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Contact: Vandana Devgan, CHI

Phone: (857) 284-7570 Extn: 109

Email: vdevgan@centeringhealthcare.org

Analysis Finds Evidence-based CenteringPregnancy® Model Reduces Racial and Social Disparities Across Maternal Child Health

Group prenatal model of care could serve as a sustainable strategy to support greater birth equity across the U.S.

Boston – Centering Healthcare Institute (CHI) today released its latest issue brief, “*How CenteringPregnancy® can Support Birth Equity*,” which examines the need for new approaches to maternal child health care to increase birth equity and reduce the growing disparities among mothers and infants, particularly African Americans. The brief was prepared independently by Health Management Associates with input from experts in birth equity and was released today at the North Carolina Medical Society’s Maternal and Infant Health Summit in Raleigh, NC.

The brief highlights CenteringPregnancy, a model of group prenatal care bringing women due at the same time out of exam rooms and into a group setting, as a strategy to address racial and social inequities and discusses the promising outcomes seen by medical professionals who practice the model with patients.

“CenteringPregnancy provides a unique opportunity for change,” said Carmen Strickland, MD, MPH, CHI Board Chair and Associate Professor at Wake Forest Department of Family and Community Medicine. “The facilitative model emphasizes the provider-patient relationship, as well as peer support among mothers. It provides the opportunity for group participants and facilitators to develop the mutual trust and supportive relationships that are so important in building strong, resilient families. For patients it means they are heard and more empowered to partner with clinicians in healthcare decision-making. For providers, there is time and a platform to learn from the lived experience of their patients allowing enhanced care delivery, resulting in better outcomes.”

Evidence highlighted by the issue brief points to improved outcomes associated with the group prenatal care model. One study found that CenteringPregnancy:

- reduced early preterm delivery (before 32 weeks) to 1.3% compared to 3.1% for individual care,
- reduced preterm delivery to 7.9% compared to 12.1% for individual care, and

- virtually eliminated the racial disparity in preterm birth for Black women relative to white and Hispanic women.

In another study, African American women were substantially less likely to have a preterm birth in group prenatal care as compared to individual care – the rate fell from 15.8% to 10%.

“The outcomes data and the trajectory of U.S. birth outcomes tells us clearly that we will not halt the crisis in maternal and child health without achieving birth equity. CHI is happy to be part of the solution and committed to supporting the important work being done by the birth equity movement. This means a continual emphasis on evaluation of the model and improving our abilities to support and increase access to Centering by diverse communities,” said Angie Truesdale, Chief Executive Officer of CHI. “While the research shows CenteringPregnancy can stand alone as a model that improves outcomes for women of color, we encourage policymakers and payers to invest in multi-layered strategies to address this very complex problem in our healthcare system.”

With the United States facing a crisis in high maternal and infant mortality rates, especially among African Americans, there is growing recognition of the need to address birth equity as a priority for improving lifelong health outcomes. Leading birth equity advocates are calling upon state and health plans to implement interventions to aggressively address racism and systems that do not adequately serve women of color. Expansion and reimbursement of existing and new care models (midwifery care, doula services and group prenatal care models), changes to the maternity care workforce, training to reduce implicit bias in the healthcare system and data collection that illuminates health disparities are some of the strategies that states are adopting to support birth equity.

With health systems change at the core of the model, CenteringPregnancy offers the flexibility, time and support structure to be a foundation for a variety of interventions and approaches that support birth equity. It has the potential to align and layer with other strategies to provide relationship-centered care that meets women’s needs and supports health system accountability. Implemented as a free-standing model of care or alongside complementary strategies, such as doula care, CenteringPregnancy is holistic in its attention to non-medical aspects of health and well-being and creates a supportive environment that fosters trust and an emphasis on lived experience.

The complete issue brief can be [downloaded here](#).

About Centering Healthcare Institute (CHI)

[CHI](#) is a national non-profit organization, based in Boston, MA, with a mission to improve health and transform the way care is delivered. With over two decades of experience as the go-to resource for group healthcare, CHI has pioneered and sustained the Centering model of group care currently offered across 600 healthcare practice sites. The evidence-based Centering model combines health assessment, interactive learning and community building to help support positive health behaviors and drive better health outcomes. CenteringPregnancy® and CenteringParenting® provide the highest quality of care to families from pregnancy through age two of the child. The CenteringHealthcare® model of care is being extended to many different health conditions including groups for asthma, diabetes, opioid recovery, cancer survivors, chronic pain and other patient populations. Visit www.centeringhealthcare.org for more information.