



Centering Healthcare Institute: The Centering Model for Group Health Care

Centering Healthcare Institute is a nonprofit organization whose mission is to change the paradigm of health services to a group care model in order to improve the overall health outcomes of mothers, babies, new families and all individuals across the life cycle.

CenteringPregnancy[®] and **CenteringParenting**[®] are multifaceted group models of care that integrate the three major components of care: health assessment, education, and support, into a unified program within a group setting. Eight to twelve women with similar gestational ages or 5-6 mother/baby dyads meet together, learning care skills, participating in a facilitated discussion, and developing a support network with other group members. Each Pregnancy or Parenting group meets for a total of 10 sessions throughout pregnancy and early postpartum or through the baby's first birthday. The practitioner, within the group space, completes standard physical health assessments for women and babies.

Through this unique model of care, women are empowered to choose health-promoting behaviors. Health outcomes for pregnancies, specifically increased birth weight and gestational age of mothers that deliver preterm, and the satisfaction expressed by both the women and their providers, support the effectiveness of this model for the delivery of care.



CenteringPregnancy groups provide a dynamic atmosphere for learning and sharing that is impossible to create in a one-to-one encounter. Hearing other women share concerns which mirror their own helps the woman to normalize the whole experience of pregnancy. Groups also are empowering as they provide support to the members and also increase individual motivation to learn and change. Professionals report that groups provide them with renewed satisfaction in delivering quality care.

Evaluative data shows that 96% of the women prefer receiving their prenatal care in groups. This model is interdisciplinary by design and demonstrates high satisfaction on the part of the participating care providers. Organizing care in this way helps to meet the needs of teens who enjoy being with peers and want to have a healthy baby but tend not to attend separate childbirth education or parenting classes. The pilot teen groups demonstrated a 92% visit compliance rate. This is an efficient way to organize care and is an attractive model for agencies to implement.



When **CenteringParenting** care is used in conjunction with CenteringPregnancy, groups provide a continuing community for families for a total of 18 months during this challenging time of transitions and provide an opportunity for competence and confidence building.

The *Centering* model was developed by Sharon Schindler Rising, MSN, CNM, and FACNM and piloted in a Connecticut clinic in 1993-94. Outcome quantitative data and descriptive data from focus group research indicated strong satisfaction of both participants and providers with the model. Work now is being done on other lifecycle models including CenteringDiabetes, CenteringMenopause, and the areas of interconception and chronic care.

Centering models develop in slightly different ways depending on particular needs of the setting, the practitioners, and the women seeking care. However, there are thirteen Essential Elements developed that define the model in all *Centering* locations.

Essential Elements of the *Centering* Model

- Health assessment occurs within the group space
- Participants are involved in self-care activities
- A facilitative leadership style is used
- Each session has an overall plan
- Attention is given to the core content; emphasis may vary
- There is stability of group leadership
- The group conduct honors the contribution of each member
- The group is conducted in a circle
- Group size is optimal to promote the process
- The composition of the group is stable, but not rigid
- Involvement of family support people is optional
- Opportunity for socializing is provided
- There is on-going evaluation of outcomes

Centering Healthcare Institute, Inc.

A non-profit organization, **Centering Healthcare Institute, Inc.**, supports the development of the model through educational workshops, consultation and research. The mission of **Centering Healthcare Institute, Inc (CHI)** is to change the paradigm of health services to a group care model in order to improve the overall health outcomes of mothers, babies, new families and all individuals across the life cycle.

This mission is based on the belief that the *Centering* model:

- Improves the health and well-being of childbearing women and their families
- Empowers women through a process of education and self-care;
- Creates a network of support for women and families, thereby strengthening their communities;
- Promotes the professional growth and satisfaction of health care providers delivering Centering care; and
- Increases the effectiveness and efficiency of the health care delivery system.

A number of formal research studies are underway funded both by government and private sources in *Centering* groups. Outcome data from a large randomized controlled trial at Yale/Emory Universities funded by NIMH of over 1000 women demonstrates a significant reduction in preterm birth, increase in satisfaction, breastfeeding rates, and pregnancy spacing for women in group care. Another large trial currently is underway with community health centers in New York City. The March of Dimes both nationally and through its state chapters has funded studies and provided site start-up monies.

Centering is a concept that is finding strong acceptance by professionals who offer the model and by the women/couples who participate in the program. It is a model that should be of interest to public and private agencies as well as to independent practitioners and is utilized by midwives, nurse practitioners, and physicians at over 200 sites nationally and internationally. We encourage any who are interested to explore its potential by inviting *Centering* experts to speak, lead workshops and provide consultation. A full range of patient and professional materials are available to help sites implement the model.

For further information: www.centeringhealthcare.org or contact CHI at: info@centeringhealthcare.org or 203:271-3632

Bibliography of CenteringPregnancy

Baldwin K. (2006) Comparison of selected outcomes of CenteringPregnancy versus traditional prenatal care. *Journal of Midwifery & Women's Health*, 51(4): 266-272.

Bloom K. (2005) Use of the CenteringPregnancy program in a school-based clinic: A pilot study. *Clinical excellence for nurse practitioners*, 9(4): 213-21.

Carlson NS, Lowe N. (2006) Centering Pregnancy: a new approach in prenatal care. *The American Journal of Maternal Child Nursing*, 31 (4): 218-23.

Dobak W, Kershaw T, Fogle D, Lindsay M, Westdahl C, Ickovics J, Rising SS. (2006) Effect of Coital frequency, STI and number of partners during pregnancy on length of gestation, birth weight and IUGR. *American Journal of Obstetrics and Gynecology*, 195; 6 S221.

Grady MA, Bloom K. (2004) Pregnancy outcomes of adolescents enrolled in a CenteringPregnancy program. *Journal of Midwifery & Women's Health*, 49(5): 412-20.

Hackley B, Applebaum J, Wilcox W, Arevalo S. (2009) Impact of two scheduling systems on early enrollment in a group prenatal care program. *Journal of Midwifery & Women's Health*, 54(3): 168-175.

Ickovics JR. (2008) "Bundling" HIV prevention: integrating services to promote synergistic gain. *Preventive Medicine*, 46: 222-225.

Ickovics J, Kershaw T, Westdahl C, Rising SS, Klima C, Reynolds H, Magriples U. (2003) Group prenatal care and preterm birth weight: results from a matched cohort study at public clinics. *Obstetrics & Gynecology*, 102 (5, part 1): 1051-57.

Ickovics J, Kershaw T, Westdahl C, Magriples U, Massey Z, Reynolds H, Rising, S. (2007) Group prenatal care and perinatal outcomes: a randomized controlled trial. *Obstetrics and Gynecology*, 110(2), part 1: 330-39.

Kennedy HP, Farrell T, Paden R, Hill S, Jolivet R, Willetts J, Rising SS. (2009) "I wasn't alone"—a study of group prenatal care in the military. *Journal of Midwifery & Women's Health* 54(3): 176-183.

Kershaw TS, Magriples U, Westdahl C, Rising SS & Ickovics J. (2009) Pregnancy as a window of opportunity for HIV prevention: effects of an HIV intervention delivered within prenatal care. *American Journal of Public Health*, 99 (11): 2079-86.

Kershaw TS, Lewis J, Westdahl C, Wang YF, Rising SS, Massey Z & Ickovics J. (2007) Using clinical classification trees to identify individuals at risk of STDs during pregnancy. *Perspectives on Sexual & Reproductive Health*, 39:141-148.

Klima C. (2009) CenteringPregnancy: the benefits of group prenatal care. (2009) *Contemporary Ob/Gyn* 54(5): 40-49.

Klima C. (2003) Centering Pregnancy: a model for pregnant adolescents. *Journal of Midwifery & Women's Health*, 48 (3): 220-25.

- Klima C, Norr K, Vonderheid S, Handler A. (2009) Introduction of CenteringPregnancy in a public health clinic. *Journal of Midwifery & Women's Health*, 54 (1): 27-34.
- Magriples U, Kershaw TS, Rising SS, Massey Z, Ickovics JR. (2008) Prenatal health care beyond the obstetrics service: utilization and predictors of unscheduled care. *American Journal of Obstetrics and Gynecology*, 198(1):75.e1-7.
- Magriples U, Kershaw TS, Rising SS, Westdahl C, Ickovics J. (2009) The effects of obesity and weight gain in young women on obstetric outcomes. *American Journal of Perinatology*, 26 (5): 365-71.
- Massey Z, Rising SS, Ickovics J. (2006) CenteringPregnancy group prenatal care: promoting relationship-centered care. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 35(2):286-94.
- Milan, S., Kershaw, T.S., Lewis, J., Westdahl, C., Rising, S.S. & Patrikios, M., & Ickovics, J. (2007) The impact of care giving history on prenatal depression in adolescent and young adult women: moderating and mediating effects. *Psychology of Women Quarterly*, 31:241-251.
- Moos, MK. (2006) Prenatal care: limitations and opportunities. *Journal of Obstetric, Gynecological, and Neonatal Nursing* 35(2): 278-285.
- Novick G. (2004) CenteringPregnancy and the current state of prenatal care. *Journal of Midwifery & Women's Health*, 49(5):405-11.
- Reid J. (2007) CenteringPregnancy®: a model for group prenatal care. *Nursing for Women's Health (AWHONN)* 11(4): 384-88.
- Rising SS. (1998) Centering Pregnancy: an interdisciplinary model of empowerment. *Journal of Nurse-Midwifery*, 43(1): 46-54.
- Rising SS, Jolivet R. (2009). *Circles of community: the CenteringPregnancy© group prenatal care model*. In *Birth Models That Work*, eds. Davis-Floyd R, Barclay L, Daviss BA, and Tritten J. Berkeley and London: University of California Press, chapter 13, pp. 365-384.
- Rising SS, Kennedy HP, Klima C. (2004) Redesigning prenatal care through CenteringPregnancy. *Journal of Midwifery & Women's Health*, 49(5): 398-404.
- Rising SS, Senterfitt C. (2009) Repairing health care: building relationships through groups. *Creative Nursing*, 15 (4); 178-83. (In Press)
- Robertson B, Aycock D, Darnell L. (2008) Comparison on CenteringPregnancy to traditional care in Hispanic mothers. *Maternal Child Health Journal* DOI 10.1007/s10995-008-0353-1
- Skelton J, Mullins R, Langston L, Womack S, Ebersole J, Rising SS, Kovarik R. (2009) CenteringPregnancy Smiles: implementation of a small group prenatal care model with oral health. *Journal of Poor and Underserved*, 20(2). 545-553.
- Sternig, Cari (2008) CenteringPregnancy: group prenatal care. *Creative Nursing* 14(4): 182-183.

Teate A, Leap N, Rising SS, Homer C. (2009) Women's experiences of group antenatal care in Australia—the CenteringPregnancy pilot study. *Midwifery*, 8: in press.

Walker D, Rising SS. (2004-5) Revolutionizing prenatal care: new evidence-based prenatal care delivery models. *Journal of NY State Nurses Association*, Fall/Winter 2004/2005: 18-21.

Westdahl C, Kershaw TS, Rising SS, Ickovics JR. (2008) Group prenatal care improves breastfeeding initiation and duration: results from a two-site randomized controlled trial. Found in *Journal of Human Lactation ILCA abstracts*, 24(1). Affiliation: Gyn Ob, Emory University, Atlanta GA.

Westdahl C, Milan S, Magriples U, Kershaw T, Rising SS, Ickovics JR. (2007) Social Support and Social Conflict as Predictors of Prenatal Depression. *Obstetrics and Gynecology* 110:1; 134-14