Centering Pregnancy: A Brief Overview

Traditional prenatal care, which involves one-on-one visits between the patient and doctor in a clinic or office, was the preferred method of care for many years. Patients see their doctors at various intervals depending on their gestational age and any pregnancy related complications they may have – usually once every 4 weeks during the first and second trimester, and once every 2 to 4 weeks during the third trimester, adding up to roughly 10 appointments (Murkoff and Mazel, 2008). Patients need to schedule additional sessions, outside of their parental care visits, in order to receive nutritional information or other forms of guidance and support. Scheduling separate visits can be more difficult for women without access to cars or adequate transportation, those who are in school – in particular adolescents – or those with other children that need supervision (Trotman et al., 2015). However, in 2010 The American College of Nurse-Midwives encouraged the use of prenatal group care to improve the health of both mother and baby (Rotundo, 2011). This shift in prenatal care continues to address the medical needs of individual patients, but provides additional support and a sense of empowerment for pregnant women in a group setting.

The Centering Pregnancy Model combines aspects of traditional prenatal care visits with group prenatal health education classes. Eight to twelve women who are at a similar point in their pregnancies are grouped together for prenatal care visits under the supervision of their doctor, midwife, or other obstetric health practitioner. Women actively participate in their prenatal care visits by weighing themselves, taking their blood pressure, learning and discussing good health practices for a healthy pregnancy, and serving as a support system for one another. Each woman has time for individual attention from her doctor during these group sessions. This is beneficial because women continue to receive personalized attention while gaining additional
support and empowerment from a group setting. Each session lasts about an hour and a half to two hours; there are a total of 10 sessions. Through this type of prenatal care, women are more prepared to give birth and provide the necessary care to their babies, receive more hands-on learning about their pregnancy, and build support systems and friendships with the other pregnant women in their groups, which leads to an increased satisfaction rate among Centering Pregnancy participants.

The Centering Pregnancy Model has added benefits among pregnant adolescents and minority populations. A retrospective cohort study assessing the 150 pregnant adolescents between the ages of 11 to 21 who received prenatal care showed that adolescents in the Centering Pregnancy groups were more likely to attend their prenatal and postpartum visits, were more likely to breastfeed their babies, and were less likely to experience postpartum depression when compared to those adolescents receiving traditional prenatal care (Trotman et al., 2015). The group prenatal care setting also had positive impacts on reducing preterm births among pregnant women between the ages of 14 and 25 who participated in a randomized control trial (Ickovics, 2007); African American women saw a 41% decrease in preterm births, which was larger than the general study population (Rotundo, 2011). The group setting provides an additional support system for expectant mothers, which is extremely beneficial for adolescents, minorities, or women who may not be receiving the necessary support, education or empowerment at home.

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References:


