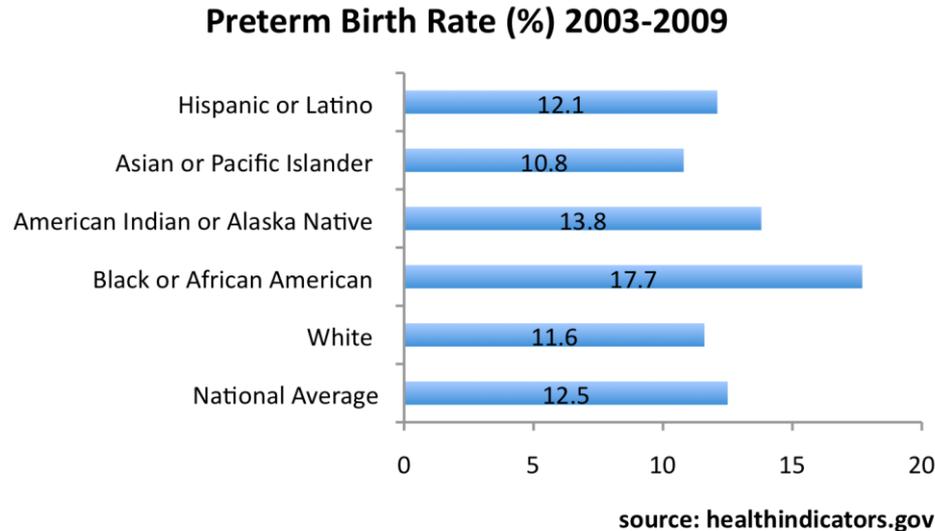


Implementing “Centering”, a New Model of Prenatal Care and Measuring its Outcome on Neonatal Health and Overall Maternal Wellness

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Health Care Disparity to be Addressed:



- Black women have significantly higher rates of preterm delivery and low birth weight when compared to white women.
- The OBGYN population at the Dimock Center consists primarily of racial/ethnic minority women, including recent immigrants and women who identify as African American, Hispanic or Haitian.
- The majority of prenatal patients at the Dimock Center do not have the resources to attend birthing classes, breastfeeding classes or parenting classes.

Centering Pregnancy

- Patient-centered group model of care
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- Women are encouraged to take responsibility for themselves and be a partner in their health care
- Time is provided for women to talk and share with one another
- Standard prenatal assessment occurs in an atmosphere that encourages free exchange, facilitates learning, and develops mutual support

Phase 1: Implementing Centering

Intradepartmental

- Training staff and support staff around this new model of care
- Establishing facilities- designated group space
- Patient recruitment
- Implementing Operational changes to support new model of care
- Resource development/ Building content of group visits
- Developing strategies to deal with children in the group setting

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Establishing Collaborations

- Behavioral health participation
- Pediatric department
- WIC
- Beth Israel Hospital – Birthing class instructor
- IT department

What Centering looks like today:

- Patients are engaged in their health care.
- Patients are actively involved in the group sessions.
- 4 groups completed, 3 current groups
- High patient satisfaction surveys

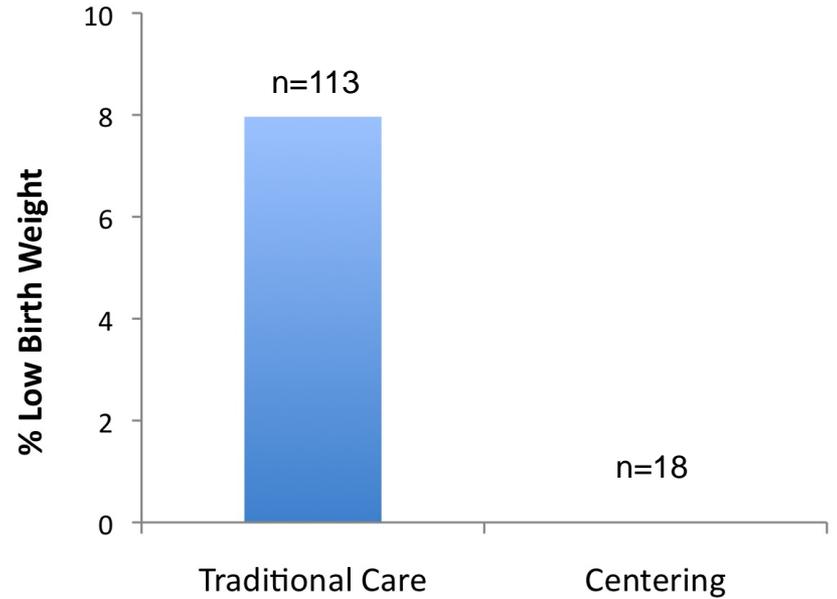
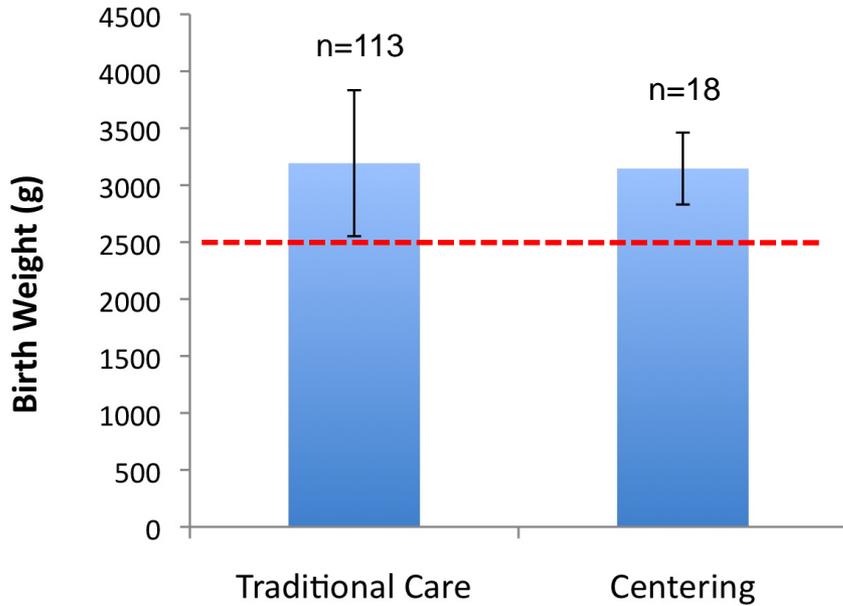


Phase 2: Determining the Impacts of Centering Pregnancy on Neonatal Outcomes and Overall Maternal Wellness

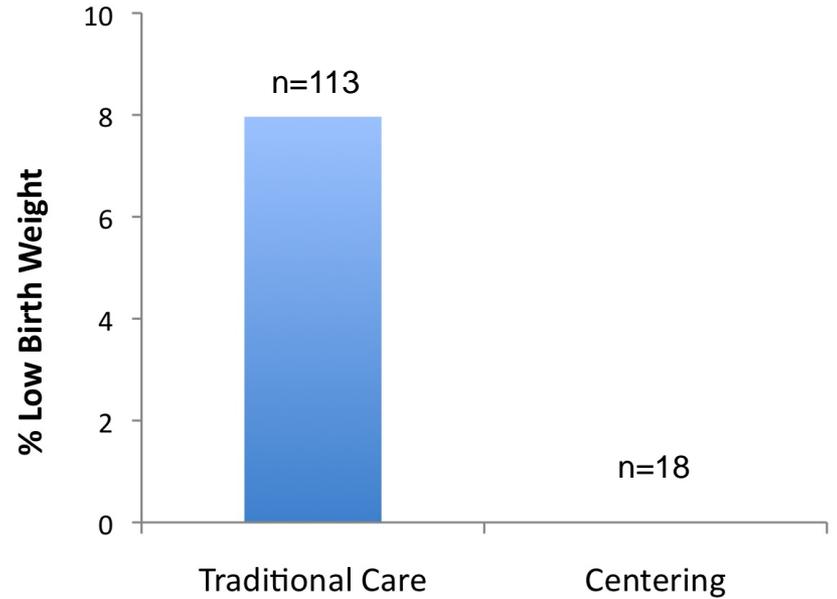
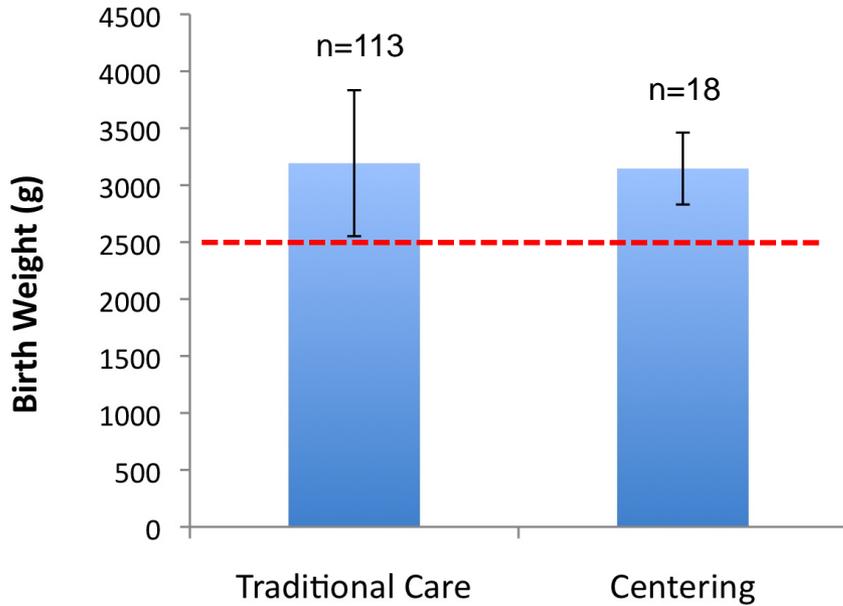
Areas of Interest for evaluation of Outcomes:

- Preterm Delivery rate
- Birth weight
- Breastfeeding rates at 6wk PPV
- Marijuana cessation rate
- Smoking cessation rates
- Kept visits during pregnancy

Effect of Centering on Low Birth Weight Rates

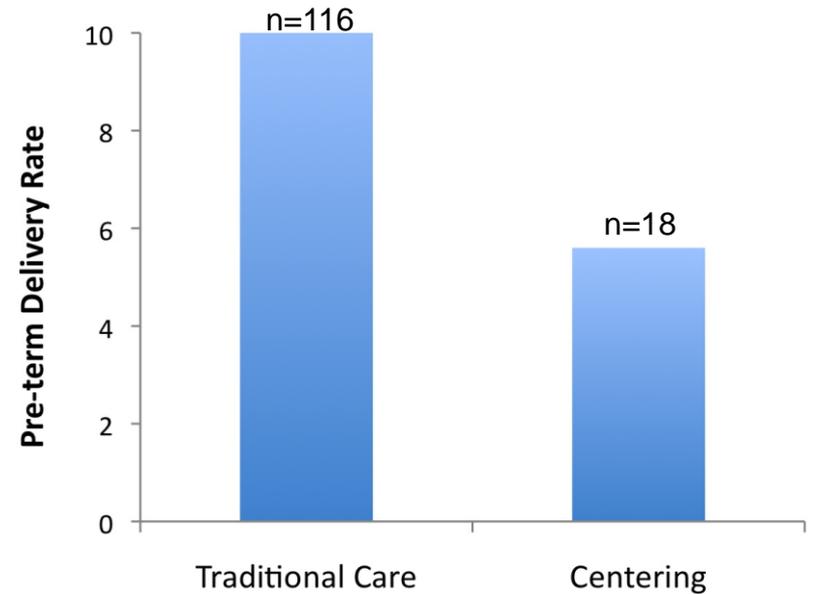
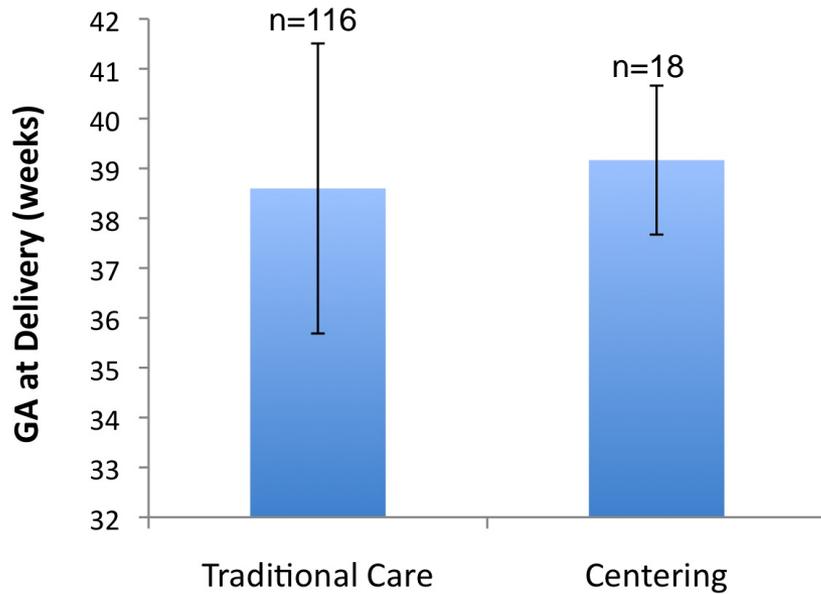


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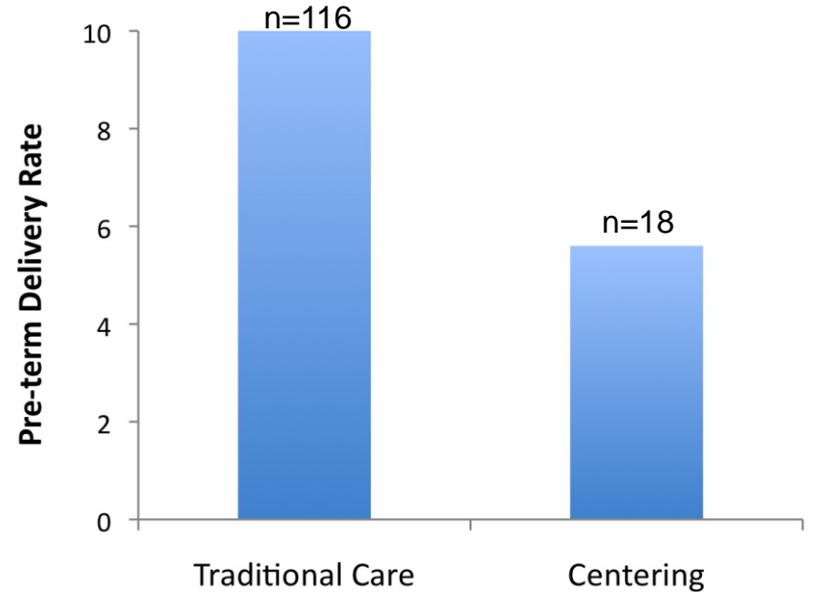
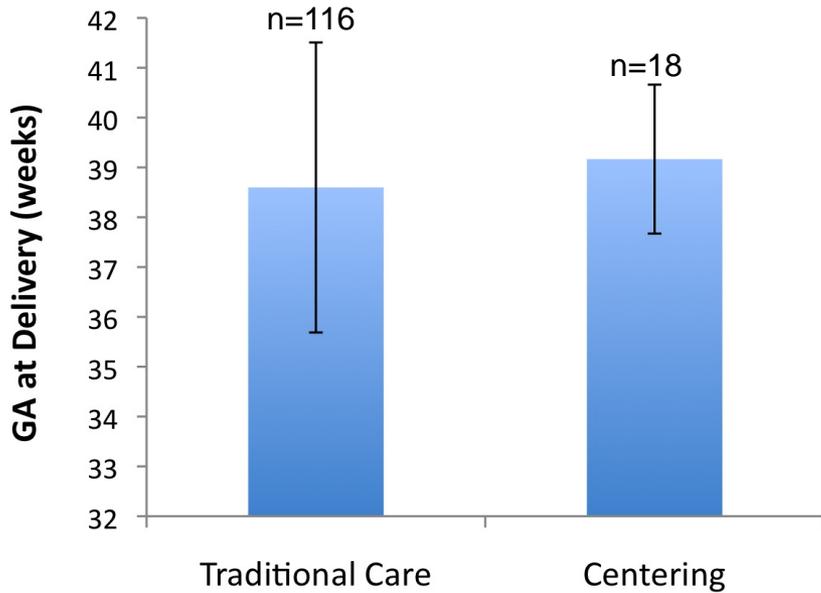


Centering Decreases % Low Birth Weight in Infants

Impact of Centering on Preterm Delivery Rate

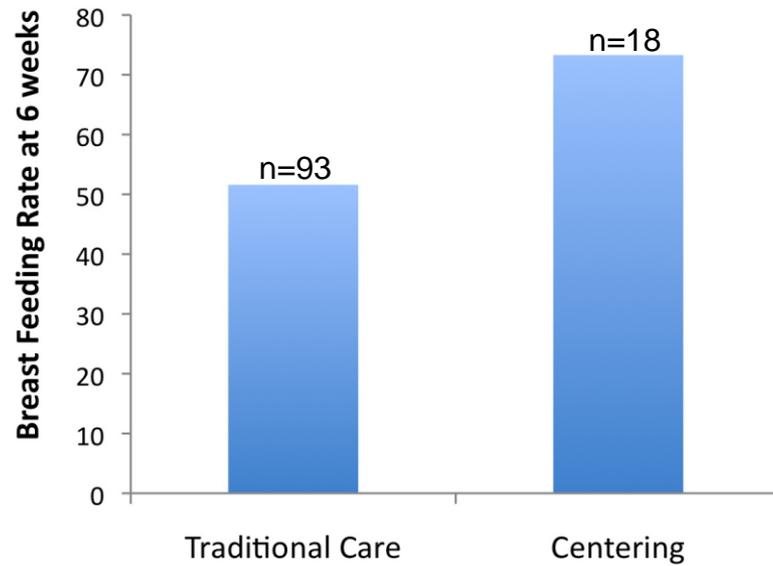


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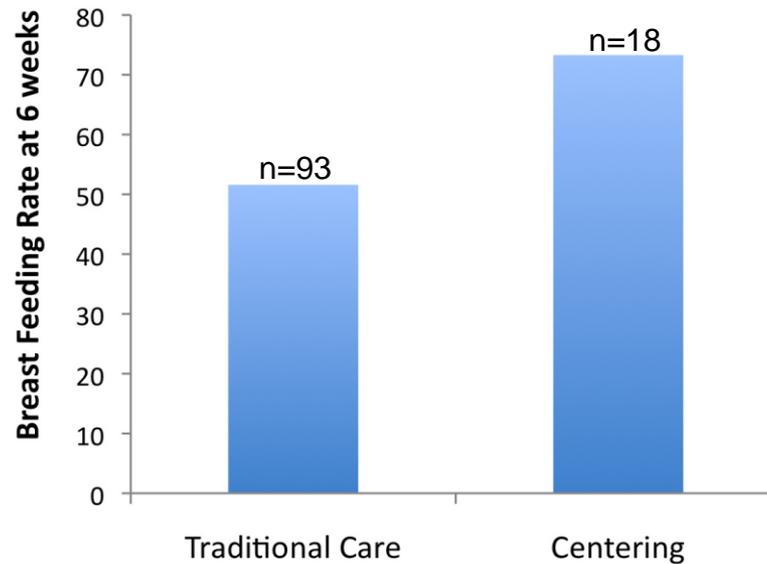


Centering Decreases Preterm Delivery Rate

Effect of Centering on Breast Feeding Rates

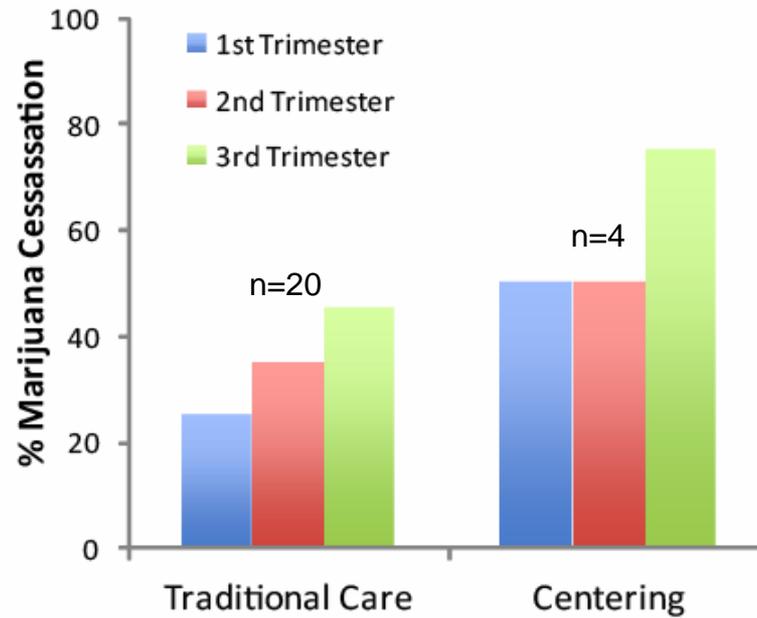


Effect of Centering on Breast Feeding Rates

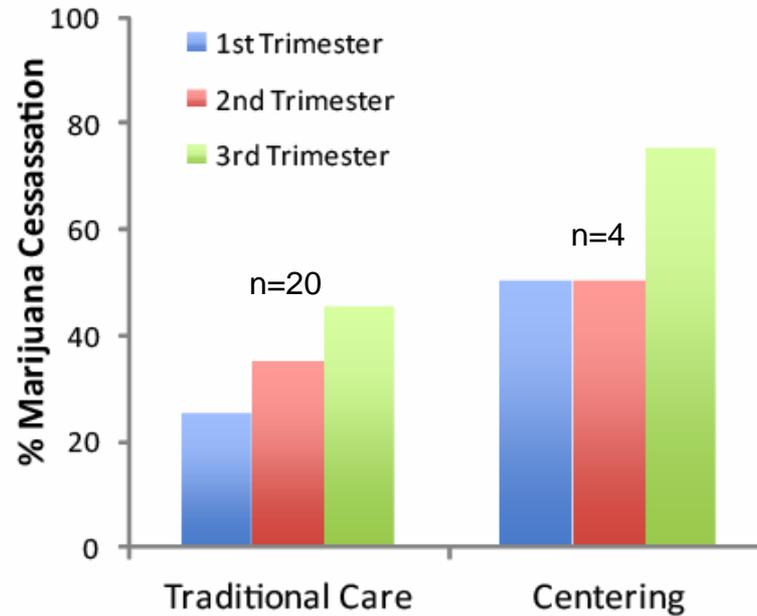


Centering increases breast feeding rates

Effect of Centering on Marijuana Cessation

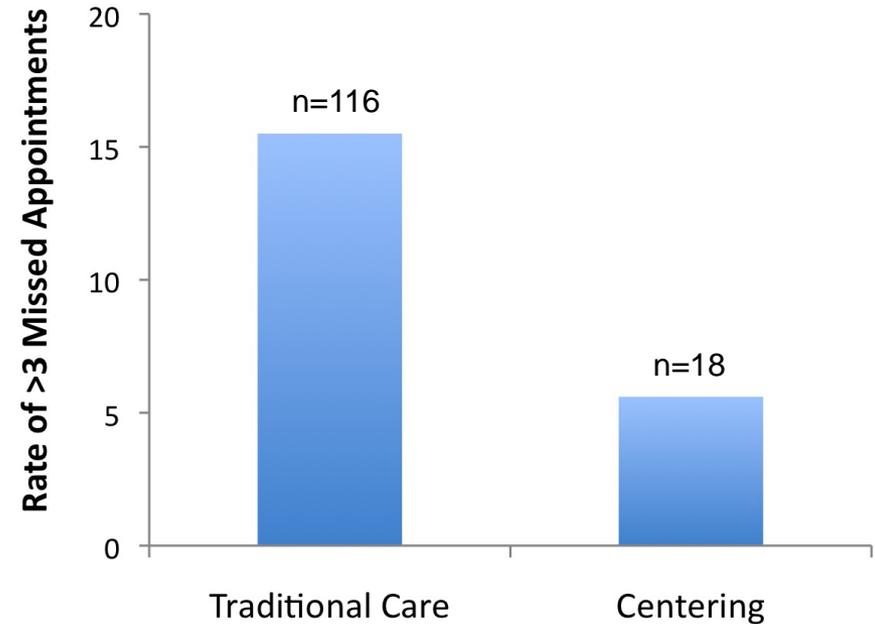
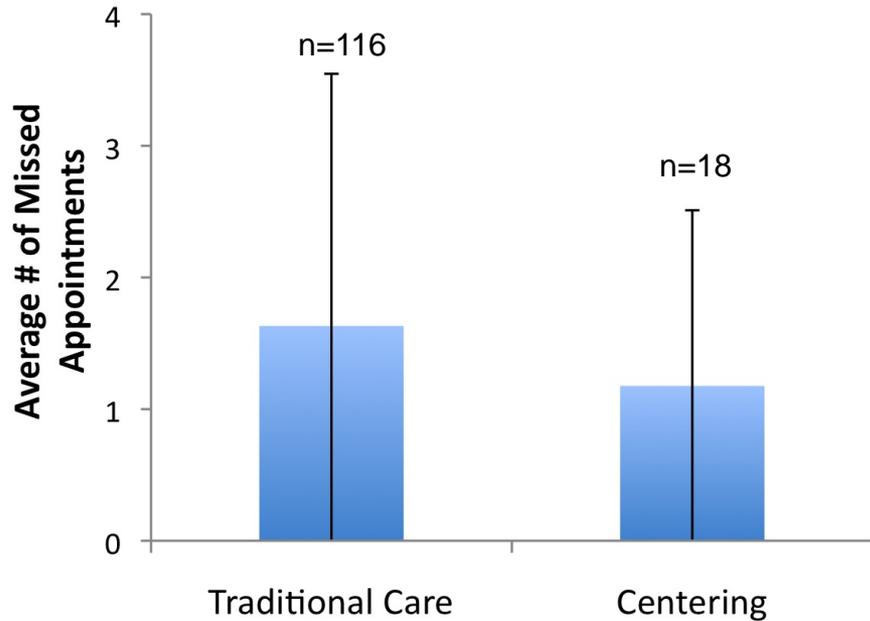


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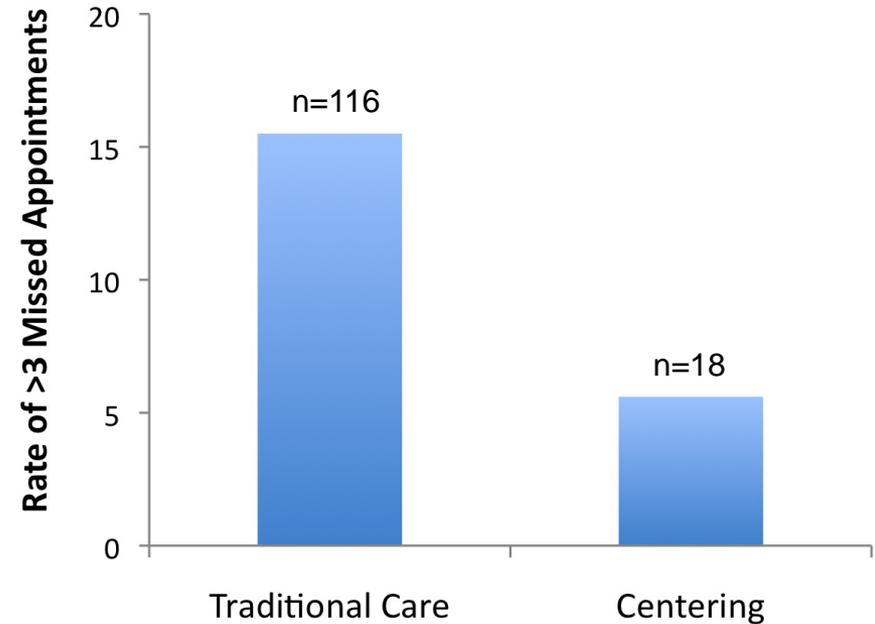
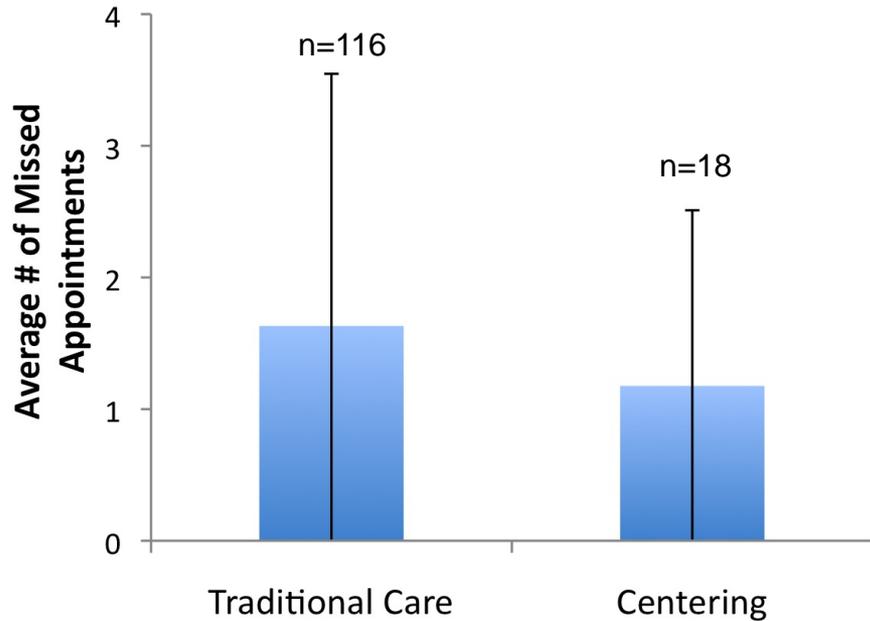


Centering increases marijuana cessation

Analysis of Centering's Impact on Continuity of Care



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Centering increases the continuity of care

Success in Centering:



Conclusions and Future Directions

Trends representing impact of Centering:

- Decrease percentage of low birth weight infants.
- Decrease in preterm delivery rates.
- Increase in breast feeding rates through 6 wk post partum
- Earlier marijuana cessation in pregnancy.
- Decrease in the number of patients with multiple missed appointments.

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Future Directions

- Collect data going forward in a prospective study comparing centering patients to traditional care to further assess these trends.

Acknowledgments

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- Boston Healthy Start Initiative
- Centering Healthcare Institute
- Centering patients who allowed publication of pictures and participation