

# CenteringPregnancy® CenteringParenting®

Innovative Models for Prenatal and Well-Woman/Well-Baby Care

Healthy Start

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Centering®

# Your Presenters



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# Webinar Objectives

Learn about the CenteringPregnancy and CenteringParenting group care models

Examine the evidence supporting Centering

See how these models support the 5 approaches for Healthy Start

Look at ways that Healthy Start grantees can integrate Centering into their programs

# What is Centering?

Provider-driven facilitated group care that integrates

- Health Care
- Interactive Learning
- Community Building

Groups of patients meet together for sessions facilitated by a care team that includes a provider and co-facilitator

A series of appointments of 90 - 120 minutes

Replaces traditional individual care

# The 13 essential elements that define the Centering model:

1. Health assessment occurs within the group space.
2. Participants are involved in self-care activities.
3. A facilitative leadership style is used.
4. The group is conducted in a circle.
5. Each session has an overall plan.
6. Attention is given to the core content, although emphasis may vary.
7. There is stability of group leadership.
8. Group conduct honors the contribution of each member.
9. The composition of the group is stable, not rigid.
10. Group size is optimal to promote the process.
11. Involvement of family support people is optional.
12. Opportunity for socializing within the group is provided.
13. There is ongoing evaluation of outcomes.

# CenteringPregnancy

Groups of 8 – 12 women of similar gestational age

10 sessions over last six months of pregnancy

Adheres to ACOG guidelines for routine prenatal care

Follows a standard curriculum



# CenteringParenting

Continuity well-mom/well-baby care

5-8 dyads per group

9 visits from 2 weeks through 12 months

*(expanding to age two later in 2015)*

Follows *Bright Futures* Guidelines

Focus on

- Health
- Development
- Safety



# FUTURE VIDEO

**THE FUTURE OF PRENATAL CARE**

# Evidence: PTB reduction

- 33%

Matched cohort study  
*Ickovics, et al 2007*

- 38%

Retrospective cohort study  
*Picklesimer, et al 2012*

- 52%

Compared to regional outcomes  
*Skelton, et al 2009*

Bibliography available at

<http://centeringhealthcare.org/pages/centering-model/bibliography.php>

# CenteringCounts™

- A **data system** designed for Centering sites
- Measures **model fidelity, practice scale, and impact**
- Focused on what matters: **easy to use** and tracks **progress**

# CHI Internal Data

## 110 sites reporting via CenteringCounts™ in 2014

- Patient Satisfaction = 96%
- Preterm Birth = 5.7%
- Low Birthweight=5.5%
- Breastfeeding = 83%
- Patient Scale = 20% of “eligible” women

If we know Centering is better care, why is enrollment a challenge?  
Why are only 1 of 5 women who could be in Centering enrolled?

# Centering Nails the Triple Aim

**Better Care**

**Better Health**

**Lower Cost**

96% Patient Satisfaction

Better Attendance

Higher Breastfeeding

Lower Preterm Births

Provider Satisfaction



# Centering Supporters



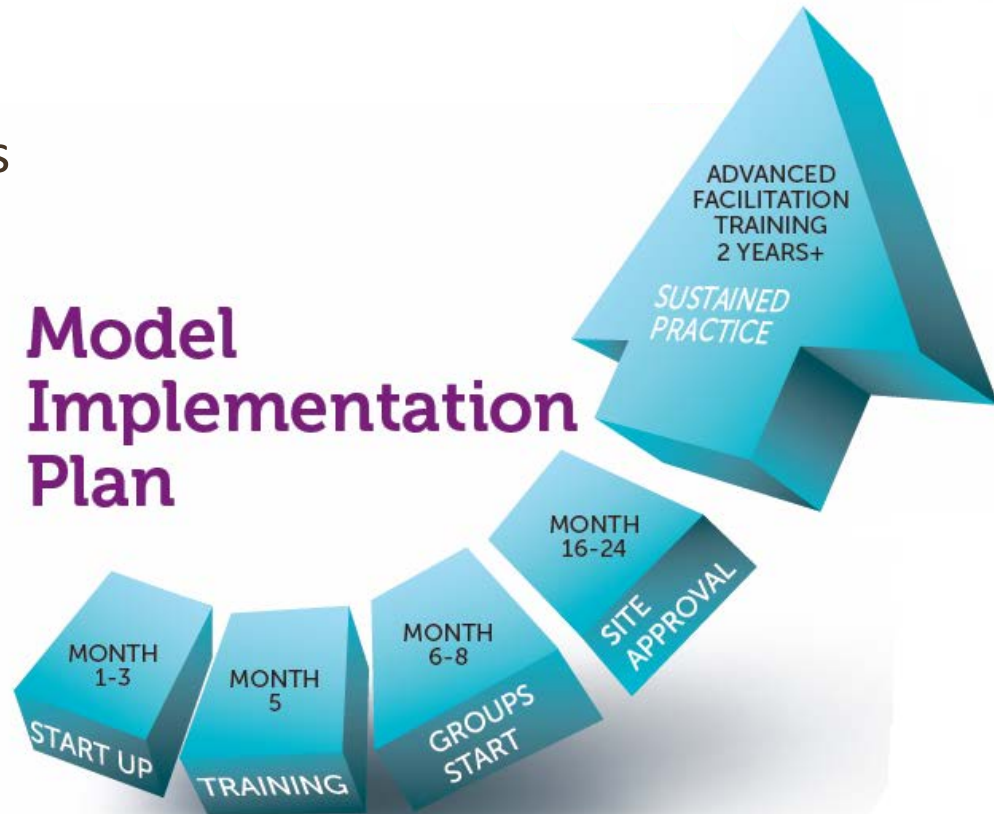
# Centering Practice Sites



# About CHI

- Readiness Assessment
- Implementation
- Training
- Curriculum Materials
- CenteringCounts
- Quality Assurance
- Advocacy

## Model Implementation Plan



# Centering and Healthy Start

- Evidence-based practice
- Standardized approach
- Reduces health disparities
- Supports healthier families over first years of life
- Offers accountability through CenteringCounts

# Healthy Start Approaches

## **1. Improve access to Centering care**

- Identify potential new Centering providers
- Assist with initial startup and provider training

## **2. Promote Centering in the community**

- Educate patients and family members

## **3. Support existing Centering practices**

- Provide trained co-facilitators
- Patient enrollment and retention
- Transportation, childcare
- Provide group resources

# Next steps

- Learn more about Centering
- Discuss ideas with CHI staff



# Questions?

“It is more work than anticipated.

It is more enjoyable and satisfying than anticipated.”

-Inova Health System, Falls Church VA

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# Wrap Up and Reminders

## Upcoming Webinars:

- Quality Family Planning Recommendations and Healthy Start: May 5 from 3:00–4:00 PM EST
- Part 1: How to Talk to Parents about Breastfeeding: Starting the Conversation: May 12 from 3:00-4:00 EST
- Collective Impact: Launching our Learning Together: May 13: from 3:00-4:00 EST
- Male Inclusion/Fatherhood: Why is this important and readiness strategies for staff and organization: May 14 from 3:00-4:00 EST
- Domestic Violence Screening and Follow-up: May 19 from 3:00-4:00 EST

## EPIC Center website:

- <http://www.healthystartepic.org>
- Includes all recorded webinars, transcripts, and slide presentations