

Oklahoma Health Care Authority

Here When It Counts

Strong Start Initiative Centering Pregnancy Model

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www.okhca.org



Strong Start Initiative

Centering Pregnancy Model

- Multifaceted model of group health care that integrates three major components of care:
 - Health assessment
 - Education
 - Support
- Introduced by Sharon Rising, CNM, MSN in 1993.

Prenatal Care

Organized antepartum care attributed to Ballantyne in the early 1900s:

- Prevention of fetal anomalies
- Improvement of maternal, fetal and infant mortality
- Prevention of toxemia
- Decrease rate of low birth weight and preterm infants

Content of Prenatal Care

- Periodic visits with health care provider. Model has not changed much (new technologies and new screening tests)
- One on one visits
- Encounters are brief
- Private room

Traditional Prenatal Care

US has not met key maternal and infant indicators for Healthy People 2010.

- Preterm births
- Breastfeeding rates
- Adequacy of prenatal care

Centering Pregnancy Model

Group Health Care

- Begins prenatal care with a provider
- 8-12 women in every group
- Similar due dates
- Enters the group at 14-18 weeks of gestation
- Returns to provider at 36 weeks of gestation

Centering Pregnancy Model

Visits

- 10 total visits-starting monthly and then biweekly
- Mother-to-be undergoes individual assessment by the health care provider at each visit
- Patient starts each class by recording her weight, BP, and checking urine sample and maintaining records

Centering Pregnancy Model

Visits

- Facilitated discussion on the following:
 - Nutrition
 - Medical complications of pregnancy
 - Common pregnancy complaints
 - Childbirth preparation
 - Sibling concerns
 - Parenting
 - Selecting a pediatrician

Why Centering Pregnancy?

Group Prenatal Care and Perinatal Outcomes: A Randomized Controlled Trial
by Ickovics, et al, Obstetrics and Gynecology, Vol. 110, No. 2, Part 1, Aug. 2007

1047 pregnant women (14-25 years)

Two urban university affiliated hospital clinics

Randomized to traditional care vs.
Centering Pregnancy

Results

9.8% of CP patients delivered < 37 weeks

13.8% of traditional care patients delivered <37 weeks

Results of Centering Pregnancy

- Higher rate of adequate prenatal care
- Higher rate of breastfeeding
- Higher satisfaction with pregnancy
- Better knowledge/preparation for delivery

Benefits of Centering Pregnancy

- Maintains all the benefits of high quality prenatal care but blended into a supportive, empowering experience for women
- “You are not alone.”
- Adequate time for discussion and support
- See the same provider every time
- Increase individual motivation to learn and change
- Take charge of one’s behavior and support each other

Additional Benefits of Centering Pregnancy

- Healthy eating habits
- Smoking cessation
- Reduction in substance abuse
- Improved lactation rates

