Group Prenatal Care Said to Empower Women

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SAN FRANCISCO — A group prenatal care program designed to empower pregnant women is spreading across the United States, Margaret Hutchison said at a meeting on antepartum and intrapartum management.

More than 60 sites offering prenatal care in 28 states have started Centering-Pregnancy programs—mostly in public clinics, with some in HMOs and military clinics, said Ms. Hutchison, a certified nurse-midwife at San Francisco General Hospital, a teaching hospital of the University of California, which also sponsored the meeting.

Developed by a certified nurse-midwife and pilot-tested in 1993, the Centering-Pregnancy model groups 8-12 women of similar gestational age for 10 facilitated 2-hour meetings starting at gestational weeks 12-16.

The groups usually meet monthly for the first 4 months and twice monthly after that. The women do self-care activities, such as measuring weight, taking blood pressure readings, and charting.

"This is an important part. It's not a group to just sit and talk," Ms. Hutchison said. "Empowerment is the key."

Sitting in a circle, the group discusses specific topics related to pregnancy and parenting, guided by "self-assessment sheets," with the emphasis varying among core topics, such as smoking cessation or community building.

Ms. Hutchison said she started a CenteringPregnancy program at San Francisco General Hospital to help the many immigrant Hispanic females seen at her institution who seemed socially isolated. "I wanted them to have someone to call after we've sent them home with a baby," she said.

Ms. Hutchison said she has no financial relationship with the nonprofit group that owns the program trademark, the Centering Pregnancy & Parenting Association Inc.

During group time, the women take turns having "mat time" with a health provider who conducts pregnancy risk assessments within the group space, sometimes on a floor mat that can be behind a screen if privacy is needed. Staying in the room to conduct assessments is important, she explained. Moving a woman into a separate room interrupts the group process and reasserts the traditional hierarchical relationship between providers and patients.

Because the program, which demands change from health care providers, is so different from traditional care—see box—it is not an easy one to implement. Billing has not been an issue, because the program fits into standard reimbursement systems, she said.

The program improved birth weights in a nonrandomized trial of 458 low-income women at two institutions. The women either participated in a CenteringPregnancy group or received traditional care, with the groups matched by age, race, parity, and date of delivery.

Average birth weight in the Centering-Pregnancy group was 3,228 g—significantly higher than the average of 3,159 g in the control group. The CenteringPregnancy group showed a nonsignificant trend toward fewer low-birth-weight babies. In that study, 7% of babies born to the CenteringPregnancy group and 10% in the control group had low birth weights, defined as less than 500 g (Obstet. Gynecol. 2003;102[pt. 1]:1051-7). ■

A Comparison of Two Care Models

Traditional care

- ► Physical assessment is primary.
- ► Education is mostly one-on-one.
- ► Communication is didactic.
- ► Process of care is disempowering.
- ► Psychosocial support is incidental.

CenteringPregnancy care

- ► Physical assessment is just one aspect of care.
- ► Education is group-based and interactive.
- ► Communication is interactive and facilitated.
- ► Process of care is empowering.
- ► Psychosocial support and community-building are primary.

Source: Ms. Hutchison

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