.

- March of Dimes
- W. K. Kellogg Foundation

- State Collaborations Georgia – United Way of Georgia Indiana State Department of Health Louisiana Area Health Education Center Massachusetts COIIN and MA Perinatal
- Quality Collaborative Michigan Primary Care Association
- Mississippi Perinatal Quality
- Collaborative

- Anthem Foundation
- Social Impact Exchange
- AMCHP
- Monroe County Health Dept. & Brooklynbased Center for Health Equity (NY)
- Ohio Institute for Equity in Birth Outcomes in collaboration with the Ohio Association of Community Health Centers
- Palm Beach County Florida
- South Carolina Medicaid, MOD and Greenville Health System



### SELECTED STUDIES ON CENTERINGPREGNANCY OUTCOMES:

- Obstetrics and Gynecology 2003) preterm, women in group care delivered infants that were two weeks older and one pound larger.
- 2. Group Prenatal Care and Perinatal Outcomes (Ickovics, et al, Obstetrics and Gynecology, 2007). Findings: Overall women in CenteringPregnancy group care experienced a 33% lower rate of preterm birth and African American women (representing 80% of the sample) had a 41% lower rate of preterm birth.

### IMPACT

## Preterm Birth

MOD GOAL 5.5% 5.8% **CHI RATE** 11.4% **US RATE** 

~\$23 million cost savings to the health care system

Low Birth Weight HP2020 GOAL **<7.8**% CHI 5.4% US 8%

Breast Feeding CDC GOAL 82% US 77%

2014 CenteringCounts data from 100+ sites serving 11,113 women.

## 400 Centering practice sites serve ~ 50,000 women yearly

- 1. Group Prenatal Care and Preterm Birth Weight (Ickovics, et. al.
- Findings: Group prenatal care results in higher birth weights especially for infants born preterm. Of those who delivered
- 3. CenteringPregnancy Smiles (Skelton, et al, Journal of Health Care for the Poor and Underserved, 2009) Findings: Preterm birth rates decreased from 14% to 6 % and low birth weight from 8 % to 5 %. The improvement was greater than the estimated 20% of adverse birth outcomes that could be linked to oral infections based on previous studies. They estimate a savings of \$1.5 million in medical bills by preventing 37 preterm births due to Centering.
- I. The effect of CenteringPregnancy group prenatal care on preterm birth in a low-income population. (Picklesimer, et al, American Journal of Obstetrics & Gynecology, 2012).
- Findings: A 47% reduction in preterm birth for women in Centering group care - 7.9% for women in Centering compared to 12.7% for women in individual care.