Feasibility and Implementation Study of Group Prenatal Care in an FQHC and Residency Training Site

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BACKGROUND

Group Prenatal Care (Centering®) improves birth outcomes, including preterm birth rates and patient satisfaction with care. This model may also have advantages for organizations and providers, including increased productivity and decreased stress and burnout. Many barriers, including low volume prenatal patients, language heterogeneity, residency curriculum requirements, or limited maternity care providers, may impede implementation of this model. Recognizing the possible benefits of this model to both patients and our organization, a clinical quality improvement (CQI) team made up of three physicians, two nurses, and an evaluation specialist, under the supervision of the organization’s medical director, planned and implemented group prenatal care in our FQHC.

METHODS

This study evaluates the feasibility, implementation and outcomes of Centering in a Federally-Qualified Health Center (FQHC) in the urban Northeast, where the challenges described above are present.

RESULTS

- Demographics of Group Patients Recruited:
  - n=20, 17 of whom have given birth and finished program to date.
  - n=13 for patients seen in individual prenatal care during same time period as Group patients.

- Outcomes for Women Completing Group:
  - n=17 for Group patients
  - n=13 for patients seen in individual appointments with EDDs during same time period as Group patients.

DISCUSSION

Organizational behaviors which supported successful implementation of Group Prenatal Care include:
- engaging clinical leaders with previous group care model experience to actively manage implementation and on-going monitoring
- dedicating weekly team work time
- getting staff certified in the group care model through off-site training
- purchasing validated group care model patient and facilitator materials, (Centering®)
- committing a full 90 minute group session of patient care to the group care model, regardless of the size of the group
- Succesess found included increased access, receiving of care and continuity of care with retention in practice. Additionally, this care model has increased satisfaction voiced by all team members, facilitators, staff and patients in our clinic. As best expressed by a group model patient: “Other women should do it. The program is very good and you learn a lot of new things.”

CONCLUSIONS

Through experienced clinician engagement, organizational leadership investment and use of validated tools, group care model has been successfully implemented in our Northeast urban FQHC serving a primarily un- and under-insured Latino population. Due to our specific setting, low volume and only having sufficient numbers to offer Spanish speaking groups, our limitations include selection bias and limited generalizability. Our low volume also does not support statistically significant analysis of our data. We hope to expand our studies on our group model to look at impact on promoting healthy weight gain during pregnancy, improved breastfeeding rates and the possibility of expanding group model to well child care.