**TEAM: HIGHLAND FAMILY MEDICINE – CENTERINGPREGNANCY**

**Members**

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Elizabeth Loomis, MD (preceptor)

Elizabeth Brown, MD (preceptor)

Scott Hartman, MD (co-director)

Christopher Taggart, MD (preceptor)

**Challenges**

Our team sought to implement the CenteringPregnancy model of group prenatal care into our routine practice at Highland Family Medicine. This model of care has been shown to decrease rates of preterm birth and cesarean delivery, as well as increase rates of breastfeeding, in multicultural populations. We received funding from the Healthy Baby Network for facilitator training, but this did not cover other costs to the practice.

We faced system barriers including: difficulty scheduling groups for a model of care that’s very different from traditional care; financial costs such as books, materials, and staff time to facilitate the groups; unclear roles and responsibilities; and resistance from practice administration related to this new care model.

**Strategies**

We felt that an interdisciplinary model was key from the start, but during the process we learned the importance of having the leadership be interdisciplinary as well. We thus gave important leadership roles to two RN staff and one secretarial staff in order to model true interdisciplinary leadership. This helped secure “buy-in” from administration and respect from practice staff as we created clinical protocols and moved forward with the implementation process.

Our “CenteringPregnancy Steering Committee” held monthly meetings and a few additional huddles, and continues to hold monthly meetings. We also send team members to quarterly meetings with the Healthy Baby Network.

Utilization of an interdisciplinary team has been invaluable in terms of generating and sharing ideas, creating a cost/benefit document and business plan, and ensuring patient safety and quality of care.

**Measures**

So far, through retrospective patient database review, we’ve found that our patients in CenteringPregnancy have experienced a preterm birth rate of <5% versus our practice’s rate of 12 percent. Our Centering patients have shown a breastfeeding at hospital discharge rate of 64%, compared to 56% for the practice. Our Centering patients also have lower rates of cesarean delivery: 24% vs. 28%.

We have attached a poster presented at two national conferences that documents our outcomes from this team-based-care project.

**References:**

1. Ickovicks JR, et al. Group prenatal care and preterm birth weight: Results from a matched cohort study at public clinics. Obstetrics and gynecology 2003; 102(5 pt 1): 1051-1057.

2. Ickovicks JR et al. Group prenatal care and perinatal outcomes: A randomized, controlled trial. Obstetrics and Gynecology 2007; 110(2 pt 1): 330-339.

3. Grady A, Bloom KC. Pregnancy outcomes of adolescents enrolled in a CenteringPregnancy program. Journal of Midwifery and Women’s Health 2004: 48(5).

4. Pickelsimer AH, Billings D, Hale N. The effect of CenteringPregnancy group prenatal care on preterm birth in a low-income population. American Journal of Obstetrics and Gynecology 2012;206:415.e1-7.