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Strategies for successful implementation of group prenatal care in an urban ambulatory care center

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Preterm births and low birth weight infants are continuing major health problems in the United States. African-American and Hispanic women are disproportionately affected. Centering Pregnancy is a group model designed to change the method of delivery of prenatal care and improve outcomes. Participants have been shown to have lower emergency department utilization and higher birth weight infants. Women of similar gestational age enroll in mid-pregnancy and are seen in group visits lasting 1 ½ to 2 hours until delivery. Group visits replace traditional one-on-one visits making this model of care cost-effective. It also allows providers to target health education messages, e.g., weight management, in greater depth and is empowering for women. Despite the benefits of group care, the practicalities of introducing and implementing the model in health centers can be daunting. Both providers and patients can be reluctant to change from traditional care. Space availability, scheduling and staffing issues, group recruitment and hidden tasks that may not be readily apparent at the outset will all pose challenges to successful implementation. Yet despite these difficulties, over the last 3 years we have held 16 groups comprised of 140 patients. Our success is due to the use of strategies such as on- and off-site training for all staff, dedicated personnel, scheduling patients based on their estimated delivery date and making traditional care the default. All obstetrical providers participate in group care. By identifying and disseminating successful implementation strategies, we hope to facilitate the transition to group prenatal care at other health centers.

Learning Objectives:

- * Identify effective ways to recruit and retain participants in group care
- * Identify organizational strategies useful in scheduling group appointments.
- * Identify ways to manage individual needs without disrupting the group.

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