Centering Pregnancy is associated with improved postpartum mental health, social support and patient perinatal care satisfaction outcomes.

Lyndsay Avalos, PhD, MPH, Nina Oberman, MPH, Charles Quesenberry, PhD, Monique Hedderson, PhD, Erica Gunderson, PhD, Fiona Sinclair, PA, Joanna Stark, MD

|  |  |
| --- | --- |
| Challenge | Limited understanding of the impact of Centering Pregnancy (Centering), an innovative group prenatal care program implemented at 8 Kaiser Permanente Northern California (KPNC) Medical Centers, has slowed widespread implementation regionally. Successful implementation of Centering requires resources (financial, administrative, and training). Hurdles to implementation also include effort to identify and recruit women for participation and follow-up, and better understanding of the program’s impact on several important outcomes among KPNC members such as patient satisfaction with the prenatal care episode and maternal health outcomes including gestational weight gain, postpartum depressive symptoms, and breastfeeding rates. Understanding its impact would invigorate more active site initiation and patient recruitment.  |
| Existing Evidence | Initial studies of group prenatal care including Centering suggest that women participating in Centering Pregnancy may experience improvement in health outcomes, including decreased rate of preterm delivery (33%) and increase birthweight compared to women participating in individual prenatal care. Studies on other non-obstetric outcomes are lacking and most studies that have been conducted have concentrated on low-income, minority populations. |
| Target Population | Pregnant and postpartum women |
| Intervention or Exposure | Centering Pregnancy (group prenatal care)  |
| **Outcomes/Key Findings** | **Centering Pregnancy was associated with better mental health, social support and patient satisfaction with prenatal care.** Specifically, participants who attended at least 70% of the recommended Centering visits had significantly decreased odds of perceived stress postpartum, higher postpartum positive social interaction social support, and satisfaction with the entire perinatal care period compared to participants in traditional prenatal care, after adjusting for confounders. Similar positive outcomes associated with Centering Pregnancy were also noted for postpartum depression and anxiety. No significant differences emerged between participants in Centering Pregnancy and gestational weight gain, breastfeeding or long-acting contraception (LARC) both ascertained through self-report at the postpartum interview.  |
| **Resulting Action/Change** | Discussions with Centering providers and clinical leaders to bolster the continuation and growth of Centering Pregnancy throughout KPNC.  |
| Additional Recommendations | As TPMG OBGYN continues to make changes to prenatal care and evaluate which care-delivery modifications to implement as standard prenatal care post-pandemic, clinical leaders should consider keeping virtual Centering an option.  |
| Implementation Tools  | These results will be presented to the Centering providers as well as clinical leaders to bolster the continuation and growth of Centering Pregnancy throughout KPNC.  |
| Implementation Measurement | Centering Pregnancy will continue to be offered in KPNC at several sites and may expand to additional sites. As changes are made to prenatal care post-pandemic, additional sites will begin offering in-person Centering and continuation of virtual Centering will remain under discussion.  |
| Reference | N/A  |