Centering Pregnancy
A Novel Approach to Prenatal Care

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KEYWORDS

• Centering Pregnancy • Group prenatal care • Prenatal care • Centering

KEY POINTS

- The Centering Pregnancy model focuses on patient assessment and knowledge/education, with an added focus on patient support that distinguishes it from the traditional prenatal model.
- The Centering Pregnancy model empowers women by placing them in control of information used to assess not only their health but also the health of their fetus.
- Numerous studies have shown evidence of improved pregnancy outcomes with the use of Centering Pregnancy, particularly for culturally and socioeconomically high-risk populations.
- Education about the Centering Pregnancy model and awareness of the associated benefits may serve to address most if not all of the challenges associated with program implementation.
- Educational resources and tolls for implementation are accessible through the Centering Healthcare Institute.

INTRODUCTION

The dynamic characteristics of patients and their needs have prompted experiments in health care delivery; prenatal care is 1 example. The Centering Pregnancy model focuses on patient assessment and knowledge/education, similar to the traditional prenatal care, but adds a unique focus of patient support that addresses the physical, social, and emotional stressors of pregnancy through a group approach.[1] This innovative model offers prenatal care designed to empower women and their families, encourage interactive deliveries, offer comprehensive health care, and promote healthy behaviors. The original model for Centering Pregnancy was developed by

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nurse-midwife Sharon Schindler Rising in the 1990s.[2–4] Rising identified the need for a prenatal care model that focused on education, support, and personalized, culturally appropriate care.[2,4,5] This model was offered as an evidence-based alternative to traditional prenatal care, placing the emphasis on facilitated education rather than on structured lecturing by a provider.[6,7] This model has proved successful with various populations. Although it takes some effort to develop a Centering Pregnancy program, the benefits to patients, providers, and pregnancy outcomes are worth the effort.

THE CENTERING PREGNANCY MODEL

The Centering Pregnancy model of group prenatal care begins with a traditional pregnancy intake and initial 1-on-1 prenatal appointment; it includes a routine physical examination and collection of recommended cultures and bloodwork.[2,4] If a patient is medically low risk and elects to be part of the Centering Pregnancy program, she and her support person join a group of 8 to 12 pregnant women (and their supports) who have similar estimated dates of confinement. According to the curriculum material offered by the Centering Healthcare Institute, in Boston, Massachusetts, each group first meets between 12 weeks and 16 weeks of gestation, followed by 10 group sessions over 6 months, concluding with a postpartum visit.[3,4,7–9] Signed confidentiality agreements are required by all group members at the first group session to ensure security of personal information and encourage openness and willingness to share only within the group. Group session last 90 minutes to 120 minutes, and food/snacks should be available for participants.[2,4]

Because the Centering Pregnancy program includes the same physical assessment and education as traditional prenatal care, it meets the standards set forth by the American Congress of Obstetricians and Gynecologists and American Academy of Pediatrics.[4,10] It is recognized by Medicare and private health insurances, making billing comparable to traditional prenatal care visits through the standard reimbursement system.[7,10–12] The first 20 minutes to 45 minutes of each group visit begin as women arrive and measure and record their own weights and blood pressures. Some programs may also include a urine dipstick measurement for glucose and protein.[2–4] This model is believed to further empower women by placing them in control of information used to assess not only their health but also the health of their fetus. It may make specific medical evaluations more tangible to patients and stimulate questions and discussions about techniques and findings.[10] While women arrive and record their vital signs, each patient is systematically seen individually in a quieter, private area of the space by the medical provider for her assessment, physical examination (fundal height measurement and fetal heart tone auscultation), and discussion of concerns and/or questions. Examples of individual concerns include abnormal laboratory values, weight gain or loss, and psychosocial struggles. Individual questions brought to the facilitator's attention privately may be determined to benefit the entire group and guide the group discussion later in the session.[10] This private portion of the visit allows the provider to determine if additional laboratory tests, imaging, or individual appointments are needed. These additional visits occur within a traditional model in the office, but the patients continue with group appointments, unless deemed too medically high risk.[10,11]

While each woman meets privately with her health care provider, the remainder of the group has the opportunity to interact, bond, and complete a self-assessment sheet. The self-assessments introduce topics that will be discussed that day and are designed to gauge participants' knowledge on the subject as well as encourage the group to generate relevant questions and facilitate discussion.[4,10,11,13] The