Group prenatal care

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Objectives

• Learn the basic premise of group prenatal care (GPC)
• Discuss different models of GPC
• Review perinatal outcomes associated with GPC in the literature
• Consider GPC for special populations
• Understand the implementation challenges of GPC
Basic premise

- 5-12 women with similar gestational ages
- Longer visits
- Two facilitators
- Assessment, education, support

Models of group prenatal care

- CenteringPregnancy®:
  - 10 two-hour sessions starting 12-16 weeks
- Pregnancy and Parenting Partners (P3)
  - Every other week beginning 12-18 weeks through infancy
- Expect With Me
  - Low-risk GPC with IT component

Brief history & current state

- 1990’s
  - CenteringPregnancy
- 2007
  - First RCT
- 2013
  - CMS Strong Start
- 2017
  - Increasing interest in OB literature
Literature – positive findings

- ↓ preterm birth
- ↑ birth weight in preterm infants
- ↑ initiation of breastfeeding
- ↑ utilization of postpartum family planning services
- ↑ satisfaction, knowledge, engagement in care
- ↓ in emergency visits in the 3rd trimester
- ↓ weight gain during pregnancy and postpartum

Jolivits et al, Obstet Gynecol 2007
Jolivits et al, Obstet Gynecol 2003
Grabs & Brara, J Midwifery Women's Health 2004
Truss et al, J Midwifery Women's Health (in press) 2016
Trotman et al, J Pediatr Adolesc Gynecol 2015
Tandon et al, J Womens Health (Larchmt) 2013
Grady & Bloom, J Midwifery Women's Health 2004
Ickovics et al, Obstet Gynecol 2003
Ickovics et al, Obstet Gynecol 2007
Trudnak et al, J Midwifery Women's Health 2013
Tobkin et al, J Women's Health (Larchmt) 2016

Literature – neutral findings

- No change in positive health behaviors
- No change in knowledge
- No difference in satisfaction
- No difference in maternal/infant outcomes
  - No evidence of harm

Baldwin, J Midwifery Women's Health 2006
Klima et al, J Midwifery Women's Health 2009
Shakespeare et al, Matern Child Health J 2010
Robertson et al, Matern Child Health J 2009
Andersson et al, Sex Reprod Health 2015
Goring et al, Cochrane 2015

Special populations

- Adolescents
- Military
- Racial/ethnic minorities
- Diabetes
- Substance use disorder
Implementation Challenges

- Organizational climate
- Patient recruitment
- Space
- Lack of flexibility regarding timing
- Childcare
- Provider preparation time
- Billing and reimbursement
- Facilitator training

References


References
And now ....

- Donna Armstrong, RN

Gestational Diabetes
Group Prenatal Care

Objectives
What does GPC look like?
- Discuss team members involved
- Examine a typical group prenatal care visit
- Discuss changes/growth since starting GPC
- Examine facilitation and teaching/learning styles
- Discuss observations we have seen with patients
PATIENTS
Physician
Nurse Practitioner / Residents
RN
RD
CMA
Office staff
Corporate

Typical Group Care Visit
- Preparation time
- Group arrival- social and medical check
  12:15-13:00
- 13:00-14:00 Group time
- 14:00-15:00 follow up items/depart
- 15:00 post group team discussion

Growth and change
What has changed?

• Session numbers
• Materials
• Team member roles
• Patient participation
• Approach to group care
• Goals
• Additional education

Facilitation and Education

• Talk less/ listen more
• Allow patients to lead
• GPC uses multisensory approach
• Reinforce concepts
• Peer pressure - positive
• Social engagement
• Make it interesting and fun!!

What have we seen in GDM care?

• Positive peer influence
• Positive response of the care team
• Patient feel empowered
• Patients teach each other
• Outlet for social interaction
• Patients support each other
• All team members have something to offer
Closing Thoughts

References


Questions?

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