Prenatal Care That Improves Access and Outcomes

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Goals & Objectives

- Introduce the group prenatal care Centering Pregnancy model
- Review benefits of this model of prenatal care
- Review improved outcomes evidence
What is Centering?

- Group Prenatal Care
- 8-10 patient’s with similar due dates that meet for 10 sessions
- Learning objectives for each session
- Encourages active participation in care
Sessions last 1.5 to 2 hours
Monthly session for first 4 meetings
Sessions every 2 weeks for the remaining 6 meetings
Postpartum Reunion
Early routine visits, weekly visits, and any additional visits needed are scheduled as usual
What is Centering?

- Groups are intended to have fluid discussions loosely based on goals for each session
- Facilitated by the same medical team each session for continuity
Team Based Approach

- In our office groups will be facilitated by an NP and MA
- Team approach creates a safe and trusting environment with new and experienced moms supporting each other
Benefits of Centering

- Improves outcomes
- Empowers patients
- Creates bonds between patients
- Allows for strong patient-provider bond
Benefits of Centering

- No wait time for patients
- More face to face time with team
- Patients are taught how to take their vitals
- Appts scheduled out for all sessions at start of group
Benefits of Centering

- EMR charting is templated and saves time
- Improved experience for provider which decreases burnout
- Improves clinical outcomes while improving patient satisfaction
RESULTS

- Decrease low birth weight
- Decrease Preterm Birth
- Increase Breastfeeding
- Reduce Healthcare Disparities/Access
- Decreased Healthcare Costs
- Improved Patient Experience
- Improved Provider Satisfaction
Centering Pregnancy Outcomes

Preterm Birth
- NC RATE: 10.1%
- CHI NC: 6.8%
- MOD GOAL: 9.6%
- US RATE: 11.4%

Low Birth Weight
- NC: 9.1%
- CHI: 5.4%
- HP2020: 7.8%
- US: 8.0%

Breastfeeding
- CDC GOAL: 82%
- CHI: 86%
- US: 77%

NC OUTCOMES DATA – PRETERM BIRTH

Preterm Birth

- All Births (N = 876)
- Hispanic/Latina
- White
- Black/African-American
- Asian
- American Indian/Native Alaskan

- Centering PTB*
- NC PTB **

CenteringCounts 2016-19, MOD Peristats 2014-16
Data Suppoying Cost Savings

- South Carolina Retrospective 5 year cohort
- 6,328 Medicaid patients enrolled:
  - 1262 patients in Centering & 5066 patients in conventional care
  - 36% risk reduction in PTB $22,667 savings per event
  - 44% risk reduction in LBW $29,627 savings per event
  - 27% risk reduction in NICU stay $27,249 savings per event

Gareau et. Al. Group Prenatal Care Results in Medicaid Savings: Analysis of Centering, March 2016
Conclusion

TRIPLE AIM OF CENTERING

- Better Care
- Better Health
- Lower Cost
Questions?